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THE NEILSTON CONVERSATION

IDENTIFYING THE NEEDS OF OVER 60s IN NEILSTON

Exploring the potential role of volunteers in supporting
East Renfrewshire Community Health and Care Partnership
Older People's Services Strategy



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SUMMARY

This report presents the findings of the Neilston Conversation (NC), conducted with residents in the over 60's age group. The NC was carried out by Neilston Development Trust (NDT) to gain an understanding of the lives of over 60's and their relationship to the wider community, with an underlying interest in the role of organisations such as NDT in contributing to, and benefiting from, the lived experience of this age group.

Key findings are:

- The use of community volunteers to conduct the NC was an innovative initiative that provided benefits both to the volunteers and participants in the conversations. This development could be explored further in future community work but requires resources to be devoted to dedicated training.
- While the majority of people who took part make use of social and leisure facilities, both within and outside the village, some people with increasing mobility difficulties, disabilities or who are caring for others find it more difficult to take part in social and leisure pursuits. As a lot of people with health and support needs had previously enjoyed an active social life in the village when they were younger and disability-free they could, potentially, be supported to be more involved again.
- Participants felt that socialising and attending community events are helpful in bringing people together, keeping in touch and creating social networks. Frail, disabled and housebound residents are less likely to experience these benefits, the consequence of which could be a risk of isolation.
- Opportunities for meeting people through day-to-day use of village amenities such as shops, cafes, the library, and to a limited extent, the leisure centre, was an important factor for most participants. In particular, the move towards mixed use of the library, to include an elderly health club was valued as another opportunity to meet people as well as take part in health-promoting activities such as massage and exercise.
- Good relationships with family, friends and neighbours were experienced and valued by the majority of participants and contribute to good support networks. People with more health issues tended to report less contact with friends and neighbours and, therefore, would not expect or ask for support if needed. This self-perpetuating situation could lead to isolation for those less able to move around the community.
- A wide range of private, and some participatory, hobbies and interests are pursued. Creating the conditions in which some of these private hobbies could be enjoyed in group situations would help strengthen networks and relationships among this target group.
- Knowledge and awareness of NDT was variable, suggesting a need for promotion and advertising of the work of NDT amongst this age-group.
- Civic engagement was thought to bring benefits in terms of bringing people together, having something to focus on, generating a feeling of belonging and of community cohesion. These were also viewed as important for providing fun and having a positive effect on mental health.

- It was thought that young people (both families and teenagers) should be encouraged to be more involved in community activities, as the more senior participants felt they “had done their bit” in the past and new blood was needed.
- Suggestions for encouraging involvement in groups and projects were: better advertising; communication on a one-to-one basis; better access to events and services via transport links; a community hub for information provision and awareness-raising about events and services being offered; a befriending service; and safer streets at night to encourage older people to go out.
- There was a perceived threat from young people congregating in the streets and indulging in anti-social behaviour that was not borne out by actual individual experience of any harm. Many residents felt that there are not enough facilities for younger people, to “get them off the streets”. This was a deterrent to going out at night which, in the views of participants, could be addressed by provision of a door to door transport service to facilitate attending social events.
- In general, participants were very positive about the physical environment, particularly the surrounding countryside and easy access, via public transport, to the city. The main negative aspect raised was vandalism by young people, thought to stem from a lack of respect for their surroundings.
- Many views were expressed on improvements to the physical environment around aesthetic enhancements to areas around the village to make them more attractive to families as recreation areas and more work to address dog fouling and general street cleanliness. One participant who uses a mobility scooter highlighted the difficulties encountered due to uneven pavements and lack of low areas on pavements to facilitate crossing the road safely.
- In terms of the effect of health on day-to-day life, many participants expressed frustration that simple tasks and activities were now proving to be a challenge, such as using a can opener, reading, and listening to music, due to some deterioration in health.
- Loss of independence was also expressed by some participants with more severe physical limitations who have to rely on others for help. While social care was valued by most of the more disabled participants, the loss of independence, due to having to depend on care workers timetables, was felt keenly by some who require intensive daily help.
- Participants tended not to differentiate between social and leisure activities and activities undertaken for the benefit of health. Walking, playing bowls and attending tea dances were popular activities undertaken but commonly seen as an opportunity to socialise, as opposed to a form of exercise. In general, there was a lack of interest in organised activity that does not include a social aspect.
- Health was viewed as extremely important to the majority of participants and exercise was thought to be key to maintaining health, both physical and mental. The social aspect of exercise was the main contributor to mental well-being for most participants.
- Some participants highlighted the importance of mental determination in overcoming the struggle involved in motivating themselves to be active in the face of increasing health issues.

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We also extend thanks to East Renfrewshire CHCP, Older People's Services, who helped with volunteer training, transcribed some of the conversations and gave NDT their first, and hopefully not the last, experience of working in collaboration.

We are also indebted to the volunteer interviewers, who were willing to perform a role not usually associated with volunteering and gave of their time freely to engage in training and conduct the interviews.

We are also very grateful to all those who participated in the conversations, without whom this project would not have been possible

1. Introduction and Background

20 residents of Neilston aged 60 and over volunteered to be part of the 'NC' – a study into the needs of older people in the village. NDT initiated the project in order to understand the community in which they are working and ensure their future work meets the needs and aspirations of the community. The East Renfrewshire CHCP became involved in the interests of working jointly with a community voluntary organisation to provide a local perspective to their Older People's Service Strategy. The CHCP was also interested in exploring the potential role of volunteers in supporting this strategy, through the recruitment of volunteers to carry out the NC.

Policy around older people's care in Scotland has undergone major review in recent years and in 2010, the 'Reshaping Care for Older People' initiative was launched. This was launched to a background of a whole culture change in the way that health policy, and indeed care, was evolving, with an importance placed on health improvement, preventative care and the consideration of the public as partners in their care.

This meant that health policy needs to consider the 'causal factors' of health – or all the things in a person's life that can have an effect on their health. This can include the physical environment in which they live, how financially stable they are and what kind of relationships and networks they have around them. These all affect the physical and mental health of a person, otherwise known as their overall health and wellbeing. Health Boards have recognised that these factors need to be addressed in order to improve the health of the wider public as a whole and so these factors have been incorporated into health policy.

In addition to this, the Better Health, Better Care Action Plan (Scottish Executive, 2007) advocated the creation of a 'Mutual NHS' where patients, carers, clinicians and Health Boards work together to improve health care through concepts of Patient Focus, Public Involvement (PFPI), Better Together and the Patients Rights Bill, all of which aim to create a Quality NHS with patients as partners. It is this involvement with patients and the public which is the key element of the 'Reshaping Care for Older People' initiative.

'Reshaping Care for Older People' is a national programme with the remit of looking at new ways to deliver older people's care while maintaining a commitment to providing it free of charge. With the recognition of the rapidly aging population and financial constraints of both NHS Boards and Local Authorities, there is a need to look at reducing the reliance on hospital services and changing the balance of care to providing local care which meets the needs and aspirations of older people.

To support the implementation of 'Reshaping Care for Older People', the Change Fund was set up by the Scottish Government, with an allocation of £70m in 2011-12 'to enable health and social care Partners to implement local plans for making better use of their combined resources for older people's services' (Scottish Government, 2010). This would create a national programme, driven by local need, and delivered locally. East Renfrewshire Council, NHS Greater Glasgow and Clyde, Voluntary Action East Renfrewshire, East Renfrewshire Public Partnership Forum and Scottish Care created a partnership to identify and investigate proposals for shaping the delivery of local services. A significant part of the East Renfrewshire plan identifies the role of voluntary sector as a partner in delivering specific proposals, for example creating local opportunities for older people to stay involved in the community and providing support to help them do this, for example by creating community transport schemes. It is hoped this will allow people to remain active in later life as part of

their local community.

The NC project aimed to achieve a similar objective, by gathering qualitative information from local residents in order to paint a picture of what life is like for local people; what aspirations they have for the future of the village; and what they feel is important at a local level to improve their general health and wellbeing. In the collaboration with the CHCP, this has provided cross-boundary working, providing a local perspective to a national initiative.

2. Purpose and Components of the Conversations

The NC formed part of the wider work of NDT in supporting the aspirations of the community, and had a dual purpose:

1. To explore the role that community volunteers can play in the assessment of need of the target group and build capacity within volunteering to support the CHCP in future service delivery in the community
2. To explore the experience of over 60's of life in the community and their relationship with the social, civic and physical environments and identify their needs in order to help the CHCP in planning and targeting appropriate services in the future.

The NC consisted of face-to-face interviews with residents in the over 60's age group to get an understanding of their experiences of life in the community and identify any unmet needs that may emerge. Conversations, using a pre-determined topic guide (Appendix 1), were carried out by volunteers, specially recruited for the purpose.

2.1. Approach

Development of Conversation topics

A sub-group of the NDT Board of Directors convened to develop a list of topics of interest for the conversations. The topic guide was piloted during the training of volunteers when it was used as part of the role-play exercises. Some modifications were made to the ordering of questions during this phase.

Sampling and Recruitment Strategy

Volunteer Recruitment

Recruitment of volunteers was carried out between January –and February 2011. Volunteers were recruited for their skills and experience, principally good communication skills and the ability to listen, as this was a very different volunteering role to the usual type of role within NDT.

Interviewee Recruitment

A mix of purposive and convenience sampling was used to identify and recruit the target sample of potential participants.

This consisted of recruitment through existing community-based groups serving the population of over 60's, such as (a) inviting existing users of the NDT Bank resource to take part (b) the Friendship Club which is held weekly in the Glen Halls in Neilston and (c) visiting Barrhead and Neilston Disability Forum (BANDF), held 3 days a week in the Dunterlie Resource Centre, Barrhead. The latter venue was suggested by East Renfrewshire CHCP. A total of fifteen interviewees were recruited through these channels.

A promotional leaflet and poster was also produced and placed in various community venues, including Neilston Medical Centre, the Leisure Centre, the Glen Halls, Chemist shop, Newsagent, Co-operative store, Dental surgery, and the Post Office, inviting people to contact a member of NDT if they were interested in participating in the Conversation. This

approach did not result in any expressions of interest from the target population. An opportunistic approach to members of the public resulted in one person being recruited to take part. Volunteers were also encouraged to identify potential participants from within their own contacts. This resulted in 4 people being recruited.

Each recruit was visited by the NDT project leader who explained the Neilston Conversation process in more detail, i.e. that

- The conversation would take place in participants' own homes or at an alternative venue of their choosing.
- Volunteers would be in pairs and the conversation would be recorded on a digital recorder to allow the volunteers to focus on the interviewee.
- A relative, friend or carer could be present, if participants wished.
- Participants did not have to answer any questions they did not wish to and were free to terminate the conversation at any time.
- Conversations would take no longer than one hour.
- Signed consent was obtained.

Training of volunteers

Volunteer training was carried out during February and March 2011. Training sessions, each lasting two hours, were provided by CHCP and held in Neilston Library.

The training sessions covered:

- Community Health and Wellbeing Profiles within East Renfrewshire.
- The wider determinants of Health i.e. poor housing, poverty, isolation, mental health.
- Interviewing skills

Topic guide prompts were used in role play during the sessions to help build volunteer's confidence. Prior to the interviews, volunteers were given general background information on the interviewee, instructions on the use of the digital recorder and a gift of biscuits to take to interviewees.

Volunteer Focus Group

Following the Conversations, a focus group was held with the volunteers to assess their reflections on their experiences and to enable them to share their thoughts on the process. The focus group, attended by four volunteers, was held in a community hall. A topic guide was used to direct the discussion, which was digitally recorded.

Data Collection

Pairs of volunteers visited participants in their homes to conduct interviews. The conversations were digitally recorded, with participants' permission. Participants were assured that they did not have to answer any questions they were uncomfortable with, that they were free to withdraw from the conversation at any time, and that their answers would be confidential in accordance with the Data Protection Act, 1998. Where direct quotes were used, participants were also assured that these would not be attributed directly to named individuals.

Analysis and Report preparation

Tapes of the conversations were transcribed and the transcripts printed for analysis.

Transcripts were read and re-read to elicit participants views on the themes explored in the conversations. These views and responses were categorised according to the themes of interest and were further categorised into four dominant themes under which all responses could be grouped. The focus group recording was listened to and the main emerging themes documented. These themes were further analysed according to the areas explored in the topic guide.

Time-frames

Recruitment and training of volunteers was carried out between April and March, 2011 and conversations were conducted during the period April to June, 2011

2.2. Results of Recruitment

Eight volunteers were recruited and completed the training programme.

A total of 20 conversations took place covering as broad a range of residents as possible to represent gender and housing composition differences (Table 1).

Table1. Demographic profile of Neilston Conversation participants

Participants' Demographic Profile						
	Gender	Age Group			Housing	Marital Status
<u>NC</u>	(M/F)	60-70	70-80	80 and over		
NC01	F		X		Rent -ERC	Widow
NC02	F			X	Homeowner	Widow
NC03	M	X			Homeowner	Married
NC04	M	X			Homeowner	Single
NC05	F			X	Rented	Married
NC06	M		X		Homeowner	Married
NC07	F		X		Rent-Housing Assoc.	Widow
NC08	F		X		Homeowner-lives with friend	Single
NC09	F	X			Homeowner-lives with friend	Single
NC10	F			X	Homeowner	Widow
NC11	F	X			Rent -ERC	Married
(NC12	M	X			Rent -ERC	Married(couple both receiving daily care)
(NC13	F	X			Rent -ERC	" " "
NC14	F			X	Homeowner	Widow
NC15	F			X	Daughters rented home-carer	Widow
NC16	F	X			Homeowner	Married
NC17	F	X			Homeowner	Married
NC18	F	X			Rent -ERC	Single – Daily Care
NC19	F	X			Rent -ERC	Single – Daily Care
NC20	F	X			Rent – sheltered	Widow

2.3. Limitations of the study

Recruitment difficulties meant that the desired cross-section of the over 60's population was not achieved, resulting in a gender split of 5:1 in favour of females. Moreover, the final sample were predominantly more active individuals, recruited through the various community venues used and therefore, may not be representative of the wider population of over 60's in Neilston. It had been hoped that some interviews with housebound individuals could be facilitated by health and social care workers who have access to people in their homes. However, due to NHS patient confidentiality issues for the CHCP, this was not possible, which means that a potentially large section of the over 60's population have been lost to this study and would be an interesting group to involve in further research.

Another limitation of the study was the fact that volunteers did not have any previous research experience and, therefore, would have benefited from a longer training period specifically covering interviewing skills.

3. Volunteer Focus Group

3.1. Volunteer Experiences

One of the main targets of this project was to provide volunteering opportunities for members of the community through the recruitment of Neilston residents to carry out the Conversations.

As a significant part of the 'Reshaping Care for Older People' and Change Fund initiatives focuses on joint working with voluntary groups to ensure local priorities are considered, it is hoped that volunteers will be in a position to play a wider role in helping inform future policy on health and social care in their local area. As the first of such projects in the East Renfrewshire area, it was important to evaluate how the role of volunteers worked in this respect, and in particular, their experiences of taking part.

The focus group discussion with volunteers centred on the following general topics:

- Experiences of volunteering in general and any benefits or disadvantages they could identify from their previous experiences
- Their expectations from this project including what they wanted to get out of it, what affect the project had on them and also what effect they thought the project had on the participants.
- Their views on the appropriateness of the use of local volunteers for this kind of exercise, and also as being involved in general in the CHCP's decision-making on how services are provided in communities.
- Whether they felt that the Neilston Conversations would make a difference to the community.

Most of the volunteers who took part in the Neilston Conversations already had experience of some form of volunteering, for example through the church, community cafes, carrying out surveys, helping out at dances etc. All agreed however that this project was unlike anything they had been involved in before, and was therefore a very new experience for them. In general, they agreed volunteering was a positive way to engage in the community and meet fellow residents.

Overall, they felt that this project had been a positive experience which they enjoyed. In particular they appreciated the opportunity to get to know other people in the village who they hadn't and perhaps wouldn't have met otherwise. One volunteer in particular felt that the Conversations provided the opportunity for different generations to talk and understand each other, as the opportunity doesn't present itself in their usual social situations. They also enjoyed feeling like part of a team with the other volunteers and being able to learn new skills, or in some cases, use the skills that they had used in their working lives.

The volunteers recognised that this type of volunteering was very different to what they have been used to, however one in particular felt that this was more enjoyable because of its informal, chatty nature as a way to gather information from people, as opposed to having a pressure to 'sell or promote' anything.

Although viewed positively, volunteers raised some negatives of the process, including:

- A feeling from some that those they interviewed led full lives and therefore weren't part of the hard to reach groups that may have been more appropriate to hear from.

- A feeling that in some cases, they could have handled questions better from the above group of people, for example by encouraging them to think more about their future needs.
- Some volunteers were allocated participants known to them. While there was a mixed discussion about whether this could be positive or negative, those who interviewed people they knew felt that with hindsight it would have been better not to.
- Certain misgivings around the idea of the 'Big Society' and 'co-production' element of the project. Most expressed that they didn't like the thought of volunteers being used if it meant taking jobs away from others. However, this was raised in the context of a false impression that the NC was a CHCP initiative when, in fact, it was conceived by NDT and funded by the Voluntary Action Fund.

3.2 Volunteer Expectations

When asked why they agreed to get involved in this project, the volunteers had a variety of different reasons. For some, the opportunity came along at a time in their lives when they had more time to help out with such community projects, coupled with an interest in this particular subject. One volunteer was interested in being involved in a project that could have some influence on the design and delivery of policy, and felt that it was positive to be living in a community where this opportunity is available. He felt that being able to make such a contribution was an extremely positive thing. Another volunteer felt that personally it would be a good way to meet other people in the village, having lived in the community for a relatively short period. The majority of the volunteers however were also looking to their own future, recognising that they will at some point require support and services in the village, and so wanted to have some influence at this stage.

When asked to reflect on whether these expectations had been met, there was a feeling that there were a few specific issues which meant these hadn't been met fully:

- Some expressed a feeling that there could have been a wider range of people interviewed and were disappointed with this aspect.
- One volunteer felt that those she interviewed were not dissimilar to each other in terms of education, social ability etc. and therefore was unsure whether the project was a success because of this.
- Another volunteer advised that some of her interviews had been with people who were housebound or very disabled therefore there was representation from a range of people.
- It was also noted that, although there had been an expectation of help from the CHCP in recruiting participants through their networks, this did not materialise as barriers around confidentiality arose which restricted access to those who are housebound and receiving social care.
- Feeling of being restricted to a 'script'.

A prompt sheet was provided to volunteers as guidance on the types of questions they could ask and to provide some signposting to them in case of any lulls in conversation or to help them get back on track with a conversation if they felt it was required. It was felt that this would be helpful to improve their confidence during the NC.

Some of the volunteers however felt that they were not able to be 'at their best' during the

conversations due to a perception that they were to use the prompt sheet as a script. They felt that there was an insistence they kept to the script and asked all questions in order, whether appropriate or not. Although they agreed that there was a need to have consistency through the Conversations, they felt some questions were not relevant to some people and there was a degree of overlap. It was noted by some that as the Conversations progressed they felt more comfortable, and would have appreciated more flexibility in what they could ask.

In terms of what they felt the participants got out of taking part in the Conversations, all felt that the individuals they spoke with had a positive experience. They said that participants felt that they had been consulted and had their say which they valued. One volunteer reflected that for some, there is an acceptance of what their life is like, and therefore they sometimes found it hard to think of any changes that would make their life better, even if they were experiencing difficulties. It was perceived that some participants also used the opportunity to 'sound off' as they knew they were being recorded and therefore their views were more likely to be noted. All of the volunteers felt that the participants enjoyed talking, having company and were happy at the end of the Conversation.

One volunteer however expressed a concern that she wasn't sure what the participants got out of it as she was aware she could not provide any assurances that action would be taken to address people's concerns. Although she didn't feel that participants were expecting solutions from the conversations, she felt that by asking the questions, the expectation was naturally created.

When asked if there was anything they felt emerged strongly from any of the Conversations, the volunteers highlighted a few things:

- Hills around where people live were a popular topic of conversation, and in particular how 'they seem to get bigger' the older they get.
- The fact that participants will not go out at night due to their perceptions of how dangerous Neilston is at night, which some of the volunteers felt was out of proportion with the reality.
- Connections to friends and family were the most important thing to the majority of the participants.
- One volunteer was affected by some of the stories she heard, feeling saddened by the struggle that some people had in their lives.
- Another was surprised by the number of initiatives being provided locally that she was unaware of, suggesting a need for more promotion of community events.
- Volunteers noted a perception from some participants that NDT is getting all the grants available to the village and there is nothing for anybody else.
- A perception among some participants that the Bank café and many of the events are more family orientated and therefore not applicable to them.
- The view that some services were being lost to the new Barrhead Health Centre.

3.3 Appropriateness of volunteer role

Most volunteers felt their role in the NC was beneficial on a number of levels. For themselves they believed there were benefits in terms of enhancement of their own skills and experience. The view was also expressed that the use of local volunteers ensured a better exchange with people that would be possible by using researchers with no links to the community.

Moreover, they felt that the participants appreciated that it was a fellow resident they were

talking to, rather than a '*mysterious person with a clipboard*'. The participants enjoyed this connection and felt the volunteers knew what they were talking about. Consequently, all of the volunteers expressed a willingness to undertake similar work in the future.

When asked about their views on volunteers playing a role in helping the CHCP in general, in similar ways, the group were unsure as to how this role would work in the long term, although felt that with the right training and support it could be possible. Their concerns lay in ensuring that this kind of model did not replace jobs, and there was a feeling that there are already people in employment who should be undertaking this role anyway. There was, however a recognition that there is an advantage to having community-led projects, and to have a local flavour to Council and national policy.

Overall, the experience was viewed positively by the volunteers both for themselves and, in their opinion, for those who took part.

4. The Conversations

From the information gathered in the NC it was possible to group the findings under four dominant themes which brought together all of the views expressed by the participants.

These were:

Participation in Community Life – this looked at the participants social and leisure activities, their networks and relationships and their hobbies and interests. This theme gives us a picture of what opportunities there are for people in Neilston to socialise in the community and become involved in clubs, churches and other associations which are primarily for leisure purposes. Although this can be looked at from an individual perspective, participation in community life depends on support from and interactions with others, therefore it is an important resource for the community as a whole.

Civic Engagement – this section looks at whether participants took a more pro-active approach to engagement in civil society and includes involvement in groups or associations for the common good, community problem solving, and volunteering for non-electoral associations. Civic engagement has clear benefits for the individual but also achieves outcomes for groups.

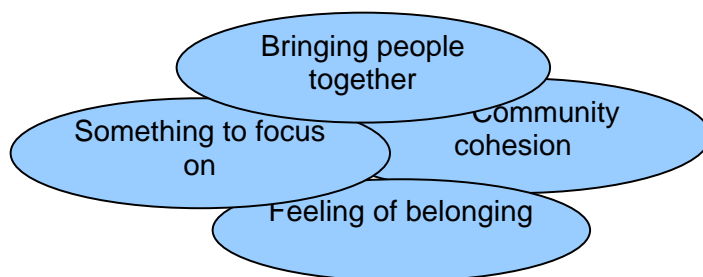
Relationship with the Physical Environment – explains how participants surroundings can impact on various areas of life from feelings of safety and well-being to opportunities for active participation in the natural environment and the wider community.

Health and Wellbeing – addresses issues around the extent to which quality of life and engagement in the community are affected by health issues, and perceptions of factors contributing to health and wellbeing.

4.1. Participation in Community Life

A range of concepts emerged from the conversations to explain participants' views of the positive effects of community involvement and participation in community events (Figure 1).

Fig. 1 : Conceptual Framework for Community Involvement and Civic Participation.



These feelings of belonging, having a focus, bringing people together and bringing the community together were voiced in the context of general participation in community life and in civic engagement and will be highlighted further in the context of civic engagement.

Social and Leisure activities

The main social outlets for the majority of participants were organised by the Church or Chapel and the Bowling Club, and included -

- ⤴ Coffee Mornings
- ⤴ Fetes and Fayre
- ⤴ Annual dances
- ⤴ Church Services
- ⤴ Ladies Nights and other events organised by the Bowling Club

A number of participants also socialised through events run by NDT, for example the Neilston Live events or the Bank Café; and elsewhere in the village, such as the Women's Institute, the Friendship Club, and attendance at the annual Cattle Show.

The few participants who do not socialise mentioned some of the barriers they face which included:

- ⤴ A reluctance to go out at night unless with a group of friends or family
- ⤴ Caring responsibilities which take up their time
- ⤴ Physical mobility difficulties
- ⤴ A reliance on family or friends to provide transport

For this group the main outlet for socialising was in the Barrhead and Neilston Disability Forum (BANDF). One resident felt that attending this group *“keeps her going”* (NC18). In one case, a participant who previously attended indicated being upset that she could no longer attend...

“I thoroughly enjoyed the wee club. I sat and I knitted and I done all sorts of things at it” (NC12).

Another resident talked about a church drama group which is no longer running, but which she loved as it *“took me out of myself”* (NC8).

The general view was that community events are beneficial to the village and are important in encouraging people to talk to one another...

“Because it keeps everybody in touch...like over 60’s, that age group, you know. It gives them something to focus on and get out and meet up with each other” (NC7).

It was felt that Church and Chapel coffee mornings were found to be *“a great thing”* for getting people together and talking to each other (NC5).

Many people spoke about the social activities they used to take part in, but no longer do for a variety of reasons including -

“The inability to walk very well now” (NC10)

“Tired of the same things and being unable to dance any more” (NC11)

There was also a general disinclination to attend social events as people get older.

Use of village amenities was also seen to be beneficial by providing opportunities to talk to people...

“you’ll no go up that village without meeting somebody, that’s the good thing about Neilston” (NC3).

This was said in the context of walking regularly to the local shops or cafes. However, the majority of participants do not use the village as their main source of shopping, choosing a large supermarket in neighbouring Barrhead for reasons of economy and choice. Some participants remembered a time when there was a wider variety of shops in Neilston, for example, a fishmonger, shoemaker, draper, hardware shop, and a haberdashery. One participant who used to do a lot of sewing and knitting spoke about the difficulties getting wool as she has to travel out of the village for it...

“I have got to make some arrangement to get into Paisley or wherever and even then it is difficult because I can't walk” (NC18).

Use of the library has a dual purpose, not only for borrowing books, but also by some residents who attend an elderly health club there. One participant spoke about how she values the different activities that are available in the library...

“the library is a great place and now...you do more in the library now than just get a loan of books” (NC2).

For those who don't use the library, the reasons given were a lack of Braille books, health problems which mean they can't read any more or the fact that they are too busy to read all the books they already have in the house.

The leisure centre is also generally under-used as a village amenity, with only one participant saying that they use the leisure centre regularly for aqua aerobics.

Networks and relationships

The importance of networks that people can draw on for social support was voiced by participants. These networks and relationships could be with family, neighbours and friends and through taking part in group activities.

Some participants spoke about the reciprocal nature of these relationships, where as well as being able to rely on neighbours and friends for support, they themselves have provided support for others in various forms...

“watching out for neighbours”, “getting them messages and what have you” (NC2)

One participant felt that having good relationships with neighbours was important...

“it makes all the difference”(NC2)

Friendships also play a large part in the lives of some people and are a major contributor to social life, both within and beyond the village. This was particularly important for some participants with limited mobility as friendships provide the only outlet for getting out of the house to go for drives, attend social events, go shopping and to cafes and participate in organisations. Equally, those who participate in clubs, churches and organisations view this a means of forming friendships. One participant summed up the importance of friendships by stating ...

“especially when you get to my age... you need all your friends” (NC7)

One participant referred to the detrimental effect of ill-health on friendships as a result of a friend's illness, which has curtailed her own life as well.

Hobbies and interests

A broad range of hobbies and interests was reported by participants, including private pursuits and more participatory interests in clubs and church activities. Private hobbies included: reading, writing letters, photography, puzzles, watching television, sewing, tapestry, cross-stitch and one resident grows vegetables for home consumption, and lifelong learning courses.

Participatory interests were reported by more active participants such as:

- Aqua fit classes
- Dance classes,
- Walking - with friends or with the dog and

Days out with friends tended to have previously contributed to various organisations in the past, either as an appointed officer, or through helping at fund-raising events for organisations and groups, with the provision of plants, home baking or craft work. For a lot of these people, failing health, and ageing have curtailed most of these activities.

Three participants felt their main focus is on family, particularly grandchildren and would not want anything to interfere with that.

4.2. Civic Engagement

This theme addressed questions around pro-active participation in and membership of community groups and associations from individual volunteerism to organisational involvement.

Participants were asked about their experiences of “getting involved in projects”, “helping out at events”, “volunteering” and knowledge of community groups such as Neilston Development Trust (NDT), operating as a social enterprise in Neilston since 2006 and prior to that, as a company limited by guarantee from 2002 to 2004. NDT operates a community cafe run by volunteers and organises a range of annual cultural, social, environmental and community regeneration events.

Knowledge of NDT was variable with almost equal numbers indicating awareness and lack of knowledge. Among the eight participants not aware of NDT, five have mobility issues and require support to leave the house, one feels too old and would feel pressurised in helping out at community events, one would not want anything to clash with existing activities and one is happy attending the bowling club and occasional football matches.

However some of these participants had previously been involved in community groups and referred to the benefits of this both to themselves and the community generally. Indeed, one person no longer feels a part of the community as she *“can't contribute as much any more”*. This resident was of the view that reciprocity is part of feeling integrated in the community...

“Maybe it's just me but I feel that to be part of the community, you have got to be able to give something” (NC15).

This theme of giving something back was also voiced by another participant who believes that everyone should give some of their time to help out at clubs and youth organisations and the fact she feels too old now to continue doing this makes her feel less *“involved”* in the community (NC16).

Most residents had a positive view of being involved in community groups and events, the perceived advantages of which revolved around the concepts outlined in Figure 1.

Bringing people together was mentioned by several participants with previous or current experience of civic engagement. Involvement in Church events was cited as a means to this end, i.e.

“You get to speak to people that never even bother speaking to you or you didn't know them or felt embarrassed ...” (NC9)

One member of NDT with a history of active involvement in a range of organisations and community groups agreed that this was the best way to get to know people...

“When you come into a new community, you have to join most things so that you get to know the people” (NC14).

For another participant the benefits of helping out at community events are...

“Good fun, you get to know people, you're certainly working but you're doing the sort of things that you enjoy doing. You learn a lot” (NC10).

A view voiced by several residents was that the village could be improved by getting younger generations involved in things . Some felt they had 'done their bit' and new blood was needed to re-invigorate some groups and clubs as it tends to be the same people who are involved in different clubs (NC10). An example given was the Senior Forum , who's members were pro-active in making improvements to the physical environment of Neilston, but which is no longer as successful due to lack of enthusiasm and leadership as members became too old (NC2). It was noted, however, that younger people tend to be less involved in the community nowadays ...

“People are so different nowadays. It's not the same any more. Young people don't want to go to these things” (NC15).

Something to focus on was mentioned in the context of the benefits of meeting other people and having something to do...

“Because it keeps everybody in touch like the over 60's, it gives them something to do

“If you weren't involved, you would be sitting here like a potato” (NC1).

The view was also expressed that active involvement in groups or events is not absolutely necessary to achieve a sense of purpose ...

“I think people like to have somewhere to go and they like to think they're helping out, even if it's only paying for a ticket” (NC8)

Community cohesion was also thought to be a by-product of involvement in the community *“it brings the community together”* (NC13).

This was particularly mentioned in the context of members of both churches in the village getting together to work on the Church of Scotland roof (NC8).

A **feeling of belonging** emerged from the many participants who felt part of the community,

whether through family and friendship networks, or involvement in community events or projects. One resident who is no longer able to be actively involved due to disability remembered how active membership in groups ...

"makes me feel part of a family, It makes you feel you belong" (NC8).

These feelings of belonging contribute to social capital which was summed up well by one participant who feels she has gained confidence, increased self-esteem and met new people through volunteering with NDT...

"(volunteering) fantastic...I feel like bubbling. That's what life is about – doing your best for people and trying to get on with life" (NC7).

Other benefits of civic engagement expressed by participants were positive effects on mental health (NC17 and NC20), physical health (NC6) and a sense of satisfaction from helping out in the community (NC6)...

"its very depressing if you are sitting in all day yourself"(NC20)

Whilst some participants no longer have any inclination to become involved in new groups or projects, suggestions for encouraging people to participate were through:

- Advertising
- One-to-one communication
- Better access to services through dedicated transport links. A number of participants previously active in the community now have disabilities and support needs and would require door to door transport.
- Having a community hub, such as the NDT community café, to help raise awareness
- Safer streets at night, potentially achieved through provision of activities for the Neilston youth. It was felt that taking young people off the streets might encourage older people to venture out more (NC8).
- Befriending service, *"to get people out and about and mixing"* (NC7).

4.3. Relationship with the Physical Environment

Participants were asked to think about the physical environment in which they live, focusing on their feelings of safety and security both in their homes and in the village generally; and what they thought of their surroundings, including any improvements to the local environment they felt would be beneficial. As mentioned before, physical surroundings can be an indicator of health, so it is important to look at how the physical environment affects the Over 60's.

Safety and Security

When asked about feelings of safety and security in the village, the main issue which was raised by all of the participants was that of anti-social behaviour, particularly by young people in the village. Only three participants said that although they noticed young people congregating in the streets, it didn't have a negative effect on them.

These people felt that they would be largely ignored by the young people...

"I mean, there's a lot of youngsters about but I mean they're all just arguing or playing among themselves, they're not interested in me coming down the road"

(NC1)

... or that young people shouldn't be treated differently to any other person in the village and would be given a 'hello' in the street as...

"I probably know most of their parents and grandparents anyway." (NC4).

These participants made a point of acknowledging that they did not feel intimidated by groups of young people.

Intimidation, however, is the overwhelming feeling for many participants when reflecting on their safety in the village. For the majority, they feel threatened or wary of groups of young people loitering in the street, particularly at night. This is compounded by a perception that young people are always drinking in the street and that there is no police presence to move them on...

"To get the police to do something about Neilston is virtually impossible..." (NC6).

On top of this, there was a perception that 'undesirable' people have been moved to Neilston by the Council, which makes it unsafe (NC5).

The result is that most of the participants will not go out at all at night unless picked up and dropped off by a family member or friend. Many choose instead to limit their social activity to during the day...

"I don't mind staying in at night if I have been out through the day. I am quite happy to be in from about 4 or 5 o'clock you know." (NC20).

While many participants expressed an interest in being able to go to events or use the village amenities in the evening, the fear of coming across a group of young people directly affected their decision not to participate in these things...

It would be nice to walk along the village, get a pint of beer and stroll along back to the house. You canny do that now... there's a good chance that something will happen to you. Cos they go about in gangs now, don't they, its like wild dogs at times." (NC3)

It was mentioned that a transport service to pick people up to take them to events in the evening would remove one of the barriers for those who are frightened to walk in the village at night.

Some of those who have a negative view of the young people are mindful that there are few facilities provided for this age group...

They seem to be at a loose end." (NC7)

"Well what I think Neilston seriously lacks is things for the young people. I don't think the old people are particularly hard done by in Neilston I think the emphasis in Neilston has always been on the old people and I think it should quite decidedly be on the young people." (NC16).

While people feel they are unable to leave their home at night to go into the village, all of the participants said they felt safe in their own homes, which shows that there is a lack of crime

and antisocial behaviour in most of the residential areas of Neilston. As already shown, most of the participants have good relationships with their neighbours, however those who do experience problems feel that there isn't enough support available to deal with it. One participant spoke of children in her neighbourhood...

"...Throwing stones at windows and breaking windows uprooting your plants and things like that. Running through the gardens and if you say anything you get loads of cheek" (NC11).

Experiences like these can further fuel the perception of a lack of respect for the older generation and can cause frustration and isolation amongst a group of people who are more likely to experience difficulty in engaging in the local community anyway, due to reasons of physical limitations or ill health as discussed above.

Physical Environment

In terms of the physical environment, there was one main negative point raised which was vandalism in the village. In general, the participants are very proud of the village and what it has to offer from its location, and many felt that the vandalism in the area is due to a lack of appreciation by the younger generation, who haven't been taught to respect their surroundings...

"...target young children to get them to appreciate their surroundings more." (NC14).

The positives included:

- Location of the village and access to lovely surroundings:
"My friend lives in Renfrew...there's no really anywhere to walk, and he comes up here and sees this and he says oh your dead lucky. And we are lucky." (NC3).
- Countryside location, providing pleasant views and access to walks. Some walks mentioned were Cowden Hall, the Pad, Midgehole Glen and Killoch Glen.
- Positive effect on wellbeing as able to look out onto fields, trees and rural surroundings:
"it just gives me a nice feeling, you know" (NC7).
- Close proximity to Glasgow and good rail links provide dual benefit:
"The fact that it borders on both town and country, you get the best of both" (NC10).
- There is a general feeling that older residents are proud of their village and enjoy spending time in it:
"its nice to get into the city, but I'm always happy to get back home and I feel that Neilston is my place now, and I would like to see it thriving" (NC7).

Aspirations for the future

There were lots of suggestions by participants for ways to improve the physical environment of the village itself. This was to make the best of the village amenities that are already available and to complement the surroundings that are seen as such an advantage to the village.

- Conserve and improve areas in the village to make them more attractive for families as recreation areas, for example, the Lintmill Dam:
"That could be a beautiful wee part of Neilston, somewhere for people to stroll along,

sit there in the sun and maybe watch the swans, it's a nice wee bit but its just wild isn't it?" (NC3).

- More areas for people to sit and relax and enjoy their surroundings, for example a 'village green' with seating available. Increasing seating areas would allow older people to rest during walks into the village and lets them socialise with others, which is highlighted as important to their quality of life.
- More planting of flowers, trees and plants around the village to make it "prettier" (NC16).
- Improvements should be made throughout the village, not just in centre to bring the village together as a whole.
- Such improvements would bring the village on a par with its countryside surroundings by making the centre more appealing.

Two other issues were highlighted for improvement, throughout the village were:

- Uneven pavements and low pavements – one participant who uses a mobility scooter advised that she finds it difficult to get around as there are not enough low points on pavements to let her cross the road safely. Uneven pavements are an issue for any person who uses a mobility aid or who is unsteady on their feet. This creates another barrier for older people to get out into the village.
"If pavements were smooth, you could walk with confidence" (NC10).
- Dog fouling – this was highlighted by almost all participants as a significant issue in the village. Despite notices and possible fines, it is felt that many people still are not picking up after their dogs and is seen as a continual problem. Connected to this is a feeling that streets are generally not kept as clean as they used to be, when there was a Council funded street cleaner to maintain the appearance of the village.

Although the majority of participants felt that these improvements could and should be made, some were concerned about making changes to the village and were unsure about the benefits change would bring, for example:

- Planting trees and flowers is a *"waste of time"* (NC5)
- Current regeneration programmes not well understood... *"do we need to spend 750k on the Bank?"* (NC6)
- One participant highlighted a concern about what appears to be *"grandiose ideas about Neilston"* (NC6)
- Another feels that in terms of the services and amenities in the village, the focus should be to *"...maintain the ones we have got and hang onto what we have and in this day and age that is probably more feasible than hoping to introduce others."* (NC17).

4.4. Health and Wellbeing

This theme addressed issues around the general health of the participants and how this affects their day to day life and might affect their participation in community life, which in turn can have an impact on their general wellbeing.

Effect on day to day life

There was a wide range of physical ability amongst the participants. While some remained in good health and continued to undertake a wide range of physical activity, some are completely housebound. The majority however, were somewhere in between, with many

finding that although they were still able to manage simple day to day tasks, they are far more taxing than they used to be.

- The majority of the participants expressed a certain amount of frustration with limitations in their mobility, dexterity, hearing or sight.
- Many expressed annoyance that they could no longer undertake simple tasks like using a can opener (NC4) or were now unable to pursue hobbies that they had loved throughout their lives for example not being able to go running (NC5), play football (NC3), read (NC13), or a loss of a “love of music” due to a hearing impairment (NC8).
- Because of this, people are sometimes looking to learn new skills or find new activities to pass their time.
- Many participants were positive about different activities they are now able to enjoy and place a high capital on social activities as a way to keep active.

Many of the participants reflected on the challenges that they now face which they never considered when they were younger, most notably, hills or small inclines that were never an issue but which now present a barrier to those who want to get out and about in the village, for either socialising or to use local amenities.

This barrier is also attributed to one of the main day to day tasks which are now very difficult for the participants, grocery shopping. While there were a variety of different reasons for the participants choosing to shop locally, many stated that they simply cannot carry their shopping back home...

“First of all, I know it doesn't seem far, and it didn't to me either until recently, to go up the road, but that is a hill, which I didn't realise 'til recently, and to buy messages up the road, I've got to carry them home right, whereas I normally go down to Tesco, get the bus down and take a taxi home because I'm just past carrying messages any distance.” (NC2)

Those who have more severe physical limitations rely more heavily on others to help with daily tasks or to help them get out and about in the village and beyond. Independence was highlighted as extremely important to the participants, and so those who rely heavily on others often expressed frustration at being dependant on others.

In terms of dependence on more formal care through the Council, there was a broad mix of people who don't receive any assistance from social services; people who have adaptations made to their homes so they do not have to move into residential care facilities; and people who have much more intensive care from the Council but still in their own homes.

On the whole, experiences of help from social services are positive, with people happy to be able to stay in their own homes with the level of assistance they require. This is seen as positive as they are able to stay within their comfort area, as well as being able to remain a part of the community and participate in community activities, which they have conveyed as having a much more positive effect on their wellbeing than being 'stuck in a home.'

Those who receive more intensive care in their home – for example home helps to do food shopping or health visitors who come in regularly throughout the day to help with medication, preparing food, bathing and household chores – shared some more negative experiences they have had, mainly to do with a feeling of loss of independence, the timings of visits not taking into consideration the patient's wishes (e.g. too early to help them to bed in the evening or too late to help them up in the morning); and general inconsistency of the timings

which causes frustration to those who experienced it...

“Oh aye, they are terrible sometimes. But I have just got to grin and bear it.” (NC13)

Activities undertaken for the benefit of health

There was a lot of overlap between what participants considered social and leisure activities, and activities which they took part in for the benefit of health. Walking through the village, playing bowls and attending tea dances were all highlighted as popular social and leisure activities and are commonly seen by the participants as an opportunity to socialise as opposed to a form of exercise. As seen earlier the BANDF offers gentle exercises and health promotion information is viewed by those who go as their main outlet for socialising, and therefore there is a sense that for those who attend these groups, the social element of meeting up with people of a similar age is as beneficial to them as the exercise and advice that they are receiving.

Participants showed a lack of interest in organised activity which doesn't have this social factor, i.e. exercise taken purely for its physical affects. Instead, people tended to stay active through completing their day to day chores, or through social events. This is demonstrated through the lack of use of the Council-run leisure facilities by the over 60s. Some of the reasons behind this were:

- Don't feel physically able to take part in this sort of activity now
- No suitable activities offered for this age group
- That they are uncomfortable exercising in a place where *“too many people know me...”* (NC11).
- Not enough provision of services, e.g. daytime aqua aerobics only once a week/ perception of reduced hours that leisure centre is open... *“it used to be I could just lift my towel and go away for a wee swim...but you can't do that any more”* (NC03).
- Lack of information available, particularly for those who don't have access to the internet.

Health and Quality of Life

A key reflection from the conversations was that people realised the benefits of being active in the community and most showed a determination not to let their physical health affect this. Health was seen as being extremely important for all of the participants...

“The main challenge for somebody in our generation would be failing health or failing mobility...” (NC17)

“If you've no got health, you've no got anything really” (NC3)

For those who are physically still able to go out, there is still a recognition that this can at times be a struggle, and that it takes some effort to continue to get involved, but that this is required to prevent any further decline in health...

“You can only do so much and slowly so you can....yes some days I could just sit and sit and you have got to force yourself to get out.” (NC20)

“You've got to get through that pain barrier first thing in the morning...but if you don't do that, you'd be sitting in a wheelchair” (NC10).

There is a further link between the physical ability to engage in the community and the mental determination to do it. Those who attend events regularly overcome these barriers with more determination...

“Well, I think you’ve got to take part in something...or you’d just have wasted away and died” (NC1)

“Other than that, I’d be kicking up the daisies just now, I think”
(NC7 – in context of volunteering in the community and the affect it’s had on her).

In some cases, those who already felt slightly isolated from the community, or who have hobbies and interests which don't require other company, were far less likely to make the additional effort if required, for example insisting that *“I’m not a group person”* (NC9).

Many of the participants spoke about the link between physical health and mental wellbeing, recognising their importance to each other...

“If you don’t have anything to keep your mind active, you may as well lie in bed”
(NC5)

“there are certain things you can still do for yourself even if you have a disability, you’re not totally incapable...and if you can’t move around physically, at least you can exercise your brain” (NC10).

5. Discussion and Recommendations

The NC sought to investigate the experiences of the over 60's age group of life in the community and to identify their needs in terms of health and social care service provision in

the future. Of particular interest was an exploration of how involved in community life this age group is to allow an appraisal of the degree of social capital inherent in the various social networks through which older people access practical and emotional support.

Another factor of interest was the role of volunteers in contributing to assessing the needs of this age group and the role of the NC in building capacity within volunteering to support future service provision in the community.

5.1. Volunteer Role

The key role of volunteers was found to bring benefits, not only to themselves, but also to the over 60's participating in the NC. For volunteers, it was an enjoyable experience which gave them the opportunity to get to know people in the community, encouraged inter-generational communication and allowed them to feel part of a team. For participants, it was felt they were more willing and responsive to people who lived in the community and understood the local references being made.

Volunteers also reported increased awareness of the issues facing participants and the services available to them. This was particularly interesting for them as they recognised that they, themselves, may require future support and services, and welcomed being part of an initiative that could influence future service provision. The positive experiences of volunteers indicate the advantage of utilising this resource to assist organisations, including the CHCP, in identifying need within communities and re-shaping services and policy to address specific local concerns.

Where concerns were raised by volunteers around their worry that the volunteer role was replacing what would otherwise have been a paid researcher's job, this was voiced in the context of a misperception that the NC was funded by the CHCP rather than being a NDT initiative, funded by the Voluntary Action Fund to engage the community to help one another.

In addition, the perception that they should adhere rigidly to the topic guide was indicative of the newness of this type of role for volunteers and community groups alike and can enhance learning about the adoption of such innovative models of engaging with the community.

The volunteers' own insights into the shortcomings of the project in not accessing a wider demographic cross-section of this population point to the potential advantages of including them in the planning of such future initiatives.

It emerged that lessons can be learned in terms of capacity building within volunteering for such roles in the future, including more in-depth training and information provision. However, the willingness of the volunteers to take part in similar initiatives again is a positive indication of the benefits of developing this resource within communities.

Recommendations

- ✧ The use of community volunteers in determining the needs of community groups and facilitating local connections can provide benefits to themselves and the wider community.
- ✧ There is scope to involve volunteers in all stages of community initiatives, including the planning and developing stages.
- ✧ For non-routine volunteering roles, such as the NC, more resources should be allocated to bespoke training and information provision.

5.2. Community Life

In terms of participation in community life through social and leisure activities, networks and relationships and hobbies and interests, the majority of participants reported having access to social and leisure outlets, to varying degrees, either within or outside the village.

Those experiencing little leisure activity were mainly people with mobility difficulties, other disabilities or a caring role themselves. It was noteworthy that a lot of people with health and support needs had been actively involved in the social life of the village when they were younger and disability-free, and regretted the fact that they could not longer enjoy such leisure activities.

Socialising and attending community events were thought beneficial in bringing people together and creating social networks. Frail, disabled and housebound residents are less likely to experience these benefits, the consequence of which could be a risk of isolation. This corroborates the findings of a study by the Audit Commission UK on Better Government for Older people which found that:

“Activities that offer fun, enjoyment and personal fulfilment do more than contribute to a good quality of life. For frail, housebound and recently bereaved older people, friendships, social contact and ‘keeping busy’ improve mental health and help them to adjust after major life changes. Conversely, the costs of social isolation are high, in terms of both physical and mental health. Strong evidence exists of a connection between loneliness and poor mental health, in particular depression and anxiety” (Audit Commission, 2004)

Opportunities for meeting people extended to day-to-day use of village amenities such as shops, cafes, the library, and to a limited extent, the leisure centre, and was an important factor for most study participants. Value was also placed on the move towards mixed use of the library, where an elderly health club offered opportunities to meet people and to take part in other health-enhancing activities such as massage and exercise sessions.

The limited use of the leisure centre suggests that it does not appeal to this age group. In order for the leisure centre to become a resource for the Over 60s in the village, they need to feel as though it offers a service which they see as age appropriate, rather than geared towards younger generations.

The influence on social capital of networks and relationships was evident in the value placed on good neighbours and friends by the majority of participants. This was also found to be a major factor in people's social support scores in a study of the social capital of older people. This study concluded that “informal social relationships, measured by frequency of talking to neighbours and frequency of meeting people”, had the strongest effect on the support scores of the population under study (Gray, 2009)

However, some NC participants had less well developed social networks due to compromised physical or mental health or caring responsibilities. It was noted in one study that people in poor health tend to experience a reduction in social support as they age (Gray, 2009).

Where ill-health affects an individual's ability to form and develop support networks, the main risk is becoming lonely. Loneliness and a deficit of reliable or frequent contacts with friends or relatives are thought to be closely inter-related (Gray, 2009). The most successful social network type for avoiding loneliness was found to be the 'locally-integrated support network', characterised by “close relationships with local family, friends and neighbours and usually

based on long-term residence and active community involvement in church and voluntary organisations in the present or recent past” (Wenger, 1996). However, people with health problems were found to have lower social support which tends not to improve with increasing age (Gray, 2009).

Hobbies are an important aspect of life for most residents, with the majority engaging in personal, more solitary pursuits. However, some of these pursuits could lend themselves to group activity, such as photography, sewing and craft work, growing vegetables and life-long learning, thus offering an opportunity for meeting and socialising with others.

Whilst a few participants engaged in more active participatory hobbies such as keep fit and dance classes, the general feeling was that leisure facilities in the village are geared towards younger people. This would indicate a need to devote more thought to developing appropriate group activities for the over 60's that would further contribute to their social support networks. However, it has been emphasised that the “Over 60's” are not a homogeneous group and there is wide variation within this category such as active older people, frail older people, older carers, and those affected by other mental and physiological conditions (Scottish Executive Social Research 2004).

Those who reported being involved in clubs ,such as the Bowling Club, Guild, Church and other groups as a source of hobbies, benefit from the social aspect of these hobbies. Where loss of mobility or failing health curtails involvement with such groups, not only do social networks decrease but the community is deprived of a valuable resource in terms of experience and expertise. One social enterprise, “Community Catalyts Ltd”, endeavours to harness the talents of people and communities in providing local support services and community resources in response to the needs and wishes of the community, and would be a useful model for NDT to explore. (Joseph Rowntree Foundation, 2011).

Some participants had previously held important positions in community groups and organisations which have since ceased to operate or have had to reduce their activity due to lack of support.

Recommendations

- Ways of engaging frail or housebound over 60's in social relationships and activities should be explored to help prevent loneliness and isolation.
- Thought should be given to adopting a mixed-use approach in the leisure centre, similar to that in the library.
- Initiatives aimed at creating and sustaining social support networks could have a positive effect on the experience of people at risk of isolation.
- Extra attention should be focussed on people with health problems as they are least likely to have the benefit of social support.
- There is scope to involve the over 60's in more participatory hobbies and interests by capitalising on private pursuits already enjoyed by this age group and making provision for these to be offered as group activities.
- NDT should explore the possibility of adopting the Community Catalyts Ltd model of delivery of local support services.

5.3. Civic Life

Of particular interest was the extent of knowledge and awareness amongst this age group of NDT and other community groups. Although more than half the participants were aware of

NDT and had either used the NDT café facilities or attended events, a minority reported more active involvement. The fact that those who had been part of NDT activities indicated a positive effect on themselves and the wider community points to the potential contribution NDT could make to increasing social capital. Another study has found that being part of such clubs and societies contributes to social capital and is important in building individual social networks (Putnam 2000).

Participants unaware of NDT tend to have more support needs and compromised mobility leading them to conclude that such activities are beyond their capability. However, a strong emerging finding is the expressed need for more advertising and awareness-raising of community events and initiatives. Some participants also pointed to the need for communicating the existence of such opportunities on a one-to-one basis. This is particularly important for house-bound residents and those with compromised eyesight or hearing. The suggestion of a community hub in the newly refurbished Bank building, where information can be accessed, could also serve to encourage people to become more involved in the work of NDT.

Another important benefit of information that has been proposed is the contribution to feelings of choice and control that are important to independence of older people... *“Being able to exercise choice and control depends on having access to information and advice on which to base individual decisions”* (Audit Commission, 2004). This study reported that the way that information is provided was also considered important, in particular, personal contact is important when encouraging older people to use new services, such as a first attendance at a class or a resource centre.

The benefits of involvement in organisations, clubs and churches were well articulated by participants, and extended not only to feelings of belonging, something to focus on, a means of bringing people together and community cohesion, but also to improved mental health and well-being. These gains are well documented in literature on social capital (Gray 2009).

Another aspect of civic engagement was the perception that involvement in groups, societies, clubs and the church also instilled a sense of the importance of 'giving something back' to the community. This was also found in study by the Audit Commission UK which concluded that community networks and organisations, such as neighbourhood schemes, many of which involve people as volunteers, can act as a focus for social activities and events. The authors argue that opportunities for older people to contribute to the community and to form 'part of the solution' are particularly important (Audit Commission 2004).

For those who no longer feel able to contribute to the community in this way, this could have additional detrimental effects in the form of depending for social support on the solidarity of others. This has been suggested as a challenge for those who cannot depend on family for this type of support. A study on the social capital of older people, argued that, since there is a positive association between social support and good health, *“those who received least help where the ones not in a position to give anything in exchange. Thus, poor health may limit the capacity to reciprocate, which in turn may mean attracting less help”*.(Gray 2009).

Recommendations

- There is a need for increased promotion and advertising of NDT to raise awareness amongst harder to reach residents and encourage participation.

- There is potential for NDT to have a positive impact on the lives of over 60's in Neilston
- A community hub, providing access to a range of community-relevant information, would be an asset to the over 60's and could, potentially, generate more interest in NDT amongst this age group.
- Efforts to encourage interest and involvement in community events and activities, particularly amongst those who are currently least engaged, could help provide social support to residents most at risk of social exclusion, loss of independence, and the resultant deficit in health.

5.4. Physical environment

An overwhelming response from participants on their safety focussed on the negative feelings towards groups of youths gathering in the streets in the village, with a strong perception that these groups are generally engaged in antisocial behaviour and pose a threat to older people in the village.

Interestingly, none of the participants themselves had actually had a negative experience in the village as a result of young people in the community. Only two examples were actually identified by participants, with one experiencing a burglary of their house 20 years previously, and another who shared an anecdote from an acquaintance who had almost been attacked by a group of young people in Glenburn, Paisley. Indeed, according to statistics of crime in the area from the Glasgow Centre for Population Health, incidences of serious violent crime in the Neilston area are actually well below the Scottish average (GCPH, 2008). Therefore, it appears that the trepidation experienced by older people appears to be a fear based on perception rather than personal experience.

More work would have to be done to understand more of what makes older people feel this way, however the following conclusions are clear from the Conversations:

- Fear of antisocial behaviour has a significant negative impact on many over 60s Neilston.
- Many older people will actively avoid going out directly because of this fear.
- Participants said they are more likely to go out at night when they have direct transport and are in the company of people they trust (e.g. friends and family).
- This limits people's independence and can cause isolation for those who do not have personal support from family or friends.
- Many felt that more options are needed for young people to socialise in organised groups. One resident believes that providing alternatives for young people would get them off the street, which would in turn encourage older people to venture out to use the services and amenities in the village more (NC8).

The main point of interest from discussions around the physical environment was the importance of bringing the village up to a standard which matched that of its surroundings. Residents conveyed a pride in the surroundings of the village and felt that this could be extended to the village through tackling vandalism and dog fouling, and generally making the village 'prettier'.

A general lack of respect for the town was seen to be to blame for the incidences of vandalism and dog fouling in the village. This kind of reasoning has been supported in literature, for example in 'Secure by Design', a police initiative launched in 2004 which looks at ways to design environments in ways that will limit criminal activity, for example vandalism, as well as reduce general anti-social behaviour. This initiative suggests that 'A

poor quality and sterile environment can create feelings of alienation amongst residents...and result in an area where people feel uncomfortable, where pride and sense of shared ownership of the environment is low.' (Secured By Design, 2004) This suggests that showing respect to your environment comes from creating a sense of pride in it. Improving the look of the village, and allowing young people to be involved and put their stamp on it could improve this sense of pride, and possibly reduce some of the negative impact on the local environment. This would benefit the older people in the community by addressing the issues that they feel strongly about in their physical surroundings, but could also provide some general community cohesion.

The proximity to the countryside for walking was highlighted as important, however as participants have got older, they tend to walk less and so take advantage of the more local walks in the village, for example Cowden Glen. It is important therefore that conservation and improvements to such areas are continued as they provide an important resource as a form of exercise for older people. Beyond this, some participants identified the effects the open, countryside environment has on their general wellbeing, conveying a sense of contentment and happiness at being able to look out over a rural landscape. This can be extended into the village, making it more pleasant to look at, walk through or sit in by using plants, trees and flowers to improve the aesthetics of the village. Bearing in mind that the participants enjoy walks through the village but can't go further afield, the creation of a central area, for example a village green, with seats available could be a place for older people to enjoy the greenery without going too far. This could be done by making improvements to existing areas, for example Pig Square or the Lintmill Dam. Providing more seats throughout the village could also encourage older people to walk more, knowing that there were areas for them to rest. Both of these types of seating would also encourage some of the social interactions which we have seen to be so important to older people.

Recommendations:

- A transport or car pool scheme would be beneficial in helping older people attend community events at night, to reduce the fear they have of walking in the village at night by themselves. This would increase the engagement opportunities available to over 60s in Neilston.
- The reinstating of a community police officer would increase feelings of security for people over 60.
- Exploring options around activities for young people in Neilston would have a positive effect on older people if it meant that the numbers of groups gathering in the street were reduced.
- A separate piece of work could be undertaken to explore where perceptions of fear come from and perhaps an event bringing together the older and younger generations to allow both a chance to express their points of view. This would increase communication between the older and younger generations with the potential to address and challenge some of the fears held by older people.
- Improvements should be made to the aesthetics of the village to make it look 'prettier'. This included suggestions of planters, trees, hanging baskets etc. It was also noted that these should be extended throughout the village as opposed to just at the village centre.
- More seating and recreational areas should be made available or improved around the village for people to enjoy the environment more.
- Vandalism needs to be tackled. This could be assisted by the presence of a community police officer as previously suggested or through the development of a project using the principles of Secured by Design.

5.5. Health and Wellbeing

The main issues which were raised by the participants in terms of how their health effects their day to day life includes:

- Frustration that they were no longer able to do all of the things they once did.
- Despite this, there was a strong sense that they still valued their independence and wanted to be able to look after themselves as much as possible.
- State run care is generally viewed positively, but there is a clear preference to stay in their own home with the adaptations needed to make it easier for them.
- Participants noted that routes from home to the village are more difficult now, as inclines that they hadn't noticed before, are now a challenge for them because of their physical mobility.
- Many participants reflected that this has an effect on grocery shopping, as one of their main day to day tasks. People choose not to shop locally for reasons of variety, cost and quality, however the majority also say that they simply cannot carry their shopping back home.
- This means that people usually take a bus to the neighbouring town's supermarket and a taxi back home, asking the driver to help with their bags. This can have financial implications for older people.

The provision of transport for evening events has already been positively discussed for the benefits it could provide for socialising, and therefore, the use of a similar transport scheme to help with shopping could also provide a support for those who are finding that their physical abilities are now a barrier to completing such a task.

The frustration felt by some participants that they are unable to enjoy some of the hobbies and interests they once had sometimes leads them to look to learn new skills or find new activities to pass their time. It is important that opportunities to do this are provided locally so that older people don't end up feeling complacent or frustrated at what they had to give up.

In terms of the activities the participants undertake for the benefit of their physical health, it is clear that there is a strong preference for exercise which contains a social element. The most popular forms of exercise are all interlinked with meeting people and having a social connection, for example, the bowling club, tea dances, walking in the village. The Department of Health, as part of its Live Well Scheme, sees activities such as these as providing 'moderate intensity physical activity' which has the benefits of:

- maintaining cognitive function (ability to process thoughts)
- keeping the heart and lungs healthy
- reducing the risk of falls
- maintaining the ability to carry out day to day tasks
- improving mood and increasing self-esteem (Live Well, 2011).

The Live Well campaign also promotes the importance of muscle strengthening exercises, which both the BANDF and the Health Club in the local library offer through their chair exercises, along with the wider health promotion information.

As already discussed above, facilities for the sole purpose of exercise, particularly the leisure centre are underused by the over 60s due to the fact that they feel that the services provided are poor for their age group. It is important therefore, to not only make the most of this village amenity as an opportunity for social interaction, but a place which can challenge older people's perceptions of the type of exercise they can do. Most people are happy with

the amount of exercise they do and feel they are healthy even if not undertaking a lot of dedicated exercise, however the perceived barrier that they are 'too old' could be challenged if the right services were offered.

From the findings, it can be concluded that there is a strong correlation between physical health and mental wellbeing for the participants. For most, this is regarded positively in that although their physical health may be deteriorating there is a mental determination to keep going. One of the limitations of this study was the fact that the demographics of the participants was slightly skewed, with only a few participants living with a more severe physical disability. This means that comparisons as to how mental wellbeing is affected by levels of physical health cannot be fully demonstrated through these participants. For the few who were living with a more severe disability however – and particularly for those who have been disabled from a relatively young age – their determination to get involved in village activities wasn't as strong as those who were less restricted in their mobility, therefore their health is having a negative effect on their ability to engage with the community. It may be that with some support, these participants would attend community events or to use the village amenities, however it was clear that there is a mental barrier as well as a physical one. The difficulty in ensuring the most hard to reach groups are engaged in their community is widely recognised, with extensive literature dedicated to improving engagement with this group (Department of Health, 2002; HSE, 2004; Big Lottery Fund, 2009; Wilkinson et al 2009). It is commonly agreed by the participants however that being able to engage in the community does have a positive effect on general health and wellbeing and therefore it is important to address these gaps in the local community.

Recommendations

- A transport or car pool scheme which would take elderly residents to either the local shops (for help with transportation of shopping back to the house) or to the neighbouring supermarket would assist people in getting their shopping, removing the financial burden of relying on taxis.
- More advertising of current schemes such as MyBus, run by SPT which will provide door to door transport for anybody who finds it difficult to use public transport to access local services and amenities, for example, shops, lunch clubs, visiting friends, and GP and health centre appointments (cannot be used for hospital appointments).
- To improve use of the leisure centre for over 60s, there could be more classes held exclusively for this age group, with perhaps a social element included.
- A variety of age-appropriate activity sessions and classes would help demonstrate that older age is not a barrier to enjoying fitness-oriented pursuits.
- There should be a concentrated effort to engage with the most hard to reach people in the village to address the gaps in involvement.

6. Conclusions

The NC provided insights into the lives of the over 60's – the extent to which they are, and feel, part of the community; opportunities for socialising available to them; their family and non-kin based networks; the barriers they feel prevent them from engaging in community life;

views on their surroundings; and their aspirations for the future.

What these conversations revealed is that, whilst it is encouraging that social capital is high for the majority of participants, there are also unmet needs amongst this population and, therefore, scope for organisations, clubs and statutory services to re-configure their approach to provision to better meet their needs.

In particular, there are opportunities for delivery agencies to work better together in creating a cohesive approach and to support the community to build on existing social capital.

The volunteers, themselves, highlighted important considerations for the future use of this resource. The overall positive experiences of volunteers and their enthusiasm to be involved in broader community engagement roles in the future is encouraging and creates an opportunity to develop the community's internal capacity.

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