

GENERAL SYNOD

Motion from Rochester Diocese: Background Paper

Introduction

1. The UK population is ageing. The Office of National Statistics (ONS) notes that in 2016, 18% of the total population was aged 65 years or older (15.8% in 1991); this percentage is due to rise to around 21% by 2041 and 26% by 2066. Those over 85 years old comprised 2% of the UK population in 2016; the ONS estimates that this will rise to 4% by 2041 and 7% by 2066¹.

2. The older population is not evenly distributed across the UK. Rural and coastal areas have a higher percentage of older people than urban areas: in some coastal areas 21.6% of the population is over-65 while in some urban areas the figure is 11.6%. The ONS estimates that this disparity will increase over the next twenty years as the over-65 population in both rural and urban areas is likely to increase by 50%, with the under-65 population rising by only 8% in urban areas and not at all in rural areas. By 2039, over-65s will represent between 30% and 42% of the population in large areas of the South, Southwest and East of England².

3. The health of over-65s is improving. Over the past twenty years the number of over-65s in employment has doubled (from 5%)³ while life expectancy for current 65- year olds is between 19 and 21 years nationally, although there are marked regional variations⁴.

4. While on average, men in England can expect 10.5 healthy years of life after 65 and women 11.3 years, increased life expectancy means that they are also likely to live for 8.2 and 9.8 years respectively 'not in good health'. By 75 years, 50% of people will have two or more chronic health problems⁵. It is this group of people who will require greatest care in the future.

5. In addition to addressing direct medical needs, three areas of care are particularly significant: social care, dementia care provision and countering loneliness and isolation.

Social Care

6. Nationally, 20% of over 75s require help with basic activities such as washing and dressing; this figure rises to 34% for men and 42% for women by age 85⁶. Successive governments have recognised that there are increasing financial, staffing and resource pressures in providing social care, particularly for those who have had low incomes.

7. Funding for future social care remains unresolved. Following the report of the Dilnot Commission (2011) and the enactment of the Care Act (2014), a Green paper on the future of Social Care was to be published in 2018; this has been postponed to an unspecified date

¹ The Office of National Statistics

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13/#how-is-the-uk-population-changing>

² Ibid.

³ Ibid

⁴ The Office of National statistics

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/lifeexpectancyatbirthandatage65bylocalareasinenglandandwales/2015-11-04#national-life-expectancy-at-age-65>

⁵ The Office of National Statistics

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13/#how-is-the-uk-population-changing>

⁶ Ibid.

in 2019. As well as funding, the degree of integration between health and social care is likely to be dependent on the eventual outcome of consultation on this Green Paper.

8. Whatever future arrangements are made, eligibility criteria for social care are likely to result in many people falling below the threshold for receiving funded care. The opportunity will continue for the Church to address aspects of this gap in provision in practical ways.

Dementia Care Provision

9. Currently, around 850,000 people in the UK have been diagnosed as living with dementia although this figure does not include people who have early-stage dementia who have not sought medical opinion. Dementia is *predominantly* an experience of older age. Among the over-65s, 4.33% have been diagnosed with dementia, with peak years falling between 80-84 for men and 85-89 for women⁷.

10. The Church of England has been represented by the Bishop of Carlisle on the Prime Minister's Dementia Challenge initiative; the government review of the Challenge in 2015 indicated that progress had been made both in highlighting the scale of the issue and in addressing medical and social aspects of the condition. It also recognised that further work is required in the areas of support, care and resourcing of research⁸. The Bishop of Carlisle and the Mission and Public Affairs Division of the Archbishops' Council have hosted two dementia-friendly churches conferences for diocesan 'dementia champions' from which an online network was established for sharing ideas and good practice. A handbook of resources was disseminated in 2016 and an ongoing Facebook page⁹ established.

11. Dioceses and parishes have engaged in a large number of practical initiatives aimed at helping churches to become 'dementia-friendly' with many of these conducted in partnership with organisations such as The Alzheimer's Society, Livability and Anna Chaplaincy.

Loneliness and Isolation

12. While loneliness and isolation are not synonymous, isolation can be a major contributing factor to loneliness as well as a source of stress, mental ill health and unhappiness.

13. The incidence of both isolation and loneliness increase with age, with 7% of older people estimated to be 'very lonely' and 31% 'sometimes lonely'¹⁰. While feelings of loneliness can be alleviated through increased contact with peers, inter-generational contact has the greatest positive impact on addressing loneliness among older people¹¹.

14. '*When we're caring, it can feel like we're living with the shadow of isolation*' is a striking comment from Carers UK¹². There are some seven million carers in the UK, spread across every age group. There is evidence that caring can be particularly difficult for those under 25 and over 60. Among the over-60s, 65% of carers have a long-term health problem or disability themselves while 68.8% state that caring has a detrimental effect on their mental health¹³.

⁷ Alzheimer's Research UK: <https://www.dementiastatistics.org/statistics/numbers-of-people-in-the-uk/>

⁸ <https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020/prime-ministers-challenge-on-dementia-2020#conclusion>

⁹ <http://bit.ly/1TuwMCL>

¹⁰ Age UK: Loneliness and Isolation Evidence Review: https://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true

¹¹ Ibid.

¹² <https://www.carersuk.org/>

¹³ Carers Trust: <https://carers.org/key-facts-about-carers-and-people-they-care>

Addressing the Need

15. While many churches and faith-based organisations have acted directly and innovatively in addressing the needs of an ageing population, it is clear that the future will be challenging. Caring for the vulnerable is a Gospel imperative; continuing to engage with the needs and aspirations of older people is an essential response to Jesus' teaching in Matthew 25.

16. In doing so, it is essential that best practice is followed at all times in terms of recruitment, governance and safeguarding. Healthcare chaplaincy provides an excellent model for this.

17. Healthcare chaplains are qualified and trained professionals who play an important role in multi-disciplinary care teams. They are recognised by their respective faith bodies, professional chaplaincy organisations and the NHS. National guidelines for best practice have been agreed by NHS England and the Chaplaincy Leadership Forum, representing professional Chaplaincy Bodies and faith communities¹⁴. While the term 'chaplaincy' is not a protected term and can be used by various bodies, the NHS Guidelines remain the benchmark for good practice in pastoral healthcare.

18. Organisations such as Anna Chaplaincy (part of the Bible Reading Fellowship's 'The Gift of Years' initiative) provide valuable ways in which churches can become involved in offering practical, additional care to vulnerable older people and their carers in the community.

19. An Anna Chaplain *'is sent out by their congregation to work with people of strong, little or no faith at all. Their task is to promote the spiritual welfare of men and women. Many different kinds of people are involved in pastoral visiting, taking a care home service and offering a listening ear. What is distinctive about Anna Chaplaincy is that it is ecumenical, community-based and it takes a narrative approach to helping people navigate the choppy waters of older age. Anna Chaplains are sent out with the authority, credibility and affirmation of the churches in whose name they visit'*¹⁵.

20. It should be noted that Anna Chaplains are contracted by individual parishes or churches who retain full and sole responsibility for recruitment, governance and safeguarding¹⁶.

21. Alongside other pastoral workers such as Parish Nurses and Pastoral Visitors, Anna Chaplaincy provides churches with a practical means of addressing the needs of older people.

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Secretary General
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¹⁴ NHS England: NHS Chaplaincy Guidelines 2015, <https://www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf>

¹⁵ <https://www.thegiftofyears.org.uk/what-anna-chaplain>

¹⁶ 'The Gift of Years cannot be held liable for any actions that take place during supervised or unsupervised activities and visits other than those arranged specifically through The Gift of Years.

Anna Chaplains to Older People work in specific contexts and under the safeguarding procedures relevant to each of those local contexts. Each chaplain remains individually responsible for ensuring their own Enhanced DBS (Disclosure and Barring Service) clearance, and for adhering to the safeguarding policies of their employers, and those with oversight of their ministry and supervision.': <https://www.thegiftofyears.org.uk/safeguarding>