



Trigger points

How might older people fall into social isolation and loneliness? How can we help them to re-connect?

**Time to Shine Report
July 2020**

There are recognised trigger points for social isolation which can occur across the lifespan of an individual. Some of these are more common in both younger and older people which may be why those age groups tend to be those where loneliness is also most common. (The BBC Loneliness Experiment stated 27% of those over 75 felt lonely, whilst 40% of those 16-24 felt lonely¹).

They often occur when our identity is changing or becomes uncertain. For older people these triggers can include bereavement, divorce or loss of a life partner, illness leading to reduction in mobility or loss of confidence, retirement or redundancy, moving house, issues with appropriate transport and struggles with finances. Older people from BAME communities can also find language issues make their situation more difficult and can find it harder to access services and benefits. These issues can also operate as barriers to prevent people making positive changes to their lives.

The Time to Shine projects working with socially isolated and lonely older people have also been able to identify some of the mechanisms that help people to join activities and reduce their social isolation. Others have noted that some individuals have been able to identify the risks for themselves and engage in activities to increase their resilience. One Time to Shine project was set up with this preventative activity in mind.

This report summarises how these triggers and mechanisms can operate and what can be done to promote the positive changes.



Evidence

Time to Shine has funded 100 projects (2015-2019). Delivery partners collected case studies, quotes, insight and learning from participants, volunteers, and staff. Care Connect, the local evaluation team, has conducted interviews and focus groups, and worked with Volunteer Listeners to gain more insight into participants' experiences of social isolation. All this evidence informs this report.

The audience for this information is broad. We are looking to families, friends, neighbours and professionals to notice the signs of isolation and loneliness and guide people in the right direction, and to all of us to be more self-aware and take action now to future proof our own lives.

Insight from a Time to Shine Delivery partner

Almost every delivery partner has shared stories of social isolation and the mechanisms people used to reduce their loneliness. It is hard to single out one story, but the conversation between these women highlights several issues. They came to the Cara project at Leeds Irish Health and Homes along different routes, but they needed the same thing, to re-connect before they really lost themselves.

How did you feel before getting involved?

M: I was starting to come to terms with the loss of my husband and that change of circumstances, I wanted a place to fit in.

H: After being a long term carer I felt very disconnected from the life of work and socialising –

Both: You lose the link, there's no stepping out! We needed to start connecting up again.

Why did you get involved?

M: I felt I had something to offer because of my old job working with older people, I wanted to bring a smile to someone's face; we've both been there H and I, feeling all the emotions under the sun, we can identify with people because we've been in the same position.

H: We connected because we have been in the same position, all the ups and downs. We also shared a career path – old-school caring.

Who or what helped you?

H: Making new friends and being part of something again after all the exhaustion, bereavement and loss. Talking about how you get back out there - reconnecting.

M: I missed being part of a team; Cara has filled that gap for me. It's that empathy for people.



What did Time to Shine projects do?

Time to Shine projects worked with people at three points in their lives:

Individuals at transition points

Some projects worked with people who were approaching or had recently experienced a life change, like retirement, ill health or redundancy. In some cases they worked with people who were not there yet but could see a change approaching. They were the people who had the self-knowledge to see what could happen to them. For many Time to Shine projects the people who approached them to volunteer – like M and H - were often at this point in their lives.

Individuals who were becoming socially isolated

Many of the projects worked with the second group; those who had become lonely and isolated and who were eager for support. They knew they were at risk of ill health or worse, but after they made the 'first connection' they were able to take advantage of the offers and connections made, quickly joined in and some of them went on to help as a way of repaying the help they had received.

Individuals who were chronically socially isolated

Those in this final group, the most socially isolated and lonely, tended to be those supported by the Supporting Wellbeing (SWIFt) and Creating Supportive Opportunities projects. Initially expected to support mostly those with physical frailty, or barriers like lack of knowledge of activity it transpired there were also considerable psychological blocks for many of these people; sometimes the cause of the isolation and sometimes the result of it. It took persistent and patient help from project workers to support chronically isolated people back to some form of social connection. Many isolated older people from BAME backgrounds also needed more support as additional barriers around language, transport and finance meant they lacked the confidence and the resources to join existing groups unsupported.

It was also apparent throughout a number of projects that the sooner those who became isolated could be helped back to society the easier the process would be.





STORIES: Working with individuals at transition points

The Time to Shine programme was involved in research which supported Leeds City Council leavers with the transition into retirement. A story-based learning programme was run by the Centre for Policy on Ageing and Time to Shine as part of the Calouste Gulbenkian Foundation Transitions In Later Life programme.² The programme had an in depth evaluation at 6 months which identified individuals found the course helpful in their approach to and planning for retirement.

- *Yes [the course has affected how I think and feel, I'm] looking forward to filling time at the right pace for me.*
- *Yes [I am taking action, going to] set goals: take up driving again, visit my parents more.*

The research also considered two individuals who were finding retirement very challenging

“when they came on the course they were unhappy in their retirement and had received no prior support to manage the changes emotionally. Both explained eloquently how participation had enabled them to move into more positive self-management following the course. For D this was about taking on stretching and fulfilling activities and for M it was about awakening to her anger about the disappointments of retirement, finding herself able to accept and manage that much better, ... Both explained how they wished they had received this kind of support at the time they retired.”

Working with individuals at transition points (cont.)

The Don't Call Me Old (Armley Helping Hands) project aimed to:

“reflect the aspirations and needs of people aged 55 to 70 ... supporting individuals to engage within their local community and pursuing the individual's personal goals ... help put services and activities in place that people need to re start their lives after retirement, long term unemployment or periods of social isolation, enabling us to support people as they 'move on' with their lives. Our objective is to increase confidence, have better social networks which will lead to local residents becoming involved in activities, taking on new roles”.

They have been able to support a range of individuals to make friends and improve their physical health; and good co-design has meant that some of their participants have got involved in community based activity like setting up a local food bank. Since the Covid-19 outbreak, Armley Helping Hands was forced to change the way it supported their older members, and Don't Call Me Old volunteers came into their own, stepping up to make phone calls to older people, packing food and delivering supplies.

The MHA Community Support Project (MHA Live at Home) was asked to support a lady with mild learning disabilities following bereavement and then a hospital stay. A social worker had proactively sought help as they were confident that with the right support, she would be able to return to supported living in the community. A befriending match was successfully made, and she was supported to join activities. Although she was finally housed in a different area the CSP was able to continue support to manage a handover to her new local Neighbourhood Network Scheme. The whole process took much longer than was originally expected *“we had underestimated how deep seated some of the challenges were for this person after the loss of her long-standing partner”*. The good outcome demonstrated the benefits of starting early, good partnership working and having the flexibility to change from time limited support to an ongoing (although still limited) commitment.





STORIES: Working with individuals who were just becoming socially isolated and lonely; and used their insight to help themselves

Enabling people to move from loneliness and social isolation is not always complex. The following stories highlight the value of a prompt first contact and effective follow-through. There are sometimes moments when people recognise they have become socially isolated and lonely, in these cases a thoughtful first connection can help them to achieve a good outcome relatively easily.

S approached Carers Connections, (Carers Leeds), as she wanted to re-connect with her local community as she had become isolated during the last 6 months of her husband's life. After signposting at her first meeting she was able to take part in a number of local social opportunities; she then joined a Carers connections social group and is now planning on becoming a volunteer at these sessions as she felt she needed a sense of purpose. S has also re-connected with an old friend who has limited mobility so isn't able to get out much. They now eat together, and they plan to have a day out. *"She enjoys people's company most days of the week and is hopeful about the future."*

The 'right' solution may not always be found first time, but persistence and a person centred approach which explores the individual needs and motivations will pay off.

Miss A self-referred to the Age UK Leeds SWIFt project as she felt very lonely and isolated after returning to Leeds after several years abroad. She tried lunch and exercise clubs but felt she was not yet ready for that sort of activity. The worker helped her to understand that volunteering would be an appropriate way to make connections (the lady was concerned she should not express her own needs), she now volunteers regularly in a lunch club kitchen. She now feels much less lonely, does some good in her local community and finds helping others extremely rewarding.

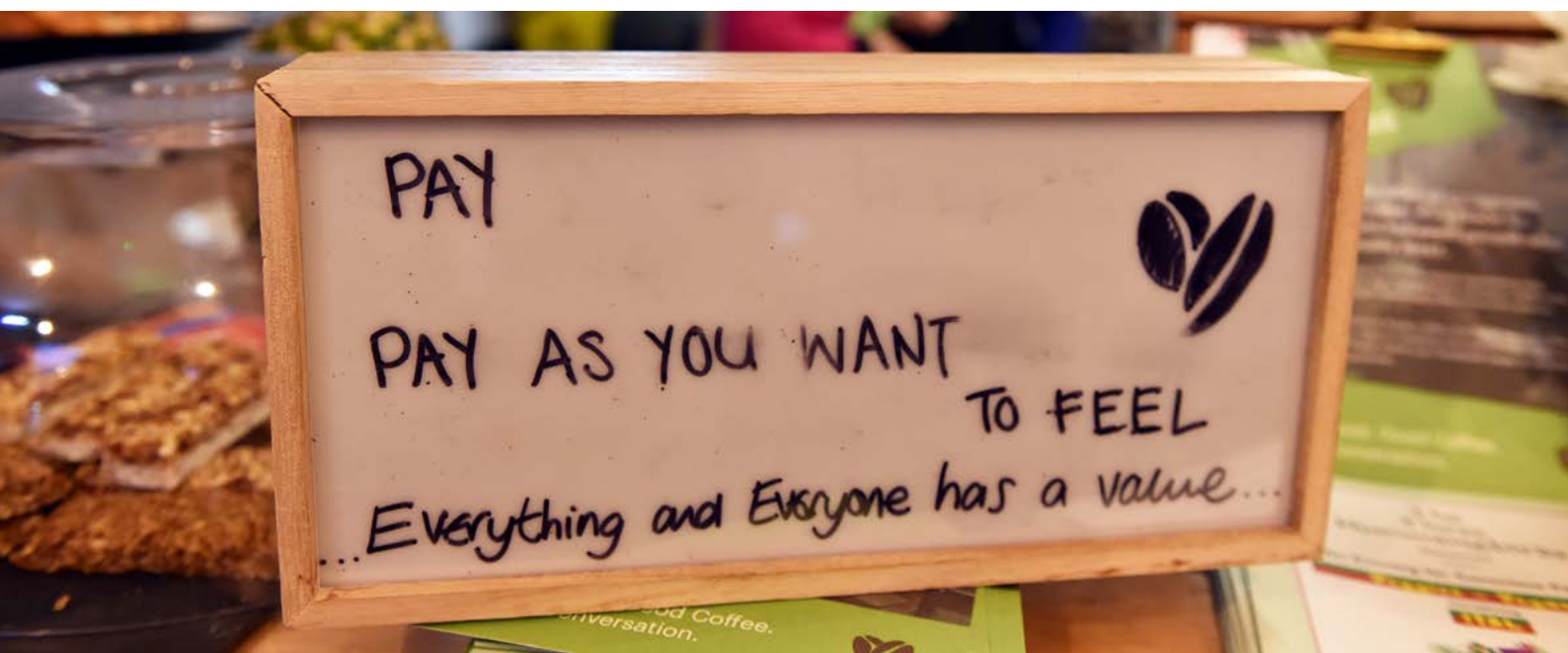
STORIES: Supporting those who have become very socially isolated

Those who have become very socially isolated may need much more help and support to enable them to re-connect, either in the wider community or through befrienders in their own home. For some people, keen to get out and about again, this is about supporting them through a range of referrals and waiting lists for physical adaptations. For others it is literally a hand to the taxi and a supportive companion to escort them until they regain sufficient confidence to attend independently or accept the ongoing support of a volunteer.

Mr P was supported by SWIFt at Age UK Leeds, as his health deteriorated. They referred him to Care & Repair Leeds for help with extra grab rails and supported him in an application for higher rate DLA. They re-connected him with his local Neighbourhood Network as they were able to offer him transport to attend the men's group. At the start of the process he had accepted a referral to IAPT (Increasing Access to Psychological Therapies) because of his anxiety and depression. By the time IAPT called him after the initial six weeks wait he was able to say he no longer needed support as he was feeling so much better. The worker's role in listening and in facilitating practical works had built sufficient trust for him to feel able to start socialising again.

Caring Together in Woodhouse and Little London did some research into how they used transport in different ways to support their members. They identified that as members' health deteriorated, if Caring Together were able to change support around transport quickly it they could support people to continue to attend. They also recognised the need to persist in offering help to someone **until the right solution is found**. *"Caring Together were there before I was unwell, they were there while I was in hospital and they were there waiting for me when I got out. I was not interested in anything initially but a combination of the social support offered by the volunteer, the regular, and well received support by Caring Together in getting me back out of my house, and organised transport of my choice, has helped me to get back on my feet."*

Some of the projects working with people who were the most socially isolated recorded the complexity of reconnecting an individual with local activity – in one case it took 16 home visits, 33 calls and 13 emails just to get an elderly man, in social housing and already known to adult social care, to receive sufficient and adequate support to enable him to safely join social activities.



The Shantona Women's Centre was aware that many of their Asian service users were affected by loneliness even though they lived in extended families. They discovered that the younger generations in the household were busy with work, education and bringing up their own children. Older people in the household were often being isolated unintentionally. Working with women of Pakistani and Bangladeshi backgrounds they found many women needed a lot of support as they lacked confidence out of the home. They worked with bilingual staff and volunteers, undertook outreach and they rang women regularly to encourage them to attend. Workers found they needed to keep sessions informal and gentle; that for some people it was enough that they attend and maybe take part as their confidence grew.

Mrs B was a lady in her 70s who became very withdrawn. It took outreach, much gentle persuasion and frequent reminder calls to encourage her to attend sessions regularly, but since then "she has become more independent, socially interactive, is willing to learn new things, express her views and ideas to the group."



Resources

1 <https://www.bbc.co.uk/programmes/articles/2yzhfv4DvqVp5nZyxBD8G23/who-feels-lonely-the-results-of-the-world-s-largest-loneliness-study>

2 <https://www.ageing-better.org.uk/sites/default/files/2017-10/TILL-Insight-report.pdf>

Volunteer Listeners Report <http://eprints.leedsbeckett.ac.uk/6580/>