

# **WORKING TOGETHER: REDUCING CHRONIC LONELINESS IN THE NORTH EAST**

**AGE UK NORTH OF TYNE & GATESHEAD**

**ALMA CALDWELL (AGE UK NORTH TYNESIDE)  
HELEN MILLS (AGE UK NORTHUMBERLAND)  
IAN WOLSTENHOLME (AGE UK GATESHEAD)  
LYNN JOHNSON (AGE UK NEWCASTLE),**

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## INTRODUCTION

Imagine a day when...

...you didn't see anyone,

...no one called in,

...no one phoned, or emailed or texted or Tweeted or Facebooked you

...you had no contact with anyone else from getting up to going to bed.

Now... imagine that the next day was the same, and the next and the next....

Most of us have felt very lonely and alone at some point in our lives. It's a profoundly personal and painful experience and people can feel completely hopeless. Luckily for many, life moves on and these feelings pass. But for some of us loneliness can become chronic, making us miserable and often causing us to lose self-confidence. It can become increasingly difficult to build new and meaningful relationship that could restore our sense of self and self-worth. The fact that loneliness carries a stigma can make it hard to admit to it and seek help. And often people don't know where to go for support.

Research by Age UK shows that loneliness is a real problem for older people in the North East; four Local Age UKs including Gateshead, Newcastle, North Tyneside and Northumberland, are pledging to reduce chronic loneliness and isolation of older people in the region by collaborating to raise awareness and act.



# THE CASE FOR CHANGE

Chronic loneliness is affecting a growing number of older people in the North East. Age UK estimates that there are over 51,500 people in the North East who are lonely.

## DID YOU KNOW THAT...

- 200,000 older people have not had a conversation with friends or family for a month.
- 3.9 million older people agree the television is their main form of company.
- Loneliness can be as harmful for our health as smoking 15 cigarettes a day.
- 6-13% of older people say they feel very or always lonely.
- 6 % of older people leave their house once a week or less
- Over half of all aged 75 and over live alone (ONS, 2010)

Many older people receive less than one visit per week from a friend or family member. Many are also unable to get out and about to see other people as much as they would like because of health and mobility problems.

## FACTORS ASSOCIATED WITH BEING LONELY

There have been several studies that have identified a range of factors associated with being lonely in older age. These factors include:

- **social networks** (living alone, being widowed or divorced, a lack of contact with friends and family and limited opportunities to participate in social occasions)  
We often feel lonely when we feel we don't have strong social relationships or are unhappy with the ones we have.

Loneliness can be understood as an individual's personal, subjective sense of lacking desired affection, closeness, and social interaction with others. Loneliness is not the same as social isolation. Although it has a social aspect, loneliness is also defined by an individual's subjective emotional state.

- **health** (poor health, limited mobility, social care needs or cognitive and sensory impairment)
- **individual characteristics** (age, ethnicity, sexual orientation, low income, retirement)
- **neighbourhood characteristics** (structures of buildings and streets, provision of local amenities, territorial boundaries, area reputation, neighbourliness, material deprivation of area of residence).
- **other** (giving up driving)

## QUALITY OF LIFE

Loneliness ruins older people's quality of life; it can be a debilitating experience increasing feelings of vulnerability, it affects their health and leaves them feeling isolated, depressed and unable to cope with living independently.

## STRAIN ON HEALTH SERVICES

Loneliness is associated with depression, sleep problems, impaired cognitive health, heightened vascular resistance, hypertension, psychological stress and mental health problems. Growing numbers of lonely people mean increased demand on health services too.

### SPOTLIGHT ON... BEREAVEMENT AND LONELINESS

The number of clients who have received bereavement support following the death of a loved one continues to rise. Age UK North of Tyne and Gateshead has noted a continuous trend for one to one home visits, these are the most resource intensive of service provision, however ultimately link the client into the organisations social provision.

Within the age ranges 50 to 70 bereavement support workers have identified an individuals need to share their experiences with other bereaved persons.

The overarching trends identified across all ages is loneliness and depression over 73% said they felt depressed with 96% saying they felt overwhelmingly lonely despite some having family and a social network.

In the age range 60 – 85 the majority of clients had lost a spouse. The impact on this age group was felt at a greater degree as lives had been built around their respective partners often withdrawing themselves in to their own homes and removing themselves from any support network. This age range also had the highest level of depression and alcohol and prescribed drug misuse in an attempt to alleviate the impact of their feelings and perceptions.



# WORKING TOGETHER

Age UK is the country's largest charity dedicated to helping everyone make the most of later life. The Age UK network comprises of more than 150 local Age UKs covering most of England. Every local Age UK is an independent charity but has entered into a brand partnership with the national charity that has created a shared strategy and brand which each local organisation adopts. Age UK provides local Age UKs with access to national research and it is as a consequence of this research that the four local charities in the North East decided to collaborate.

The collaborative from Gateshead, Newcastle, North Tyneside and Northumberland Age UKs have joined forces to pool their skills, knowledge and resources to reduce chronic loneliness.

There are over 1,200,000 lonely older people in England and of them it is estimated that there are almost 20,000 lonely older people in Gateshead, Newcastle, North of Tyne and Northumberland.

*"For too long we have known that this issue exists but this research has provided us with the impetus to work together to raise vital funds to tackle this debilitating problem affecting so many older people's lives in the North East"* said Alma Caldwell from Age UK North Tyneside.

The range of services delivered by local Age UKs in the North East are vast and the following case studies are just a small number of examples of how older people are engaging with our services.

## CASE STUDY 1: INFORMATION AND ADVICE – NORTH TYNESIDE

Mrs. A was referred to Age UK North Tyneside through her social worker in order to review circumstances particularly around income maximisation. Mrs. A has been a fiercely independent woman all of her life holding down two and sometimes three jobs during her working career. She continued to work past retirement age as she enjoyed keeping busy and feeling needed.

Mrs. A suffered a heart attack approximately 24 months ago and was forced to give up work as a result of reduced mobility and has found since she left the work place that her health has deteriorated quite rapidly and she has been finding it increasingly frustrating and difficult to remain independent. Mrs. A informed us that she suffered from various health conditions including, Aortic Stenosis, Ischemic Heart Disease COPD, Sleep Apnea and Diabetes, and has been experiencing issues with daily living tasks like getting into and out of a chair, dressing, bathing, getting into and out of bed and she was also finding that she needed more and more support from her husband. As a result of mobility limitations, Mrs. A was no longer able to step onto a bus and is having to rely on taxis to carry out important tasks like shopping and attending doctor's appointments. As a result, Mrs. A felt socially isolated and was finding it difficult to afford to visit her sick 93 year old mother.

Age UK North Tyneside visited Mrs. A in her home to identify and work through the options that are available to support her with her situation. We identified possible entitlement to Attendance Allowance and supported Mrs. A to complete her application. We completed a

benefits check with Mrs. A to ensure that income is maximised in order to support her with the rise in daily living costs and enable her to socialise and visit her family and also highlighted her local Taxi Link service. We worked with Mrs. A to understand care/carers and needs assessment available via the Local Authority and supported her to request a full assessment of needs with a view to identifying support available within the home.

As a result we helped Mrs A to secure:

High rate Attendance Allowance: £4321.20

Housing Benefit: £3024.32

Council Tax Reduction: £797.68

Annual Benefits Gain: £8143.20

Mrs. A: *“The help given has given peace of mind, taken the pressure off; the advice worker was friendly and excellent.”*

### **CASE STUDY 2: HEALTH AND WELLBEING - NEWCASTLE**

Mrs. S has been attending an Age UK Newcastle Lunch Club for the last 4 years; her family contacted us as she could no longer go out on her own following a hospital admission due to a fall. Mrs. S had lost all her confidence following her fall; she also has diabetes and has hearing problems. She had moved into a brand new extra care sheltered accommodation facility.

Our Activities Co-Ordinator was contacted by the Housing Scheme Manager for advice. Mrs. S was talking to some of the other residents about the exercise class she was doing at the lunch club and how it would be good if they could have something like that on a regular basis in the tenants' lounge. The tenants already had popular social activities but wanted something more 'physical'.

As a result of the discussion, Age UK Newcastle trialled six gentle exercise classes to see what the uptake would be. The pilot was successful and more were booked, we also booked Rookie Sports to attend four sessions and took with us some equipment including Indoor Curling, Boccia etc. These sessions were very popular and Housing Scheme Manager has booked regular sessions which will be funded by themselves.

Mrs. S. will tell you she now feels more involved, she helps to organise sessions, goes around reminding other tenants when they are on and encourages them to come along. Mrs. S was adamant that physical activities would be delivered in her lounge and she now feels great!



### **CASE STUDY 3: ADVOCACY AND CANCER ADVOCACY – NORTHUMBERLAND**

#### Advocacy

Mrs. A contacted the Information and Advice Line after she had recently been bereaved and she was anxious over her housing situation. The property she was living in was now unaffordable as previously her husband's income had covered the rental liability. As he had passed away Mrs. A had found her finances in disarray and was very worried about getting into debt. Mrs. A was aware that she should be entitled to some of her husband's pension but she did not know how to access this or how much she would receive and therefore felt she could not plan for her future.

She had no family or friends to go to for support and she was confused over what she could do. She contacted the Information and Advice Line for help as she wanted to know her rights in regards to rehousing and potentially the action her landlord could take if she could not afford the rent.

Our Advocate visited Mrs. A at home and listened to Mrs. A's account of what had happened. We then researched and then discussed with Mrs. A the possible outcomes of getting into rent arrears and means of avoiding this. This led onto helping her apply for Discretionary Housing payments from the Local Authority, which has enabled her to pay her full rent and avoid rent arrears to date.

We also helped Mrs. A make phone calls to her husband's pension provider to resolve the payments. The company would not release the ongoing payments without an overpayment (caused between the death and the notification to the company) being repaid. We negotiated a repayment of this with instruction from Mrs. A and agreed an interim payment to be released whilst the matter was resolved.

Mrs. A said that as a result of our support, *her anxiety had reduced and she had started to sleep upstairs in her bed again, she had been sleeping in the armchair downstairs.*

#### Cancer Advocacy

Mrs. B had previously used the Age UK Northumberland Advocacy Service and called one morning as she had an appointment for the results of a breast biopsy that afternoon. Mrs. B lived alone and had no family and planned to go alone to the appointment. We asked Mrs. B if she would like some support at the appointment and Mrs. B said that she would.

We accompanied Mrs. B to her oncology appointment, where she was diagnosed with breast cancer. At the consultation we provided emotional support and took notes. A couple of days later we visited Mrs. B and discussed the consultation offering her an opportunity to talk through how she felt and consider her options. The advocate on instruction wrote to the consultant with questions that Mrs. B had concerning treatment and also accompanied her to additional meetings to discuss her concerns.



#### **CASE STUDY 4: BEREAVEMENT SUPPORT - GATESHEAD**

Mr. and Mrs. T had been married for 71 years, they had no children and had built a life together. Mrs. T said the only time they spent apart was whilst Mr. T was fighting in Europe and the happiest day of her life was when he came back home to her “sporting that silly lopsided grin he always had”. Like many older couples they were each other’s social and support network with Mr. T paying the bills and interacting with statutory services. Mr. T died in Mrs. T’s arms after she told him “I’m stronger than you think don’t cry, it’s your time, we will meet again in the next life”. This was a sudden shock for Mrs. T and she felt totally overwhelmed and lost without him. Mrs. T felt her final words gave Mr. T permission to die and carried a feeling crushing guilt, resulting in her withdrawing from every aspect of support and society. In her own words she spent her days weeping looking at albums, purposely not eating and hoping to die if only to see Mr. T again.

Part of the work as a Support Volunteer is building the relationship with a client. Initially we had to work very hard to ensure that Mary could trust and open up. This doesn’t happen from the outset and clients need to be able to feel that they can relate to you. Mrs. T started to relax as sessions went on and we started to build a relationship where she could begin to open up.

Mary was able to talk about the loss of “her Mr. T” and how this had impacted on her. She shared how painful it was and how much she missed him. She was able to get in touch with the shock and how it had affected her. Mrs. T broke down and cried in a lot of the sessions and at other times he got very depressed stating her life went when Mr. T died. Mrs. T was able to let go of a lot of bottled up emotions and to then share how she felt about living with just her memories and a sense of isolation.

Gradually during the support Mrs. T divulged her financial worries which organisationally we addressed via our Benefits Service. Mary now attends one of our Day Centres and receives a weekly visit from our Befriending Volunteer. Mrs. T still sleeps at night with a picture of Mr. T on the next pillow, and like any case study it is hard to explain the trauma Mary has and continues to go through.

In Mrs. T’s own words:

*“I have a reason to get up, I have new friends and I know my time is short and Jack will see me soon but he will be so proud of me. Importantly my last words to him were not a lie I am stronger than he thought”*

## OUR VISION

Chronic loneliness can be alleviated by society and self-help and our organisations have put loneliness front and centre as a core issue to tackle.

*“Local Age UKs in the North East have been providing services that support older people and their families and carers for many years and using this collaborative campaign we want to raise awareness of these issues and what we are doing locally to help tackle this growing challenge as a group of Age UK charities”* said Ian Wolstenholme from Age UK Gateshead.

## WHAT CAN YOU DO TO HELP...

**Businesses and Employers** can help by supporting their pre-retirees through to retirement to stay connected by offering products and services with built in ways to bring people together. They can also provide part time opportunities to keep those who want to remain employed in their employment or work alongside other organisations that are actively looking to recruit older people. Encourage and enable your employees to volunteer to help lonely older people, through Age UK and other organisations. Join in with other businesses, for example through your local Chamber of Commerce, on cross sector initiatives to combat loneliness among older people. Be open to sharing your resources, where relevant and appropriate, with community organisations to help address the problem – e.g. supermarket cafés could join up with their local voluntary organisation to run a coffee morning for older people. Be the ‘eyes on the ground’ to spot possible loneliness amongst older people amongst their customer base and know where they could to get help.

**Charities** can help by building partnerships with statutory bodies and other charities like the Ageing Well Partnership in Northumberland, Age Friendly City engagement in Newcastle working with the Elders Council, Dementia Friendly Communities in North Tyneside reaching out to isolated people and involving them in service design.

**Health Professionals** can help by encouraging their colleagues to take loneliness seriously as a health issue. Create development opportunities for staff in GP surgeries and community health services to recognise loneliness and know where to refer people for help. Support initiatives to address loneliness amongst older people, including ‘social prescribing’ and joint approaches with the voluntary and community sector such as ‘care navigator schemes’.

**Your Local MP** can find out more about loneliness among older people in your constituency and use their influence to raise awareness and bring people together to offer help. They can become an Age Champion and be open to working with Age UK nationally and locally to help end loneliness among older people. Encourage their political party to engage with Age UK and other voluntary agencies to develop positive policy solutions. Take steps to put loneliness in later life on the Government’s agenda and hold them to account for progress. Make the case for investment in local community resources to support sustainable, long term action to help lonely older people, wherever they may be. Support the work of the Jo Cox Commission on Loneliness.

**Your Local Councillor** can build awareness of loneliness and potential solutions into all their council's strategic functions, especially public health, social care, housing and community development. Encourage use of the Age UK's loneliness heat maps to assess need in their area – not forgetting that there may still be very lonely older people in 'low risk' areas. Include loneliness in your council's evaluation of its decisions through its scrutiny arrangements. Support local multi-agency partnerships to address loneliness, such as Health and Wellbeing Boards, Joint Strategic Needs Assessments, the Better Care Fund and Sustainability and Transformation Partnerships. Positively engage with Older People's Forums, their local Age UK and any other voluntary or community sector agencies working on loneliness in your area. Promote neighbourliness and community action in your ward and be prepared to lead by example.

**Individuals** can make the effort to keep in contact with older relatives and friends. Be friendly to older people living nearby. Consider volunteering to help lonely and isolated older people, through a local Age UK or another local group and keep contributing after retirement (see '*Spotlight on Befriending*') Recognise that loneliness could at some point affect us too, so we should value our friends and do what we can to sustain our own social networks, however busy and crowded our lives may appear to be.

#### **SPOTLIGHT ON... BEFRIENDING**

Mr. W is 59 years old and lives alone in a flat in North Shields. A few years ago, he was in a life changing accident which affected his life completely. He was left partially brain damaged and lost sensitivity in both legs. This affected his confidence in a negative way especially his ability to go out independently.

Mr. W started to be feel very isolated and lonely and there were often times when he would go for several days without any company at all as his son worked away. Mr. W had no family apart from his son as his mother had passed away a few years back so this was a very upsetting time for him.

Age UK North Tyneside carried out a home visit and following a guided conversation suggested a befriender visit Mr. W on a weekly basis. After looking at Mr. W's interests, Age UK NT matched him up with someone who had the same likes and interests.

Gerry the befriender met with Mr. W and they immediately hit it off as they both used to work in Germany and had both travelled extensively so had many interesting stories to exchange. Mr. W's hobby was chess and he had an old chess board but hadn't played in years due to having no one to play with. He decided to teach Gerry how to play chess as a new hobby for him as he feels he is getting so much from Gerry visiting him once a week.

Mr. W now feels so much happier and he has something to look forward to each week. He quotes: "*I can honestly class Gerry as a true friend and the best is yet to come.*"

## SUPPORT YOUR LOCAL AGE UK

### Donating

One off or regular giving would ensure that services and activities are available locally to the older people in your area. Your donation can help to...



<b>£5</b>	will fund one telephone Befriending call
<b>£14</b>	will fund a Befriending visit
<b>£20</b>	will fund one hour in Information and Advice
<b>£35</b>	will fund one place per day at a Day Service
<b>£40</b>	will fund one place per day at a Dementia Day Service

### Volunteering

Volunteering is a great way to meet new people, learn new skills, and support the work we do in the community.



- Roles are varied and include volunteering in:
- Day Centre Support
- Advice and Support
- Active Ageing Programme
- Activities volunteers
- Befriending
- Bereavement and Counselling Services
- Community Buddy
- Drivers
- Dementia Friends
- Friendship Callers
- Fundraising
- Gateshead Reconnections

### Get in touch

You can get in touch with a member of the Age UK North of Tyne and Gateshead collaborative at:



0191 477 3559  
[admin@ageukgateshead.org.uk](mailto:admin@ageukgateshead.org.uk)  
[www.ageuk.org.uk/gateshead](http://www.ageuk.org.uk/gateshead)



0191 232 6488  
[enquiries@ageuknewcastle.org.uk](mailto:enquiries@ageuknewcastle.org.uk)  
[www.ageuk.org.uk/newcastle](http://www.ageuk.org.uk/newcastle)



0191 280 8484  
[enquiries@ageuknorthtyneside.org.uk](mailto:enquiries@ageuknorthtyneside.org.uk)  
[www.ageuk.org.uk/northtyneside](http://www.ageuk.org.uk/northtyneside)



01670 784 800  
[info@ageuk-northumberland.org.uk](mailto:info@ageuk-northumberland.org.uk)  
[www.ageuk.org.uk/northumberland](http://www.ageuk.org.uk/northumberland)