



September 2020

# **Socially excluded older people and their access to health and care services**

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# Introduction

## Background and objectives

In January 2020, Age UK and The Salvation Army commissioned BritainThinks to conduct ethnographic research to better understand the experiences of socially excluded older people and their access to health and care services.

Specifically, the objectives of this research were to:

- Increase each organisation's knowledge of the experiences and needs of socially excluded older people
- Capture insights which can be used to improve service delivery and inform policy
- Give a voice to and increase the visibility of socially excluded older people

In March 2020, following the emergence of Covid-19 in the UK and the subsequent lockdown, Age UK and The Salvation Army also wanted to understand:

- Older peoples' experiences of the pandemic and how they managed
- The impact of the pandemic personally and in terms of the service usage of older people

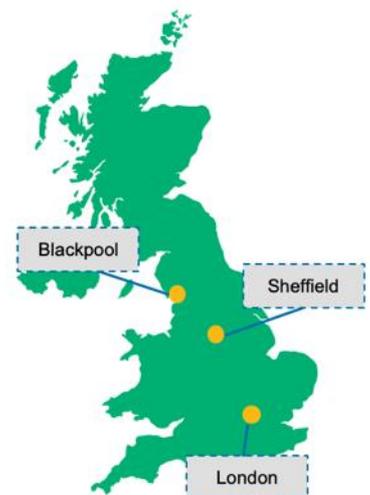
## Methodology

The ethnographic research was conducted with eight 'socially excluded' participants from Blackpool, Sheffield and London in February 2020. The participants were recruited through Age UK and The Salvation Army, alongside partner organisations, including Drink Wise Age Well, Blackpool Coastal housing, Coastal House, and Horizon. The participants were recruited to reflect a broad range of experiences of social exclusion, including:

- Older people living in severe poverty
- Older people living with an addiction
- Older people with a serious enduring mental health condition
- Older former prisoners
- Homeless or insecurely housed older people

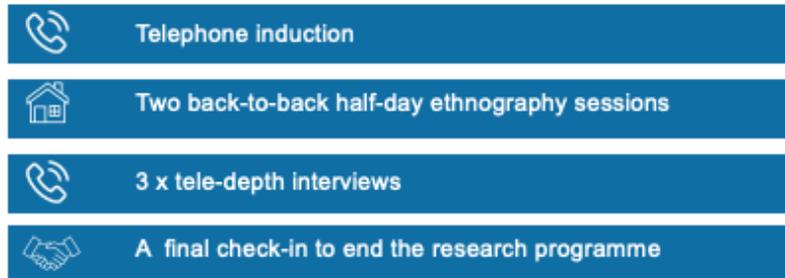
Beyond this, participants were also recruited to include:

- A range of ages (50-80+)
- Mix of gender
- Mix of ethnicity



- Mix of geographic regions

The methodology consisted of a multi-stage fieldwork process, that involved engaging with each participant multiple times over the course of a month. For each participant, this included the following:



The overall research approach was flexible, with semi-structured interviews that allowed researchers to observe participants in their own context and understand their interactions with services and their local communities. The research programme was also tailored to the specific needs of the audience group throughout. For instance, for a homeless participant who was rough sleeping at the time of the fieldwork with no access to a phone, the fieldwork consisted of four weekly face-to-face ethnography sessions.

#### *Understanding the impact of Covid-19*

Following the emergence of Covid-19 in the UK, in July 2020 BritainThinks conducted 45-minute tele-depth interviews with 7 of the 8 original participants<sup>1</sup> to understand their experiences of the pandemic, and its impact on them personally as well as their service usage. These interviews were conducted over the phone in line with the Government's advice on Covid-19.

In July 2020, BritainThinks also completed the programme of work with 1 additional participant who was recruited pre-lockdown but who we were unable to conduct research with at the time. Given Covid-19, the research programme was adapted to be delivered over the phone, and took the form of 4x 1-hour tele-depth interviews.

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<sup>1</sup> Unfortunately due to GDPR, we were unable to re-contact one of the original 8 participants.

## Overview of this report

This report consists of:

- **An executive summary**, outlining key conclusions relating to the wider experiences of socially excluded older people and their engagement with services.
- **Detailed case studies** of each of the eight participants who took part in the research, providing an overview of their health, relationships, work and finances, service use and views on their future.

Please note that names and key details have been anonymised throughout.

## Executive Summary

### Wider context

**Being older is rarely the primary challenge that socially excluded older people face.**

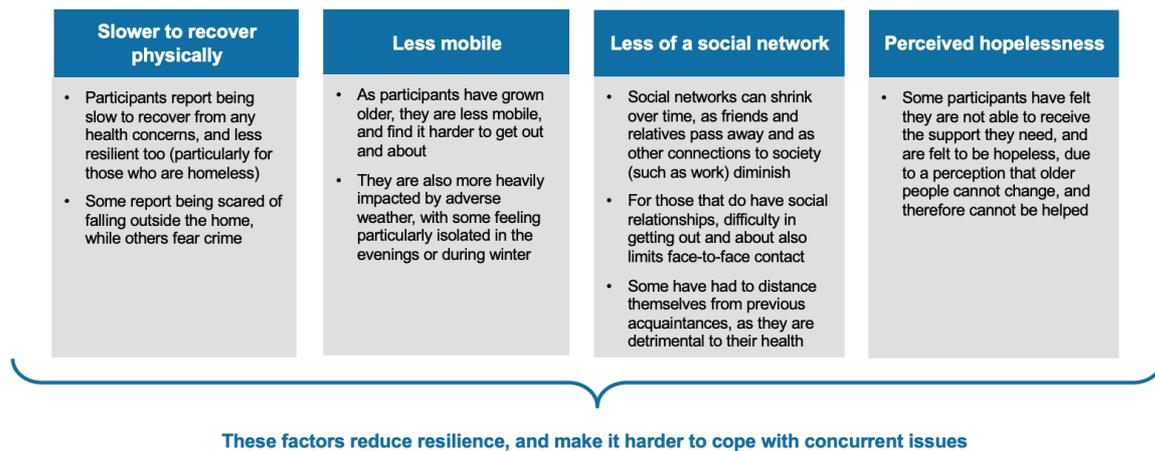
The participants we spoke to all face multiple complex and interrelated challenges, primarily focused around social isolation, mental and physical health, addiction and poverty. These challenges are often much more front-of-mind than being 'older', and demand much of their time, focus and emotional energy. Importantly, many of the issues are not 'new' issues developed as an older person; they are long-standing, and participants often attribute them to past trauma.

- **Social isolation:** Many of those we spoke to have limited social networks at best, and describe their social networks as having diminished with age. The majority of participants do not have family or close friends, and often go many days without engaging in conversation with others. In fact, several stated that their closest relationships are with their support workers. For those with phone and internet access, this is a key tool in maintaining the connections they do have. Whilst some identify as 'private' or preferring to keep themselves to themselves, almost all participants expressed varying levels of loneliness over the course of the research.
- **Mental and physical health:** Many participants have experienced a complex interplay of both physical and mental health issues over the course of their lives. In particular, mental health challenges are often both a cause and a consequence of other issues. For example, anxiety can make social interaction less successful, but equally, loneliness can trigger anxiety. Childhood trauma and abuse is also a strong theme for many. For some, physical and mental health issues have become identities that help them access networks including social contacts, support groups or health appointments, or help them access benefits.
- **Addiction:** Amongst participants, there is a high prevalence of alcohol and drug abuse, with many describing the use of substances to 'numb' difficult feelings, or as a response to boredom and isolation. These drug and alcohol related behaviours are frequently closely underpinned by, or mapped over, social relationships. It is clear that for some, abstaining from substance abuse would threaten their access to a range of people, places and activities that are of value to them. In some cases, this can contribute to a complicated set of thoughts around becoming 'more well'.
- **Poverty:** Most of those we spoke to live sum-to-sum, and do not have savings. Housing is often temporary, insecure and basic. Just a minority own their own homes, feel more financially stable, and are sometimes able to lend money to others.

**However, ageing often exacerbates these complex and cross-cutting challenges.**

Several factors that are closely associated with ageing, including being slower to recover physically, being less mobile and having less of a social network reduce overall resilience amongst this group. This makes it harder for socially excluded older people to cope with concurrent issues and also limits their ability to recover quickly from any difficulties faced.

Figure 1.1 A diagram outlining the exacerbating effects of ageing



It is also worth noting that amongst this group, date of birth is a crude and often ineffective indicator of how old they feel. It is not their actual age, but rather the specific nature of challenges they face and their increasing health issues (which often include conditions associated with people much older than those in our sample), that have a more direct impact on how old they feel.

**The cross-cutting complexity of these conditions also often leads to participants leading lives that feel extremely precarious.**

Participants often described feeling that one small change in their circumstances could knock everything else ‘off balance’ and cause a domino effect of issues. For example, an unexpected eviction leading to extreme financial difficulty, spiraling mental health, and homelessness. In some cases, this sense of insecurity acts as a blocker to enhancing other aspects of their lives, for example missing out on opportunities to connect with others for fear of disrupting a hard-won equilibrium.

*“My anxiety has been a struggle this past week. And I’m thinking of leaving work... it’s not good for me, I’m less willing to put myself in those situations, the possibility of not getting on with someone and worrying about it.” - Nehala*

**Many socially excluded older people are living day-to-day, without a sense of the future.**

The complexity of their day-to-day lives is such that it is their primary focus, and many of those we spoke to have little clear sense of what 'moving forward' might look like. Moreover, for some the lack of close family connections meant that they also do not have 'vicarious milestones' to look forward to (e.g. children's birthdays). As a result, some participants told us that the act of thinking about the future was upsetting, and something that they try to avoid.

*"I don't really think about the future – I just take it day by day." - Sheila*

### **The impact of Covid-19**

Whilst in some cases participants experienced positive change as a result of Covid-19, overall, the pandemic has amplified existing challenges.

- **Loneliness:** For those without close relationships, this was the most common challenge as lockdown shut off their access to their usual forms of social contact. However, even those with stronger networks sometimes struggled where they could not engage online, or simply as a result of missing loved ones.
- **Mental health:** Covid-19 and the resulting lifestyle changes have also amplified mental health issues amongst participants, with many having found it harder to cope with depression and anxiety.
- **Addiction:** The lack of routine and boredom has also led some to struggle more with existing addiction issues.
- **Physical health:** Whilst no participants described having had any immediate concerns about their physical health during this time, some have not been able to deal with routine health issues, either because they have not been able to make appointments (due to not being online) or have not wanted to, out of fear of putting additional strain on the NHS.
- **Housing and living conditions:** The housing and living conditions of some participants have also made the pandemic more difficult. For instance, those living in temporary housing have been living in fear of being evicted. Those who are not able to afford internet or technological devices have not been able to access the news online, or speak to friends and family online, furthering their social isolation.

One area of life that, on the whole, does not appear to have been negatively impact by Covid-19 is finances, with many participants saying they have felt financially better off during this time. Most have either been able to save for the first time, or have been able to save more than before. An important exception to this is where participants have struggled more with addiction during the pandemic, and have found themselves spending more money as a result.

## Engagement with services

**There is considerable variation in level and type of engagement with services across the sample.**

Some of those we spoke to have a clear account of what they need, and actively seek out support services; others are more mistrustful and have much lower levels of engagement. For those who seek out support services, this is often as much about finding a way to structure their time and fill their days as it is about the specifics of the service itself.

Types of services used include:

- Services that provide long-term, holistic and engaged support, including housing and employment
- Dedicated case worker support for a limited period of time (e.g. 6 months)
- Attending weekly support group meetings
- Ad-hoc case work support e.g. from Age UK
- Healthcare support from the NHS

**Whilst socially excluded older people identify a range of barriers to accessing services, a lack of awareness of what is available or a perception that services are not available to them specifically are amongst the most significant.**

*Figure 1.2 A diagram outlining the key barriers to service engagement*



Across our sample, the most commonly occurring barriers to accessing services include:

- **A lack of awareness of available services:** Whilst some participants were very aware of what services were in their area, a minority described a knowledge gap.
- **Lack of service availability:** A number of participants felt that services are under pressure and therefore do not have capacity to help them, whilst others felt that there is a lack of services for them specifically. In some instances, these perceptions were driven by experiences of being declined access to services. Occasionally this was because they had already used these services – an explanation that was seen as unsatisfactory – for others, no explanation at all was offered, causing considerable frustration. In addition, several participants highlighted being declined help or medication from GPs, due to addiction.

This experience of rejection amplified a pre-existing perception that support is only available once they are in crisis, whilst also exacerbating a feeling of having been 'given up on' that some experienced.

- **No / irregular computer / internet access:** Lack of access to the internet, or poor computer skills was also a significant barrier to accessing services for some. This prevented participants from accessing information about services, and in the context of Covid-19, also prevented some individuals from accessing any online services.
- **Challenges negotiating institutions:** For many of those we spoke to, the process of engaging with services was difficult. There were a number of reasons for this including difficulty completing paperwork, an underlying lack of trust or, for some, because their mental health issues made interactions challenging.
- **Unaware of the value of services:** Some participants were aware of services available to them but did not see them as relevant or useful, meaning that they were not willing to explore accessing them.
- **Not wanting to burden the system:** For some participants, a key barrier preventing them from accessing services was not wanting to place additional burden on the system. This was especially the case in the context of Covid-19, with some older people being discouraged from accessing healthcare services out of fear of putting further strain on the NHS, which was perceived as being already overstretched.

*"I would say there is less support [for older people], especially with everything going online. Not everyone knows how to use technology...I feel like I have to be in a really critical situation before I receive any help." - Nehala*

**For many of those we spoke to who had accessed services, consistency of support is the key factor in determining overall levels of satisfaction with the service.**

Figure 1.3 A diagram outlining the drivers of satisfaction with service engagement



- **Consistency:** Services and support workers providing longer-term support are able to build up trust, avoid disruption, and tailor support to individual's needs. Consistent support workers also prevented individuals from needing to repeat details about their complex lives and challenges.
- **Tailored support:** Support that is tailored to the person's life and context has greater positive impact on individuals. Smaller, more achievable steps (e.g. 'don't drink spirits') or specific support (e.g. providing a way to measure servings) is also easier to implement than more general advice (e.g. have drink-free days).

- **Holistic support:** Services that are able to address multiple needs and provide holistic support are most positively received, both because this reduces the number of barriers to access and because being able to deal with multiple issues simultaneously, increases chances of success.
- **Face-to-face:** Where possible, face-to-face support is experienced as most beneficial, whether it is in-home or external. This is in part because it provides an opportunity for human connection that many in this group are lacking. However, it is also beneficial because many struggle with technology and those with the most complex needs do not necessarily have access to telephones. Often in-home face-to-face appointments are preferred, especially amongst those who are unable to attend external face-to-face appointments due to mobility issues or not being able to afford a taxi.

*“We work together to help each other. They teach you to do stuff like budget. I’ve never been on holiday. I’ve bought a passport. I’ve got a bank account. That was a big deal for me.” - Jason*

### **Socially excluded older people are also turning to alternative services for ‘proxy’ support.**

Across our sample there are various instances of participants relying on informal services for support with their physical and mental health, including using carers and cleaners as proxies for a befriending service, nail/hair salons to mitigate loneliness, and coffee chains for essential services, rather than a homeless outreach service.

These proxy services are easier to access and have fewer challenges for older people who may struggle to ask for help and not know how to navigate institutions. The older people we spoke to also report valuing the degree of control, autonomy and respect they experience in these exchanges as opposed to more traditional service provision.

*“People leave food by the tent sometimes...a rucksack full of clothes. They [the staff at Starbucks] don’t mind if I come down here. Watch DVDs and keep warm.” - Rudy*

### **The impact of Covid-19**

Given the amplification effect of Covid-19 on existing issues and challenges, the ability for socially excluded older people to be able to continue accessing services during the pandemic has been vital in shaping experiences.

Having said this, the extent and nature of participants’ engagement with services during the pandemic has been mixed.

- The biggest change in engagement with services has been for those who had previously been attending weekly support groups. Due to Government restrictions, these weekly face-to-face sessions were paused. However, after a short pause, some of these services were able to resume in the form of phone

calls or virtual meetings. Participants have found this helpful, but are looking forward to resuming face-to-face sessions.

- During this time, only two participants have made use of new services that have emerged in the form of community and volunteer-based services delivering essentials, including groceries. Due to their social isolation and lack of connection to the community, others were unaware of the services available to them.
- Whilst some participants have been able to continue accessing their healthcare, others have not been able to, either because they have not been able to make appointments (due to not being online) or have not wanted to, out of fear of putting additional strain on the NHS.

It should also be noted that, for some, the pandemic has brought about changes that are thought to be an improvement on what existed before, most notably a much more proactive approach from some services and focus on practical support. They are keen to see this continue moving forward.

The past few months have proven that there is still both a great need for and value in providing consistent and holistic support, even if this cannot be delivered face-to-face. During this time, socially excluded older people have also shown a willingness and ability to be flexible about the exact format of support they receive. This research has also shown that an absence of service provision can contribute to a significant deterioration in an individual's circumstances, specifically in relation to mental health and wellbeing.

Finally, the pandemic has also highlighted the fact that often for socially excluded older people, the value of accessing services lies not only in the service and support provided, but also in the social nature of the interaction itself.

## **Conclusions**

All those we spoke to for this research have significant challenges, high needs and stand to benefit from appropriate service provision.

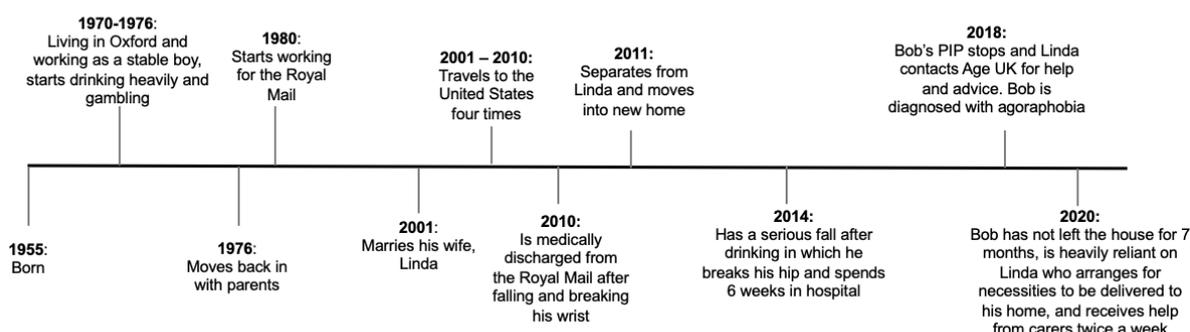
However, there is significant variation in the extent to which this group are able to engage with services. Some can proactively ask for help and have the physical and mental resources to do so. However, most are living day-to-day, with the complexities of daily life taking up a degree of mental bandwidth which prevents a proactive approach to seeking help. This barrier can be compounded by a lack of awareness of what is available, challenges negotiating institutions and bureaucracies and, for many, a sense of futility stemming either from their age or from a feeling they have been 'given up on' which prevents them from believing things could change. In addition, for some, pride is a further barrier.

There is, therefore, a clear need for services to be proactive in reaching out to socially excluded older people. This research has shown that it is critical for services to spend time building trust and understanding the complexity of individual challenges. Being able to identify exact needs and tailor the support accordingly maximises the positive impact of service engagement.

As the experiences of older people in this report show, where services are able to be proactive, and tailor their service, this is greatly valued. This is an opportunity to share these learnings more widely and help reduce marginalisation of socially excluded older people as a whole.

## Bob, 64

*Timeline: An overview of the key milestones in Bob's life*



Bob lives alone in a council property. He has been married to his wife Linda for 20 years, but they separated nine years ago and he moved to a bungalow shortly afterwards. He has one child from a previous relationship with whom he doesn't have any contact.

Bob has not left his house for seven months. He spends his time listening to music (his favourites include Elvis Presley, Motown and the Temptations), watching old episodes of Emmerdale, and reminiscing about his four holidays in the United States with his wife, which he sees as the happiest times in his life.

Bob has bet on the horses for most of his life. He still watches the racing and places bets most days. He enjoys the anticipation of the race and the feelings of elation that come with winning. However, he is aware of the risks associated with gambling, and feels in control of his betting.

*"The most I've ever won is £500 about 20 years ago. I've never lost more than £20 or £30 a day... You've got to watch it and be careful you don't get too carried away – I only bet what I*

*can afford...I had to lend money to one of my friends 10-15 years ago, he had a debt of £1000, it took him a year to pay me back.”*

Bob says he feels content and that he has everything he needs. However, he acknowledges that he often feels lonely, and wishes that he had more contact with people.



## Health

Bob worked as a stable boy when he was younger and it was at this point that he started to drink heavily. This has continued throughout his life; Bob currently averages two bottles of wine a day. He identifies as ‘alcohol-dependent’ and says that drinking helps him to feel less anxious, relax and get him through the day. He has never sought help or advice regarding his drinking and says that he does not want – or feel able – to change his drinking patterns now.

*“Drink relaxes me, most of the time it makes me feel happy and it relieves the boredom. If I just sat here drinking juice it would drive me mad...I’ve been brought up with the drinking, I won’t change now – so long as I can control it, I’ll be fine.”*

In 2014, Bob fell after drinking and broke his hip. He was found the next day by a family member. After six weeks in hospital and two weeks in a care home, Bob returned home. His fall had a significant impact on his confidence, and it wasn’t until he’d been home six months that he felt ready to go out once or twice a week, always accompanied and never using public transport.

*“The last thing I remember it were Sunday night at 8pm, and the next thing it were midday on Monday and I was on the floor and I couldn’t move. Luckily my niece came that Monday afternoon – she found me and she picked me up and put me into bed. If she hadn’t come that day I don’t like to think what would have happened...I was dehydrating, and I couldn’t get to the phone, I could have died.”*

Over the years since his fall, Bob gradually left the house less often, and eighteen months ago was diagnosed with agoraphobia. He has now not been outside for seven months; he is scared of falling again and is particularly worried about being able to walk up and down the steep pathway that leads to his home. Bob also struggles with back pain, which means he cannot stand up for longer than five minutes at a time.

*“It’s 7 months that I haven’t been outside. I have no reason to go out, my wife makes sure to do shopping online and I get everything delivered. I think – well, what’s the point? I feel contented – I’ve been in all places I’ve wanted to go – I’ve seen and done it all.”*



## Relationships

Bob has few strong relationships and his day-to-day contact with other people is limited. His main relationship is with his wife and despite their separation 9 years ago, Linda calls him daily and visits once a week. As Bob does not have access to the internet, Linda also

organises his newspaper, weekly online shop, prescriptions and runs his online betting account.

Recently, Linda has helped him to arrange for carers to come twice a week to help him bathe, keep the house clean and prepare sandwiches. Bob looks forward to his carers' visits and values the opportunity to chat as much as the practical support.

*"It's great when the carers come, it splits the week up a bit and it's nice to have chat – you get to talk about different things to a different person."*

Beyond these interactions, Bob has regular phone calls with a handful of old friends and his sister visits occasionally. His neighbour also waves hello as he goes past, which makes Bob feel less alone.

*"There's a nice guy who lives next door, I don't know his name but I think he's 55 or so and if he walks past the window and catches my eyes he gives me the thumbs up...It's brilliant, it shows that he cares about me – I like to think he would help me if I needed it."*



## Work and finances

Bob worked as a postman for the Royal Mail for 30 years but was medically discharged 10 years ago after falling in wet weather and breaking his wrist.

Bob feels financially secure and prides himself on always having been sensible with money. He receives his pension from the Royal Mail, an industrial injuries benefit and Personal Independence Payment (PIP) each month. He also has savings which he would like to have used for holidays to the United States, but now that he is not able to leave his house, he does not think he will ever go.

*"Touch on wood – I'm financially secure until I die, hopefully no money worries...I've never really had any financial worries, I've always saved a bit...my sister says I'm tight but I say no, I'm careful."*



## Service use

Two years ago, Linda got in touch with Age UK on Bob's behalf for advice because Bob's PIP had been stopped. Bob was also struggling to access healthcare because his GP required him to attend in-person. Age UK arranged for a new GP to visit Bob in-home and helped him have his PIP re-instated. They recommended the carers service that Linda and Bob have since been in touch with, and also put him on a waiting list for a telephone befriending service.

Bob is incredibly pleased with the help from Age UK, and really valued the regular calls and visits he received. He says he wouldn't hesitate to get in touch again.

*“The help I received from Age UK was just fantastic...they practically did everything, getting in touch with doctors and writing a medical report. I would never have been able to appeal without them, it’s like having a whole legal team behind you. When the letter came through that I got [the PIP] back, I phoned the Age UK lady up and she come and see me and that – just to congratulate me and for me to say thank you.”*



## The future

Bob does not think much about the future and describes taking each day as it comes. In general, he hopes to stay content and financially secure and is looking forward to turning 65 and receiving his state pension. He does not anticipate leaving his home unless he absolutely needs to – for example, to attend a funeral.

*“One day I’m going to have to go out and I think I could do it if it was necessary – maybe for a funeral...but I’m not going to risk it when I don’t need to...I’ve been in the US four times, all over England – I’ve done it all.”*

Aside from his own health, his biggest concern about the future is the risk of Linda falling ill or dying. He does not know how he would cope, emotionally or practically, without her.

*“I don’t know what I would do without Linda – she’s my only family...I don’t even want to think about what would happen.”*

## Impact of Covid-19

**Overview:** Bob stays updated on Covid-19 through his daily newspaper and from watching news on the television. As he does not go out, Bob feels that Covid-19 has had little impact on him and his circumstances. He feels safe at home, and is grateful that he does not need to leave his bungalow; he thinks measures to stop the spread of the virus would make him feel very anxious.

Consequently, the main change to Bob’s life throughout the pandemic has been a shift in his television habits. He has been watching more nature programmes on television, and less news than previously, because he found it was making him anxious. He has also struggled to continue to receive his weekly online food shops, and has only been able to receive a delivery every 2-3 weeks, instead of weekly.

*“My life hasn’t changed because I didn’t go out in the first place...I’m glad I don’t go out because I could not put up with this rubbish – wearing masks and stuff – I couldn’t do it. I get my food delivered and I have my TV and my music to keep me busy.”*

**Health:** Due to his agoraphobia Bob has not left his house during the pandemic, but has not been deliberately shielding or self-isolating. As he does not go out, he is not worried about catching Covid-19. The main change to Bob’s health since lockdown is that a few weeks in he started vomiting blood after drinking. He contacted his GP and she visited him at home for a consultation, and he is now awaiting test results.

However, his sister did stop visiting during lockdown, although since restrictions have been lifted, he has seen her again.

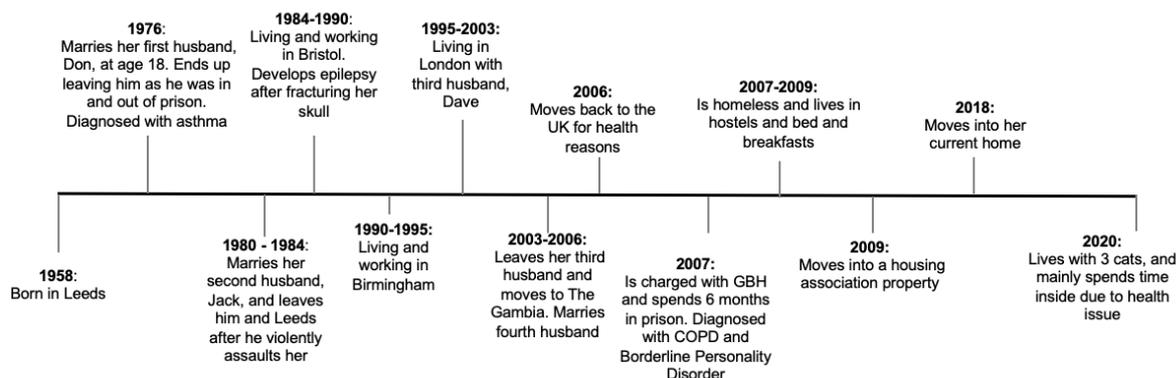
**Work and finances:** There have been no changes to Bob's finances during this time.

**Service use:** Bob has continued to receive support from carers during this period, and has received bi-weekly visits from carers since March 2020. He continues to value the practical and emotional support they provide him and does not know how he would cope without it. Bob has also been in touch with the care service about a befriending service they offer, which involves someone coming to spend some time with Bob once a week. He looks forward to having some more company and feels that it would help the time pass more quickly.

*"They always continued coming and I have no problem at all with them coming – the more you worry the worse it gets...If I stopped them coming I wouldn't be able to have a bath and I wouldn't have anyone to clean my house."*

## Sheila, 61

### Timeline: An overview of the key milestones in Sheila's life



Sheila lives alone with her three cats in a ground-floor council flat. She has been there for just over a year. Sheila was born in Leeds and lived in Yemen, and various places across the UK before moving to The Gambia in 2003. Sheila moved back to the UK in 2006.

*"My time in The Gambia was the happiest time in my life. It was a bit of a shock to the system as I didn't have any running water or electricity but I loved the weather, the beaches and the people. I even had a sheep called Rasta. It was brilliant, but my health wasn't very good and I couldn't get the medication I needed so I had to come back to the UK."*

In 2007, Sheila spent six months in prison for causing grievous bodily harm (GBH). On her release from prison, she was homeless and lived in a hostel for 3 months, and then lived in various bed and breakfasts for two years before she moved into a social housing property in 2009.

Sheila has a number of health issues which mean that she spends most of her time inside. She leaves her home once a week for shopping on her mobility scooter. Every two weeks, she goes into town by taxi to get her hair and nails done. These trips are the highlights of her month. When at home, Sheila spends her time looking after her cats, listening to music (her favourites include Motown and reggae), watching TV dramas (Sons of Anarchy and Call the Midwife), and playing Sudoku on the computer.



### Health

Sheila struggles with both her physical and mental health. She has been diagnosed with chronic obstructive pulmonary disease (COPD), arthritis, asthma, epilepsy, Borderline Personality Disorder and depression. She is taking over ten different types of medication.

Her addiction to alcohol began at a young age when she was working as a bartender and was a self-described 'party animal'. Sheila has been a heavy drinker ever since. In 1990 a

violent partner fractured her skull in a drink-fuelled argument, which resulted in Sheila spending three weeks in hospital and led to her developing epilepsy.

Sheila's drinking intensified on her return from The Gambia in 2006 as she struggled to cope with missing her husband, who she married there and who was unable to return with her to the UK for visa reasons. At this point she was drinking around two bottles of vodka a day, often whilst out with fellow street drinkers. Sheila became increasingly violent and aggressive as a result of her drinking.

*"I've always been a drinker but I started to drink more when I came back from The Gambia – I missed my husband. I used to drink in the street and wherever the street drinkers went – we usually ended up at the cathedral."*

In 2008, Sheila developed a bad cough, ultimately ending up in a medically induced coma for three weeks. She was diagnosed with COPD. After her diagnosis, Sheila decided to stop smoking and cut down her drinking. COPD has had a significant impact on her life, and her ability to move around and leave her house.

Although she received advice from 'Drink Wise Age Well' and 'Live Well At Home' to help her cut down on her drinking, it has been a long and difficult process. By 2013, Sheila had cut down to one bottle of vodka a day, and by 2016 to half a bottle. The longest she has managed without drinking is six days, but she found the withdrawal symptoms very hard to cope with. She now aims to limit her drinking to one alcoholic drink (150ml of vodka with a soft drink) every three days, although doesn't always manage it.

*"When I got diagnosed with COPD I decided enough was enough and decided that I don't want to be drinking all that much."*

Sheila has attempted suicide multiple times, the first time when she was 16, and most recently a few months ago. She feels that she's currently in a good place mentally, which she mainly attributes to her three cats, and wanting to make sure they are well looked-after.



## Relationships

Today, Sheila has limited social interaction. The only people she sees regularly are her cleaners, and she very much looks forward to their bi-weekly visits.

Most of Sheila's friends have died from alcohol-related issues. However, a few months ago Sheila found an old friend, Denise, on Facebook and got in touch again after 22 years. They now speak on the phone most days to check in on each other. Denise is the first person Sheila calls when she's feeling down. Denise has also come to stay twice. However, the friendship can be difficult for Sheila, as Denise often asks to borrow money, and it is not always clear when Sheila will be paid back.

Sheila also speaks to her father once a week on the phone but does not have any contact with her sister, who she doesn't get on with. She has not been in a long-term relationship since she returned to the UK in 2006. She has had trouble trusting men since her second husband abused her.

*"My husband and his sister assaulted me with milk bottles and poker cues. The police arrested them as people in the office blocks opposite had seen. It was terrible, really frightening. I never trusted men again...the police got me out of Leeds straightaway."*



## Work and finances

When Sheila was younger, she worked in shops and bars. However, she has been out of work since 1988 and has found it difficult to work since then due to issues related to her health and alcohol addiction. She has never considered doing any work outside retail and hospitality; she didn't think she was capable of anything else.

*"The only thing I really know how to do is run bars...My parents always told me that I have brains and I should use them, but I didn't pass any exams and left school at 15."*

Sheila receives ESA and PIP payments and, because of these, feels able to manage financially and pays her bills on time.



## Service use

Sheila is in regular contact with her GP, who she gets on with well. In addition, she has been in touch with numerous different advice and support services over the past decade for issues relating to her physical and mental health. These include Drink Wise Age Well, Live Well At Home, Turning Point, The Salvation Army and the Samaritans.

Through both 'Drink Wise Age Well' and 'Live Well At Home', Sheila has received help from a support worker who checked in with her weekly. In addition to providing practical advice to help her cut down on drinking (e.g. using a measuring cup to measure out alcohol), the support workers gave her more general advice, including reviewing her household bills and ensuring she is on the most favourable tariffs. Their ability to look at her life holistically was extremely valuable for Sheila, who also enjoyed the social aspect of face-to-face support.

Ultimately, however, the support was time limited (3-6 months) and Sheila would really like some more long-term help. More generally, Sheila often finds that when she looks for help the waiting lists are long, which is frustrating and demotivating, particularly when she is looking for support with a mental health issue.

The key issue that Sheila would like help with now is continuing to reduce her alcohol intake. She feels that to be able to do this whilst also managing the side-effects, she needs support

to detox. She also wants sleeping tablets, as not being able to sleep is a trigger for her drinking. She has requested both of these things from her GP and the NHS Alcohol service she has been in touch with but has been denied. She doesn't understand the reason for this, causing her to feel extremely frustrated and – at times – to behave aggressively.

*“They all know me at the GP, I’m mouthy and I can get my hair off with them. If I don’t get what I want I start shouting. Last time I went I wanted some sleeping tablets because it’s not being able to sleep that causes me to drink again – but they don’t do nothing. They just try and talk to me but nothing really happens...They won’t give it to me. They won’t help, nobody will help. I need a proper detox, I can’t sleep at the moment.”*



### **The future**

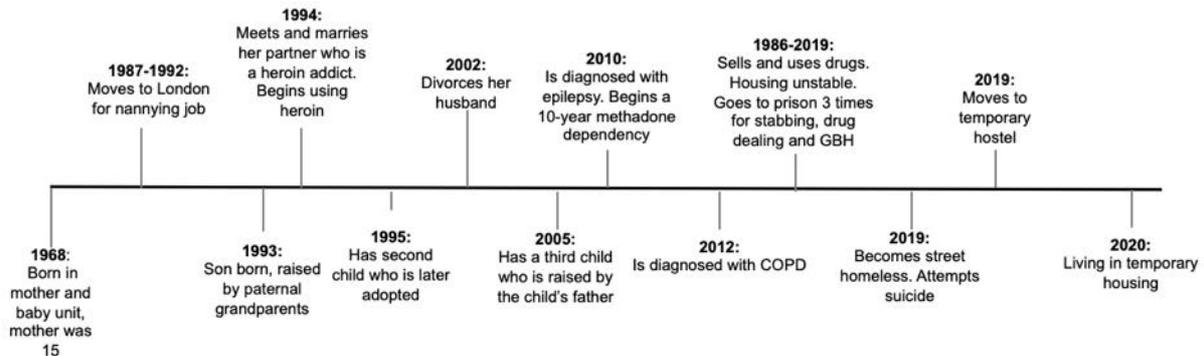
Sheila doesn't spend much time thinking about the future. She says that she lives day-to-day. The main thing that keeps her going is looking after her cats. Beyond that, she feels the only thing she has to look forward to are visits from Denise.

Please note that a Covid-19 update is not available for Sheila.



## Sarah, 51

*Timeline: An overview of the key milestones in Sarah's life*



Sarah currently lives alone in temporary housing in Blackpool after a year-long period of street homelessness. Her room contains a fridge, small table and a bed, and her possessions are limited to a set of bed linen, some clothes and some makeup.

Sarah's father was absent throughout her childhood, and her mother was violent. Sarah herself has a long history of violent behaviour, becoming involved with fights at school and with organised gang fights at football matches in her early 20s. Sarah has been to prison three times for being involved in a stabbing, organised violence and drug-dealing.

Sarah developed a heroin addiction when she was 27 and has been using heroin ever since, except for one four-year period. She has had a daily methadone prescription for about a decade. Her addiction led her to live in a drug house, and then emergency housing. However, when the emergency housing flooded and all residents were evicted, Sarah became street homeless, aged 50. She slept in shop doorways for several months until she was allocated a temporary hostel placement.



### Health

In addition to her heroin addiction, Sarah has a number of other health problems.

She has been diagnosed with COPD which impacts her mobility, and she is unable to walk up steep hills without becoming out of breath. As her COPD clinic is uphill and not accessible by bus, Sarah has to take a taxi, and is sometimes unable to go as she does not have the fare.

Sarah has epilepsy. She struggles with her mental health and has attempted suicide. She takes anti-anxiety and depression medication.

*“Of course I’m depressed. What bit of my life wouldn’t you be depressed about if you were me?”*

At the time of interview, Sarah was worried about large open wounds on her leg that need regular dressing at a local GP surgery. She also had eight stitches in her face from when she was attacked by a dog earlier in the year.

## Relationships

Sarah told us that her life is characterised by a lack of close relationships with both friends and family. Sarah has three children with different fathers, and her children have either been adopted or looked after by their fathers and their families. She has very little contact with her children or her birth family. She has not been in a relationship for over a decade. Her relationships with her support worker and the young woman running a temporary shelter are the longest standing relationships she has.

Today, Sarah’s social world centres around heroin and methadone. She is very well known amongst street homeless people and drug users, and on her daily trips to the chemist is normally approached three to four times for heroin.

## Work and finances

When she was younger, Sarah worked as a nanny and also in sales, both of which she enjoyed and felt she was good at.

However, for the majority of her adult life she has not been employed, and has supplemented her benefits with drug dealing. At times, Sarah sold large amounts of class-A drugs and had a significant disposable income. As she has got older, she has sold smaller and smaller volumes and has become increasingly dependent on her benefits. She now receives housing benefit and Employment Support Allowance, which she says she is able to manage on. Sarah is hoping she may qualify for Disability Living Allowance to help with the cost of taxis to the health clinic and intends to speak to her support worker about this.

## Service use

Sarah has a good bond with a nurse at her GP surgery. She worries the nurse talks about her to her mother, but does not have evidence of this and receives ongoing care for her leg wounds.

Aside from a GP and a health clinic, Sarah’s main service use relates to housing. She has been temporarily housed in a number of different ways, the most successful of which is the temporary hostel where she is currently living. However, Sarah is only permitted to stay in the hostel for a limited period and is fearful about being evicted for breaking the rules which include no use of street drugs and no more than two visitors in a room. She is very anxious about becoming street homeless again. Sarah feels that support is often aimed at younger

people, and that there is a perception that older people are unable or unwilling to change. As a result, she believes that there is limited support for older people.

*“There’s lots of support for the under 25s. There’s beds for the kids. There’s nothing directed at my age at all. I think there will be even less as I grow older. I understand why. You’ve had 50 years and you’re f\*\*\*\*\* up. They don’t want to know.”*



## The future

Sarah’s view of her future is bleak. She feels her options are to continue using street drugs, risk street homelessness and die, or to give up drugs and be lonely in pain.

*“Why would I stop using [heroin] now? To be some little old lady in some random flat on my own with nothing...I’m too old to sleep in shop doorways. I’m out of my head with anxiety about it... I’ve only got old age and death ahead of me anyway. So if I’m homeless again, I’ll just kill myself.”*

## Impact of Covid-19

**Overview:** Despite having increased support during Covid-19, Sarah has found it difficult to cope with the emergence of Covid-19 and the subsequent lockdown period, and has really missed interacting and socialising with others. Sarah has been going for walks, reading and watching TV as a form of distraction from the pandemic. She has also lost interest in keeping up to date with Covid-19-related news and stopped watching the daily briefings as it made her feel anxious and upset. She believes important information will reach her without reading the news.

*“I haven’t really been keeping up with the Government advice and information recently, I occasionally watch the news but it’s so depressing right now.”*

At the moment, Sarah is very much focused on shorter term issues, including her housing. However, she aspires to be more secure in herself and her life, and to avoid living on the streets again. As she has been able to save some money during lockdown, she hopes she may be able to achieve that.

**Health:** Due to her numerous health conditions, she has been advised to shield by the Government via a letter, though she found it difficult to stick to the guidelines and has been going on walks and visiting the town centre.

**Relationships:** Sarah has continued to have no contact with family during the lockdown period. She has also had little contact with friends. She really misses going out on the weekend and meeting new people in the streets of Blackpool – she hopes she will be able to do this again soon.

**Work and finances:** During this time, there has been a decrease in Sarah's spending, and she has been able to save money for the first time in her life.

*"I'm on benefits so my finances haven't changed – I'm on exactly the same amount (£130 a week). I have saved a couple of hundred pounds which has been amazing for me, and I haven't been buying drugs which has made me spend even less money."*

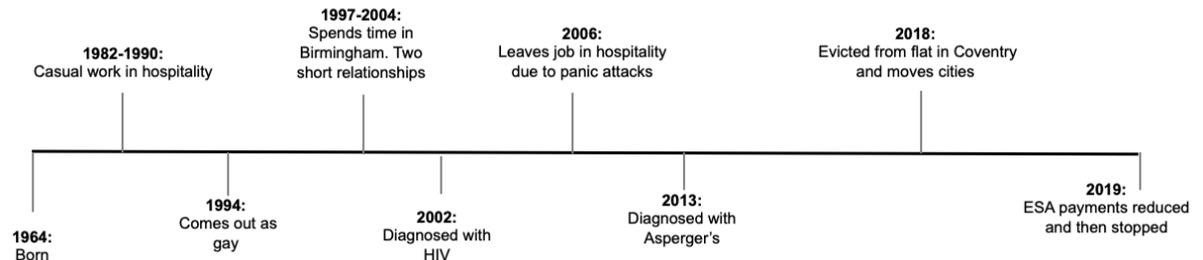
**Service use:** Now that her accommodation is more permanent, Sarah has moved catchment area and therefore has needed to change her GP. However, she is struggling to do this as she is lacking the correct documentation. As a result, she is not currently able to access her medication, which is running out.

Throughout the pandemic, Sarah has been in regular contact with her support worker at Horizon who has been calling her for hour-long telephone 'check-ins' twice a week. They help her with any issues she may have, such as how to secure permanent accommodation once she leaves the temporary hostel and she is grateful for the support she receives. She is looking forward to being able to attend the in-person Horizon group sessions shortly.



## Stuart, 56

*Timeline: An overview of the key milestones in Stuart's life*



Stuart lives alone in a small flat in a large town. He moved there from Coventry eighteen months ago when he was evicted from his flat. He chose the town where he lives now because he had been to visit previously there and had enjoyed chatting to the doorman at a bar. Stuart's flat is very bare and he does not own many possessions.

Most days, Stuart likes to walk to the library to use Facebook. He also attends a support group for older LGBT+ people twice a week. The highlight of his week is going to his favourite bar at the weekend. He likes that the landlady and some of the regulars there sometimes talk to him or ask him to 'get everyone dancing'. Stuart is proud of his dancing and doesn't mind being the only one on the dance floor.



### Health

Stuart has Asperger Syndrome and HIV. He lives in walking distance from a GP surgery that he feels meets his needs and accesses an HIV clinic which he says is excellent. He goes to regular appointments and understands his condition and ongoing treatment well.

*"I am the fittest, healthiest, cleanest I've ever been. My treatment is really working."*

Stuart also has anxiety and depression. He feels he would benefit from talking therapy, but he doesn't want to trouble others with his concerns.

*"No one wants to talk doom and gloom. No one wants to know about your mental health."*



### Relationships

Stuart has very little close contact with other people. He did have a good relationship with both his parents and felt well supported by them. Since they died he has felt much more adrift and his only contact with his family now is an occasional text exchange with his brother.

Today, his main form of contact with other people is through Facebook, which he uses most days. Most of his Facebook friends are people he went to school with, and he likes to look at their families and holidays.

*“I don’t really have anyone as such. No direct family. No real relationships to speak of. A soulmate – that would come in handy. I’d like to think there would be someone who would come round and see me.”*

Stuart’s other social contact is through a weekly support group for older LGBT+ people. The group organises trips and activities which he likes to go to, as long as they don’t cost more than a couple of pounds.



### Work and finances

When Stuart was younger he had various short-term jobs in hospitality, but found that his anxiety made it impossible for him to maintain employment. In his early 40s he was working in hospitality in a casino when his panic attacks became unmanageable. He hasn’t worked since.

*“I just can’t work, I get too anxious. But when they took me off ESA payments, they didn’t think about that. They don’t think about mental health at all... I don’t know why I lost my payments. They don’t explain. I don’t understand.”*

Over the past 18 months, Stuart’s ESA payments have been cut, then stopped. This is a significant source of anxiety for him and his finances have been precarious ever since. To manage, he often unplugs his electrical items, including the fridge, and limits his use of water and heating to save money on his bills. He has sometimes struggled to buy food.

*“I can’t afford mobile internet. I’d like it, if I had more money. I get £73 a week in total. I can just about live on it. I’ve had to tighten my belt. I’m very careful. I used to eat in a café for £5 or £6. That was my treat. But that’s had to stop.”*

Stuart has no savings, no additional income, and does not think there is anyone who would lend him money if he needed it.



### Service use

Stuart is organised and makes good use of services. He is open to trying anything appropriate that is free. He often uses these services to structure his time.

When in Coventry, Stuart had help claiming benefits from the Terrence Higgins Trust which he found really helpful.

*“The Terrence Higgins Trust helped me get my disability payments. But when I lost touch with them... well, I dropped a grade, and then they took all of it away. Now I’m on basic Universal Credit only. But I can’t work.”*

Stuart's HIV provision is reliable and consistent and he is very happy with the service. He feels looked after by the team. Stuart is also considering asking his HIV clinic and his GP for help reviewing his benefits, although is reluctant to ask for additional support.

Horizon, a local LGBT+ service that runs the weekly support groups Stuart attends, is also an important source of help.

Stuart has recently discovered a new singing group that he is hoping to attend, once he finds out whether or not there would be costs involved.



### The future

When asked about the future, Stuart is at a loss. He says he would like to meet a partner but does not expect to.

*“The thing is, you get to an age where you know that you're destined to be alone.”*

## Impact of Covid-19

**Overview:** Stuart has felt trapped and isolated since the emergence of Covid-19 and the lockdown period specifically. He has found not being able to go to the local library and Horizon support groups particularly difficult. His sense of isolation has been exacerbated by not being able to afford internet in his flat. He strongly relied on his weekly calls from support workers for emotional support and social engagement.

Stuart has found it difficult to keep up to date with the news on Covid-19 as he does not have internet at home and he is not able to go to the library.

**Health:** Stuart has been in good health during the lockdown. He did not receive a letter from the Government advising him to shield, though he has been social distancing. Stuart feels that his HIV medication has improved his immune system in general and as a result he is not too concerned about catching the virus.

**Relationships:** Stuart's social life has suffered during this time as the places he liked to frequent (including the support groups, the local library and the local bars) have all been shut during the lockdown. However, Stuart has been in contact with his brother via telephone calls a couple of times a week to catch up. Since the easing of lockdown, Stuart has also found people to be more friendly as people smile and talk to each other on the street and in the shops – he hopes this will remain post-Covid-19.

**Work and finances:** Stuart's finances have improved during Covid-19. His Universal Credit payment was increased by £20 a week in April and he is spending less as he is not able to go to bars or cafés. As a result, Stuart has been able to build up some savings during the lockdown.

**Service use:** Throughout the pandemic, Stuart has relied heavily on his support worker at Horizon, who has been providing him with weekly catch-up calls.

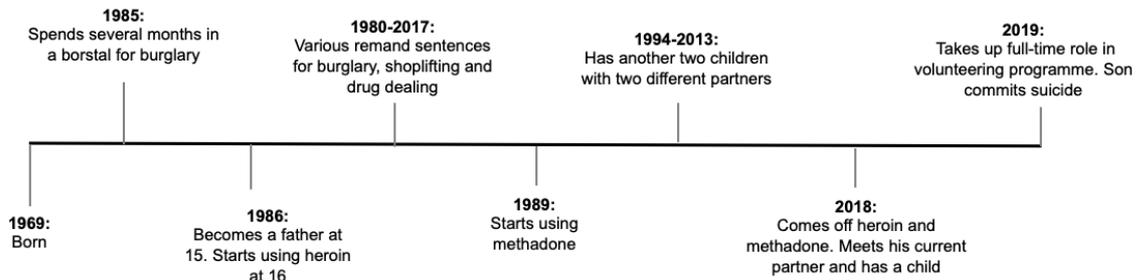
**Future:** Stuart wants the restrictions to be lifted as soon as possible to get the economy going and life back to normal again. He hopes there will be a greater sense of community and generosity after the crisis has passed.

- *“The restrictions need to be lifted as soon as possible, we need to get the economy rolling again – I’m clean, fit and healthy and I’m paranoid that people will look at me and say that it’s easy for you to say as you’re not vulnerable but we can’t carry on living the way we are.”*



## Jason, 50

*Timeline: An overview of the key milestones in Jason's life*



Jason lives in a flat share with three other people in recovery that is run by the social enterprise 'Jobs, Friends and Housing' (JFH).

Jason grew up with a violent father, who gave him alcohol and cannabis as a nine-year-old to 'slow him down'. He has a long history of criminal offences. Breaking and entering and drug dealing have been his main sources of income since he was in his early teens. He was in borstal age 15 and has been to prison several times.

*"We were always in trouble with the police. Robbed a newsagent, burgled houses. I did a stretch in borstal. A horrible place. They'd break you."*

Jason developed a heroin addiction in his teens and was on a methadone prescription for 30 years. However, he has been drug-free for two years and is now in a stable relationship and lives in good quality housing. He is also fulfilling his lifelong ambition of learning to drive. His life currently revolves around being in recovery, spending time with his partner, his daughter and his grandchild, and working.

*"I've not lived somewhere this nice before. And now, I take my grandkids to the zoo or the park, wherever they want to go. I joined the gym. There's lads I know in there."*



### Health

As Jason approached 50, he was six stone, suffered from regular panic attacks and was reluctant to access healthcare for fear of having his methadone prescription taken away. However, having got clean with the help of the Jobs, Friends and Houses, he is now surprised at how good his physical health is, given he experienced so many years of addiction.

*“I was having panic attacks but you say you’re fine. You don’t want anyone stopping your prescription. I tried dealing with it with cannabis but that made it worse. When I did tell them, they were like ‘we don’t deal with that. You’ll get a call. There’s a 9-month waiting list.’”*

When he is unwell, he’s now comfortable seeking help from his GP, and at the time of the research was waiting for an MRI to investigate pain in his leg.

*“I have some pain in my legs. It’s been on and off since detox. I went to the GP and they’re sending me for MRIs. First time I’ve seen a doctor for years, but I’m looking after myself now.”*

Jason struggles with his mental health. He has depression, linked to the suicide of his son in 2019. He is currently receiving support with this from his psychotherapist and support worker.



## Relationships

Jason reports having strong relationships throughout his life. He and his partner had his most recent child in 2018. In addition, he has three other children, the oldest of whom was born when he was 15. His relationship with his oldest daughter and her children is particularly strong. He was also close to his son, but he committed suicide at the end of last year.

Outside his family, many of Jason’s friends have died from drug use and when he got clean he stopped spending time with many people (including some of his brothers and sisters) as they continued to use.

*“You have to turn your back on running around in that world. You can’t be near people using. It’s about keeping yourself safe.”*

Much of Jason’s social life now revolves around the relationships he has developed in recovery. He lives in housing that is run by the drug intervention programme that he has been supported by for the past two years. He met his current partner in detox, attends three AA meetings a week with his housemates and accesses a training and pathway into work programme that is run by ex-addicts, for ex-addicts.



## Work and finances

Jason is currently reliant on benefits. He feels he is able to get by and is in control of his finances. He likes taking his children to cafés and helping his older children out with £20 here or there. He is also saving for a car.

*“I get £800 a month in benefits. I’m alright. I’m not using [heroin] so I make better decisions.”*

Jason wants to be in employment and thinks he will be offered a job at the work experience scheme he is currently accessing.



### Service use

Jason is proactive in accessing services and opportunities around him and feels confident in his ability to do so. He credits JFH with helping him move into recovery. Jason first found out about JFH on Facebook, and learned that a friend was able to successfully stop using drugs through their service. He has found their holistic approach to recovery invaluable, including supporting people to detox in high quality housing, volunteer schemes, support entering long-term employment through apprenticeships, and helping with budgeting and other key skills.

JFH are also providing psychotherapy for Jason, and he attends drop in counselling sessions.

Jason's current work experience supporting other ex-addicts to gain life skills has given him a strong sense of growth. He feels he is developing useful professional skills, including overcoming his nervousness of using a computer, and is getting positive feedback on his public speaking skills.



### The future

Jason has a clear sense of where his life is headed. He wants to do all the things he was unable to do as an addict and JFH is supporting him to develop the skills he needs to achieve this. Planning finances, opening a bank account, talking about difficult feelings, learning to drive, shopping and cooking are all milestones that he is ticking off. He sees further milestones ahead – buying a car, his daughter starting school, paid employment, moving in with his girlfriend. Together, these things give him a sense of purpose.

*"I've never been on holiday. But I've bought myself a passport. I'll take my girlfriend and daughter. I've got goals."*

## Impact of Covid-19

**Overview:** Jason initially found Covid-19 and the lockdown period really difficult and it brought on serious anxiety and panic attacks. Although he had been considering moving into his own place, he has now decided to stay in the recovery home. He is really pleased with his decision as his flatmates, who are also in recovery, have been really supportive and made him feel less lonely.

Throughout the pandemic, Jason stayed on top of what was happening by regularly watching the daily briefings.

**Health:** Jason rekindled a love for cycling and walking during lockdown and has felt the benefits on his physical health.

However, at the start of lockdown, he struggled with boredom and depression. He also started getting panic attacks again when leaving home. However, as lockdown has eased and the infection rate dropped his mental health has begun to improve.

**Relationships:** Despite Jason feeling low and disconnected at times during lockdown, he has strengthened his relationships with his children and partner through regular calls and was pleased when he was able to visit his partner and child again once lockdown restrictions eased. His flatmates have also been a real source of support throughout the pandemic, especially when he has been feeling low.

**Work and finances:** Jason has been spending less money during lockdown, and has been able to give his children regular financial support for the first time, which he is proud of. He still hopes to work in supporting ex-addicts gain life skills as they come out of addiction, though this has been put on pause while face-to-face meetings are not allowed.

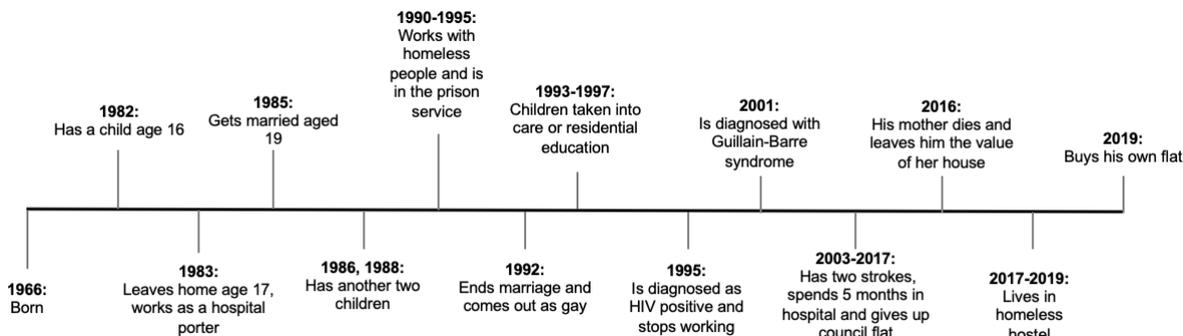
**Service use:** Jason has had weekly online support meetings with his line manager and psychotherapist during the lockdown. He initially struggled with engaging online but once he got used to the online meetings, he found them to be invaluable. He strongly believes that support services for the most vulnerable have improved during Covid-19 with increased care and investment, and hopes that this remains to be the case in the future.

*“I can’t imagine being in a flat on my own! Waking up and not being able to leave that flat for 12 weeks – I know people in recovery who have turned back to drugs, I reckon I would have done if I was on my own.”*



## Mitchell, 53

*Timeline: An overview of the key milestones in Mitchell's life*



Mitchell lives in a ground-floor flat which he bought in 2019 with money that he inherited from his mother. Previously, from 2013 to 2017, Mitchell lived in a council flat, but he had to leave after he had a stroke, because it was no longer suitable for his needs. He was homeless for two years between having to move out of his council flat and inheriting from his mother, but lived in a hostel, which he liked, throughout.

Mitchell was sexually abused by a family member when he was 5. He ended up leaving the family home at 17 and was a father by 19. By the age of 21 he had 3 children. Mitchell is now divorced.

Despite struggling with his mobility, Mitchell likes to get out and about. He spends his time drinking with his friends and attending local day centres and support groups.



### Health

Mitchell was diagnosed as HIV positive 25 years ago, has Guillain-Barré Syndrome, an autoimmune disorder that attacks the nerves, and has had two strokes – one of which resulted in a 5-month hospital stay and two years using a wheelchair. He has hearing impediments and has been using hearing aids since he was 20.

Mitchell feels well looked after by his HIV clinic and his GP and has been able to access specialists when necessary. His ground floor flat is next to a reliable bus route and he feels able to get to all his appointments comfortably. After his stroke Mitchell was discharged with a care package but he found having carers restrictive.

*“I had a care package for 8 months. But that meant I couldn't see my mates. I had to be in waiting for them all the while.”*

Mitchell drinks heavily. He does not identify as an alcoholic because he is able to go several days without a drink. However, he struggles to control his binge drinking and often drinks for

24 hours or more, several times a week. He says this heavy drinking whilst having HIV is the cause of several of his additional health problems. Mitchell has had multiple falls whilst drinking. Mitchell spoke to Horizon, his support group, about his drinking and they have provided him with a support worker who checks up on him weekly about his drinking habits.

*“I had Vitaline for years – that service where they help you if you fall, but the council started charging for it, so I stopped.”*



## Relationships

Mitchell enjoys connecting with other people but does not have close relationships with either his family or friends. As a result, he can sometimes feel lonely and depressed – although at other times he feels he prefers to be alone.

Mitchell was married and became a father at 19 years old. When the marriage broke down Mitchell had custody of his children, but when his daughter was five years old, he felt unable to cope. His daughter was fostered, and then went into care. He kept custody of his sons, but eventually they went into residential schooling. Mitchell’s wife later died of a drug overdose.

Today, Mitchell still has contact with all of his adult children. One of his sons sometimes stays with him but he is reluctant to become too close to his children as they often want to borrow money and one of his sons has a drug problem.

Mitchell came out to his family as gay in 1992 and has had significant relationships with two men. Both died of alcohol related diseases. He has been single since 2014.

*“I’ve no one to talk to about my feelings. I’ve been on my own for so long. I like it that way now. My relationships were quite good but they both died of drink.”*



## Work and finances

Mitchell has not worked for over 20 years, due to his health conditions and heavy drinking. He receives benefits including PIP and ESA, though his ESA was recently reduced, after he declared the savings he accumulated after his mother’s death.

Mitchell feels financially secure, largely because of the inheritance he received from his mother, which enabled him to buy his ground floor 2-bedroom flat without a mortgage.



## Service use

In general, Mitchell feels comfortable accessing services, and he likes to pursue new opportunities that he finds out about by word-of-mouth.

Mitchell regularly sees a specialist about one of his conditions, and feels his health is well-supported by the services he accesses. Mitchell has also had the same support worker for 7 years and feels that she has been helpful, and that he has especially benefitted from the long-term nature of her support.

*“I go to a centre for people who have had strokes. Most of them have dementia or something. It’s meant to get you exercising and that. Most that go are much older. I started there at 47.”*

Mitchell’s poor health has meant that he presents as older than he is, and often finds that services designed for older people suit his health needs better than those aimed at younger people or those in midlife. Mitchell attends several community projects at Horizon for LGBT men, older people, people living with HIV and people with alcohol problems. He finds these groups interesting and enjoys the social aspect. Mitchell particularly likes to access services that have regular drop-in sessions, as this enables him to structure his time and his weeks.



## The future

Mitchell plans to continue living much as he is, drinking with friends, occasionally travelling to the nearest big town and attending a few drop-in services a week. He would also like to plan a holiday abroad. He imagines that he will go into a care home when he is much older because he expects he will have more falls. Whilst he likes the idea of this, he is also worried about the expense.

*“I’m a bit frightened of getting older and having to go in a care home, and my kids having to pay for my care home.”*

## Impact of Covid-19

**Overview:** Due to the change in routine and more time on his hands, Mitchell has found himself drinking and smoking more than before. He has also struggled with boredom and depression and has found it difficult to keep himself busy. As a result, he has watched a lot of TV including the news on Sky, which is his main source of information on Covid-19. He really misses life pre-Covid-19 and socialising with people at Horizon’s support groups and in the pub.

Longer term, Mitchell struggles to picture what life might look like and he hopes to get a handle on his alcohol consumption.

**Health:** Both Mitchell’s mental and physical health have deteriorated during lockdown. His increased levels of drinking and smoking have caused regular coughs, headaches, and sleeping issues. Mitchell is determined to cut down his drinking but has struggled to do so thus far. He is however speaking to his support worker about strategies to cut down.

**Relationships:** Whilst some aspects of Mitchell's relationships have improved over the pandemic, he continues to feel lonely.

His son moved in during lockdown and they have been brought closer together. He has also received calls from two support workers at Horizon which he is really grateful for and they help with any issues he may have.

However, in order to cut down his drinking, he is trying to distance himself from his friends who are also heavy drinkers.

**Work and finances:** The pandemic has been difficult for Mitchell financially. He was already struggling to cope with the reduction in his ESA and on top of that has found that his spending has increased during Covid-19 due to smoking and drinking more. During the pandemic he dipped into his savings and as a result he is concerned about his long-term finances.

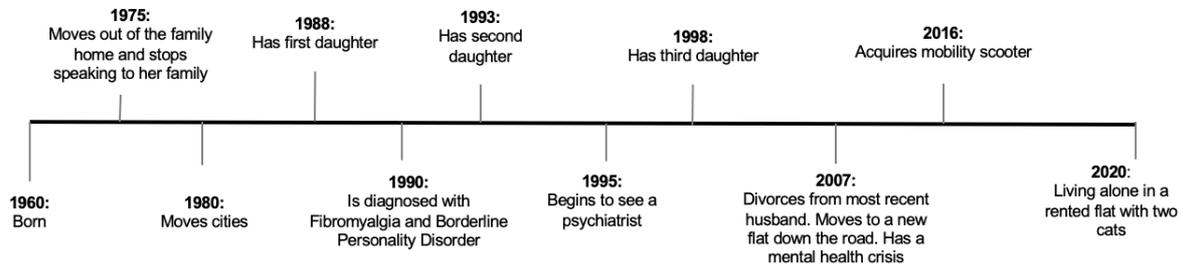
*"My finances have been cut by £90 a week and I've been spending more during the lockdown, mainly on the drink."*

**Service use:** Mitchell has been receiving support during lockdown from Horizon via weekly catch up calls. Horizon have also provided Mitchell with an alcohol specific support worker who calls him every week to talk through his drinking habits and suggests ways to control it. Mitchell is looking forward to having the Horizon group sessions again to interact with others. Mitchell has not been accessing healthcare during the lockdown as he has his HIV medication.

*"Barbara who has been contacting me about my alcohol problem is a new person – she works for Horizon as well. I think the support I've received is great – there are transport support services and day centres for people like me."*

## Nehala, 60

*Timeline: An overview of the key milestones in Nehala's life*



Nehala is originally from Pakistan and has lived in the UK for the last 40 years. She has three daughters from three partners. She has been separated from her most recent husband for many years. Nehala now lives alone, sharing her rented flat with two cats.

Despite living with physical and mental health conditions that can make it difficult for her to move around, Nehala tries to stay as active as possible. She likes to go out daily on her mobility scooter when weather permits and enjoys community art classes at the local community centre where the staff know her well. Nehala is passionate about arts and crafts and getting stuck into big projects and likes looking for ideas and inspiration. Her most recent focus is houseplants – her home is filled with them, and she takes pride in looking after them and ensuring they thrive.

Nehala says she's happy with her life. However, she does not consider herself close to anyone and can get incredibly lonely. As a result, although she doesn't particularly enjoy having the cats around, she does appreciate their company.

*"I don't want to live with anyone now – I've got my routines, the things I enjoy doing, and having someone around would make that hard. But I do get lonely. It's hard. The evenings are the most quiet."*



### Health

Nehala has diabetes and fibromyalgia, which leads to frequent and unpredictable pain and exhaustion, often making daily tasks difficult. When she was diagnosed 30 years ago, information on the condition was incredibly limited. She learned to manage her own symptoms by trial and error and says the best way for her to cope is by 'not overdoing it'. Fibromyalgia has also led to other health issues, including irritable bowel syndrome, that make her life uncomfortable.

*"When my fibromyalgia was diagnosed 30 years ago, nobody really knew what it was and I had to send away in the post for leaflets, documents, information all the way from the USA. They told me 'you'll be in a wheelchair within a year' but I point blank refused. My mobility scooter has made life so much better but I'm still in pain, I'm still exhausted. It's just*

*unpredictable – I'll be bringing in the shopping and get too tired to carry on, and because it's just me in the house the shopping defrosts in the doorway while I have to sleep.”*

Nehala has had borderline personality disorder, depression and anxiety for the majority of her life. She attributes these conditions to significant childhood trauma. Over the years Nehala has attempted suicide multiple times. These attempts often coincide with milestones like birthdays, anniversaries, Christmas, and New Year's Eve which she says trigger her depression badly.

*“Each Christmas, birthday, Mother's Day, anniversaries... They're so painful. It gets easier but takes such a long time...Getting through them without overdosing was a major thing for me, but I can't guarantee it won't come back.”*

Nehala often struggles with the fact that the medical advice for her fibromyalgia is to rest, whilst the advice for her Borderline Personality Disorder is to keep busy. As a result, she finds it difficult to manage both conditions at the same time.

*“I've known about my mental health conditions, my borderline personality and my depression, for about the same amount of time. It's just impossible to treat the two. I'm told, 'rest for your fibro', and then 'keep yourself busy for your BPD'.”*



## **Relationships**

Nehala has not been in contact with her wider family for almost 40 years, and disowned her family after 15 years of sexual abuse and trauma. These experiences have shaped the rest of her life and influenced her relationships.

*“It goes back to events when I was younger; it's not something that I like to talk about, but the trauma went on for about 15 years and has impacted me ever since. I haven't spoken to my family since, even though they only live on the other side of the city.”*

Nehala also has a difficult relationship with her three daughters, and does not feel close to them. Nehala attributes this to her mental health issues, which she says led to her being fairly absent for long periods of time during their childhood. These days, she is keen not to burden them further and has limited contact with them. She speaks to just one of them regularly, and their conversations are often quick check-ins. Nehala says she feels a lot of sadness about the relationship she has with her daughters, and misses having family around the home.

*“The biggest change was my daughters becoming older, and now that they've flown the nest, they don't need me. It was a real shocker at 55, becoming redundant as a mum. I still feel so empty now, and I prefer to cook for other people. It's very difficult to cook for one person.”*

Nehala says she's found her relationships with men very difficult. The breakdown of her most recent marriage involved her husband leaving her for another woman. She is now no

longer interested in intimate relationships, although says that she would like some kind of 'companion' to talk to and keep her company.

Nehala says she doesn't have any close friends. She has two or three people who she feels she could call on if she really needed to, but despite only living about 10 minutes away, she speaks to them about once every 6 months. She says that she often finds other people irritating and finds herself pushing them away.

*"Sometimes I find people irritating, I just wish I could just stick my headphones in and block out the nonsense... They just have to get that off their chest but it's uninteresting stuff. Why is anyone else interested? Silliness!"*



### Work and finances

When she was younger, Nehala worked in a women's refuge which was heavily connected to the Asian community. Around the same time, she trained to be a counsellor, and prided herself on being able to help others. However, she had to stop after a few years, as she found both of these too draining on her mental and physical health. She still occasionally helps with training for new counsellors, which makes her feel useful.

Now, Nehala volunteers at the local disability network once or twice a week. However, recently her supervisor said something that she felt to be racist and she complained. As a result of the incident she is contemplating leaving, although says she would miss the structure it gives her.



### Service use

Nehala has seen the same GP for 25 years and they have built up a strong relationship. She feels he understands her complex medical and personal history and trusts that he will understand she's not exaggerating her needs. On multiple occasions at a point of crisis with her mental health, she has called him directly and he has called her back to give her support.

Nehala was also seeing the same therapist on and off for 25 years. However, he retired around 5 years ago which she found triggered a mental health crisis for her.

Since her therapist retired, Nehala has struggled to find useful, consistent support. She's experienced long waiting lists and has been told she's not eligible for support a number of times, sometimes because she's already used the service before. Now she feels that it is only possible to access mental health support at crisis points, and sometimes not even then. This makes her worry about what would happen if she has suicidal thoughts in the future.

*"The last thing I had waited for was the referral to psychotherapy services, after a very lengthy wait, 3-4 months, they finally came back and said they couldn't do anything more. I found that really distressing at the time, what am I supposed to do then? They've said you've reached the end and we can't do anything else to help you."*

When she has been able to access support (e.g. mindfulness and art therapy) she has found it helpful but has also been frustrated by the fact that the services only run for two or three months.

Out of the various services she has accessed, Nehala found that the support from her Age UK support worker, David, has been most useful. David would visit Nehala weekly for a cup of tea and a chat, and also signposted her to other support. She really valued how practical the support was, and how he helped her to help herself.

Importantly, David also helped Nehala to apply for her disability benefit. This process took three years from start to finish, and was incredibly difficult for Nehala, who found the requirement to 'prove' her borderline personality disorder and fibromyalgia difficult to meet. She says that without David's help, she probably would not have felt able to finish the process. The support ended after about a year, as both Nehala and David felt he had given her all the help he could.

*"David was a godsend. He would come cycling up this hill every week without fail – I don't know how – and just listen. I'd say I was interested in something and as soon as you like he had his phone in his hand Googling groups or events or something else. And then the next day, I'd get leaflets and printed pages from these websites through my door."*



## The future

Nehala has mixed feelings about the future. She says that she doesn't like to plan ahead and doesn't have any particular things to look forward to. One project that Nehala is excited about is the idea of writing her life story - as with her volunteering, she feels it would be a good way to turn her experience of abuse and health difficulties into a way to help others.

### Impact of Covid-19

**Overview:** Nehala has found it difficult to cope during Covid-19 and lockdown, and she has felt trapped, isolated and frustrated. The Black Lives Matter protests have also reminded Nehala of her own experiences with racism and she has been disheartened by what she feels is a lack of progress on a societal level.

As a result of both Covid-19 and the Black Lives Matter protests, Nehala has become more withdrawn and has stopped using the internet and her laptop, which she found detrimental to her mental health. Instead, she has focused on tending to her garden. For a few weeks during lockdown, Nehala relied on local volunteers to supply her groceries which she was very grateful for. Although she initially found it difficult, she was happy to be able to leave her home for groceries and fresh air once lockdown ended. Nehala has stayed up to date with the pandemic and Government guidance through the news and radio.

*“Even once lockdown ended, I found it difficult to go out again on the scooter. I didn’t want to go out, didn’t want to speak to anybody or listen to anybody.”*

**Health:** Nehala has experienced a decline in her mental health since the start of the pandemic. There has been little change to her fibromyalgia and diabetes during this time, but instead of visiting the surgery for her diabetes injection, her daughter has been visiting once a week to administer this instead.

**Relationships:** During the pandemic, Nehala has felt more isolated and lonelier than before. Her main form of social contact has been through phone calls with her daughters. She has not had any contact with friends as she has not felt up to it. Since some lockdown restrictions have been lifted, her daughters have been able to visit her for dinner, which Nehala thoroughly enjoyed and has led to her feeling less lonely.

**Work and finances:** Given she has been less active than normal, Nehala has found that she has been able to save more than normal. The local disability network where she volunteered has been closed since lockdown, and she is unsure if and when she will return.

**Service use:** During the pandemic, Nehala has wanted to see her GP for a check up on various health issues, including her depression, diabetes and fibromyalgia. However, her local surgery informed her that she needed to book an appointment online, which is currently not an option for Nehala. She hasn’t been in touch since as she is also worried about increasing the strain on the NHS.

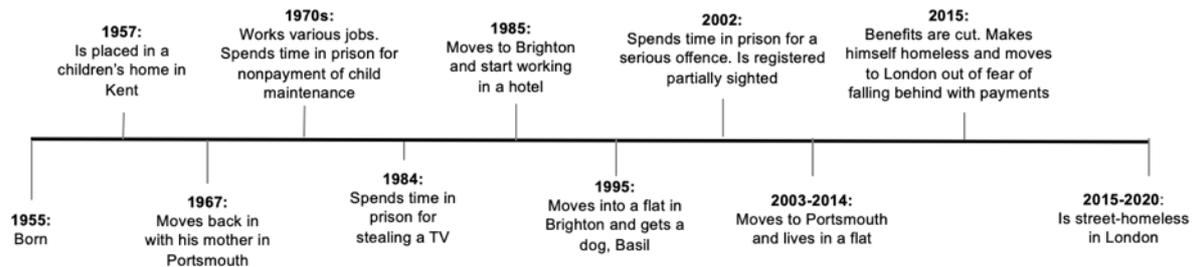
Following the Black Lives Matter protests, Nehala also tried to look for a black therapist to speak to, although she was unable to find anyone. She has since been in touch with David from Age UK who has signposted her to a number of services, and Nehala is waiting until she feels better to make contact.

*“I contacted the GP as I have a list of things that I wanted to check in about, but they told me the only way was to go online. I can’t do that at the moment so there’s no way around it for me now. I’m also scared about overburdening the NHS...”*



## Rudy, 64

*Timeline: An overview of the key milestones in Rudy's life*



Rudy is homeless and has been sleeping rough since 2015. He initially preferred to spend the night in one of the Royal Parks where it was quiet. However, after being moved on by the police, he established a new spot in Central London.

Over time, Rudy has become friendly with the staff in a nearby Starbucks, where he goes daily to buy food and drink, use the bathroom to wash or shave, stay warm, and to use the power sockets to charge his portable DVD player. When he has enough change, he also likes to go to a nearby internet café, where he catches-up on news, and any updates on Facebook.

*“Someone gave me this Musto jacket the other day, it’s a sailing one and much better than the old one I had... And at Christmas someone walked past and gave me £200.”*

Rudy has had two periods of calm and stability in his life. The first of these was in prison, which he describes as a great learning experience; the second was after his release when he was housed in a decent quality flat in Portsmouth that had been adapted to accommodate his visual impairment. Rudy has a spiritual outlook on his life and circumstances and feels it is his mission to spread messages of positivity and happiness.

*“I don’t go to church, I don’t pin my mast on anything – I don’t need to. I’m down here for a purpose, to spread joy and positivity..”*



### Health

Rudy is currently experiencing severe pain in his side that makes it difficult for him to sleep and eat, and he has lost a lot of weight. Over the past few months there have also been times where he has struggled to breathe.

*“The pain is dreadful, when I was sleeping last night I felt like I was suffocating...the same thing happened on Christmas Eve, I tried to walk a few feet and I collapsed and couldn’t breathe ...but it cleared up so I don’t need to see a GP. I get by with codeine from Boots.”*

Rudy has significant problems with his eyesight, and in 1991 and 1993 he had retinal detachments, leaving him partially sighted. During a stay with his sister after being released from prison in 2002, Rudy made contact with the Royal National Institute for the Blind (RNIB) and registered as partially sighted. Today, Rudy also has cataracts.



## Relationships

Rudy does not have any close social relationships and does not keep in regular contact with any friends or family. His social contact is limited to the passers-by on the street, the staff at Starbucks and the handful of people who he has contact with on Facebook. Rudy is not friends with the other rough sleepers as he finds that they are often violent and unpredictable and so he prefers to stay alone.

*“I stay away from the other homeless people up the road – they’ve gone a bit too crazy. I think they smoke too much spice, they often give me a blank look and don’t recognise me.”*

Rudy does not have good relationships with either his mother or sisters. His only contact with his family is with one sister over Facebook.

*“I haven’t seen my mother for years. She often tried to control my life and likes to belittle me. There’s no love there. My sisters think I’m a wayward canon and now I only speak to one on Facebook every now and then. I’m on a different path to them and they’re not keen.”*



## Work and finances

Rudy’s employment has often been unstable and he has never felt financially secure. As a young man Rudy worked many different jobs. In the 1970s Rudy worked as a butcher, baker, builder and a deckhand, before moving on to work in nightlife hospitality and as a barman in the 1980s. Between 1987 and 2001 he helped to run two DSS hostels.

In 2002 after his release from prison, Rudy was receiving unemployment and disability benefits. He was presented with some job opportunities by the Job Centre, but did not feel that they were good fits for him, given his perceived lack of skills, the issues with his eyesight and his character.

In 2015 Rudy was re-assessed for his disability allowance, and based on this re-assessment his disability allowance was stopped. After 28 weeks, in debt with his housing association, Rudy decided to make himself homeless by leaving his flat and moving to London.

*“They stopped my money for 28 weeks, and I knew I was going to be in too much debt with my housing association. I didn’t want to cause trouble or be evicted, and so I just thought I’m leaving. And one day I just left.”*

Today, Rudy relies entirely on other people for food, drink and other necessities. Some days he has nothing at all to eat.



### **Service use**

In the past, Rudy has been really pleased with the help and support he received from the RNIB. However, he is reluctant to make use of services for homeless people in London. He says that shortly after first arriving in London he visited a homeless service. They advised him to return to Portsmouth, and he found them patronising and unhelpful. Overall, Rudy thinks that existing services are limited and he feels able to cope without them. A desire to avoid being a burden increases his reluctance to access support.

*“They just told me to go back to Portsmouth, and they were so patronising, ‘Oh look at Rudy using a tablet, that’s jolly good’. I don’t need to use them, I’ll only use them if it’s really cold...I don’t want to be a problem or a burden.”*

Rudy has not accessed any healthcare since living in London. In part, he says this is because he doesn’t expect to be helped, but he also does not know where his local surgery is.

*“As long as my body functions, they won’t do anything about it. If you’ve got clear lungs and aren’t bleeding then they’re not interested. I tried three years ago but they said there was nothing they could do and I’m not here to be a nuisance. Taking codeine is helping and whilst it’s helping, I don’t need to be a problem.”*



### **The future**

Rudy says that he wants to continue living as he is now, delivering his positive and spiritual message to the passers-by until he dies. Given the pain he has suffered recently, he does not expect to live much longer. For the time being, Rudy is very much focused on the present and surviving each day as it comes.

*“I’m here to change things, but nothing can change until I die, so I’ve got to do this until I die. This is my calling.”*

## Impact of Covid-19

**Overview:** Rudy's circumstances have changed significantly since Covid-19. In March, Rudy heard from other rough sleepers that St Mungo's were arranging shelter for homeless people. After making contact, Rudy was temporarily housed in a hotel, where he has been ever since.

As well as providing Rudy with a room of his own and three meals a day, St Mungo's also gave him a smart phone, which they top up monthly with £10 credit. Due to the hotel's unlimited wi-fi, Rudy spends most of his time alone in his room, on social media, watching films and listening to music. Rudy receives updates on the Covid-19 situation from social media, the news and pamphlets circulated by St Mungo's. He is not worried about the virus and feels safe and comfortable.

*"I was skin and bone out on the streets because I wasn't eating well – but I get fed three times a day now and I've put on lots of weight – it feels much better."*

**Health:** Rudy has been able to self-isolate in the hotel and is not worried about catching the virus. Rudy has continued to experience severe pain in his side that stops him from sleeping and his eyesight has also worsened. A nurse he spoke to from St Mungo's suggested that he speak to a doctor, but Rudy has not pursued this further; he does not think they would do anything.

*"I don't bother going to the doctors, why would I just to find out I need a MRI scan - they won't do that, it costs a lot of money. And they have to be 100% sure there is something wrong."*

**Relationships:** Overall, lockdown had a relatively limited impact on Rudy's relationships. Throughout the pandemic, he has continued to spend most of his time alone and has kept distance from others staying at the hotel as they are involved with drink and drugs. However, having a phone has enabled him to have occasional video calls with his sisters and he has been using social media more.

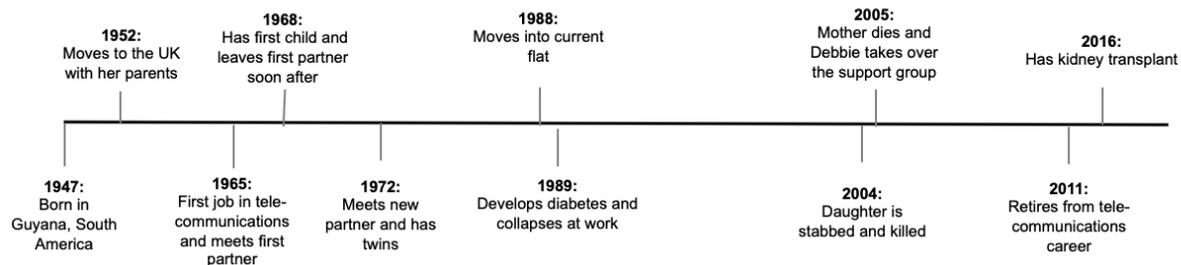
**Work and finances:** During this time, Rudy has not been able to receive any money from passers-by. However, a friend on Facebook recently sent him £15 in the post, and given that St Mungo's have been able to provide him with everything he has needed so far, Rudy has not been concerned about this. He is also in the process of applying for Universal Credit.

**Service use:** Since being temporarily housed, Rudy sees a case worker from St Mungo's once a week. She has helped him identify his National Insurance Number, apply for Universal Credit and obtain a copy of his birth certificate which will enable him to get a bank card. He is very grateful for the help and support he has received so far.

**The future:** St Mungo's have offered to help Rudy find a place to stay after the temporary housing finishes and have offered to continue supporting him. As such, Rudy feels excited and positive about the future and is looking forward to seeing what it brings.

## Debbie, 73

*Timeline: An overview of the key milestones in Debbie's life*



Debbie is originally from Guyana, South America and has lived in the UK since she was six years old. She had three daughters and one son. Debbie has been in two serious relationships, both of which ended after she was physically abused by her partners. She has been separated from her most recent husband for many years. Debbie lives alone in a house which she now owns.

Debbie lives with a number of severe physical health conditions that make it difficult for her to move around. She stays at home as much as possible, only leaving to go to the shops when absolutely necessary and to attend funerals. Debbie's children visit her regularly and she enjoys cooking and baking for them. She is also proud of her garden, although she has a phobia of insects so doesn't spend much time outside.

Debbie considers herself to be very social and is on the phone calling family, friends or relatives every day. She is happy with her life as it is and enjoys being at home in her own space. However, there are times that she feels lonely.

*"People are concerned about me getting depressed being at home all the time, but I love it. I don't see my relatives very often, but I speak to them every day"*



### Health

Debbie has a number of physical health conditions including diabetes, glaucoma, high cholesterol and frequent bladder infections. Debbie developed diabetes over 30 years ago, and had a kidney transplant 10 years ago, at which point she stopped working as she became less physically mobile.

Debbie feels that her health conditions are under control. Her main concern is about her kidney medication which she believes impacts her other illnesses, particularly her diabetes. In order to minimise the side effects, Debbie has been trying to improve her diet.

*"I have diabetes, a kidney problem, high cholesterol, glaucoma, frequent bladder infections and heart problems... Doctors often tell me I have a lot of these issues and illnesses, but I*

*rarely feel any of the symptoms...although some days it's not easy with pain or fatigue and I have problems walking and I can't even go up and down stairs in my own home."*



## Relationships

Debbie considers herself a very social person and has a number of close friends and family members in London and Guyana who she speaks to on a weekly basis. Debbie also has a close relationship with her three children, and with her grandchildren who visit her frequently and who she likes to spoil with food and pocket money.

Debbie did have another daughter, but she was stabbed to death while trying to stop a fight around 15 years ago. Six months later, Debbie's mother also passed away. This was a difficult time for Debbie and she found herself spending more time at home and feeling afraid of being out at night as a result.

*"I don't like coming home on public transport at night as I'm scared of crime... my daughter was murdered trying to stop neighbours fighting in 2004."*

Debbie has had two serious relationships throughout her life. However, both were physically abusive and as a result she no longer trusts men.

*"I brought up my child on my own until he was 2 and a half until I met someone else and I had two children with him but I refused to get married as I didn't have any trust as he would go out with his friends and not come back until the morning."*

Debbie has lived in her home since 1988. She is friends with a number of her neighbours and feels lucky to have a supportive local community.



## Work and finances

Debbie had a successful career in telecommunications and client services, ending her career as a night telecommunications supervisor at a large solicitor's firm 9 years ago due to her health issues.

*"I loved my career and I love speaking to people on the phone - I'm very lucky."*

Debbie now feels financially stable; she has paid off her mortgage, and receives disability allowance and some financial support from her children.

*"Now I would say I'm a bit more financially stable than I was before – when I initially became ill I felt financially unstable and I couldn't pay my bills."*



## Service use

Debbie has been attending the King's College Hospital for a number of years to treat her diabetes and her kidney problems. She has strong relationships with the nurses at the hospital. Debbie goes for routine check-ups every three months at the hospital and to pick up her medication. She only visits her GP for blood tests and to obtain her insulin medication.

*"My GP? I really rarely go– only for blood tests and my insulin medication. Everything else is done at King's College under one umbrella. King's College Hospital have been great with me."*

Debbie's mother set up a support group in 1976 for her local area which was aimed at bringing the community together and providing support to the elderly. This support group would provide its members with a place to socialise, eat and exercise. Debbie took this over once her mum passed away but it had to be shut down in 2015 due to the financial strain it was putting on Debbie, and because of her deteriorating physical health.

*"My mother set up this group in '76 which was aimed at the local elderly people to have a place to go and socialise, eat and exercise... I took over once my mother passed away."*

Debbie receives support from the Greenwich Community Hub which provide her with a variety of services including arranging for her shopping to be done, replacing her gas tank, and providing food boxes when needed. Debbie uses this service infrequently, but she is very grateful of them; they serve as a safety blanket when things go wrong and her children are not able to help.

*"They brought me a box of food a week [during lockdown] but I only took it for a month when my daughters couldn't come over and help. They got in contact with me through my doctor which referred me as I was a vulnerable person who was shielding."*

Debbie has also had support from Elderly Care in Greenwich who helped her modify her home to make it more accessible, and have cleaned her windows.

Debbie hopes to get more support in order to help her exercise. She believes this will make her feel better in the longer-term and she does not want to feel like she is forced to be home-bound. She expects her GP to be able to support with this by providing some physiotherapy sessions so she can learn exercises and practice these at home.

## **Impact of Covid-19**

**Overview:** Debbie's relatively secluded life pre-Covid-19 has meant that she feels she has coped relatively well with life since the emergence of Covid-19. During this time, Debbie has continued to have regular phone calls with friends and family, and has enjoyed spending more time cooking and baking. Debbie enjoys listening to the news on the radio and the TV, and is keeping up with the latest Government advice on Covid-19.

However, she is concerned about contracting the virus and is therefore being very cautious with visitors and only leaves the house when it is essential (e.g. for a hospital appointment). Debbie is also concerned about the future regarding the easing of the lockdown restrictions and she is in no rush for life to return to normality. On the positive side, Debbie feels there has been a bigger sense of community during this time, and hopes this will continue.

**Health impact:** Debbie has been advised to shield by the Government due to her various illnesses. She has not had any significant changes to her health although she has found that her reduced activity levels have led to weight gain, so she is now trying to improve her diet.

**Relationships:** The principle impact of the pandemic on Debbie's relationships is that she is no longer able to see her children, as they are no longer able to come into the house as a precautionary measure. Beyond that, she has found that she has spent more time on the phone with friends, which she has enjoyed.

**Work and finances:** Debbie feels she has been doing well financially during the lockdown as she has spent less on food and other essentials.

**Service use:** Debbie has received support from the Greenwich Community Hub in the form of free food boxes delivered to her door. However, she only had them for one month before she told them that they should be going to someone in greater need. She is planning on making a donation as a thank you. Debbie has had telephone appointments with her GP and King's College Hospital, and travelled to King's College Hospital for a blood test.