

Loneliness and social isolation in older residents



A review by the 2017/18 Social Services, Housing and Public Health Policy Overview Committee

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Chairman's Foreword

“Loneliness and Social Isolation in Older Residents”



On behalf of the Social Services, Housing and Public Health Policy Overview Committee, I am pleased to present this report detailing how the London Borough of Hillingdon is working to address loneliness and social isolation in its older residents.

The impact of experiencing loneliness and isolation is recognised as serious and damaging to an individual's mental and physical wellbeing, and it is therefore encouraging that the Council has a broad programme of services and events, aligned to its mandate to 'put residents first', that are designed to help combat such issues.

By its very nature, it can be difficult to identify and engage with those residents who are socially isolated or lonely. The recommendations proposed as a result of this review are therefore designed to ensure that the Council continues to do its utmost to promote its services and align its events to a broad spectrum of older residents, whether male or female, or from particular ethnic or cultural backgrounds, to encourage further social opportunities and interaction to reduce loneliness. Members may enjoy reading Gillian's story on how she overcame loneliness, located as Appendix E to the report.

I would like to take this opportunity to thank those officers and volunteers who have given up their time to help the Committee in reviewing this topic, and commend them for their continued hard work in providing a broad range of activities and services to the residents of Hillingdon.

Councillor Wayne Bridges

Chairman of the Social Services, Housing and Public Health Policy Overview Committee

Summary of findings & recommendations to Cabinet

Through the witnesses and evidence received during the detailed review by the Committee, Members have concluded / recommended the following to Cabinet:

1	The Committee concludes that Hillingdon Council has a unique and comprehensive strategy to improve the quality of life for Older People, which includes a broad range of activities to help combat loneliness and social isolation.
2	That the Committee support the Council's continued use of and promotion of TeleCare Line and technology to increase independence and reduce isolation of vulnerable people.
3	That the Committee welcomes the support to organisations such as the Bell Farm Christian Centre who undertake varied activities aimed at bringing older people together, noting that Ward Councillors have also provided support for one-off social activities for older people via the Ward Budget Initiative.
4	That the Committee fully backs the work of the Older People's Assembly to raise the profile of the support available to older residents.
5	That the Leader of the Council and Cabinet Member for Social Services, Housing, Health & Wellbeing explore as part of the Older People's Plan, some further initiatives and activities to enable older people to feel valued and engaged in Hillingdon, that may include: A. Intergenerational activities with younger people through schools and local education establishments, the Scouts, and Duke of Edinburgh groups B. Reading and life story sessions in libraries C. Singing and music groups in schools D. Promotion of volunteering opportunities E. Spare Chair Scheme F. Animal Therapy session with local organisations

	G. Further befriending services H. Men in Sheds schemes I. Seated Exercise opportunities
6	That the Cabinet request officers review existing events to better incentivise attendance from male residents, based upon the initial data and feedback received by the Committee.

Background to the review

“Putting Residents First”

With a growing elderly population, London Borough of Hillingdon Council has a commitment to working to support older residents at risk of social isolation and feelings of loneliness.

It is important to consider what the terms 'isolation' and 'loneliness' mean in this context. Isolation is defined as a 'separation from social or familial contact, community involvement, or access to services.' Loneliness is the individual's feeling that they lack these things. The two terms are therefore mutually exclusive, i.e. it is possible to feel isolated but not lonely, and vice versa. It is also important to recognise that the extent to which an individual feels they need these things can vary, and in some cases physical separation is a conscious choice. It is also possible to feel lonely in the midst of people, if personal relationships with those people are lacking.

Contributing factors for loneliness and isolation in older residents can include physical decline such as the loss of sight or hearing, a reduction in mobility or cognitive degeneration, or the death of a spouse or loved one(s). This can lead to depression, sometimes exacerbated by the side effects of any medication, which can result in suicidal thoughts. Loneliness is more common in people who have no spouse or children, and can be exacerbated by sudden occurrences such as bereavement, or relocation to a care home.

Social Isolation and Loneliness is being addressed on a national scale. In early 2018, the Prime Minister appointed the first ever Minister for Loneliness, as part of the Commission for Loneliness formed by the late MP Jo Cox. The Commission has been working with 13 charities including Age UK and Action for Children to come up with ideas to address the problem of loneliness, and includes lunch clubs, activities, and workshops as well as a new Community Connections Programme to 'match up' volunteers with lonely people in the area. The new Minister for Loneliness has pledged to work across political groups and with the Commission, businesses and charities to create a Government strategy, and a multi-million pound fund will be assigned to help create a framework for the future.

Similarly, a new strategy aimed at tackling loneliness and isolation in Scotland is being developed. The draft plan, open for consultation, will look at the causes of the issues and how they can be addressed. Views are also being sought on how communities can help those at risk of becoming lonely or isolated have access to sufficient support networks.

Locally in Hillingdon, the Committee's review aimed to focus on the varied services and activities that are available through the Council and its partners, that are in part designed to involve older people and by that very nature can help address isolation and loneliness.

Evidence & Witness Testimony

Scoping of the review

In scoping and agreeing the review's Terms of Reference, which are set out in the appendices, the Committee sought to gain an in-depth understanding of how the Council was addressing potential isolation and loneliness on behalf of its older residents.

During its information gathering and call-for-evidence sessions, the Committee considered it important to take into account a selection of views from both the Council officers, partner agencies, and the voluntary sector and Older People. The following sections will outline the evidence received and that witness testimony.

A Strategic Context

Firstly, the Health and Social Care Integration Manager provided the Committee with the strategic context of the review, which included details of the Health and Wellbeing Strategy 2018/21 and the Better Care Fund Plan 2017/19.

The Health and Wellbeing Strategy 2018/21, to be live as of April 2018, will implement the Hillingdon aspect of the North West London Sustainability and Transformation Plan, which has three key aims:

1. Improving health & wellbeing;
2. Improving care & quality; and
3. Improving productivity & closing the financial gap.

Reducing social isolation has been listed as one of the priorities within the Strategy. Hillingdon's Better Care Fund Plan (BCF), which is a Government scheme, intends to deliver better health and care outcomes for residents through integration between health and social care, includes actions that will contribute to meeting this priority. The 2017/19 BCF plan includes six schemes but scheme 1, entitled 'Early intervention and prevention', includes actions that are relevant to the Committee's review and these include:

- Improving access to information and advice to enable residents to help themselves;
- Risk stratification to identify people at risk of escalated needs earlier;
- Developing the third sector preventative role; and
- Keeping older people physically active, therefore supporting both physical and mental wellbeing

Early intervention is felt to be key to reducing instances, or mitigating the effects of, social isolation. Work undertaken by the Adult Care team includes social care assessments, which

comprise of a review of the resident's needs, their family circumstances, what pastimes they enjoy, and what activities interest them. Care plans for eligible social care needs are then compiled, and can include referrals to partners such as Age UK or other community based organisations, or support for the resident to access locally run activities. Personal budgets for people with eligible social care needs can be used creatively to support external trips, such as fishing or the cinema, depending on their needs and preferences. There is also the opportunity to refer older residents to services provided by Age UK Hillingdon, such their befriending services, and to other locally run activities.

Regarding the number of people socially isolated, a proxy measure for social isolation is people living on their own. The 2011 census showed that 31% of older people were living on their own and projections from the Projecting Older People Population Information System (POPPI) suggest that this will increase to 36% by 2020. However, as the Council is only supporting a small proportion of the circa 40,000 older people living in Hillingdon, information about the majority of people who are living on their own or otherwise experiencing social isolation is not available. However, the number of residents aged 65+ and claiming single person discount (SPD) against Council tax can help. As at the end of December 2017, there were 10,009 council tax payers aged 65 and over claiming SPD.

The impact on mental health

Mr Christopher Geake, Director of Hillingdon Mind, attended as a witness to the Committee and set out mental health in the context of social isolation and loneliness.

The World Health Organisation defines mental health as:

- **A state of complete physical, mental and social well-being,**
- **and not merely the absence of disease,**
- **in which every individual realizes his or her own potential,**
- **can cope with the normal stresses of life,**
- **can work productively and fruitfully,**
- **and is able to make a contribution to her or his community.**

According to the Social Care Institute for Excellence (SCIE)'s report from 2016, mental health and emotional well-being are as important in older age as at any other time of life. Most older people have good mental health, but older people are more likely to experience events that affect emotional well-being, such as bereavement or disability.

The Department of Health estimates that:

- **40 % of older people seeing their GP**
- **50 % of older people in general hospitals**
- **60 % of care home residents**

have a mental health problem. It is estimated that more than 2,500 people are living with dementia in Hillingdon, with the figure expected to rise to more than 3,000 by 2020. For the purposes of the review, the mental health issues most commonly seen in older people, due to loneliness and isolation, are depression and anxiety.

According to a report titled (*“Look after your mental health in later life” by the Mental Health Foundation: 2016*), helpful approaches to mental and emotional wellbeing include:

- **Being prepared for changes**
- **Talking about problems and concerns**
- **Asking for help**
- **Thinking ahead and having a plan**
- **Caring for others**
- **Keeping in touch**
- **Being active and sleeping well**
- **Eating and drinking sensibly**
- **Doing things that you enjoy**
- **Relaxing and have a break**

'Connecting' is seen as the fundamental and principle antidote to loneliness, isolation, and mental health issues. This includes connecting with the self, connecting with others, and connecting with support as indicated below:

CONNECTING WITH SELF	
Issues	Recommended Action
● feeling of low esteem and worthlessness ● loss of family or social role ● disappointments and disillusionment ● loss and bereavement ● physical ill-health ● addictions	● reminiscence work ● dealing with loss and bereavement ● working through positive and negative experiences and feelings ● replacing shame and assumptions of guilt with compassionate acceptance ● counselling and talking therapies ● volunteering

CONNECTING WITH OTHERS	
Issues	Recommended Action
• social isolation and emotional isolation • isolation through rejection • self-isolation as distraction • feeling of inadequacy or low self-esteem • ill-health, disability, abuse addictions, low self-esteem	• keeping in touch or reconnecting • social clubs, recreational activities, learning activities • befriending • social media – Facebook, Skype • volunteering

CONNECTING WITH SUPPORT	
Issues	Recommended Action
• Independence • not acknowledging need for support • not knowing where to go for support • not being physically or emotionally able to engage	• motivational work • planning for later life • drawing upon social capital and community networks.

When people with mental health issues were asked where they went to for support, feedback showed that the most valued support received was from family members, neighbours, friends, colleagues, local community associations, college classes, libraries, and faith communities. It is important to recognise that whilst there are appropriate medical responses to clinical conditions; most of the issues of loneliness and isolation are not clinical.

People say they want the following support:

- **how to maintain good integrated health and well-being**
- **support at the right time – the earlier the better**
- **where to go for the right support**
- **how to get support quickly**
- **how to self-manage their health and well-being**

- **how to address social isolation and its causes**
- **peer support from other people with “lived experience”**
- **challenge stigma and discrimination**

Hillingdon MIND offers the following activities and services that can support those feeling socially isolated or lonely:

- **groups and social clubs**
- **culturally specific support**
- **(South Asian, Somali, Afghan, Nepalese, Tamil, LGBT)**
- **befriending**
- **counselling and psychotherapy**
- **information and sign-posting**
- **mental health awareness**
- **anger management**
- **volunteering**
- **peer-support**
- **(women’s and men’s groups, Creative Minds, “Hearing Voices”, Creative Writing, walking)**
- **substance misuse and addictions**
- **carers**

The Older People’s Strategy and Action Plan

Hillingdon’s Older People’s Plan, led by the Older People’s Champion, sets out a range of actions that the Council and its partners are undertaking in response to issues that older people in Hillingdon have said are important to them. The key themes in the plan include: safety and security; preventative care; keeping independent and healthy; supporting older people in the community; and housing. The action plan is regularly updated and monitored by the Older People’s Champion, and is then reviewed by Cabinet biannually.

The Plan has a number of notable initiatives including the free installation of burglar alarms for older residents and the heater loan scheme for older homeowners, along with support for social events and celebrations for older people’s groups. This year, funding has been made available for over 50 celebratory events and excursions. These included numerous Christmas parties, several coach trips to seaside resorts, and most recently a number of events held to celebrate the Royal Wedding.

A number of additional services were investigated by the Committee, to be explored further for potential inclusion in the Action Plan going forward, subject to Member approval. These were:

Spare Chair Sessions

Based on the popular 'Spare Chair Sunday' schemes seen through various volunteer groups, wherein volunteers provide a meal and companionship to an elderly resident at the weekend, the Council would likely avoid running a scheme through referrals for individual homes or individual residents, due to DBS/Safety issues. Instead, it has been suggested that the Council approach sites already serving food, such as local schools/nurseries or community centres, to open their doors to elderly residents. By leveraging existing sites, the Council can be certain that the food and location is vetted to be of sufficient standard. Officers have already approached several schools to gauge their initial interest, and those schools have been keen to help support older residents. Testimonies can be found as Appendix C to the report.

Animal Therapy

A type of therapy using animals with the goal of improving an individual's social, emotional or cognitive functioning. Often used within nursing homes, the introduction of pets has been seen to positively address feelings of passivity, agitation, depression, and inactivity in residents due to the lack of regular visitors or the loss of loved ones. Several schemes exist, including Pets as Therapy, a service that visits residential homes, hospitals, hospices, schools, day care centres and the like, with volunteers attending with their own pets.

Similarly, HenPower is a service run by Equal Arts that promotes the keeping of hens to improve health and reduce feelings of loneliness. Currently in more than 40 care homes nationwide, participants care and take responsibility for the hens. A 12 month study by the University of Northumbria in 2012 found that Henpower is improving the health and wellbeing of older people, and reducing depression, loneliness and the need for antipsychotic medication in care homes. If approved, work would remain to determine how the Council could support or animal therapy services within the Borough. A case study on the effectiveness of Henpower can be found as Appendix B.

Further Befriending Services

Befriending aims to provide support and friendship to those who are lonely, often due health issues or an inability to leave the home. Various organisations such as Age UK, Scope, and People First offer such services, and the arrangement is based on friendship, usually without charge.

Age UK's befriending services include:

- **Face-to-face befriending:** where a volunteer befriender visits an older person in their home, perhaps for a cup of tea and a chat, or accompanies them to an activity (such as a trip to a café or the theatre). In some cases, a volunteer may accompany the older person to occasional hospital or doctor's appointments.
- **Telephone befriending:** where a volunteer befriender will phone an

older person at an agreed time for a chat.

With both types of befriending each older person is matched with a befriender who has similar interests. They will provide friendly conversation and companionship on a regular basis over a long period of time.

Befriending provides an older person with a link to the outside world and often acts as a gateway for other services and valuable support.

Men in Sheds

A service run by volunteer agencies, including some local Age UKs to support older men who want to get together, share and learn new skills - all in the welcoming space of a 'shed'.

Age UK no longer runs the Men in Sheds project at a national level; however, as a result of this review, the Council is now undertaking work to develop its own Borough-wide scheme. Currently, there is one location in the north of the Borough being used, where activities include wood working and playing cards. Case studies can be found as Appendix D to the report.

The Council could consider opportunities to promote and run such activities across the wider Borough.

Seated Exercise

Exercise has been proven to:

- Help maintain a healthy weight
- Reduce the risk of falls by strengthening muscles
- Support thinking skills
- Boost mood and energy levels by releasing endorphins
- Help make friends and increase social engagement

The Committee encourages the further development of seated exercise sessions for those residents who have limited physical movement.

The Older People's Assembly

Aligned with the Older People's Strategy, the Assembly is a quarterly meeting that allows Hillingdon's older residents to be kept up to date with developments within the Borough, as well as providing them a platform to meet with officers and raise issues directly. There are different speakers at each meeting, covering a wide range of topics of interest. Previous discussions have included: Introduction to Hillingdon Healthwatch, Improving local GP services, Carers in Hillingdon, Transport for London, Hillingdon Hospital, changes to the benefit system, transforming adult social care, safety. Residents are able to suggest topics in advance of each meeting, with suggestions discussed at quarterly steering groups.

Telecare

The Health and Social Care Integration Manager updated the Committee on how the TeleCare Line supported the safety of older residents. The Council provides free access to the TeleCare Line (TCL) for residents aged 80+. This service is also available to people aged under 80, for a weekly charge. TeleCare was launched within the Borough in 2011, and originally offered for free to over 85's, before being extended in 2015 as a free service for all residents aged over 80. Service users continue to grow, with 4,949 users as at September 2017. Within this figure, the total number of TeleCare Line (TCL) users aged 80+ was 3,768. Service levels available to residents are:

Standard Level 1 - includes standard unit, pendant, bogus caller button and monitored smoke detector with the resident having their own nominated responders in the event of an emergency.

Standard Level 2 includes the same equipment but with LBH mobile response service.

Enhanced Level 3 - includes the equipment in level 1 plus additional sensors to meet the needs of the client following an assessment e.g. falls detector, movement sensors, door sensors, again with the resident's own nominated responders, or Level 4 with LBH mobile response service.

The TCL system is monitored 24/7 by the Council's TCL team who provide the first line response to all alerts raised. For residents who have their own nominated responder, the TCL monitoring team will make contact with them in an emergency. Where emergency services are required, these are instructed by the monitoring team. Residents who do not have family or friends living close enough to act as an emergency responder can still benefit from TCL via the Council's mobile response service. Between 8am and 10pm, this support is provided by the Senior Reablement Carers, and a dedicated night response officer will respond to callouts outside of those hours.

Moving forward, the Out of Hours call handling service will now be handled by an external company, AnchorCall, live as of 27 November 2017. The Council will retain in-house front facing functions of the TeleCare service, including the processing of referrals, product support for staff and users, scheduling of new installations, booking maintenance/repair calls for the TeleCare equipment, and will continue to be first responders for alarm alerts, where applicable.

Regarding the use of TCL to help address the issue of loneliness and isolation in older residents of the Borough, the Committee was informed that the promotion of social care services and events such as dining centres, or use of community hubs such as Bell Farm Christian Centre, are actively promoted through the TCL by staff at the Contact Centre. TCL users are also referred to relevant partner agencies such as Age Concern, or health services such as hospitals (including hospitals outside of the Borough.)

The TCL was recognised as receiving comparatively fewer calls at night, which allowed staff more time to talk with individual users. Although not a befriending service, this does allow staff to get to know users in more detail, and forge relationships with regular callers that can help address loneliness. In addition, this extra time also provides the opportunity to gather information to pass to relevant service areas as part of the referral process.

Work by General Practitioners

Dr Anil Raj of St Martin's Medical Centre updated the Committee from the perspective of a General Practitioner. Dr Raj confirmed that he had been a General Practitioner for approximately 5 years, and in those 5 years he had seen significant change within GP practices. Previously, GPs worked predominantly in isolation to other support services, and were often only made aware of a patient's circumstances when that patient was admitted to hospital. However, this was changing in Hillingdon due to the new development of integrated care which allowed GP's to proactively share information and foster closer ties with community care programmes and activities. A patient who was now considered to be socially isolated and/or lonely could be referred directly to nearby community programmes or services.

Care Connection Teams have been formed and piloted in the north of the Borough and are being extended to the rest of the Borough. There will be a total of 15 teams once fully operational, which will include a community matron who sees patients with chronic illnesses such as asthma, diabetes and dementia, and who are being trained to be able to proactively prescribe medication and care solutions under consultation with the GP. In addition, the teams include a care coordinator who is involved in care planning and administration.

The teams meet weekly and patients deemed to be at risk are highlighted through practice intelligence from GP surgeries, together with dashboard tools and a risk identification system which incorporates data such as hospital admissions and medication, together with a frailty index tool. From these meetings patients deemed to be at risk are offered proactive care management in order to prevent escalated needs. Prevention can include a referral to the H4All Wellbeing Service.

The caseload for a single Care Connection team is approximately 50 patients, across several practices. 15 teams, covering 44 practices, have signed up to the Care Connection scheme. New matrons and care coordinators had been recruited, and the teams will now be a key point of call for GPs. Although this initiative remains a work in progress, testimony from GP's shows that they are enthused at helping to better support patients suffering from poor health or depression due to loneliness and isolation.

While new GPs undergo lengthy training to prepare themselves for the role, they are only made aware of patient circumstances, and the services available to patients, if they are proactive in engaging with the local community. Work is now being undertaken to develop GPs who have a specialist interest or a willingness to engage further. It has also been recognised that the

prevalence of locum GP's, who are only present at practices for a short time, does not allow for the continuity of care that a more long-term GP could provide. However, GP's are more likely to stay for longer, if provided more detailed training. In addition, the fact that all 44 surgeries have signed up to the Care Connection, reporting to H4All as a single point of access, will result in a more efficient use of GP time and a better level of information sharing that will ultimately benefit patients.

Voluntary sector approaches - Hillingdon 4 All (H4All)

Julian Lloyd, CEO (Age UK - Hillingdon), and Steve Curry, (COO Harlington Hospice), addressed the Committee on the work of H4All, a collaboration between 5 third sector charities: Age UK, DASH, Hillingdon Carers, Hillingdon Mind, and Harlington Hospice, funded by Hillingdon's Clinical Commissioning Group (CCG).

H4All is delivering an enhanced provision of the former Primary Care Navigator Service (PCN) that was previously provided by Age UK Hillingdon. This includes a free service working with local GP surgeries to support Hillingdon patients, aged 65 and over, with long term health conditions, including supporting people experiencing social isolation and/or loneliness.

The Committee was provided with some key statistics relating to social isolation and loneliness taken from several reports commissioned by groups such as Age UK and DWP:

Isolation

- **3.5 million people aged 65+ live alone**
- **Over 2 million, or nearly half (49%), of all people aged 75 and over live alone.**
- **9% of older people feel trapped in their own home.**
- **6% of older people (nearly 600,000) leave their house once a week or less.**
- **30% say they would like to go out more often.**
- **According to research for DWP, nearly a quarter (24%) of pensioners do not go out socially at least once a month.**
- **Nearly 200,000 older people in the UK do not receive the help they need to get out of their house**

Loneliness

- **A 2015 study has indicated that loneliness can increase risk of premature death by up to a quarter.**
- **People with a high degree of loneliness are twice as likely to develop Alzheimer's than people with a low degree of loneliness.**
- **1.7% or 200,000 older people (65 and over) have not had a conversation with friends or family for a month.**

- **3.1% or 360,000 older people (65 and over) have not had a conversation with friends or family for over a week.**
- **12.04% or 1.2 million older people (65 and over in England) are persistently/chronically lonely.**

Academic research has determined that the impact of loneliness on health is equivalent to smoking 15 cigarettes per day. Preventing and alleviating loneliness is therefore vital to enabling older people to remain as independent as possible, and therefore reduce the need, and cost, for health and social care services.

Referral routes open to partners include:

- **Self referral**
- **Relative or friend**
- **Statutory provider**
- **Neighbour**
- **Voluntary sector provider**
- **GP**

The number of referrals is seen to be lowest through self-referrals, and somewhat higher through relatives or friends, or well recognised brands such as Age UK. New referral pathways through the Care Connections team and GPs, as outlined above, will help to bring new people into the system and enable better identification, assessment, and triage. This is helped by H4All having a shared record system to enable easy, efficient sharing of information.

For those older residents referred, sector interventions include:

- **Information, Advice & Support**
- **Practical support e.g. welfare benefits, falls prevention, counselling, home help, transport**
- **Befriending, Just to Talk, Good Neighbours**
- **Wide range of support, activity and social groups**
- **Individual Motivational Interviewing, Goal Setting and ongoing support to manage long term conditions**
- **Transport to Clubs & Groups (limited)**
- **Access to wider Voluntary and Statutory Services**

The aim is to refer residents to 'doorstop' services to preclude the need for personal transport and enable greater attendance. Libraries are often used as a meeting point for activities due to their location and ease of access for a majority of residents. The impact of these services is being measured in a variety of ways, including motivational interviewing and goal setting, via an Outcomes Framework, and the Campaign to End Loneliness Outcomes Measurement Tool.

Looking forward, H4All is reviewing how other groups are run, to identify and implement new models of working. For example, more traditional befriending services, while valuable, are often on a one to one basis and designed to support the achievement of a particular goal. As such,

these are difficult to scale within existing models. Previous questionnaires issued by the Wellbeing service had found that traditional models were often focussed on people already engaged with services, and so new thinking is being employed to find and work with people who had a lower level of activation. Work is also being undertaken to identify new, more cost effective and self-sustaining working models.

The issue of engaging with those residents for whom English was not their first language has been recognised as a challenge. For those without English, faith groups are often useful in helping messages to be spread. However it is recognised that languages are an issue and attempts have therefore been made to recruit multilingual staff.

H4ALL promote volunteering through their website, by word of mouth, and through strong branding, which result in a steady stream of volunteer enquiries through each year. The volunteer officer, a paid member of staff, is tasked with promotion of opportunities and also processes application forms, enquiries, references and DBS checks.

Currently, H4ALL has approximately 230 active volunteers, and with throughput there is circa 300 volunteers supporting the organisation through the course of each year.

Specific volunteer roles listed on the website including

- **Befriending volunteers**
- **Administrative volunteers**
- **Reception volunteers**
- **Group volunteers**
- **Information and advice volunteers**
- **Charity shop volunteers**

Several counselling services exist, such as through Hillingdon Mind. In addition, volunteers at service groups are often elderly, and it is recognised that their participation is not only beneficial for themselves, but their presence and word of mouth could help to draw in other attendees.

Social events

Sarah Durner, Senior Officer, Sport and Physical Activity, updated the Committee on how the Council was reducing loneliness in older people through wellbeing activities and events.

The current Wellbeing events model began in 2012, with tea dances held at the Civic Centre. Feedback to that event was positive, and efforts were then made to look for creative ways to further engage with older people. Following focussed promotion within sheltered housing, care homes, social care and local organisations such as Age UK and Hillingdon Carers, the programme of events was expanded and a database of older people was compiled, to enable residents to be invited to future events. The database has since been maintained and added to, and currently holds details of over 300 people, of whom approximately 180 regularly attend events each month.

The aim of such events is to promote access for residents to try new locally-based activities in a fun, safe, and socially engaging way, and to offer support, information and advice about other services available. Attendees are often invited via referrals from partners and agencies such as Social Care, and if necessary, transport to the venue is included. Venues include libraries, community centres, and the Civic Centre.

Within the last five years, the programme has been expanded to include events for the housebound, the Gurkha community, and for residents living with dementia or Alzheimer's. Engagement is now in place with bereavement services, GP's, Hillingdon 4 All, with signposting via newspapers, leaflets, flyers, and transport services. Opportunities for new events include the leveraging of schools sites, with a view to increasing intergenerational events between residents and students.

The Safer Neighbourhoods Teams are also helping to engage with different community groups, such as the Somali community. In Hayes, the Somali community has been approached and invited to coffee mornings, and contact has been made with Asian women's groups. Further targeted events are being promoted to appeal to specific cultural groups, such as Bollywood Dances (as an alternative to the tea dances.)

Variety of events is felt to be key, and currently, events include:

- **Tea dances**
- **Day of the Older Person**
- **Dance for the over 65's**
- **Art Workshops**
- **Drumming sessions**
- **Coffee mornings**
- **Healthy walks**
- **Intergenerational reminiscence**
- **Music and flower festivals**

From experience running the events, and feedback from attendees, officers have learned that older people want a regular, safe, local and fun activity, where they get to know people, and where they are not asked too many questions. In addition, residents have requested that they be given assistance when they want it, and when they need it, with particular reference to receiving help with booking event attendance, arranging transport, inviting friends, being referred, or obtaining information on other available services. Continuity of attendance is key, as it is important for the older people to see the same faces and forge lasting relationships.

Flexible booking systems are of paramount importance, and while online booking forms are available, it is understood that older people may not have access to a computer, or have the confidence in using online tools. Additional telephone booking is therefore available, whilst officers will also accommodate verbal requests in person, which is useful in building rapport and trust between the Council and its residents.

Officers have noted that transport is not always needed, for example transport provision had previously been made available for a number of tea dances, but the uptake was small. However, for events targeted at housebound residents, transport is required. Once someone has made the initial step to come to one activity, it is likely that they will come to more activities, and so ensuring that an attendee is made to feel welcome is highly important. The Council is actively promoting opportunities to those residents who are the most isolated, for example through GP navigators, social care referrals, or word of mouth. It is important that older people have something to look forward to.

The Committee was shown feedback from a number of older people, a selection of which can be found as Appendix A. Feedback included video testimony, all of which was very positive. Highlights showed that attendees value laughter, physical exercise, meeting former friends, and making new friends. The events are particularly valued in instances where attendees have experienced the loss of a partner. Feedback to activities such as intergenerational reminiscence has shown that the older people like to feel valued, and to feel that their knowledge and experience is useful in helping younger people to learn skills.

It is felt that the Council's promotion of events, through avenues such as Hillingdon People, local print media, and the internet, is effective, but more can always be done. Together with the recognition that reaching the most socially isolated members of the community is, by its very nature, difficult, it is felt that promotion of events and activities is paramount to increased visibility, uptake and attendance.

Increasing volunteering opportunities is also felt to be important, both to increase the number of individuals able to support Council or volunteer services, but also as a way of increasing promotion of existing services via word of mouth. The Council would not look to provide volunteering opportunities within statutory service areas or services requiring training, for a variety of reasons including risks regarding the delivery of services, management of volunteers, or DBS checks and other safety issues. It is therefore felt that the voluntary sector is the best place to manage the use of volunteers, such as through H4All. It is recognised that there is not a bottomless supply of people prepared to volunteer, which is why it is best to have coordinated initiatives rather than a scattergun approach. To this end, it has been suggested that the Council consider signposting volunteering opportunities within the Borough, whether through befriending services or other ideas, in order to provide additional support to those residents who are feeling lonely or isolated.

Use of Community Centres, Libraries and Social Hubs

Events are often held at community centres such as the Yiewsley and West Drayton Community Centre (YWDCC). Such centres are important social hubs for older residents. Attendees will often promote the Centres via word of mouth, for example when speaking to people they had met on public transport. Jackie Westbrook – Manager, Yiewsley and West Drayton Community Centre,

provided an overview of the work of the YWDCC, and confirmed that in the two months prior to the witness session, YWDCC had registered 4 new members.

In addition, Brunel University have supplied four student volunteers who had attended one of the tea dances held at the centre. The older people had enjoyed the students' company, and had encouraged them to dance. In instances where the students did not know how to dance, the older people had taught them. Feedback from the older people was that this had made them feel useful, and that their contribution was valued.

Libraries serve as important community hubs for Hillingdon residents. Daniel Waller - Senior Library Services Manager, confirmed that Hillingdon's Library service comprises 17 Libraries, a Mobile Library, and a Home Library Service. The libraries contain free computer use and wifi, together with a wide range of stock including large print, talking books, e-books, newspapers and magazines. Libraries are open 6 days a week, for long hours. Two libraries are open on Sundays, and many online services are accessible from home.

Library usage is not specific to age or communities. General usage figures from the last 12 months shows total visits of 1.6 million per year, with an active membership of circa 68,000 (approximately 22% of total Hillingdon population).

Using the last 12 months as criteria, the number of active members of Hillingdon libraries aged 60+ is 8,902, from a total number of active members of 68,616 .

**Nb. These figures are based on people borrowing a library book in the last year, and so whilst indicative, they do not include those library users that are present at libraries but use them for purposes other than borrowing books.*

This equates to 13% of active library users over 60 years old. This compares to 13% of the population being over 65 and so the level of library usage is proportionate to the resident population. Over 5,000 events are hosted by Libraries per annum, attended by over 100,000 people (many of whom are older people.) Data on the ethnic diversity of attendees is not available, though it has been recognised that events are appealing to a wide variety of residents.

Libraries are popular due to being a safe, trusted, accessible space, that promote a sense of community and belonging. Staff get to know and forge relationships with regular attendees, and are provided with training to ensure an awareness of mental health and dementia, in order to better help residents.

Partners using libraries to hold events include:

- **Adult Learning**
- **Sport and Physical Activity Team**
- **Green Spaces**
- **Hillingdon Dementia Alliance**
- **Mind**
- **Dash**
- **Alzheimer's Society**

- **Other council services needing to meet residents**

Events held at libraries include:

- **Coffee mornings**
- **Knit and Natter groups**
- **Chairobics**
- **Zumba**
- **IT for older people**
- **Reading Groups**
- **Writing Groups**
- **Author talks – including Culture Bite**
- **Reminiscence sessions**
- **Local History Talks**
- **Healthy heart month**

The Silver Sunday, held on Sunday in 1 October 2017 at Botwell Green library, was part of a national campaign to combat social isolation in older people and celebrate their contribution to society. A group of 30 older residents from Age Link were invited. Children made cards for the older people which were gratefully received. The event included singing, refreshments and health checks from a local pharmacy.

IT for Older People is a free session held at Northwood Hills library, to help older people become proficient with computers. Run by volunteers, users are helped with hand and eye coordination (vital to use a tablet or computer mouse), before being helped to use the internet to explore their particular interests or hobbies. Information is provided to help guard against cyber-crime which may help to allay any fears that a newcomer might have about use of the internet. The sessions help to create an opportunity for interaction between the participants, as well as the staff. Similarly, the Uxbridge Digital Drop-In Session provides informal help with computing and technology via volunteer students from Brunel University.

A Tovertafel ‘magic’ table was introduced in November 2017 to Uxbridge Library, the first of its kind in any library in the UK. The table, which projects animations such as leaves, fish and jigsaw pieces onto table surfaces, allows users to interact with the light by moving their arms and hands. The table’s games are designed to provide physical, mental and social stimulation for people with dementia, and can also be used by children and people with learning disabilities and autism. The Council also aims to put magic tables in five other locations across the Borough, including Botwell, Northwood Hills and Ruislip Manor libraries, by January 2018, with two more to be installed within the new extra care schemes opening in the first half of 2018.

The Sow and Grow cross-generational scheme is operating out of Yeading Library, and allows residents to grow their own fruit and vegetables. Public consultations are often held on library sites, which gives older residents a chance to engage with their community, have their voice be heard, and make a contribution to the workings of the town.

Specialised library services, aiming to mitigate loneliness and isolation, include the Mobile Library, which delivers to 23 roadside sites every week, as well as schools, nurseries, day centres and residential and sheltered homes.

The home library service visits 150 housebound users, with visits every 4 weeks. The services provide vital social contact for the most isolated residents, and helps people to continue to live at home and maintain independent living.

Mr Waller highlighted that events held at libraries often saw a greater number of female attendees. Upon a review of the available data, from 11 of the 17 libraries within the Borough, attendance by women at library events was 71%, versus 29% for men. This may be due to the kind of events being held appealing more to women. It is noted that when events are held with topics that are more traditionally male-centric, such as astronomy, or talks on military history, male attendance is much higher.

However, it is important to recognise that according to ONS data, there are 40,353 residents of Hillingdon aged 65 and over, of whom 66% (27,000) are female. In addition, data from Hillingdon's contact centre, as of December 2017, shows that contact from male residents aged 65+ equates to only 38% of all incidents logged (with 10% of incidents gender unspecified). This would suggest that whilst Hillingdon's population of over 65's is predominantly female, there is a lower engagement from male residents in general.

Committee Case Study: Bell Farm Christian Centre

As an example of a dedicated support service for older people, the Committee was provided with a written report from Jane Cook, Director of Projects at Bell Farm Christian Centre, following a Member visit held on Tuesday 17 October 2017.

Whilst the Centre serves a wider population, in terms of older people it's aims and objectives included:

- To provide a lunch and social club on one day per week
- To provide outreach to the isolated older people in the community
- To provide other activities to the older people in the community
- To provide or obtain services for the older people in response to need
- To share the Gospel with and provide pastoral care to the older people
- Where appropriate, to provide support to the families and carers of older persons.

Over the past 12 months, the Older Persons Lunch and Social club has continued to be a great success, providing a healthy two course meal and the opportunity and socialise and an take part in activities on a weekly basis. There are currently 96 regular members who have attended the luncheon club, with three mini buses in operation each Tuesday to pick members up and take them back home. There are an additional 29 individuals who have attended trips and holidays. There is a waiting list of people wanting to attend the luncheon club.

Centre member demographics are outlined in the tables below:

Total Service Users	Disabled	Male	Female	LBH Residents
125	36%	26%	74%	98%

Over the past year, activities and entertainment run at the Centre have included:

- Arts and craft classes
- Weekly raffle
- Green Fingers
- Reminiscence classes
- Musical sing-along
- Live entertainment
- Cinema afternoon
- HM The Queen's 90th birthday celebrations
- Valentines party
- Easter party
- Christmas party
- Mobile clothes shop

Day trips have including trips for disabled older persons to Eastbourne, Worthing Margate, a pantomime, Windsor boat trip, Christmas lunch and a trip to see the Christmas lights in central London. A holiday took place to Folkestone.

Holidays are organised twice a year which have proved very popular. These are arranged through a holiday company to ensure the holiday is well organised, safe, and cost effective. Places that have been visited have included the Isle of Wight and Devon, and feedback from people attending the holiday club have shown that they value the companionship, being on holiday and having fun.

Partnership work with the Doorway Advice Centre ensures that if people need help with their benefits then this is available. Following a referral to the luncheon club, the manager of the older person's service assesses people at home, which includes an assessment of their financial situation. If a person is unable to attend the luncheon club or trips due to financial hardship then the fees can be waived and paid for by Bell Farm Christian Centre. In addition, any older person in financial need can also access the food bank run by the Centre, which is open on Tuesdays and Thursdays.

Outreach Work conducted over the past year has included the visiting of isolated older people within the community. Following referrals by Age UK, Social Services or Families, the Older Person's Manager has visited individual Club members who have at times needed support or have felt lonely and wanted someone to talk to – as often happens. The Manager has also

supported older persons who have been at risk in the community and alongside other agencies has successfully moved clients into safer sheltered housing where there has been an improvement in the quality of their lives. In the last year, the Manager has carried out 82 home visits, 20 hospital visits, has attended 3 funerals and is available by phone for those members who have emergencies and need support, especially where they have no family or their family lives a considerable distance away.

The Older Persons' Lunch and Social Club relies heavily on the hard work of the dedicated team of volunteers. There are currently 10 volunteers who help each week.

On Christmas Day a lunch and other activities are provided for individuals who otherwise would be alone. The day includes a full Christmas lunch, games, other activities and gifts for all. The event is provided by volunteers and funded by personal donations. Last year, 40 people attended the event, 15 of whom were over 65 years of age and one of whom was disabled.

Councillors Palmer, Nelson and Ahmad-Wallana of the Committee visited the Centre on Tuesday 17 October 2017.

Feedback to the visit was very positive, with Members remarking that it was heartening to see residents having such a wonderful time. The staff at the Centre were commended for being friendly and welcoming, and in particular their willingness to go 'above and beyond' for their attendees. This included providing house visits for those who could not attend in person, shopping visits, and excursions. The Centre was frequented by a variety of people from several different cultures and backgrounds, and included attendees from wards other than West Drayton.

In 2018/19, the Council will continue to provide a core grant to the Centre of £50,000.

Singing for Social Connection

The Committee heard testimony from Vivian Ellis, an Associate of the Sidney De Haan Centre for Arts & Health Research at Canterbury Christchurch University, who had been commissioned by the Director of Imperial College GP Training to run an education in arts for health for Hillingdon GP's. Originally trialled, the training was repeated for 48 student GPs in years 1, 2 and 3 at Guys & St Thomas (November 2016), as well as via workshops in arts for health with GP trainers from South London (September 2016) and South West London (June 2017).

Two monthly singing groups for health are being run in Northwood: 'Singing for the Soul' (singing for wellbeing) and 'Memory Matters' (for people with dementia living at home), both at Northwood and Pinner Liberal Synagogue. A free, weekly drop-in singing group for mental health is held in St George the Martyr Church in Southwark. The group is user-led, and delivered by a small paid team alongside volunteers, with the aim of providing a relaxed, social, non-medical, diverse, multi-generational setting. The groups provide singing, dancing, and social interaction, as well as chair-based yoga which had been seen to increase movement, which in turn allows individuals to regain their independence. Health benefits of singing groups include fast social bonding and

positive experiences, which helped to mitigate against loneliness, isolation, and the resulting depression that this caused.

The effect of Ward Budgets

Ward budgets have proved to be excellent avenue for Ward Councillors to directly support events in their ward that provide social opportunities for older people. There are many examples, but two recent ones include: Recent examples include:

Uxbridge North/South (joint application)

Grant to the National Federation of Occupational Pensioners (NFOP), Uxbridge branch - to fund day outings for local members - £500

Yeading

Grant to Yeading Community Association to enable 20 elderly residents to see a Christmas show at the Beck Theatre on 19th December - £ 279

These are low budget activities, that can provide a broad range of social benefits to a number of our older residents.

Findings & Conclusions

From the evidence provided, the Committee is satisfied that London Borough of Hillingdon is supporting its older residents through an exceptionally robust and comprehensive portfolio of services and activities, which can be seen in the Council's continued support of the TeleCare Line, community centres and its championing of older residents through the Older People's Assembly.

Therefore, the Committee is pleased to present the following findings:

1

The Committee concludes that Hillingdon Council has a unique and comprehensive strategy to improve the quality of life for Older People, which includes a broad range of activities to help combat loneliness and social isolation.

2

That the Committee support the Council's continued use of and promotion of TeleCare Line and technology to increase independence and reduce isolation of vulnerable people.

3

That the Committee welcomes the support to organisations such as the Bell Farm Christian Centre who undertake varied activities aimed at bringing older people together, noting that Ward Councillors have also provided support for one-off social activities for older people via the Ward Budget Initiative.

4

That the Committee fully backs the work of the Older People's Assembly to raise the profile of the support available to older residents.

However, by its very nature, the difficulty in identifying and engaging with the most lonely and isolated residents of the Borough has been recognised as a challenge. As such, the Committee understands the importance of promoting services in the hopes that the raised profile will inform residents and encourage them to engage with the Council and its partners. To this end, it is proposed that the Council explores some further initiatives identified by the Committee to enable

older people to be valued and fully engaged in Hillingdon Communities.

The Committee, therefore, recommend:

5	That the Leader of the Council and Cabinet Member for Social Services, Housing, Health & Wellbeing explore as part of the Older People's Plan, some further initiatives and activities to enable older people to feel valued and engaged in Hillingdon, that may include: A. Intergenerational activities with younger people through schools and local education establishments, the Scouts, and Duke of Edinburgh groups B. Reading and life story sessions in libraries C. Singing and music groups in schools D. Promotion of volunteering opportunities E. Spare Chair Scheme F. Animal Therapy session with local organisations G. Further befriending services H. Men in Sheds schemes I. Seated Exercise opportunities
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As evidenced in the review on the available data regarding attendees at events held at Hillingdon libraries, together with a more general view of resident engagement with the Council, the Council could do more to incentivise male residents to take advantage of the events and services available. With this in mind, the Committee recommends:

6	That the Cabinet request officers review existing events to better incentivise attendance from male residents, based upon the initial data and feedback received by the Committee.
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Terms of Reference of the review

The following Terms of Reference were agreed by the Committee from the outset of the review:

1. To understand Hillingdon's current population demographic and the likely causes of loneliness and social isolation inherent to the local population;
2. To examine how the Council services, health partners and voluntary sector groups identify and support those experiencing social isolation and the resultant impact on residents health, the lessons learnt and the success of any actions or activities undertaken;
3. To examine relevant partnership working to identify opportunities to draw together the different strands of activities between health and social care in support of our wider health and wellbeing agenda and the aims of this review.
4. To make practical, prudent recommendations to Cabinet (and other bodies if applicable) from the Committee's findings to support residents experiencing extreme loneliness and social isolation.

Witnesses and Committee activity

The Committee received evidence from the following sources and witnesses:

Witness Session 1 – 5 September 2017	• Gary Collier - Health & Social Care Integration Manager • Nina Durnford - Assistant Director, Older People & Physical Disabilities • Kevin Byrne - Head of Health Integration and Voluntary Sector Partnerships • Julian Lloyd - CEO Age UK Hillingdon • Steve Curry - Hillingdon 4 All • Dr Anil Raj - General Practitioner
Witness Session 2 – 2 October 2017	• Sarah Durner - Senior Officer, Sport and Physical Activity • Daniel Waller - Senior Library Services Manager • Jackie Westbrook – Manager, Yiewsley and West Drayton Community Centre • Vivian Ellis - Arts and Health Researcher • Christopher Geake - Director, Hillingdon Mind.
17 October 2017	Committee site visit to the Bell Farm Christian Centre
Witness Session 3 - 6 November 2017	• Sandra Taylor - Assistant Director Provider & Commissioned Care • Manesh Patel - OPHS Operations Manager.

References

The following information is provided in order to signpost readers to useful contextual information to this review:

- Health and Wellbeing Strategy 2018/21
<https://modgov.hillingdon.gov.uk/documents/s37290/Appendix.pdf>
- Hillingdon Better Care Fund
<https://www.hillingdon.gov.uk/article/28647/Introducing-the-Better-Care-Fund>
- North West London Sustainability and Transformation Plan
<https://www.healthiernorthwestlondon.nhs.uk/news/2016/11/08/nw-london-october-stp-submission-published>
- Spare Chair Sunday via Contact the Elderly <http://www.contact-the-elderly.org.uk/bisto>
- Men In Sheds <https://menssheds.org.uk/>
- HenPower: <https://www.equalarts.org.uk/our-work/henpower>
- An evaluation of HenPower - a study by Northumbria University 2012-13
<https://equalarts.org.uk/media/HENPOWERfinalreport.pdf>
- Population Statistics: <https://www.hillingdon.gov.uk/article/29581/Population-statistics>
- ONS population data: 2014-based Subnational Population Projections for Local Authorities and Higher Administrative Areas in England <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>
- Scotland Consultation on Loneliness & Isolation:
<https://consult.gov.scot/equality-unit/connected-scotland/>

Appendices

Appendix A - Feedback from attendees at social events



Tea Dance - Middlesex Suite Civic Centre

“I haven’t laughed this much in years” - Connie, 92

“I live alone, I look forward to coming here every week. We have a laugh. It gives me something to look forward to.” - Patricia, 75



Tea Dance - Winston Churchill Hall, Ruislip

“Coming here helps me to forget my problems.” - Rose, 75

“I’ve met people here in the same situation as me. I don’t feel so alone.” - Anne, 70, a carer of

someone with dementia



Tea Dance - Middlesex Suite, Civic Centre

“I was lonely and I had high blood pressure, coming to these events has been the best medicine, now I am doing new activities and I have met new people.” - Chan

“I was alone, crying all the time, now I have met people who feel the same as I do.” - Dorothy



Healthy walks

‘Without the walk I was on my own’

“Walking makes me feel good, I’ve met new people.” - Marion, 67

‘Many men who have come on the walk when they have lost their partner have said the walks have been a lifesaver – to find a group they feel comfortable with, where there is no pressure, it’s informal and you can talk to lots of different people’



Intergenerational Reminiscence

“It made me feel valued, like young people are interested in what I have done.” - Stan, 94

Case Study - Bobby & Pat

Bobby and Pat had both lost their husbands and were feeling lonely and depressed. Bobby came to volunteer at the tea dances through the DJ and Pat came through Age UK. Neither wanted to dance without their husbands so they started to volunteer in the kitchen. They developed a great friendship, started seeing each other outside the tea dances and now travel around Europe together.

Appendix B - Case Study on Animal Therapy (HENPOWER)

Alfred is an 87 year old man who lives alone in a bungalow that is supported by warden services. He moved to this accommodation with his second wife 14 years ago and remained there following her death (9 years ago).

Following retirement his family encouraged him to return to the North East. As a couple they developed a full social life becoming members of local clubs and interest groups. He has maintained a range of interests. He participates in a computer club and a pensioner group. Baking is a particular interest and he is pleased that he is able to continue to bake. Daily life is now dominated by routines, visitors, interests and HENPOWER associated activities. His routines have to accommodate his multiple physical problems. Getting up in the morning is a slow process and he takes time to prepare for the day. He requires support from the warden to put on stockings but apart from that he is highly independent. His grand-daughter visits regularly and she is a 'joy' to him. They exchange views about local and national events and he enjoys this dialogue. His sister visits on a Saturday and she provides support by doing his ironing. His De Jong Geirveld loneliness scores ranged from 6 – 11, this indicated that he experienced loneliness and at times extreme loneliness. It can be seen from figure 1 that his score on this scale was relatively stable over the period of data collection.

He has multiple physical health problems. Whilst he had visited his GP and attended outpatient appointments during the previous 12 months prior to commencement with HENPOWER he had not required accident and emergency, or in-patient treatment. He had a right knee replacement, yet his mobility continues to be limited to walking short distances. Getting out and about is facilitated through the use of a scooter that is easily taken out of his car with the use of a hydraulic mechanism. He has experienced falls resulting in bruising and a reduction in confidence.

At the commencement of the programme his responses to the GDS scale (score of 9) indicated that he experienced moderate to severe levels of depression this had changed to scores within the normal range (3) following 9 months of participating in the HENPOWER project. Figure 1 presents the GDS scores over 5 months and it is clear that from month 1 there is a consistent improvement in his mood. This was most marked between month 1 and 2. During this time he became actively involved in HENPOWER. His involvement enabled him to use the skills and knowledge that he had of henkeeping in his advanced years. Scores from the WEMWBS suggested that subjective wellbeing and psychological functioning also consistently improved over the period of involvement (initial responses – 22; latter responses 52-59) (see figure 1). It is noteworthy that there is a marked improvement during month 1-2.

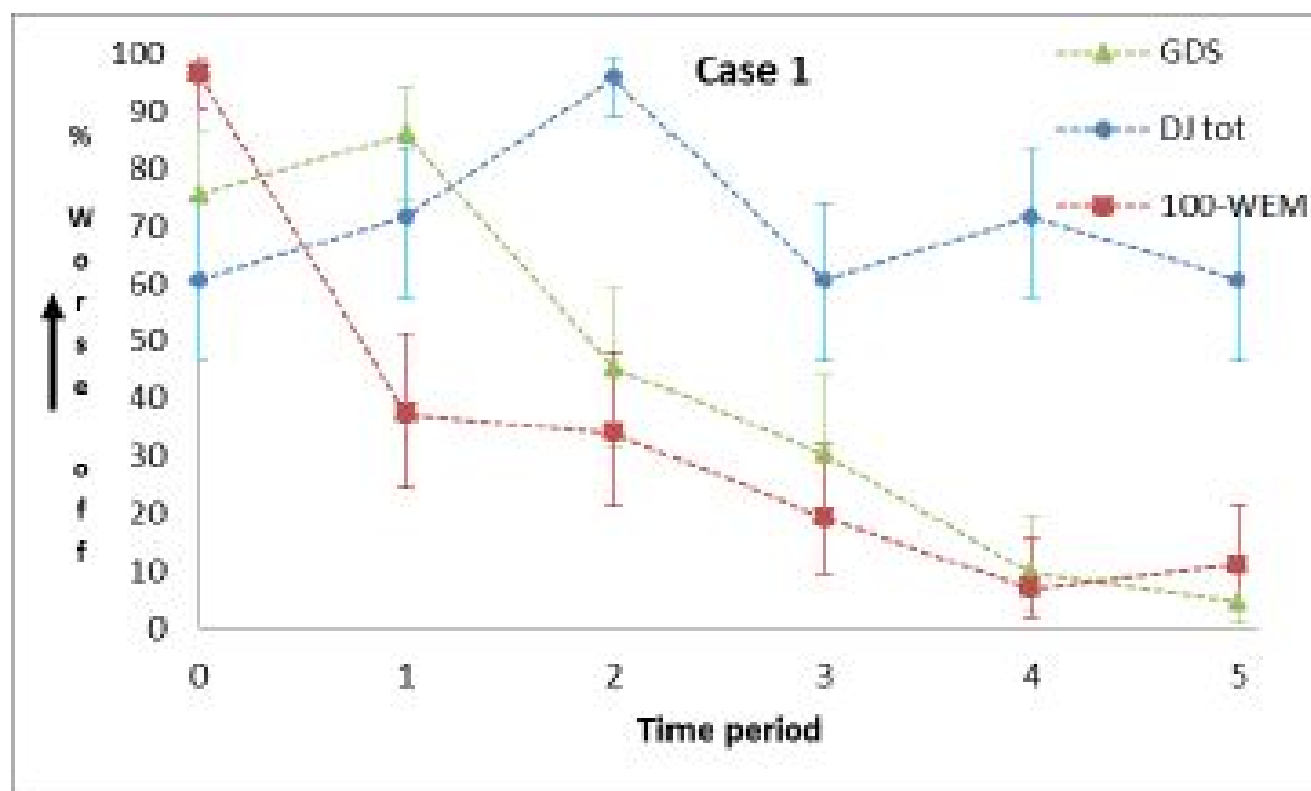


Figure 1: Summary of survey results from commencement of the programme to month 6: Case study 1.

Views and experience of HENPOWER

Alfred has had a lifelong passion for animal husbandry. His expertise and skills about caring for animals has accrued throughout his life. Yet when he was informed about HENPOWER he thought that the concept was a ‘little bit silly.’ He did not like the notion of hens being treated as pets and certainly did not like the idea of ‘nursing hens’ or referring to hens ‘as if they were a pet – they are livestock.’ He set these views aside and decided to take part in HENPOWER activities. His views changed over time and he now has very positive views of HENPOWER:

“It gets me and others out of our homes. This is really important when you live on your own.” “It is another interest in my life. Everyone (other residents within the bungalow community) wants to know about the progress of the hens. It is a good topic of conversation.”

He has clear views on the difference between hen-keeping as it is conceptualized in the HENPOWER project and farm settings. Within his home setting the hens are pets – they have names and they are handled. The residents are keen observers of the hens. They watch the development of the chicks, from hatching to maturity. They develop understanding of the breeds, qualities of different breeds, pecking order within the brood and recognition of the dominant hens. These observations form part of everyday conversation within the resident community.

Alfred suggests that there is a conflict between the notion of ‘hens as pets’ and ‘hens as a

commodity.’ As commodity hens have value in their egg laying and when they are sold at auction. The former is a source of delight in the resident community. The eggs are sold to visitors to support the needs of the hens and are used to provide communal lunches. The latter can be upsetting for those who develop attachment to particular hens.

In addition to HENPOWER being a source of interaction in the resident community, the project provides opportunities for residents to fulfill roles and responsibilities in relation to hen-keeping. Some residents participate in the selection of hen houses and development of the runs. Others feed the hens and make routine checks on the hens to ensure that they are not injured or have other health problems. Care of broody hens and chicks demands specialist knowledge and fastidious attention. Alfred felt limited in his ability to contribute to the daily care of the hens as a consequence of his mobility problems; however he was able to draw on his specialist knowledge to inform the care required:

“It is approximately 19 days when the eggs will start to hatch.” “You have to lift the broody hen off the clutch to ensure that the hen drinks and eats.” “We will need to sell the cockerels at 18 weeks otherwise when they get their voice we will have complaints about the noise.”

HENPOWER provided an opportunity for Alfred to make a contribution to his community. The data derived from the survey indicated that on commencement of his involvement with HENPOWER he indicated that he was unable to do things that made him feel valued, yet over the course of the period for data collection he consistently reported that he was able to do things that made him feel valued. Yet he consistently reported that he could have little enjoyment and pleasure that he wants to experience, prior and after involvement with HENPOWER. This suggests that HENPOWER provided opportunities for him to make a contribution within various communities and being able to derive pleasure associated with his activities and achievements, whilst continuing to experience the limitations associated with his disabilities and health problems. In essence his aspirations continued to exceed what he could attain.

He has also made a contribution to society through his participation in activities such as visits to schools and care homes. In a school setting he shared with the children his knowledge of hens, hen-keeping in a range of settings, and aspects of hen related business such as producing eggs for the mass market and poultry production. He felt that these were the broader social benefits that were derived through HENPOWER whereby older volunteers transmitted their life skills, culture and history to younger generations. In care homes he felt that he had the opportunity to enhance the quality of life of other older people through supporting HENPOWER related activities:

“HENPOWER touched people’s heart. It can touch people with dementia as well as those who are lonely.”

He observed the facial expressions of those with dementia clearly indicating that interacting with the hens was a pleasurable experience. The visits also provided an opportunity for those living in care homes to meet and interact with community dwelling older people. Alfred felt that this was important to those who could feel ‘trapped’ away from the world.

His involvement in HENPOWER also provided opportunities to develop new skills. Participation in events such as 'Science Festival' held in Newcastle brought him into 35 a position as a key member of the HENPOWER team with the responsibility of informing members of the public of the project and its outcomes. His involvement in workshops and conferences required development of presentation skills and the confidence to address large audiences. This was *'something that I never thought I would have had the ability to achieve.'*

In summary Alfred was positive about his participation in HENPOWER. He had opportunities to use existing, and develop new skills and knowledge. He did challenge the type and level of interaction between humans and hens providing critical insights to those developing the programme. Most importantly HENPOWER added something new to his life at an advanced age. He had opportunities to be with people and something meaningful to do everyday that he valued.

<https://equalarts.org.uk/media/HENPOWERfinalreport.pdf>

Appendix C - Spare Chair Sunday Testimonies



The time I feel most lonely is after six o'clock at night, but when I've been out to a Contact tea, then I don't feel lonely at all, just fresh memories of a lovely afternoon out with friends. It's good getting out and meeting people and it's fun for us to get together. It has made such a difference to my life."

From an elderly guest



"I don't think people realise how lonely and isolated these elderly people feel and just a few hours one Sunday a month can make a huge difference. The gatherings are tremendous fun and I can feel excitement in the air each month when I ring around my members, hosts and my drivers. I find it enjoyable because you can see immediately how, for a small amount of time, you can make a big difference to their lives."

From a volunteer group coordinator

<http://www.contact-the-elderly.org.uk/become-a-volunteer/testimonials>

Appendix D - Men in Sheds Case Studies

1. Journal of Men's Health - June 2009

Background

Community-based Men's Sheds programs are an example of a health promotion initiative that aims to promote psychosocial health and wellbeing in older men. A community-based Men's Shed is a large shed that supports men to come together and undertake activities, most commonly woodwork and/or metalwork. This qualitative descriptive study explores men's experiences of participating in a Men's Shed program and how these experiences may impact on their health and wellbeing.

Methods

A case study of a community-based Men's Shed within a rural community was used to explore men's experiences of participating in a Men's Shed program. Qualitative descriptive methodology was used in this research. The data to build a case study were collected through in-depth interviews with participants involved in the Men's Shed. The qualitative data were analysed thematically.

Results

The results of this study indicate that Men's Sheds can have a role in promoting the health and wellbeing of men who participate in them by supporting their engagement in activities they enjoy and find meaningful. This, in turn, provides a sense of purpose and identity. The social environment of Men's Sheds leads to the development of positive social relationships with other men and a sense of belonging. Reviewed literature demonstrates the importance of these psychosocial aspects for health and wellbeing.

Conclusions

Men's Sheds enhance the health and wellbeing of the men who are participant in them. Elements that support Men's Sheds to be health promoting include being inclusive, providing a male-friendly space and recognising the intrinsic health benefits of Men's Sheds.

<https://www.sciencedirect.com/science/article/pii/S1875686708002017>

2. Peabody Group Case Study

Peter Cook, 69, has lived at Darwin Court for 10 years. He joined the men's fishing group when it started in June 2012.

"There are five of us from Darwin Court who go fishing. Carl Singh, one of Peabody's

community development workers, drives us to various fishing spots in a minibus — we wouldn't be able to do it otherwise. I have thrombosis which means I can't walk far. We go to Gold Valley in Aldershot or Lizard Lakes in West Drayton.

"We meet outside the building at 5am. It doesn't matter what the weather is, we always go. We catch carp, roach, bream, perch. We sit and chat and have a laugh — we're all good friends.

"I used to drive a mini cab, and then I worked in a wood yard. I enjoyed working — it got me out. I was married for 26 years but when my wife died in 1998 I was so depressed I left home and started sleeping on the streets.

"I suffer quite badly from depression but fishing lifts me up. It's the fresh air, relaxation, friends, birdsong. When you go fishing you don't think about anything else. You just enjoy it. I used to fish in canals and the River Lee when I lived in Hackney. Fishing is my life. If I could, I'd go fishing seven days a week."

<https://www.peabody.org.uk/community-programmes/mens-shed-project-case-study#>

Appendix E - Gillian's Story: Overcoming Loneliness

<https://www.mentalhealth.org.uk/stories/gillians-story-overcoming-loneliness>

Before I tell you this story, I want to ask you to imagine this situation. Imagine spending days and weeks without speaking to another person. Imagine turning the television and the radio on, just so you can hear someone else's voice. Imagine staring out of the window, looking at your neighbours getting on with their lives, reminiscing of a time when your life was full of everyday activities. You long to go out, meet friends and have a conversation. Imagine feeling deeply alone and isolated.

For nearly one million people over 65 in the UK, this scene is not in their imagination. It is their life.

In my experience, the effects of loneliness are often overlooked or dismissed especially when we talk about older people. I have met many vulnerable older people and seen the devastating impact that loneliness has had, especially on their mental health. The statistics are distressing. One in five older people are living with depression. But one person's story helped me understand this reality more than any other. I want to tell you Gillian's story although I have changed Gillian's details at her request.

Gillian's life dramatically changed when she had to go to the hospital for a hip operation. Aged 70, the effect on Gillian was not just physical, her mental health also deteriorated and she subsequently withdrew into herself. She spent three long months in hospital. Unbelievably, whilst in hospital Gillian's local authority cleared out her flat of all her personal belongings and memories she had spent years collecting. On leaving hospital, Gillian had no access to the things she loved and treasured. The life she knew was no more. She was devastated. She felt like she had experienced a bereavement.

We will all have time in our lives when we feel alone. Sometimes loneliness is not a choice but a reality forced on us. Life changing events such as retirement, the death of a loved one, the loss of independence as a result of poor health, can affect our mental well-being. As we get older, we are more vulnerable to these life events leading us to withdraw from social situations further and become very isolated.

On leaving hospital Gillian was relocated to extra care accommodation, miles away from her friends and familiar surroundings. She became depressed and started to experience anxiety attacks. She withdrew from life and doing the things she loved. Gillian did not leave her flat for a whole year. She did not go out and meet her friends or make any efforts to interact with the other residents. Gillian only saw a care worker for 20 minutes per day who was too busy doing their job. She had only the radio or the television for company.

With your help, we can help people like Gillian break out of loneliness, into a better life. Gillian felt totally hopeless and alone in the world. We know that this experience is common.

Our report, *The Lonely Society*, found a clear link between loneliness and the prevalence of anxiety, depression and other mental health problems. It's really clear: loneliness and isolation are terrible for our mental health.

The good news is that at the Mental Health Foundation, we know what works to reduce loneliness. We know how to support older people and give them the tools to avoid loneliness or recover from periods of mental ill-health. Our *Standing Together* programme, works with some of the most vulnerable older people living in extra care and retirement schemes.



The *Standing Together* programme brings older people together to share personal stories, reminisce about their lives as well as participate in activities that stimulate their minds. I am proud of how this programme encourages participants to support each other, to be aware of their mental wellbeing and to explore everyday activities together. Being involved in a group also helps to develop long-term relationships.

Gillian was one of the ladies encouraged to attend one of our *Standing Together* groups. Initially, Gillian was reluctant to leave her flat or attend the group. One of my *Standing Together* team members suggested she should come and see what it was like. This was the beginning of Gillian turning her life around and improving her mental health. It was amazing to see the change in Gillian; from being depressed and despondent to being happier and more confident.

She was able to talk about her experiences and share memories of the life she had prior to it being taken away from her. Gillian made new and long term friendships. She looked forward to the group activities and meeting her new friends. In fact, she became an active member of the group.