

An exploration of the isolation and loneliness experienced by older people living in Merthyr Tydfil

A report for service providers

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With thanks to Cam Boam, Helen Manchester and Les Dobson





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Key messages from the research

Are isolation and loneliness problems for older people living in Merthyr Tydfil?

Statutory and voluntary sector service providers and community members recognised that isolation and loneliness affects older people living in Merthyr Tydfil. The research showed that loneliness takes many forms; it can be the experience of physical isolation, a lack of meaningful engagement, no or limited close contacts, a limited network of contacts, a loss of independence or the feeling of being alone with your problems (Table 2, .m. 13) . A feeling of isolation and loneliness was not static– people felt lonely in different ways and at different points throughout the day or week. Service providers and the researchers in this project found it difficult to identify and work with the very isolated.

What is the experience of loneliness and isolation for older people living in Merthyr Tydfil?

Many participants in interviews and focus groups perceived that isolation was often the consequence of a decline in ‘community spirit’. They suggested that the dilution of community networks had arisen from the closure of the mining industry and a related economic decline, shops and businesses closing down, a reduction in places to meet in the community, and migration into and out of Merthyr. Many perceived that economic deprivation and unemployment had contributed to a rise in anti-social behaviour and littering which had also contributed to disconnection. Furthermore, a limited bus service, no community transport and a mountainous steep environment meant that people became isolated through restricted movement. For more information refer to Table 3, pg. 15.

Why might older people become lonely and isolated?

The research suggests that older people were particularly at risk of isolation if they had restricted mobility due to physical or mental health problems, limited access to private or public transport and a low income. People who were illiterate or unable to use or access the internet were also at risk of isolation as they could not access information about services online or in leaflets. A change in situation or a critical life event could cause isolation or loneliness, for example, if people had recently moved away from support networks, retired, suffered a bereavement or become a carer (Table 3, pg. 15).

What services are available to address these issues?

There are currently a wide range of services that address loneliness, though this is subject to change as services are often only funded for short periods of time (pg. 18). There are two community coordinators that connect people aged over 50 to local voluntary sector organisations. There are a range of services provided through the formal voluntary sector, for example the Red Cross provides befriending, and Merthyr and the Valleys MIND offer wellbeing activity sessions. There are several groups started and sustained by

community members in the informal voluntary sector. The council provides statutory services such as daycentres, and holds events to bring older people together, including an over-50s forum.

What are the barriers for addressing isolation and loneliness?

First, it was difficult for services to locate the most isolated. There was no way of recording people at risk of isolation and there was no specific loneliness service. Statutory and third sector organisations do not generally share data about clients because of maintaining confidentiality. Community leaders reported that there are fewer community development workers due to cuts that limited opportunities to locate isolated people.

Second, there were infrastructure issues. There was no community transport and a limited bus service prevented people from being able to attend services, events and activities. Service providers also highlighted that there were limited community spaces and appropriate venues for events. Additionally, there were shortages of befrienders and volunteers who would be able to help isolated older people access services.

Third, voluntary sector service providers were facing operational challenges because of service cuts and a funding shortage. Funding grants were usually short term which restricted work and professionals reported that a significant proportion of their year was spent chasing funding for the following year. Service providers also reported that they did not know how to measure their outcomes to attract more funding. Consequently, they felt that the uncertain funding environment had contributed to more short term services that were not able to address long term issues.

Finally, all service providers reported that working to address the isolation of older people came with many challenges. They felt that communication with older people could be difficult if there were literacy issues or they could not use technology. Older people were more likely to experience health and mobility problems that meant they could not regularly attend events and activities. Furthermore, there was a stigma around both isolation and old age, and the research suggested that people were often reluctant to ask for or accept help through shame, pride, fear, and concerns about a loss of independence.

Are there any solutions?

A unified approach to addressing loneliness would be helpful including a strategy of how to reach the most isolated. It would be beneficial to train all front line staff in the statutory and voluntary sector to recognise those at risk of loneliness, and once identified, which services to refer them to. Preventive, personalised and co-production approaches work to tailor services to the individual, empower people and design a sustainable service. A campaign to address the stigma of isolation and loneliness may encourage people to talk, and a campaign to make Merthyr an age friendly town could create a friendlier environment for older people. A system of community transport would help people access services and get out and about.

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About the project

This project is part of Productive Margins – Regulating *for* Engagement¹, a research partnership between the University of Bristol, Cardiff University and several community organisations, including the 3GS Development Trust in Merthyr Tydfil. The aim of Productive Margins was to explore factors that help or hinder people from participating in their communities. Since its launch in 2012, Productive Margins has explored six diverse case studies involving community groups in Bristol, Merthyr Tydfil and Cardiff. This report presents the findings from one of these case studies; an exploration of the isolation and loneliness experienced by older people in Merthyr Tydfil.

Why do we need to address loneliness amongst older people?

The Campaign to End Loneliness (2012; 2015; 2016) and Aging Well in Wales (2016) have found that loneliness is prevalent amongst older people (see Figure 1.). Loneliness is a problem in itself, but is also associated with an increased risk of health and mental health problems. For example, research has found that limited social contact is associated with lower well-being, puts people at greater risk of cognitive decline and raises the risk of dementia (Windle, Francies and Coomber, 2011). Lonely people are also at greater risk of depression and suicide (The Mental Health Foundation, 2010). Loneliness affects physical health- people who are lonely have a greater risk of high blood pressure and diabetes and the health impacts of loneliness exceed those of obesity or smoking (Holt, Smith and Layton, 2010). Consequently, loneliness amongst older needs to be addressed, and it will become a greater problem as the population ages.

Loneliness amongst older people in Merthyr

The Communities First North Cluster area in Merthyr Tydfil is an area of recognised multiple deprivations. It has a greater proportion of people experiencing health problems and a reduced life expectancy compared to other parts of Wales. The Communities First program aims to reduce poverty, improve health and well-being and increase the life chances of people living in areas of multiple deprivations. Loneliness has been shown to contribute to reduced life expectancy and quality of life. The 3GS Development Trust, which manages the Communities First Grant in North Merthyr identified that loneliness was a problem facing many older residents in its catchment area. Consequently, they perceived that reducing loneliness could be an important part of a strategy for improving the health and well-being of local people.

¹ For more information see the website <http://www.productivemargins.ac.uk/>

Figure 1. Isolation and loneliness amongst older people (Campaign to End Loneliness, 2012)

- 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor et al, 2003)
- Over half (51%) of all people aged 75 and over live alone (ONS, 2010)
- Two fifths all older people (about 3.9 million) say the television is their main company (Age UK, 2014)
- 63% of adults aged 52 or over who have been widowed, and 51% of the same group who are separated or divorced report, feeling lonely some of the time or often (Beaumont, 2013)
- 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health (Beaumont, 2013)
- A higher percentage of women than men report feeling lonely some of the time or often (Beaumont, 2013)

Research Questions

The questions that we were interested in answering were:

- What is the experience of loneliness and isolation for older people living in Merthyr Tydfil?
- Why might older people become lonely and isolated?
- What services are available to address isolation and loneliness?
- What are the barriers for addressing isolation and loneliness?
- Are there any solutions?

The research

The research took place between April 2015 and July 2016. It was coordinated by two researchers based in the 3GS Development Trust and focussed on the 3GS working area that included the Gurnos, Dowlais and Pen-y-Darren. The researchers, together with staff at 3GS, a wider working group involving academics from the Universities of Bristol and Cardiff, and a group of three artists recruited specifically to the project, contributed to the design of a research project which evolved organically as we responded to the data we collected. Rather than designing a top-down research project, we were interested in co-producing knowledge by working with local people, grassroots community organisations and statutory and voluntary sector service providers.

The first stage of the research involved building relationships with local people and community organisations to access their rich existing knowledge about isolation in Merthyr. A co-production approach was adopted in that it started with the voices of older people. The researchers and artists worked with

gatekeepers to gain access to a Bingo club, a local café, a residential home and a walking group and started conversations about loneliness and isolation.

Early on in the research we identified that there was stigma and personal discomfort around talking about loneliness. It seemed that loneliness was regarded as a private issue and discussing it publicly was challenging for participants, artists and researchers alike. Participants often reported that they were not lonely, or initially explained that they did not want to talk about the topic, only to later divulge their personal feelings of isolation after rapport and trust had been established.

Intrigued by the stigma we identified, we decided that the next stage of the research project would use art as a tool for engagement to initiate conversations about isolation. We recruited three artists to make visible the hidden issue of loneliness through art that could then be used as a further platform for conversation. The researchers and artists worked with local people for several months and created a series of photographs, postcards, poems and interviews with gatekeepers. These were then exhibited at the Red House Gallery in Merthyr, and at the Bingo group, residential home and local café, and discussed with the local community. Six focus groups were subsequently held at the 3GS building, the local Bingo group, the church-based café, the walking group and the residential home, to discuss the artwork produced.

Following on from the focus groups, a group of four women who attended a weekly Bingo and Food Group set up at the 3GS Development Trust expressed an interest in setting up a social afternoon club to provide opportunities to socialise for people over 50 living in the Gurnos. Working together with the researcher they established a biweekly social afternoon club in partnership with a local voluntary sector organisation, Drink Wise Age Well. The process behind setting up this social club included discussions with volunteers, visits to other schemes, meetings with local service providers and the experience of running the pilot events. The process provided useful data about loneliness, co-producing with older people, and the challenges facing services in Merthyr.

The researchers also collected data about loneliness and isolation from both formal and informal conversations with people over 50 in both interviews and focus groups. The stigma we have discussed presented the researchers with a challenge as it was difficult to recruit participants to interview, and it was hard to encourage people to discuss loneliness. We experimented with different approaches to recruiting people and interviewing them. One approach that worked well was asking participants about a 'third person'. For example, rather than asking someone directly if they were lonely, the researchers asked if they knew anyone who might be lonely. Additional data was collected from informal interviews during research visits to events and supported housing schemes.

We were also interested in speaking to community leaders and service providers who were already working with the community to address loneliness. Two formal and recorded focus groups were held with service

providers that were attended by 17 people in total. Eight community leaders were interviewed formally, including community coordinators, and the gatekeepers of community projects.

The data were transcribed and fieldnotes were typed up into a word document. The data were then entered into a data analysis package, Nvivo. The researchers engaged in a rigorous thematic analysis of the data which was coded and then grouped into themes to answer the research questions. This process was repeated and checked several times. A full list of all the data collected is recorded in Table 1.

Table 1. Data collected

Research activity	Description	Examples of locations	No. of participants
Focus groups to discuss artwork	Focus groups were held to discuss photographs taken by the artists	Café, residential home, Bingo and food group, walking group, photowalk group	20
Focus group with service providers	Focus group to discuss isolation and older people	VAMT, Merthyr Care & Repair, Merthyr Library, Interlinkt, 3GS Development Trust	17
Focus groups with supported housing residents	Focus groups to discuss isolation with supported housing residents	Supported Housing Scheme	16
Interviews with community leaders	Interviewed gatekeepers and community leaders about running services, the community and their knowledge about isolation and loneliness.	Community Coordinators in Merthyr and RCT, Chief Executive of 3GS Development Trust, Bingo group leader, café owner, walking group leader, youth worker	8
Depth interviews with people aged over 50	Interviewed people in depth one-on-one about loneliness and isolation	Recruited from supported housing schemes and social club	8
Postcards	We collected postcards answering questions about loneliness	Postboxes were left in a café, at the Bingo group and at the exhibition in the Red House	40
Community events	Attended community events, presented research, had conversations with attendees and service providers.	50+ Forum, Health and Social Care Forum, Over 50's tea dance, Drink Wise Age Well Event, GP's Surgery event, Young at Heart Club meeting	Informal interviews with over 50 people
Visits to supported housing schemes	Door knocking, waiting in communal areas, talking to residents and attending events	Visits to five supported housing schemes across Dowlais and the Gurnos	Informal interviews: approx. 20
Setting up a social group in the 3GS	Notes were taken during the process of setting up a social afternoon club	3GS Development Trust	4

Positive connections in Merthyr

Gurnos, No.27 Bus

Seeking out the elderly,
isolated with stories to be heard,
all we know is that the bus
struggles up the hill with the weight
of shared shopping bags
filled quick in the idle town,
rushing home to get the washing in,
the lines all somehow connected.

c. e. potter

Merthyr Tydfil has experienced bad press in recent years, and community members repeat their frustrations that their town is often portrayed in a negative light. This research deliberately set out to challenge this deficit model and focussed on the many positive examples of projects that made a difference to the community. Several community members had started projects, for example, Carole Thomas had been running a weekly local Bingo club for 25 years that had between 60-100 people on its books at any one time. Her club was financially self-sustaining and also organised trips and meals throughout the year. Interviews with attendees and the postcards that were returned reported that this club made an enormous difference to peoples' lives. For example, one group member wrote on a postcard '*Without our friendly club at the Gurnos, where would we be?*'.

There were also many examples of excellent voluntary sector services. Drink Wise Age Well is a voluntary sector organisation running projects to reduce alcohol related harm. They co-produced social groups open to anyone in the community to prevent drinking by providing alternative opportunities to going to the pub or drinking alone at home. Merthyr and the Valleys MIND supported groups of older people in supported housing schemes to set up their own coffee mornings and there was a group of people interested in setting up Men's Sheds to provide opportunities for men to socialise.

Whilst we did find evidence of loneliness, many older people living in Merthyr Tydfil perceived that there were still strong connections in the community. Reflecting on fieldwork on a bus service out of the Gurnos, an artist described this sense of community that she felt she had discovered:

What I found was that it was a microcosm of the community in Gurnos and the wider Merthyr area. Not one person got on the bus without a “Hiya, Love” or a “How’s yewer John?” Conversations were struck up easily; it was palpable that this was community on the move, that there was something good and enduring about this estate: relationships.

Interview with an artist

Furthermore, whilst some reflected that older age can be a more lonely time of life, there were also many who reported that this was not the case. Some older people told us that they had busier, less isolated lives than when they were working or looking after children.

That being said, this report will now focus on the experiences of loneliness by those aged over 50.

What does loneliness look like for older people living in Merthyr?

Whilst recognising that loneliness was experienced differently by each participant in the research, we identified six distinct themes that emerged during data analysis that summarised the most commonly reported feelings associated with being lonely. The data that was used to identify these themes were the conversations with older people through structured interviews and the focus groups with older people and service providers. The themes are listed separately below and explained in Table 2 (pg. 13). The majority of the participants' experiences were such that they related to a number of these themes, and that their reasons for feeling lonely might cut across these themes and changed within months or even days.

- Physical isolation (being behind closed doors)
- Limited 'meaningful' engagement
- Loss of independence
- Limited or no close connections
- Limited or no 'weak ties' or connections in the community
- Feeling alone with your problems

Residential home – Nigel Pugh

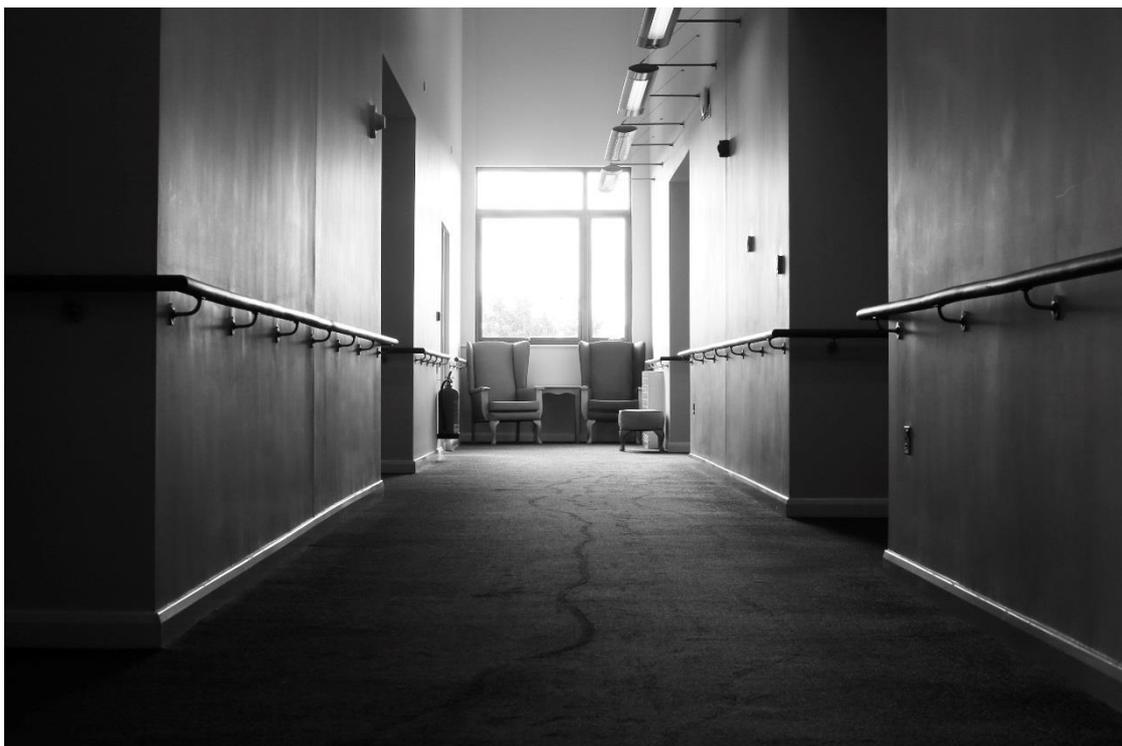


Table 2. Indicators of loneliness reported by participants in Merthyr Tydfil

Indicator of loneliness	Description of indicator
Physical isolation (behind closed doors)	This is being unable to <i>easily</i> leave the home. As a result, there is often limited connection with the community, for example, difficulty going shopping, attending activities or events, being active, or visiting friends or family. This can be accompanied with the perception that the community has changed, is inaccessible or is unsafe/ unfriendly.
Limited 'meaningful' engagement	This is having limited opportunities to engage in hobbies or interests that are important to the person and define their identity, or have meaningful or stimulating conversations. It is a sense of being unable to perform your identity. People can be living with a partner, surrounded by friends and family, but still be experiencing limited meaningful engagement.
Loss of independence	This is a sense of a loss of control over your own life. Sometimes this is where decisions are made for you by other people based on perceived limited mental capacity. Sometimes it is a new set of limitations that emerge on free movement, such as being unable to drive or be physically mobile, for example due to declining health and/or limited financial resources.
Limited or no close connections or friendships /family/ supportive relationships	This is a sense of having nobody, or having nobody, to provide the practical, emotional or financial support that a close connection would usually provide. People may have lost friends or family members through death, or be unable to spend time with them due to illness, disability, finances, or a loss of independence. They may have no close relationships.
Limited or no 'weak ties' or connections in the community	This is having limited casual acquaintances and small social networks. This may have resulted from being physically isolated. Participants also identified that there were fewer opportunities for casual connections in modern society. For example, many reported that the cessation of the milkman and the rent collector doing regular visits in the community had reduced vital connections.
Feeling alone with your problems	This results from people not talking about or sharing their problems. This can be the sense that you are the only one experiencing problems and/or comfortable being able to talk to about feelings, and/or not having any close connections. Service providers identified that there was stigma surrounding identifying as lonely, having mental health problems or discussing feelings amongst some older people in Merthyr.

Why might older people become lonely?

I think the difference with older people is, quite often with younger people they are able to access transport and to be able to get out and things, whereas, perhaps, with older people, because of health problems and mobility problems, and because of the nature of the valleys, the topography, it's more difficult for them, sometimes. I think that has a bigger impact. Plus, the other thing is the bereavement, losing a partner, great likelihood of ill health. There are a lot more things that come into play with loneliness and isolation for older people.

Service provider focus group participant

Interviews with service providers and older people showed that there were several common causes of loneliness for over 50s living in Merthyr. We identified four broad themes through data analysis - structural causes, critical life incidences and factors associated with becoming older. These factors are presented in Table 3. (pg. 15). Whilst these factors are presented separately, they often interacted with each other. As shown in the quote above, these factors contributed to a complex multifaceted picture as to why some older people became isolated in Merthyr.

Bingo Group – Photo by Nigel Pugh



Table 3. Routes into loneliness experienced by older people living in Merthyr Tydfil.

Themes	Problems	Explanation
Structural problems	Community spirit decline	Participants perceived that Merthyr had once been a close knit community where many people used to know their neighbours. Participants perceived that the collapse of the mining industry, economic decline and resulting inward and outward migration had led to a decline of community spirit that had contributed to isolation.
	Declining/changing local economy	Economic change and decline had resulted in businesses and services closing down and the town infrastructure changing. Older residents reported that they did not recognise their local area and there were fewer shops and facilities.
	Reduction of community spaces and places to meet	Local people reported that there were fewer pubs, shops and community halls where people met and gathered.
	Families changing	People were more likely to be mobile and move out of the area and it was less common that families lived in the same area.
	Individualistic society	Some reported that there had been a switch from a culture of communal solidarity to a more isolated individualistic society.
	Service cuts and changes	Service cuts have affected Merthyr, including, a lack of daycentre facilities, GPs surgeries have reduced time and residential supported housing warden services have been reduced.
	Unsuitable limited transport	There was no community transport in Merthyr and limited affordable transport. Some parts of Merthyr did not have a frequent bus service.
	Age <i>unfriendly</i> communities	A perceived rise in drugs, anti-social behaviour and littering contributed to some older people feeling unsafe and isolated. Older people reported that there was stigma attached to being an older person, and that younger people often appeared afraid of them or were unsure how to communicate with them.
	Inequality and poverty	Some people were on very low incomes and could not afford taxis or the fees to join social clubs - sometimes even small charges were too much. People who could not access a bus route and were on low incomes became physically isolated.
	Loneliness as a private issue	Loneliness was often perceived as a personal problem to be addressed on your own which prevents people from asking for help.

Themes	Problems	Explanation
Critical life incidences	Becoming a carer	Becoming a carer could physically and emotionally isolate a person as they had little free time.
	Experiencing a physical illness	When people become too unwell to get out and about, and engage in activities that they would normally do, this creates disconnection.
	Bereavement	Bereavement meant losing someone close that in itself creates loneliness. The difficulties experienced during the grieving process may further contribute to isolation and loneliness.
	Moving house	Sometimes older people moved to be nearer to their family, into a smaller house, or into supported accommodation. Whilst this could be a time where more connection happens, sometimes participants reported losing former contacts and familiarity which can contribute to their isolation.
	Retirement	Retirement can be a time of more free time to enjoy activities, but the loss of meaningful engagement and social contact through work can contribute to isolation.
Becoming older	Declining health	Declining health in old age may limit the persons' ability to get out and about
	Restricted physical mobility	Restricted physical mobility as people get older may limit their ability to get out and about which contributes to them becoming physically isolated.
	Mental illness	As people become older, they may experience dementia or memory loss, which might affect their social interactions. Further, if someone is isolated, they may become depressed or anxious, have alcohol problems, or experience a severe mental illness, which can contribute to isolation.
	Reduced social networks due to bereavement	As people age, their social networks may shrink due to bereavements.
Life chances	Poverty	People with low incomes may not be able to pay for transport and social activities, which leaves them isolated.
	Gender	Women were more likely to live longer and experience bereavements. Older women in Merthyr were less likely to be able to drive which they reported contributed to isolation, especially after their driving husband had passed away. Men in Merthyr were more likely to depend on their partners for social contacts, and many reported that their wives' bereavement had led to isolation.
	Literacy and computer literacy	Being unable to read or use technology limited the potential of older people to hear about services, or access services on their own.

What services were available?

There were several organisations that provided services to address loneliness as part of their wider agenda, but there were no organisations specifically set up to combat it. Reducing loneliness was not regarded as an end in itself but was approached as an issue attached to other campaigns such as improving mental health, reducing drinking or encouraging people to engage in healthier lifestyles. This treatment of loneliness as a side issue is common across services nationally. The Campaign to End Loneliness (2012) has challenged this and has argued that tackling loneliness should be prioritised and addressed through a unified approach.

The absence of a unified service addressing loneliness meant that isolated people often struggled to know where to go for help because there was no single point of access. Instead, people reported that they had to look for help across a range of voluntary sector organisations, informal groups and statutory services. Service providers and older people explained that this could be a lengthy process that could prevent or deter older people from finding help, especially if they had limited confidence, were illiterate or could not use a computer. Prior to the research, Voluntary Action Merthyr Tydfil had started to address this issue and had funded two posts - Community Coordinators for Older People - to map existing services in Merthyr and signpost isolated older people to relevant support.

Despite there not being a dedicated service, there were still many services available to address isolation and loneliness. These services were constantly in flux for reasons that included short-term funding that meant that many services were under continual threat of closure. Table 4. presents a list of services available in Merthyr during the research period. The list is not exhaustive and provides a snapshot of the services we found during the research period. The services have been grouped into three categories; formal, informal and local authority services. Formal services describe voluntary sector services, informal services describe groups set up by individuals in the community and Local Authority services are those that are run by the council.

The service providers in the focus groups perceived that there were many services available but that often people who were isolated and/or lonely were not accessing them. The next part of the report will discuss barriers to accessing these services.

Table 4. A snapshot of services to address loneliness amongst the over 50s available in Merthyr Tydfil.

Type of service	Service	Description
Formal	Community coordinator – Older People	Provide information, advice and support to anyone over 65 for any purpose or reason. Mapping services and connecting people with services.
	Community coordinator – GP links	Building links between the voluntary sector and primary care. Bringing together housing, health and social services in a person-centred approach to older peoples services.
	Red Cross Befriending Service	Provides befrienders
	Drink Wise Age Well Social Clubs	An alcohol prevention service that raises awareness about the harms alcohol can cause to the over 50s. Setting up social clubs to provide an alternative to drinking.
	Merthyr and the Valleys MIND five ways to well-being project 5	Project 5 Wellbeing activity sessions which include physical activity, quiz, creative arts and community building sessions. Coffee mornings and activities in supported housing schemes.
	Merthyr Care and Repair home repairs	Free or affordable home repairs to people over 50
	Age Connect – advice, learning, leisure, advocacy, escort outdoors	A range of services including ‘escort outdoors’ that provides people with
	British Red Cross- Befriending	Befriending service and counselling for bereavement
Informal	Vine Tree Café in Dowlais	Church based café with social activities.
	3GS monthly coffee morning	Monthly coffee morning.
	Carole Thomas weekly Bingo Club	Women over 50 play bingo and go on trips and activities
	Dowlais walking club	Walks for any age, mostly over 50s.
Local Authority	Daycentres	Local Authority assessment
	50+ Forum	Quarterly meetings to discuss policy and organisations with older people.
	Older People’s worker	There is a staff member at the council responsible for older people policy
	Merthyr Tydfil Leisure Trust – free space and support	Merthyr Tydfil Leisure Trust is a not-for-profit organisation that delivers some aspects of Local Authority Services for subsidy for the Local Authority. The organisation is providing building space and support to people over 50 wanting to set up activities or events in their communities.
	Merthyr Library visiting service	Home Links- a visiting library service for people over 50

What are the challenges?

Sometimes it's getting people to attend....and sometimes the effort it takes somebody, because they might be with a walking frame, they might not have a disability but a lot of pain, or respiratory problems, or anxiety. So, even just by the time they get to the front door, 'I'm not going out'. And then it's pouring down with rain, 'I've got to get on the bus,' and the bus hasn't turned up, they don't go the next day. I think it's things like that.

Service provider focus group participant

The research identified four main themes through data analysis that described the most commonly reported barriers to accessing help or delivering a service. First, it was often hard for service providers to locate the physically isolated. Second, there were infrastructure challenges that meant it was difficult for service providers to organise successful events and activities. Third, service providers and older people felt that there were problems with services that created barriers for engagement. Fourth, there were barriers for engagement that have already been discussed previously in this report- older people with health and mobility problems struggled to use services and if they were illiterate or could not access a computer, and often found it difficult to find information about available services. Additionally, service providers felt that the stigma of being lonely, and a sense of pride, may have prevented many people from asking for help.

These themes are discussed in depth in Table 5 (pg. 20).

Table 5. Challenges when addressing isolation and loneliness

Theme	Indicator	Explanation
Finding the physically isolated	The 'same faces' to each event	Service providers reported that they had difficulties locating the most isolated people in the community, a difficulty we also encountered whilst recruiting participants to interview. Most voluntary sector organisations perceived that rather than reaching out to new people, often their events were attended regularly by the same people.
	Reduced supported housing wardens	It was perceived by the wardens that the recent changes to supported housing schemes where wardens would no longer be based long term working in one scheme, but roaming and supporting a cluster of schemes, would contribute to difficulties building relationships with people who spent much of their time behind closed doors.
	GPs and health professionals not referring	It was perceived by service providers that GPs and health professionals were in the best position for identifying the most isolated, but were not referring people to their services. The Community Coordinators reported that GPs often lacked knowledge of existing services.
	GPs not referring	Community leaders identified that community development workers had once played an important role in identifying and supporting isolated people. However, service changes had meant there were few of these workers.
Infrastructure	Transport	Transport was a barrier for people accessing services. Older people often had physical mobility issues which meant that they relied on transport. If people could not drive, or had no car access, then they were cut off. Merthyr Tydfil is hilly which meant that walking even a short distance was difficult for people with limited mobility. There were no community transport options for older people. Sometimes, it was difficult for older people to physically get into certain taxis and there were only a couple that took wheel chairs. Taxis were unaffordable to many, but services rarely had funding for transport. Accessing some parts of Merthyr involved getting two buses and buses were not operating on Sundays or in the evenings.
	Venue shortages	Some felt that there was a shortage of suitable venues and spaces for events and activities.
	Volunteer shortage	Service providers reported that there was a shortage of befrienders and volunteers in Merthyr to support the voluntary sector.
Service issues	Reduced funding	Service providers reported that there was reduced funding across the voluntary and public sector that meant there was less money available to deliver projects.
	Competition	Service providers reported that there was competition for funding for projects to reduce loneliness. One consequence was that instead of organisations working together, they were

		competing for scarce resources. This meant that there was less motivation for organisations to work together despite the consensus that this would be more efficient and effective.
	Short term funding	Service providers explained that most project funding was through short term grants which created barriers for effective work. They felt having to continually chase funding diverted resources away from front line work. Furthermore, there was little time to build a trusting relationship and offer support within a short funding cycle. Staff reported that often just when a project was becoming successful, it would end. Projects were funded based on changing commissioning priorities which did not lend to a long term holistic view.
	Difficulties measuring outcomes	Measuring outcomes in the voluntary sector is notoriously challenging. Many organisations felt that they did not have the time, knowledge or resources to evaluate services which meant that securing repeat funding could be difficult without evidence of their outcomes.
	Bureaucratic regulation	Professionals, supported housing wardens, community leaders and service providers felt that there had been an increase in litigation culture, risk assessment and related bureaucratic regulation. This restricted their work for reasons including health and safety barriers for putting on events.
	Lack of diversity	Some older people felt that services were not diverse which meant some older people did not want to engage with them. For example, some reported that the social activities were limited to bingo, tea dances and more traditional activities.
Barriers for engagement	Literacy	Service providers, community leader and researchers all found that there was a high level of illiteracy amongst older people in Merthyr. This prevented some people from being able to read leaflets and posters or go online to find out about opportunities. Furthermore, some older people explained that they were embarrassed of being illiterate and some did not socialise for fear of being discovered during group activities such as quizzes.
	Technology	Many of the older people we spoke to did not use computers or have the internet. With more information going online, older people were being excluded from accessing details of services.
	Health and mental health	Physical health problems and related mobility issues often prevented people accessing services. Mental health problems such as depression and anxiety also acted as a barrier. It was commonly reported that confidence meant people did not engage. Many participants identified a downward spiral, where the more isolated they were, the less confidence they had, and the less likely they were to go out, which contributed to further isolation.
	Cultural barriers and stigma	There was often a stigma attached to loneliness that meant older people were not comfortable identifying as lonely. Consequently, they were reluctant to ask for help.

What is working? Examples of good practice.

There were many examples of good practice where services were working well to reduce isolation and loneliness. This section presents three examples of good practice when combating the isolation and loneliness amongst older people with the intention of providing recommendations for future services in this area.

1. Co-production

Several organisations were working in ways that reflected the principles of co-production. Co-production is an approach to service delivery that encourages the contributions of individuals, communities and service users in design, delivery and evaluation (Boyle and Harris, 2009). Instead of professionals delivering a top-down service to passive service user recipients, co-production encourages individual and community ownership (Stephens and Ryan-Collins, 2008). Advocates of a co-production approach argue that this creates a personalised service better suited to the service users' needs, whilst simultaneously reducing the time required for professionals to support the service (Boyle and Harris, 2009). Co-production also has additional benefits such as empowering service users, providing opportunities to build skills and confidence, growing well-being and social capital (SCIE, 2009). Furthermore, services that are user led are less vulnerable to funding cuts (Boyle and Harris, 2009).

Co-production is not a cheap or easy solution, and a co-produced service will usually initially require more time than a top-down professionally led scheme (SCIE, 2009). A successfully co-produced service requires staff to be invested and trained in the values of co-production, and to feel comfortable sharing power and ownership with service users (SCIE, 2013). This may initially feel risky if staff are not used to working in this way, and some services have bureaucratic regulations that prevent service users from taking this control (Horne and Shirley, 2009; SCIE, 2009). Service users and community members may also require training so that they have the confidence and skills to contribute (Boyle et al, 2010).

How to co-produce?

The National Development Agency for Inclusion produced a guide for co-production with older people that included seven principles for co-producing with older people:

Figure 2. Seven principles of co-production with older people (NDTI, 2010).

1. Older people are involved throughout the process – from the beginning to the end
2. Older people feel safe to speak up and are listened to
3. We work on the issues that are important to older people
4. It is clear how decisions are made
5. Older people’s skills and experiences are used in the process of change
6. Meetings, materials and venues are accessible for older people – they can get there, prepare, be heard and follow progress through reports and minutes.
7. Progress is evaluated through looking at the actual changes in older people’s lives.

Following these principles would mean that older people are involved and heard. It is possible that a co-production approach can help to address some of the service challenges by creating more diverse services tailored to older people’s needs. The case study presented below is an example of a co-produced service in Merthyr that was formed as an output of the action research in this project that aimed to address isolation and loneliness in partnership with local people.

Case study: A co-produced Social Afternoon Club

A group of four women over 50 and a Research Associate at the 3GS Development came together to find a community led solution to social isolation in the Gurnos. The group worked together to create the idea of a social afternoon club led by volunteers and supported by the 3GS Development Trust and other local Voluntary Sector partners.

At first, the older women felt unsure of what they could contribute – they emphasised what they felt they could not do – such as administration, advertising, booking a room and poster design. However, as the group worked together over several months, the enormous contribution the women could make became clear.

The women led key decisions, such as where to hold the social club, which day it would be held on, the text of the poster, the games, the design of the games and the food choices. They had far more knowledge about the needs of people over 50 than the Research Associate. For example, one of the women argued that they should always make the quiz multiple choice as she knew many people would be illiterate or struggle with spelling. Another woman created a game of bingo using playing cards, as she felt that it was easier to see cards rather than the small print on the bingo books.

The women also ran the social club sessions and took control over welcoming people, making the food and running the games. They had complete ownership over the club and therefore, rather than it looking like a professionally led service, the club felt like a group of friends. The ladies also encouraged the attendees to help out at events, and so it was hard for an observer to tell who was a volunteer and who was a member of staff. Sharing the jobs during the club provided opportunities for people to gain confidence.

The women's' local contacts enabled the club to be advertised effectively in the community. The women had local knowledge about the best places for posters and shared the responsibility for advertising it.

Although the club took a lot of staff time initially, once it was up and running after a process of several months, the volunteers began to organise more meaning that the club took a lot less time. Furthermore, the ladies had a sense of ownership over the club and felt they were in control, which meant it was more likely to be sustainable.

The club also worked with a local Voluntary Sector Organisation Drink Wise Age Well which provided staff support, printed the posters and helped advertise it. The Community Coordinators also helped. This was a collaborative project that made use of the available community assets of the voluntary sector and community members.

Celebrating the launch of the social afternoon club, community members and Drink Wise Age Well



2. Working with GPs to connect to the most isolated.

It was identified that it was hard to locate the most isolated older people. Consequently it was difficult for services to reach the groups that they wanted to prioritise. Voluntary sector service providers felt that health professionals were best placed to identify those most at risk of loneliness. However, they reported that GPs rarely referred individuals to their services. To address this problem, a scheme had been established by Voluntary Action Merthyr Tydfil to create a staff role (community coordinator) to work with GPs and other health professionals to encourage referrals to voluntary sector organisations.

This community coordinator role involved researching the local voluntary sector organisations, building relationships and keeping a list of current services. It then involved working with GPs surgeries and finding out why they did not refer people to the voluntary sector. The findings were that GPs reported that often they did not refer because they did not know what voluntary sector organisations were offering, a problem compounded by services changing so quickly due to short term insecure funding. GPs felt that they did not have enough time to keep up to date about what services were currently available. Further, they did not have time to personally research each service and meet those in charge. A consequence of this was that GPs did not have the confidence or trust to refer their patients to services.

The community coordinator reported that she had worked to build relationships with the GPs surgeries and had in some cases encouraged the GPs to refer their patients. The community coordinators gave the GPs their details and instead of the GP having to refer patients to individual services, they could refer directly to them to match the patient with the appropriate service. This meant that the GP could save time. As a result of the scheme, the community coordinator told us that referrals from GP services had improved 17%.

3. Using appropriate language

The research showed that there was stigma about isolation and loneliness amongst older people in Merthyr Tydfil. Furthermore, older people were sometimes reluctant to ask for help and use services, which service providers interpreted as both pride and a fear of the loss of independence. Staff working on Project 5, a Merthyr and the Valleys MIND initiative to set up social clubs with the aim of improving mental well-being, identified some ways to overcome these potential barriers by changing the language they used when advertising or



describing their services. They found that if they avoided using certain language, more people were interested and attended.

One of the changes they made was not to call their project a service or use the words charity or voluntary sector. Instead, language such as social club or coffee morning was used and this did not put people off. Similarly, they found that instead of creating services for people to attend, they created services for people to help with. People preferred to regard themselves as volunteers rather than passive recipients of services. This is also similar to co-production as it involves recognising assets.

Recommendations

1. **A reduction in isolation and loneliness should be recognised as a service priority and addressed with a strategic plan delivered by one agency or a network of local providers.** This would remove service duplication and provide a simple single point of access. The national Campaign to End Loneliness has recommended this to Local Authorities nationally.
2. **There should be a Merthyr wide strategy to locate the most isolated.** The Campaign to End Loneliness recommends an approach that involves mapping demographic data, encouraging service provider referrals, using local community members to refer, encourage social prescribing from GPs, encourage hospital referrals, mass mail outs and engaging media and using pharmacies. This could be coordinated through a unified service or a network of service providers.
3. **There should be community transport schemes in Merthyr Tydfil.** In the UK, it is considered a right to have access to suitable transport. Currently, there is no affordable community transport option and bus services are not adequate. Given the mountainous/hilly landscape of Merthyr there is an urgent need for a long term solution to these transport problems so people can access services and get out and about.
4. **Services should be designed to encourage long term trusting relationships.** People were more likely to share their problems if they had a personal relationship with the member of staff or researcher. Changes to services that had to spread reduced resources more widely were threatening these personal relationships. For example, the supported housing wardens used to be attached to one scheme, but recent changes mean that they are now responsible for several schemes. Wardens report that they have less time with residents and that this is likely to leave people more at risk of isolation. Changes to services that threaten these personal relationships should be reconsidered.
5. **Interventions to reduce isolation and loneliness should be given long term funding to build sustainable services.** Currently voluntary sector organisations are receiving short term grants that limit their potential – much of the funding supports staff to find more funding, and by the time the project has started to make an impact, the funding has ended.

- 6. Co-production of services should be encouraged.** Co-production involves the user and creates personalised services that empower people and provide opportunities to create confidence. Co-produced services are potentially more sustainable as although they may require more staff time at the outset, they eventually require less time from professionals.
- 7. There should be a recognition of the wide varieties of isolation and loneliness.** Loneliness can be an absence of - getting out and about, meaningful engagement, close ties, weak ties, independence and a safe space to discuss problems. Interventions should focus on addressing one or more of these aspects but should recognise the complexity of this issue.
- 8. Services should be tailored to the individual – personalised, varied and creative, not homogeneous.** Personalised services are achieved by asking people what they would like, shaping services to their needs and not adopting a one size fits all approach. Men will often need different approaches to women. Whilst many enjoy group activities, bingo and tea dances, it is not appropriate for every person.
- 9. An anti-stigma loneliness campaign.** Addressing the ‘L’ word. People find it difficult to discuss mental health problems, including loneliness in Merthyr and nationally. There should be a campaign to address stigma that encourages people to talk about loneliness.
- 10. Age Friendly Towns.** One of the problems with isolation and loneliness is older people not feeling welcome in their own town. The World Health Organisation’s report on Age Friendly Cities suggests intergenerational work, redesigning the infrastructure of the town to support older people and creating services and adaptations.

Concluding thoughts

This report has provided an overview of the experiences of isolation and loneliness of older people living in Merthyr Tydfil, explored barriers for addressing the issue, and made some recommendations for practice. We hope that this report will provide a platform for future research in this area and also be useful reading for local community groups and statutory and voluntary organisations. We hope that the information in this report will be used when writing bids for funding, or designing services locally to address isolation.

An effective approach to addressing isolation and loneliness will require the sharing of ideas, staff and resources amongst all organisations in Merthyr, especially if there are continued service cuts. We encourage the continued collaboration between local service providers.

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