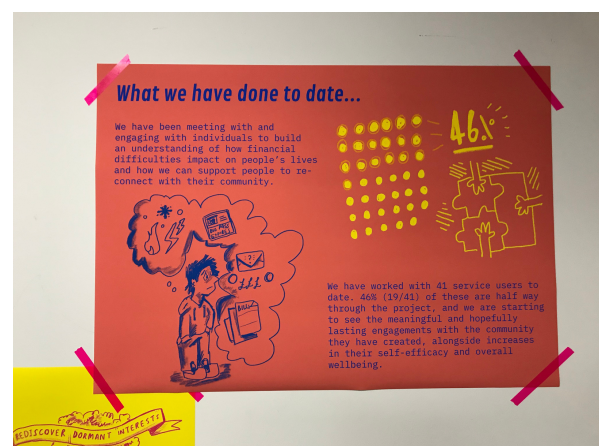
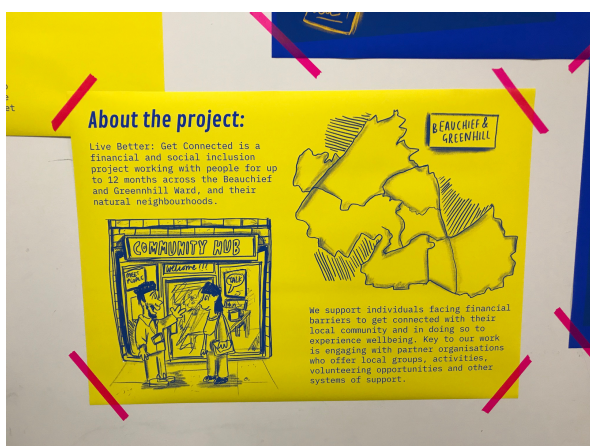




Exploring the relationship between financial exclusion, loneliness and social isolation in older people.

Learning Case Studies from 'Live Better: Get Connected'

February 2021



Evaluation of Age Better in Sheffield

Exploring the relationship between financial exclusion, loneliness and social isolation in older people.

Dr Abi Woodward

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Introduction

Live Better Get Connected is a financial inclusion project delivered by Reach South Sheffield in the Beauchief and Greenhill ward and the surrounding localities. It helps connect people with services and activities in their neighbourhood and encourages them to reconnect with hobbies and interests which they may not have thought about for a long time. An important aspect of the project was the involvement of service users and the wider community who were consulted with about the design of the service and how support should be delivered. As a result, the project moved from group-based support to one-to-one support. The project uses a strengths-based approach, providing one-to-one support and advice on budgeting and money management, to enable people to take back control of their finances, and to find the connection between their wellbeing and individual financial circumstances. The project has a dedicated fulltime member of staff and a part time administrator who have provided one-to-one support to a total 69 people.

As part of the Age Better in Sheffield programme, this project, in line with all the projects delivered across the 6 years of the programme, is a "test and learn" opportunity. The project set out to explore the link between financial exclusion and loneliness and/or social isolation in people aged 50 and over and to test if supporting people to manage debt, claim benefits or budget better could lead to greater desire to be socially active in their communities.

Many of the referrals into the project came from staff working for Reach South Sheffield, such as health trainers and employment support workers. The Terminus Initiative which is well established within the South Sheffield community was also instrumental in signposting people to the project. The Terminus has a genuine desire to improve the quality of life for local people and so it was natural that this project would establish close links with them.

When considering what we hoped could be learned from this project we recognised that the stories of clients' journeys through the project would provide the most authentic view of whether Live Better Get Connected has resulted in greater financial inclusion, less social isolation or loneliness and improvements in the five aspects of wellbeing. This report and the learning case studies are the result of interviews with five different beneficiaries: their circumstances and experiences differ but all the stories are powerful, highlighting the immense value of the strengths-based approach and the one-to-one support.

Summary of key learning

Prior to encountering financial difficulties, loneliness and isolation were experienced to some extent by all beneficiaries. As such, concerns over mounting debt and difficulties surrounding the affordability of basic necessities such as food and public transport served to worsen the situation. Overall, loneliness and isolation were impacted by a variety of factors such as pre-existing and often complex mental health issues, disability, difficulties with physical mobility and overall wellbeing. For the majority, it was a mixture of two or more of these issues that when combined with money problems, resulted in increased social isolation leading to a further decline in people's mental health.

The report draws upon a number of key learning points taken from five case studies which are summarised below and set out in relation to the learning questions for the project:

Improving loneliness, social isolation or wellbeing:

- Prior to engaging in the project, beneficiaries lacked the opportunities and sometimes confidence, to meet new people due to the stress and anxiety brought about by high levels of debt and their ability to afford basic necessities.

- Being in extreme debt impacted upon the wider health and wellbeing of beneficiaries with several demonstrating that they were eating more healthily and engaging in more physical activity as a result of the referral pathways offered through the project.
- The dedicated one-to-one support provided through the Project Coordinator was highlighted by all beneficiaries as the most significant part of their engagement in the project. The practical and emotional support provided was, for most, the only social contact they had in their lives at that time.

The inter-relationship between loneliness, social isolation and individual financial circumstances:

- Opportunities to engage in social activities outside of the home were limited due to people's financial circumstances leading to increased loneliness and isolation. High levels of debt therefore worsened existing mental health problems creating a vicious cycle whereby one issue exacerbated the other.
- Being in debt led to a reduction in quality of life and an overall lack of control. Debt was subsequently a source of embarrassment and shame for most beneficiaries which led to an avoidance of social gatherings and impacted upon their ability to meet new people.

Reducing loneliness and isolation through different elements of the service:

- Through the project, beneficiaries were referred to multiple additional services to help with both their financial situation and to address their social isolation.
- Opportunities to meet new people were typically achieved through engagement in volunteering and/or group-based activities which were matched to the interests and needs of beneficiaries. These activities helped some beneficiaries to create routine and purpose in their daily lives.

Involving beneficiaries in coproduction work for the project:

- Some beneficiaries became involved in one or more coproduction sessions where they contributed towards the development of a visual toolkit, sat on the 'Community Expert' steering group, or helped co-evaluate a project exhibition.
- The greatest involvement in coproduction work appeared to be through the 'Community Expert' group which also provided increased opportunities to engage socially with others and share experiences.

The use and impact of the 'Five Ways to Wellbeing':

- The project has been most successful in providing opportunities for beneficiaries to 'Connect' with new people socially as well as encouraging them to 'Be active' through engagement in physical activity such as walking or gardening.
- Some beneficiaries were able to 'Learn' about healthy eating which helped with weight problems and some felt that they were provided with the opportunity to 'Give' back to others through engaging in volunteering or as a Community Expert.

Case Studies

Caroline

Caroline is 53 years of age and lives alone. She suffers with chronic pain as a result of arthritis and has diabetes. While Caroline has friends that she socialises with, she has existing mental health problems due to experiencing domestic violence in the past and in general, struggles with her mobility. Her financial circumstances changed when she lent some money to a friend who needed help affording food and clothes for her child which over time, amounted to £5,000. Caroline has been unable to retrieve the money on her own whilst also struggling financially as a result. Caroline needed help managing her financial outgoings and everyday expenses.

The Project Coordinator assisted by helping her manage Direct Debits and bills and explaining paperwork. In addition, he referred Caroline to an employment team which has been helping her with CV writing, job searching and job coaching so that she can try and earn some additional money through a part-time job.

Does the project improve loneliness, social isolation or wellbeing?

Caroline experienced positive changes since engaging with the project. The project was most effective at improving her overall wellbeing which in turn, reduced the risk of loneliness and isolation:

- The project enabled Caroline to cope better with the stress of her financial circumstances which had a negative impact on existing mental health problems.
- Caroline's wider health and wellbeing needs were recognised, including the impact that her arthritis and diabetes was having upon her mobility and physical activity.
- Caroline was referred to additional services to improve her physical and mental health. Accessing a variety of activities that were appropriate and of interest to her, these provided opportunities for Caroline to meet new people.

What is the inter-relationship between loneliness and social isolation and individual financial circumstances?

Caroline's financial circumstances impacted negatively upon her mental health, causing a great deal of stress. The one-to-one support provided through the project dealt with a multitude of issues, offering an access route into additional services. This acted as a preventative measure against loneliness and isolation:

- Caroline created new social connections as a result of joining a weekly 'Health Walk'. This group was following a referral by the Project Coordinator who recognised her physical health-related needs.

- The social contact that Caroline received from the Project Coordinator who helped her with money management and budgeting, had a positive impact on her long standing mental health issues. She commented specifically on the quality of support received and the length of time spent with her which she had not experienced elsewhere.

**‘My mental health has definitely improved...
[I’m] not as stressed out as I used to be...
that’s calmed down a lot’.**

Which elements of the service impact on reducing loneliness and social isolation, why and for whom?

The referral pathways led to opportunities for Caroline to meet new people and increase her social interaction with others. Caroline made new friends at the walking group that she attended regularly:

**‘...it’s nice to meet other people as well
because I like to meet new friends...I’ve met
a couple of people...we have a laugh and a
joke...’**

- The 'Health Walk' encouraged further social interaction and Caroline joined other members of the group at a nearby community centre where they had lunch together.
- Caroline described the Project Coordinator as "being a real good friend" and someone who was able to explain bills and paperwork to her if she did not understand.
- The interaction that Caroline had with all those connected to the project, gave her regular social contact with people, **'someone to talk to'**, and helped keep her **'mind active'**.

How are beneficiaries involved in coproduction work for the project, including involvement in the visual toolkit, project exhibition and 'Community Experts'?

Caroline was one of the original members of the Community Experts group which helped develop the toolkit and has been involved from inception:

- The first Community Experts meeting involved a group discussion around developing the toolkit. Caroline also attended a co-production session with the Project Coordinator and some other service users to assist further with the development of the toolkit.
- Caroline used the toolkit herself and as a result, two groups were identified for her to attend where she does knitting and art.

'...it was very helpful for keeping my mind active...its really helped...from the mental health side of it and meeting new people. It's made a difference'.

Is 'Five Ways to Wellbeing' used and what is the impact?

Caroline's involvement in the project evidenced the use of four out of five of these steps:

- **Connect:** Caroline connected with new people through her weekly walking group and involvement in the Community Experts group.
- **Be active:** Caroline's physical activity was improved through attending the weekly 'Health Walk' and she also received a referral to a pain management group to help with her arthritis which impacted on her ability to walk.
- **Learn:** Caroline joined a knitting group and art group as a result of the project. She learned how to use art as a stress relief which helped with sleeping problems. Caroline was also given dietary advice following a referral and through the 'eat well, live well' scheme, she learnt about eating healthily with diabetes and how to lose weight.

- **Give:** Caroline got great satisfaction out of helping other service users that she came in to contact with through the Community Experts group. During the discussions, Caroline drew upon her experience of domestic violence and offered advice to others: **'I felt really good about myself [helping] people with similar problems...we would talk it out and help each other with advice'**.

Mark

Mark is 64 years of age and has lived alone since his mother died. He took early retirement nearly ten years ago and his pension provides significantly less income compared to when he was working. He has also lost the income that his mother previously contributed. Mark has been struggling to pay his bills and afford food. He needed help managing his everyday expenses and had got into debt. Mark does not have access to a computer or the internet and has severe disabilities along with other health-related needs. He had experienced several unsuccessful attempts at claiming disability related benefits in the past. Socially, Mark has not kept in touch with anyone from work since retiring and his closest friend died in 2019. Mark has always been used to doing things on his own but would like the opportunity to socialise more and meet new friends. He struggles with walking even short distances and when out alone, he often passes out which has been linked to complex health issues. This limits his ability to go very far because he feels it is unsafe to do so.

Does the project improve loneliness, social isolation or wellbeing?

Mark first engaged with the project in December 2018. Unfortunately, due to the death of his closest friend, Mark became increasingly isolated.

The project has put Mark in contact with organised groups, but he has not yet found anything that appeals to his interests:

- The Project Coordinator took Mark out on a couple of occasions. He introduced him to a local history group where he did a short walk, and a church group which involved food preparation and a meal. He found the other attendees to be a lot older than him and has not been back since.
- Meeting different members of the project team provided regular social contact for Mark, either in a local setting or at his home, helping him to cope better with his situation.
- As a result of the support received, Mark planned his weekly budget on a chart and now has greater flexibility to buy food he enjoys which has relieved stress when shopping and improved his overall wellbeing.

What is the inter-relationship between loneliness and social isolation and individual financial circumstances?

The one-to-one support that Mark received has resulted in many positive outcomes such as eligibility for disability related benefits, getting a consolidated loan, clearing the interest on his credit card, and receiving a reduction to his Council Tax bill.

Despite being severely disabled, Mark tries to be as independent as possible, but the loss of income experienced since retirement impacted heavily upon this, as well as his quality of life:

- Mark had tried to claim disability benefits in the past but was refused every time. The Project Coordinator and other partners supported him by assisting with application forms and gaining written confirmation from his GP that he was severely disabled.
- Mark's improved financial situation meant that he was able to purchase a car which he now relies on to get out and about. This has been important because despite having a bus pass, travelling by public transport from his house involved too much of a walk at either end for him to cope with and he worried about passing out with no one to help him.

'...having this extra money, I've got a disabled badge...last September I bought a car...cos I only had a Motability scooter before that...but with the car I can get door-to-door, it's nice and warm...it's made things a lot better having this extra income so I can afford things like that'.

Which elements of the service impact on reducing loneliness and social isolation, why and for whom?

The one-to-one support provided by the Project Coordinator offered opportunities for Mark to meet new people and engage in group activities. Through trying new things, it transpired that Mark had not yet found anything that appealed to him and organised groups reminded him too much of meetings at work:

‘Usually when I’ve gone out, I’m going out for pleasure like meeting your mates in the local pub...or going out in to Derbyshire for the day... more of just sort of like a social meeting...cos I had meetings at work and I used to hate them...’

- Outside of group activities, Mark enjoyed the interaction he had with the Project Coordinator at a local community café and expressed a desire to go back there once the restrictions surrounding the Covid-19 pandemic allow it to reopen.
- Mark welcomed the opportunity to have **‘a friendly gathering...like in a pub or café...’** but currently did not have anyone he could do this with.
- Mark also has a speech impediment, and this can impact upon his social interaction and confidence to communicate with people in certain circumstances.

'...the only people I meet is...when I get my food. I go to the same shops and they're all nice and friendly there...and with me not having any – I have got mates but er...we don't tend to meet up...and there's no chance to meet anybody else'.

How are beneficiaries involved in coproduction work for the project, including involvement in the visual toolkit, project exhibition and 'Community Experts'?

Mark attended the project exhibition and also talked about attending the Community Experts group:

- Mark commented that he found the display at the project exhibition **'interesting'** but that it had not offered him any information that he did not already know about. He had not been involved in any other aspects of the exhibition.
- The discussion that took place at the Community Experts group allowed Mark to **'listen to other people talking'** some of which he said, **'were worse off than me'**. He did not share any of his personal experiences with the group because he felt the Project Coordinator had more expertise.

Is 'Five Ways to Wellbeing' used and what is the impact?

Mark's involvement in the project evidenced the use of three out of the five of these steps:

- **Connect:** Mark connected well with the project saying '[Project Coordinator] has been very supportive...and the team who he works with as well'. Because of this, he felt that 'things were sort of going alright now' in terms of his financial situation but had some concerns about how he would get help reapplying for benefits beyond the end of the project and how he would deal with understanding the information that comes through from the Department for Work and Pensions. He expressed a desire for some 'ongoing support'.
- **Be active:** Mark engaged in a walk around the park when he attended the local history group, but this was a one-off and he commented that his mobility had deteriorated. He tired very quickly when doing physical activity and due to health-related issues he had very low energy levels. Mark has been referred to a physiotherapist and this has helped him to build some strength, enabling him to go out to the shops every day and do some tasks around the house and garden.

- **Learn:** The referral pathways led to Mark being put in contact with a dietician. This has helped him learn how to eat more healthily and lose some weight. Combined with an improvement in his finances, Mark now has more money for food. He said: '**Instead of going for the sell buy dates and things...I just sort of used to buy cheapo but now, I tend to get stuff off just the ordinary shelves...if I feel like something I can just sort of buy it now...it just sort of brings off the stress**'.

Jane

Jane is 51 years old and is a carer for her three disabled adult children who have a severe mental impairment. She has anxiety and depression which is made worse by her caring responsibilities. Jane moved to Sheffield two years ago and had a break down shortly after. She has found it difficult to form new friendships and to connect with people who understand the complexity of her situation. Her financial circumstances have also impacted upon her ability to socialise. Jane had got in debt and needed help with her everyday expenses as well as to renew multiple benefits claims for her caring role. Jane first engaged with the delivery partner in January 2019 to seek out volunteering opportunities and to update her CV in the hope that she could get a job.

During this time, she mentioned that she needed help with money. With the assistance of this project, Jane has been proactive in improving her financial situation as well as seeking new opportunities to form social connections with others. She now volunteers in two capacities; at a community allotment accessed through the delivery partner and with another provider as an ESOL teacher.

Does the project improve loneliness, social isolation or wellbeing?

Before engaging with the project, Jane explained that she was **'getting stressed about money'** and this had impacted further upon her mental health and ability to socialise:

- Jane felt isolated in her position as a carer and was **'overwhelmed'** by her financial situation.
- Jane used to make excuses for not joining in with the social activities attached to her volunteering because of the expense. Getting her financial situation under control has provided her with greater opportunities to socialise.
- Receiving one-to-one support from the Project Coordinator with her finances has enabled Jane to gain some control back in her life. This has led to her feeling more confident and less stressed about money day-to-day.

What is the inter-relationship between loneliness and social isolation and individual financial circumstances?

With the help of one-to-one support, Jane has been able to successfully renew multiple benefit claims and now also claims additional benefits which improve her finances further. Prior to receiving support Jane had a habit of overspending and was in debt. She still worries a lot about her children's future but getting her bills **'under control'** has alleviated some of this stress:

'I have the benefits but the renewals was coming up and I deal with all their [children] financial stuff cos they're disabled and I couldn't face going through the renewals process again... it's just so stressful'.

- Jane's mental health and financial circumstances meant that she found it **'really hard to make friends'**, commenting that she often held back from forming friendships because she did not want people to know that she was struggling financially in case she was treated as a **'charity case'**.
- Jane had struggled to afford the travel expenses to get to her place of volunteering which was her main source of social contact outside of the home and her caring role.

- In her role as a volunteer ESOL teacher, Jane explained further how having **'money problems'** had affected her ability to socialise and how the project had helped:

'A lot of the volunteers I was teaching with were like ex-teachers or they're very sort of middle class... and they all go to this little café for lunch after teaching... I can't afford to go so I can't socialise with the teachers that often... When I go back to teaching [after Covid-19] I could afford to go out at least once a week...whereas I couldn't afford at all before'.

Which elements of the service impact on reducing loneliness and social isolation, why and for whom?

Prior to receiving financial support, Jane excluded herself from social situations, feeling the need to hide her debt and money struggles. This was the case when teaching English to a group of Pakistani women who provided lunch afterwards:

'...they only wanted £1 for lunch and [another volunteer] would say, 'I'll pay for you' and I felt guilty because she was paying for it and she didn't know that I had debt problems...the week she wasn't there and they wanted £1 for lunch, I probably could have stayed because they wouldn't have minded but I wasn't going to say that I can't afford the pound so I made an excuse and I left'.

- The interaction that Jane had with the Project Coordinator was vital, giving her the confidence she needed to get on top of her financial situation.
- Overall, Jane's financial situation has now improved, and she has more flexibility over what she spends her money on. Jane can now choose to **'go and have a coffee or something'** with friends rather than missing out on important social interaction.
- As a result of the project, Jane has recently begun the process to access one-to-one counselling. This may help Jane further with her isolation since she still struggles to make friends which is exacerbated by her caring responsibilities and associated mental health problems.

'It's really hard to make friends who understand [my situation]... you don't want to be making friends with someone who's moaning all the time and I try...to be positive...but when you're going through a tough time that's not easy'.

How are beneficiaries involved in coproduction work for the project, including involvement in the visual toolkit, project exhibition and 'Community Experts'?

In this instance, the beneficiary was not involved in any other aspects of the project.

Is 'Five Ways to Wellbeing' used and what is the impact?

Jane's involvement in the project evidenced the use of three out of the five of these steps:

- **Connect:** Jane connected with others through volunteering and now that her financial situation is more stable, volunteering will provide greater opportunities for social interaction also.

- **Be active:** Jane struggled with her weight and eating healthily, both of which impacted negatively on her mental health. One way of overcoming this was through her love of gardening which she did at home as well as at the community allotment. Attending the allotment has encouraged Jane to be more physically active.
- **Give:** Jane was not used to being on the receiving end of help and felt that she had always been '**quite capable**' until her breakdown. Jane explained that she '**would really like to belong to a mental health support group**' for carers in a similar position. She commented that she may end up setting up a group herself in the future to support herself and others. In addition, Jane utilised her existing skills by volunteering to help others learn English.

Heather

Heather is 65 years old and lives alone. She has very limited contact with anyone during the week and while she has three adult children, Heather does not receive day-to-day support from them. One of her children had previously been in prison which created further complexities within her family whilst also contributing to Heather later being evicted from her property. She lived with her granddaughter temporarily before moving in to a privately rented flat. Two years ago, after going to the Job Centre to sign on, Heather was put in touch with this project.

She had been in debt previously and once again, found herself in the same situation. Heather initially wanted to find a job to help with her finances, but she struggled and felt that her age impacted upon this. With the assistance of the project, Heather has been able to get her financial situation under control through applying for a Debt Relief Order and getting help with managing her everyday expenses and bills. Heather has had difficulties with her current living situation and has been helped through the project to get on the housing register. She began volunteering at a local charity shop which has improved her social contact with others.

Does the project improve loneliness, social isolation or wellbeing?

Before engaging with the project, Heather explained that every week is the same for her, with very little social contact or reasons to leave her flat:

- The Project Coordinator helped Heather to access a volunteering opportunity at a charity shop which immediately gave her a purpose and some structure to her week.
- Heather lacked the motivation at first to embark upon volunteering but with the help of the Project Coordinator she overcame this. Before the Covid-19 pandemic, she volunteered twice a week in a customer facing capacity which provided opportunities to meet new people.

- Heather has got to know two other female volunteers who she has kept in touch with during the pandemic.
- Prior to engaging in the project, Heather was **'struggling to eat'** and was **'living on crackers and peanut butter'**. She now eats more healthily, buying what she was able to afford before getting into debt.

What is the inter-relationship between loneliness and social isolation and individual financial circumstances?

The one-to-one support that Heather received means that she can now pay her bills and has a Debt Relief Order. While the project has got her to a much more stable position, Heather is still not completely without financial worry and she is looking forward to being eligible for her state pension next year which will lead to a significant increase in her weekly income. Heather was previously very isolated and had few opportunities to engage in social activities. Her financial situation has impacted negatively on this:

'[My daughter] would say shall we go for a carvery or something. I couldn't even afford to buy a £6 carvery because that's how bad I was...I owed the housing over three grand...I was paying out more than what I had coming in'.

- Heather did not have anyone she could rely on in Sheffield and felt let down by her adult children commenting **'nobody phones me to ask me how I am'**. She felt overlooked and alone because they did not tend to include her in social activities such as a BBQ in the garden or a walk round the park.
- On the rare occasion that she did get invited out by her daughter, Heather would **'feel guilty'** going along because she knew she could not afford it. Her daughter would end up having to pay, even though she also struggled for money.
- Heather's closest friend and the only person she could phone **'no matter what time of day or night'**, lived abroad and although she liked to visit her often, she struggled to afford the airfare. She now feels that she is more financially stable and having cleared her debt, visiting her friend will be easier once she is eligible for her pension.

Which elements of the service impact on reducing loneliness and social isolation, why and for whom?

The Project Coordinator provided Heather with the opportunity to volunteer twice a week at a local charity shop. Prior to this, Heather rarely left her flat and had very minimal social contact:

'Cos like I'm on my own I never went out anywhere... I only went to sign on...so like every two weeks on a Friday I'd go to sign on... Monday to Friday for two weeks was exactly the same. I'd go to bed, get up, stop in flat, go to bed, get up, stop in flat...apart from when I went to sign on there was no difference...'

- Heather struggled to motivate herself to try different things and this was an obstacle that she had to overcome to begin the volunteering. With the encouragement of the Project Coordinator she explained, **'I made myself go'** and once there, **'I really enjoyed it'**.
- Volunteering twice a week provided Heather with a routine and purpose to leave her flat. As mentioned, she became friendly with two other volunteers, one of which texts her every now and then to check up on her.
- Overall, volunteering made a huge difference to Heather's day-to-day life, reducing her social isolation and enabling her to meet **'different people'**. Since the Covid-19 pandemic she has really missed volunteering and hopes to begin again soon.

'I'd got people to talk to...and I think this why I tend to waffle on a lot because...[getting upset] sorry... because I don't see anybody you see...'

How are beneficiaries involved in coproduction work for the project, including involvement in the visual toolkit, project exhibition and 'Community Experts'?

Heather has been involved in a variety of coproduction work for the project:

- Heather was one of the first people that the project approached to test and learn from the toolkit individually. She helped develop the visual aspect as well as the financial personas used within the toolkit. She has since completed the "entry" toolkit and will be completing the 12-month review soon.
- Heather attended her first Community Experts group in December 2019. She has since had difficulty physically attending the group and is instead consulted on an individual basis.
- Along with the other group members, Heather helped co-evaluate the project exhibition held in November 2019.

Is 'Five Ways to Wellbeing' used and what is the impact?

Heather's involvement in the project evidenced the use of two out of the five of these steps:

- **Connect:** Heather connected with others through volunteering twice a week, but it was important for her to find the right social activity. She had previously been introduced to a coffee morning by the Project Coordinator and although it was attended by people of a similar age, she did not feel a connection with anyone there. Fortunately, she really enjoyed volunteering at the charity shop and was motivated to go every week. Through this, she connected with new and different people that came into the shop and became friendly with two female volunteers.
- **Be active:** Before engaging with the project, Heather was not very physically active, struggling to walk very far because of arthritis in her knees. Once she started volunteering locally, Heather said, '**I tended to walk it instead of waiting for a bus**' and this was partly because she felt the bus fares were expensive. This has however, given her the push she needed to be more active and Heather has since begun going for more short walks, gradually going a little further. Her mental health has improved which in turn, has enabled her to better manage difficult situations when they arise. Overall, the improvement in Heather's mental health has meant that she does not get as stressed or as upset as she used to, and she is sleeping better at night.

William

William is 59 years old and lives alone. He has a history of mental health problems including anxiety and a complex psychological condition which began during his childhood. He suffered a mental breakdown a few years ago while living in the South of England. He suffered a mental breakdown a few years ago while living in the South of England. This left him unable to work and resulted in him becoming homeless. William spent 18 months living on the streets, mainly in Sheffield where he relocated due to having a friend in the city.

William eventually got allocated a Council flat which he now lives in. Prior to his breakdown, William had a successful career but has since been certified as unable to work. He accumulated a lot of debt, struggled with day-to-day expenses and is overweight. Before getting support from the project, William initially received help from a nutritionist for his weight issue. Through this, William was identified as being extremely isolated; an issue which was having a detrimental impact upon his mental health and overall wellbeing. Since receiving help from the project, William's life has improved significantly. He has his debt under control and is enthusiastic about his future prospects for participating in social activities. He also has a desire to embark upon some volunteering so that he can be part of society again. While the Covid-19 pandemic has limited William's options for developing new social connections, this is a barrier he is striving to overcome.

Does the project improve loneliness, social isolation or wellbeing?

Before engaging with the project, William explained that he felt excluded from society because of the **'almost total isolation'** he was living in:

- The project has provided William with a wide range of support to address his complex needs. Through a variety of one-to-one support, referrals and signposting to other services William now has a proper diagnosis for his psychological condition. This has been vital to him managing his overall mental wellbeing and associated isolation.
- Prior to getting support from the Project Coordinator, William only had one social contact in Sheffield, and he felt anxious at the thought of meeting new people.
- Having a dedicated person supporting him, meant that for the first time in years, William felt that people were listening to him. Getting the right support has meant that William now has more confidence and **'self-worth'**.
- Following several months of support, the Project Coordinator encouraged William to attend a steering group where he met and talked to new people. William immediately got involved, making the tea, saying **'I thoroughly enjoyed it... and felt like I was part of something for the first time in years'**.

What is the inter-relationship between loneliness and social isolation and individual financial circumstances?

Once William had a permanent address, his debt caught up with him. He regularly received letters from debt collection agencies and bailiffs and had several County Court Judgements (CCJs) against him. This had a detrimental impact upon his mental health, leading to self-harm and suicide attempts. The one-to-one support that William received has been invaluable to his quality of life and he has benefited enormously from having a dedicated Project Coordinator:

'I had no money to do anything constructive with...and your mind becomes very numb to the world'.

- Prior to receiving one-to-one support, William had given up trying to improve his financial situation because he saw no way out. He was constantly worried about money and what he could afford to buy and eat and he rarely left his flat.
- Having financial worries impacted very negatively on William's life and he explained that he **'lived in fear'** and **'struggled to survive'**.
- On the rare occasion that William did venture out, he would go in the city centre on the bus so that he could go to the charity shops. During these visits, he would sit on a bench for long periods alone.

‘...there have been some occasions where I’ve felt extremely suicidal, I do self-harm and... I think when [Project Coordinator] arrived I was at an exceptionally low point in my life...being older and looking back full of regrets...I felt pretty isolated and alone. [The Project Coordinator] cut through a lot of that and... in a short period of time...my confidence began to grow, my self-esteem lifted, my sense of worth in the world as a person increased and so generally...there was almost like an awakening...’

Which elements of the service impact on reducing loneliness and social isolation, why and for whom?

A lack of money was a barrier for William in terms of finding opportunities to leave the house, but his isolation was also impacted heavily by his psychological condition and his acute anxiety:

- William lacked opportunities to develop social connections in Sheffield. The steering group meeting that he was encouraged to attend was the first situation in which he had socialised with new people besides the Project Coordinator.

- William now has a positive attitude towards participating in social activities and he felt that the Project Coordinator had created a **'gateway'** for him to get involved in new things.
- The Project Coordinator is in the process of arranging some groups for William to attend. These will be online due the restrictions surrounding the Covid-19 pandemic. Having overcome a lot of issues relating to anxiety, William is very keen to get involved and he is looking forward to meeting new people.
- While William is still relatively isolated because he has not yet made any new social connections, he felt that his life **'has improved significantly'**.
- William is also discussing options for engaging in some volunteering. He hopes to volunteer in an advocacy role or in something that utilises his lived experience:

'I want to be included in society - I've been outside of it for a long time. I've now got those opportunities that were otherwise denied to me because of my situation prior to this... So yes, there are opportunities there for me...'

How are beneficiaries involved in coproduction work for the project, including involvement in the visual toolkit, project exhibition and 'Community Experts'?

William's involvement in this aspect of the project was through the Community Experts steering group:

- William attended a steering group meeting where he met other members of the group and engaged in a group discussion surrounding what the organisation can offer and how they can encourage new social contact between individuals.
- After overcoming initial anxiety, William found his involvement as a Community Expert to be a very enjoyable experience and one which provided him with the opportunity to meet new people and socialise.

Is 'Five Ways to Wellbeing' used and what is the impact?

William's involvement in the project evidenced the use of two out of the five of these steps:

- **Be active:** William struggles with his weight and recognised that his lack of physical activity is a major contributing factor. He also suffers with back pain and some activities can exacerbate this. Following a referral to a nutritionist, William is being encouraged to start walking regularly and he has received advice about how to begin this. He has also learnt more about eating healthily and how this can help with the aches and pains he experiences.

- **Give:** Following the support received, William is enthusiastic about embarking upon some volunteering. He sees that there are a lot of different opportunities for him through advocacy related work that would enable him to contribute in a positive way. He also hopes to contribute to more steering groups and draw upon his lived experience to help others. William explained that this feels like an '**exciting**' prospect because it helps him to '**feel included**' in society. In the past, William has struggled a lot with feeling like a '**non-member of society**', but he can now see a positive change in himself and his life. Most of all, William would '**love to give something back**' because he knows there are other people just like him who need help.

Key lessons for future delivery

Bringing the findings from the case studies together, along with the key learning points previously outlined, this report points towards three wider lessons for future project and programme delivery:

- The research demonstrates the effectiveness of assigning a dedicated Project Coordinator and the positive impact this has upon supporting vulnerable individuals with complex mental health needs. Taking a consistent approach based around one-to-one support, has been a vital component for individuals getting the right combination of support as well as access to additional services. Future projects and programmes working with vulnerable people would benefit greatly from a similar approach which provides tailored and targeted outreach during every step of the journey.
- Group-based social activities and volunteering are both shown to be effective ways of reducing isolation and loneliness, but it is worth considering a more diverse range of opportunities for those that struggle to engage beyond one-to-one support. Addressing confidence issues brought about by prolonged periods of isolation should be a factor for future projects.

- Levels of individual involvement in coproduction work for the project has proven difficult to gauge. In general, participants lacked an overall awareness of how their involvement may have contributed towards the ongoing development of the project. Earlier engagement with individuals involved in coproduction work should be given careful consideration.

Age Better in Sheffield

152 Rockingham Street

Sheffield

S1 4EB

www.agebettersheff.co.uk