

Community Research and Support Project 2020

Claremont Project

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Introduction

Claremont Project was commissioned alongside Help on Your Doorstep by Islington Clinical Commissioning Group (CCG) to deliver elements of the 2020 Community Research Support Project.

The aims of the project were:

- To understand the experiences of men over the age of 55 and not currently accessing Claremont community services (but may be involved in others)
- To explore and identify barriers different communities may face in accessing health and wellbeing services. We wanted to hear from people about how they experience barriers to community activities and to discuss ways these might be overcome.
- To gain an understanding of how men address their psychological and general physical wellbeing.
- To gain an understanding of people's knowledge of Social Prescribing/Navigation, the referral process, and the language around it.

In delivering this project, Claremont surveyed 19 men aged 55 and older, using a formalised questionnaire which looked at:

- From where they currently get support, if any
- Their understanding and experience of isolation
- What they look for, if anything, in community services
- Their understanding of Social Prescribing/Navigation services

Claremont's intention in delivering this project was to hear first-hand the experiences of older men *not already engaged at Claremont* and then implement these learnings where possible and provide recommendations for the CCG.

The project ran into practical issues that affected the ability to reach as many men as had been planned for. There were two major limiting factors: a short period of closure of the main Claremont building while refurbishments were concluded and the Covid-19 lockdown which started just as Claremont was about to re-open. As a result of these factors, we widened the parameters to allow for men already at Claremont to also be interviewed.

Executive Summary

This research project, and the answers within it, are a result of a combination of self-completed surveys and over-the-phone interviews with 19 older men. Although the sample size remains small, we believe that some significant insights can be drawn as a result of the anecdotal evidence shared about how older men engage with community activities, how they experience and view loneliness and isolation. The results provide both quantitative and qualitative data, but also provided an opportunity for discussion and recommendations.

On first appearance, the data suggests that most men seem to have in place support systems and do not necessarily view isolation negatively. However, it was evident that

perhaps behind these answers was a desire to be seen to be thriving, and to not be viewed too sympathetically or with pity. As the interviewer, I also picked up on a significant sense of yearning for connection from some of the men, which is not always translated into the data. However, I hope that the case studies give voice to this desire for connection. In case study two, a different kind of isolation is highlighted – one where being a carer, and not feeling valued, creates a sense of depreciated aloneness.

Overview

We found that most men in the study seem to have in place solid support systems, and did not necessarily view isolation negatively, nor identify as isolated. The respondents were often brief in their responses. A possible barrier to the depth of discussions could be due to the gender and age discrepancy with the interviewer. Men over the age of 55 were 'interviewed' by a young woman, and it is quite possible that because of this they may have felt uncomfortable about reflecting on these issues. For example, there were sentiments shared that highlighted the age difference such as, *'you're young so you wouldn't understand'*, and sentiments that suggest they may not want to be viewed in a negative light such as *'I don't want to dwell on it'*. Most men in this study were aged between 65-69 and over half identified as White British, with a significant Irish population (26%).

Support

Significantly, 78.95% of men said they felt they had people to turn to for support. Although this support is mainly from family, it is worth noting that neighbours were often mentioned, and for those who mentioned neighbours they seem to play a significant role in terms of support if family members lived far away. For those who cited not having a partner, local support from neighbours seemed important in the absence of a partner, citing frequent visits and daily updates shared over a cup of tea. It therefore feels significant to note that support systems (beyond the family) seemed to form locally (with neighbours or local Church groups).

Isolation

It was interesting to us that 68% of respondents did not identify as feeling isolated. 31% of those who said that they did feel isolated, spoke of isolation in a positive way - they did not necessarily view it negatively. Most respondents linked isolation to not having contact with any other people but there was a spectrum of isolation discussed, varying with different depths and frequencies of connection. Also, the theme of 'care' or more importantly the lack of it, was apparent in several responses, particularly for those without a partner. "Care-less" encounters reinforced a sense of isolation. Many mentioned that they had bouts of depression.

Partners and their roles

For those men who had partners, there was anecdotally evidence that they do a lot with their partners, and often rely on them to organise activities. For example, a couple of the men who were asked how they found out about Claremont mentioned that their wives *'dragged them along'*. For those without partners, there was a lot of emphasis on the absence of a partner and a longing and desire for someone to *'care for me'*, or someone to *'share things with'*.

Local Communities

Initially, when some men were asked if they take part in any activities in the community, they said no, but later went on to explain they take part in walking groups or playing in orchestras. This suggests that they do not frame these activities as being within the community. Almost 90% of respondents when asked if *'they felt they couldn't go to things happening in their local community'*, answered *'no'*. It seemed that men were either quite content in solitary activities, or already felt content with their weekly structure. 42% of participants spoke of actively attending events in their community already, citing the main reason to keep busy and for a sense of structure. It is possible that men are associating "activities in the community" to mean formal classes or groups taking place in community centres, something which is seen as still being the preserve of older women.

Identify the barriers to engagement

Barriers to things happening in the community included worries about the cost or potential cost of things; not having the time (a few men were still in some form of employment); and feeling like they might be too young to become involved. An important barrier was feeling that they would not know anyone there and not fit in, despite not actually knowing what most of the services are like.

Some respondents commented on the fact that there are often lots of single women or widowed women, and that as a result of this there was a sense that they *'might not fit it'*, or *'I'd feel better if there was someone there that I know'*.

Some respondents wanted mixed ages, so *'it wasn't just older people'*. As some of the men said they didn't identify as old, and *'that many of the women in these places are older because they men die younger'*. This suggests a desire for a more inclusive space.

Health issues were the main reason people did not access activities or groups. People mentioned physical ailments, chronic pain and mobility problems, anxiety, depression, fatigue and low moods.

Social Prescription

Disappointingly, the last section of the form was poorly responded to. However, we are able to indicate that 83.35% of respondents had not heard of the term Social Prescription or Navigation. Many asked if it was like "linking", and some spoke of the term outreach officer,

but the conversations were difficult and quite limited. Once an explanation was given, many said it made sense, but reiterated it was very unlikely anyone would have suggested them for it, as they don't feel they present as someone with the prerequisite needs or issues. There was an assumption that someone would need to be really old or in dire straits to be referred for this.

Conclusions

Overall, this report outlines conversations with 19 men, the majority of whom were not currently involved in Claremont community activities (4men were already involved in Claremont activities). In our conversation with these men, despite presenting as initially not part engaging in "community activities", many in fact were involved in a range of activities, including walking groups and further education. Some of the men shared with the interviewer their assumptions that they did not see themselves as '*old enough*' to join community classes, and many of them were still working and therefore unable to attend. It seemed to us that many of the men we interviewed often rely on their partners for social contact and to encourage social engagements, and activities. For those without partners, these men reported increased loneliness and isolation.

Our research suggests that a large percentage of men do not view isolation as a negative experience and prefer to engage with solitary activities. However, as a result of the conversations, it was evident that there was a desire for feeling valued and a desire for connection, with men living alone relying on local support from neighbours.

It is clear that community services need to do a better job of marketing themselves in ways which show inclusivity for men, and for men who might normally avoid centres which they assume are the preserve of cliquy older women. Men also want to see that they are not engaging in something defined primarily by their age.

Do you have a disability?	Number	%
Yes	3	15.79
No	16	84.21

Do you have a long-term health condition	Number	%
Yes	9	47.37
No	10	52.63

Age	Number	%
55-59	2	10.5%
60-64	3	15.8%
65-69	6	31.5%
70-74	5	26%
75-79	1	5%
80-84	1	5%
85-90	1	5%
91+		

Long-term health conditions	Number	%
Cancer	0	
Heart Condition/High blood Pressure	5	50
Stroke/TIA	1	10
Diabetes	3	30
Dementia	1	10
Chronic Depression		
Other Mental Health Condition	1	10
Kidney Condition		
Liver Condition		
Chronic pain	3	30
Respiratory Condition		

Other health conditions specifically mentioned	Number
PTSD	
Cataracts	
Bipolar	
Knee Injury	
Anxiety	
Fibromyalgia	
Hearing problem	
Arthritis	1
Hip Injury	
Mild Cognitive Impairment	

Section One – Social Isolation

We wanted to understand how people understood isolation and how this impacted on health and wellbeing. We explored how people access support networks and how they address feelings of isolation.

1a) 'Do you feel like you have people around you who can support you when you need it?'

78.95% felt they had people around them to go to for support.

Do you feel you have people around you who can support you when you need it?	Number	%
Yes	15	78.95
No	4	21.05

We then asked respondents to give more information about the support they receive.

1b) 'If yes – who are these people and what do you think about the support you get from them?'

The responses indicated that partners were the most frequently cited forms of support, then Children, and Family. Grandchildren were mentioned in response to providing emotional connection. It is worth mentioned that several respondents also cited neighbours as being the main support network. Other forms of support that were mentioned were; colleagues, volunteer staff, housemates and the Church.

If yes – who are these people?	Number of times mentioned
Partner	7
Other family	13
Sheltered accommodation	1
Friends	4
Church	1
Claremont staff	1
Healthcare professional	1
Therapist	1
Neighbours	3

Example of Responses...

Respondent 1	<i>"Not as simple as yes/no. Sometimes I do if I seek them out. This is a lot of effort for me so I end up feeling reclusive"</i>
Respondent 14	<i>"I've got my children that I can call and I rely on their support and my grandchildren, but I'm quite isolated really. My wife died in 2008 and</i>

	<i>then my second partner also died two years ago, so I've been through two bad depressions since those and I can get quite low"</i>
Respondent 17	<i>"I have many friends in my building (Sheltered accommodation) There is one neighbour for many years, we have coffee together every day. I have many from Claremont. And the Church. I have lots of support around me but I still get depressed"</i>

1c) "If no – Why is this the case? Where do you go to when you need help and support?"

6 of 19 respondents answered this question (31.58%), citing friends and family living outside London. Other reasons were due to looking after partners, or not having a partner.

Example of Responses...

Respondent 17	<i>"Many friends live outside London, and also, I don't have a partner. I think this is one of the biggest issues, especially now in lockdown. Being by myself 24/7 has not been good, and I've been very down".</i>
Respondent 16	<i>"I support my wife who is ill for various things and so I do all the shopping, the cleaning, the organising of things and that can be quite hard sometimes, so I can feel a bit unsupported in that but also I'm fine to do it."</i>
Respondent 15	<i>"My neighbours make up most of the people I know and the thing is, they are all my own age, so we are limited in the amount of support we can give one another. Often, they need more help than I do, and have their own health problems."</i>

2a) 'What does feeling Isolated mean to you?'

The responses can be divided into 3 themes; Positive, Loneliness/Being Alone, Depression/Sadness

- 1) Isolation as a positive experience** – We had 31% of respondents, respond citing positive experiences of isolation, enjoying their own company, not viewing it negatively or something they are worried about
- 2) Isolation as loneliness/being alone** – We had 25% of respondents describe isolation as loneliness, saying that it means a lack of contact with people, having minimal contact or little interaction with others, and without support.
- 3) Isolation as depression/sadness-** We had 10% of respondents describe isolation as sadness or depression, surprise that they feel this and trying to work out how they got into this situation. Death of partners contributed to feeling of sadness or not having a partner.

Other example of feelings of Isolation not captured within the themes...

Respondent 12	<i>"Not being part of a community"</i>
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Respondent 18	<i>"What I will say is that there is no worse sense of loneliness than feeling lonely in company."</i>
Respondent 6	<i>"Generally, I associated it with positive feelings as I enjoy my own company. Prior to the Covid-19 pandemic I wouldn't have necessarily seen 'isolation' in a negative light."</i>
Respondent 15	<i>"Not having someone to look after you"</i>
Respondent 1	<i>"Not connecting to anyone – emotionally"</i>

2b) 'Do you ever feel Isolated?'

Over half of the people we spoke to said they didn't feel isolated.

Do you ever feel Isolated?	Number	%
Yes	6	31.58
No	13	68.42

2c) 'If yes – What have you tried to do to feel less isolated?'

6/19 respondents answered (31%)

The most frequent approach was walking and exercise (10%), followed by attending groups and classes to feel less isolated (10%)

Also mentioned: Home projects (5%), Volunteering (5%)

2d) 'If no – What do you do to prevent you from feeling isolated?'

The most frequent response was joining community groups (31%), followed by walking groups (21%), then looking after children, volunteering and Church cited.

3a) 'Do you ever feel like you can't go to things that are happening in your local community, or sign up to activities? Or you can't use particular services (health, council run or community based)?'

Do you ever feel like you can't go to things happening in your local community	Numbers	%
Yes	2	10.53%
No	17	89.47%

3b) 'If yes – when have you felt like this, and why?'

31.58% answered. Respondents expressed both mental and physical health barriers, emotional and financial, and for those still working, the curse of employment.

Mental health issues mentioned were feelings of anxiety about new services which prevented people from engaging regularly, or at all.

Respondent 1	<i>“Financially unstable”</i>
Respondent 3	<i>“Sometimes my health and motivation”.</i>
Respondent 14	<i>“It’s easier for me to go to things when I know someone there”.</i>
Respondent 16	<i>“I choose not to go because of my memory issues”</i>

4a) 'How often do you go to activities or groups that are happening in your local community that you think might improve your wellbeing?'

42% of participants attended activities regularly, this is not necessarily reflective of the wider population as some of those asked were already members of Claremont. Participants were then asked if they do go to activities to give examples of these activities.

How often do you go to activities or groups that may improve your wellbeing	Number	%
Regularly	8	42.11%
Sometimes	5	26.32%
Never	6	31.58%

4b) 'If you do go to activities that could improve your wellbeing: What sorts of activities are these?'

The most frequent response was Walking Groups (21%)

Nature activities include bird watching were mentioned (10%)

Personal development was mentioned (10%)

Volunteering was mentioned (10%)

Other activities that were mentioned included, Sports, Drumming, Church, U3A, Cards night

4c) Participants were asked to select whether the activities were a one-off thing, ongoing or both.

53.33 % of men preferred a 'one-off thing'

If you do go to activities that could improve your wellbeing: Are these?	Number	%
One off thing?	1	6.67%
Ongoing (like a course of yoga/gardening club etc.)?	8	53.55%
Both	6	40%

4d) 'What difference do these activities make to your wellbeing?'

The answers were split into "Keeping busy", "Feeling healthier", "Improving mood", "Keeping active", "Connecting with others".

10% respondents say Keeping busy. They mentioned having a routine and a sense of structure was important, to break up the time.

10% respondents said avoiding loneliness

Other differences cited were to improve memory issues, talking to others, mental health.

Example of Responses...

Respondent 15	<i>"That is a difficult one. I try to socialise a bit, I'm not a good socialiser. But I would generally look for someone to talk to rather than activities. Someone who knew my wife, she's my saviour, if I'm in a low mood, I'll ring her up and we'll knock back a bottle of a wine, sitting and talking."</i>
Respondent 19	<i>"I like to be active and social and so in retirement I developed lots of hobbies that I didn't realise I had really. I also go for a daily walk."</i>
Respondent 2	<i>"Keeps me going and busy Sometimes not got time to be lonely and sad Drumming is a good outlet - no time to feel stressed"</i>

	<i>Music is a great outlet for this I hit my drum for a few hours and it all feels okay."</i>
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4e) 'If you don't go to activities: why not? What stops you?'

Example of Responses...

Respondent 15	<i>"I'm a bit of a loner, I have been all my life and I'm ok with that. I quite like to just have a chat from time to time with a friend but I'm not a very sociable person."</i>
Respondent 6	<i>"No real interest. Most of my interests are solitary."</i>
Respondent 9	<i>"Might not fit in".</i>

Reasons were grouped into "Not knowing what is out there" "Financial strain" "Mental Health" "Lack of time".

Health issues were the main reason they didn't access activities or groups. People mentioned physical ailments, chronic pain and mobility problems, anxiety, depression, fatigue and low moods.

Several respondents mentioned finance and whether they could afford to pay for anything extra outside their basic costs for the week.

4f) If you don't go to activities or groups: What might encourage you to go?

42% answered this question.

Encouragements included "If they sounded interesting" "Pressure from others" and "I'm not interested".

Example of Responses...

Respondent 18	<i>"I don't really want to do anything more; my week feels quite full. But now the lockdown, and I don't have the things, I really realise the need to have things to break up the week and miss having the sign posts or goal posts that break up the week."</i>
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Section Two: Social Prescribing

We asked participants about their understanding and experience of Social Prescribing/Navigation Services.

6a) 'Have you ever heard of the term Social Prescribing?'

16.67% said Yes

83.33% said No

6b) If yes – what do these mean to you?

21.5% answered this question

Example of Responses...

Respondent 12	<i>"Social Prescribing yes, possibly because of my background in social care I'm familiar with the language but also because I've known a lot of people through the Social prescription programme at Claremont".</i>
Respondent 14	<i>"Joining in social affairs".</i>

Lots of people were unsure and unable to comment and felt uncomfortable not knowing. People responded with broad answers including corporate-volunteering lingo, linking services. These answers were more related to the term navigation services which those answering appeared to understand more than social prescribing.

6c) If no – what do you think these might be?

78.95% answered this question

Example of Responses...

Respondent 3	<i>"I'd say it is connected with Health Services but not really sure what it means"</i>
Respondent 6	<i>"Navigation to what – it doesn't make sense to me."</i>

Respondent 7	<i>“Not having heard of them, I would imagine it means something like the equivalent of a doctor suggesting people to go to something social”</i>
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7a) ‘Have you ever been referred to a Navigation scheme or Social prescribing services, or been contacted directly about one? If not, whether they have been referred to or told about a non-health related group/service/activity.’

88.89% said they had not been referred to or asked about these services

0% of people answered yes, they had been referred.

11.11% answered yes, I have been told about these services.

Some people once understanding the term through the survey realised they had joined Claremont through a suggestion from a healthcare professional so believed they had been informally referred without the procedure of a referral.

7b) ‘What services were you referred to or told about?’

People who had been referred or told about these were asked to give examples of who referred or contacted them.

1 respondent cited self-referral to Talk2Health.

1 respondent cited their GP suggested this Memory Clinic and found it useful

1 respondent cited they were getting counselling and their counsellor suggested somewhere like Claremont

‘How was it suggested to you that this programme/service/activity might be helpful for you? What sort of conversation did you have about it, who with and where?’

Respondents said it was suggested to them because of these reasons:

- Improve social interaction
- Mental health – depression, anxiety, bereavement, relationship problems.

Example of Responses...

Respondent 15	<i>"I remember how I found out about Claremont. I was volunteering right in the building but I had been so busy I had not realised what Claremont was. Then a lady said, how old are you, and then when I said 55, she said why don't you join Claremont, what about the singing group, and I said but I can't sing, and she said well, just join in for fun then. And now 12 years later I'm still in the group."</i>
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7e) "What did you feel like when this was suggested?"

Example of Responses...

	<i>"Initially I felt I couldn't do it, but with encouragement I did. I often feel like I want to give up when I can't do something or something is difficult but to be encouraged was good."</i>
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7f) 'Did you end up using the service or joining the programme that was suggested or that you were referred to?'

33.33% said Yes

66.67% said No

8a) 'What made you choose to do so?'

Example of Responses...

Respondent 6	<i>"I had hoped it might help with my memory issues but I've since realised that there isn't so much aid, but getting used to it really."</i>
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Respondent 15	<i>“Claremont had so much I wanted to do, dancing, singing. I've made lots of friends here.”</i>
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8b) ‘Was there anything that made it particularly easy to take part in the programme or use the service?’

No answers

8c) ‘What was your experience of the programme/service/scheme?’

No answers

8e) ‘Did you complete the programme/service/scheme?’

0% Yes

8g) ‘What would it have taken for you to stay/how could you re-engage?’

No answers

‘What prevented you from taking up this offer?’

No answers

13): Issues raised in this survey – can we help? What are the issues?

Example of Responses...

Respondent 14	<i>“I can find things out myself. Might be worth saying that it was by accident that I found out Claremont existed, as I was using their hall to play Bridge, other than that, I would not have thought I was ‘old enough’ for a service like this. I had in my mind retirement age of 65+ and so 55+ for an older person service never crossed my mind. I'd say I'm pretty well connected and self-reliant but even so, I wasn't aware of Claremont.”</i>
Respondent 15	<i>“I consider myself very privileged that I have Claremont and the Church, I'm very grateful. I know there are other people not as connected as me and even though I can feel depressed, I also feel grateful.”</i>
Respondent 19	<i>“I think men might be under represented at Claremont because a lot of them die</i>

	<i>younger. I've met lots of widows at Claremont"</i>
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Case Studies

This service user is an Islington resident, aged 67 and is from a mixed background (Brazilian/Japan). He has diabetes. He has been living in UK for 50 years, currently living in Sheltered accommodation. He has no caring responsibilities and has no partner. He lives alone and struggles without the company of another, and therefore relies heavily on neighbours. He has many friends but despite this he says, still gets depressed, and lonely. He tries to keep to a structure in his life, and he attends activities at Claremont, but only because somebody suggested it to him. He said that without the support and encouragement to join a singing class, he wouldn't have done it because he didn't think he could sing. He considers himself very privileged because of his situation, that he has a very supportive church community that he's belonged to for many years and having friends in his building, which is a life support to him. In the past, he has had counselling and he mentioned that the counsellor also suggested he tried community groups, but he can no longer remember which one. He said that it really helps him to just get out of the house and before lockdown he would go out every day for a walk and to sit in a café. He mentioned that it helps him knowing he too might be helping others and therefore has two friends also in his building who are lonely, and so he calls them every day. He explained that Claremont 'was one of the best things I could have done'. He said he has made lots of friends and the dance classes meaning a lot to him, and the fashion show being a particular highlight of the year. This gives him something to look forward to and he is already planning his next outfit. Although it was not a formal referral to Claremont, and was more someone noticing him in the building and suggesting it to him, he said he felt 'noticed' and 'cared for'.

This service user is 82 years old and an Islington resident. He experiences mild cognitive impairment and can find himself being very forgetful. He says that he can be embarrassed by this and this stops him in participating in activities. He used to regularly attend history lessons at a local university, but said that although he enjoyed it, once it came to the discussion, he felt excluded because he couldn't remember names or dates and this he found to be frustrating. He has a wife who he cares for as she has both mental and physical health issues. He supports her and feels although this is something he willingly and lovingly does, that he is quite a lone in this and can feel unsupported himself. He'd consider himself physically connected but at times socially isolated. He sees his daughter about once every 3 weeks. He considers his week quite full and doesn't really have a desire to do more. But he does like to keep active and have certain routines in place to structure his week. He has been a part of an architectural walking group for the past 15 years. It was actually his wife who suggested Claremont to him and he only belongs to the Book Club, but has been a member for the past 7 years and it is very meaningful to him. He doesn't see himself as wanting or seeking anything in the community that he can think of but he does find that he prefers ongoing commitments.

Recommendations

Marketing work needs to be done to shift pre-conceived ideas of 'clubs' as being cliquey centres for older women. The marketing needs to be inclusive, progressive, aspirational, and not focussed on age (dispelling the idea that centres are only for people with dementia).

Health and Wellbeing services should include activities that are not only centre based – walking clubs, for example.

There may be merit in developing men-only groups and classes to encourage confidence and a sense of belonging/fitting in.

It is critical that work be done to gather the views and experiences of older black men in the borough.

It might be valuable to use an older man to conduct more interviews, to reduce difficulties some men might have sharing their difficulties.