



Analysis of data from Loneliness and Social Isolation Focus Groups and In-Depth Interviews

21st November 2013 – 10th December 2013

Introduction	1
Demographic Data Summary	1
Focus Group / Interview Summary.....	2
Appendix One – Group / Demographic Data.....	5
Appendix Two – Details of In-depth Interview and Focus Group Discussions by Topic	6

Introduction

Between the 21st November 2013 and the 10th December 2013 Cotswold District Council hosted 7 in-depth interviews and focus groups, involving 44 participants, across the Cotswold district. The purpose of the research was to explore the issues of loneliness and social isolation, in the Cotswold district, amongst people aged 65+.

Demographic Data Summary

The gender split was as expected for the age groups involved, 66% were female. A good age representation was achieved with almost 30% of participants aged between 65 and 75, 34% aged between 75 and 85 and 32% over 85 years old.

57% of participants lived alone and 18% classified themselves as carers, so representing a range of interest groups.

36% were non-drivers and 41% had mobility problems. We would perhaps have expected a higher proportion of non-drivers but participation required access to the venues where focus groups / interviews were held and, although transport was offered, very few requests for transport were received.

Over half (57%) of participants declared a long-term condition; the most common were: mobility problems, dementia, arthritis, heart conditions, diabetes, hearing and sight impairments. It is thought that this number is a

little lower than expected but some participants choose not to / were unable to declare this information.

Over 45% of participants lived in villages, with 34% living in towns, and just over 20% living in sheltered / supported housing, which was a good spread of location type. The sheltered / supported housing percentage was slightly higher than would be expected but four of the group venues were held in these locations.

Please see Appendix One for Demographic Data.

Focus Group / Interview Summary

The following list details the discussion topics used for each focus group / interview.

1. General discussion about loneliness and isolation
2. Transport and ability / desirability to spend time outside of the home
3. Safety Concerns
4. Social Contacts – desired and achieved
5. Impact of loneliness and isolation on happiness, wellbeing and health
6. What is preventing people from having the social life / social contacts they would like, what would help
7. Local service availability
8. Impact of local services on happiness, wellbeing and health
9. Desired service availability
10. Last words

An important factor in determining an individual's likelihood to experience loneliness and isolation is their personality. Some people need less social interaction than others. For some people hobbies, pets, keeping active can all help to prevent feelings of loneliness. It does not matter if you live in a town, or a village, or sheltered housing, if you live alone or with a partner, loneliness and isolation can be felt by us all.

However there are significant factors that are clearly causes of loneliness and isolation and these are mainly concerned with the experience of 'loss' and include bereavement, family moving away, being a full-time carer, living with someone with dementia, mobility problems, loss of driving licence / ability to drive, hearing and sight impairment and other isolating long-term conditions which can lead to the loss of independence.

Lack of transport is a major issue, and perhaps the most commonly reported problem by participants. Being isolated makes all other problems seem much worse. Infrequent or non-existent bus services, which do not co-ordinate with connecting services, and have routes which incorporate too many stops / villages, with poorly located bus stops were highlighted by many participants. Older people, with limited mobility, who are frail and unable to cope with

adverse weather conditions, and struggle with short winter days, find the public transport system very isolating.

People hold on to their driving licence as long as they can, using their cars for short local journeys, in daylight and good weather.

Some community transport is used but it is not well promoted across the area and service provision varied greatly. Better promotion of community transport and more consistent and flexible services are requested. Taxis are too expensive for many people.

Safety concerns focus more on the weather, as people fear falling in snow and ice, and darkness in the winter, than feelings of concern for personal safety due to crime. However concern for some alcohol related problems were voiced.

A need was expressed for more benches and repaired pavements to aid safe mobility.

Careline was widely used and thought to be very reassuring for people, although less helpful for those with a hearing impairment.

Generally people felt they did not have enough social contacts each week, with some people seeing less than 1 person per week. In some cases the postman, newsagent and carers were the main social contacts.

Befriending services were widely used and well regarded but some people had experienced a waiting list and others were not aware of them.

Telephone contacts with family and friends were seen as a lifeline but difficult for people with hearing impairment. Very little IT is used; very few participants were using Skype, Facebook etc to keep in touch with family. Most participants found IT intimidating believing it to be both beyond their capabilities and of no real interest to them.

Clubs and groups were used by many but availability is sporadic and more of these, including lunch clubs, board game and kitting groups, were requested. Similarly people requested more community outings (pub, theatre etc). Clubs need to be supported with transport availability to really help people. Lunch club availability is limited and more creative ways of providing these social opportunities could be explored to make them less onerous to organize and therefore more widely available e.g. using pubs.

Women seem to find it easier to join in with group activities, and organize more, than men. Men felt less likely to join in and thought less was available for them. The perceived stigma of joining some of the groups on offer affected some people and some people found some of the available social groups to be patronizing.

Loneliness and isolation were widely accepted as having a detrimental impact on health and wellbeing, both mental and physical. It was felt that

bereavement and physical pain were harder to endure if you were lonely and isolated, depression and anxiety were both considered to be caused by loneliness and isolation. It was felt that dependence on GPs and social services increased with loneliness and isolation. Dependence on alcohol and lack of exercise were also associated with loneliness and isolation.

Service availability was often better than people thought, but awareness of what was available locally was often low. Parish magazines, notice boards, press and PR were all seen to be important ways of promoting local service availability to potential users. Relying on word of mouth to attract participants did not appear to be working well.

Most people were prepared to pay 'reasonable' amounts for services provided but for some the cost of e.g. lunch clubs was prohibitive.

It was agreed that not enough is done to support carers and give them the respite they need so they can have an active social life. It was felt that their mental and physical health was at risk if they were unsupported. Carer respite services were thought to be good, and heavily praised by those who used them, but they needed to be better promoted and more widely available. At the moment there is more carer respite available in the north of the area than the south.

Village Agents, Young at Heart Memory Clubs, the British Legion and the U3A were all praised by participants. Again some participants were not aware of these services / groups.

Volunteering was seen as a way of keeping socially active, of providing structure and purpose and activity. It helped people to think less about their own problems and more about others and was seen as beneficial to health reducing depression and helping to keep physically active.

The opportunity of telephone befriending was welcomed as both a service in its own right and a complementary service to e.g. face-to-face befriending. It was thought that this may be of particular value to men.

Supporting people to stay independent, living in their own homes for as long as possible, was seen to be the most desirable outcome. Services to combat loneliness and isolation, including transport provision, were seen as an important way to achieve that. If these services could be adequately provided it was felt that this would have a positive impact on both mental and physical health and help sustain independence for older residents.

Please see Appendix Two for Details of In-depth Interview and Focus Group Discussions by Topic.

Appendix One – Group / Demographic Data

Location and dates of focus groups / in-depth interviews

Location	Date
Cirencester	21 st November
Northleach	22 nd November
Lechlade	25 th November
Moreton-in-Marsh	26 th November
Tetbury	28 th November
Bourton-on-the-Water	6 th December
Moreton-in-March (reserve list)	10 th December

Demographic Data

Gender	Male		Female	
	15	34%	29	66%

Age	<65		65-75		75-85		85+	
	2	4.5%	13	29.5%	15	34%	14	32%

Key Variables	Yes		No	
Live Alone	25	57%	19	43%
You are a Carer	8	18%	36	82%
Drivers	28	64%	16	36%
Mobility Problems	18	41%	26	59%
English Language ^{1st}	43	98%	1	2%

Location		
Town	15	34%
Village	20	45.5%
Care Home	9	20.5%

Several people choose not to / were unable to fill in the long-term conditions section of the registration form or just said 'Yes' or 'Lots.' The following long-term conditions were the most common:

- Dementia
- Arthritis
- Heart conditions
- Diabetes
- Hearing impairment
- Sight impairment
- Breathing difficulties

57% of participants declared a long-term condition.

Appendix Two – Details of In-depth Interview and Focus Group Discussions by Topic

1. General discussion about loneliness and isolation

Personality is important, what would cause loneliness in some people will not in others, some people are happy to be alone. You can be lonely when you are married, you can be lonely when you are in a crowd. Just two people together all the time can become too much for each other, you need a break, other company.

Location is not a factor. You can be just as lonely in a town/city as a village/hamlet. Some places are 'friendlier' than others, some places are more dementia friendly than others. You can be lonely even within a sheltered housing scheme. First thing in the morning can be a very hard time to be alone, no one to have a cup of tea with, no one to greet the day with. The days can seem very long, you go to bed early so you get up early.

Hobbies can help, it is important to keep busy. Art is very absorbing and can stop you from feeling lonely.

Pets can be good company.

People can be **reluctant to admit** that they are lonely. It can be **difficult to stimulate someone's interest** and get them to join in with activities and events that are available. This is more noticeable in **older men** who profess to prefer solitude, a possible issue of pride. If you have always been a very independent person it is difficult to give that up, the war spirit can pervade and offers of help can be rejected. This may be peculiar to this generation.

Women are better at organizing things and are more used to this kind of socialising than men.

Family moving away is a common problem; this happens much more often than it once did – work is usually the reason. House prices in the Cotswolds can be a factor; young families cannot always afford to live here.

Bereavement - a main factor of loneliness. Bereavement late in life is very hard, a shock. When family have been very close outside connections can be lost.

Family may ask a bereaved family member to move closer to them but it is difficult to leave a life-time behind.

Loss of a pet, especially if you are alone, can make you feel very lonely.

If you have been a full-time carer for a partner bereavement can also give a sense of relief.

As a **carer** of someone with **dementia** you can suffer from loss of depth of conversation and have very little time away from your caring responsibilities; very little opportunity to get out of the home and take a break. Full-time caring without respite was described as exhausting and draining causing both mental and physical health problems.

People living alone with **dementia** can forget that they have had a visitor; **memory aids** such as a visit diary, can be helpful.

Caring for someone with limited mobility can be very isolating; you have to give up lots of activities.

Different people require different types of support for loneliness – a short visit, a lunch club, a long visit, an outing and activity – combatting loneliness requires an individualized approach.

2. Transport and ability / desirability to spend time outside of the home

Lack of transport is big problem. **Being isolated makes all other problems seem much worse.**

Having to **give up your driving licence** is very hard and has a big impact on your lifestyle, making it much more restrictive, it can cause depression. Ability to drive is seen as essential by some for an active social life. People who have given up driving really miss it. One person went out and bought a scooter. People will hang on to their driving licence longer than they should, even though they are no longer driving safely, rather than give it up.

Driving in the dark / in poor weather conditions is difficult / impossible so winter is harder. Also low winter sun makes driving difficult.

Family / friends can help if local / available but often aren't.

Community transport options vary greatly. In Northleach the minibus driver will be forced to stop at 70 due to insurance restrictions and there is no one to take his place. **Insurance restrictions** are a problem for older volunteers. Community transport is often for **medical appointments**, not social use.

The **CVN Community Transport** service is used but drivers need to be local to avoid 'dead miles.' CVN is perceived as transport for medical need only, not for social use. Lack of awareness of CVN Community Transport eg. no leaflets at Market Close for any CVN services.

Car sharing can be too personal.

Fairshares has also been used for hospital journeys.

Lunch Clubs in Bourton suffer due to lack of transport; more people would go if they could get there. CVN transport will be investigated for this.

The **Hedgehog bus** is useful but some felt it took too long (made too many stops / pick ups). Booking services like **Dial-a-Ride** mean you cannot be spontaneous and can take a long time. Some people enjoy the journey as a social event but for others it is not good.

Buses vary greatly by area, some areas are not very good at all with only 2 buses a day or less, especially in the more rural areas. Sunday service is very poor or non-existent. Many services are just local and you have to change

buses to make a connection to go to the bigger towns / cities, the timing of these connections often do not work.

Buses do not work well for people who are frail and / or with limited mobility. Journey times for older people need to be short.

If you are a carer you can not leave the person you care for for too long so transport must be quick.

Bus stops are often in the wrong place, towards one end of the village (Donnington and Bourton) at the bottom of a big hill etc. Many people are not able to get to the bus stop or indeed carry their shopping home.

Pulhams are very flexible and will stop where asked, even if not at a bus stop.

There is no bus to Chipping Campden. The bus to Bath returns 40 mins after dropping off and not another that day!

Taxis are too expensive. Based in towns so often have to pay for a double journey to get one. Taxi drivers also do not provide any support, will not accompany people to hospital waiting rooms or wait with them for an appointment, community transport is better and cheaper.

Could **Bromford** provide transport for sheltered accommodation schemes for shopping, garden centre, library and outings? People are prepared to pay extra for this.

3. Safety Concerns

More difficult to go out in the **winter / bad weather conditions due to fear of slipping / falling**. Villages are not gritted. **Winter is the most isolating time**, after closing the curtains at 5pm feel isolated.

Snow is not always cleared. Some farmers help to clear roads but not all. In Longborough snow wardens and people with 4x4s help others with shopping / prescriptions etc. This also happens in Weston Sub-Edge.

Dark evenings are isolating – don't want to go out after dark. Going out in the **cold** is also not good. It is not just the going out but also the fear of coming back to a dark, cold home. It is easier to stay in.

Feel safe in the day in Lechlade and Fairford but don't go out after dark. Mickleton feels safe, even teenagers are friendly, older and younger people respecting each other very important. Weston Sub-Edge is very supportive of older residents.

Careline is reassuring and used by many participants. Others have arrangements with family eg. daily / nightly phone call to check all is well. People who suffer from hearing impairments struggle to use Careline – they can not hear the telephone call 'If I don't wake up in the morning who is going to know?'

Vulnerable people can feel vulnerable when walking alone, especially at night although fear of crime was generally low.

There are **alcohol related problems**. Sale of alcohol / licensing laws affect people's confidence about going out.

Need **benches** to sit on, not enough benches available. **Pavements** also need to be repaired, **scooters** can't use bumpy pavements and difficult for people with walking aids / limited mobility.

4. Social Contacts – desired and achieved

Telephone - for some participants children called twice a day every day, a telephone conversation is good, it is better than nothing, but it is not as good as a face-to-face interaction. Silverline OK but not as good as talking to a real friend. If people forget to phone very disappointing, sometimes people are not in when you need to speak to someone, very disappointing.

If you have hearing difficulties the telephone can be a problem.

Carers rely heavily on telephone interactions, as they are unable to take time off to socialise, found friends to be very supportive of this situation.

Family very busy and does not visit often, a common problem.

Some participants would like to see someone **every day**, for most people this does not happen especially in the winter months. Some people are experiencing 1 or less than 1 social contact a week – NOT ENOUGH. Some people rely on contacts with the **postman, village agent, newspaper seller**. One gentleman sits in his garden everyday and speaks to passers by, easier in the summer months. Walking a dog has changed one person's life. Some people make doctors appointments for social contact and reassurance.

One lady has **carers** morning and night and relies on their company.

Neighbours can be very important, looking out for each other and checking on each other daily. Similarly in **sheltered housing** (Beech Grove Court) good community. Some neighbours do not offer regular contact but are available in an emergency.

Some participants felt that this was quiet time after having a busy life bringing up children, working etc. and are happy not having too much contact / activities now. It is important to be able to choose when to be on your own, bad to be imposed upon.

For those people who are able to embrace **IT** they have found it to be brilliant. One Ipad user **Skypes** family daily and keeps up with grandchildren via **Facebook** etc. Other people lacked confidence with IT and/or do not feel able to use it, it is also expensive for many. Some frustration by non IT users as some services point to websites for further information. On-line shopping not really used which is seen as a shame as many people struggle to get their shopping home, however the £40 required on-line shop minimum spend, was an issue for some. It was suggested that people might club together to place an order with the help of someone with a PC but then payment would need to be arranged.

Clubs / groups are attended and are seen as important social interaction. One gentleman has relied heavily on the British Legion since his wife died, he has been very depressed. **Lunch Clubs** seen as very valuable, one in Lechlade stopped and is missed. The cost of lunch clubs not seen to be an issue eg. £7 for lunch and transport fine “just because we are elderly does not mean we expect everything for free.”

Memory Clubs used by some and found to be very good but funding and payment for carer respite an issue for some.

Transport to clubs can be an issue and prevent attendance.

Weston Sub-Edge has a seniors coffee morning once a month – something to look forward to.

Perception that there is **more out there for women than men**, women run more clubs, the WI etc. Perhaps men don't want them as much as women do?

Do people know what clubs are available? **Advertising** can be very poor. Local magazines can be very good at promoting local services – Ripples very good – local notice boards are also sometimes used. Bourton Browser good.

Befriending services used by several participants across the group and found to be good, once a friendship has been made, but some people are on a waiting list and some had not heard of befriending.

A large empty house can make you feel lonelier but it is difficult to take that decision to move.

5. Impact of loneliness and isolation on happiness, wellbeing and health

Widely felt that loneliness leads to **depression**, this is made worse by isolation and inability to get out and about. Depression is often unacknowledged / undiagnosed and untreated. **Anxiety** is also caused / made worse by loneliness.

It was recognized that loneliness impacts **physical as well as mental health** “no doubt about it.”

Bereavement and **physical pain** is felt more if you are lonely. Without any company there is a tendency to focus on your own poor health and unhappiness.

Difficult to get a **doctors appointment**, in some cases nurses act as triage and this makes it harder.

Emergency services excellent but cutbacks are a worry and distances ambulances have to travel also a worry eg. Malmesbury – Longborough. In one case a GP calls if there has been no contact for a while – this was seen as excellent but very rare.

Some lonely people are **drinking** too much, some are secretive about it and it impacts on health. The link to increased alcohol drinking and loneliness seen by most groups.

Loneliness and isolation can also have an impact on **exercise**. If you feel trapped and isolated in your home you are less active.

When people leave their village / community they can go into decline. A strong desire to be supported to stay in your own home for as long as possible was voiced by many.

Volunteers can benefit from the increased social contact volunteering can bring. Volunteering stops you from feeling as lonely and makes you get out and about and keep fit and active. Helps to make new friends and increase your social networks, **a good idea for GPs to prescribe it**.

6. What is preventing people from having the social life / social contacts they would like, what would help

One of the main barriers is seen to be **lack of knowledge** about local services available. People present were not aware of community transport, befriending, social groups, lunch clubs etc. **Parish magazines** were thought by many to be a good source of information but some did not read them. It was thought that smaller local clubs were often promoted by word of mouth but for isolated people that does not always work. Posters at eg.doctor's surgeries become 'wallpaper' and go unnoticed. Press via PR was seen as helpful. **Good marketing was seen as vital**.

Lack of **transport** and the cost of transport is a big issue.

Hearing impairment was seen as a significant issue. Some people do not acknowledge, or get help for this, and do not attend clubs, talks etc as they are unable to hear properly. Some venues have poor acoustics and for some people the background noise at eg. Lunch Clubs makes it difficult for them to hear / take part. The **Sensory Impairment Team** from GCC support people with aids and advice but you have to accept the help and many people have not heard of them.

Limited mobility is a big issue, the suitability of venues and transport.

The weather, the winter months, dark evenings, slippy pavements make it harder to get out and about.

For some activities there was a perceived **stigma in attending**. It was concluded that clubs and activities need to be offered in the spirit in which they would like to be received. Some were seen as patronizing or unfriendly to new comers. Having a friend already attending a group, or using a service, was seen as the best way to be introduced to it successfully. One participant

spoke about the church clique in her village 'them and us' 'you are not accepted until you've got someone under the ground here.'

Affordability – poverty can be extremely isolating. E.g. you cannot afford £5 for a Lunch Club if you can not afford to have your heating on.

Carers often need respite care so they can go out and join in with activities, this is often not available.

If events / activities are promoted on the **internet non IT users** can miss out.

7. Local service availability

Promoting services available may be more the issue than actual lack of availability. Some services need to do more to provide **transport** and possible **respite care** to allow people to take part. There are charities providing respite and transport but there can be a waiting list.

Befriending popular and much requested but often a waiting list. Also it needs to be very flexible to suit all needs; some people want trips out others want to play scrabble etc. One man has a befriender and they meet weekly in the library, excellent and was a quick match.

Lunch Clubs popular but Lechlade closed and is missed and some areas do not have them. At some lunch clubs the meal is not cooked by the club but participants get eg. fish and chips and eat together in the church hall – this was seen to be a very good solution and is much enjoyed by participants. Also pubs are used to cook lunch club meals for some.

Fairshares can be very good but not always people offering the swap you want e.g. gardening.

The group at **Beech Grove Court** felt that there were a lot of social activities available for them including a 'pop-in at the pub' which is held twice a week and well attended by 35ish people. Activities that are wanted thrive and are organized by the residents. People are also happy to pay reasonable charges for activities / coffee etc. but BCG pays for most, there is some fundraising with raffles etc.

Residents would like people from outside to come to their events but transport is an issue. Taxis are too expensive and do not accept the taxi vouchers provided. Buses are not available.

Community Transport can be too expensive if you have to pay for **dead miles**.

British Legion outreach work well regarded. Some **churches** also have outreach workers who offer family / emotional support.

Some **support groups** are closing down as they have lost funding eg. Stroke Support. However some people with a condition do not want to join a support group as they do not want to see others in their position.

Village Agents very well regarded. Village Agents complimented in groups by several individuals for their support and for the events they organize eg. Once a month quiz and lunch 'Best thing that ever happened in our village – something to look forward to.' Some people did not know about Village Agents but it was noted that Village Agents have a big patch to cover and only work 10 hours a week.

Young at Heart Memory Club good but some people unhappy with the changes and see it now more as a profit making commercial enterprise. Discussion about sustainability of services and how some 'not for profit' services must charge to remain viable.

U3A is good, lots of variety and stimulating, but operates on a local level and many people did not know about it.

8. Impact of local services on happiness, wellbeing and health

Many people who attend lunch clubs, social groups, memory clubs, receive befriending services and respite care do suffer from long-term conditions but they get **support and friendship to help them cope**. They are cheered by the social interaction and attendance which gives them **something to look forward to, helping with anxiety and depression**. "It takes my mind off my problems."

Volunteers visibly see people 'cheer up' when they attend the lunch clubs etc. Volunteers also get 'a lift' and enjoy the jolly atmosphere, lots of joking and laughter. If you volunteer for a service it gives your life some **structure and purpose**, you focus less on yourself and more on others – good for you.

Socialising helps with anxiety and depression, **helps prevent loneliness and people feel less isolated**. **People are less dependent on GPs, social workers** etc. as they have their own support networks. Social clubs and befriending can provide **emotional support** with issues such as bereavement. When people move away from their established support groups, e.g. to live closer to family, often does not work and people's health deteriorates. **Being supported to stay in your own home and live independently in a supported social environment is what people most want**. More availability of suitable housing so people don't have to move out of their village was requested.

9. Desired service availability

More availability of **transport, village agents, befrienders, respite care, social club**seg. board games (Scrabble most requested). Knitting / craft clubs requested.

Better availability of **lunch clubs** in more areas and possibly more frequent for some. Look at some of the more creative ways of providing lunch clubs perhaps eg. pubs with a quiz. This type of service is less like a club and may

appeal to those who perceive a stigma in attending 'clubs for the lonely / elderly.'

Do more to **promote** existing services and reach out to people to join in. Remove stigma. Longborough and Willersey provide 'welcome packs' to residents which includes all activities / services for older residents.

Provide more for men. Bowling and pubs popular but some people do not feel safe returning from pubs in the evening.

Silverline welcome, more opportunities for **telephone befriending** locally. Age UK Gloucestershire offer telephone befriending but do not have the volunteers for the Cotswolds. May help some men but will men talk on the telephone? Telephone befriending could be a first step to joining in more and could lead to other face-to-face activities or be a fill-in between face-to-face befriending visits for those people who require more than 1 social contact a week - a complementary service.

Possible opportunities at the old hospital in Bourton and the old prison in Northleach.

Fairshares need more people to offer gardening.

Do more to help people have access to / use IT. An internet café/ use point in towns/villages for Skype, shopping, email etc. with volunteers on-hand to help.

Blockley Hub will open next July / August with a remit to combat loneliness and isolation in Blockley. Will provide a meeting place, IT support, café, shop and signposting / referral service.

Pub outings and theatre outings requested.

10. Last Words

It is very important that **services are offered in the spirit in which they would like to be received.** For one local social group a lady said that 'she doesn't belong to it – it doesn't feel like her, it is to keep the old people happy.' She finds it patronizing.

Some club attendance is in decline and their long-term future is uncertain even in areas of need. Funding and transport are issues but more importantly they are not necessarily offering what people want in a way that people are happy to participate. It is more of a 'we are providing this for you' than 'we are enjoying this together'.

Weekenders in villages limit the community spirit, some Cotswold villages really suffer from this.

Sometimes you need to be pushy to get the help you need and not everyone is / can be.

Medical care has made the situation worse, we are living longer but not necessarily in good health or well supported.

Macmillan Nurses are wonderful.

It is getting harder and harder for people to get the financial support they need. The eligibility criteria for **Attendance Allowance** is now much stricter and the forms are very difficult for most people to fill in, for many impossible. There are charities that help with these applications, such as Carers Gloucestershire, but they are not widely known about.

Vulnerable people need to be **better prepared** for being on their own. E.g what to do in a power cut. People want to look after themselves but need to be supported to do so.