

Working with Older People with Poor Physical Health

Ageing Better is a test and learn programme funded by the National Lottery Community Fund.

We collect information and insights from across 14 partnerships and use this learning to support service deliverers, funders and policy makers working to reduce social isolation in people aged over 50.

This learning snapshot details key findings and recommendations when tackling loneliness and social isolation in people 50+ who experience poor physical health.

You can use it as a summary of the full [learning report](#), to share practical tools with colleagues and in teams, or include in your own presentations and briefings.

<p>1. Why focus on ‘physical health’?</p> <ul style="list-style-type: none"> • Poor physical health is a ‘risk factor’ for social isolation and loneliness. • Poor physical health covers a broad range of situations - from chronic conditions to shorter-term illnesses; ongoing physical deterioration or temporarily reduced mobility. It can be transient, consistent or a one off event. And the impact it has on social connectedness is far reaching. • There are additional steps and approaches to consider when developing wrap-around services to tackle loneliness for people with poor physical health. 	<p>2. What are the challenges?</p> <ul style="list-style-type: none"> • Some elements of physical health support delivery (e.g. care packages) can act as a barrier to maintaining social connections. • Poor physical health directly impacts personal finances, which creates additional challenges when working to reduce loneliness and social isolation. • Reduced mobility, energy and overall wellbeing can mean people feel less able to connect in their “usual” ways. • Deteriorating physical health impacts on mental health and confidence; exacerbating ‘risk factors’ for loneliness.
<p>4. So what can we do with this learning? Use person-centred practices to identify and address the wide range of potential barriers (finances, accessible transport or digital literacy for example) and support people to overcome these to make meaningful connections whether online or in person.</p> <p>Test and Learn in your area</p> <ul style="list-style-type: none"> • Use a ‘<i>recovery focused</i>’ model with people and co-design the support package. • Use Connector interventions to bring together partners and prevent blockages that can occur in joint agency working. • Use skilled group facilitators who can manage different physical needs. • Introduce Telephone Befriending to establish longer-term relationships and help people unpack anger and frustrations. 	<p>3. How can we support people well?</p> <ul style="list-style-type: none"> • Work with people to set goals and targets based on their evolving circumstances. • Invest time in building rapport. • Be prepared to target and intensify support to help manage a crisis situation. • Understand that people with fluctuating health may have sporadic attendance at groups or activities and build in flexibility. • Understand that a deterioration in physical health can lead to depression, a reduction in confidence and mobility; impacting on a person's ability to engage with groups or connect socially. • Make home visits, connect with people outdoors, on walks or in gardens, as well as speaking to people on the phone, online and during community sessions.