

**Loneliness in the  
retirement-age population.**

**Gateshead and Newcastle**

## **About Healthwatch Gateshead & Healthwatch Newcastle**

Healthwatch Gateshead and Healthwatch Newcastle are two of 152 independent not-for-profit Healthwatch services established in England under the Health and Social Care Act 2012.

We help children, young people and adults have a say about social care and health services in Gateshead and Newcastle. This includes every part of the community, including people who sometimes struggle to be heard.

We work to ensure that those who plan and run social care and health services listen to the people using their services and use this information to make improvements.

Healthwatch Gateshead and Healthwatch Newcastle would like to thank everyone who gave their time and expertise to assist with this report.

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# 1. Introduction

In 2018, the UK Government classified loneliness and isolation as an issue of public health, however, it can be difficult to recognise as loneliness can be unique to an individual. Despite this, a widely accepted definition described loneliness and isolation to be a *“Subjective, unwelcome feeling of a lack or loss of companionship, which happens when there is a mismatch between the quantity and quality of the social relationships that we have, and those that we want”*<sup>1</sup>.

As recognised in the definition, loneliness is subjective. It can be experienced by anybody, at any time, and can be a temporary state brought on by changes in circumstances, bereavement, location, or a long-term condition related to mental and physical health, mobility, and age. To contextualise survey responses and understand what loneliness means to local people, respondents were asked to share how they defined loneliness and isolation.

Healthwatch Gateshead and Healthwatch Newcastle engaged with retirement-age residents of Gateshead and Newcastle to understand their experiences of loneliness and isolation. The project focused on three key areas including:

- Any factors people felt contributed to feelings of loneliness & isolation and its prevalence in people’s lives.
- Awareness and use of local services that focused on reducing loneliness and isolation.
- What worked well and areas for development.

According to population data from 2022<sup>2</sup>, there were approximately 86,000 people aged 65 or over in Gateshead and Newcastle. Age UK suggested that 1.4 million older people (11.8% of 11.9m) were lonely at a national level<sup>3</sup>. Assuming Gateshead and Newcastle were in line with the national measure, this may have suggested that there were around 10,000 people of later life who experienced loneliness in Gateshead and Newcastle.

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<sup>1</sup> ONS. (2018). Measuring loneliness: guidance for use of the national indicators on surveys. Available [here](#). Last access: July 2023.

<sup>2</sup> NHS Fingertips (2022) National General Practice Profiles. Available [here](#). Last accessed: 2023. This data uses the area of the boundaries of the now-defunct CCG system, using population data from 2022.

<sup>3</sup> Age UK (2023) Loneliness Research and Impact. Available [here](#). Last accessed: May 2023

## 2. Methodology

In September 2022, Healthwatch Gateshead and Healthwatch Newcastle carried out a literature review, looking at both local and national research around loneliness and isolation. A survey was drafted to include questions to gain an understanding of the prevalence of loneliness and the provision and use of services to support people who experienced loneliness in Gateshead and Newcastle.

We collected data from the survey from January 2023 to April 2023, and circulated both a digital survey and a paper-based survey. The survey was promoted by supporting organisations across Gateshead and Newcastle (see Acknowledgements for full list) and was shared by the Healthwatch Engagement Teams across the two areas.

Healthwatch Gateshead and Healthwatch Newcastle were also able to engage in-person in local communities, with the support of organisations in the area. The areas in which engagement took place, were Pelaw, Leam Lane, Benwell and Elswick.

A total of 84 responses were received and included 51 responses (61%) from Gateshead and 33 responses (39%) from Newcastle.

Due to the small number of respondents, data presented as percentages are indicative and provided to aid comparisons only. The results may, therefore, not be representative of the wider population who fall into the group, or generalisable across the area.

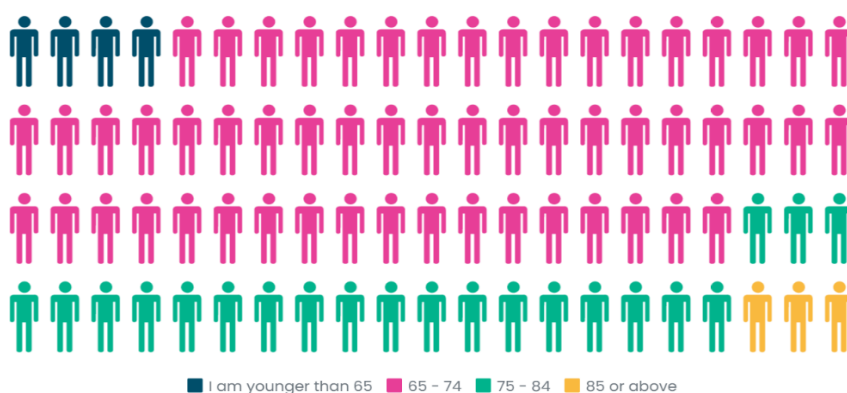
### 3. Demographics

#### Location

11 respondents (33%) stated that their postcode was NE4, the most reported Newcastle postcode from the survey. NE4 included Benwell, Arthur’s Hill and Elswick, where organisations such as SEARCH Newcastle and Cornerstone Benwell operated. These services aimed to support local older people and were key partners in the delivery of the survey.

NE10 was the most-mentioned postcode in Gateshead, with 13 responses (29% of 51). NE10 included Leam Lane, High Heworth and Pelaw, where Healthwatch Gateshead were able to engage in-person with residents during the outreach and engagement phase of the project.

Figure 1: Age of Respondents



Source: Loneliness & Isolation Survey (84 responses)

Most respondents were aged between 65 and 74 (56 people, 67%). Twenty-one responses were received from individuals aged between 75 and 84 (25%). Three responses were from those aged 85 and older. Four respondents were below the previous ‘default retirement age’ of 65. These respondents were retained in the dataset, as written responses indicated that they had either retired before the age of 65 or had been rendered unable to work.

#### Gender

68% of the respondents shared information about their gender. Of these, almost three quarters (50 people, 74%) were female and 18 of the respondents were male (26%).

91% percent of the respondents (61 people) were ‘English, Scottish, Welsh or Irish’. Three respondents identified as ‘White and Asian’, and there was one response each for ‘White and Black African’, ‘White and Black Caribbean’ and ‘Any other White’. This roughly corresponded to the ethnic profile of Gateshead and Newcastle, with an average 86.8% of the population being ‘White British’, 7% being ‘Asian’, and 2.2% being ‘Black’.<sup>4</sup>

<sup>4</sup> Source: Office for National Statistics – Census 2021 (Last Accessed: May 2023)

## Disability

Of those respondents who answered the question on whether they had a disability, 45% (19 people) said that they did. Common disabilities reported by participants were COPD, fibromyalgia and hearing loss. These disabilities all have a profound effect on mobility and, as a result, a profound effect on potential opportunities for socialisation, increasing the risk of isolation and exclusion from social situations. Sixty three percent (40 people) of those who answered the question on whether they had a long-term condition said that they did. Common long-term conditions included arthritis, Raynaud's syndrome, Alzheimer's and anaemia. Once again, all of these have a profound effect on the ability of the affected persons to socialise. Four respondents also reported suffering from difficulties concerning mental health, especially anxiety and depression. Of those who answered both questions (58 people), 29% (17 people) answered 'Yes' to both having a disability and a long-term condition.

## Caring

Eighteen percent of respondents (13 people) who answered the question about their carer's status reported that they were either paid (1 person) or unpaid carers (12 people). Three of the respondents who reported having caring responsibilities also reported living alone and thus suggested that these respondents may have carried out their caring responsibilities outside of their own home.

## Living arrangements

66 of the 84 respondents shared information about their living arrangements. Overall, the number of residents living in households ranged from just the respondent to three people. Of the 84 respondents, almost half (40 people, 61%) reported that they were the sole occupant in their house. 25 (42%) stated that they lived with one other person and one respondent lived with two other family members, who they had caring responsibilities for. As part of Healthwatch's approach to the project, particular interest was given to respondent's living arrangements in the analysis. This can be found in section 4.2.



40 respondents  
lived alone



25 respondents lived  
with one other person



1 respondent lived with  
two other people

## 4. Defining Loneliness

We asked respondents what the term loneliness meant for them.

Initial feedback suggested experiences of loneliness varied. However, common themes included the idea that for some simply being alone meant being lonely, and for others it was uncertainty about the future, and a lack of support systems in place such as family, friends, or peers.

The frequency in which respondents reported that they experienced loneliness also varied. Twenty percent of respondents (17 people) reported that they never felt lonely, whereas 51% of respondents (43 people) reported feeling lonely between 'once a week' and 'all the time'.

### 4.1. What is loneliness?

When asked how they defined loneliness, respondents were offered the chance to freely input their response. Answers included several common themes, with 'being alone' reported most often. While this might seem obvious, it is important to understand that, according to the definition as stated in the introduction – a 'mismatch in the quantity and quality' of social relationships' – and in these responses, it is indicated that the quantity of such relationships is what is initially lacking. 'Being alone' being the most common theme suggests that support for those who are lonely should focus both on making those initial social contacts and enriching pre-existing relationships.

Other common themes included having a lack of friends and/or family around, a lack of positive interactions due to a variety of reasons such as the death of friends or family, retirement, or increased difficulties surrounding mobility. It is important to note that all of these themes can be present within the same experience, and that loneliness is often not the presentation of one single issue, but a combination of many issues that contribute to feelings of loneliness.

The definition of loneliness varied between the different age groups. For instance, respondents aged between 65 and 74 most often reported loneliness as a lack of activity, increased isolation from others, and a feeling of being 'removed', or otherwise distanced from the world.

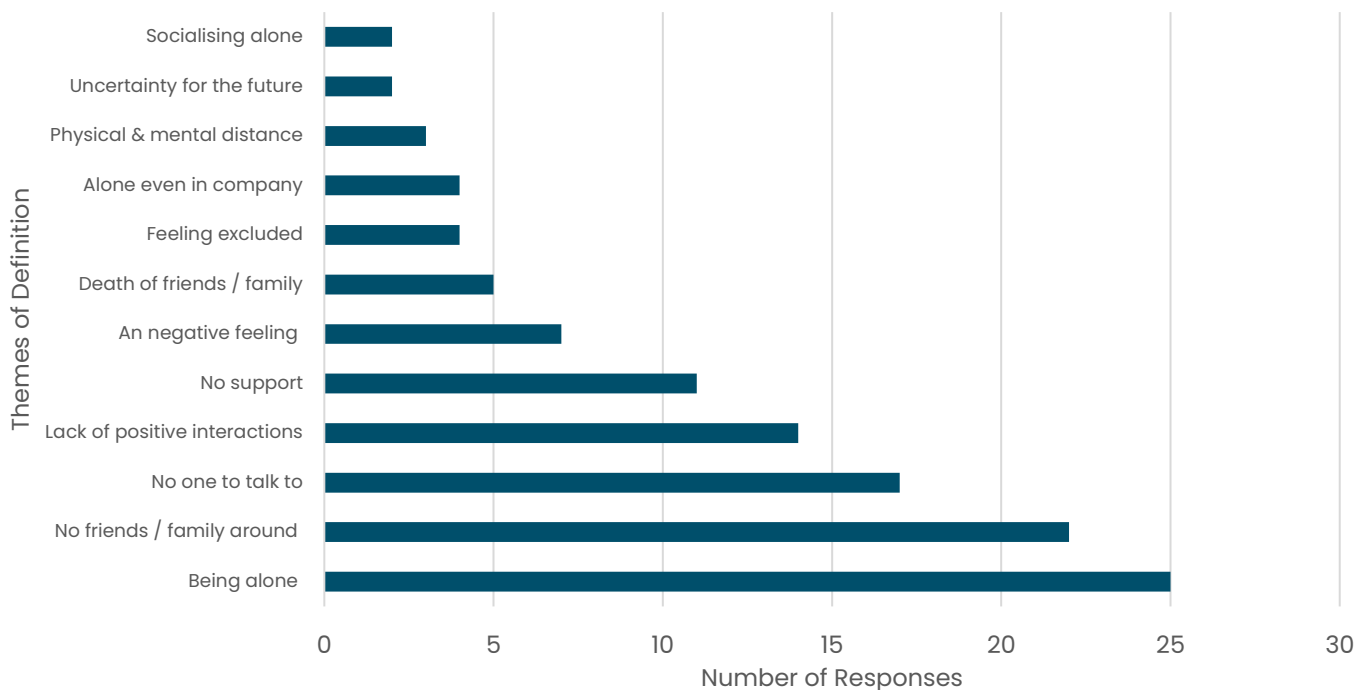
Those age between 75 and 84 more commonly reported a feeling of separation from the events happening around them, a lack of contact initiated by others (i.e., not needing to start the conversation or contact themselves), and feelings of a more significant other that is missing. The difference here is that loneliness moves from a feeling that is internalised (i.e., "*I don't talk to anyone*") to one that is external (i.e., "*Nobody talks to me*").

There were also notable differences in how the answers of men and women expressed their experiences in the survey, with men more often reporting a lack of meaningful social interactions on a day-to-day basis, the feeling of losing or lack of contact with friends, and the feeling of not having the ability to seek out social interaction.



Women were more likely to report a feeling of being ‘disconnected’ or ‘distanced’ from others, either mentally or physically, and sadness about a change in interpersonal relationships. While these themes could be considered similar, it’s notable that answers from men were more likely to express a feeling of powerlessness and that the problems were continuing to develop, while answers from women were more likely to relate to more long-term experience, particularly in terms of a feeling of ‘disconnectedness’.

**Figure 2 : What does "loneliness" mean to you?**



SOURCE: Loneliness and Isolation Survey – 84 responses

“ I spend a lot of time alone which is fine, but loneliness kicks in when friends are busy with their own families, at Christmas, and when you realise you’ve not actually spoken to anyone for days

“ Solitude is good. When it is imposed on you it becomes loneliness. It is being alone when you don't wish to.

“ Mostly I am happy with my own company and the prospect of seeing family or a friend. Occasionally this confidence breaks down and I feel a sense of loss and purposelessness.

## 4.2. The prevalence of loneliness and isolation

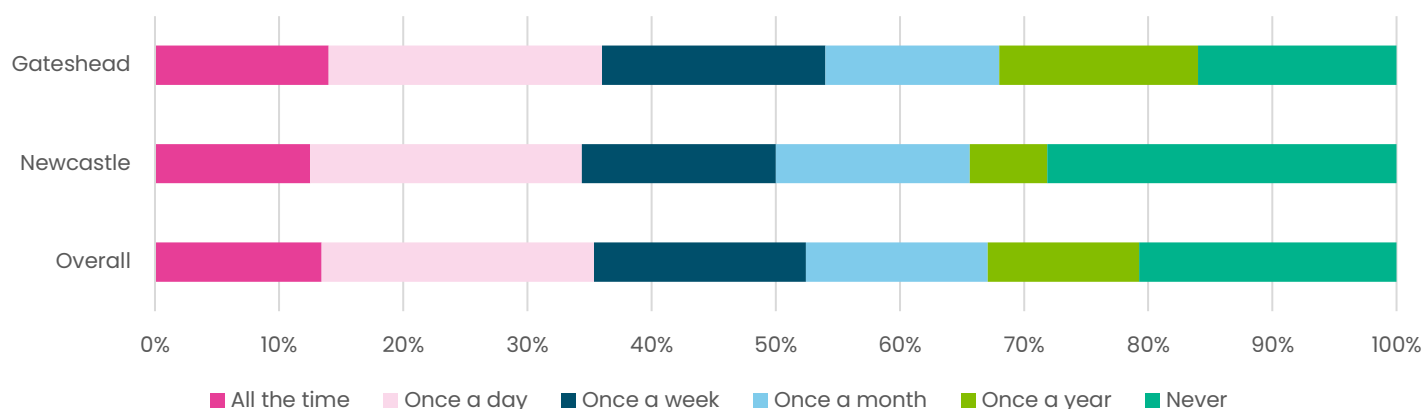
89% (65 people) of those who responded to the question about the frequency of when they felt lonely, reported that they felt such feelings at least once a year.

The most often reported frequency of loneliness was 'once a day', with 18 of the respondents (22%). Another 11 respondents reported that they felt lonely 'all the time'. This meant that over one third of respondents (35%) felt lonely at least daily.

The second-most common answer was 'Never', with 17 responses (21%). This implies that the issue of loneliness can be somewhat 'black or white' - those who suffer with loneliness are likely to suffer it frequently, as can be seen in the relatively low number of respondents feeling lonely less frequently than daily, but more frequently than never.

Over two thirds of those who selected 'Once a day' (12 people, 67%) said that this isn't something that had recently changed, contrasting with just 17% of those who expressed they felt lonely 'All the time'.

Figure 3: How often do respondents feel lonely?



Source: Loneliness & Isolation Survey (Overall, 82 responses; Newcastle, 32 responses; Gateshead, 50 responses)

Respondents from Gateshead reported feeling lonely more often than residents of Newcastle, with 54% of respondents (27 people) reporting feeling lonely at least once a week, compared to 50% of respondents from Newcastle (16 people). Despite this, respondents from Gateshead were also less likely to report 'Never' feeling lonely, with only 16% (8 people) answering in such a way, compared to 28% (9 people) of those who responded from Newcastle. Both localities had the same proportion of respondents reporting feeling lonely 'Daily', at 22% each (Gateshead, 11 responses; Newcastle, 7 responses).

The occurrence of loneliness appears to be more common in those aged 65-74. 83% of those within this age group (45 people) expressed that they felt lonely at least once a year, compared with 62% of those who answered from the age range 75-84 (13 people). All three of those who responded from the age range 85 and over reported feeling lonely at least once a year.

29 (73%) of the 40 respondents who reported living alone expressed that they were lonely at least once a year. 20 (77%) of the 26 respondents living with at least one other person also reported feeling lonely at least once a year. This figure drops to 58% (15 responses) living with at least one other person who feel lonely at least once a month. This is compared to 65% (26 people) of those living alone who feel lonely at least once a month.

77% of respondents with caring responsibilities (10 people) reported feeling lonely at least once a year, as did 75% of those who confirmed they did not have caring responsibilities (42 people). Similarly, the rate of those with caring responsibilities reporting feeling lonely 'Once a month' or more was 69% (9 people), compared to 64% of those without caring responsibilities (36 people).

There are demographical differences within this data, as it is notable that males aged between 65 and 74 reported feeling lonely more frequently than their female counterparts. A higher rate of men detailed feeling lonely at least once a week (Men aged 65-74: 73%, 8 responses. Women aged 65-74: 56%, 19 responses).

No respondents in this range chose either 'yearly' or 'monthly'. Despite this, the number of females aged between 65 and 74 reporting that they 'never' felt lonely was 6, compared to 3 males in the same age range.

For those who identified as having a disability (19 people), 79% reported feeling lonely at least once a year (15 people), compared to 69% of those who did not have a disability (29 people).

87% of those respondents who identified as disabled reported feeling lonely at least 'once a month' (13 people) compared to non-disabled respondents who reported feeling lonely at least 'once a year', 83% of whom (24 people) reported feeling lonely at least 'once a month'.

Eighty percent of those who identified as having a long-term condition reported feeling lonely at least once a year (32 people).

Ninety-one percent of these (29 people) experienced loneliness at least once a month.

Seventy-nine percent of those without long-term conditions reported feeling lonely at least once a year (15 people), with 73% (11 people) experiencing loneliness once a at least once a month.

### **4.3. Reasons for loneliness and isolation**

Several questions were aimed at exploring the deeper reasons behind individual experiences of loneliness. When respondents were asked to explain what prompted feelings of loneliness in their lives, a majority (37%, 30 people), expressed that 'being alone for prolonged periods of time' was a common prompt, although five of these respondents made no reference to the length of time. The second-most popular theme identified, suggested that a general lack of socialisation or social opportunities prompted feelings of loneliness, such as a lack of ability or time to see friends, family and peers, with 12% (10 people) answering in such a way. Other frequently

reported prompts on the same theme were children/family leaving home (22 people, 27%), and having nobody to talk to in day-to-day life (17 people, 21%).



**I have a husband and a family - they all have busy lives - I live with my husband - I'm retired and disabled (mobility) he still works full time long days.**



**The lockdown was a terrible time for me, and there are times when I equate being stuck at home as being the same as the lockdown. I am recovering from major surgery which affected my mobility greatly, and whilst things have improved and I am able to get around in the car now, for about 6 months I couldn't go anywhere, and friends move on with their live.**



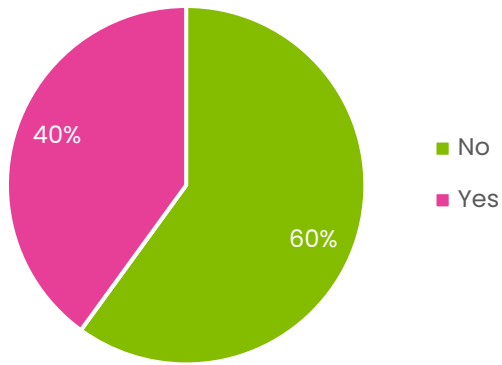
**I had to give up work due to ill health and am now stuck in the house caring for my family members with different mental and physical health conditions and I find it mind numbing and same routine.**

Individuals who responded to the question on whether their experience of loneliness had changed (60 people), 40% (24 people) said that it had. Forty-three percent of those (22 people) who reported feeling lonely at least once a month, who also answered our question on whether their experience had changed (51 people) said that their experience of loneliness has changed recently. Of these responses, seven respondents that answered the question on what had changed identified death and bereavement as a reason.

There were common themes throughout these submissions depending on age and gender. Those aged 75-84 were more likely to report an *increased* difficulty with getting around, while those aged 65-74 were more likely to report multiple bereavements and loss in a short span of time.

Other commonly reported changes included wider social issues, like the COVID-19 pandemic or the cost-of-living crisis (5 people); worsening physical or mental health (4 people) and a lack of mobility or ability to travel (4 people).

Figure 4: Has your experience with loneliness changed recently?



Source: Loneliness & Isolation Survey (60 responses)

There were several common themes identified between responses to questions when we asked respondents to define the feeling of loneliness. The most common was being alone for *prolonged periods of time*, identified 25 times (32%). Other commonly identified themes were having no friends and/or family around (which includes circumstances like children leaving home, lack of significant others and difficult scheduling with friends) with 22 references (28%), and a lack of positive interactions, with 14 references (18%). Some lesser-reported definition themes were references related to bereavement and loss, with five references, and uncertainty towards the future, with two.

# 5. Addressing Loneliness

We asked people to rank possible ways of addressing loneliness, focusing on personal coping strategies and informal support from friends and family.

Respondents also provided feedback on the services they accessed. The survey listed several key organisations in Newcastle and Gateshead, and respondents were asked to identify the ones they used. They were then asked what they liked about these services, and how they felt services could improve. Respondents were then invited to share what they felt was missing from their local provision.

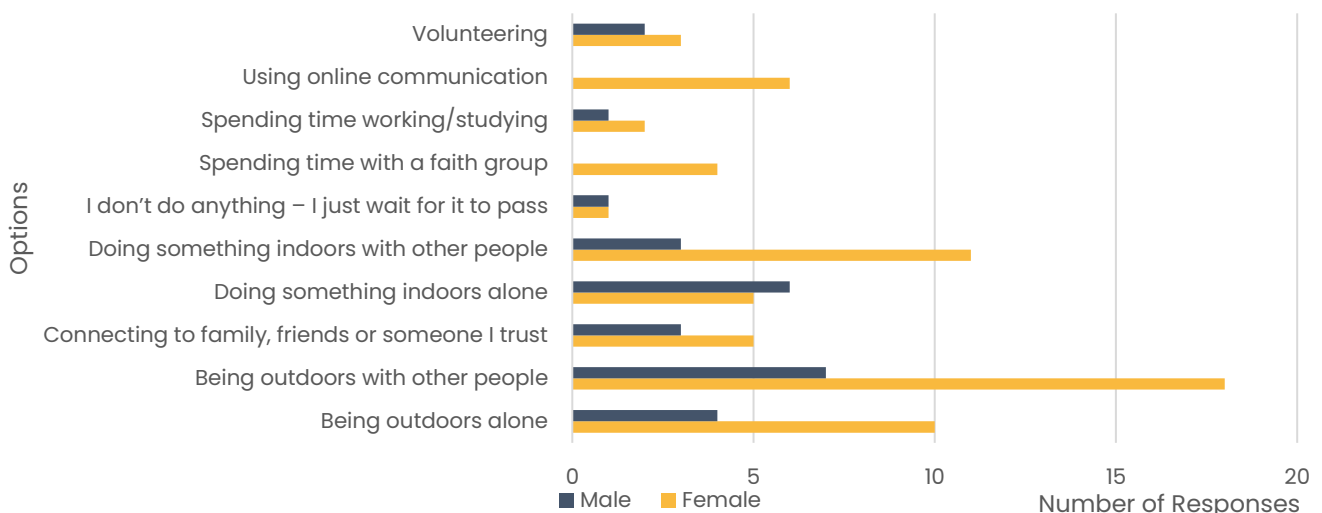
## 5.1. What Helps?

Respondents were given the chance to tell us how they helped themselves when they feel lonely. This was a ranked option list, and these options were split into two categories, each with two opposing themes: Indoors/Outdoors & Alone/Social.

The most popular option suggested that older people found active social opportunities beneficial. The option ‘doing something outdoors with other people’, ranked at an average ranking of 2.0 out of ten possible choices. Other options included ‘Being outdoors alone’ at 2.5, and ‘Connecting to family, friends or someone I trust’ at 2.5. Our lowest ranked option was ‘Nothing – I just wait for it to pass’, at 5.1, suggesting that isolation is an issue that older people are proactive in solving.

For those between the ages of 65 and 74, ‘doing something outdoors with other people’ was the most popular response for both men and women, rated as either first or second in 20 responses total from this age range (Men: 5 responses. Women: 15 responses). The least popular option for this age range was also the same, with ‘spending time at a faith group’ appearing in the bottom two ranking of this age group a total of 10 times (Men: 4 responses. Women: 6 responses).

Figure 5: How were respondents **most likely** to support themselves when feeling lonely? Gender



Source: Loneliness & Isolation Survey (52 responses)

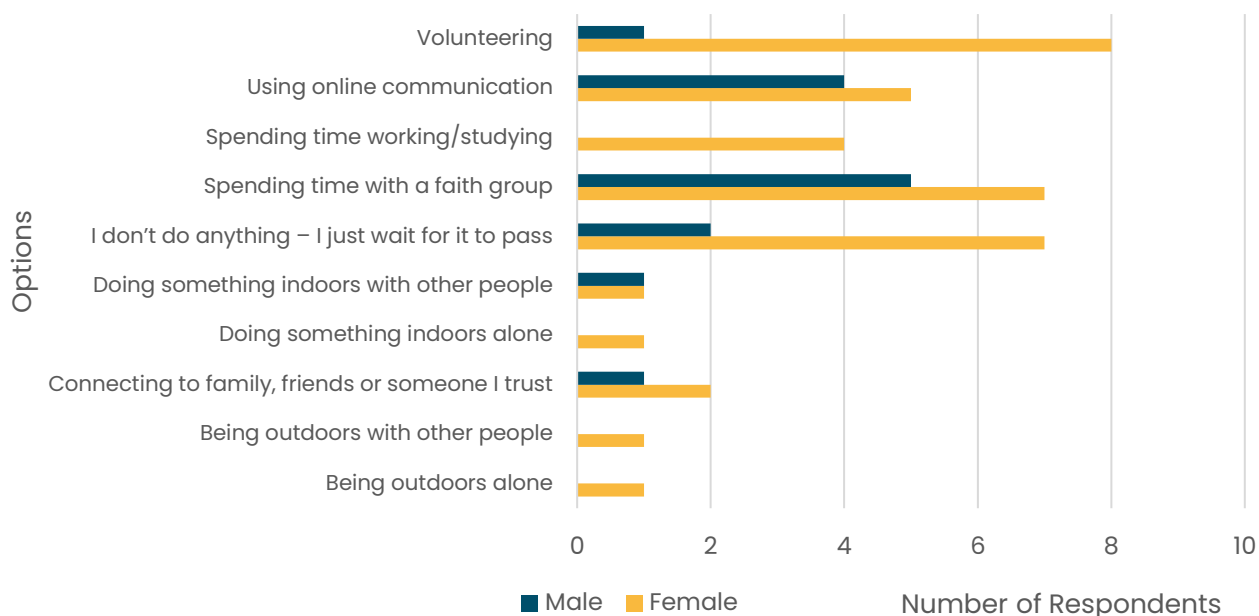
For women aged between 75 and 84, the most popular option was ‘connecting to family, friends or someone I trust’, appearing in the top two of four responses, while the lowest-ranked option for this demographic was ‘I don’t do anything – I just wait for it to pass’, appearing in the bottom two of 2 rankings, while not appearing in any top two rankings for the same demographic.



**The loss of three close family members has radically changed my life. In younger years I would simply go to the pub and although you do not really know those who are there on a regular basis at least this overcomes the potential for loneliness.**

**With the need to be aware of the health issues involved in drinking regularly I now drink very little both socially and at home.**

Figure 6: How respondents were **least likely** to support themselves when feeling lonely?



Source: Loneliness & Isolation Survey (52 responses)

For men aged between 75 and 84, the most popular option was ‘Being outdoors alone’, with a total of five occurrences of this option appearing in a top two ranking. The least-popular of these options was ‘using online communication’, appearing twice in the bottom two rankings for this demographic.

Categorising the options into either ‘Indoors’ or ‘Outdoors’, and ‘Social’ or ‘Alone’, it’s notable that, while the most popular options for almost all groups involved social activity, the least popular for all groups also included social activity. This is possibly due to the specific activity being

unattractive or inaccessible to some. It is therefore important that provision considers how to promote social activity and engagement, and not assume that reach will be high due to a lack of other opportunity.

## 5.2. Using Services

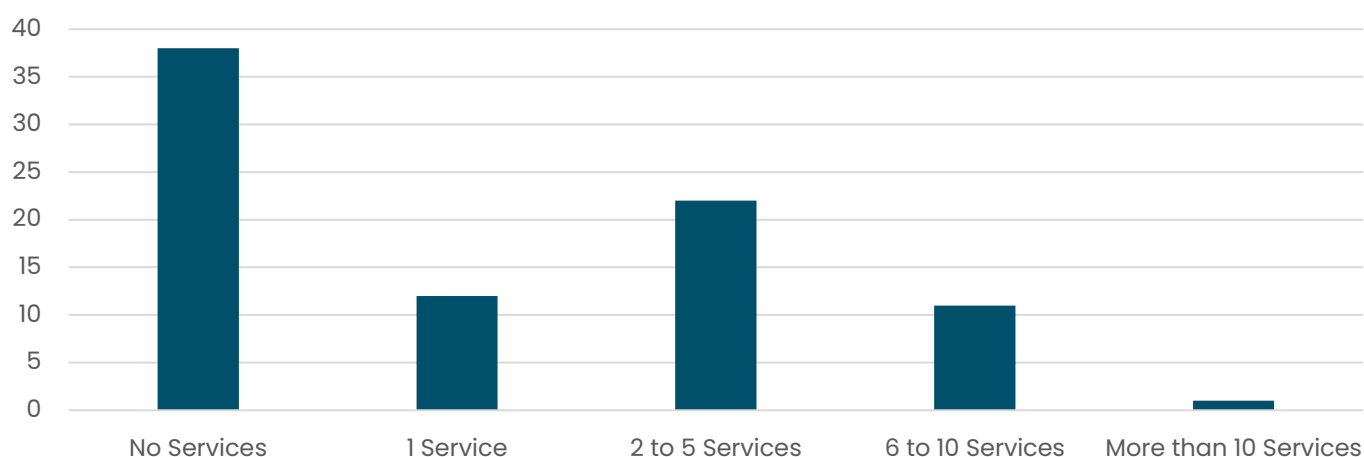
The survey also featured questions on whether and how respondents use existing services in their local area. 21 services were listed, including NHS provision, local authority facilities and community centres. We also included relevant VCSE groups that run services region-wide specifically for those of older age, either locality-based, like Age UK Gateshead, or both Newcastle and Gateshead, like Tyneside Mind. An option for respondents to include any additional services they used was included in the survey also.

The survey found that 45% of respondents didn't use any services (38 people). *When asked to explain, respondents not using services often highlighted a lack of advertisement in their areas.*

When asked to explain why, they highlighted a lack of advertisement in their area.

These were mostly submitted by those living in areas located outside of the centre of Gateshead and Newcastle, such as NE39, NE21 and NE15 postcodes areas. This could suggest that there is a lack of awareness for what provision might exist there. Fourteen percent (12 people) used only one service, while 11% (9 people) used two. A third of these responses (3 people) expressed that the only services they used were 'local libraries' and 'local community centres'. These two options were also the most popular overall, with 29% and 25% respectively reporting using them, indicating that these venues may enable a better reach for services.

Figure 7: How many services do respondents use?



Source: Loneliness & Isolation Survey (84 Responses)

Thirty percent of respondents (5 people) reported using three services or more, up to a maximum of 13, with respondents using an average of four services. This indicated that those who engaged were likely to be engaging with multiple services, meaning the benefit of promoting through other organisations to attract new service users (those not currently using any service) may be limited, and other forms of promotion should be considered.



Respondents were also asked what they liked about the services they used. The most common theme, referenced by 23 respondents to this question (62%), was an opportunity to socialise generally, including making new friends and sharing stories.

Fitness was the next-highest ranked theme, with seven references (19%), and was related with the opportunity to socialise in two responses (7 people, 29%; 37 people, 5%). However, we recognise that this is not an option for many, due to factors like mobility, disability, access and cost. It is also important to understand that not everybody is inclined to go to fitness classes or gyms.

Other common themes identified were feeling supported, the feeling of being 'useful' or 'belonging' and having something to put energy into.

### **How could services be improved?**

In response to our question asking how local services could improve, several common themes were identified. The most popular focused on the improvement of community facilities like community centres and libraries, and the availability of provision that already exists, with 10 responses to this question referring to a desire to see these places develop. These responses came from a wide variety of postcodes, including those within the city centre, like NE2, NE3 and NE4, as well as those further outside, such as NE39, NE10. Similarly, the next most-popular theme was a desire to see more activities within local areas, with eight responses referring to it (24%, 10% of total sample). These responses came from postcodes like NE16, NE39, NE8 and NE9.

Our question on what respondents felt was missing from their own area returned responses that were distinct depending on whether they were answering from Gateshead or Newcastle. Respondents from both areas expressed a desire for opportunities to socialise more generally. This ranked highest for both areas, with nine responses referring to it, with four responses from Gateshead, and five from Newcastle. There were four responses each from Gateshead and Newcastle expressing a desire for specific provision, and the most requested activities were physical activity/fitness, which was requested five times, though more commonly in Newcastle, with four references from this area alone. Respondents from Gateshead also requested arts & crafts groups at a higher rate than those from Newcastle. We recommend that deeper consideration on these questions is undertaken to support new provision for older people in Gateshead and Newcastle. As this is a comparatively low sample, we would also recommend that a deeper review of existing and potential provision be carried out, looking at how best to reach those who are not currently engaging with services.

To summarise, respondents were positive about the opportunity to socialise and befriend using services, those that use services were likely to be engaged with more than one, and ongoing provision is reflected on positively. Respondents using services were also more likely to have specific suggestions for provision, the most common being physical fitness.

While many positive outcomes have been highlighted, there are also signs of how provision could improve both to increase the number of people engaged with services and to enhance the quality for those already engaged. Feedback suggested that there was a high proportion of non-participation, so while some are engaged with several services, there are those who are not being reached by this provision. Respondents also felt their local resources like leisure centres and libraries were underdeveloped, and not utilised effectively to deliver support and provision for local people, feeling instead that provision focused on the metropolitan centre in both Gateshead and Newcastle. Those with mobility difficulties, especially those in the outer wards, feel unable to access services, and feel more provision needs to be spread out to them. This could be achieved by testing its effectiveness within a small group and, upon review, rolling it out to a larger participant base.

### Positives & Improvements

<b>What's working well?</b>	<b>What's working less well?</b>
<p>Social activities that encourage befriending and social engagement within communities.</p> <p>Those using services have a high chance of using more than one, so services are not providing barriers to other engagement.</p> <p>Provision that is already available is reflected on positively and is enabling respondents to ask for more.</p>	<p>There is a high rate of non-participation with services, so work should be done on making initial contact with those not engaged in services.</p> <p>Respondents feel their local resources are not being utilised to effectively deliver support and provision for them, feeling that offers are centred in the city centre, rather than spread to the outer areas.</p> <p>Those with mobility issues feel unable to get to services, despite relevant schemes within both Newcastle and Gateshead; it is important that beneficial schemes be promoted more widely and directly.</p>

## 6. Conclusion and Recommendations

To summarise, our key findings are:

- Loneliness can occur to anyone, although it is perhaps particularly felt by those aged between 65 and 74, are women, and are carers.
- Loneliness is not simply a symptom of getting older but is instead prevalent when the needs of older people are not effectively taken care of. This is especially important in terms of access and mobility, including travel routes and venues for activities.
- Loneliness is something often felt for a long period of time and felt more actively in those aged between 65 and 74, possibly due to recent retirement and bereavement.
- Social activities are often the most successful in engaging older people, and community-based groups are well-received.
- Users who engage with some services are more likely to engage with multiple, services though there is a high rate of respondents here who do not participate at all.
- Key issues preventing potential users from engaging with services are poor transport options and a lack of development of local facilities.
- There is interest in specific activities, like physical fitness and arts activities for some people within some communities.

Our key recommendations are:

- Support those leaving the workforce in adjusting to the changes retirement brings, there should be targeted provision and resources signposting to services that can support with befriending, keeping active and providing further advice, at a time of high risk for experiencing loneliness.
- Work with communities to create community action plans to make sure local facilities are being utilised effectively and for the benefit of local communities.
- Improve service infrastructure to ensure maximum reach and accessibility, i.e., community minibuses with members contributing or subsidising costs to make sure transportation and mobility is a reduced issue
- Establish a focus group or engagement group to help services better understand how to reach older people, with a particular focus on engaging those who are traditionally 'under represented', i.e., digitally excluded persons, those in smaller settlements with few community facilities, etc.

## 7. Acknowledgements

We would like to acknowledge and say thanks to the following organisations for their contribution and support to complete this piece of work.

- Age UK Gateshead
- Art Diamonds
- Chilli Studios
- Cornerstone Benwell
- Elder's Council of Newcastle
- Equal Arts
- Gateshead Libraries
- Gateshead Older People's Assembly
- Newcastle City Council
- Newcastle Libraries
- Newcastle University
- SEARCH Newcastle

## 8. Contact Details

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