

Age And Stage Episode 6

Daisy McAndrew 00:05

Hello and welcome to Age and Stage. This is a new podcast for everyone, caring for or supporting elderly parents, relatives, friends or neighbours.

Dan Skipper 00:13

It's the best job I've ever had. It's the most challenging job I've ever had. It's the worst job I've ever had, all in one job. But I'm very pleased that I'm able to do something for the city I come from and hopefully leave a mark that will help lots of people.

Annabel James 00:30

That was Dan Skipper from Age UK, Norwich. In our conversation, we explore the resources available for older relatives and friends, both in Norfolk and across the whole Age UK network. Services include clubs and trips, health and well being and advice on benefits and entitlements. We also discuss the challenges of funding care services in a cost of living crisis.

Daisy McAndrew 00:59

Dan, it's great to have you here. I guess the first thing to pick your brain on is people know Age UK. It's a very, very well known brand, I suppose. But I think maybe people don't quite understand exactly what Age UK does and what it can offer to people.

Dan Skipper 01:17

Age UK is actually a federation of independent local charities. So although we all live under a single identity, we actually work very locally with our populations and their needs. But we sort of come together, so we've got that familiar feel and that we can campaign on things, you know, across the country, and you know, try to do that, influencing bit with the government and representing the voice of older people, but very much, services are locally driven, and we might find some differences between different areas of the country, but quite a lot in common.

Annabel James 01:49

And maybe you could just tell us a bit more then about Age UK Norwich, and what happens there?

Dan Skipper 01:54

Yeah, we've been around for 80 years. We're celebrating our birthday this year, which is a great milestone for us, but we provide information and advice on a wide range of subjects, from money and welfare entitlement to care and health right through to issues around loneliness and social connection, that service is free, and we actually do that within people's homes or in the community. So about raising the profile about what support is there, but also hand holding and helping people complete relative application forms or local authority processes to actually get money or support from people. So that's a large part of what we do, and that's the common area across the country. But we also do a lot with physical health coaching to try and keep people active healthy, recover from surgery, things like that,

prepare for surgery, and also practical support in the home. So where people find themselves in a bit of crisis, or perhaps, you know, their other half's going in hospital and everything's a bit overwhelming, that we can step in and provide a little bit of support to make that point in their life a little bit easier.

Daisy McAndrew 02:57

And Dan, I definitely want to come back to some of the other issues you mentioned at the beginning, like offering advice and support on financial matters, but just on what you were just talking about, those practical issues. I bet a lot of people will be thinking that, what are those practical issues that you're talking about? Can you give us an example of the sort of things that people might not realise that they can get help with?

Dan Skipper 03:18

It's very personal, and I think that's a big difference of what we do as an organisation, but it can be, say, a good example, your other half's the driver, and your other half's now going into hospital, so suddenly your life becomes a bit restricted. So you might be in there for two weeks. How are you going to get your shopping? How are you going to get to the bank and building society? How are you going to, perhaps, go and care for your mother you're still looking after. So actually, all of those things start to break down, and then what happens if that person's in hospital for longer than you expect? So what we try to do is look at, well, we might provide some support during that period. We might be arranging for transport for people to help them get to appointments, because they find that process difficult. So it can also be things around the house as well. So you know, you've just come out of hospital and you can't clean your home anymore. You can't get to the shops anymore. So it's about taking away some of those areas of risk that, if left unchecked, can actually then start to impact someone's health and recovery.

Daisy McAndrew 04:18

And does it tend to be the person in need who comes to you, Dan, or does it tend to be a family member or a neighbour or somebody else who can see that somebody needs some help. I'm just wondering whether people are a bit backward in coming forward when they're asking for help?

Dan Skipper 04:35

We're actually very proud that nearly 60% of our clients come to us directly. So for me, that shows that actually people see the Age UK brand as a safe place and a useful place. The other individuals are mostly either friends and family referral or from professionals who are working with that person. So that could be someone from the NHS, the GP, could be someone from Social Care, where they're actually using either commissioned services that we have or just general services to help that person. There's still a lot of people out there who either don't consider themselves old enough for Age UK support, which is an interesting one about, you know, the label of age and old and elderly and different phrases. But actually what we find is, once we start supporting someone, they won't just get one service of ours, they'll end up getting two, three or four, which is how we want to work. People are individuals. Housing bleeds into loneliness, which bleeds into money, which bleeds into how fit you are. So that's how we work with people, and try to give them the benefit of everything that we do.

Annabel James 05:41

So if somebody comes to you, I don't know, with a transport concern, you know, husband's in hospital or whatever, do you look at their situation in the round, if you like, or do you start with the transport and wait for them to come to you with more issues, if you see what I mean?

Dan Skipper 05:55

We'll always try to, if you like, offer all the services that we have, but sometimes it's based on the criticality of what's going on with that person. So it could be, I can't get to the hospital, and that's my surgery day. And actually that's incredibly important, and that's what we'll focus on. But actually when they come out, it might be, well, they're then entitled to carers allowance. It might be that they need to go for checkups for the next three months when they can't drive. So it's then about that wider support, as people present to us, often, especially from a clinical background, we get referrals about loneliness, and we know that that might be the presenting issue. But then what that's related to is probably physical mobility, not being able to leave the home. It's probably financial it's also, you know, things like depression and anxiety which are linked back to the housing. So all these problems, sort of, you know, bleed into each other. And what we try to do is then think, how can we reduce the immediate risk that person's facing, but having one eye in rehabilitation back into the community, which is why I say, for example, we run our clubs and groups, so we want to get someone into walking football or into dance, because they meet new people, and then that builds their community resilience for the next time that something happens in their life, and also all the well being and health benefits that those friendships and that you know, structure brings to them.

Daisy McAndrew 07:16

And Dan, I wanted to go back to what you were saying about people thinking that they wouldn't be eligible for Age UK, because they're not an elderly person. Is there a figure, an age above which you will look after people, and below which you won't?

Dan Skipper 07:30

We start our services at 50, which scares a lot of people who are just entering that age. The reason why we do that is not to class those people as old, but for us to consider the preventative side of ageing as people enter that sort of, you know, hopefully second half of their life. And things like health coaching that we're doing is about that investment in your physical and mental health, which will pay off when you get into your 70s and 80s and 90s. And the sooner that we start to talk about that and recognise that, people will see those payoffs. We also do that because ultimately, like the sandwich generation of people in their 50s and 60s, a) still working mostly and b) possibly having to look after someone in their family. And that puts increasing strain on them as individuals. And, you know, we want to help them get through that

Annabel James 08:22

And in and around Norwich, what are your busiest services?

Dan Skipper 08:26

All of them! Yeah, the pandemic, we've seen about a 30% increase in demand every single year. But I'd say the biggest area of growth, actually, for us, apart from money and bills and all of the issues the cost of living has raised, is about physical health coaching and about helping people understand the risks of

things like frailty and how other conditions and their medication impacts on them. But you know, good diet, good hydration, but remaining physically active, and for some people, you know, when they get told, perhaps by their GP, you need to get yourself to the gym. That's not them, and so we're trying to find other ways to do that. And for people who have just say, had, you know, 15 years of inactivity and they've just had their knee done, that's a big psychological step for them to take, and it might be that we have to coach them in their own home for three months to build them up physically and mentally, to then get out back in the community. And there's lots of research coming out about, you know, PTSD post-falls, and we know that there's some horror stories of, say, people who lay on the floor for 18 hours waiting for an ambulance, and you can't empathise enough, really the trauma of that episode would cause them, and to then be told, get yourself out there and increase your physical activity. People have got to get over that incident that happened. And so again, that psychological element is part of the coaching that we do to sort of hand hold people through these steps.

Daisy McAndrew 09:58

And one of the issues that is ringing true with me there, when you were talking about the importance of exercise and physiotherapy and the importance of hydration and going to the gym, these are all things that a younger generation we know how important that is, but certain members of my family, who shall remain nameless, simply don't believe in hydration being important, or physio being important, because they weren't brought up with that, those things being sort of received wisdom, and they just think it's all a bit silly. And woo, woo and New Age, there's that issue, isn't there, of having to not only get somebody to do these things, but before they even will engage or, you know, will entertain the idea convincing them that they are actually important and necessary,

Dan Skipper 10:46

Yeah, and I think it's about the changing attitudes, and, you know, what your podcast is trying to do, and have that debate around, you know, we used to retire, and that used to be seen as a sort of, you know, Golden Era, And it was painted like that, and actually now that's three times as long for some people, very complex. You can't assume you've got your health, and you know, all the things that that brings. And we just don't talk about it enough, and we're probably not very good at talking about it generally in this country. So I think having that honest conversation about how you can invest in your own later life, just like you would do financially. But there's the physical bit, there's the mental bit, there's what are you going to do with this 20 year retirement? Well, the opportunities there, good opportunities to do, perhaps volunteering or even work that you never did in your career. You know, that's a wonderful opportunity, but what we're trying to do as a charity is going all of that depends on good physical health and generally good health, and trying to hang those perhaps more difficult conversations off people wanting to do good things in their retirement,

Daisy McAndrew 11:55

Talking about difficult conversations, for people like myself and Annabel, the people who are looking after elderly relatives or loved ones, what are the conversations that we should be having to help you do your work? I mean, obviously the importance of you know, planning, looking after your health. Are there other things that you wish people like us would talk to our relatives about?

Dan Skipper 12:20

Frailty is one for me, because what we see as a charity is when someone is impacted by frailty, which is now very complex syndrome of it's not just physical health. It's about what you eat. It's about how resilient you are as issues happen to you that sort of not talked about a lot. So often it's about, are we planning for wills? Are we planning for power of attorneys, very sort of, you know, dry and sort of, you know, practical things, but having those bigger conversations about downsizing, right sizing, the type of care that someone would want to have, but also about that investment in themselves, you know, so how As children can we ensure our parents are physically active, are socially active and connected to their community. Are they over reliant on us as children, and they're really isolated when we're not there? That's not healthy for them and and how can we help them or connect them to local community provision to try and encourage them to perhaps increase their social circle. You know, there's so much evidence coming out about the damage of loneliness, not only on physical health, mental health, also on life expectancy. So you know, having those sort of conversations with your parents will only be a good thing, and it's sort of got nothing to do with money. It's actually about how they live their life and spend that money, actually

Annabel James 13:39

The range of services that you deliver, and the thinking behind them is really interesting, and this notion of physical wellbeing and mental wellbeing is just great to hear. Presumably, so you've got what, 30% increase in demand since the pandemic? Does that mean that you're also, therefore increasingly working with other partners who might be collaborating with other organisations locally. And how does that work for your clients for want to a better word.

Dan Skipper 14:09

We really pride ourselves in working in partnership with other organisations. And they can be organisations of equivalent size. They can be the NHS social care, and they can also be very, very small, hyper local organisations. So we work in a couple of partnerships. So one is here in Norfolk, the Norfolk community advice network. So that's a collaboration of charities who specialise in the accredited advice. So basically, people can contact N-can as it's referred to, and they triage and make sure you get the most suitable organisation. So that's trying to help with people who might not know who the best agency is to go to, and that sort of issue will be taken sort of away. But we work in partnership with other charities around hospital discharge. So another agency is providing the transport from the hospital back to home, and then we step in and do all of the stuff that Age UK does when they actually get home. We also work in partnership with other smaller charities around physical health coaching as an example, who specialise in different types of sports and activities that we would offer. So yeah, for us, you know, we often talk to our clients about their interests and their issues and needs and then who we can then collaborate with to not duplicate services other people are doing really well, and equally, take in what we do well to help those other organisations look after the older people that they support.

Annabel James 15:35

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Daisy McAndrew 15:52

Dan, given that your demand has gone up 30%, how is your funding? You know, people will be thinking to themselves, how is Age UK funding itself, with such a lot of demand?

Dan Skipper 16:03

Yeah, sadly, funding is going the other way, which is the most disappointing and frustrating part of my role in the charity. And that's very similar across the country. A lot of that is because investment into preventative services is not enough to make the shift we need in society. So the narrative is actually about, you don't want people going into hospital. We want good recoveries. People come out of hospital. Actually, the services around that aren't being invested in at the moment. Equally, health inequalities, you know, we have lots of older people who are very affluent, live in their own home, and often they're the stories that we hear in the paper, you know, using Norwich as an example, over 20% of the older people in Norwich live in the bottom 20% in the country. They are making decisions around, do I eat? Do I heat my home? Do I go out today? Do I pay for that bus trip? And each one of those decisions is going to cause them some damage because they can't afford the other one. So that's a lot of the work that we're doing, and we need to see more investment into supporting individuals who are actually struggling to live day to day.

Daisy McAndrew 17:14

So there used to be a sort of cliché about what Brits would be sentimental about, or what we would, you know, donate to charities, and that we were a nation of dog lovers and donkey sanctuaries, those would be the charities that would get the biggest donations, and then maybe children's charities. And always used to be said when I was reporting these issues, that donations to charities like yourselves would come quite low down the pecking order of sort of sentimental Brits who'd rather give it to a dog charity? Is that still the case?

Dan Skipper 17:45

Yeah, we're still behind children, we're still behind donkeys and we're still behind dogs. If you think national days with Children in Need, you know, I think it actually be wonderful for us to have, you know, Older People in Need day and exactly the type of national focus that brings, you know, we've got the same issues that end of the age spectrum, and that's actually probably more complex, and we've got more people at the other end, you know, we've got a growing ageing population that's getting focus from people like our chief medical officer saying, you know, we've got to change how society works. Here in Norwich, we're doing the World Health Organisation Age Friendly Cities programme, which is looking at all assets of society, about how age friendly they are - transport, housing, employment. And I don't think people have woken up enough about the shift in the over 80s population, especially, which is going to double in size, but equally, most employers, if they looked at their workforce, a large proportion of them are going to be between the ages of probably late 40s and mid 60s, and that's going to be the majority. So we're all going to be facing these challenges, and there's, you know, how we deal with that as a society is going to sort of make and break not just how we want our loved ones to be looked after, but also the economy as well.

Daisy McAndrew 19:05

That's very depressing to know that that cliché is still accurate today.

Dan Skipper 19:09

Yeah and generally for us as an organisation, people don't die of old age. They die of a medical condition, or they end up in a palliative care centre sometimes, and the condition, you know, it might be a research charity, or it might be just, you know, the people who helped you within that last month of life, and we might have helped someone for 20 years, but that's just how it is. And we're having to be more vocal about legacies and donations because statutory funding is in decline. But we need to solve the care question in this country. How we fund that is a really big question, which I think 20 years has gone past with different governments saying they're going to deal with it. But I think for the future of the country, we've got to grab that nettle and and make it work for everybody

Annabel James 20:00

Well, I think the idea of a national day, like Children in Need or whatnot, is brilliant. I think maybe we should put that in our back pocket. Come back to that. But just thinking about the resources. How does it work? Is a lot of your work delivered by volunteers? How do you get the balance right between kind of paid staff and volunteers?

Dan Skipper 20:18

The majority of our services are delivered through paid staff, and that can be a bit of a misnomer in the world, that we're just all volunteers, and that's what the voluntary sector is. We have some highly qualified and quality staff who specialise and enjoy working with older people in lots of different ways, and the complexity has risen so much that actually it's become a challenge for volunteers to do some of the work we're asked to do. I should imagine every member of staff who works for Age UK Norwich has had someone talk about suicide ideation to them as an example. No matter what service you know, we've got people in such crisis that actually that's one of the challenges we face about recruiting volunteers because of that complexity, and also, you know, people assume that we just help people like Miss Marple that they see on the TV and everyone's lovely, and we know that's not the case either. So there's a bit of a culture shock sometimes, you know, when someone answers that phone for the first time, they get abusive older people, they get aggressive older people. They get people who are absolutely distraught following a bereavement, and sometimes that's not what people want to do in volunteering. But equally, we have some fun stuff like, you know, if you look at the volunteers who run our walking football club, you know, that's their life. They love it, and that's what gets them up each morning. But yeah, we have seen, like a lot of charities, a decline in volunteering. As loads of older people have had to go back to work because of the cost of living crisis. Lots of people are becoming more physically frail, so therefore they're facing the same issues as our clients, basically. So it's a bit of a perfect storm with assuming we can get volunteers, and I know that other charities like ours are equally struggling.

Daisy McAndrew 22:04

And Dan, can I take you back. At the beginning you were talking, we were asking you, what people come to you for help with and we discussed in some detail that the practicalities of people coming out of hospital, whatever it might be. But you also mentioned that a lot of people come to you with financial help requests. What sort of things are you talking about there?

Dan Skipper 22:23

Normally it will present in view of, I need help with eating, heating homes. I can't afford a boiler repair, etc. And then that's where we know they're in crisis. It might be that we've actually, you know, sometimes we're asked to distribute statutory money like winter campaigns and things, and that might be how someone's seen an ad for that. Pension credits, a really good example that's been pushed heavily at the moment, in view of we had government deadlines for that, but often it's where we will be out in the community, and someone will have a conversation, and they won't know what eligibility is there for them, and then we then get the stigma a bit, a little bit around. I don't want to claim off the state so we hear people who aren't eating properly, but still don't want to put in a claim because of that historical stigma. And now we've got the media putting stigma back out into some of the narrative that we're hearing at the moment, so often it might just be that single issue, but we will then start looking at their whole eligibility around each statutory entitlement. We give out roughly 10 to 15,000 pound a year in emergency hardship grants. So that would be food banks that would be fuel banks that would be buying a mattress for someone because they're sleeping on the sofa, or the floor and things like that, white goods, they're having to, you know, they can't freeze food because their freezer's broken, so therefore they're having to buy fresh food every day as an example, at cost. It can be lots of different things, but yeah, we try to maximise every opportunity. And last year, as an example, we secured £2.87 million for Norwich's residents, and that was mostly life changing money or debt reduction to just make them either lose the pressure of debt or have more disposable income to improve their life.

Annabel James 24:15

Amazing. And you also have a partnership with Silver Line now, I understand. So that's befriending on the telephone, and that's a free service for everybody. And I think you still do toenail cutting services, and you have a day centre and a befriending and shopping? I'm just trying, it would be lovely, to get a bit of a shopping list of actual services that people can sort of think about.

Dan Skipper 24:39

Yes so this is where we get into the bit around the national charity. So they look after Silver Line, so anyone across the country can contact that. They also have a national advice line to cover those bare basics, like, you know, what is pension credit? How do I apply for it? But where people need that local support, that's where it will go to, like an Age UK, Norwich. Or an Age UK Oxford, and then they will then pick up some of that local hand holding, filling in paperwork, etc. Lots of Age UK's have day centres. Some of them provide regulated care. Shopping services are really common, whether that's helping people get on online shopping as an example, so they can control it themselves. Or actually, some trip models where you take people to the supermarket, lots of household support, from cleaning to general, handy person services right through to that more care orientated end. Befriending is really common, different models of that. So telephony, definitely. But for example, we do one which we call activity befriending, where we'll put a volunteer with someone as part of their progress back out into the community. So it could be volunteer Mary goes with John to the dance class because he's not confident to go on the bus on his own. And so as part of that rehabilitation bit, and often, we start people off with telephone befriending, and then we edge them into activity befriending, and then clubs and groups. So, you know, there's that onward travel of again, meeting new people, getting out of their home. There's also, you know, some do very specialist things to do with legal services, but that's pretty unique, and

there's probably a few like Age UK Norwich, who do physical health coaching as well, and that's growing across the country.

Annabel James 26:27

You're listening to Age and Stage from Age Space, if you'd like to find out more about how we can help, Age Space is a one-stop online resource for anyone caring for or supporting elderly parents and relatives. It's packed with information on funding, on care, on legal matters. Do just please head straight to agespace.org. Now, back to the conversation.

Daisy McAndrew 26:55

Dan, is there anything that we haven't touched on that you think it would be useful for our audience to know about. I mean, things that you think people aren't aware of, maybe help that is out there that that can be accessed.

Dan Skipper 27:08

I think Age Friendly is one which needs a bit more air time. We're quite behind here in this country to do with that initiative and the centre of ageing better is, you know, really pushing it hard and lots of Age UK's, but also other areas are looking at it. So here in Norfolk, for example, Norwich and North Norfolk, has formally registered to try and do that. And to achieve that, you have to look at working with your local area, which can be a town, but we're, you know, we're doing a city. It's about getting people together and benchmarking what later life looks and feels like within that area. So we're really good. For example, the NHS knows their data, Care knows their data, transport knows their data but actually, by bringing it together, you can then start seeing, well, actually the transport here is impacting people attending their health appointments, the attitudes maybe of the drivers on buses are causing people not to use it. You don't have enough care homes in the local area to support the demand. So it starts asking these questions about how these things link together, and then what we're going to do about it, and that's going to be the hard bit. And for me, it's about looking at the person, the older person, and their family, not if you like clinical conditions, or the way we've cut up responsibilities within councils. It puts people first, and it gives us licence to say the evidence shows if we don't sort out a very positive, healthy later life, then we're going to suffer in this country, and so is every other country because of the growing ageing population. So for me, the more we get that out there, and the more our statutory colleagues and the government take that absolutely seriously. You know, that's an opportunity for us to transform things like health care and community, which we haven't had for probably a couple of decades.

Annabel James 29:07

So not a very small job then Dan!

Dan Skipper 29:10

No! And it is painfully hard on the brain, actually, because the system around us, for good and bad reasons, has been designed to segment conditions. You know, you go to the doctor, you get to refer to a specialist for a condition, and then you get referred to another specialist for another condition, and that sort of loses who you are. You're a person living with two conditions. That still means you desperately need a bus or you desperately need support in your home to live well. For me, a really

good one is around what does the future of our housing look like in this country? Because they were mostly built 50 years ago, at least with very different cultures and very different societal attitudes around ageing. So you know, do we want intergenerational living? Because that's happening in Holland, that's happening in Belgium. And again, it links to that care question, because that co-habitation keeps people fitter. It means you've got younger people living with older people breaking down those generational barriers we need to have, you know, active environments, which encourage people to walk, to use green spaces. And you know, it needs to be part of the fabric of where they live. Not a thing you have to go to the hospital to get or your doctor. Again, you know, we need to be prepared into the future.

Daisy McAndrew 30:33

Lots of food for thought there, Dan, and some of it positive, but I'm afraid quite a lot of it pause for thought, as well as food for thought, and a lot of work to be done.

Dan Skipper 30:44

Very much so yes, and I just hope you know, Age UK Norwich is 80, and part of what we're doing is looking back in our archive, and what I can see is very similar things which my predecessors, predecessors, predecessor has tried to achieve. I can only hope that what we're trying to do today will either continue to shift the dial in a positive way, because, just as an example, you know, 60 years ago, we were collecting coal and wood to drive around older people's houses, so who were freezing to death. Now we're paying off utility bills over the telephone for people who are freezing to death, and I don't want that to be here in another 20 years, let alone another 80. So I'm very passionate about significant social change to you know, in theory, put Age UK out of business in the nicest sense of the terms, I'm quite happy to say that I shouldn't exist

Daisy McAndrew 31:40

Well Dan, I think everyone in the area is, I'm sure, very grateful for the work you do. And of course, Annabel and I very grateful that you've taken time out from that important job to talk to us today and give some really practical advice about what people should be thinking about and doing and how to access everything that you can offer.

Dan Skipper 31:57

Thank you and I really appreciate you inviting me on today. It's been great to have this conversation, because I think it's really important. It's really important we talk about these subjects.

Annabel James 32:07

Do you know, I think the thing that I was really fascinated by was, what if you access Age UK, the broader access to other services locally in terms of how they think about their clients and how they look after them. I thought that was so really valuable.

Daisy McAndrew 32:24

Yeah, there were so many things from that chat that jumped out to me. One was that the age limit, the minimum age for Age UK, is 50. So we are we are well there. But also the way he then explained that is not because Age UK think that there are lots of 50 year olds out there who specifically need their help,

but there are lots and lots of 50 year olds who are looking after much older people who need their help. So he was actually saying it was and it was also to future proof those people in their 50s and 60s, to help them prepare for what life's going to be like and and think about all those issues of whether it's physiotherapy or loneliness and the frailty that he kept talking about as frailty being an issue in and of itself, rather than a side effect of other things, that it's something we should all be keeping an eye on. Are you frail? Do you have frailty? And that's an issue that really needs to be addressed.

Annabel James 33:20

And I thought also he was really interesting, I mean, this notion of physical wellbeing and health and wellbeing in the broadest sense. I feel terrible saying this. It's not what I imagine Age UK would be worrying about. I would have thought it was much more about toenail cutting and access to financial services and the really practical things, but that much broader...

Daisy McAndrew 33:42

Really holistic view that he was talking about, and then individual things he was talking about, how the PTSD of a fall is something that they are seeing more and more, that somebody who's been left for hours and hours in pain, frightened discomfort, all the rest of it, and that even once you've got over the physical impact of what broken hip, or whatever it might be from that fall, the mental impact of that, the trauma of that, has to be addressed before that person can really be well again. And that makes perfect sense, but it's not something we talk about.

Annabel James 34:18

I've never even heard of that before. Exactly as you say, it sounds so it's sort of obvious, isn't it, and also the dealing with the wider fact that if your husband goes into hospital, the ramifications of that on you at home again, it's really interesting to understand that those services are available to the person who may not be unwell, but the ramifications of their partner being unwell are enormous.

Daisy McAndrew 34:42

And the insight he gave us of what it's like running a charity like Age UK, with 30% increase in demand, and he wasn't saying since COVID. He said every year since the pandemic. So a 30% increase on top of a 30% increase on top of. 30% increase, married with big decline in resources. And what he was saying about volunteers that they used to rely so much on unpaid volunteers who were themselves a bit elderly. They were retired people who were giving their time to Age UK to keep themselves occupied. But actually a lot of those people are still at work because of cost of living. So they've lost that pool of able bodied, slightly older people who wanted to volunteer. And I thought it was fascinating what he was saying about many people have a rather rose tinted idea of what this work is going to be like. It's going to be looking after Little Miss Marples, frightfully jolly, sweet old ladies who just want a cup of tea. And actually, the reality is not that. The reality is much grimmer in a lot of circumstances, you know, much harder work talking to, as he said, some suicidal elderly people. You know, it's, it's a job that needs, you know, training and expertise and so on. So it really brought it home to me, what they're facing?

Annabel James 36:01

Yeah I thought it was really fascinating. And I think also that sort of feeling that it's only going one way, unless there's a really big rethink and a shift in all sorts of attitudes, not just government level, but you know, us as individuals and how we look after ourselves. It's amazing to hear it. It must be well, as you said, it's a challenging job. It's a great job. It's all thing job, it's it's fascinating. But no, so thank you very much, Dan, it was just really inspiring to hear from you today.

Daisy McAndrew 36:31

It really was. And I think we're both behind the idea of a day, you know, Red Nose Day, whatever, yeah, but aimed towards the elderly, I think is a great idea.

Annabel James 36:40

You put the bunting up!

Daisy McAndrew 36:41

I'll put the bunting up. And I hate to say it, but we need to start donating more to charities of his kind, rather than the donkeys and the dogs. And you know, we're both massive dog lovers but you know, let's get our priorities straight here.

Annabel James 36:57

Thank you so much for listening to Age and Stage. You can find out more about Age UK Norwich at ageuk.org.uk/norwich. We'd welcome your questions on anything you've heard and your suggestions for future episodes. You can email ageandstage@age-space.org, or follow the links in the show notes to this episode. In the next episode, we talk cognitive impairment, what it is and why it matters. With Dr Simon Edelman.

Dr Simon Edelman 37:25

It can be very difficult to try to distinguish what's normal and what's actually beyond normal, particularly if things are happening very deteriorating very slowly. To me, it's very obvious the older person's got dementia and it's quite advanced. And to the family, it's simply because it's happened so slowly it can become invisible and just seen as granny getting a little bit older and more forgetful, when actually there's something that's been going on for years.

Daisy McAndrew 37:51

If you found this show useful, there's plenty of advice and guidance coming in future programmes. Click follow or subscribe in your podcast app to make sure you don't miss them, and in these early days, it would really help us out. We'd love it if you could leave a rating or a review for the show with your podcast platform. And of course, do spread the word. Tell friends or anyone you know who you think might benefit from hearing Age and Stage.