Precious Time: a strategy for reducing loneliness and isolation in South Gloucestershire

2013-2016

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South Gloucestershire Council

Partner agencies involved in the development of the strategy and action plan – thanks for your energy, ideas and enthusiasm

Age UK South Gloucestershire

Bristol and Avon Chinese Women's Group

Bristol Area Stroke Foundation

British Red Cross

Brunelcare

Chase and Kings Forest Community Partnership

Citizens Advice Bureau

Council representatives from the Adults, Children and Health

CVS

Department and the Environment and Community Services

Do Care

Lives through Friends

Merlin Housing Society

Over 50s Forum

Paul's Place

Shopmobility

Smile Living Support

Southern Brooks Community Partnership

South Gloucestershire Clinical Commissioning Group

The Care Forum

Volunteer Centres

“Health refers to physical, mental and social wellbeing as expressed in the World Health definition of health. Thus, in an active ageing framework, policies and programmes that promote mental health and social connections are as important as those that improve physical health status.” World Health Organisation Active Ageing 2002

Introduction

1.1 This strategy defines social isolation and loneliness, an issue for mainly, but not exclusively, older people. There are a number of population groups vulnerable to isolation and loneliness including young care leavers, refugees and people with mental health problems. Nevertheless, older people as both individuals and carers are especially vulnerable to this issue, and consequently there has been a concentration in terms of strategy on this group.

1.2 This strategy sets out what is known about the issue in South Gloucestershire, and a recommended approach to reducing social isolation and loneliness, and the key actions to deliver positive change.

1.3 The strategy has been produced by a multi-agency group, that came together in the summer of 2012, following Community Capacity Building work with the Local Government Association. Please see appendix one for a list of members of the group.

Loneliness and isolation: a definition (1)

2.1 Isolation – is an objective term, and can be either positive or negative. It can relate to physical and/or social isolation. Isolation can be “glorious”, “splendid”, “dreadful”. Solitude has positive connotations.

2.2 Social isolation is described as imposed isolation from normal social networks caused by loss of mobility or deteriorating health. (12)

2.3 Loneliness – is a subjective feeling, with negative connotations. Loneliness can be temporary, occasional, intermittent, or an ongoing chronic feeling. It can be emotional and/or social. (1)

2.4 The terms loneliness and social isolation are often used interchangeably, but it is possible for people to be isolated but not lonely and vice-versa. Loneliness is a subjective state, a response to people’s perceptions and feelings about their social connections. Loneliness has been defined as “the subjective, unwelcome feeling of lack or loss of companionship”. Loneliness is an emotion that may have been caused through evolution to ensure humans remain in close contact with each other. (2)

2.5 A distinction is often drawn between social loneliness and emotional loneliness, so that “emotional loneliness is the absence of a significant other with whom a close emotional attachment is formed (eg: a partner or best friend) and social loneliness is the absence of a social network consisting of a wide or broad group of friends, neighbours and colleagues”. People experiencing social isolation may benefit from practical help, such as transport. People experiencing loneliness require social support and extended social networks, which might be provided through befriending or group activities. (13)

The scale of the issue: the national picture

“I try not to get lonely but I do. I go out to try to stop being lonely. I sit and talk to people in the park. I get lonely a lot that’s why I go out a lot.”

“I have nobody, no family, no friends. During the day I keep filling my hot water bottle, it gives me something to do.” (1)

3.1 Social research over the past few decades has shown that an average of 10% of older people feel always or severely lonely. Over the same time period, there has been a growing percentage of older people who sometimes feel lonely.

3.2 17% of older people have contact with family, friends and neighbours less than once a week, and 11% have contact less than once a month. (3)
12% of older people feel trapped in their own home, and 6% leave their home less than once a week. 9% feel cut off from society. (3)

3.3 As populations age, even more individuals are likely to be lonely. Recent estimates place the number of people aged over 65 who are often or always lonely at over one million. Over half (51%) of all people aged 75 or over live on their own.

3.4 One of the key principles of The Care and Support White Paper (2012) is that we should do everything we can – as individuals and as communities – to prevent, postpone and minimise people’s need for formal care and support. Health and social care systems should be built around the simple notion of promoting people’s independence and wellbeing. The Paper also sets out aims to :

- support social workers to connect people at risk of isolation to community groups and networks, using evidence from the Social Work Practice Pilots
- support My Home Life and national care provider organisations to work with their members to develop ‘open care homes’ that build links with their local community
- stimulate the development of time banks, time credits and other approaches that help people share their time, talents and skills with others in their community
- encourage the use of community facilities such as libraries, day centres and leisure centres to establish activities that can help alleviate isolation.

The impact of loneliness and isolation on health and wellbeing

“Loneliness is the great unspoken public health issue”
Paul Burstow, Care Services Minister, 2010 -2012

“Inactivity and isolation accelerate physical and psychological declines, creating a negative spiral towards premature, preventable ill health and dependency.”
Report of the House of Lords Select Committee on Science and Technology on Ageing, 2005.

Loneliness can become ‘a powerfully destructive cycle of negative thoughts and behaviour.’ Joseph Rowntree Foundation 2011 Loneliness Compendium: Examples from Research and Practice

4.1 Loneliness presents significant challenges to health services, as it impacts widely on people’s quality of life, wellbeing and use of health services.

4.2 There are two models that explain how a lack of social connections or loneliness affects health and quality of life. One model is that social relationships act as a stress regulator which encourages healthier behaviours, and that contact with others provides resources that also promote healthier behaviours. The alternative model says that social relationships may protect through more direct means, such as cognitive, emotional, behavioural or biological influences. (13)

4.3 The absence of social interaction affects health in two ways: isolation makes it harder for people to regulate behaviours such as drinking, smoking and overeating. Loneliness also creates changes in the brain or body which can contribute to or precipitate ill health: lonely people have higher cortisol levels which can lead to organ deterioration, and are more prone to viruses and disrupted sleep. Loneliness produces changes in the body that increase the risk of heart disease and lonely middle aged and older adults have a higher risk of hypertension. (13)

4.4 Lonely people are more prone to depression, and the lonelier the person is the more likely they are to experience increased depressive symptoms. Loneliness is also linked to cognitive decline and dementia in older people. The risk of Alzheimer's Disease more than doubles in older people experiencing loneliness. (13)

4.5 Social networks have a bigger impact on the risk of mortality than on the risk of developing disease, that is, it is not so much that social networks stop you from getting ill, but that they help you to recover when you do get ill. (4) A study of social relationships and mortality showed amongst people diagnosed with an illness, that there was a 50% increased likelihood of survival for those people with strong social connections after a follow up time of seven and a half years. The study also shows that having weak social connections carries a health risk:

- Equivalent to smoking fifteen cigarettes a day
- Equivalent to being alcoholic
- More harmful than not exercising
- Twice as harmful as obesity (13)

4.6 Evidence indicates that interventions to reduce loneliness can significantly reduce spending on health services. Older adults who feel lonely rate their physical health as lower than that of others. As a result lonely people are more likely to visit their GP and use other health services. Research suggests that relatively low cost approaches to addressing loneliness and isolation can result in:

- Fewer visits to the GP and fewer outpatient appointments
- Lower use of medication
- Lower incidence of falls

Reduced risk factors for long term care, fewer admissions to nursing care and later admissions

- Fewer days in hospital

Key risk factors for loneliness and isolation

5.1 Loneliness and isolation can become an issue when people go through periods of change around major life events and transitions. These are often associated with a loss - either of work, role or status, of health or a loved one, or of motivation and confidence (1):

- empty nest - children leaving home
- retirement
- bereavement or the ending of a relationship
- becoming a carer

- onset of an illness or disability; dementia can have a major impact on how connected people feel and their opportunities for social contact
- hospitalisation and discharge
- victimisation or experience of crime, sexual or physical abuse, discrimination or stigma
- moving home or family moving away
- becoming homeless.

5.2 Local research by Southern Brooks Community Partnership has also shown that the following groups of people are at a higher risk of loneliness and isolation: young mums, disabled people, victims of hate crime, people with mental health issues including dementia, ex prisoners, travellers and people from black and other minority ethnic groups.

5.3 Key risk factors for loneliness include being in later old age (over 80 years), on a low income, in poor physical or mental health, and living alone or in isolated rural areas or deprived urban communities. Men are more likely to feel isolated, but marriage reduces the incidence of isolation among men. Poor transport, not speaking English and poor local services can also increase loneliness and isolation. (5) People living in residential and nursing care are also at risk of isolation and lack of social contact.

5.4 Older people from minority ethnic groups are generally at higher risk of isolation than the white British population. There are marked variations between ethnic groups: for example 7% of older Indian people say they are lonely, compared to 24% of older Chinese people. (13)

5.5 Gay men and lesbians are at a greater risk of becoming lonely and isolated as they age, since they are more likely to live alone and have less contact with family. (13)

5.6 Given the relatively high incidence of loneliness among older people, there will be a specific focus on combating loneliness for this population group. However, given that loneliness is known to impact on all ages, the strategy will include a joined up approach to tackling loneliness and isolation for all people age 18 and over.

Older People's Views

6.1 Older people consulted during the drafting of Valuing Experience, Independence and Opportunity in Later Life, the South Gloucestershire Strategy for Older People 2008 -2012 highlighted the following as key issues for quality of life:

- being part of a community
- living in a safe neighbourhood
- being able to live in their own home
- good health and good transport
- access to local facilities
- to be treated with dignity and respect
- being in control and having choice over care should they need it.

6.2 A national study highlighted similar themes relating to the key aspects of maintaining wellbeing, which were expressed by older people themselves as: keeping active, both socially and physically; preparing well for retirement; keeping in touch with family or friends or using befriending services for those that are isolated; and accessing support when needed at key times. Families, friends and communities are at the heart of maintaining wellbeing; and the ability to express emotions with those close contacts is vital. (6)

6.3 A 2003 inquiry into mental health and wellbeing found that these factors positively influenced mental health and wellbeing for older people: participation in meaningful activity (both physical and social), relationships and keeping in touch, and physical health, which is inextricably linked to mental health (7).

6.4 There is a stigma attached to loneliness, with one in three people embarrassed to admit they are lonely (8).

6.5 Equalities issues including the impact on BME and other minority communities and how this is reflected in South Gloucestershire, requires further exploration.

What we know about the local picture

7.1 The 2012 CVS survey included a question on whether beneficiaries of community or voluntary sector support benefited from other support networks. The responses to this survey will inform the development of the action plan.

7.2 The Department of Health Social Care Survey was first issued in 2010 – 2011. The survey was sent to a sample of people in receipt of social care services organised through the Community Care and Housing Department of South Gloucestershire Council. The responses relating to social contact were as follows; in 2010 – 2011 the South Gloucestershire responses matched the national responses; for 2011 – 2012 the national responses are in brackets:

	I have as much social contact as I want with people I like	I have adequate social contact with people	I have some social contact with people but not enough	I have little social contact with people and feel socially isolated	Number of responses
2010 – 2011	42%	36%	18%	5%	476
2011 – 2012	46% (42%)	35% (35%)	16% (17%)	3% (6%)	440

7.3 Generally the trend among people in receipt of social care appears to be positive towards feeling more connected. However this is a small proportion of the whole South Gloucestershire population, and is weighted towards older people as the main users of social care.

7.4 The Care and Support White Paper announced the creation of shared measures of wellbeing across the 2013/14 editions of both the Public Health and Adult Social Care Outcomes Frameworks, with a particular focus on developing suitable measures of social isolation. In 2013 the government will publish an atlas of variation in wellbeing to help local authorities identify areas for improvement.

7.5 Social isolation and loneliness are referenced in the Joint Strategic Needs Assessment 2013 and this strategy work is referenced in the Joint Health and Wellbeing Strategy Plan. It is highlighted as a key issue for older people and younger disabled people.

A brief overview of some commissioned services to combat Loneliness and isolation in South Gloucestershire

8.1 The range of services, groups and organisations combating social isolation are referenced on the council's Precious Time webpages. This is not however an exhaustive list of all groups and activities helping in this work, and the picture is ever changing. This strategy gives a snapshot of activities funded by statutory services. The Wellaware database is the most up to date resource of local activities and groups involved in reducing loneliness and isolation.

8.2 Five projects received South Gloucestershire Council Adult Care funding in 2012 – 2013 to specifically develop services to combat isolation amongst older people. The projects are managed by Age UK, Retired Senior Volunteer Programme, Action for Blind People, Merlin Housing Society and Southern Brooks Community Partnership. The projects together offer a diverse response to this issue. The council has continued to fund the projects into 2013- 2014, with the exception of the Activities Service project at Merlin Housing Society, which has been funded by Merlin Housing Society. The Everybody's Business Grants 2013 - 2014 focused on combating the isolation that many people with mental ill health can experience. In total, £96,000 was awarded to a range of groups, offering peer and emotional support, and opportunities for activity, engagement, sport and work skills development.

8.3 The First Contact Scheme for people aged 60 and over has been extended to encompass befriending and volunteering opportunities. The First Contact Scheme is promoted at some flu clinics across South Gloucestershire, offering attendees the chance to complete the checklist and take the opportunity to say they would benefit from more social contact, or would like to get involved in volunteering.

8.4 Work with people affected by sight and hearing loss is carried out respectively in the multi-agency Low Vision Group and the Deaf, Deafened, Hard of Hearing Group, both of which have strong user involvement. Both groups are tackling issues of isolation and exclusion, and some positive developments have been made such as the Finding Your Feet Course for people affected by sight loss.

8.5 The Health and Wellbeing division at South Gloucestershire Council provides Walking for Health, supporting people to become more active and feel the physical, mental and social benefits of walking. It is particularly popular for people who have suffered bereavement or are socially isolated. There is also the opportunity for walkers to become volunteer walk leaders. The cost of delivering this initiative is £34,000 a year. Friendship clubs are for older people to introduce them to a variety of gentle exercise as well as socialising. There are now a total of 8 clubs running across South Gloucestershire, all managed by community groups and coached by an instructor with a specialist qualification in exercise and health for older people. There were 3,000 attendances in 2012 and this figure is expected to rise to over 4,000 by the end of 2013. Body The clubs are funded by various start-up grants and then sustained by weekly contributions from participants.

Exercise on prescription aims to help people improve their health through a supported exercise programme. It is targeted at people with medical conditions including depression who have non-active lifestyles. Many friendship groups are formed during these sessions and for some people they have reported that it is the only social contact that they get. The scheme is run in partnership with Circadian Leisure Trust and is delivered from all five

leisure centres in South Gloucestershire. Approximately 1000 people are referred into the scheme every year with a cost to the local authority of £108,000 per annum.

8.6 The South Gloucestershire Clinical Commissioning Group contributes £65,000 to the council budget for carers' breaks, helping carers reduce their isolation and engage in activities outside of their caring role.
8.7 The Clinical Commissioning Group also secured funding of £60,000 from Dementia Challenge Fund monies for the Patchway Dementia Action Alliance, which is working towards Patchway being a dementia friendly community. Consultation with local people living with dementia has shown a need for more peer support activities and help to get out and about, as well as a need to raise awareness of dementia among the wider community.

Another £50,000 from the Dementia Challenge Fund is being targeted at post diagnostic support for people with dementia. This has focused so far on drastically reducing waiting times for diagnosis, on producing high quality information on services and support, and on delivering a series of Dementia Roadshows. The main message the roadshows aim to get across is that people can live well with dementia, and that they are not alone in dealing with their illness.

In addition the council is funding the Sporting Memories Network to develop sporting reminiscence groups across South Gloucestershire for people affected by dementia.

8.8 The Clinical Commissioning Group provides £24,000 of funding for the Home from Hospital Scheme provided by the British Red Cross. Volunteers are matched with frail older people leaving Frenchay and Southmead Hospitals for up to 6 weeks of support. The volunteers offer company, confidence building, help with practical tasks and signposting to other support. 69% of recipients receive companionship and emotional support, and the same proportion are helped to build their confidence.

What makes the difference?

"Social and productive activities that involve little or no enhancement of fitness lower the risk of all cause mortality as much as fitness activities do." (9)

9.1 The effectiveness of interventions and services is difficult to measure due to the wide variety of interventions and outcomes. Small samples and inadequate matching of comparison or control groups have led to unreliable results. (12) However national studies have attempted to analyse the evidence that exists.

9.2 Effective interventions to tackle loneliness among older people appear to be: interventions focused on social cognition, i.e. a person's thoughts about themselves and others (10); group activities, centred on education or support, such as a structured skills courses or bereavement support (11); and voluntary opportunities, befriending and time banks, which boost social capital and tackle social disadvantage across all age groups. (8)

9.3 Nationally the range of activities that organisations have undertaken to tackle loneliness includes information giving and signposting; support for individuals; social or cultural group interventions; health promotion interventions; intergenerational activities, and wider community engagement and volunteering.

9.4 NICE (National Institute for Clinical Excellence) have researched what is effective in reducing loneliness. They concluded that the following are effective: group intervention with an education focus that provides targeted support activities, and targeting specific

groups, such as women, carers, and people who have lost a partner. Women are attracted by more loosely defined social gatherings, whereas in general men prefer an activity based session.

9.5 The Social Care Institute for Excellence (SCIE) has identified that community navigators schemes are effective and that befriending is cost effective and good for reducing depression. (12)

9.6 There were some indications that volunteers belonging to the same generation and sharing common cultures and backgrounds were more likely to be effective in building relationships with a service recipient. However the findings about the age of volunteers were not necessarily replicated in other studies. (12)

9.7 Local effective projects have included Patchway Sunday afternoon parties, and Guys and Dolls. Further details of these and other initiatives are available from www.southglos.gov.uk/precioustime

Principles of the South Gloucestershire strategy to tackle social isolation and loneliness

10.1 Our ambition is that no one should experience isolation, loneliness or lack of social relationships against their wishes:

- loneliness and isolation are not the sole responsibility of one organisation – tackling the issue needs all organisations, sectors, residents and communities to work together and in partnership
- loneliness due to lack of social contact is not an inevitable part of growing older; we can work together to reduce loneliness among older people
- we will involve older people and others including those who are experiencing or at risk of loneliness in mapping local community assets and looking at the solutions to the issue of loneliness
- we will develop an action plan to focus our joint efforts and map our progress
- we will look to deliver services and activities in new and innovative ways, developing the strengths and assets in local communities, and the contribution of volunteers.
- our work will be guided by the Community Asset Approach: this approach focuses on active citizenship, nurturing individuals and families and identifying and encouraging community strengths, to build stronger, more welcoming and more inclusive communities (14). A Community Asset Approach promotes wellbeing by building social capital and promoting face to face community networks. It moves away from a deficit model, and is based on a “glass half full” approach (15).

We will promote the following principles when developing our responses to social isolation and loneliness:

- responses should be based on people both giving and receiving support, acknowledging the contribution that all people can make, hence the Precious Time campaign ethos
- responses should aim to generate real friendships and connections in communities
- responses should be based around normal and mainstream activities that help to reduce stigma
- we should acknowledge the importance of focusing on productive activities, particularly for men

- we recognise the strength of local people in designing solutions to the issue
- responses are affordable and where possible self-sustaining

How we are taking the work forward

11.1 Five multi agency workstreams own the work required to deliver the strategy. The workstreams start to meet from September 2013 onwards. Work has already begun through the five Precious Time funded projects and the input of many other organisations, and this will be reflected in the plan. The five workstreams can be seen at appendix two.

11.2 An overarching Communications Plan will be developed, to meet the requirements of all five workstreams. This work will be led by the Council Communications Team, building on the positive communication materials already produced.

11.3 A multi-agency partnership strategy group meets on a six monthly basis to monitor progress of the action plan linked to the strategy. This meeting gives the opportunity for the five workstreams to come together, share their progress and challenges, and invite wider involvement and contribution from a range of partners. If you would like to join this group or have access to the notes please contact cchengagement@southglos.gov.uk or ring 01454 862356. The first strategy group will take place in March 2014.

11.4 The Precious Time website provides information for residents, partners, and community groups, and demonstrates the good work going on locally. www.southglos.gov.uk/precioustime

11.5 Progress against the action plan will be reported on a regular basis to the Older People's Programme Group and the Health and Wellbeing Board. A framework for monitoring impacts and outcomes will be developed, complementing the work already completed with the five Precious Time partners. This will be predominantly through assessing the outcomes expressed in the five workstreams.

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Appendix One

Partner agencies involved in the development of the strategy and action plan – thanks for your energy, ideas and enthusiasm

Age UK South Gloucestershire
Bristol and Avon Chinese Women's Group
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Brunelcare
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Shopmobility
Smile Living Support
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Appendix Two

The Five Workstreams

Responding to individuals
Outcome: I know were to go for help to feel less lonely. There a good range of things to help me feel less lonely
Broad Scope:

- Pathways for contact
- Identifying the most isolated
- Communication materials
- A good range of services that meet people's needs
- Awareness raising for professionals and voluntary groups
- Public campaigns

Promoting Volunteering
Outcome: I have a wide range of interesting and attractive options for volunteering. As a volunteer I am well supported and I find it rewarding and enjoyable
Broad Scope:

- Pre-retirement planning and events for newly retired people
- Support to organisations offering volunteers to work with older people
- Promotion of peer support and good practice

Developing Support in Communities
Outcome: I live in a community where I know about local groups and there are things for me to take part in to feel an active member of the community. The Community groups are welcoming to newcomers, and people look out for each other
Broad Scope:

- Support local people to develop solutions
- Town and Parish Councils understand the issue and contribute to the picture
- Promoting leadership and partnership through local networks and raising awareness of local groups
- Developing and promoting neighbourliness
- Promoting "Being a Welcoming Organisation"

Knowledge and Mapping
Outcome: we have good knowledge of the areas, communities and groups where people feel particularly lonely. We plan responses with local people. We use national and local data to track levels of loneliness
Broad Scope:

- Understanding local assets
- Identifying areas where there is most loneliness, with the involvement of people who are lonely or who are at risk of loneliness
- Understanding loneliness in minority communities
- Key partnerships are aware of this work, and feed into local mapping

The Environment
Outcome: I am able to do the things I want to do as the practical issues I come across are reducing.
Broad Scope:

- Promoting and ensuring use of community venues
- Working to reduce transport issues
- Influencing developments to consider the needs of older people
- Learning from the Dementia Action Alliance in Patchway
- Consider local barriers, e.g. toilets, benches

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