

All Party Working Group: How can communities ensure that no-one is lonely or isolated?

Cllr Keith Flunder, Chair, All Party Working Group



What does Loneliness & Isolation mean?

“**Loneliness** is a subjective feeling about the gap between a person’s desired levels of social contact and their actual level of social contact. It refers to the perceived quality of the person’s relationships.

Social isolation is an objective measure of the number of contacts that people have. It is about the quantity and not quality of relationships.” (Age UK Website)



What is the challenge?

- ✓ Loneliness & Isolation is something that can affect people of all ages at any time in their lives regardless of where they live or where they're from
- ✓ Older people can be more susceptible to loneliness and it can contribute towards ongoing and higher levels of need and risk of entering into the social care system.
- ✓ Growing populations of older people vs. reducing resources is a challenge for local authorities
- ✓ Subjective issue which will require a community response that meets the needs of individuals

Did you know?

“research shows that lacking social connections is as damaging to our health as **smoking 15 cigarettes a day**
(Holt-Lunstad, 2015)

In Staffordshire this would equate to an additional **17%** more people smoking, costing an additional £34m to the local economy.



What does loneliness & isolation look like in Staffordshire?

- The predicted prevalence of loneliness is lower than the average for the West Midlands and England.
- At a district level, residents aged 65 and over in **Cannock Chase** have a higher probability of feeling lonely and individuals in **Lichfield** have the lowest predicted prevalence of loneliness.
- Age UK has identified that there are a number of variables which contribute to a person feeling lonely, such as:
 - marital status
 - self-reported health status
 - age
 - Housing status & household size



National Research

 Campaign to End Loneliness
CONNECTIONS IN OLDER AGE

 ageUK
Love later life


Testing Promising Approaches to Reducing Loneliness
Results and Learnings of Age UK's Loneliness Pilot.




 HM Government


A connected society
A strategy for tackling loneliness –
laying the foundations for change



 British Red Cross

ISOLATION AND LONELINESS
An overview of the literature



 In partnership with co op

Refusing to ignore people in crisis

Campaign to
EndLoneliness
CONNECTIONS IN OLDER AGE



The APWG Journey

- Two member events to steer the project and shape the final recommendations
- A stakeholder workshop (split into urban and rural) attended by representatives from the public and voluntary sectors to identify challenges and areas of good practice.
- APWG Chairs met with a number of local organisations to understand the urban and rural dimension, and potential areas of collaboration.



Main factors contributing to feelings of loneliness and isolation

Urban Areas

Cultural/language barriers (more prevalent)

Urban fear of crime i.e. anti-social behaviour

Both

Lack of awareness of existing support

Stigma attached to asking for help

Change in personal circumstances e.g. retirement, bereavement, illness, crime

Change in family composition

Access to key services, including public transport and broadband

Rural Areas

Geographic location

Occupational risks i.e. Farmers and risk of suicide/self-harm

Any potential contributing factors prevalent in urban or rural areas are minor compared to more fundamental issues e.g. long-term conditions, mobility and personal circumstances



What works well that could be built upon?

Schemes/activities that exist currently or have done in the past, which have helped to prevent loneliness and social isolation

Urban Areas

Urban Local Area Partnerships – such as LAPs in Newcastle

Community One Stop Shop and CICs

Examples of Community Event making a difference:

- Good Gym
- Chatty Café
- Places of Welcome (Churches Together)

Both

Voluntary Car Schemes
Intergenerational solutions
e.g. Students cohabiting with older people

Community hubs and signposting services e.g. libraries and Pub is the Hub
Support Staffordshire Network/Neighbourhood Forums

Initiatives with GP e.g. social prescribing/Wigan Leisure Trust (Cannock)
Church Groups
U3A

Meals on Wheels and food pantries

Rural Areas

Action with Communities in Rural England (ACRE)

Village Halls

Resident groups e.g. WI, Men's Shed

Parish Councils

Farming Community Network



Areas of Focus for Recommendations

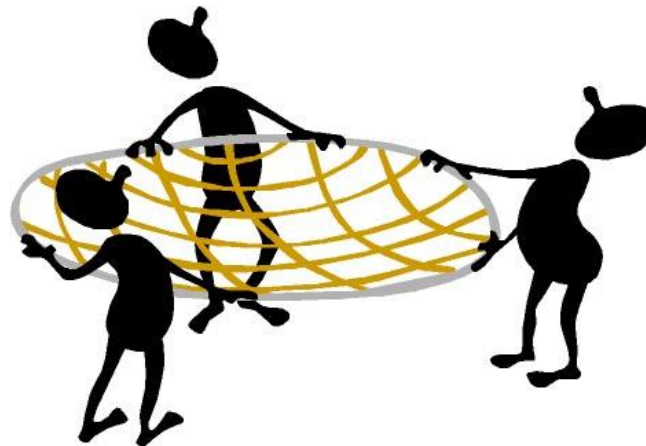
Awareness
raising

Role of family
and friends

Community
centred and
focussed

Technology as
an enabler

Collaboration
between existing
providers



*Adult social
care as a last
resort*

Recommendations

Awareness Raising (S)

- Reduce stigma by undertaking a **campaign to raise the profile** of the issues of social isolation and loneliness. Dementia training may be a good starting point.
- Let people know what **direct** help already exists (e.g. Samaritans) and what they can do themselves **indirectly** (e.g. participate in sport and physical activity, undertake volunteering, etc.).
- The audience should be wide, including families, service providers, local businesses, etc.
- One size fits all approach may not work. May need to look at solutions at a district level.

Family and Friends (S)

- Promote kindness - having someone to talk to and to call on for everyday help and emergencies – as part of the **Doing Our Bit** campaign.



Recommendations

Community centred and focussed (M)

- Encourage enjoyable opportunities to build meaningful relationships through **shared interests** (e.g. knit and natter).
- Promote opportunities for **intergenerational dialogue**.
- Support initiatives that promote community cohesion and empowerment (e.g. **parish councils and Local Area Partnerships**).
- Encourage participation in **sport and physical activity** as a means to reduce individual and community isolation, bringing people together and reduce feelings of loneliness.

Collaboration between existing providers (M)

- Carry out an **audit to understand existing provision**, maintain this and make it available
- Explore **Social Impact Bonds** (i.e. outcome-based) as a way to incentive intervention.
- Expand the use of **social prescribing**.
- Need to consider the overall 'bigger picture' outside local areas and the County

Technology as an enabler (M/L)

- Encourage take-up of broadband.
- Promote formal and informal **ICT training** to all residents.
- Explore the feasibility of creating a **Staffordshire Search Engine**, involving The Samaritans, The Salvation Army and Support Staffordshire.
- Explore the role of the **Internet of Things**.



Actions

Awareness Raising (S)

- Members working group working with cabinet members and /or select committees
- Targeted, multi-agency awareness campaign – courses, virtual and physical pop-ups – make the issue a non-issue by removing the stigma

Family and Friends (S)

- ‘Volunteer Centres’ try out campaign in one or two districts
- Reduced charges for new groups eg Village and church halls
- Promote the ‘Doing Our Bit’ campaign

Community centred and focussed (M)

- Promote existing offers in communities e.g. knit and natter, WIs
- Promote existing offers that provide wider benefits e.g. Ramblers, Royal Voluntary Service
- Assist in developing local leadership with examples of possible projects
- Forge greater links with schools (PSHEE), Scout and Guide Associations with community-based initiatives



Actions

Collaboration between existing providers (M)

- Carry out an audit to understand existing provision, ensuring people are getting the best support
- Work with key partners e.g. Health, Police and Fire Service and sports,/ arts councils etc. to understand the potential wider benefits and opportunities of social prescribing

Technology as an enabler (M/L)

- Initiate a working group with the Samaritans and the Salvation Army to explore the feasibility of developing a 'search engine' with existing suppliers



Questions and Feedback

