

Report for Community, Environment and Housing Overview and Scrutiny Committee

Tackling social isolation and loneliness faced by older people

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1.2 SUMMARY

- 1.1 While the terms 'loneliness' and 'isolation' are sometimes used as if they were synonymous, they refer to two different concepts.
- 1.2 **Isolation** *refers to separation from social or familial contact, community involvement, or access to services.*
- 1.3 **Loneliness**, *by contrast, can be understood as an individual's personal, subjective sense of lacking these things to the extent that they are wanted or needed.*
- 1.4 Loneliness is part of the human condition that affects all ages, but older people are particularly vulnerable. Experiences commonly associated with ageing, such as loss of family and friends, poor health, decreased mobility and income; as well as trends in wider society, such as greater geographical mobility, reduced inter-generational living, less cohesive communities, mean that many older people become more socially isolated, potentially leading to increased loneliness.
- 1.5 Social isolation is a serious issue for some older people, but it should not be regarded as an inevitable by-product of ageing. The majority of older people are not socially isolated and make a considerable personal contribution to society, alleviating loneliness for themselves and others. This contribution is essential in helping communities to develop capacity and resilience and the council is rightly increasing resources in support of this.
- 1.6 The best way to tackle loneliness is to understand an individual's situation, perhaps rooted in physical or mental decline, inaccessible housing, bereavement or a combination of other factors. Understanding individual cases involves specific contact and support. This can only be delivered by partnerships between the council and other organisations supporting older people and communities.

2.2 THE EXPERIENCE OF LONELINESS AND SOCIAL ISOLATION

- 2.1 There is evidence to suggest that men and women experience loneliness differently. Loneliness in men is more often associated with the quality of their relationship with a spouse or partner, whereas for women, the absence of wider social networks is particularly important. For some older people, loneliness is a chronic condition, often associated with longstanding, difficult or limited relationships with family, friends and

neighbours. For others, it is linked to the impact of particular life events, such as becoming a widow and may be more transient. Although older people living alone are most likely to experience social isolation, many of those living in residential care experience loneliness, especially if they lack opportunities in the community outside the care home.

- 2.2 The Campaign to End Loneliness (See **Appendix A**), as part of their drive to tackle loneliness and social isolation, provide the following risks and triggers to identify those to be at risk or experiencing loneliness.

Personal circumstances

- Living alone
- Being divorced, never married
- Living on a low income
- Living in residential care

Transitions

- Bereavement
- Becoming a carer or giving up caring
- Retirement

Personal characteristics

- Age 75 plus
- From an ethnic minority community
- Being gay or lesbian

Health and disability

- Poor health
- Immobility
- Cognitive impairment
- Sensory impairment
- Dual sensory impairment

Geography i.e. living in an area

- With high levels of material deprivation
- In which crime is an issue

2.3 Key statistics around 'trigger' factors

Contact with friends and family

- 17% of older people in contact with family, friends and neighbours less than once a week, and 11% in contact less than once a month

Getting out and about

- 12% of older people feel trapped in their own home
- 6% of older people leave their house once a week or less
- 9% of older people say they feel cut off from society

Living alone

- About 3.8 million older people live alone
- 70% are women over 65

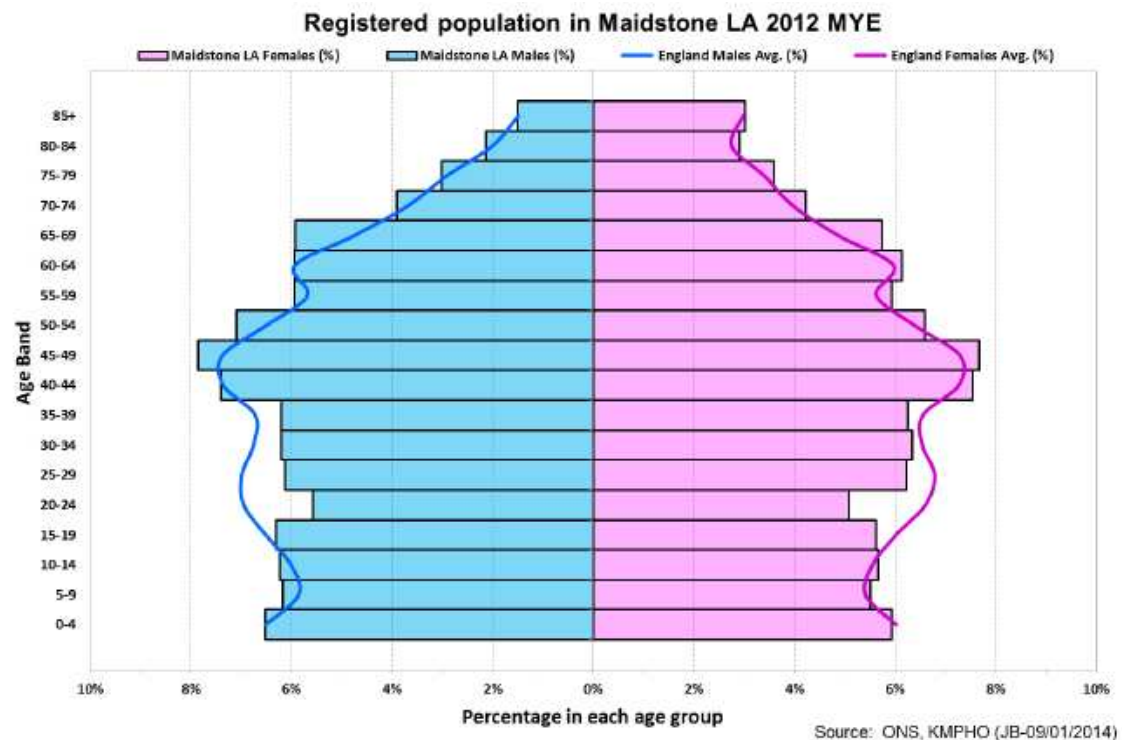
- Over half (51%) of all people aged 75 and over live alone
- It is predicted that between 2008 and 2031 these figures will increase

3 BEREAVEMENT

- 3.1 Grieving following bereavement can be a lonely process. Responses to bereavement have been shown to vary depending on whether death is expected or unexpected, and on the nature of family care giving experiences. Bereavement can have psychological, social, and health functioning affects on a person experiencing loss, increasing risk of both depression and social isolation.
- 3.2 After the loss of a loved one it is common to find it harder to spend time with others, particular if the loss has been the main partner. Local support groups and services offering telephone and face to face support have shown to have a positive impact on those who have been impacted by bereavement.
- 3.3 A key entry point of contact is provided through the Funeral Director or Crematorium and research has shown that Bereavement Packs provide an excellent source of information when such a life changing event occurs, guiding people through financial and legal aspects to sign posting to support services, such as local community groups, age-related activities, GP and befriending services (See **Appendix B** for examples of Bereavement Packs).

4 MAIDSTONE PROFILE

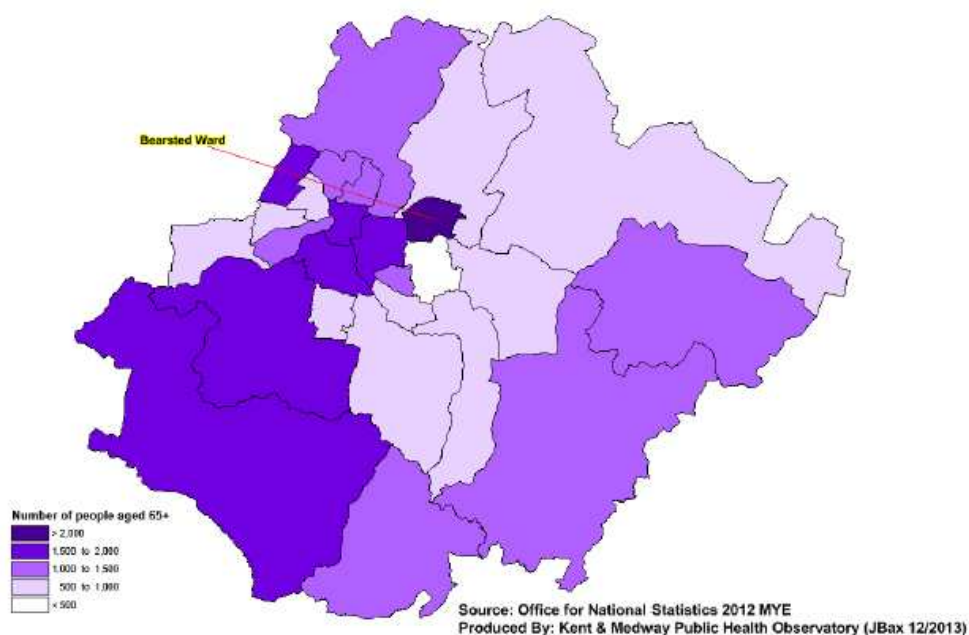
- 4.1 Maidstone has a higher percentage of 45-54s and 65-69s than the national profile but a much smaller proportion of 15 to 40s. The proportion of the population in all categories above age 50 is also higher than the national average. This will have an impact on health services because older people will generally have greater health needs and service usage.



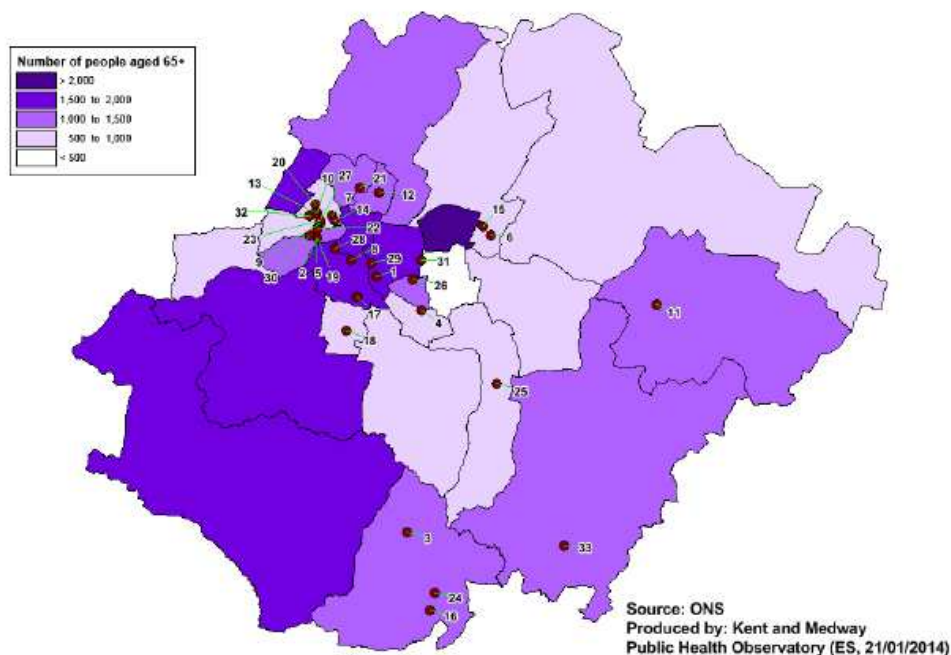
4.2 Maidstone borough – 65+ population

There are high numbers of people aged 65+ in the Bearsted and Allington wards. The wards with the fewest number of people aged 65+ are North Downs, Loose, Detling and Thurnham, Leeds and Downswood and Otham wards. There are approximately 28,200 people aged 65+ in Maidstone LA. This will have implications for commissioners and those providing services because the 65+ age group use health services at a higher rate than others so more provision will be needed by health services in the area.

Distribution of people in Maidstone LA aged 65+ years



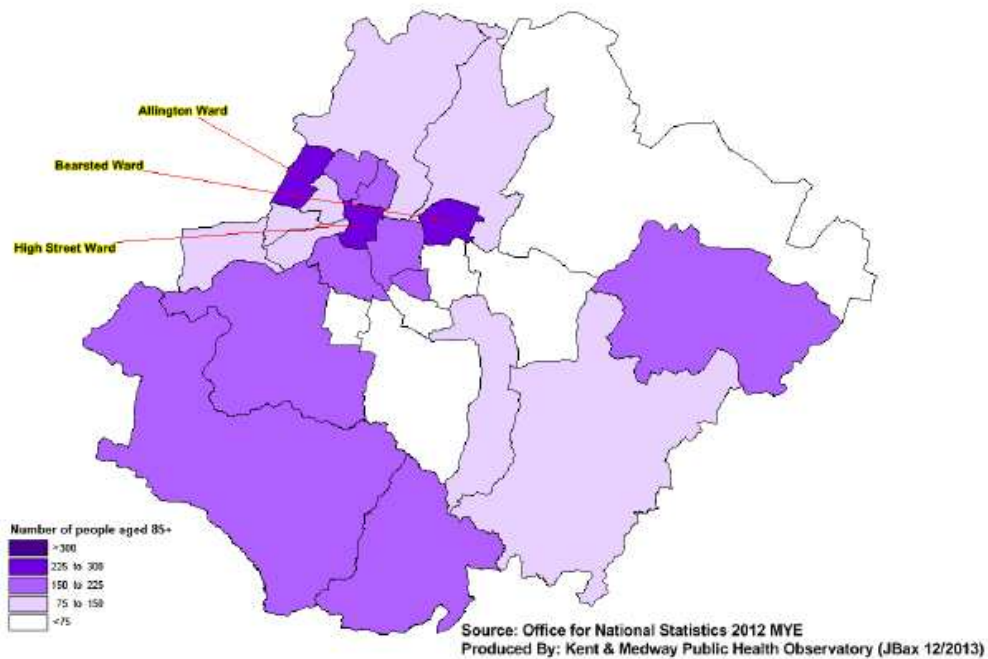
Distribution of people aged 65+ with older people homes overlayed, Mid 2012



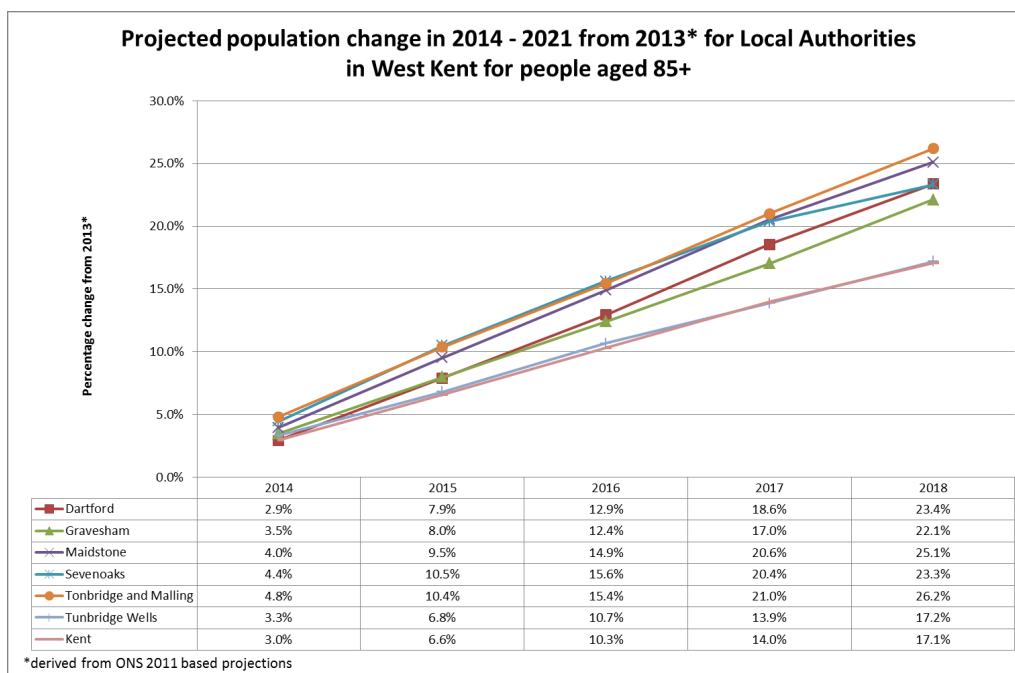
4.3 Maidstone borough – 85+ population

There are high numbers of people aged 85+ in the High Street, Bearsted and Allington wards. The wards with the fewest number of people aged 85+ are Boughton, Monchelsea and Chart Sutton, Loose, North Downs, Leeds and Downswood and Otham wards. There are approximately 3,500 people aged 85+ in Maidstone LA.

Distribution of people in Maidstone LA aged 85+ years



- 4.4 Population projections from the Office for National Statistics (ONS) show expected increases in all age groups. The largest percentage rise occurs in the 85+ age groups, with a 25% increase. The overall population projected increase for Maidstone for 2018 is just under 7%. This would result in the size of the population being just over 170,000. Commissioners will need to take account that planning will be necessary for an increased capacity for older people's health services. Older people have the greatest need to use health services and it may be necessary to expand the capacity of certain health services such as general practitioners in areas where there will be the greatest population increases.



5 IMPACTS

5.1 There is public awareness that loneliness affects a significant proportion of the population and that being lonely is a struggle emotionally. The links between loneliness and poor physical health are well-established, but perhaps less widely known.

- Isolation has been associated with repeat hospital admissions and increased vulnerability to stroke, heart failure and coronary heart disease;
- Loneliness seems to be less prevalent in those rural areas where a sense of community still remains than it is in more densely populated urban areas with lower reported life satisfaction;
- Lack of money limits the opportunities for overcoming loneliness. Those on lower incomes are more prone to feelings of loneliness than those who are better off;
- Social isolation has been shown to have a detrimental effect on health and well-being. Depression and increased suicide risk are associated with loneliness and social isolation;
- Lonely and isolated elderly people can be at risk of alcoholism and nutritional problems.

6 MEASURING LONELINESS

6.1 Through the Kent Public Health Observatory we know the prevalence of social isolation in the under 65s; over 65s; and the wards who are at risk of loneliness. The four most deprived wards of High Street; Shepway North; Shepway South and Parkwood; as well as North; Bridge; Heath and Fant feature in the highest quintiles.

6.2 Currently we do not have any local 'on the ground' data available for the Maidstone borough, which we hope to develop through this fact finding exercise.

6.3 Developing and sharing tools to measure loneliness has been a recent priority for the Campaign to end Loneliness.

6.4 There are several scales which can be used:

- De Jong Gierveld Scale: the scale consists of 11 items – six formulated negatively and five formulated positively – around people's situations of being alone. Participants self-report on the extent to which statements apply to their situation.
- Duke social support index: This comprises two sub-scales that measure social interaction and subjective support. Used together, the two sub-scales address the measurement of both social isolation and loneliness, including subsets of perceived loneliness, social participation, social skills and social networks.
- Maidstone Borough Council has developed tools to gather information about existing provision being provided for older people in the borough and a quality of life survey based on the De Jong Gierveld scale. Please refer to appendix A and B for further information.

7 WHAT OUTCOMES ARE WE SEEKING?

7.1 Better awareness: It is crucial that people working in health and social care are aware of the issue and its potential consequences and remain alert to the key risks and precipitating factors when interacting with older people. For example, research indicates that widowhood is one of the biggest predictors of loneliness in older people, so it is likely to be worth assessing loneliness in bereaved older people. Other key factors associated with loneliness and social isolation include living alone, a lack of economic resources, less education, having poorer perceived health, limiting long-standing illnesses and not seeing family and friends as often as desired. It is particularly important for health professionals to be aware of the strong relationship between loneliness and depression in the case of older patients presenting with the latter.

7.2 Improve awareness of the support available: Building community capacity, using existing community resources and making sure that older people are linked in to these can assist in tackling loneliness and isolation of older people. To be able to do this effectively, practitioners must ensure that they are aware of what is available in the community for older people and connect them with appropriate resources. It is also important that practitioners ensure others are aware of the support they can offer so referrals are made by agencies such as GPs and social work. Potentially this points to the need for a role which links together information about local support, capacity and resources, and consideration should be given to this need and the form it would take.

7.3 Involve older people in the planning of services: Involving older people in planning and implementing services can increase its effectiveness in reducing loneliness and isolation. The Loneliness Resource Pack (<http://www.jrf.org.uk/publications/loneliness-resource-pack>) contains a number of documents with helpful tips and guidance on what people can do to help themselves and their communities.

7.4 Enhance personal independence rather than providing a service: Ideally, services that focus on primary prevention would provide a 'helping hand' at critical times, which would allow people to get back on their feet and avoid or delay further intervention by statutory services. However, interventions need to increase self-esteem and a feeling of being in control to create sustainability.

7.5 Address transport issues: Consider how transport provision can enable people to attend interventions – but bear in mind that it does run contrary to some of the principles outlined around encouraging independence and providing support that is sustainable when the practitioner (ideally) withdraws.

7.6 Improve workforce development: There is a need for workforce training and development for practitioners to help support the risk factors for loneliness and isolation.

8 ENGAGEMENT AND EXISTING SERVICES

8.1 The best way to tackle loneliness is to understand an individual's situation, perhaps rooted in physical or mental decline, inaccessible housing, bereavement or a combination of other factors. Understanding individual cases involves specific contact and support. This can only be delivered by partnerships between the council, other organisations supporting older people, and communities.

8.2 Information and signposting services

- Websites or directories including information about social support services;
- Telephone help-lines providing information about social support services;
- Health and social support needs assessment services.

8.3 Support for individuals

- Befriending – visits or phone contact, it may include assistance with small tasks such as shopping;
- Mentoring – usually focused on helping an individual achieve a particular goal, generally short term;
- Budding or partnering – helping people re-engage with their social networks, often following a major life change such as bereavement;
- Community Navigator initiatives helping individuals, often those who are frail or vulnerable, to find appropriate services and support.

8.4 Group interventions – social

- Day centre services such as lunch clubs for older people;
- Social groups which aim to help older people broaden their social circle, these may focus on particular interests for example, reading.

8.5 Group interventions – cultural

- Initiatives that support older people to increase their participation in cultural activities (use of libraries or museums);
- Community arts and crafts activities local history and reminiscence projects;
- Health promotions interventions;
- Fitness classes for people over 50;
- Healthy eating classes for people over 50.

8.6 Wider community engagement

Projects that encourage older people to volunteer in their community.

There is widespread agreement that to be effective:

- Consultation is important. Older people should be involved in the planning, development, delivery and assessment of interventions.
- Services need to be flexible and adaptable.

8.7 Community action

Maidstone has a range of accessible services and activities – reaching and truly helping. Day center services and social groups that focus on a particular shared interest, such as community service, reading groups, or lunch clubs help older people to widen their social network. Many social group interventions, such as walking groups and healthy eating classes, also have physical and psychological benefits. GP services, the Borough Council's health and wellbeing programme, Adult Social Care, the Maidstone Older Person's Forum, Age UK, Brighter Futures, Maidstone Mind, Crossroads, Healthy Living Centres, Libraries, KCC Community Wardens, Community halls, allotments, churches etc. all provide a range of support services. One to one interventions are also provided as care. (including meals on wheels, befriending services, etc.)

9 NEXT STEPS

9.1 A mapping exercise to identify and describe the range of services that exist throughout the borough for older people (**Appendix C**);

9.2 Tools for identifying those in the population who may feel lonely and/or socially isolated (**Appendix D**);

9.3 Evidence about the nature and impact of the problem of loneliness and social isolation within the High Street Ward, Maidstone (report following completion of Appendix C and D exercises);

- 9.4 Understanding the range of experiences in different localities through consultation with older people;
- 9.5 Explore a range of models to tackle social isolation, understanding the services and strengths already in place and gaps that should be addressed;
- 9.6 Consider the role of council services in alleviating loneliness and isolation by making best use of resources available. The council cannot do this alone, especially in the current financial climate, but is well placed to lead and coordinate to benefit older people in all neighbourhoods across the borough;
- 9.7 The Community, Environment and Housing Overview and Scrutiny Committee to lobby the West Kent Health and Wellbeing Board to review specialist information for West Kent local authorities and partners regarding social isolation and loneliness to share latest evidence with commissioners, policy makers and practitioners;
- 9.8 Develop an information guide (in partnership with students at local Grammar Schools) to be able to signpost services and opportunities for engagement;
- 9.9 Develop a bereavement pack for the Maidstone Crematorium and Private Funeral Directors to provide guidance and signpost to local services and activities (see Appendix B).

10 CONCLUSION

- 10.1 Society needs to work harder, and in partnership with local people, to promote local communities with good facilities, including health care and access to transport, with opportunities with social participation and networking, and environments which are perceived to be safe. We hope this mapping exercise and supporting actions will be the start of strengthening existing provision and developing new strategies and projects to help the lonely population in Maidstone.

APPENDIX A – Campaign to End Loneliness

APPENDIX B – Example of a bereavement leaflet from

**APPENDIX C - Services for Older People within the Maidstone Borough
mapping exercise**

APPENDIX D - Older People's Quality of Life Survey