



## **Loneliness and Social Isolation in Adults and Older People in Maidstone**

### **Why reduce Social Isolation and Loneliness?**

Reducing social isolation and loneliness in Maidstone will increase physical and mental health, reduce admissions to hospital and early admission to residential care.

### **What is Social Isolation?**

Social Isolation is 'characterised by an absence of social interactions, social support structures and engagement with wider community activities or structures'<sup>1</sup>. It can be a positive choice but more often, it is not. It can result from marginalisation, discrimination or deteriorating mental capacity. It can occur in the short term, because of a trigger event or illness, or can persist over time. Adults have been the focus of most of the research around social isolation.

### **What are the consequences of Social Isolation?**

Social isolation has a negative impact on health and wellbeing including increased hospital admissions, increased vulnerability to stroke, heart failure and coronary heart disease. People who are socially isolated are less likely to be compliant with treatment. There is a close association between social isolation and mental ill-health, although it is not clear whether social isolation causes mental ill-health or vice versa.

### **What is Loneliness?**

Loneliness describes an individual's personal, subjective sense of a lack of connection and contact with others. Adults have been the focus of most of the research around loneliness, although there is survey data in Kent to suggest that young people experience loneliness as well.

### **What are the consequences of loneliness?**

Loneliness impacts negatively on health and wellbeing. People who report loneliness report lower life satisfaction and are more likely to suffer from alcoholism, suicide and physical ill-health.

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<sup>1</sup> Taken from Varney ( ) 'Public Health Approaches to Social Isolation and Loneliness'  
<http://www.campaigntoendloneliness.org/wp-content/uploads/downloads/2013/07/Public-Health-Approaches-to-Social-Isolation-and-Loneliness-Part-1.pdf> page 6 Accessed 09/14

## How big is the problem of Social Isolation in Maidstone?

Nationally, it is estimated that 7% of the population are socially isolated<sup>2</sup>. If this statistic is translated for Maidstone, it would mean that there are 8,693 people who are socially isolated there.

The Public Health Outcomes Framework includes two measures of social isolation amongst older people. These measures are taken from the Adult Social Care Users Survey. Data is available for Kent County level but not for Maidstone. Kent data indicates that % of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey, is in line with the England percentage but the % of adult carers who have as much social contact as they would like according to the Personal Social Services Carers survey is significantly worse than the England percentage.

However, variation exists because it is understood that there are particular risk factors for social isolation: These are:

- Age – this is because the risk factors are more likely to be present and in older people.
- Unemployment
- Deprivation/ Low Income
- Being Overweight
- Multiple Chronic ill-health
- Vision loss
- Hearing loss
- Urinary incontinence
- Alcoholism in men
- Depression
- Dementia
- Cognitive decline
- Mental ill-health
- Adult Self-harm

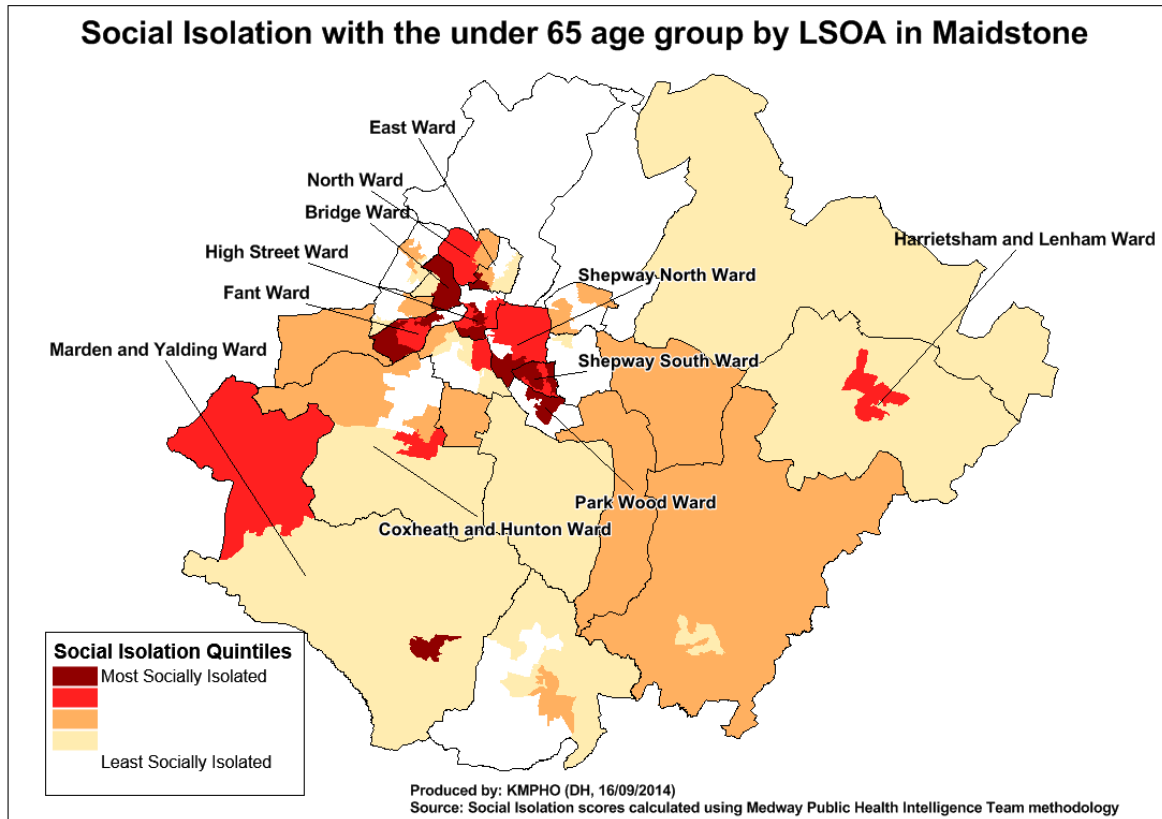
In the absence of a nationally validated measure for social isolation which can be expressed at a district and ward level, a Social Isolation Index has been developed in Medway City Council by Mark Chambers, Analyst and Colin Thompson, Consultant in Public Health. The maps below applies this index to Maidstone and shows where the higher levels of social isolation exist in the under 65, and in the over 65 population, at lower super output area.

It is important to note that this method is experimental and not validated to date. It uses MOSAIC types which refer to risk factors for social isolation. Not all the risk factors identified above will translated into MOSAIC types. The types are then

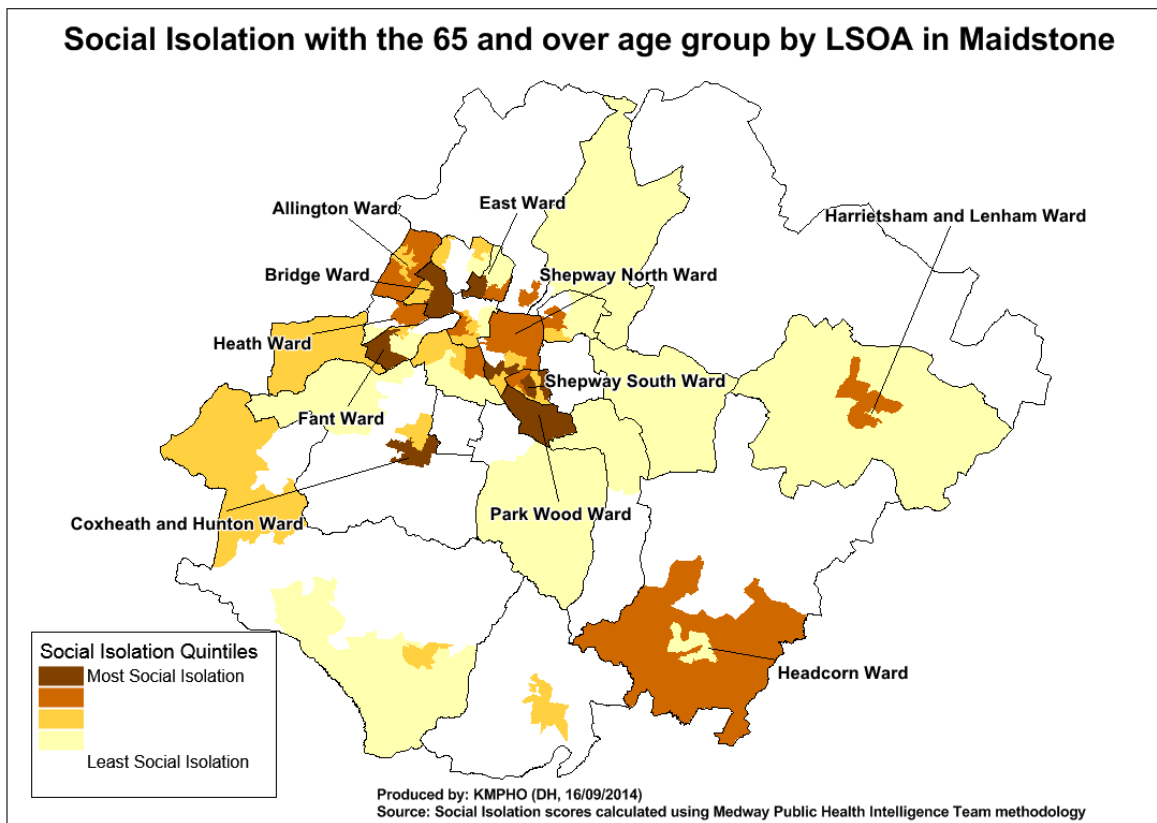
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<sup>2</sup> Ibid

weighted by a stakeholder group. This weighting and the number of homes which fall into the MOSAIC segmentation groups, form the basis of the final index. Limitations of this methodology includes the extent to which deprivation and ethnicity are taken into account.



The map above shows the greatest concentrations of social isolation in the under 65s in Maidstone are within the four most deprived wards of Parkwood, Shepway South, Shepway North and High Street. High concentrations also exist in Fant and Esat Ward and in Marden and Yalding, specifically Marden.



The map above shows the greatest concentrations of social isolation in the 65 and over age group in Maidstone are within Parkwood, Shepway North and Shepway South, East ward, Allington, Bridge, Fant and Coxheath and Hunton.

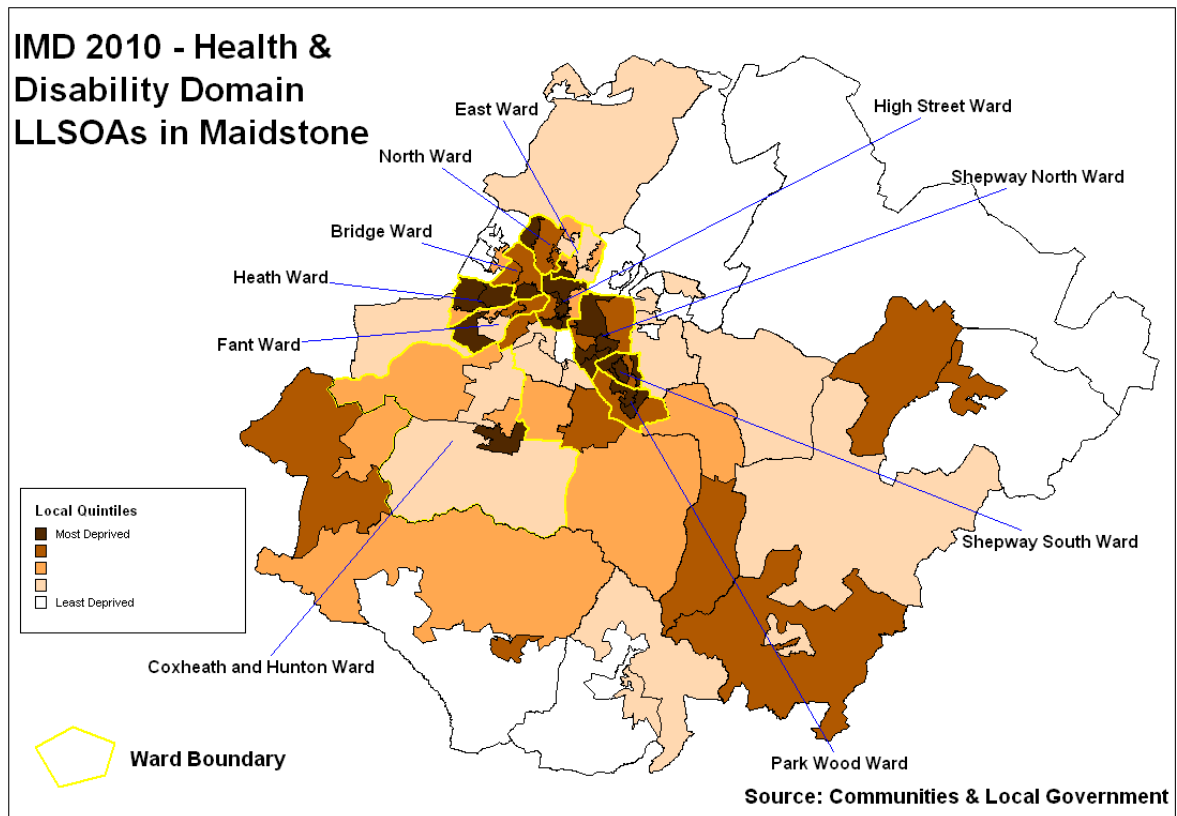
### **How big is the problem of Loneliness in Maidstone?**

Loneliness is subjective and is measured through self-reported surveys, which use validated sets of questions. Nationally it is estimated that 5% of the population are 'highly lonely'. If we apply this to Maidstone, 6,200 adults in Maidstone are 'highly lonely'.

The risk factors for isolation include:

- Being in poor health particularly when you are under 65
- Being disabled
- Having no access to a car
- Living in a smaller household
- Not being a parent

The map below shows the distribution of a measure of health and disability for Maidstone. The measure includes reduced quality of life that is a result of poor mental and physical health. It shows us where the population at risk of loneliness are concentrated.



This map shows that highest concentration of populations who are at risk of loneliness is concentrated in the central and urban wards of Maidstone, including the 4 most deprived wards of High Street, Shepway North, Shepway South and Parkwood. North, Bridge, Heath and Fant also feature in the highest quintiles, with a pocket of risk of isolation due to health and disability in Coxheath and Holton.

### What works to reduce Social Isolation and Loneliness?

The type of interventions designed to improve social isolation and loneliness differs. Social isolation can be effectively reduced through group interventions, whereas loneliness may benefit from a more qualitative relationship that can be built through a one to one intervention. Group Interventions for social isolation may be more effective if referral to the intervention is linked to a time when a diagnosis is made or life event occurs e.g. when someone experiences bereavement or .

Effective interventions include:

One to one Services: This includes Befriending, Mentoring and Community Navigators. Community Navigators are able to build relationships, guide and engage individuals into activities and services that meet their needs and fit their interests.

Group Interventions: These largely social groups increase social interaction. They include lunch clubs, self-support groups, hobbies groups and health promotion groups including postural stability groups.

Built environment: The built environment can be a barrier to and a facilitator of, social connectedness. Ensuring that there are meeting places and seating can play an important role.

Community and Voluntary Sector: Many of the effective interventions to reduce social isolation are developed through the community and voluntary sectors. Reviews of evidence in this field refer to concerns about funding and sustainability of the work.

Wider Health Inequalities: Social isolation and loneliness are experienced disproportionately by the poorest and therefore acting to reduce the root causes of inequality will influence positively on both these life-limiting issues.

**Summary:**

Social isolation and loneliness differ. Social isolation is largely objective whereas loneliness is subjective. Social isolation can be improved by improving the quantity of social interactions, whereas loneliness can be improved by the quality of those interactions.

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