

People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	26 June 2017
Officer	Corporate Director for Children, Adults and Communities
Subject of Report	Social Inclusion
Executive Summary	This report provides an update on work in relation to social inclusion and sets out proposals for the approach of the task group. Changes to membership of the Committee means that some discussion of which members are on the task group is appropriate.
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>It is known that lack of social contact and loneliness is a concern for users of adult social care services. In the 2016 Adult Social Care Survey for Dorset the data suggests that insufficient social contact is more likely for those who rate their health poorly, those who live in the community and those who feel it is difficult for them to access places in their local community. The Dorset 2016 Survey of Adult Carers indicates that 64.6% of carers did not have as much social contact as they would like and 14.1% saying that they have little social contract and feel socially isolated.</p>
	<p>Use of Evidence:</p> <p>Evidence from national and local research will be used to inform the work of the group and it is proposed to initiate further public consultation to inform the group and underpin the recommendations to the Committee in due course.</p>
	<p>Budget: The issue of social isolation is relevant in a number of council services. Consideration of the issue will assist the Council achieve value for money in expenditure.</p>

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	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH Residual Risk HIGH</p> <p>The area of work is high at this point because the costs of activity linked to this area will over £1 million and it is an important contributor to keeping people and families independent. It is proposed that part of the group's work includes discussion and consideration of risk.</p>
	<p>Other Implications:</p> <p>Voluntary Organisations make an important contribution to work in local communities to overcome social isolation. Social isolation can have detrimental effects on people of all ages which in some cases can contribute to safeguarding concerns.</p>
<p>Recommendation</p>	<p>It is recommended that the Committee</p> <ul style="list-style-type: none"> (i) membership of the group is considered and revised as appropriate (ii) makes any comments and observations on the proposed approach
<p>Reason for Recommendation</p>	<p>To identify convenient dates for meetings and to ensure that the Committee has an opportunity to contribute to the work programme.</p>
<p>Appendices</p>	<p>Appendix 1: Summary of research and information. Appendix 2: Briefing note on loneliness and social isolation.</p>
<p>Background Papers</p>	<p>People and Communities Overview and Scrutiny Committee 11 October 2016 - Report of the Director for Adult and Community Services – Working with Dorset's Communities, Social Capital and Community Development</p>
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1. Background

- 1.1 The People and Communities Overview Committee resolved at its meeting on 11 October 2016 that a task and finish group be established comprising David Walsh, Steve Butler, Fred Drane, William Trite and Kate Wheller to look at setting up a pilot project in a deprived and isolated area where digital take-up was lower, to build community capacity to address social isolation, with a view to rolling this out across Dorset. As the Partnership for Older People Programme (POPP) was seen as integral to this work they would be included in the Group's membership. Engagement with organisations in the voluntary and community sector will be important in this work. Officers were asked to identify possible areas for a pilot by using available information.

2. What is Social Isolation?

- 2.1 Social isolation is the lack of social interaction, contact, or communication with other people. Those who are socially isolated have an absence of relationships with family and friends, or other forms of social networks. Social isolation may be expressed through physical separation with others, social barriers, or psychological mechanisms.
- 2.2 However, there are factors that are protective and these need to be considered as part of our approaches to the above. These environmental, social and psychological factors include:
- a) Good interpersonal relationships (supportive relationship with at least one person, perceived social support)
 - b) Community tolerance of difference and diversity
 - c) Family cohesion (positive parent-child relations)
 - d) Social connectedness and social capital
 - e) Academic/sporting connections
 - f) Belonging
 - g) Effective coping skills repertoire (social skills, problem-solving skills).

Protective factors that may reduce the risk of social isolation in older people include:

- a) High income and education levels
 - b) Good health
 - c) Having a meaningful and diverse social network
 - d) Strong social networks with friends and confidants
 - e) The number of close relationships with children
 - f) Long-term residence in a community
 - g) Having a spouse or partner.
- 2.3 In terms of the Corporate Plan the following extract relates to the topic of isolation.
- Outcome: People in Dorset are INDEPENDENT
- Priority(s): People are part of inclusive communities
- People remain happily independent and stay in their own homes.

3. Update and proposed approach of the group

- 3.1 The key issues identified in an officer discussion with the chair of the group, David Walsh were:

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- a) Need for discovery and bringing together of key national reports and local documentation, e.g., Age UK and Joseph Rowntree reports. These will be placed on a Sharepoint Site which is accessible.
 - b) Ascertain if Public Health have done a literature search already and if not, request one.
 - c) Collate data and information which will inform identification of people who may be socially isolated, e.g., Dorset Waste Partnership, Digital, Public Health, Adult Social Care Outcomes Framework, Children's Services, customer journey work and the impact of transport changes. Consider the scope for profiling and predictive modelling for consideration of this collated data and evidence.
 - d) Framework for consideration of the issue to include:
 - What can individuals do for themselves?
 - What could communication do in relation to this issue?
 - What is the County Council role?
 - e) Creation of Sharepoint site for Overview Committee report, minutes, external research information and developing work of the Working Group.
- 3.2 The research and information team have undertaken further research and this is attached at Appendix 1. Colleagues in Public Health have advised that they undertook work in Poole on this subject and this provides learning for the group. Appendix 2 is a briefing note and summary of the literature written by Public Health colleagues on loneliness and social isolation. Beaminster and Blandford and their surrounding areas have been identified as places which are appropriate to consider for this work. The rationale for Beaminster is because local community leaders have identified social inclusion as an important local subject and work has been underway for some time. Blandford has been identified based on likely indicators of social isolation and lack of take-up of broadband in some areas which may inform the question in relation to digital isolation. Blandford demonstrates a wide range of take-up of superfast broadband, with very high take-up (100%) in the relatively affluent Riverside and Portman ward just outside the town, above average take-up (50%) in Blandford Hilltop ward which is characterised by new developments and young families and below average take-up (22%) in the most deprived ward of Blandford Old Town. Our experience is that low take-up is often associated with both social and digital deprivation. Understanding how this subject relates to with people with mental health issues is an important dimension of this work.
- 3.3 At this point it appears that more information is available in respect of adults and in view of this it is proposed that the Young Researchers are asked to investigate the question of social isolation with children and young people and to present their findings to the task group and possibly the Committee in due course.
- 3.4 The young researchers have undertaken investigations that have examined the impact that various factors have had on health and wellbeing. They are well placed to explore the issues surrounding social isolation among children and young people. However we need also to explore those factors that impact on families in relation to social isolation. These include lone parenting, parenting a child who has additional needs and the issue of rural isolation.
- 3.5 We should also be cognisant of the impact of developmental issues in relation to social isolation. For example poor language acquisition at age 5 has been evidentially linked

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to social isolation at age eight, which means we must see isolation as an outcome that can be avoided through our efforts around prevention at scale and early action.

3.6 The following structure is proposed for the working group's meetings:

<p><u>Meeting 1</u></p> <ul style="list-style-type: none">• Shared understanding of the purpose of the group• Discussion of the issue and the previously circulated national reports and local information.• Presentation of learning by Public Health colleagues• Overview of research into the local position to date• Digital exclusion• Understanding contribution of the children's researchers• Understanding potential contribution of the Citizen's Panel <p><u>Meeting 2</u></p> <ul style="list-style-type: none">• The work and consideration given by Poole Borough Council – presentation by officer• View from the voluntary and community sector.• What questions would members like to explore with representatives in Beaminster and Blandford and with children and young people.• Social inclusion from a risk perspective <p><u>Meeting 3</u></p> <ul style="list-style-type: none">• Insight from Beaminster – meeting in Beaminster <p><u>Meeting 4</u></p> <ul style="list-style-type: none">• Insight from Blandford – meeting in Blandford <p><u>Meeting 5</u></p> <ul style="list-style-type: none">• Presentation of findings by young researchers• Discussion to inform final report and/or any further work required. <p><u>Meeting 6</u></p> <ul style="list-style-type: none">• Summary of findings and conclusions• Agreement of recommendations for Committee to consider recommending to the Cabinet

4. **Conclusion**

4.1 This report provides an update and proposal for the Committee to consider.

Sara Tough

Corporate Director for Children, Adults and Communities

June 2017

Summary of research and information.**Social Isolation and Loneliness***Policy & Research Group, Chief Executive's*

Loneliness and social isolation are complex conditions which are beginning to receive increased attention. The negative health outcomes associated with social isolation and loneliness have been well researched, with the lack of social connections comparable to smoking 15 cigarettes a day, and loneliness shown to increase the risk of premature death in older people. There are also strongly identified connections between loneliness and mental health, with feeling lonely having a negative impact on your mental health, and having a mental health problem increasing your chance of feeling lonely.

Research has tended to focus on the older demographics and whilst the risks are greater across older generations they can occur at all stages of the life-course. The effects can accumulate over time so it is important to be aware of risk factors across all stages so prevention strategies can be put in place.

The proposal of the research group was to focus analysis on 3 target groups:

- Adult service users
- Children/ young people
- The 'general public'

Two smaller geographic areas were also considered, Beaminster and Blandford.

The following is an outline of analysis to date with proposed next steps:

Adult service users:

Data from the Adult Social Care Survey 2016 was mapped to identify geographical hot spots of service users who are dissatisfied with their amount of social contact and how they spent their time. These 2 questions were taken to represent indicators of being 'socially isolated' and 'lonely'.

Q8a: "thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?"

- | | |
|---|---|
| 1 | I have as much social contact as I want with people I like |
| 2 | I have adequate social contact with people |
| 3 | I have some social contact with people, but not enough |
| 4 | I have little social contact with people and feel socially isolated |

There were a total of 516 respondents with 114 answering either 3 or 4 which was taken to represent a greater risk of being social isolated and lonely. A higher proportion of these were females and in the 18-64 age bracket.

Q9a - Which of the following statements best describes how you spend your time?

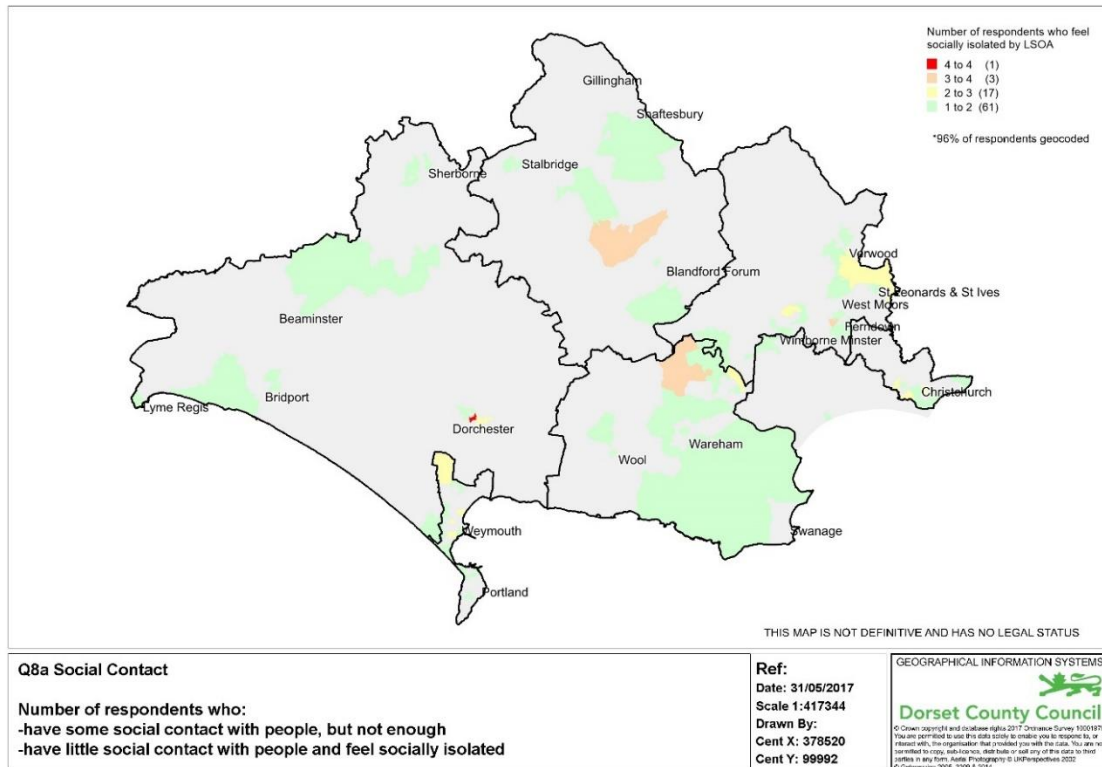
- | | |
|---|--|
| 1 | I'm able to spend my time as I want, doing things I value or enjoy |
| 2 | I'm able to do enough of the things I value or enjoy with my time |

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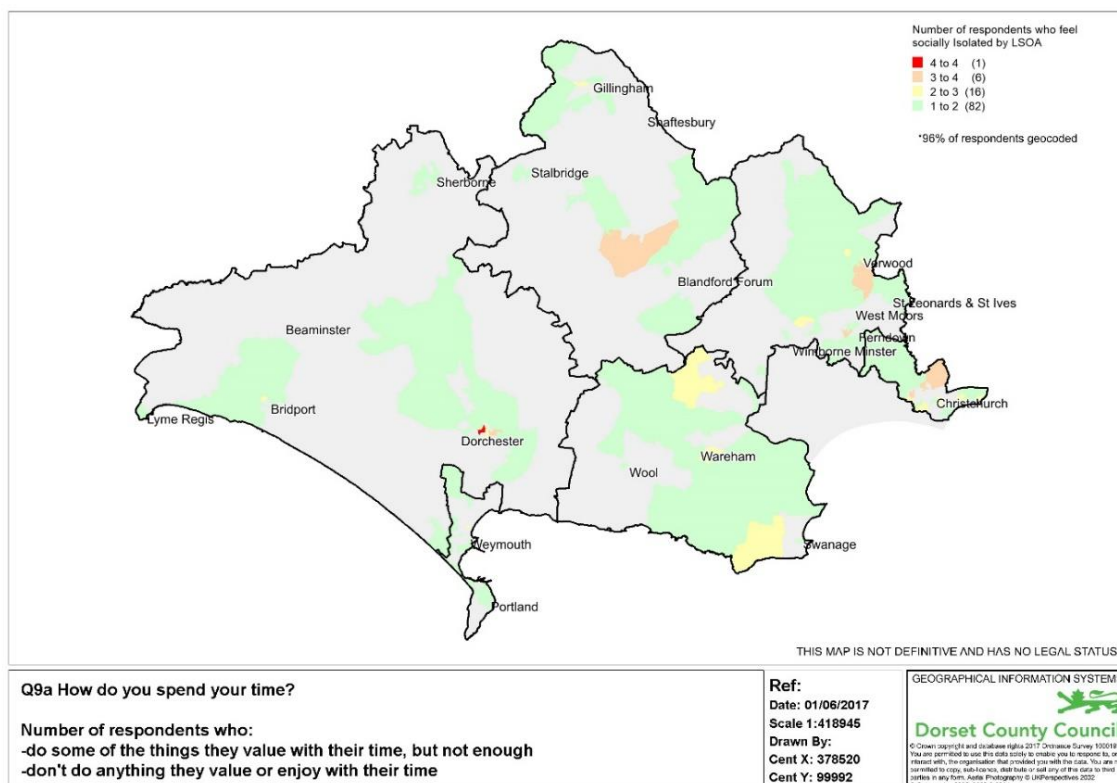
3	I do some of the things I value or enjoy with my time but not enough
4	I don't do anything I value or enjoy with my time

141 answered either 3 or 4 which was taken to represent a greater risk of being social isolated and lonely. A higher proportion of these were females and in the 65-84 age group.

The maps show geographically the greatest numbers 'at risk':



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Responses for both questions showed a greater proportion of social care users not having enough social contact or not involved in valuable activities in the Dorchester area in particular, along with Shillingstone, Stourpaine, Verwood, Burton, parts of Weymouth and Swanage.

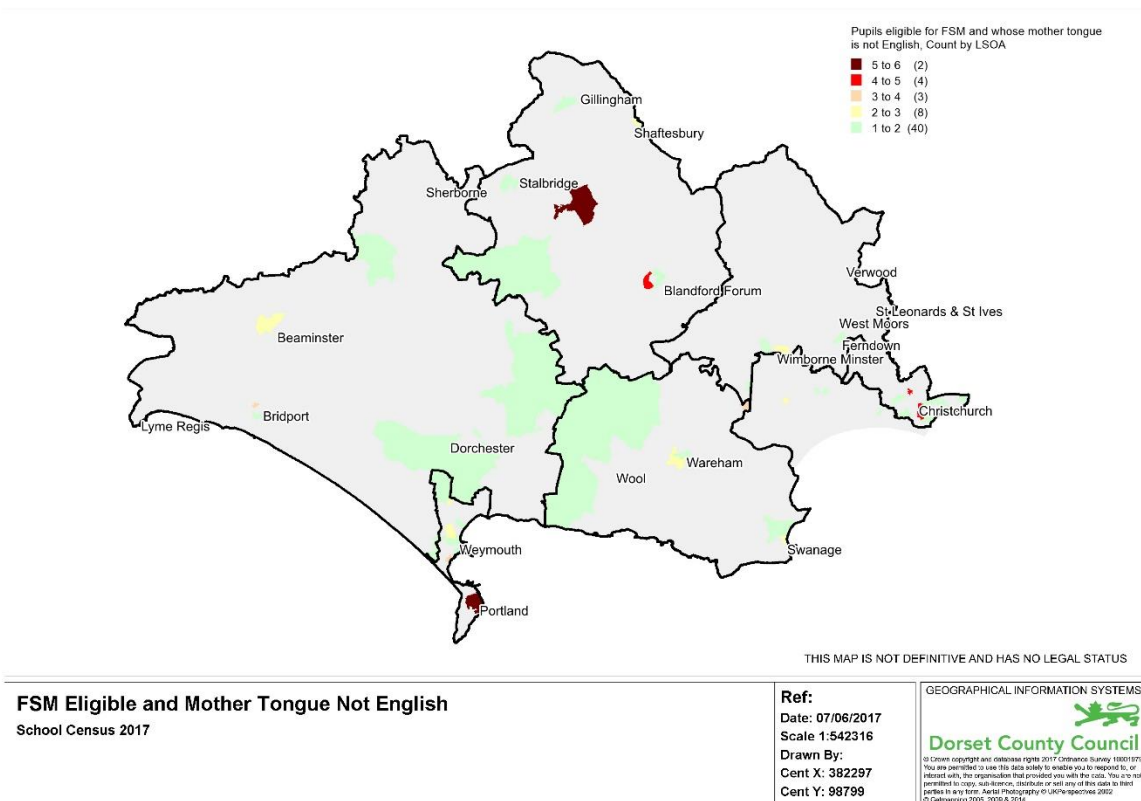
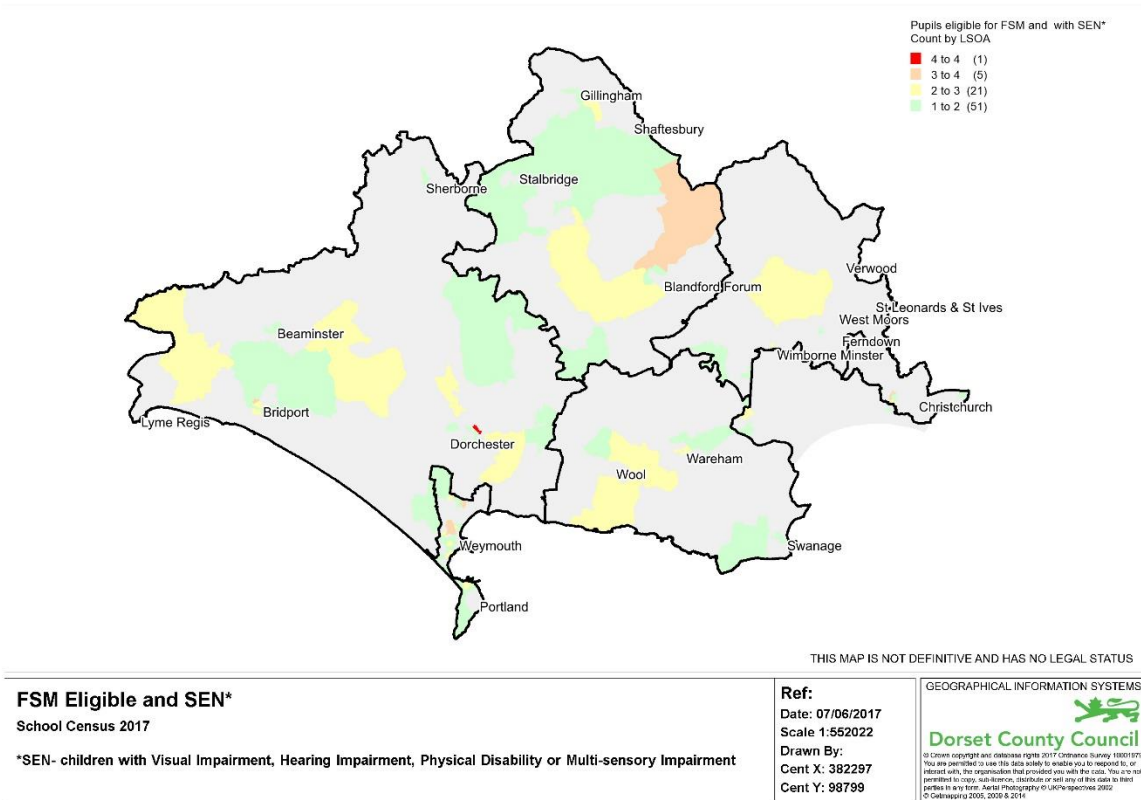
Numbers in these groups for both questions are low so should be treated with caution. It would be recommended to use survey results from more than one year to develop a more robust picture in further analysis.

Nonetheless these results are a useful guide to targeting interventions in these areas. The added context available to take from the survey in terms of age, gender, reason for support and how support is provided enable specific interventions to be developed.

Children/young people:

Data from the school census allows us to identify groups at risk of social isolation and loneliness by considering certain variables which increase this risk. These include - free school meals (an indicator of family low income), sensory impairments (visual, hearing), physical disability, and language spoken. The following maps show areas at risk when the variable of being eligible for free school meals and having a SEN (special education need of visual or hearing impairment, physical disability or multi-sensory impairment) are combined and mapped, along with that of free school meal eligibility and language spoken not English:

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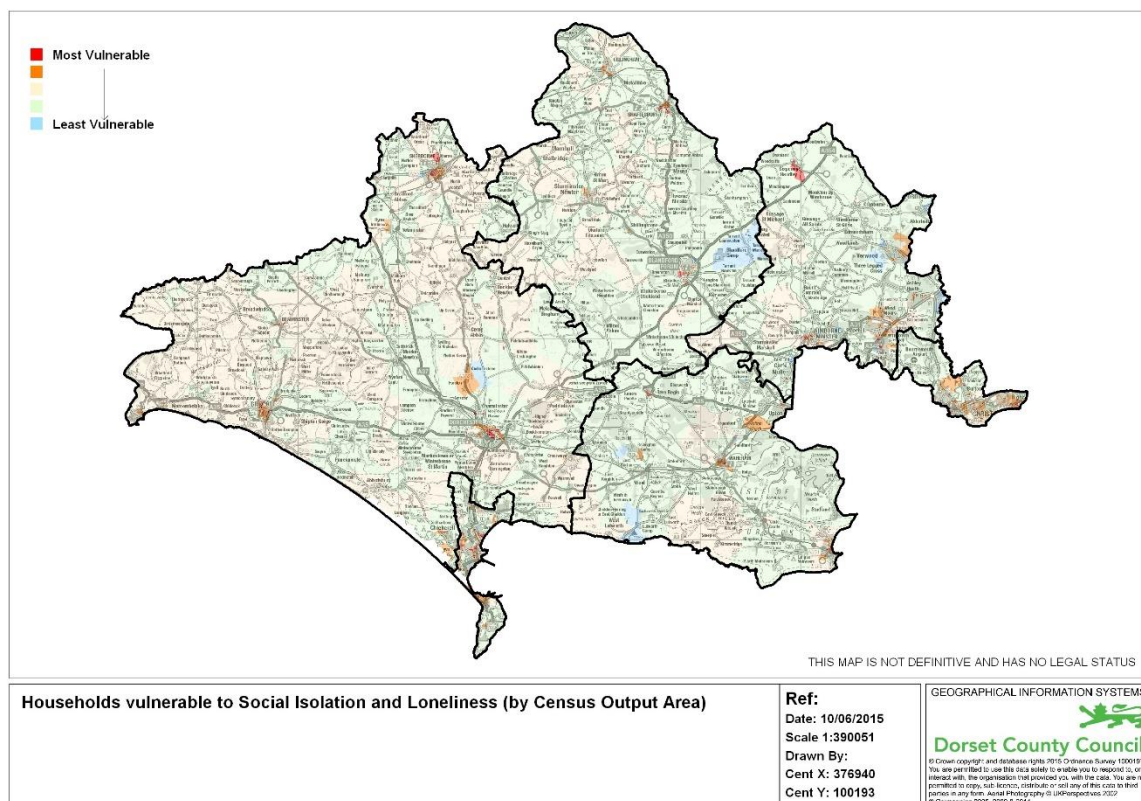
The maps clearly show geographical areas at greater risk of loneliness and isolation in children and young people. With hot spots in Dorchester, parts of Portland, parts of Blandford and around

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Stalbridge. Again numbers combining the variables are low and so should be treated with caution, it may be more powerful to consider using more than one year's data for further analysis. Irrespective they are a useful guide to establishing where children and younger people may be at greater risk of loneliness and social isolation, enabling targeted support packages and interventions.

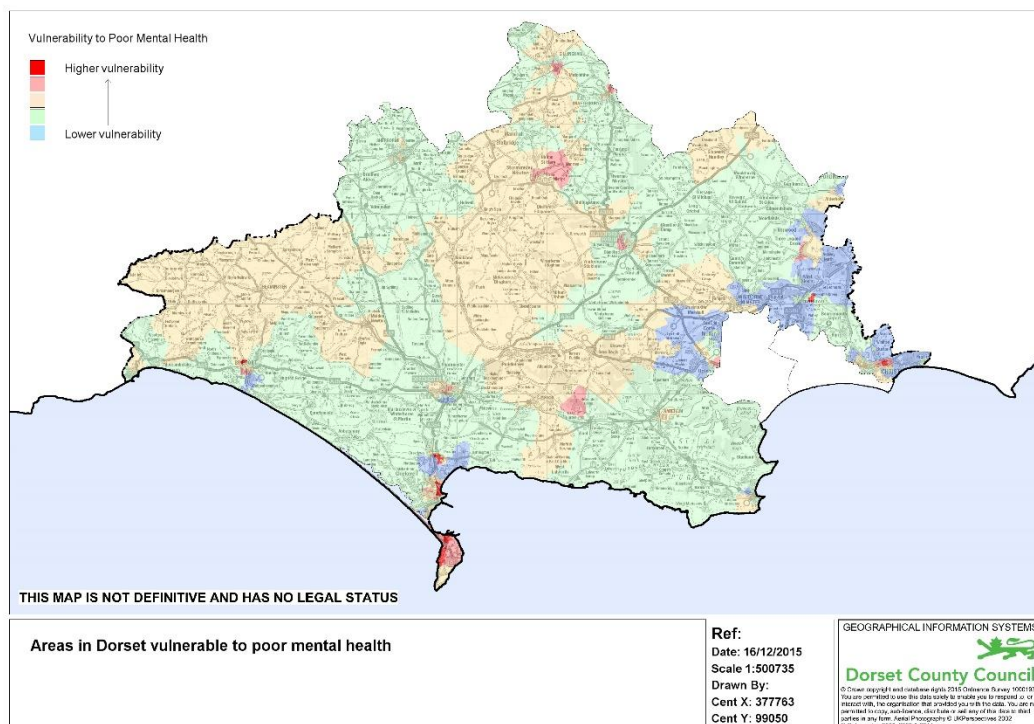
The 'general public':

Research using MOSAIC socio-economic data from Experian has created 'a social isolation and loneliness index' to apply to the general public to identify areas with a high vulnerability to loneliness. The index included variables that are potential drivers of isolation and loneliness - factors such as low income, health, community safety, singles households and not owning a car were all included when assessing. These were then mapped across Dorset to display households most vulnerable:



Further research using MOSAIC data has also identified a 'mental health index' to identify areas with a high vulnerability to poor mental health across the County which can be used to indicate risk of loneliness. The index included variables measuring self-reporting of common mental health issues as well as diagnostic data. Factors such as multiple deprivation, low income, low education attainment and low levels of social capital all have a significant relationship with vulnerability to poor mental health and subsequently risk to loneliness.

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Both maps are useful guides to understanding the potential scope of the problem across the County, picking out hot spots in Blandford, Dorchester, and Portland, along with Melcombe Regis and some parts of Christchurch and Bridport. Further work will look to combine them both to develop a more targeted view.

Beaminster & Blandford:

The areas of Blandford and Beaminster are very different so the populations at risk will also be different along with the types of interventions and strategies put in place.

Whilst Beaminster is a small rural market town with a population of approximately 3,100, Blandford is a larger town with approximately 10,600 people. Beaminster has a greater proportion of over 65s, at 34% of its population, and subsequently a greater proportion of retired and economically inactive residents. There is a greater proportion of widowed residents and residents with limited day to day activities, and higher proportions providing unpaid care. Conversely, Blandford has a younger demographic but a greater proportion of unemployed residents and those single and living alone. Blandford also has more deprived areas. The ethnic diversity is also greater in Blandford with a higher proportion of BME population than in Beaminster and higher representation of households who do not have English as a main spoken language.

All the variables outlined above can be taken as risk factors to social isolation and loneliness, but the different issues in both areas demonstrate the different approaches to interventions and support needed.

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Next Steps:

More work is to follow in profiling the households at risk and mapping this information. It is acknowledged there may be gaps in the data analysed above and so profiling these alongside socio-economic data could identify more household types likely to be risk.

Work in the areas of Blandford and Beaminster needs an understanding of the scope of the issue in these geographies and as such, consider the best ways of engaging with the communities based upon their different demographics and tailoring those support packages.

Suitable outcome measures need to be agreed, along with baselines taken and an audit of current activities. Research has identified that greater loneliness and social isolation in an area can increase GP visits, anti-depressant usage, hospital admissions, A&E visits, and social care support packages – all quantifiable outcomes that could be used as measures for success should this data be accessible.

There is also a need for further data development. Whilst a number of the variables are considered to increase risk for social isolation and loneliness, there are data gaps in the understanding of mental health, in particular that of children and young people. As acknowledged, effects can accumulate over time, so interventions at an early stage of the life course are key to minimising impacts.

Nicola Dench
Policy & Research
Chief Executives

Briefing Note: Loneliness and social isolation

Introduction

Public Health colleagues have written this briefing note on loneliness and isolation. This briefing will help the task group to appreciate what the literature says and to focus its work on social inclusion.

Background

The terms social isolation and loneliness are often used interchangeably, but are distinct concepts:

- Social isolation - an inadequate quality and quantity of social relationships with other people at different levels (for example one to one, in a group or as a community)
- Loneliness - an emotional response that people may experience regardless of the extent of their social relationships.

Extensive research shows both social isolation and loneliness are associated with higher rates of death. The most recent article from the English Longitudinal Study of Aging (ELSA), shows that while loneliness is often linked with health problems that may explain this higher rate, social isolation may in itself predict this higher rate (Stephoe, 2013). A systematic review in 2010 found that if you imagine a group of 100 people, by the time half had died there would be 5 more people alive with stronger social relationships than with weaker relationships. This impact is similar to that seen when comparing people who smoke 15 cigarettes a day with non-smokers. (Holt-Lunstad, 2010)

In terms of physical health, both socially isolated and lonely older adults report worse physical health, and this adds together for those who are both (Cornwell, 2009). Studies have also shown an impact on use of health and social care resources, for example loneliness associated with increased use of accident and emergency services (Geller, 1999) and social isolation associated with readmission (Mistry, 2001) and delays in discharge following hip fracture (Landeiro, 2015).

Loneliness has also been linked to depression, irrespective of other factors (Aylaz, 2012), and is linked with excessive use of alcohol, with those dependent on alcohol feeling lonelier than others and those who depend on alcohol who also feel lonely being less likely to change their situation (Robinson, 2011). Social networks may be less supportive in those with alcohol misuse (Akerlind, 1992) and with both loneliness (Ong, 2012) and social isolation (Cacioppo, 2003), people may suffer more or recover less well from stress.

Research has also shown that there are many potential risk factors or triggers for loneliness or social isolation including:

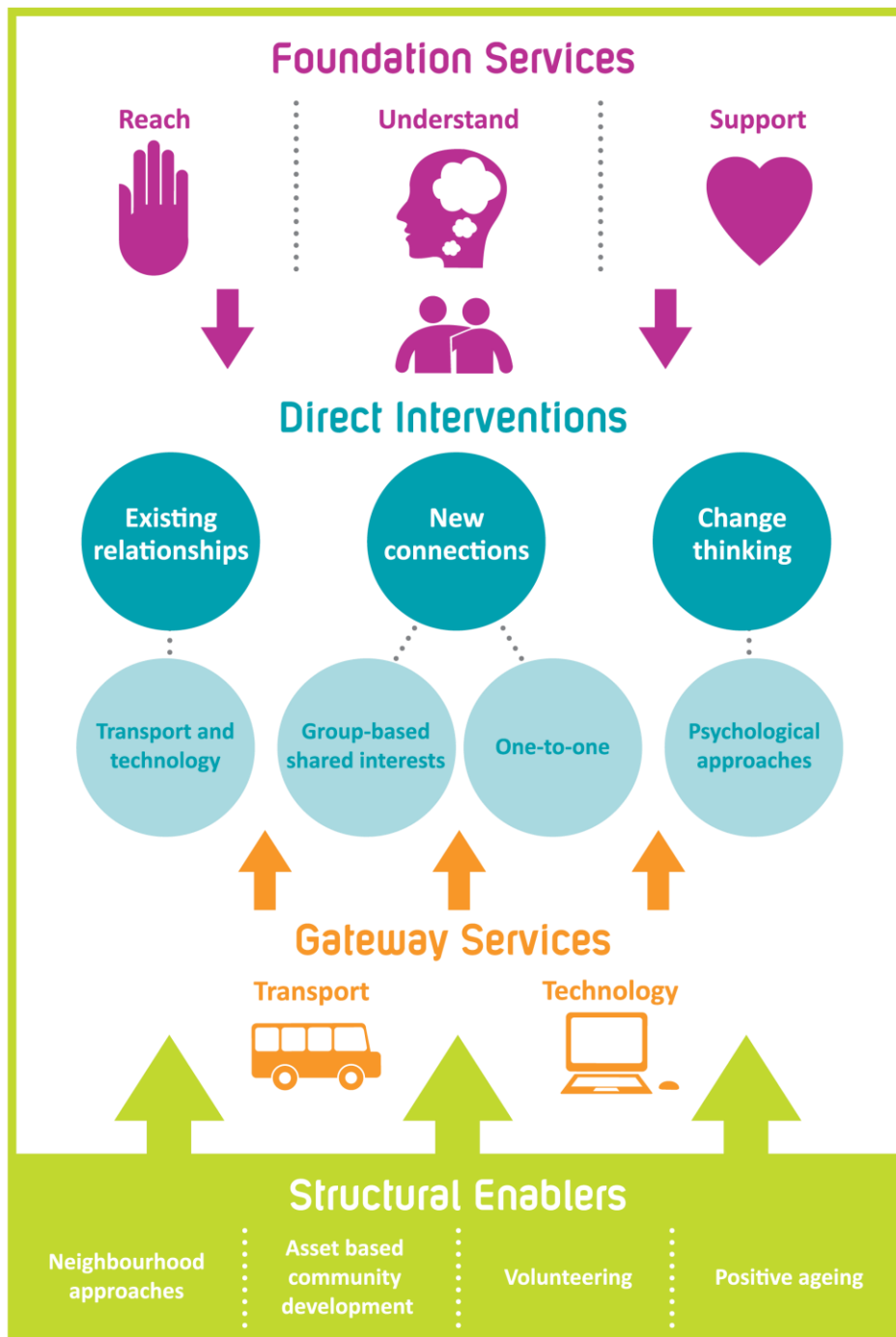
- Living alone
- Suffering a bereavement
- Becoming a carer or giving up caring
- Retirement
- From an ethnic minority group
- Being gay or lesbian
- Having a mobility problem
- Having a sensory impairment

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As people age they may have increasing numbers of such risk factors or triggers and age itself is also a risk factor, with 10% of over 65s feeling lonely most of the time.

Framework for interventions

A range of potential interventions can support people identified as lonely, socially isolated or at risk of these. Key is using local knowledge and resources to understand and address issues within neighbourhoods and communities, with support from a range of agencies including the third sector to build and communities own capacity to tackle loneliness.



Framework From Campaign to End Loneliness

Local picture

Of the 180,000 people aged over 65 in Bournemouth, Dorset and Poole, we would expect 18,000 to be lonely most of the time, based on national figures. Altogether over 100,000 people live alone locally, of whom more than half are 65 or over, whilst 25,000 people over 65 are acting as unpaid carers (10,000 in B&P, 15,000 Dorset).

Locally over 5,000 people are registered with visual impairment, over half of these are registered as severely impaired (blind), and a third also have a hearing impairment

Local services

There are a wide range of local services that support people locally.

References

Stephens, A; Shankar, A; Demakakos, P; Wardle, J; (2013) Social isolation, loneliness, and all-cause mortality in older men and women. *Proc Natl Acad Sci U S A* , 110 (15) pp. 5797-5801. [10.1073/pnas.1219686110](https://doi.org/10.1073/pnas.1219686110).

Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 7(7): e1000316. doi:10.1371/journal.pmed.1000316

Cornwell, E.Y. and Waite, L. J. (2009) Social disconnectedness, perceived isolation, and health among older adults' *Health Soc Behav* 50(1)
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756979/?tool=pubmed>

Geller, J., Janson, P., McGovern, E., et al. (1999) Loneliness as a predictor of hospital emergency department use. *J Fam Pract* 1999;48:801e4.
<http://www.ncbi.nlm.nih.gov/pubmed/12224678>

Mistry R, Rosanky J, McGure J, McDermott C, Jrvik L; UPBEAT Collaborative Group. (2001) Social isolation predicts re-hospitalization in a group of older American veterans enrolled in the UPBEAT Program. *Unified Psychogeriatric Biopsychosocial Evaluation and Treatment. Int J Geriatr Psychiatry* 2001 Oct;16(10):950-9.

Landeiro F, Leal J, Gray AM. (2015) The impact of social isolation on delayed hospital discharges of older hip fracture patients and associated costs. *Osteoporosis Int.* 2015 Sep 4. [Epub ahead of print] doi: 10.1007/s00198-015-3293-9

Aylaz, R., Akturk, U., Erci, B., Ozturk, H., Asian, H. (2012) Relationship between depression and loneliness in elderly and examination of influential factors. *Archives of Gerontology and Geriatrics* Volume 55, Issue 3 , Pages 548-554, November 2012
[http://www.aggjournal.com/article/S0167-4943\(12\)00053-2/abstract](http://www.aggjournal.com/article/S0167-4943(12)00053-2/abstract)

Robinson, S. and Harris, H. (2011) *Smoking and Drinking Among Adults, 2009: A Report on the 2009 General Lifestyle Survey*. London: Office for National Statistics.
<http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2009-report/index.html>

Akerlind, I., Hornquist, J. O. (1992) Loneliness and alcohol abuse: a review of evidences of an interplay. *Soc Sci Med.* 1992 Feb;34(4):405-14.
<http://www.ncbi.nlm.nih.gov/pubmed/1566121>

Ong, A. D., Rothstein, J. D., Uchino, B. N. (2012) Loneliness accentuates age differences in cardiovascular responses to social evaluative threat. *Psychology and Ageing*, Vol 27(1), Mar 2012, 190-198. <http://psycnet.apa.org/journals/pag/27/1/190/>

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Cacioppo, J. T. and Hawkley, L. C. (2003) Social isolation and health, with an emphasis on underlying mechanisms. *Perspect Biol Med.* 2003 Summer;46(3 Suppl):S39-52
<http://www.ncbi.nlm.nih.gov/pubmed/14563073>