People and Communities Overview and Scrutiny

Dorset County Council

Date of Meeting	4 July 2018
Officer	Paul Leivers, Assistant Director: Commissioning, Community Services, Partnerships and Quality
Subject of Report	**Social Isolation: Final Report of the Member Working Group**
Executive Summary	This is the report of the Member Working Group which considered social isolation and loneliness. The group members at various stages were David Walsh, Kate Wheller, Andrew Parry and Derek Beer. The group met on six occasions, benefiting from presentations, insight and discussion with a number of local organisations and people. The group also reviewed a range of national research. The group recognised the need to ensure a focus which identified key areas for action because of the size of the social isolation subject. Serious detrimental impacts on the health and wellbeing of people who are socially isolated were noted. Major issues identified which contribute to social isolation include: (i) Public service reliance on digital access to services (ii) safe online use (iii) Long working hours and, (iv) People travelling long distances to work and not living in the community where they worked (v) Dispersal of families nationally as people move for jobs or retirement (vi) Travel, transport and access (vii) Rurality. Social isolation is an issue of concern to people of all ages in Dorset. Key areas for future action and work are: (i) Developing resilience for individuals from the earliest age

	(ii) Confidence-building (iii) Encourage local communities through volunteering and other means to develop local solutions (iv) Provide continuity where we can e.g. by keeping the same bus numbers.
Impact Assessment:	Equalities Impact Assessment: The National Institute for Clinical Excellence is clear that participating in a range of activities can improve or maintain older people's mental health and wellbeing by preventing loneliness and social isolation (Mental wellbeing and independence for older people (Quality Statement 137, published 2016). The 2016 Adult Social Care Survey for Dorset showed that 44% of people who use services reported that they had as much social contact as they would like. The data suggests that insufficient social contact is more likely for those who live in the community and those who feel it is difficult for them to access places in their local area. Respondents living in Purbeck were least satisfied with their amount of social contact. Dorset ranked 89/152 local authorities. The Dorset Race Equality Council reported some concern about social isolation of gypsy and traveller community children. Research undertaken by the young researchers with 2,758 young people reported 41% of them struggled to make friends, 9% did not feel included in their family, rural respondents felt most isolated from opportunities compared to their urban counterparts and young people rely heavily on their parents and carers to get them to where they need to go. The evidence and insight clearly shows that social inclusion is important for people of all ages. There are also indications that sometimes people can be socially excluded by the behaviour and action of others which can cause feelings of social isolation for some people or their parents or carers. Councils have a statutory duty under the Equalities Act 2010 to foster good relations between different people when carrying out their duties. It is envisaged that more specific Equality Impact Assessments will be required in due course as specific proposals are developed.
	Use of Evidence: Appendix 2 is a briefing note prepared by Public Health Dorset in relation to this subject. Appendix 3 provides an overview of information and evidence. Further insight and information was provided by representatives of a number of local organisations, national websites and local research on the experience and views of children and young people.

	Budget: This report has no direct budget implications but further action addressing the question of social isolation will ensure efficient and effective use of budgets in relation to both directly-provided and commissioned services.
	Risk Assessment: 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: MEDIUM Residual Risk MEDIUM A key risk is that failure to address the issue compromises achieving the strategic priorities set out in the council's outcomes.
	Outcomes: Achieving independence is the primary one where discussions started. However, the contribution to health became apparent in respect of mental health concerns arising from social isolation together with a contribution to safety in relation to scams and cold calling.
	Other Implications: Voluntary Organisations have a vital contribution to overcoming social isolation.
Recommendation	It is recommended that the Committee receives the report of the Member Scrutiny Group attached at Appendix 1 and: a) decides whether it agrees that the key issues identified in the report and addressing them at a strategic level across council activities and expenditure will combat social isolation and should be recommended to the Cabinet (Appendix 1, paragraph 4.2); b) draws the attention of the Cabinet to the potential benefit of further action being taken on a corporate basis informed by the toolkit of the Campaign to end Loneliness (Appendix paragraph 6.1 b)) c) notes that the Youth Council will be monitoring progress on actions (Appendix 1 paragraph 4.1) d) that the Cabinet considers these recommendations with a view to drawing these findings and associated action to the attention of the Shadow Executive for the new Dorset Council

	and the Health and Wellbeing Board. (Appendix 1, paragraph 6.2)
Reason for Recommendation	To recognise the detrimental impact that social isolation has on the safety, health and independence of people and communities.
Appendices	Appendix 1: Report of the Member Working Group on Social Isolation Appendix 2: Briefing Note: Loneliness and Social Isolation prepared by Public Health Dorset Appendix 3: Research Report on Loneliness and Social Isolation in Dorset
Background Papers	Report of the Director for Adult and Community Services to the People and Communities Overview and Scrutiny Committee on 11 October 2016 - Working with Dorset's communities, Social Capital and Community Development. Scrutiny Review – Planning and Scoping Document – approved by the People and Communities Overview and Scrutiny Committee on 11 January 2017. Report of the Corporate Director for Children, Adults and Communities to the People and Communities Overview and Scrutiny Committee on 26 June 2017 – Social Inclusion. Dorset Young Researchers 2017-2018 – full report into the topics of social isolation, volunteering and young people's aspirations.
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1. Introduction

1.1 This report introduces the findings and recommendations of the Member Scrutiny Group which considered the topic of social inclusion. The Member Group was set up following consideration of a report to the People and Communities Overview and Scrutiny Committee in October 2016. That initial report was much broader in subject matter entitled "Working with Dorset's communities, Social Capital and Community Development". The Committee resolved that loneliness and isolation was the scrutiny focus that it wished to take and it was noted that Blandford and Beaminster provided opportunities for more in-depth consideration. The planning and scoping document for the work was approved by the Committee on 11 January 2017.

2. Work of the Member Group and the issue of social isolation

2.1 The agreed approach was that the scrutiny process would examine and consider whether there was a problem and the nature and scope of it. The review did not aim to solve the problem but to report to the People and Communities Overview and Scrutiny Committee with a view to it considering and making a decision on any next steps. The indicators of success were defined as whether there is a clear understanding of the issue which effectively enables the Committee to decide, what, if any, further action is required. This understanding would also bring out how the council currently addresses any of the issues identified.

2.2 Members who sat on the group were Councillors Walsh, Wheller, Parry and Beer. Initially chaired by Councillor Walsh, the chairmanship was transferred to Kate Wheller. The group met six times with contributions from a number of officers from local authorities, a range of voluntary and community sector organisations and individuals with insight into this area, including the Dorset Young Researchers. A research and information fact sheet was prepared to support this work and this is attached at Appendix 2. Public Health Dorset also prepared a Briefing Note on: Loneliness and Social Isolation and this is attached at Appendix 3. A wide range of further local and national information and websites were used to inform the group's consideration of this major societal issue and concern.

2.3 At an early stage, councillors discussed and understood that the risk in considering such a large subject was that no overall conclusions and useful proposals for action would be made. This was mitigated by the group agreeing that it was important to focus and target its work and report to the committee, bearing in mind that it is for the committee to decide what future action if required.

2.4 The work plan of the group and its meetings included:

- Briefing from Public Health
- Insight from discussion and information sharing with representatives from Citizens Advice in Dorset (CAID), Borough of Poole, Homestart, Dorset Race Equality Council, Beaminster Town Council, Yarn Barton, the Dorset Young Researchers facilitated by the Participation People who also provided a written report on their research work in 2017-2018 into the topics of social isolation, volunteering and young people's aspirations
- Discussion of the issues, evidence and information from national sources between officers and councillors
- Discussion of the main areas that the working group wished the final report to cover.

2.5   The report of the Member Working Group on its scrutiny work on social isolation is attached at Appendix 1 for consideration by this Committee and the recommendations from the group are set out above in this covering report.

2.6   The scrutiny of the Member Working Group shows that social isolation is a concern for people of all ages and which has an impact on successful achievement of the council's outcomes.

2.7   The relationship between social isolation and digital deprivation was considered. Increasing reliance on digital communications by public and private sectors was understood by the group to cause or contribute to additional isolation among those lacking the skills or motivation to make use of it. Digital inclusion activity could mitigate this, to help those suffering social isolation connect to friends, family and their community as well as access other benefits such as employment, support, entertainment, education etc. Additional, sensitively delivered digital inclusion activity in areas understood to experience high social isolation could be explored further.

3.   Concluding Remarks

3.1   The context of imminent Local Government Review means that consideration of how the findings and recommendations from this scrutiny work can be used is needed. This is reflected in the recommendation to consider drawing attention to the issues arising from social isolation to the new Dorset Council. The health and wellbeing related to this also means that this will be of interest to the Health and Wellbeing Board and could be considered as part of Prevention at Scale.

Debbie Ward
Director for Adult and Community Services
June 2018

<div align="right">**Appendix 1**</div>

Report of the Member Working Group on Social Inclusion to the People and Communities Overview and Scrutiny Committee

1. <u>Definition</u>

1.1 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 or friends, or other forms of social networks. Social isolation can come from physical separation from others, social barriers or psychological mechanisms. Loneliness is a feeling experienced by a person. It is possible for someone to be socially isolated but not feel lonely and for someone to feel lonely whilst being in a crowd.

2. <u>What does the research, evidence and insight say?</u>

<u>Nationally</u>
2.1 Premature death for people who are lonely and socially isolated
Digital deprivation is associated with older people, ill health/ Long-term conditions, low income and social-economic groups DE

<u>Locally</u>
2.2 CAB data identifies a number of key groups in relation to social isolation: older people, ill health, mental health and rurality. Socially isolated people are at an increased risk of being scam victims and prey to loan sharks

2.3 A fact sheet of research and information on social isolation is attached at Appendix 2.

3. <u>Opportunities</u>

3.1 Key opportunities noted include:

- Volunteers are available
- Encourage local volunteering; this has potential for local community solutions which have both local benefits and overcome social isolation and, also, if a lonely or socially-isolated person can volunteer means it addresses the issue for them with chance of building confidence and self-esteem.
- Information safe use of social media to assist over social isolation, appreciating that this is a concern for people of all ages.

4. <u>The issues and recommended areas for action</u>

4.1 Because the subject is such a big one the group identified this as a risk in that it may lead to not moving anything further forward and action. The group concluded that the way to mitigate this risk was to focus and target effort.

4.2 Key issues identified were:

- Reliance of public services on digital access
- Mediation and support for people with low digital skills or confidence
- Cost of access to digital services if on low income and mobile phone is the only way to access
- Concerns about safety in use of social media

- Long working hours - lack of time and people not working in the same community that they live in.
- Dispersal of families as children move away from Dorset to get jobs or attend higher education and older people move to the area.
- Rurality - transport if no car; rural villages with busy roads and no pavements can contribute to people being concerned to walk safely and go out and therefore to becoming socially isolated.
- Second homes have an impact.
- When developing new communities, a number of planning considerations potentially had an impact on reducing social isolation, including: public transport and good infrastructure, sustainable travel, services in local area (including community infrastructure levy) and building community.

4.3 One of the meetings of the Scrutiny Group was devoted to a presentation from the Dorset Young Researchers, discussion of possible action and writing of pledges by those attending. All councillors were impressed by the quality of the work done by these researchers and their recommendations and calls to action in relation to social inclusion are reproduced in full below. They are followed by pledges made by decision makers at this meeting. These are again reproduced in full. Members of the working group are pleased to use this report to convey the thoughtful and considered views from children and young people. We are also pleased that our scrutiny work will be supported by a six-month review on progress and scrutiny by the Youth Council.

Recommendations and call to action from the Dorset Young Researchers Report:

1. GPs, NHS, Sexual Health Services, CAMHS and other health services should do more to promote their services to all young people but especially young men aged 15 and under.

2. Work with businesses and schools to ensure young people living rurally get access to the same opportunities - including help with transport, communication and specialised support staff. Help young people to travel independently with accessible independent travel schemes aimed at those aged 12- 16.

3. Use Personal, Social, Health and Education lessons AND parent's evenings to help young people and adults set up social media accounts and learn about privacy settings, together. Dorset County Council staff need to do this too both those who work with children and young people and those who don't.

4. Develop a Dorset "10 signs of when someone is depressed" for young people poster and display in schools and at youth groups. Dorset to lead on a digital campaign in partnership with Mental Health organisations and schools. At the same time, help Dorset Youth Council promote the Self Help Mental Health Wheels. Add clear signposting to services to support them and prevention services, not just Children and Adolescent Mental Health Services. Young people know what happens when they get diagnosed with a Mental Health condition, they don't know what is available before that to prevent that from happening.

Pledges by decision makers from the Dorset Young Researchers Report

The following 6 recommendations, made in partnership with decision makers from the overview and scrutiny group on Social Isolation in March 2018:

1.   To write to all secondary schools to request more work experience opportunities for young people.
2.   To work to see the re-establishment of through ticketing on busses.
3.   To promote the work of the Young Researchers to colleagues.
4.   To maintain contact with the Young Researchers and break down information so that everyone can understand the implications.
5.   To help everyone in Dorset overcome social isolation and loneliness.
6.   To try to help support services such as CAMHS more easily accessible for young people.

4.1   The key areas proposed for action are:

- Developing resilience for individuals from the earliest age
- Confidence-building
- Encourage local communities through volunteering and other means to develop local solutions
- Provide continuity where we can e.g. by keeping the same bus numbers

5.   Outcomes

5.1   The outcome of achieving independence is the primary one and where the discussions started. However, the contribution to health became apparent in respect of mental health concerns arising from social isolation and contribution to safety in relation to scams and cold calling whether by phone or on the doorstep.

6.   Recommendations

6.1   The Member group takes the view that the best way to report to members of the People and Communities Overview Committee on its Scrutiny work is to:

a)   Emphasise key areas where it believes that addressing them at a strategic level across council activities and expenditure will combat social isolation

b)   Recommend to the Cabinet that further action is taken by using the toolkit provided by the Campaign to end Loneliness https://campaigntoendloneliness.org/guidance/ and by consideration of the issues by the Health and Wellbeing Board

b)   The key areas for action are:

- Developing resilience for individuals from the earliest age
- Confidence-building
- Encourage local communities through volunteering and other means to develop local solutions
- Provide continuity where we can e.g. keeping the same bus numbers.

6.2   In reporting to the Committee and making these recommendations the group fully appreciates that the setting up of the new Dorset Council is under way and that member and officer time will appropriately focus on this. Having examined the evidence and considered this topic the group has no doubt that addressing the question of social isolation

will continue to be an important matter for the future health and wellbeing of people in Dorset and therefore of interest to the new council. In light of this the group wishes to further recommend that the Cabinet considers this matter with a view to commending that this matter is considered by the Shadow Executive for the new Dorset Council as well as the Health and Wellbeing Board.

Cllr Kate Wheller
Portland Harbour
Member Champion for
Children, Young People
and Adults who are
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Cllr Derek Beer
Shaftesbury

Cllr Andrew Parry
Ferndown
Cabinet Member for
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Learning and Skills

June 2018

Appendix 2

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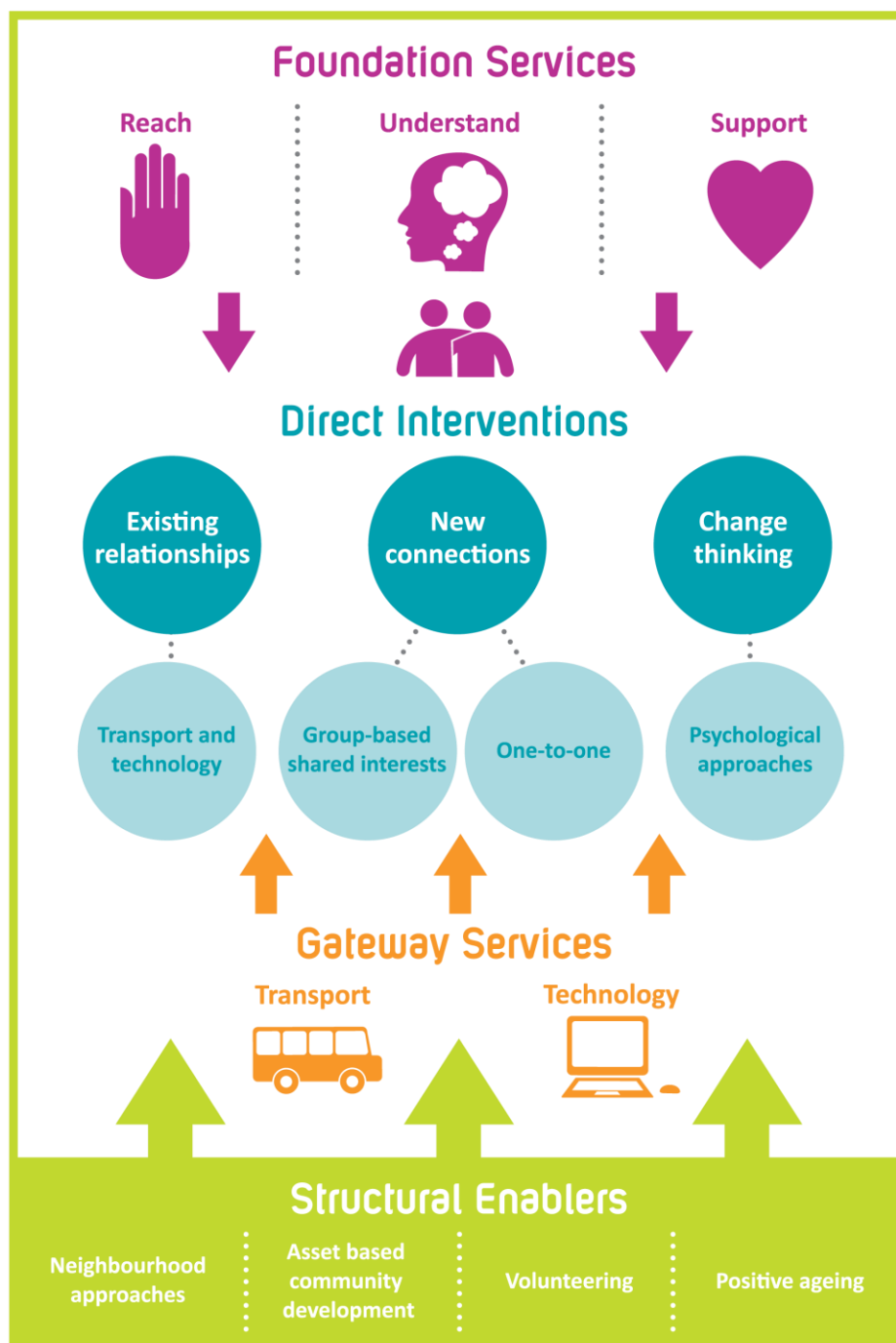
Research has also shown that there are many potential risk factors or triggers for loneliness or social isolation including:

- 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.

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.

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Aug 2015 **our**communities Research Report bitesize Dorset County Council

Loneliness and Social Isolation in Dorset

Welcome to **our**communities bitesize research bulletin on loneliness and social isolation in Dorset. This edition will include a local perspective on a national issue using data to build a picture of areas where residents have a high vulnerability to loneliness.

Big Numbers Box

14,000
Households
Highly vulnerable to social isolation/loneliness In Dorset

1 in 5
Households
Vulnerable to social isolation/loneliness In Dorset

Box 1: Why loneliness is of importance in the county

Over recent years, the problems associated with loneliness and social isolation, especially among older people, has become a national priority. National research indicates that loneliness and social isolation can be detrimental to people's physical and mental wellbeing. Stress, depression and dementia are just some of the problems that can be worsened. Not only that, loneliness can have serious impacts on health and social care as well as other local authority services.

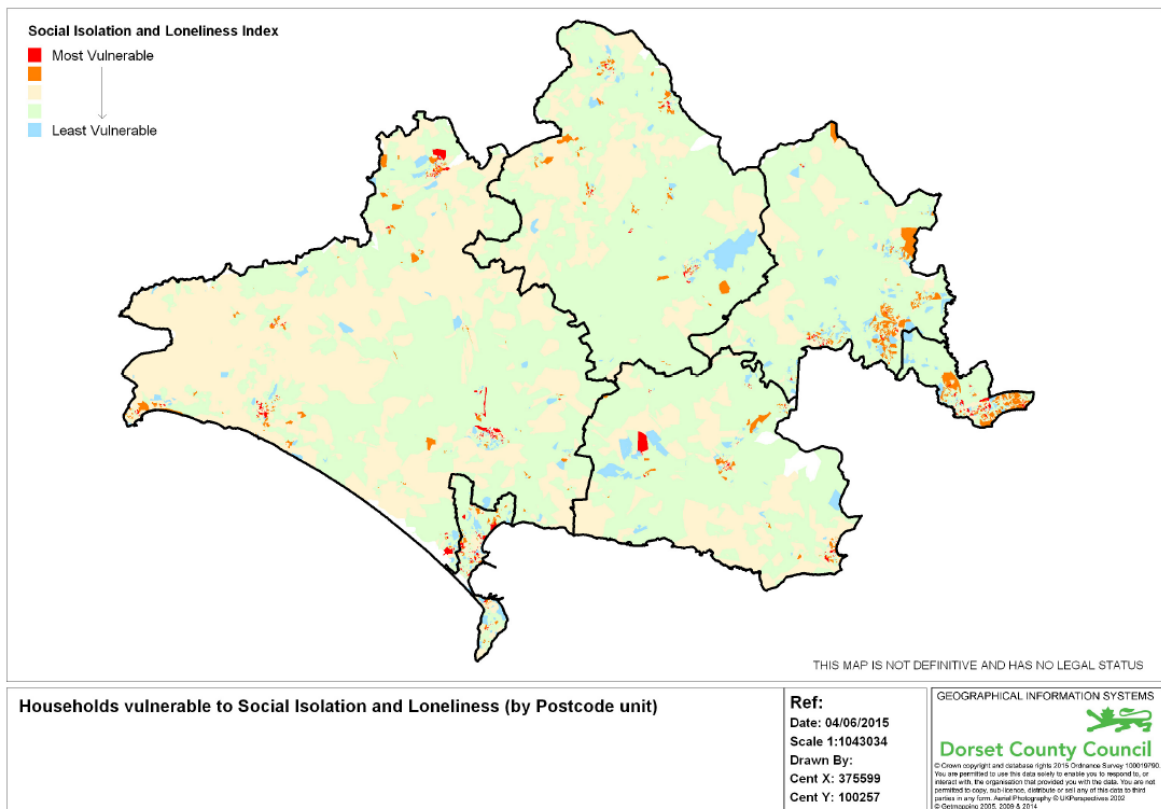1 in 5 Dorset households are vulnerable to social isolation/loneliness

Box 2: Factors contributing to loneliness

Although loneliness and isolation in older age has been shown to be a serious public health issue, these issues are not just the effect of the aging process; many different factors play a part. The environment, life events and social factors (for example, a person's personality, where they live, access to transport and personal circumstance) can all combine to amplify or alleviate loneliness and social isolation. It is clear, however, that it is very much an issue in the older population.

Dorset is a rural county with an increasing elderly population. This alone could mean that there are many areas where the most vulnerable can feel both lonely and isolated.
It is important to reach, understand and support lonely individuals and aim to tackle loneliness with adequate services and support.

In addition, the population of Dorset is expected to increase over the next 20yrs by almost 9% and this is driven by an increase in the older population of which a 114% increase is projected for over 85 year olds – this could lead to even more people in Dorset suffering from social isolation/loneliness.

Dorset County Council

Social Isolation and Loneliness Index

Most Vulnerable

Least Vulnerable

THIS MAP IS NOT DEFINITIVE AND HAS NO LEGAL STATUS

Households vulnerable to Social Isolation and Loneliness (by Postcode unit)

Ref:
Date: 04/06/2015
Scale 1:1043034
Drawn By:
Cent X: 375599
Cent Y: 100257

GEOGRAPHICAL INFORMATION SYSTEMS

Dorset County Council

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Box 3: Identifying those at risk

To identify those at most risk we need to identify areas where loneliness is most prevalent.

Using Experian MOSAIC data, a 'social isolation and loneliness index' has been created to identify areas with a high vulnerability to loneliness. The index included variables that are potential drivers of isolation and social isolation - factors such as low income, health, community safety, single households and not owning a car were all taken into consideration when assessing the potential for loneliness.

Those areas across Dorset with households most vulnerable to loneliness and social isolation can then be identified once mapped, as seen above.

What can be done?

The data and research that has been undertaken here can be used to help identify households potentially at risk. The 'loneliness map' could enable resources to be targeted at the people and places that need them the most.

This work should also be utilised in future research and help to inform and prioritise future service delivery and early intervention initiatives that combat loneliness and social isolation in the future.

Like more info?

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Council, Experian