

**To: Community Care Health and Wellbeing Thematic Board**

**On: 14 September 2016**

Report by:

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## **Tackling Loneliness and Isolation in Renfrewshire**

### **1. Summary**

Loneliness and isolation, although two different experiences, can have a profound effect on people's health. Renfrewshire's Community Plan and the Health and Social Care Partnership's Strategic Plan both recognise the increasing population of older people and the need for preventative and responsive activities and services to maintain good health and independence for as long as possible. A number of community planning partners also have tackling and preventing loneliness and isolation at the heart of their agendas and understand the need to work together to address the complex factors that can cause them.

In order to determine what we in Renfrewshire might develop or build on to tackle loneliness and isolation, initially amongst our older population, it is proposed that community research is carried out in a number of small localities or neighbourhoods, with a view to getting some useful evidence to develop practical approaches. It is recognised that we are not starting from a standstill – there are already a number of good organizations and initiatives supporting older people, however there is also a recognition that the people most at risk of loneliness and/or isolation may not be linked into services or activities and we need to develop ways of identifying those individuals and supporting them in the most appropriate way.

### **2. Recommendations**

It is recommended that the Board notes the need for work to tackle loneliness and isolation in Renfrewshire

### 3. Background

Anyone can find themselves disconnected from their community or feeling lonely and it has been shown that the experience of loneliness varies across the life course. There are many interpretations of loneliness, however it is generally agreed that loneliness is a subjective negative feeling, while social isolation is an objective state determined by the presence or absence of strong social networks

In the UK:

- 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor et al, 2003)
- Over half (51%) of all people aged 75 and over live alone (ONS, 2010)
- Two fifths all older people (about 3.9 million) say the television is their main company (Age UK, 2014)
- 63% of adults aged 52 or over who have been widowed, and 51% of the same group who are separated or divorced report, feeling lonely some of the time or often (Beaumont, 2013)
- 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health (Beaumont, 2013)
- A higher percentage of women than men report feeling lonely some of the time or often (Beaumont, 2013)

#### **The impact of loneliness on our health**

Loneliness is a bigger problem than simply an emotional experience. Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity.

Loneliness and social isolation can also have a significant impact on mental health. Studies have shown that people who are socially isolated experience more stress, have lower self-esteem and are more likely to have sleep problems than people who have strong social support. All of these things can have a negative effect on our general wellbeing. Being lonely can also contribute to feelings of anxiety and depression.

#### **The need for local research**

Many different interventions have been implemented to attempt to reduce, either directly or indirectly, isolation and loneliness in older people. The Campaign to End Loneliness (Bolton, 2012) has identified the following categories:

- Information and signposting services
- Support for individuals
- Group interventions – social
- Group interventions – cultural
- Health promotion
- Wider community engagement

The evidence available on what works best to reduce loneliness and isolation is scant and often contradictory, and it is clear that there is no one solution - a range of activities is necessary.

In order to determine what we in Renfrewshire might develop or build on, it is proposed that community research is carried out in a number of small localities or neighbourhoods, still to be agreed. A number of local people recently completed training on community action research with the Scottish Community Development Centre (SCDC), a piece of work facilitated by Active Communities, and it is hoped that some of these people would be involved in this piece of work, with the expectation that others may also want to undertake the training.

The initiative would benefit from some structured input from UWS in the form of leadership of the research process and analysis and report writing of the results, although it would be really helpful if this could all be done in partnership with the community researchers so that they also learn some of these skills.

A similar piece of work was carried out in Glasgow around 10 years ago, albeit on a different topic (<http://www.ripple-effect.org.uk/>), - a steering group was established to direct the work, community researchers were recruited and undertook training and an external organisation helped to compile and organise the data for the final report with the involvement of both the researchers and the steering group members. This seems like a sensible approach, and we propose that a similar set-up would be used for this initiative.

There is some funding available for this piece of work in order to pay community researchers on a sessional basis and UWS for appropriate professional support.

#### **Proposal summary**

1. That we approach UWS to ask for support in carrying out the research
2. That a steering group is established to oversee the work
3. That the existing, trained community researchers are approached to help carry out the work
4. That we approach a relevant third sector organisation to ask for support in administering expenses etc for the community researchers

It is anticipated that the fieldwork would begin in autumn 2016 and be complete before Christmas with the results and write-up completed by end of February 2017.

## **4. Resources**

Funding for the research has been secured from underspend from the original Older People's Change Fund, as agreed with Scottish Government.

## **5. Community Involvement/Engagement**

The steering group includes representatives from third party organisations and community planning partners and the research will involve members of the communities identified.