

# Tackling Social Isolation and Loneliness A Strategy for Hammersmith and Fulham

## 1. Background

In February 2015, Hammersmith and Fulham's Cabinet Member's Board for Social Inclusion was established to deliver the *Change We Need* manifesto pledge to: "fund a cross-cutting Social Inclusion approach and host a Social Inclusion Forum that will tackle exclusion [and] deliver in partnership improved social inclusion outcomes for local residents". This pledge was borne from recognition of the impact of social capital on the health and well-being of the borough's communities and neighbourhoods.

The Board provides a cross-sector platform for promoting social inclusion across the borough: drawing intelligence from analysing a range of data from varied sources; identifying and building on good practice. The Board helps to shape key council priorities and ensure a more joined-up way of working.

In its first year, the Board identified a particular issue around social isolation and loneliness which led to the inclusion in the Board's work programme of a commitment to develop a social isolation and loneliness strategy.

## 2. What is social isolation and loneliness?

Evidence shows that social relationships and in particular adequate social networks (in terms of quality and quantity) can promote health through four possible pathways:

- Providing individuals with a sense of belonging and identity
- Providing material support of increasing knowledge about how to access material needs and services
- Influencing the behaviours of individuals, for example through support or influence from family or friends to quit smoking, reduce alcohol intake, or to access health care when needed
- Providing social support that enables individuals to cope with stressors such as pressures at school or work, redundancy, retirement or the death of a close relative. (*Local action on health inequalities: Reducing social isolation across the lifecourse*, PHE and UCL 2015, p.12)

In order to identify the appropriate scope and focus of activity to address social isolation and loneliness in Hammersmith and Fulham, the Board staged a stakeholder workshop in April 2016 which was led by the Campaign to End Loneliness (report available upon request). A discussion paper was subsequently taken to the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee in May to further shape the direction for the strategy.

## 2.1 Definitions

Social isolation describes the state of being deprived of social relationships that provide positive feedback and are meaningful to the individual (*Local action on health inequalities: Reducing social isolation across the lifecourse*, PHE and UCL 2015). It is defined as:

*The adequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment).* (Zavaleta et al, 2014)

As such, it lends itself to objective measurement. Loneliness, however, is defined as:

*An emotional perception that can be experienced by individuals regardless of the breadth of their social networks.* (ibid)

Both can impact considerably on a person's quality of life, mental and physical health and on their use of health and social services. In the literature, social isolation is often discussed at the same time as loneliness. However, while most people who are socially isolated feel lonely, not all people who are lonely are socially isolated.

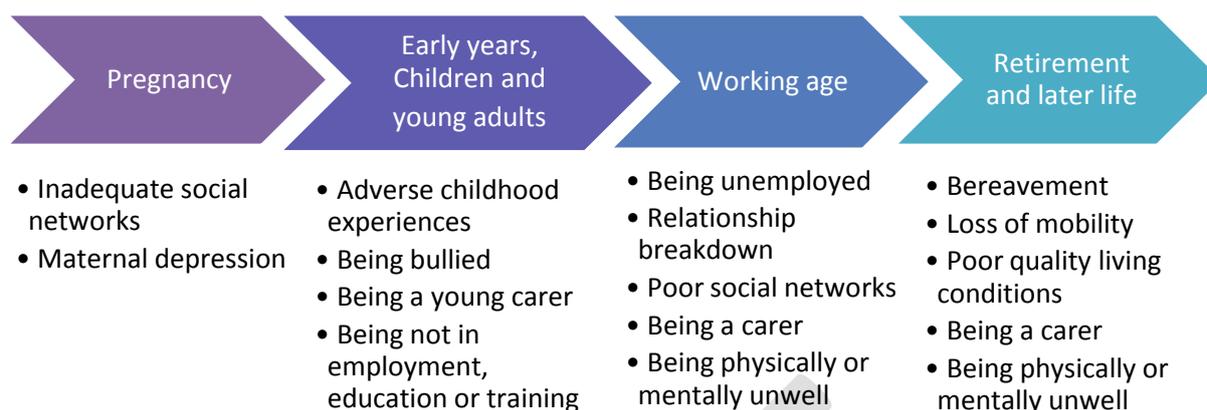
The literature also stresses the differential impact of transient loneliness and chronic loneliness, Griffin (2010) suggesting that it is long term, chronic loneliness which becomes a serious concern, when it creates a persistent, self-reinforcing loop of negative thoughts, sensations and behaviours, and is difficult to treat (p.4).

## 2.2 Triggers

Anyone can experience social isolation and loneliness. While social isolation is more commonly associated with later life, it can occur at any stage in the life course and can be cumulative. Some research suggests there is a U shaped curve with highest rates of loneliness in under 25s and over 55s (Victor and Yang 2012), other reports suggest the highest rates of loneliness are found in those aged >80 years (Thomas, 2015).

There are particular life events which are recognised as potential trigger points, particularly when they are layered on top of other risk factors. These are commonly found at particular stages along the lifecourse.

Figure 1: Risk factors for social isolation and loneliness along the lifecourse



Source: PHE & UCL, September 2015

i. Pregnancy

One in five mothers suffer from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth. A survey conducted on behalf of Family Action found that one in five mothers lack support networks to help them through pregnancy and are unaware of the services available to help with depression. A new mother who is socially isolated is more likely to suffer from depression and its effects are likely to be worse. This sets her at a disadvantage in providing a good start in life for her child. With the incidence of social isolation and lack of knowledge of services for depression rising to one in three among low income households, this demonstrates that social isolation can contribute to the transmission of disadvantage across generations and to the causes of health inequalities (PHE and UCL 2015).

ii. Children and Young People

The risk factors for social isolation among children and young people can be from life events (abuse, neglect, living with domestic violence, drug or alcohol abuse, being a young carer, having a long term condition or learning difficulties) or socially ascribed identities (gender, ethnicity, sexuality or physical appearance)<sup>1</sup>. Children who differ from the general population by appearance, language or behaviour may face difficulties integrating into peer groups at school. Other children who are considered particularly at risk include:

- Those in care (235 children in care in the Borough in March 2013; 71 per 10,000 children aged under 18, ONS data)
- Care Leavers (135 aged 19, 20 or 21 in 2014/15<sup>2</sup>)
- Those experiencing family breakdown
- Young mothers: in 2015, there were 214 under the age of 25 in H&F, of whom 39 mums were under 20 (ONS data).
- Those with language barriers upon entering school: the proportion of

<sup>1</sup> Public Health England and UCL Institute of Health Equity. Local action on health inequalities Reducing social isolation across the lifecourse. September 2015

<sup>2</sup> Defined as all children that hit 19 who were looked after for a total of at least 13 weeks after their 14th birthday (including some time after their 16th birthday) – Department for Education

children (49.2%) in primary schools who speak English as an additional language (EAL) is nearly three times the national average, although still approximately 7 percentage points less than the average for inner London.

- Students living away from home for the first time, particularly where from lower socio-economic groups.
- Young people not in education, employment or training (The 2015 summary of those not in education, employment or training (NEET) percentage for Hammersmith and Fulham was 2.4% (a slight decrease from 2.5% on the previous year), which is below the London average of 3.1%<sup>3</sup>.

Data from ChildLine shows that, in 2014-2015, 35,244 children under 16 were counselled about loneliness as their main or additional problem (defined as low self-esteem, lack of confidence, feeling sad, low mood, lonely), representing 12% of all children counselled by ChildLine that year<sup>4</sup>.

Social isolation in childhood has a considerable impact on the whole lifecycle; children who experience social isolation tend to have lower educational outcomes and lower adult social class (based on occupation) and higher risk of smoking, obesity and psychological distress in adulthood than those children without social isolation<sup>5</sup>.

### iii. Working Age

Research suggests that having fewer local connections disproportionately affects men and that unemployment increases the risk of social isolation (Marmot 2010).

Employment rates for the borough are consistently high for age groups 25-34 years old and 35-49 years old. Over the past two years, rates of employment for the 25-34 year olds continued to grow, whereas it tapered off slightly for the 35-49 year olds. Since 2013, the age group 50-65 have also seen a growth in rates of employment (Source: Annual Population Survey, 2004-2015). However, 70% of JSA claimants in the borough are aged 35 years and over compared to 63% for London and 59% for England (Source : Nomis, Office of National Statistics).

Employment rates vary within the borough by ethnic group. 81.3% of the working age population from white ethnic backgrounds are in employment, compared to 66.5% for those from black and minority ethnic backgrounds and 51.1% for those from mixed ethnic backgrounds. Nationally, the borough ranks 140th out of 281 in relation to employment rates for people from minority ethnic backgrounds. The borough ranks 10th highest out of the London boroughs (Source: Annual Population Survey 2015, based on all local authorities with available data).

The employment rate for those people with a health condition lasting 12 months or more is 57.9%, which is lower than the London average of 63.5%

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<sup>3</sup> <https://www.gov.uk/government/statistics/neet-statistics-quarterly-brief-october-to-december-2015>

<sup>4</sup> Childline. Always there when I need you. Childline review what's affected children April 2014 to March 2015.

<sup>5</sup> Lacey R, Kumari M, Bartley M. Social isolation in childhood and adult inflammation: Evidence from the National Development Study. *Psychoneuroendocrinology* 2014;50:9.

and has seen a reduction from 64.7% in 2014. 48.7% of those in the borough with problems or disabilities connected with arms, legs, hands, feet, back or neck are in employment, which is lower than the London average of 55.3% and has seen a reduction from 54.1% in 2014. The borough has a lower employment rate for people with seeing or hearing difficulties, and a lower rate of people living with blood or circulatory problems, stomach, liver, kidney or digestive problems or diabetes in employment than London as a whole. It is those people with depression, learning disabilities, mental problems and nervous disorders that have significantly lower employment rates than most other groups of people. Only 20.4% in the borough are in employment compared to 33.8% in 2014 and compared to 36.4% in London as a whole. In 2015, 44.4% of the working age population with disabilities are in employment, which has seen a reduction from 2014 which had a rate of 52.4%. The rate of employment in 2015 is lower than both London (50.1%) and England (50.6%). (Source: Annual Population Survey 12 months to Dec 2015, based on all local authorities with available data)

Employment rates for adults with learning disabilities across the country are substantially lower still. In Hammersmith and Fulham only 2.6% of those adults of working age with a learning disability are in employment, compared to a London average of 7.5% and a national average of 6% (Source: Department of Health, ASCOF, 2014-15).

#### iv. Older People

There are 16,413 residents in Hammersmith and Fulham aged 65 or over, almost 9% of the total population. 41.9% (20,778) of people aged over 45 are not in a family (never married, separated, divorced or widowed).

According to the Income Deprivation Affecting Older People Index, Hammersmith and Fulham has seen a dramatic rise in income deprivation of 63% between 2010 and 2015. This is higher than any other London borough. 68% of the older population live in areas in the top 30% most income deprived nationally, over 18% in the most deprived 10%.

As residents age they have a greater risk of physical, and mental, impairment: 51% of older people living in the borough state that their day to day activities are limited and 54.8% of older people living alone have a long term health problem or a disability. In addition, 10.6% of older people living in the borough provide informal, unpaid care.

In the Growing Older project, which surveyed 999 older people, 7% of older people (aged over 65 years) were often lonely, 31% sometimes lonely and 11–17% were socially isolated<sup>6</sup>. A more recent survey by Age Concern and Help the Aged found that 7% of people aged over 65 in England always or often feel lonely and a further 26% are sometimes lonely<sup>7</sup>. In Hammersmith and Fulham, 41% of c2,000 users of services funded by the 3rd Sector Investment Fund reported in 2015 that they were very isolated with few families and friends. Indeed, at March 2016, 15% of residents in

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<sup>6</sup> Victor C, Bowling A, Bond J, Scambler S. Research Findings:17. Loneliness, social isolation and living alone in later life, 2003.

<sup>7</sup> Age UK. Loneliness and isolation evidence review. 2010.

Hammersmith and Fulham aged 65 and over were divorced and we have the fourth highest proportion of residents aged 65 or over (43%; 7,050) that live alone in London. It is not possible to tease out the people who have co-existing loneliness and social isolation, but using a lower estimate of 7% and a higher estimate of 17% provides an estimate of the number of people in H&F aged over 65 years who are lonely and/or socially isolated, ranging between 11,489 and 2,791.

A number of factors impact on the risk of being lonely and/or socially isolated. Research from Age UK using data from ELSA, has identified the key factors associated with being 'often lonely' in people aged over 65 years and weighted them by their relative contribution to loneliness risk. This work has enabled the construction of an evidence-based model<sup>8</sup>.

Promising approaches (CtEL; Age UK 2015) suggests that an important difference in the experience of older people is that they tend to suffer from chronic loneliness as opposed to transient loneliness and that 10% of those aged over 65 years at any time are experiencing chronic loneliness. It is also worth noting that with an ageing population, the number of individuals represented by this percentage is increasing.

The Marmot Review on Health Inequalities (2010) concluded that social networks and social participation act as protective factors against dementia or cognitive decline over the age of 65, with individuals who are socially excluded between two and five times more likely than those who have strong social ties to die prematurely. Interventions which support people to maintain social interaction and community networks are therefore likely to impact on mental and physical health and their associated care costs (Marmot 2010, p 138).

That there are triggers for loneliness across the lifecourse suggests that any strategy to prevent and alleviate loneliness needs to incorporate measures which might address effectively the needs of different age groups. These measures will need to be tailored to reflect the ways in which different sections of the community might be encouraged to engage.

While some triggers are most commonly found in particular places along the lifecourse, many can occur at any stage. Caring responsibilities, life limiting illness or disability, moving house and bereavement are all such triggers and intervention might be best targeted through services which might be accessed at these times, rather than through a focus specifically on the older age groups. In addition to the 7,050 older residents who live alone, there are another 23,098 aged 18-64 years.

In addition, particular individuals or groups may be more vulnerable than others regardless of age. In 2015:

- 17,700 working age adults were known to have one or more long term condition (10% of the population) and this number can be expected to rise by 11% by 2025
- Rates of severe mental illness as recorded by GP practices within the borough are the 12th highest out of 212 CCGs with 1,500 registered with

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<sup>8</sup> Iparraguirre J. Predicting the prevalence of loneliness at older ages. Age UK.

severe and enduring mental illness

- Common mental illness, such as anxiety and depression can also lead to social isolation and loneliness as people find it harder to relate to others and less able to forge the relationships they need. Common mental illness such as anxiety and depression affects around 1 in 6 people at any given time; locally 27,803 people have mild to moderate depression and anxiety disorders.
- Half of those with lifetime mental health problems first experience symptoms by the age of 14 and three-quarters before their mid-20s.
- Almost half of all adults will experience at least one episode of depression during their lifetime.

The degree of risk for any one individual will, therefore, depend on a number of often inter-related factors. Individual factors such as physical and mental health, disability, income, ethnicity, language, culture, sexuality, gender and age, interplay with community factors, such as access to local shops, facilities and services, the local environment, and with societal factors such as the fact that more people are living alone, transience, housing policy, welfare reform and media coverage of crime and social issues, adds another important dynamic.

Building on this, while it is much harder to measure impact when seeking to prevent and/or alleviate loneliness across the whole population, evidence suggests that a whole systems approach will have greater impact, with more mutually supportive and thereby resilient neighbourhoods and communities.

### **2.3 Links to health inequalities**

Social isolation is a health inequalities issue because many of the associated risk factors are more prevalent among socially disadvantaged groups (*Local action on health inequalities: Reducing social isolation across the lifecourse*, PHE and UCL 2015, p.10). The links between deprivation and poor health outcomes is well documented (Marmot 2010).

In addition, deprived areas often lack adequate provision of good quality green and public spaces, creating barriers to social engagement, exacerbating efforts to adopt and sustain healthy behaviours and prevent further deterioration of health and wellbeing. Access to transport is also vitally important in building and maintaining social connections.

### **2.4 Impact**

It is recognised that loneliness can lead to greater demand on public services, as residents seek from professionals the support they might otherwise gain from family, friends and neighbours. In 2013 the Campaign to End Loneliness conducted a poll in communication with over one thousand GP practices:

- 89% of the GPs saw one or more patients every day whose main reason for the appointment was loneliness.
- Over three quarters said they were seeing up to five lonely people a day.

- One in ten doctors reported seeing between six and ten lonely patients a day.
- A small minority (4 per cent) said they saw more than 10 lonely people a day.

Source: [www.campaigntoendloneliness.org/blog/lonely-visits-to-the-gp](http://www.campaigntoendloneliness.org/blog/lonely-visits-to-the-gp)

Sobus, the umbrella organisation for the voluntary and community sector in Hammersmith and Fulham, undertook an engagement initiative to provide an assessment of health and wellbeing services in the borough from the viewpoint of service users aged 65 and over, together with input from voluntary/community and statutory services providers. They found that 'Older people are particularly concerned with the physical and mental health risks associated with loneliness and social isolation, and highly value socialising opportunities. Another recurrent topic was support required in the home such as cleaning, repairs and maintenance. Related to this was the absence of regular family support, as family members have to move out of the borough due to the housing crisis (shortage and cost).' (April 2016)

Social isolation and loneliness can have a severe impact on health and well-being. Work in the early 2000s by social neuroscientists has provided scientific evidence that loneliness causes physiological events that wreak havoc on health (Griffin 2010) associated with raised blood pressure, increased mortality and poor mental health, and lonely and socially isolated older people are more likely to have early admission to residential or nursing care (SCIE, 2011). A recent study also confirms that social isolation is associated with higher re-hospitalization rates (Giulim, Spazzafumo et al (2012)

Social relationships affect physiological and psychological functioning and health behaviours, which can have a negative impact on morbidity and mortality. Evidence suggests a 50% increased risk of coronary heart disease among those who are socially isolated and/or lonely (*Local action on health inequalities: Reducing social isolation across the lifecourse*, PHE and UCL 2015, p.9).

**Key messages:**

The risk factors for isolation and loneliness, and their prevalence in the borough, means that doing nothing is not an option.

While isolation occurs at the level of the individual, interventions to reduce social isolation must act on the structural determinants, including economic disadvantage and discrimination, as well as supporting the immediate needs of socially isolated and/or lonely individuals.

### **3. Strategic landscape**

#### **3.1 Smarter Budgeting Programme**

This programme sought to take a fresh look at how the Authority manages its business, with a view to securing improved outcomes more efficiently. Eight outcomes were identified, outcome 6 being 'Supporting Vulnerable Adults' and outcome 7 'Safer and Healthier'. Social isolation was identified as an issue to be addressed in each of these outcomes, a cross cutting theme being the provision of foundation services to identify those at risk sooner and direct interventions to address their needs. Themes identified under other outcomes of the Smarter Budgeting programme also relate to this strategy:

- Outcome 1, Economic growth: focus on ensuring people are able to find employment
- Outcome 2, Children: focus on children in care
- Outcome 5, Reducing homelessness – has a focus on reaching people early to address tenancy issues.

#### **3.2 ASC Prevention agenda – Fs of frailty;**

Prevention is critical to the vision that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. In line with this, the Adult Social Care (ASC) department has developed a local prevention offer which applies to all adults, from those with no established need to those who need a lot of care and support in order to prevent or delay need and deterioration of condition. The Council recognises that, although ASC plays a critical part, the responsibility for prevention is wider and approaches need to be integrated and aligned across departments and with other local partners. It identifies secondary and tertiary prevention as ASC's focus, in order to ensure that all services have a re-abling approach and encourage people to be as independent as possible. In relation to the development of preventative services we also take into consideration the 'Fs of Frailty'. This is seen as a good way to know when ASC can make an early intervention to prevent further needs as there is evidence that many of the conditions that can lead to frailty are amenable to preventative measures. These include: social isolation (loss of friends and family), memory loss (failing memory), malnutrition (unhealthy food intake), falls and living in cold damp homes (fuel poverty).

#### **3.3 Mental health strategy**

One of the key concerns and challenges within the borough is the known prevalence of poor mental health experienced by a significant number of local residents of all ages and cultural backgrounds. The effects of mental ill-health on physical health and well-being are well documented. The social consequences of undetected or untreated mental illness are also profound, leading to work related sickness, unemployment, homelessness, alcohol and substance misuse, social isolation and even offending behaviour. Unemployment in itself can lead to poor mental health. The emotional toll poor mental health places on individuals and their families are immeasurable in terms of impact on overall quality of life.

The strategy has a particular emphasis on the social determinants of “good” mental health. For example, the key benefits of a stable home, good education and training, stable employment as well as access to a wider range of community based services which promote mental health and well-being within our local population. The strategy seeks to establish a work programme which includes interventions which:

- Provide support for parents and parents-to-be for their own mental health and for the long-term mental health of their child.
- Promote better emotional, mental health and early intervention in schools.
- Promote good workplace mental health and wellbeing.
- Work with staff in frontline services across the system to build skills and awareness of mental health.
- Promote access to activities that promote wellbeing, volunteering and stronger social networking.
- Provide early support for older people through effective information and advice and signposting to preventative/universal services.
- Work with communities to help change attitudes and develop understanding of mental health.

The Like Minded Case for Change, which covers the eight North West London boroughs, highlights social isolation as an issue. Ambition 2 of their plan states: ‘We will improve wellbeing and resilience, and prevent mental health needs for people in North West London, by supporting people in the workplace, building resilience in children and young people and reducing loneliness for older people’ [Like Minded, 2015].

### **3.4 Housing support and care JSNA**

This report focuses on the extent to which local agencies work effectively as a system to address the challenges posed to health and social care by housing conditions. It seeks to identify and facilitate progress on integrated solutions to what are integrated challenges, to support the development of a whole systems approach, informing strategic and commissioning intentions. It makes 12 recommendations, one of which focuses on social isolation:

*Ensure that strategies are in place to promote community cohesion and prevent and alleviate social isolation. These should incorporate:*

- *Recognition of community cohesion as a specific objective towards securing community resilience and promoting independence and self-reliance, with appropriate resourcing plans.*
- *Plans for identifying residents at risk of social isolation and the appropriate mechanism(s) to best engage and support them.*

### **3.5 Poverty and worklessness commission**

Within the borough, entrenched pockets of poverty and worklessness still exist that, to date and despite multiple interventions over the years, have proved intractable. The aims of Hammersmith & Fulham Poverty and Worklessness Commission include:

- To identify the factors underpinning the continuing prevalence of both poverty

and worklessness in the borough;

- To formulate recommendations for interventions and/or service redesign to deliver better outcomes and increase economic, employment and other opportunities for all, promoting self-reliance.

While loneliness and social isolation are not specifically being considered as part of this work, there are clear links due to relative deprivation and unemployment as triggers. The following have been identified as priorities for targeted work:

- Improving employment opportunities for those with long-term conditions, with particular emphasis on mental health, and for people from BAME backgrounds;
- Improving wellbeing for vulnerable older people in the borough.

### 3.6 Digital inclusion strategy

Digital exclusion affects some of the most vulnerable and disadvantaged groups in society: the elderly, unemployed and low income individuals, social housing tenants and disabled citizens are key groups that have been highlighted at the national and London levels. These groups are also more likely to experience the effects of social isolation and loneliness.

In Hammersmith and Fulham, the overall likelihood of digital exclusion is low and there are no “not spots” (LGiU, Dot Everyone, 2016). However, there are significant pockets of the Borough where residents can find themselves digitally excluded, principally in wards to the North and Eastern parts of the Borough in areas such as the White City and Clem Atlee estates. There appears to be a close correlation between digital exclusion neighbourhoods and areas of social housing.

Government research and consultation, carried out at the beginning of 2014, has identified four key challenges that face people in going online:

- **access** - the ability to actually go online and connect to the internet;
- **skills** - to be able to use the internet;
- **motivation** - understanding why using the internet is a good thing, and;
- **trust** - a fear of crime, or not knowing where to start to go online.

The Council has established key principles underpinning a Digital Inclusion Action Plan:

- To work in partnership with a range of organisations to bring co-ordination and learning between organisations;
- To be resident focused and flexible with different approaches for different excluded groups;
- To embed digital activities and learning across services and programmes;
- To develop locality based solutions to address gaps in access, including disability friendly access, and skills training;
- To link our strategy to our partners’ digital strategies, to ensure service design and ICT provision improve digital inclusion;
- To underpin all elements with a shared communications strategy;
- To work towards sustainability wherever possible.

### **3.7 H&F's Drive to secure social value and social capital from all activity and contracts**

Hammersmith and Fulham has pledged to maintain and develop local supply markets to meet local needs, wherever possible encouraging participation of local SME and 3rd sector organisations in the council's supply chain.

All organisations in receipt of grant funding are expected to deliver "added value" in providing local volunteering opportunities, and are required to monitor the take up of their services by local residents by age, as well as ethnicity, gender, location. Relevant services are also required to ascertain the "social connectivity" of users to identify those most at risk of loneliness and isolation in order to ensure services are being targeted at those most in need.

### **3.8 Healthcare**

Our CCG colleagues have identified social isolation as a key determinant of physical and mental health and incorporates it as a priority in its STP Delivery Area one: Radically upgrading prevention and wellbeing. The work programme for DA1 is still under development, however, social prescribing initiatives, of which there are two in the borough, operating out of North End Medical Centre and Parkview Centre for health and wellbeing, which between them serve six GP practices, get a specific mention. There is also a commitment to identifying gaps in current service provision for addressing loneliness and, in addressing these, enhancing current provision.

#### ***Key messages:***

There are a number of tools and levers which will facilitate co-ordinated and effective delivery of a work programme designed to address social isolation and loneliness and improve social connectedness and community cohesion.

## 4. Addressing the challenge: What does the evidence say?

Social isolation and loneliness are relatively new areas of interest, however there is a great deal of activity across the country and internationally to plug the gaps in our knowledge. It is important to recognise and support innovation with robust in-built evaluation to ensure that activity contributes to the emerging evidence base. It is also important to use existing evidence where it is available: it is widely accepted that whole systems approaches, while much harder to evaluate, will have greater impact, with more mutually supportive and thereby resilient neighbourhoods and communities. Together with UCL's Institute of Health Equity, PHE produced *Reducing social isolation across the lifecourse* (2015), which endorses the adoption of a whole systems approach.

### 4.1 Campaign to End Loneliness Framework

CtEL together with Age UK have developed a framework (illustrated in appendix one) to inform strategic, whole systems approaches to addressing loneliness. This sets out four interdependent categories of provision:

- Foundation services – services to reach and understand the specific needs of those experiencing loneliness, and to access appropriate interventions.
- Direct interventions – a menu of services that directly improve the number or quality of relationships people have, through supporting and maintaining existing services and supporting new social connections. The direct interventions category also includes psychological support through systems such as Cognitive Behavioural Therapy (CBT) and Mindfulness.
- Gateway Services – improving transport and technology provision to help retain connections and independence. The evidence base for the impact of technology (including telephone) based initiatives for older people is relatively well developed, particularly in maintaining existing relationships, for example with friends and family spread geographically and where technology provides an 'excuse' for new contacts, for example IT training. While the evidence base for transport initiatives is less developed, largely as transport initiatives have not been specifically evaluated for their impact on loneliness, still there is a recognition that transport is vital to connectedness and that, similarly to technological interventions such as IT training, coach tours and day trips can provide an 'excuse' for new contacts.
- Structural Enablers – create the right structures and conditions in a local environment to reduce those affected by, or at risk of, loneliness. These might include neighbourhood approaches, asset based community development, volunteering networks and age positive approaches such as the establishment of dementia friendly communities. As with gateway services, the evidence base needs further development, not for the impact which structural enablers have for developing social capital, which is relatively strong, but for impact on reducing loneliness specifically.

*Promising approaches* (Jopling 2015) presents some valuable case studies of initiatives, following this framework.

#### **4.2 Local action on health inequalities: Reducing social isolation across the lifecourse** (Public Health England and UCL Institute of Health Equity, September 2015)

Communities that are more connected need fewer public services, create good places to live, and improve outcomes for residents. People are not passive recipients of services – they have an active role to play in creating better outcomes for themselves and for others, and they themselves will be the starting point for tackling emerging issues. PHE and UCL (2015) discuss the impact of the built environment on the prevalence of social isolation in a way which suggests it might be incorporated into the CtEL framework’s ‘structural enablers’:

“Safe public spaces, with pavements to walk on and lighting, are also part of the physical infrastructure that helps people to maintain social connections. These factors cut across the whole of the life course as part of sustainable communities and places in which people are born, grow, live, work and age ... Designing the built environment to make the streets conducive to walking is also likely to encourage social connectivity.” (*Local action on health inequalities: Reducing social isolation across the lifecourse*, PHE & UCL 2015, p.14)

This is consistent with the emphasis CtEL giveS to asset based community development and to encourage service users to identify those direct services which would be of greatest benefit (p.11).

#### **4.3 A glass half-full: how an asset approach can improve community health and well-being** (Foot, J., Hopkins, T. & IDeA, 2010).

Empowering people and developing stronger, resilient communities which will work together to reduce social isolation and loneliness, requires the potential of local support networks to be unlocked (Foot, Hopkins, & Improvement and Development Agency (IDeA), 2010).

Services which offer opportunities for social contact and facilitate community cohesion, such as volunteer befriending services, health and wellbeing hubs, link up / connecting projects and the Community Champions are central to the preventative agenda; very often the best and most sustainable help comes from neighbours and peers. Some of these services will be provided or commissioned by the council, however many are not. Many are provided by third sector agencies and have been designed by local people.

Asset based approaches look first at the strengths within people’s lives – their family and community networks, their interests and their abilities, in order to link people with the right sources of support and help which build upon these strengths.

#### **4.4 Return on investment**

Local Authorities are facing significant financial challenges at a time when demand for social care and health services is growing. NHS and ASC are under increasing pressure, through a combination of reduced budgets, an aging population and a requirement to implement significant reforms under the Care Act.

It is widely recognised that to meet this gap, investment is needed in preventing poor

health and wellbeing. However, finite resources render it difficult to shift resources upstream when demand on services among those with immediate needs is great. The nationally driven tightening of eligibility criteria for Adult Social Care recognises this demand but can mean that services are only able to provide care to residents once their wellbeing has decreased, rather than helping to prevent deterioration.

To respond effectively to the fiscal climate and to enable closer health and care collaboration with services weighted towards 'upstream' prevention and earlier intervention, commissioners are undertaking strategic commissioning reviews in order to build the evidence base; increase the use of pooled budgets; align funding streams; remove any duplication; rationalise the number of contracts managed; and achieve required savings.

The fiscal climate is such that interventions to prevent and/or alleviate loneliness need to vie for scarce resources alongside statutory services. However, much can be done using existing community assets, be these physical assets such as libraries, voluntary/community organisations, social capital or local businesses.

**Key messages:**

While there are gaps in the evidence base for initiatives to reduce social isolation and loneliness, there are some clear messages from the emerging evidence base:

- Whole systems approaches are recognised as more effective
- Asset based community development – offers the greatest gain for social capital and community resilience
- For approaches to be sustainable, there must be clear return on investment and this must be calculated incorporating returns for social value and social capital

## **5. Where are we now?**

Tightening resources can both help and hinder the social isolation agenda – the greater focus on evidence based practice can help to clarify aims, objectives and performance indicators. Increasingly public and third sector agencies are working together better to address the needs of vulnerable residents and service users. There can also be a loss of targeted provision, however, as services and facilities are expected to achieve ‘more for less’. The macro level pressure on resources has seen a shift in emphasis towards prevention, a recognition of the need to invest a greater proportion of resources ‘upstream’, keeping people health and independent, thereby reducing demand on health and social care services.

Front line services and facilities are natural assets for any programme seeking to address social isolation and loneliness. However we cannot assume that their full potential is realised. In environments where there are few extended family members within walking distance, many residents who commute out of the local area to work and a lack of community cohesion across age and ethnic boundaries, specific initiatives can commonly be found which actively seek to promote neighbourliness and increase social capital.

A broad range of other services provided by the public sector, private sector, third sector and others, have the potential to impact on social isolation, even if this is not their primary aim. For example, aspects of the built and natural environment and transport infrastructure can help or hinder efforts to enhance social connections.

This section seeks to consider assets in Hammersmith and Fulham, using the framework put forward by the Campaign to End Loneliness.

### **5.1 Foundation services: reach; understand; support access**

The Council has a number of functions which either explicitly address this element of the framework or do this as a bi-product. Community based and front line staff are key to the identification of those ‘at risk’ and to understanding the nature or cause of their loneliness. Some front line staff will recognise and be able to address isolation and loneliness, particularly those operating in services such as day centres, children’s services and community services visiting those who are housebound. There are, however, other front line staff who, while able to identify residents who are isolated or depressed are not necessarily able to address it. These might include staff in libraries and housing options, who may be very skilled in communication with a broad cross section of our population but do not have the tools at their disposal to provide ‘warm transfer’ to services which can address isolation and loneliness.

In addition to council staff, residents of Hammersmith and Fulham may be in contact with NHS or third sector staff. These too may vary in their capacity to identify and respond to isolation and loneliness to best effect. These staff will include GPs, Physiotherapists, Occupational Therapists, Podiatrists and A&E staff as well as those operating from front line services delivered by third sector agencies – advice centres, BME community organisations etc. The social prescribing pilots at Park

View and North End Road Medical Centre both respond to social isolation.

In addition, it is perhaps those not in contact with front line services who are most at risk of loneliness. The onset of loneliness and isolation can be gradual and individuals might not recognise it until it gets to the stage where it is chronic and their skills/abilities to overcome it have become reduced. Voluntary sector organisations have a good track record in engaging effectively with residents who are not otherwise known to services, particularly statutory services. The Community Champions, commissioned by Public Health, are another particularly good resource for reaching out to those residents who might not otherwise be engaged with council and/or health facilities. These make use of the large volume of social housing in the borough, which facilitates targeted work with many of our communities most at risk of social isolation / loneliness.

While front line services, particularly outreach services, are certainly an asset, we cannot assume that they are fulfilling their full potential to address isolation in the borough. Sobus (2016) identify it as a key theme, specifically highlighting that:

- Individuals and some communities, particularly BAME, are not engaging with services;
- Men are engaging with services less than women;
- There are fewer engagement opportunities for people with mobility issues;
- This lack of engagement and social support is leading to poor physical and mental health outcomes.

Public Health has established and is developing a 'Making Every Contact Count' (MECC) training programme. This seeks to ensure that maximum gain is secured from each contact with a resident regardless of the initial contact purpose. The intention is that raising awareness through healthy conversations of a wealth of services and support available; initiation of 'change talk' to engage the resident; followed by the offer of information as to how or where to progress 'a call to action' for the resident. In addition to face to face contact, both digital nudging, and, utilising 'warm transfer' by contact centres can assist confidence and motivation in residents. Currently the MECC programme is completing the first phase, and up scaling is proposed in phase two, which could, in turn, form part of the backbone of provision to reduce the risk of loneliness. The MECC programme offers a great tool for ensuring that the council and its partners make the most of the full range of staff working in the community – including street wardens and bin collectors as well as those more directly involved in support and care.

## **5.2 Direct interventions: support and maintain existing relationships; foster and enable new connections (1-1 and group based); psychological interventions**

Services which offer opportunities for social contact and facilitate community cohesion, such as volunteer befriending, health and wellbeing hubs and link up / connecting projects are central to the preventative agenda. Despite this, these services can be reliant on short term funding which can undermine sustainability of outcomes and destabilise service provision. The Council is committed to supporting a thriving third sector and recognise their invaluable contribution to community cohesion and social capital. We are committed to ensuring, wherever possible,

longer term funding to aid stability and continuity.

A number of council initiatives: the Smarter Budgeting programme, Housing Support and Care JSNA and the Poverty and Worklessness Commission have each considered how better to prevent homelessness. The council has a Floating Support Service, which primarily supports those residents whose needs are not severe enough to kick in specific statutory services from Housing, ASC and/or Childrens Services but without support can easily spiral into a position of high dependency. Options for enhancing the offer, to become more proactive in reaching those at risk of homelessness and providing a gateway rather than referral service to tailored help, are being considered.

There are over 500 local third sector organisations in the borough, ranging from national charities to small volunteer led small community initiatives. While they have a strong track record of connecting with some of our most isolated residents, many are experiencing increasing financial pressures and are chasing the same pots of funding, which can deter partnership work which might deliver services to individual sooner and more effectively. There may be some value in supporting a more joined-up approach to ensure that gaps in provision are identified and any duplication resolved.

Examples of third sector initiatives which specifically seek to address isolation include the Bishop Creighton House Homeline Befriending Service, which is aimed at residents over 55 who feel they are living in isolation, some of whom are house bound. Volunteers link with residents primarily over the phone but might also visit and where possible accompany them outdoors to help rebuild confidence and ensure they are able to take regular exercise. One of the greatest challenges is encouraging people to go out and try new things – many are fearful of strangers, groups can be regarded as being “cliques” and being more suitable for particular “types” of people. While many are receptive to befriending support, there can be a lot of reluctance to be helped into a service. The Council commission Open Age to provide a ‘linked-in’ service, which finds isolated people and introduces them to groups/activities, accompanying them for the first couple of visits and then gradually withdrawing and the individual continuing to access the service. While successful in connecting with isolated residents, it is proving very difficult to achieve targets for the linking them successfully with other services.

Advice station, provided by H&F Citizens Advice, offers a single telephone number to access advice services using a triage approach to identify which local service or facility is best placed to support the individual. A referral with core information is then made (data sharing agreements in place between organisations) and where appropriate, a direct appointment made. The initiative also coordinates advice services led by H&F Community Law Centre, administrating the local Advice Forum where all organisations which provide community legal advice services and generalist advice services can discuss emerging issues and trends and work together to ensure services are up to date.

Silver Sunday is an annual initiative which celebrates older residents and promotes activities they might enjoy. A range of one-off events are provided as part of the celebration and to kick-start sustained engagement in regular activity. While 450 individuals attended evaluation found that only one third were not previously

engaged in regular activity and only 20% of these new customers continued to engage, perhaps as Silver Sunday is seen as an isolated event rather than an annual celebration of ongoing engagement and activity.

### **5.3 Gateway services**

#### **i. Transport**

Whilst significant improvements in public transport have been achieved over the last decade (all buses being accessible, some underground stations having lift access and better bus and tube train design, the new transport provision around Westfield), there remains a number of barriers to public transport for many older people:

- Travelling at night or in the dark – a significant cohort of older people in particular remains reticent to venture out in the dark – mainly due to fear of crime or ASB and fear of slips/falls.
- Avoiding “school rush hour” a number of older people have reported an uneasiness or reluctance to attempt to travel by public transport (particularly by bus) between 3-4.30 when buses are often crowded with school children, who some older people have reported as being intimidating and/or impolite, making travel by public transport an uncomfortable experience. However, this is not necessarily borne out by data or feedback from TfL, and it may be a disproportionate concern.
- While there are limited North/South direct routes across the borough, there are good East/West links and it is thought that residents access services in neighbouring boroughs rather than those in other parts of Hammersmith & Fulham, if the transport links are more direct. As with schools and health services, people often access services which are closest to them, but may not be within the borough boundary.

Feedback from older people shows that the majority recognise the value and range of accessible and free transport available to them (via OP Freedom Pass) and make extensive and good use of these services.

#### **ii. Digital inclusion**

There are a number of on-line gateways to council services. These include the Family Information Service, which has recently been refreshed with improved accessibility and navigability which incorporates a facility for those residents needing materials in languages other than English.

Work is now underway to develop People First which is the primary web-based information service for adult residents aged over 50, their friends and family, to find and access support services and facilities. The website has a wide ranging content which is jargon-free and promotes over 100 events and activities per day and there is a set of ‘Top 10 front porch questions’ which link users straight through to related content. It is actively promoted via a number of agencies across the borough. The main aim of the developmental work is to improve quality and consistency to

- a) facilitate timely delivery of preventative services,
- b) facilitate improved targeting of services to ensure support for those

- residents at most risk of losing functionality and independence (including those who are socially isolated)
- c) provide professionals across sectors with an improved reference tool, and
  - d) achieve a joined-up service offer for residents.

ASC and Health partners have an ambition to establish a fully integrated health and social care system by 2020. A key aspect of this system includes an integrated front door that comprises a cutting edge digital platform and, where needed, a telephone service that is multi-disciplinary and led by experts. ASC's overall aim is to develop and deliver an effective 'Digital by Design' self-service, including signposting, information, advice and self-assessment where appropriate.

LBHF is moving towards Digital by Design to shift access towards digital mechanisms rather than face to face or telephone channels. The Sobus report (2016) identifies Information Technology as a priority, specifically the need to explore how best to facilitate e-inclusion for the current generation of 65+, as many are not engaging with IT. They suggest training may help some to engage, as might intergenerational projects. The need to address the costs incurred by older people seeking to engage with digital technology is also highlighted. The Digital by Design programme is being supported by a digital inclusion strategy which ensures that those most at risk of isolation or facing barriers to digital channels are supported to develop digital skills, awareness and access, and that face to face and telephone contact continue to be provided for those who need it.

#### **5.4 Structural enablers**

Communal settings such as community centres, day centres, children's centres and libraries are key sites where targeted local information can be delivered. There are five community centres in the borough which, in the main, serve the local population well. Most people are aware of libraries, and these are often well used by residents who do not access other council services and therefore offer an important gateway. The council invests in a health and wellbeing initiative operating out of libraries to ensure that appropriate information is readily accessible.

Adult education facilities offer an important mechanism through which residents can make social connections as well as pursue interests and develop their skills.

The Community Champions (paragraph 5.1 above), who operate on a voluntary basis, live and operate in their own neighbourhoods and have a specific function to aid social connectivity within their community. This model might be extended to establish parent champions and block champions to help address isolation in particular groups. The Poverty and Worklessness Commission has identified a need for a revised approach to volunteering in the borough which recognises and builds on the social capital developed by volunteering initiatives such as the Community Champions. A strategic approach to volunteering, which recognises individuals' skills and expertise and helps them to share these with others might prove fruitful in addressing a number of council objectives though increased confidence and skills: maintaining health and wellbeing, promoting independence and greater employability as well as tackling isolation. Importantly, some vulnerable people can provide as well as receive voluntary support, securing confidence and self-esteem through the

social connections this brings. Cross generational initiatives have been proven to benefit both parties – particularly for those whose family and friends are dispersed. Volunteering can also be an invaluable way to prevent isolation becoming entrenched. Encouraging residents to engage more with their local community prior to retirement can establish social networks which in time can replace those based around work which can be lost with retirement. Businesses may also have an important role to play, through their workplace health programme, in preparing staff for retirement.

Social capital can also be secured through the council's commissioning functions and the council has introduced a requirement for the contribution that each contract and work programme might bring.

The neighbourhood environment itself must also be recognised as a structural enabler. The extent to which our neighbourhood offers an environment that facilitates social discourse, encourages people to recognise and engage with their neighbours through attractive communal spaces which provide for the needs of different age groups has an impact on community cohesion and inclusion. Facilities for active play, for taking a rest, core facilities being within a walkable distance, all contribute. Those neighbourhoods which are recognised as having a lesser offer might engage with residents to address this – an exercise which itself might aid connectedness if led appropriately. As Marmot records: "Public participation in designing public spaces that meet community needs is important in building a sense of ownership and belonging" (Marmot 2010).

**Key messages:**

Hammersmith and Fulham has many assets and offers many opportunities for engagement.

A more co-ordinated offer, which is appropriately marketed might aid awareness, facilitate greater neighbourliness and promote engagement.

The greatest impact might be secured through greater resident awareness of isolation and loneliness – encouraging people to come forward, encouraging people to look out for each other - spot it in themselves and each other and feel confident about taking action.

Encouraging residents to engage in addressing the detrimental factors in their community can aid connectedness as well as engender a sense of ownership and belonging.

## **6. Where do we want to get to and how will we get there?**

The strategic objectives below were identified at a workshop held in April 2016. The themes developed through the process of reviewing the evidence base and examining best practice from other areas that have identified social isolation as a priority for action. A draft work programme outlining actions to address these objectives is attached as Appendix 2.

### **6.1 Improved levels of awareness among residents and front line workers**

- i. We will develop a communications and marketing strategy, with our partners in the statutory, business and third sectors, to raise awareness of the prevalence and impact of isolation and loneliness and of relevant services and facilities.
- ii. We will sustain and promote our Making Every Contact Count programme, ensuring that front line staff in different agencies are supported to provide 'warm transfer' across all referral mechanisms, including digital.

### **6.2 Robust approach to ensuring social connectedness, preventing isolation and loneliness**

- iii. In addition to our existing work to secure social value and social capital through our approach to commissioning, we will ensure that our approach to community development and community engagement explicitly seeks to contribute to community resilience and social capital.
- iv. We will work with our partners to establish a strategic approach to volunteering as a mechanism for connectedness, developing social capital.
- v. We will develop existing mechanisms to establish a main portal to information and advice and ensure better links between that portal and other on line resources (including council webpages) – so that whichever route people follow to seek the information, they are able to do so quickly and easily.
- vi. We will pursue our 'no wrong front door' approach to the provision of council services, exploring the desirability of and options for community hubs.
- vii. We will consider whether there are gaps or fault lines in our transport network and the walkability of our neighbourhoods which might undermine social connectedness and seek to address these.
- viii. Review digital access specifically for groups at risk of social isolation and inclusion and address gaps in provision.

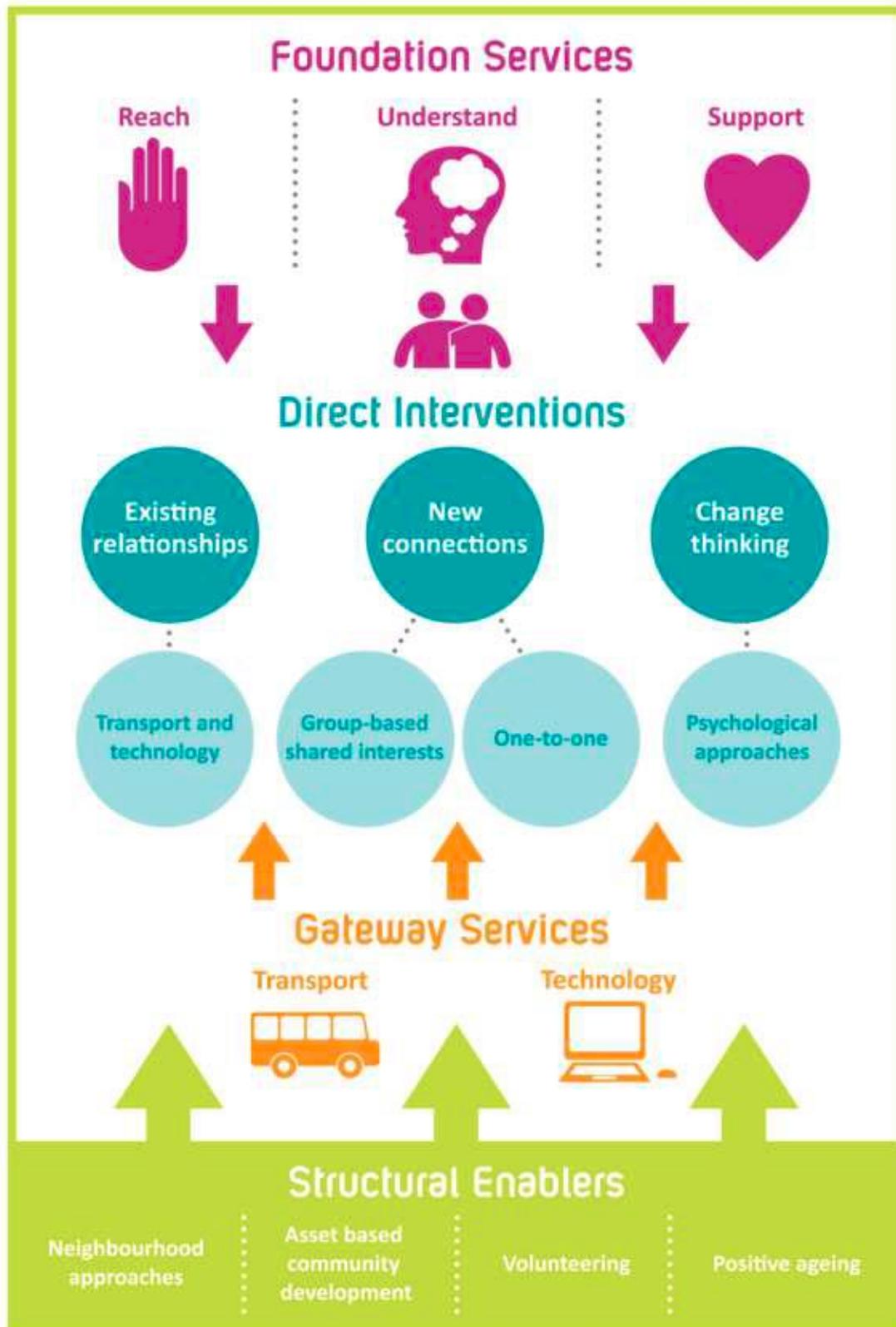
### **6.3 Targeted activity, asset based (whole systems)**

- ix. We will review what is currently available to prevent and address social isolation for Hammersmith and Fulham residents to identify which 'at-risk' groups or neighbourhoods are not currently sufficiently supported and address the findings.
- x. We will work with local partners to encourage robust retirement planning which incorporates the value of social connectedness and markets the available activities.

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# Appendix 1: Campaign to End Loneliness / Age UK Framework



## Appendix 2: Draft work programme

Strategic objective and theme	Activity	Deadline	Progress		
<b>6.1 Improved levels of awareness among residents and front line workers</b>					
i	Develop a communications and marketing strategy	Work with local media to secure regular feature	Apr 17		
	Output: Sustained profile in local media of services and facilities Outcome: Raised awareness of the prevalence and impact of isolation and loneliness	Establish shared branding to aid easy recognition of services specifically there to support connectedness	Apr 17		
ii	Sustain and promote the Making Every Contact Count programme	Identification of priority front line officers	Dec 16		
	Outputs: • 72 staff trained at L1 15 staff trained at L2	Delivery of 6 level one (half day) MECC training sessions with a focus on social isolation and loneliness	x3 by Mar 17, 3 more Apr-Jun		
	Outcome: • Front line staff in different agencies provide 'Warm transfer' • Increased resident engagement in services.	Delivery of one level two (2 day) MECC training sessions with a focus on social isolation and loneliness	Jun 17		
<b>6.2 Robust approach to ensuring social connectedness, preventing isolation and loneliness</b>					
iii	Approach to community development and community engagement contributes to community resilience and social capital	TBC			
	Output:				
	Outcomes:				

Strategic objective and theme		Activity	Deadline	Progress	
iv	Establish a strategic approach to volunteering as a mechanism for connectedness, developing social capital.  Output: Outcomes:	TBC			
v	Establish a main portal to information and advice and ensure better links between that portal and other on line resources.  Output: Outcomes: <ul style="list-style-type: none"> <li>Improved access to information, advice and services</li> </ul>	TBC			
vi	Establish a 'no wrong front door' approach to the provision of council services.  Output: Outcomes: <ul style="list-style-type: none"> <li>Clarification of approach to community hubs.</li> </ul>				
vii	Review transport networks and walkability within and between neighbourhoods and across the borough: address faultlines  Output: Outcomes: <ul style="list-style-type: none"> <li>Greater social connectedness in neighbourhoods</li> <li>Geographical connectivity between</li> </ul>	TBC			

Strategic objective and theme		Activity	Deadline	Progress	
	different neighbourhoods within the borough				
viii	Review digital access specifically for 'at risk' groups and address gaps Output: Report identifying Outcomes: <ul style="list-style-type: none"> <li>• Identification of groups who cannot or do not access advice, information and/or social networks digitally, and why</li> <li>• Tailored interventions for 'at risk' groups – either improving digital access or offering alternative opportunities</li> </ul>	Four digital inclusion pilots on estates			
		Conduct mapping exercise of digital exclusion rates and review provision of wifi across public buildings and social housing: supported accommodation, sheltered accommodation, residential care.			
		Provide targeted support for residents most in need of Digital Skills, including for residents moving onto Universal Credit, job seekers, disabled residents, parents and older residents			
		Review demand for library facilities for digital access			
		Increase the number and range of places residents can access free public wi-fi in both Council and partners buildings and residents' homes.			
		Focus groups with those who are able but do not choose digital access.			
<b>6.3</b>	<b>Targeted activity, asset based (whole systems)</b>				
xi	Review current offer to identify which 'at-risk' groups or neighbourhoods are not currently sufficiently supported and address findings. Output: Outcomes:	Consider how best to facilitate support and contact with families members out of borough.			
		Consider how best to support young people in further or higher education who have disabilities and might be more at risk of social isolation as a result.			

Strategic objective and theme		Activity	Deadline	Progress	
	<ul style="list-style-type: none"> <li>• Clarification of priority groups</li> <li>• Improved return on investment</li> </ul>	Consider how best to support those in sheltered accommodation to maintain existing and develop new social contacts.			
		Consider how best to support those in supported accommodation to maintain existing and develop new social contacts.			
x	Encourage robust retirement planning	TBC			
	Output:				
	Outcomes:				
	<ul style="list-style-type: none"> <li>• Older residents maintain activity levels</li> <li>• Volunteering activity among 50+ age group increases.</li> </ul>				

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