

Tackling Social Isolation and Loneliness A Strategy for Hammersmith and Fulham: Executive Summary

December 2016

1. Background

- 1.1 In February 2015, Hammersmith & 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 residents". In its first year, the Board committed to developing a social isolation and loneliness strategy. To scope out its activity, the Board held a stakeholder workshop in April 2016 which was led by the Campaign to End Loneliness. A discussion paper was subsequently taken to the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee in May to shape the strategy further.

2. What are social isolation and loneliness?

- 2.01 **Social isolation** describes the state of being deprived of social relationships that provide positive feedback and are meaningful to the individualⁱ. 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.*"ⁱⁱ
- 2.02 Both can affect quality of life, mental, and physical health and use of health and social services. While social isolation is often discussed at the same time as loneliness, most people who are socially isolated feel lonely but not all people who are lonely are socially isolated. Long-term, chronic loneliness becomes a serious concern when it creates a persistent, self-reinforcing loop of negative thoughts, sensations, and behaviours. It is difficult to treat.ⁱⁱⁱ

2.1 What can be done?

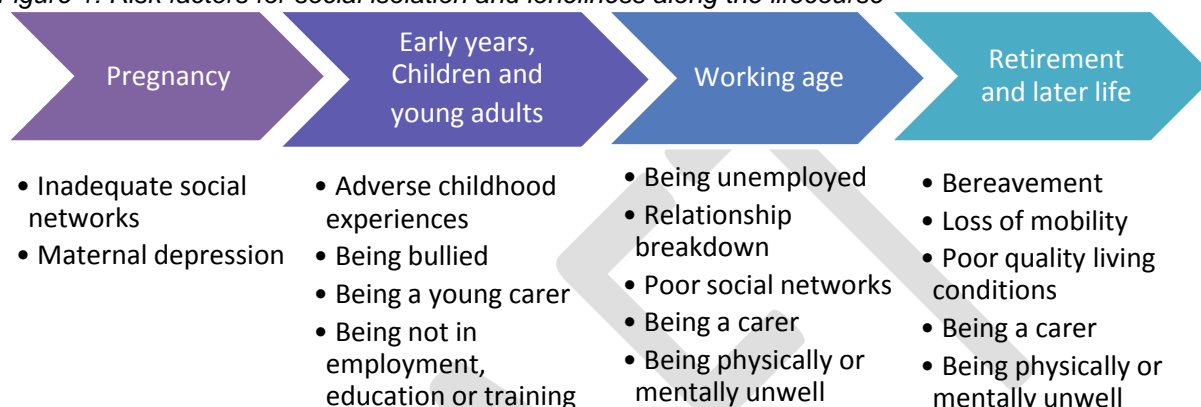
- 2.11 Evidence shows that social relationships and adequate social networks (in terms of quality and quantity) can promote health through four possible pathways:
1. Providing individuals with a sense of **belonging** and **identity**
 2. Providing material support of increasing **knowledge** about how to **access** material **needs** and **services**
 3. 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

4. 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.^{iv}

2.2 Triggers for isolation and loneliness

2.21 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.

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



Source: PHE & UCL, September 2015

2.3 Links to health inequalities

2.31 Social isolation is a health inequalities issue because many of the associated risk factors are more prevalent among socially disadvantaged groups.^v 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

2.41 Loneliness can lead to greater demand on **public services**, as residents seek from professionals the support they might otherwise get from family, friends, and neighbours. Social isolation and loneliness can also have a severe impact on **health and well-being**. There is scientific evidence that loneliness causes physiological events that wreak havoc on health (Griffin 2010) such as raised blood pressure, increased mortality and poor mental health. Lonely and socially isolated older people are more likely to have early admission to residential or nursing care (SCIE, 2011). Social isolation is also associated with higher re-hospitalisation rates (Giulim, Spazzafumo et al (2012)). Social relationships affect physiological and psychological functioning and health behaviours and evidence suggests a 50% increased risk of coronary heart disease among those who are socially isolated and/or lonely.^{vi}

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.
- 3.2 ASC Prevention agenda – Fs of frailty:** Adult Social Care 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 to prevent or delay need and deterioration of condition. The 'Fs of Frailty' are 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:** The Hammersmith and Fulham mental health strategy emphasises the social determinants of "good" mental health i.e. the 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.
- 3.31 The Like Minded Case for Change,** a mental health strategy 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.

- 3.5 **Poverty and Worklessness Commission:** While loneliness and social isolation were not specifically considered as part of this resident-led body's work, there are clear links to deprivation and unemployment as triggers.
- 3.6 **Digital exclusion:** In Hammersmith & 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.
- 3.7 **Getting extra social and economic value from council and contracts:** The council encourages participation of local SME and 3rd sector organisations in the council's supply chain. All grant-funded organisations are expected to add value by providing local volunteering opportunities, and are required to monitor the take up of their services by 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 to ensure services are being targeted at those most in need.
- 3.8 **Healthcare:** The North-West London Collaboration of CCGs has identified social isolation as a key determinant of physical and mental health and incorporates it as a priority in its Sustainability and Transformation Plan. The work programme references two social prescribing initiatives: The North End Medical Centre and Parkview Centre for health and wellbeing. There is also a commitment in the STP to identifying gaps in current service provision for addressing loneliness and, in addressing these, enhancing current provision.

Key messages:

There are several 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. Where are we now?

- 4.1 A broad range of 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. This section seeks to consider assets in Hammersmith and Fulham, using the Framework put forward by the Campaign to End Loneliness (Appendix 1).

4.2 Foundation services: reach; understand; support access

- 4.21 Community based and front-line council staff are key to the identification of those 'at risk' and to understanding the nature or cause of their loneliness but will have differing levels of knowledge and training on recognising and address isolation and loneliness.
- 4.22 Individuals not in contact with front line services who are most at risk of loneliness. 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 are another particularly good resource for reaching out to those residents who might not otherwise be engaged with council and/or health facilities.
- 4.23 Public Health has established 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 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.

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

- 4.31 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. 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. The Council also commissions 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 linking them successfully with other services.*
- 4.32 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.

- 4.33 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 viewed as an isolated event rather than an annual celebration of ongoing engagement and activity.

4.4 Gateway services

Transport

Barriers to public transport for many older people include: a reluctance to travel at night or in the dark; reluctance to travel during the school rush hour; and limited North-South direct routes (although there are good East-West links and residents may access services in neighbouring boroughs rather than in other parts of H&F). Feedback from older people shows that the majority make good use of accessible and free transport.

Digital inclusion

There are several on-line gateways to council services. These include:

- Family Information Service, which has been refreshed with improved accessibility and navigability in languages other than English.
- People First: the primary web-based information service for adult residents aged over 50, their friends and family, to find and access support services and facilities. It is actively promoted via several borough agencies.

LBHF is moving towards Digital by Design to shift access towards digital mechanisms rather than face to face or telephone channels. A 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+. They suggest training may help some to engage, as might intergenerational projects. The costs incurred by older people seeking to engage with digital technology are also highlighted. The Digital by Design programme is supported by a digital inclusion strategy for those most at risk of isolation or facing barriers to digital channels to develop digital skills, awareness and access, with face-to-face and telephone contact provided as needed.

4.5 Structural enablers

- 4.51 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. 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 also offer an important mechanism through which residents can

make social connections as well as pursue interests and develop their skills.

- 4.52 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 several council objectives though increased confidence and skills. 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.
- 4.53 The neighbourhood environment itself must also be recognised as a structural enabler by facilitating social discourse and encouraging people to recognise and engage with their neighbours through attractive communal spaces which provide for the needs of different age groups. Facilities for active play, for taking a rest and 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 says: "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 improving their community can aid connectedness as well as engender a sense of ownership and belonging.

5. 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.

5.1 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.

5.2 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.

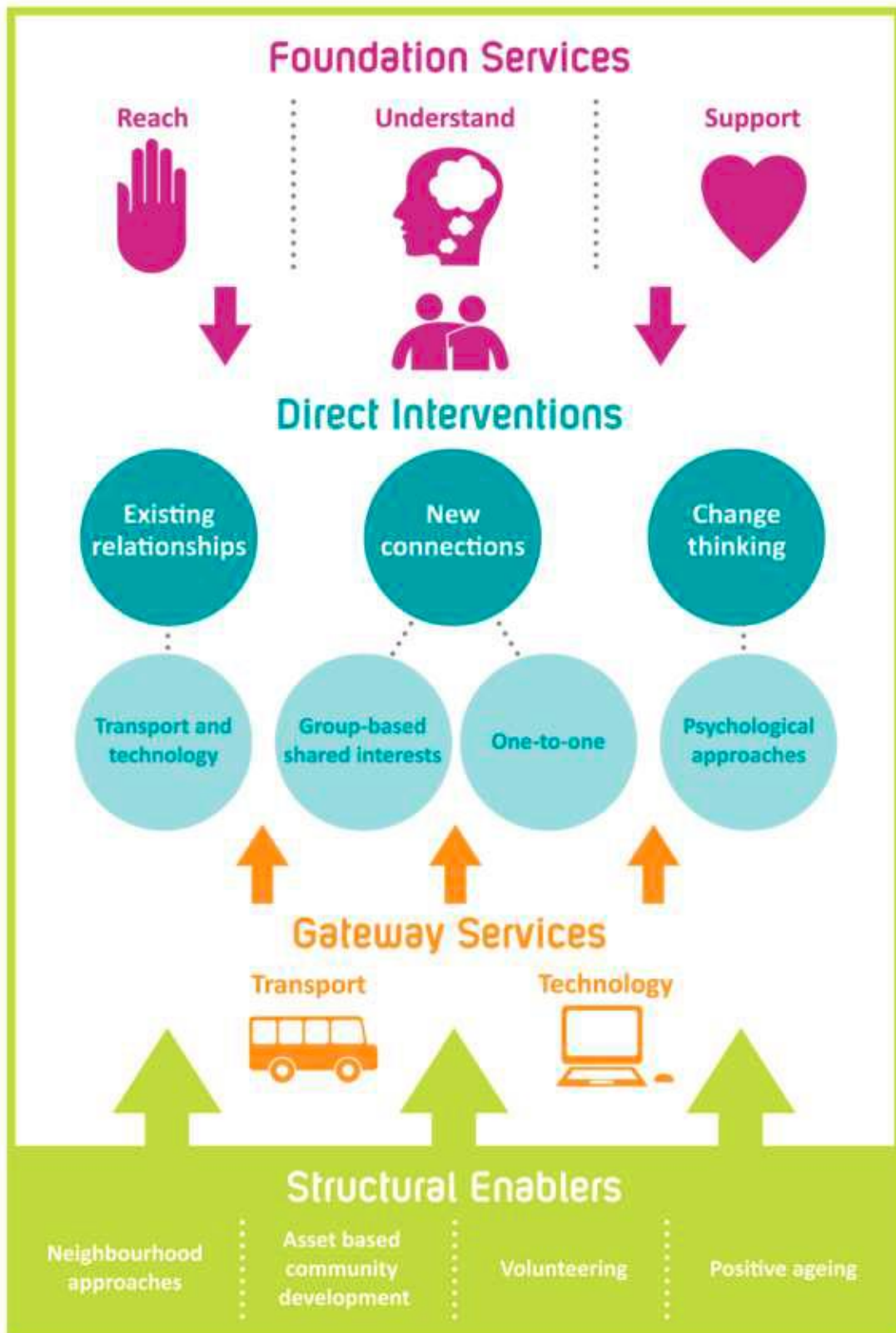
5.3 Targeted activity, asset based (whole systems)

- 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.

References

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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		
5.1	Improved levels of awareness among residents and front line workers				
i	Develop a communications and marketing strategy Output: Sustained profile in local media of services and facilities Outcome: Raised awareness of the prevalence and impact of isolation and loneliness	Work with local media to secure regular feature	Apr 17		
		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 Outputs: • 72 staff trained at L1 15 staff trained at L2 Outcome: • Front line staff in different agencies provide 'Warm transfer' • Increased resident engagement in services.	Identification of priority front line officers	Dec 16		
		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		
		Delivery of one level two (2 day) MECC training sessions with a focus on social isolation and loneliness	Jun 17		
5.2	Robust approach to ensuring social connectedness, preventing isolation and loneliness				
iii	Approach to community development and community engagement contributes to community resilience and social capital Output: Outcomes:	TBC			

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"> • Improved access to information, advice and services 	TBC			
vi	Establish a 'no wrong front door' approach to the provision of council services. Output: Outcomes: <ul style="list-style-type: none"> • Clarification of approach to community hubs. 				
vii	Review transport networks and walkability within and between neighbourhoods and across the borough: address fault lines Output: Outcomes: <ul style="list-style-type: none"> • Greater social connectedness in neighbourhoods • Geographical connectivity between 	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"> • Identification of groups who cannot or do not access advice, information and/or social networks digitally, and why • Tailored interventions for 'at risk' groups – either improving digital access or offering alternative opportunities 	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.			
5.3	Targeted activity, asset based (whole systems)				
xi	Review current offer to identify which 'at-risk' groups or neighbourhoods are not currently sufficiently supported and address findings. Output:	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			

Strategic objective and theme		Activity	Deadline	Progress	
	Outcomes: <ul style="list-style-type: none"> • Clarification of priority groups • Improved return on investment 	of social isolation as a result.			
		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 Output: Outcomes: <ul style="list-style-type: none"> • Older residents maintain activity levels • Volunteering activity among 50+ age group increases. 	TBC			

End Notes

ⁱ *Local action on health inequalities: Reducing social isolation across the lifecourse*, PHE and UCL 2015

ⁱⁱ Zavaleta et al, 2014

ⁱⁱⁱ Griffin 2010, p.4

^{iv} *Local action on health inequalities: Reducing social isolation across the lifecourse*, PHE and UCL 2015, p.12

^v Ibid. p.10).

^{vi} Ibid. p.9