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MEETING:	South Area Council
DATE:	Friday, 27 April 2018
TIME:	10.00 am
VENUE:	Meeting Room, Wombwell Library

AGENDA

8   Social Isolation (Sac.27.04.2018/8) *(Pages 3 - 16)*

To: Chair and Members of South Area Council:-

Councillors Stowe (Chair), Andrews BEM, Coates, Franklin, Frost, Daniel Griffin, Lamb, Markham, Saunders, Shepherd, Sumner and R. Wraith

Area Council Support Officers:

Diane Lee, South Area Council Senior Management Link Officer
Lisa Lyon, South Area Council Manager
Kate Faulkes, Head of Service, Stronger Communities
Peter Mirfin, Council Governance Officer

Please contact Peter Mirfin on email governance@barnsley.gov.uk

Thursday, 19 April 2018

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Social Isolation Health Needs Assessment

South Area Council

27th April 2018

1.1 Request

The South Area Council has recognised that social isolation is affecting older residents in their community and is keen to learn more on how they can support people in need. The Area Council has requested a health needs assessment into their individual community.

The health needs assessment will generate new knowledge and information which will create an enhanced picture of social isolation in the South area of Barnsley. By completing the research we will be able to identify the barriers and issues which contribute to people becoming isolated, how we prevent further escalation and learn how to re-engage residents who want to be involved with community life. The findings will inform recommendations for future commissions for the South Area Council.

2.1 Context

Social isolation and loneliness are often discussed together; however it is important to note they are different concepts.

Social Isolation is "the inadequate 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) (Public Health England, 2015, 8), whereas loneliness is "an emotional perception that can be experienced by individuals regardless of the breadth of their social networks." (Public Health England, 2015, 8). For example, it is possible to feel lonely in a crowded room.

While social isolation is more commonly considered in later life, it can occur at all stages of the life course (Public Health England, 2015, 5).

National data tells us that the quality and quantity of social relationships affect health behaviours, physical and mental health, and risk of mortality, with recent studies finding that social isolation and loneliness are associated with 50% excess risk of coronary heart diseases (Public Health England, 2015, 9).

Other national studies have found that adequate social relationships increase the likelihood of living longer in older people. The scale of the effects of social isolation on survival was comparable to the effect of giving up smoking and greater than the effect of obesity and physical inactivity (PHE, 2015, 23). Although the true cost of social isolation is difficult to determine, studies have found that financial support can provide a substantial return on investment up to the value of £5.96 for every £1 invested (PHE, 2015, 9).

2.2 Local Figures

Local predictions reveal that by the year 2020, 40% (17,647) of Barnsley's 65+ year olds will be living alone. If we related that to the number of older people living in the South we can get a more representative figure.

South

Based on 40% highlighted above, by the year 2020 the number of 65+ year olds living alone with be approximately 3640 (9100 is the total number of 65+ years living in the South Area).

Source: Mid-Year 2016 Population Estimates, Office of National Statistics.

Although living alone does not mean that an individual will be socially isolated, if we consider other factors facing older people such as disability, this increases the likelihood of becoming socially isolated.

3.1 Research

3.2 Quantitative Data

Local data on social isolation is limited. Conversations with the Council's Business Intelligence Team have revealed that it is very difficult to source any local statistical data on social isolation. Some quantitative data exists at a national level which is detailed in section 2.1 (page one). As there is limited data, knowledge has been gathered by desk based research and local consultation exercises which has generated qualitative information.

Desk based research has been carried out to gather information from government records and from national agencies such as Age UK. This type of inquiry has been beneficial as it has provided additional information which would not be possible to gather single handily.

Examples of the types of documents analysed includes

- Local action on health inequalities : Reducing social isolation across the lifecourse (Public Health England, 2015)
- Age UK Promising approaches to reducing loneliness and isolation in later life (Age UK, 2015).
- Jo Cox: a call to action on loneliness (2017)

3.3 Consultation

To complement the desk based research, new primary data has also been generated. Focus groups and consultation meetings have been held to provide a detailed explanation of resident's feelings, attitudes and behaviours on social isolation which will fill the gaps missing from the statistical information.

Focus groups were held with a range of services providers and service users, including:

- Community Nurse Team
- Salvation Army
- Wombwell Luncheon Club
- Older People's Forum

One to one informal interviews were held with service providers:

- Social Prescribing Officer
- Berneslai Homes
- Communication Specialist

4.1 Findings

The consultation concentrated its discussion on discovering the answers to two questions:

What are the major issues contributing to social isolation in older people?

What could we do to make it easier for older people to engage with others and social activities?

4.2 Consultation Results

Q. What are the major issues contributing to social isolation in older people?

Transport and Geography

Transport was the most common answer. Many of the participants explained that poor public transport prevented them getting involved with local activities and events. The majority of the residents involved in the research had journeyed to the activities by a lift in a car or by organised transport. The vast geographical spread of Barnsley, coupled with poor transport in some areas is an obstacle for older people. Furthermore, in relation to travel and transport, residents with a disability had the additional barrier to overcome.

Awareness and Information

The lack of awareness of activities and events were mentioned countless times. Residents reported that they did not know about the social activities happening in their local area, reporting that they don't see things advertised. Word of mouth is a popular form of promotion for this age group.

Confidence and Reassurance

Some of the older people explained that they often felt nervous about going out on their own. A lot of the attendees at the activities, groups and events had _not_ come on their own. Women particularly revealed that if they did not have any body to come with they would not attend, as they did not feel confident to come to things on their own.

"there are cliques and I wouldn't know anybody" Older person.

When asked why some people don't attend these types of activities, several participants explained that often older people just get used to being on their own at home and don't like going out.

"Taking the first step to get out is hard but I've done it today" Older person.

This lady had attended the event for the first time with her sister-in-law. It was the first time she's done anything socialable since the death of her husband.

From these discussions it became clear that the need for reassurance or a friendly face made the difference between people getting out of the house and staying home alone. Having reassurance or familiarity increases their confidence to participate.

Technology

Some of the older people believed that technology is making people become more isolated. They explained that the increase in technology and move towards more services going online was reducing the opportunities for social interactions with one another. Residents explained trips to the bank and shops were not the same as they used to be:

"we are constantly told to do it online or go to the self-service machine. I used to like to go out and enjoy the little conversations with people working in the shops and banks but we no longer get that. We don't even get the chance to speak to the bus drives as our bus passes are electronic."
Older People's Forum

Some of the older people also link technology to awareness and information. They were aware that a lot of advertising is done online and therefore they missed out on the information regarding events and activities, as they did not have a computer or the internet.

In addition to exploring barriers to involvement, the consultation was keen to listen to older people's suggestions on how we can improve things and were specifically asked,

Q. What could we do to make it easier for older people to engage with others and social activities?

The suggestions to the above question echoed the majority of issues already highlighted. The most popular answers were advertising and transport.

Increases awareness and advertising

Ideas were given on how to advertise to older people. The preferred type of promotion is very local level advertising such as a flyer in the post office window or a poster on the supermarket notice board. To target those who are housebound a suggestion of invites and newsletters through their letterbox would be a good help.

One of the consultation meetings was with a Communication Specialist (specialism in communicating with remote communities) recommended the following opportunities as channel and tools to reach out to older people in the community:

- GP Surgery
- Local shop
- Bus stop
- Park
- Church
- Community Centre

The thought behind this strategy is that the majority older people will come in to contact with at least one of these venues/services once a month so these are the best places to target with information.

Transport

Organised transport was suggested multiple times as a way to make things easier for older people. Different types of transport were suggested such as an organised minibus and taxis.

Friendly Face

Encouragement to attend activities was also discussed as a positive enabler. Some of the older people, especially women would appreciate a friendly face or a buddy to accompany them to events. They were clear that if a person buddied them to an activity it would not be forever, just for the first couple of sessions until they felt more confident to attend on their own. Positive family encouragement and good neighbours were also considered helpful.

One of the professionals who participated in the research has already recognised how she can help older isolated people. She has recognised that the local infrastructure (lack of seats and spaces to stop and sit in the community) is limiting opportunities for social interactions; therefore she has decided to carry out her own experiment and introduce a bench in a particular neighbourhood. She is introducing the bench to see if and what difference this will make to the local area. Her hope is that residents will use the bench to stop, sit, have a chat and connect with others.

4.3 Desk-Based Research Results

As seen in section 2 (page one and two), there is limited data both nationally and locally on social isolation, this is because "lonely individuals are notoriously difficult to identify because many, but not all of them are also socially isolated, and also because the strong stigma attached to loneliness limit the potential for individuals to ask for help, or readily reveal their needs"(Age UK, 2015, 13), therefore making service design a difficult process.

The literature identifies three different types of connections:

1. Support and maintain existing connections
2. Foster and enable new connections
3. Services to help people change their thinking about their social connections

These different types of connections require different types of services; which are described as Foundation Services, Direct Services and Gateways Services. The table below provides a description of these of services and highlights what type of connections they support.

Type of Service	Description	Type of Connection
Foundation Services	A service or activity that reaches people, understands people and supports people i.e. *Age UK Eyes on the Ground*	• Foster and enable new connections • Change their thinking about their social connections

Direct Services	A service or activity that meets the needs of older people and provides meaningful social contact and new connections. The primary aim of such groups should not be social contact; the groups should have an alternative focus. Examples include:
	    • a learning group i.e. Beginners French
	    • a group that supports through difficult circumstances i.e. a Bereavement Support Group.
		• Foster and enable new connections

Gateway Services	Transport and technology services. A lack in the availability of gateways services "could be a serious barrier to social connection".	• Maintain existing connections • Develop new connections

The literature recommends involving the target group in the design of services to tackle social isolation which this Health Needs Assessment has achieved. The literature supported the results from the consultation and described "Gateway Services" as the key to maintaining existing relationship and supporting the development of new ones. Age UK (2015, 38) describe "Gateways Services" as "a catalyst for activity and engagement." Researchers found that,

"enabling services were so highly valued that often simply offering these services could act as an enticement and catalyst to engagement with the wider community – so that older people who might reject explicit offers of support with social connection, might accept transport or technology-based services which offered social connection 'on the side" (Age UK, 2015, 38).

Buddying/Mentoring programmes were also examined in the literature and although they are recommended for creating new connections (only), experts believe such services should be short lived and goal focused i.e. the buddy should only support an individual until he/she is comfortable to attend a weekly club on their own.

The research has found that it could be worthwhile considering the causes of social isolation. For example if a person becomes a carer this could lead them to being socially isolated therefore a Carers Support Group would be the most useful service/activity.

Evidence from Public Health England (Reducing social isolation across the life course, 2015) helps validate and categorise the findings from the consultation. This paper distinguishes a difference between the individual factors and the community factors that contribute to social exclusion. Individual factors are explained as "personality, confidence and resilience", whereas community factors are "welfare, transport and house" (PHE, 2015, 10). The consultation with residents identified community factors as the main reasons for their isolation and loneliness.

Jo Cox: a call to action on loneliness (2017) is calling for a UK wide strategy to tackle loneliness and social isolation. Although the commission provides examples of good practice from around the country, it does highlight that there is "little consistency from one area to the next about what schemes are most effective [-] which "makes it hard for funders and commissioners to know how they should spend their limited budgets" (16). Whilst campaigning for national action, the commission has run their "Happy to Chat" campaign. The campaign aims to strengthen relationships by encouraging people and businesses to start a conversation. The objective is to connect people, and by wearing the "Happy to Chat" badge as a visual indicator so people are aware of its supporter and therefore would feel comfortable to stop and chat. The campaign is part of a bigger movement which is being led by national charities and organisations with future worked planned. Individuals and businesses can make an online pledge to show their support.

Over the last few years, Age UK Barnsley has delivered a social inclusion service in the Penistone Area which comprises of multiple elements:

1. **Eyes on the ground:** through community involvement a local knowledge the Eyes on the ground initiative is used to lookout for and identify older people who might be isolated or lonely. The initiative is similar to the Royal Voluntary Service outreach project in the Central Area.
2. **Group activities:** support for existing and new groups.
3. **Good Neighbours Scheme:** provide practical and social 1:1 support for older people who need a bit of extra help. Examples include collecting shopping or popping in to see someone if they're not well.
4. **Transport Scheme:** provides lifts for older people who do not have their own car and are unable to use public transport. It also provides travel companions for those people who are less confident.

Age UK Barnsley has now extended the social inclusion service and is piloting a similar service in the Wombwell and Cudworth areas. The pilot will run for 12 months and employs a dedicated team member to implement the service.

5.1 Recommendations

To reduce social isolation in our communities we need to increase social capital by building on and utilising existing community assets. Not only will this strengthen community connections, it will support sustainability.

Rather than introduce new activities for older people, we need to reduce barriers to existing social activities. The findings revealed the barriers in the South were primarily around poor public transport, limited awareness of activities and low confidence.

Regardless of the Area Council's preferred choice, the commission would need to targeted, proactive and support independence.

The developments with the Age UK pilot in the Wombwell Ward have changed our path slightly. This new contract has the ability to influence our work, therefore I would recommended that the South Area Council wait a little longer and learn from the pilot before making a decision on what to commission.

Although each of the options offers slightly different outcomes, overall the South's social isolation work should at a minimum address the following outcomes:

- Increase individuals' social connections
- Reduce loneliness
- Bridge the social and digital divide
- Ensure people feel better connected
- Increase sense of community engagement.

Please see below for a breakdown of the options available to South Area Council to support social isolation.

5.2 Options

The options available to the South Area Council to tackle social isolation are:

1) A part time Social Inclusion Worker
2) Collaborative Partnership Age UK Barnsley & Social Isolation Worker
3) Ward Alliance Transport Budget
4) Annual Winter Wellbeing ~~Camping~~ *Campaign*
5) A combination of the above options

Please see overleaf more information.

Option 1

What it is	Social Inclusion Worker (part time)
How it works	The Social Inclusion Worker would be responsible for raising awareness of services and activities available to older people in the South Area. The role would focus on getting key messages to socially isolated people through appropriate methods. Roles and Responsibilities would include: • Design and develop a local, place based communication plan appropriate for the target audience of older, isolated people *(whilst waiting for the outcome of the Age UK pilot the Area Team could be developing this communication plan)*. • Reach into the community to locate and identify hard to reach/ socially isolated individuals. • Partnership working with community groups to support the promotion of their activities. • Design materials and draft copy. • Collect data and maintain a database. • Collaborate with the Ward Alliances and Community Development Officers to engage with local services and assets to identify communication tools i.e. Co-op Community notice board and GP TV screens. • With support of the Community Development Officers distribute promotional materials. • Track project and monitor effective of the communication strategy. • Work with the Safe Places National Network to embed the Safe Place scheme in all the four Wards.
Type of Social Isolation Service	Foundation Service Gateway Service
Type of Connections Supported	• Foster and enable new connections • Change their thinking about their social connections
Outcomes	• Increased awareness of local activities • Increased understanding of how to get involved with local activities • Connect individuals • Increase in number of isolated older people accessing local events, activities and groups • Increased contact between isolated and vulnerable older people • Improved physical and emotional wellbeing • Increased attendance at local activities, groups and events • Increased social networks • Increase confidence in older people

Option 2

What it is	Collaborative Partnership Age UK Barnsley & Social Inclusion Worker
How it works	Link with the Age UK Social Inclusion pilot in Wombwell. Extend the *Eyes on the Ground* element of the service into Darfield, Hoyland and Rockingham to identify and locate socially isolated people. The Age UK employee would work with the Social Inclusion Worker (option one, page 9) to ensure that promotional messages are reaching the correct people. Funds would go to Age UK in order for them to expand their resources to increase the *Eyes on the Ground* service across a large geographical area in the South of Barnsley.
Type of Social Isolation Service	Foundation Service Gateway Service
Type of Connections Supported	Foster and enable new connections Change their thinking about their social connections
Outcomes	- Increase understanding of where socially isolated people are located - Increased awareness of local activities, services and groups - Increased understanding of how to get involved with local activities - Connect individuals - Increase in number of isolated older people accessing local events, activities and groups. - Increased contact between isolated and vulnerable older people - Improved physical and emotional wellbeing - Increased attendance at local activities, groups and events - Increased social networks

Option 3

What it is	Ward Alliance Transport budget
How it works	Provide the Community Development Officers with a transport budget to provide transport to existing activities and events such as the sloppy slippers events and Tour de Yorkshire, OR Amend Ward Alliance funding application to encourage applicants to consider transport in their bid. The funding would provide minibuses as an additional to existing activities in the area. For example, Dial- a Ride Community Transport. Not only would a transport budget tackle the issues of poor public transport, disability and geography, it would also provide a friendly face for those residence who are low on confidence and are nervous about attending activities on their own. The minibus driver would act as a buddy to escort residents and the residents would arrive in a group rather than on their own. The transport budget could make cover the cost of the minibuses or provide a subsidy for residents. A subsidised recommended cost between 50p- £1. Free transport could be provided to one off events and activities such as Tour de Yorkshire. Subsidised transport could be provided to regular activities such as Wombwell lunch club. The subsidy could create an additional pot of money which could be used for future social isolation activities. Please note that that South Area Council could learn from the Age UK pilot on the sustainability of free transport (voluntary car club). NB Barnsley Dial- a Ride charge £2.20 per single journey Senior Citizen Bus Pass for 65 years plus provide free travel
Type of Social Isolation Service	Gateway Service
Type of Connections Supported	- Maintain existing connections - Develop new connections
Outcomes	- Connect individuals - Connect communities - Increase independence - Increase the number of isolated older people accessing local shops, leisure, health services, housing services and libraries. - Increase the number of older vulnerable people being able to access social and other groups in the community. - Increased contact between isolated and vulnerable older people - Improved physical and emotional wellbeing - Increased confidence of isolated and vulnerable older people - Increased number of people with a disability who can travel independently

Cost	Based on Barnsley Dial-a Ride figures
	• 16 seater minibus, all passengers travelling approximately two miles, each way would cost £70.
	• 16 seater minibus, all passengers travelling approximately four miles each way would cost £90.

Option 4

What it is	Annual Winter Wellbeing Campaign
How it works	The Annual Winter Wellbeing Campaign will bring together multiple priorities that address the needs of older people. This would be a weeklong campaign which would comprise of events and communications which would address a number of health and wellbeing issues by working in partnership with a range of agencies to include activities such as: • Winter warmer packs • Flu jabs • Sloppy slippers • Launch of a good neighbours scheme • Launch of Age Friendly Places Such activities would address problems such as: • Social isolation • Loneliness • Fuel poverty • Excess winter deaths • Falls prevention • Sight loss The campaign would take the form of a roadshow which would cover all four Wards. This campaign would be an opportunity to test out new ways of communicating with older people and trial the free transport before making further commissioning decisions.
Type of Social Isolation Service	Foundation Service Direct Service Gateway Service
Type of Connections Supported	• Maintain existing connections • Foster and enable new connections • Change their thinking about their social connections
Outcomes	• Increase the number of conversation in the community • Increased wellbeing • Increased social networks • Increased confidence in older people • Increased awareness and understanding of social isolation among businesses.

Option 5

A combination of any of the above options.

All of these options are for consideration by the South Area Council.