

## Loneliness and Isolation – Conwy County Borough Council Social Care response

### **1. The evidence for the scale and causes of the problems of isolation and loneliness, including factors such as housing, transport, community facilities, health and wellbeing service.**

We established a task and finish group to review a range of issues that lead people into loneliness and isolation. A two strand survey was developed:

- one for those people who have already retired
- the other for people over 50 but who have not yet retired

The survey asked if people had or were planning for retirement and what their priorities were, 280 completed questionnaires were received. These are the initial results of the survey:

#### Pre-Retirement Questionnaire

- 131 responses received
  - 80 said they had started to plan their retirement
  - 51 have not yet started planning for their retirement.

Most people said they were expecting to be able to retire in their 60s, some wanted to be able to take early retirement and others felt that by the time they were due to retire the retirement age would have gone up again.

The majority of those who stated that they had already started planning for their retirement have been discussing this with their partner, family member and/or financial advisor. Their focus in planning their retirement was around their finances, their retirement location and the impact of transport. The planning felt to be the most important though were finances, health and occupying time. Interestingly, among those who have not started planning for their retirement, the aspects of planning they felt are the most important were finances, health and occupying time.

People told us that their “hopes and worries” for retirement were:

- ‘We hope to have good health, enough income and sufficient stimulation (volunteering, clubs, and hobbies, family contact) to enjoy retirement. Having enough pension (private and state) is a concern, as regulations and pension funds keep changing.’
- ‘I’m not planning my retirement yet.’
- ‘Money, illness & health care.’
- ‘Worries Money, bills, isolation Hopes lots more time for family, hobbies - better quality of life (depending on any financial worries).’
- ‘Will I have a healthy retirement?’

Out of the total of 149 Post-Retirement Questionnaires received:

- 86 said they had planned for their retirement
- 63 had not planned for their retirement.

The majority of those who stated that they had planned for their retirement had done so with their partner, employer and/or financial advisor. The aspects of planning most focussed on were finances, then occupying time and then transport, but when asked ‘which aspects of planning do you think are the most important now?’ the top three answers were finances, health and occupying time. Of those who self-identified as not having planned for their retirement, the top three answers were Health, Finances, and Location as the most important aspects of retirement to plan.

What would you have done differently when preparing for retirement?

- 'Sadly, following the death of my husband I realized I definitely didn't want to move away from family and friends.'
- 'Looked at the larger picture.'
- 'Made changes much earlier than I did as health and social inclusion became a problem.'
- 'Better than I expected as I had planned for it.'
- 'Had a lot more money. Loneliness.'
- 'Didn't expect it to be so lonely. Would have saved more money. Having to watch pennies ref. bills.'

## **2. The impact of loneliness and isolation on older people in terms of physical and mental health and wellbeing, including whether they disproportionately affect certain groups such as those with dementia;**

The Women's Institute resolution calls on groups and the NFWI to work alongside health and social care providers and their local community to raise awareness of the causes and impacts of loneliness, thus ensuring better identification of lonely people in order to be able to offer them the appropriate assistance and support.

We know that there are significant health and social implications to loneliness; lonely people are more likely to suffer from depression, have an increased risk of high blood pressure, and are more likely to develop dementia. It has been shown to be more damaging to health than physical inactivity and obesity, with health implications shown to be on a par with smoking 15 cigarettes a day. This leads to pressures on local services.

To help mitigate some of the impact on our older population we have developed a programme of activities which support older people and those with additional health needs to engage with other people around activities of interest. We actively promote this programme through our reablement services, social work and occupational therapist support, district nurses and community networks. We have been able to use ICF money to achieve this, reflecting the impact we recognise that loneliness has on people's wellbeing and likely admission to hospital. More information about the breadth of this programme can be found here:

<http://www.conwy.gov.uk/en/Resident/Leisure-sport-and-health/Community-wellbeing/Community-wellbeing-activities.aspx>

## **3. The impact of loneliness and isolation on the use of public services, particularly health and social care;**

The most vulnerable groups are often the ones least able to access services. These are also the groups most likely to be suffering from social isolation and loneliness. People who do not routinely access standard health and social care services in particular are at increased risk of poor health, which can accumulate through life and lead to increased demand on services and increased health and social care costs.

Loneliness can affect anyone – regardless of the individual's age. However, as we age, the risk factors that can lead to feelings of loneliness increase and converge. These factors include

**Personal:** poor health, sensory loss, poor mobility, low income, bereavement, retirement, caring, other changes (such as giving up driving), significant change in personal circumstances (for example becoming a parent – we know that new mothers often experience loneliness and isolation)

**Broader society:** lack of public transport, physical environment, for example, lack of public toilets, accommodation, concerns about crime, demography, advances in technology.

Research identified in the current North Wales Population Assessment suggests that:

Higher loneliness and isolation barriers for men, people who live by themselves, recently bereaved individuals, and the most elderly people in our communities.

Disability or illness can trigger loneliness, as this changes how people access their social networks people aged 50 and over socialise less due to the economic situation, with almost a third (32%) of people aged 50 and over and a quarter of people aged 65 and over cutting back on going out to socialise.

A high number of men have experienced loneliness after losing their partner (62%) or losing friends of the same age as them (54%). Men were also less likely to admit their feelings to family or friends (11% of men and 24% of women). In a Women's Royal Voluntary Service survey it was found that men were less likely to keep in contact over the phone with family or relatives who live away (71% of women compared to 29% of men).

There is a greater risk that people who have received care and assistance know how it feels to feel social isolation as they usually only have 1 or 2 close friends.

Social isolation and loneliness have been identified as risk factors for poor health (especially poor mental health) and lower well-being, including morbidity and mortality, depression and cognitive decline. Research identified in the North Wales Population Assessment suggests that:

- Loneliness has an impact on death rates equal to smoking 15 cigarettes per day.
- Loneliness increases the risk of high blood pressure
- Individuals are also at risk of physical deterioration
- Loneliness places individuals at more risk of cognitive decline
- One study concluded that lonely individuals were 64% more likely to develop clinical dementia
- Lonely individuals are more likely to suffer from depression
- Loneliness and lack of social networks are predictors of suicide in older age groups

Older people who are socially isolated are also more vulnerable to the complicating effects of unforeseen events such as falls. Because older people who are isolated have smaller networks of relatives, neighbours and friends, they have less unpaid or informal support to fall back on to help meet their social care or other needs; and they may not access the appropriate formal health and social care services, which in turn could have harmful longer-term consequences.

The North Wales Population Assessment identifies the importance of preventing or mitigating loneliness to enable older people to remain as independent as possible. In terms of the impact of loneliness on public services, lonely individuals are more likely to visit their GP, use more medication, at more risk of falls and an increase in the risk factors of being in need of long-term care, gain early access to residential or nursing care use accident and emergency services independently of chronic illness.

According to the WRVS, lonely individuals are less likely to use preventative services (specifically health services).

Social isolation is also a problem for both children and adults who are carers. The time commitment given to the cared for often means that the social and emotional needs of carer are set aside. Figures show that the number of carers in the community is increasing and therefore the number of socially isolated people in our communities will increase as well.

Isolation within the rural community is a particular issue for those who are older, younger or on lower incomes, and can contribute to other health and well-being problems. Isolation for the elderly is, of course, not limited to rural communities with almost one in five households in Conwy County Borough occupied by

a single pensioner. A significant number of these lone pensioners do not have local family support, due to having moved to the area to retire or having children who have moved out of the area.

Geographical access to key services forms part of the Welsh Index of Multiple Deprivation 2014 (WIMD 2014), which is the official measure of deprivation in Wales. This domain of the WIMD considers the average travelling time to access a range of services considered necessary for day-to-day living. These include; pharmacy & GP surgery, post office, primary school, food shop, public library, leisure centre.

Nine lower super output areas (LSOAs) in Conwy County Borough in the 10% most deprived in Wales for access to services. This data tells us primarily about travel times to physically access services and indicate a significant population who are likely to suffer poor physical access to services or to be significantly reliant on private transport. Information from the census also shows a substantial minority of households who do not have access to a private transport.

#### **4. Ways of addressing problems of loneliness and isolation in older people, including interventions to specifically address the problems and other projects with wider aims. Evidence for what works and the outcomes for older people in terms of health and wellbeing:**

"1 in 6 people aged over 50 report being lonely, with prevalence increasing with age (to more than 63% of those aged 80 and over)". What is understood from the Information coming from Public Health Wales is that there is no robust evidence that any one form of intervention is more effective than another in terms of preventing loneliness. The only clear finding to date is that computer and/or internet usage does not seem to impact on loneliness, physical or psychological outcomes. Effective interventions include:

- Befriending: This can include face-to-face, telephone or group befriending. In Conwy we have benefitted from the British Red Cross and its Gofal scheme. This short term based mentoring concentrates on achieving agreed objectives set at the outset of the relationship between volunteer and individual. Volunteers provide 'hard-to-reach' or vulnerable people with emotional, practical and social support, acting as the interface between community and public services and helping individuals to find appropriate interventions. We are working with Age Connects to develop a programme to support Older People in residential care to give them their own voice to shape their care
- PRIME is a third sector organisation who provide indefinite mentoring, training and advice to over 50's who wish re-enter the workforce or be skilled to do voluntary work or start their own business. Recognising that for a lot of people what they "do" defines who they are and supports their community network.
- Group based interventions include schemes that incorporate self-help and self-support groups around a particular themes (creative / social activities, bereavement support). Groups may be peer-led, or run by professionals; structured or organic. In Conwy the Men's Sheds movement has taken off from the ground up with some support in the form of a place to meet and getting the word out. It now has three branches and is entirely run by the members themselves.
- Wider community engagement includes programmes that support individuals to increase their participation in existing activities e.g. leisure services, libraries, museums; choirs; volunteering opportunities, including time banks.
- Cartrefi Conwy RSL began the development work for Give Where You Live (GWYL) in 2015 using the Life Café social group. The social services small grant paid for a part time post, a Time broker to support the setting up of the scheme. The Time broker facilitates the Café and will update participants with the amount of credits they have. Members are asked to list their skills and also the areas in their lives where they could benefit from support. Initially nine people signed up and supported each other by assisting with Ironing, shopping, teaching crochet and making phone calls. The Time-broker supports new members in the café and includes a fun activity to keep to keep the participants motivated and to also give

them an opportunity to spend their credits. As new members join GWYL the skill base grows as does the social network. GWYL has encouraged social inclusion and a 'feel good' sense of purpose which has improved the community spirit of older people in Llandudno as well as opening other avenues of social interaction. Since joining the project one of the members has started up a Sunday coffee and chat group to combat loneliness. Another member is running a craft and hobby club. A tenant is holding IT classes and "we have our very own in-house handy man". GWYL has gone from strength to strength, recruiting a further 23 participants bringing the total membership to 40. New members have included 7 older males who have previously been difficult to engage. One of the gentlemen had recently lost his wife and has received assistance with house hold chores and in return found a sense of purpose by helping a neighbour. The members meet up monthly at the Life Cafe's with membership now over 70. These have included activities such as arts and crafts, how to avoid scams, therapeutic massage, gentle exercise and a Red Cross first aid at home session. Members will also share their skills at these meetings such as giving each other manicures, advice on DIY and even teaching crochet. Word of mouth about the benefit of the project has spread, and the project have recruited new members from non-sheltered housing including an owner occupier in the community.

Testimonials from participants include:

"It's a lovely feeling helping others"

"I have made new friends and built up a lot of confidence, now I run a Karaoke night in the lounge every week to earn my time credits"

"I was able to visit my husband in hospital thanks to another member escorting me on and off the buses and accompanying me there and back"

"Easy to get help if we need it"

"I feel I have been able to make new friendships and have a feeling of self-worth again"

"I feel better about myself for helping others"

"Making new friends has been so much easier while being part of the GWYL project"

"I find it a lot easier to ask my GWYL members for assistance"

## **5. The extent to which initiatives to combat loneliness and isolation experienced by other groups may also help to address these issues for older people;**

Intergenerational activities, bringing older and younger members of the community together, can help to breakdown perceived barriers and develop friendships between people who might not otherwise have met. Seeking to use care homes, extra care housing or other older people focussed venues to deliver nursery and playgroup provision can also improve community relations and reduce loneliness, developing community networks.

**Trapped in a bubble: An investigation into triggers, for loneliness in the UK** by the British Red Cross and the Co-op was a comprehensive study which looked at loneliness in the general population:-

An initial literature review undertaken by the partnership identified that loneliness is a widespread issue. There is much literature on loneliness in later life, but triggers for loneliness across life stages is less well documented. Therefore, the research concentrated on six target groups:

- ✧ young new mums (aged 18 – 24)
- ✧ individuals with mobility limitations
- ✧ individuals with health issues
- ✧ individuals recently divorced or separated (within the last two years)
- ✧ individuals living without children at home ('empty nesters') and retirees

▪ individuals recently bereaved (within the last six months to two years)

The research also involved capturing the views of experts in the field and carrying out a survey with a representative sample of the UK public.

<http://www.redcross.org.uk/What-we-do/Health-and-social-care/Independent-living/Loneliness-and-isolation/Research>

**6. Current policy solutions in Wales and their cost effectiveness, including the Ageing Well in Wales programme.**

No evidence submitted.

**7. The approach taken by the Welsh Government in terms of maintaining community infrastructure and support, and using the legislative framework created in the Fourth Assembly, e.g. the Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015**

We recognise the value of the cited acts and the responsibilities afforded to Local Authorities in them.

The North Wales Population Assessment will set out the care and support needs of the population, the support needs of carers and services required to meet those needs. It is designed to assess the future needs of the North Wales Population in order to support the wellbeing of future generations.

It is a joint project between the six North Wales Local Authorities, Betsi Cadwaladr University Health Board (BCUHB) and Public Health Wales. It is based on engagement with service users, the public, partner organisations, staff and elected members. The final report must be approved by each Council and the board of BCUHB by 1st April 2017.

In order to increase our local community capacity and resilience and help people meet their wellbeing needs through less formal service arrangements we have committed to the development of a strategy, linked to the population needs analysis, to nurture and support an effective network of third sector and social enterprise activity.

A task and finish group with Conwy representation drafted the drafting questions to go to the regional citizen's panel, to service users and support organisations to gain their views on services currently being delivered, needs and gaps in provision. There have also been engagement sessions with social care staff and LA members. The outcomes of these consultations/engagement have been considered by the Regional Project Board and are now being used to inform the drafting of the Needs Assessment Chapters by the operational group, which is Chaired by Conwy.

Conwy has a strategy to develop 5 Community Health and Wellbeing hubs for older people in key localities (Llandudno, Llanrwst, Colwyn Bay, Llanfairfechan and Abergel) as a new approach to promoting wellbeing locally:

- Llandudno (Ty Llewelyn) - Completed and operational in 2015, with programmes of well-being activities being delivered.

- Llanrwst (Old Schoolmaster's House, School Bank Road) Increasing access to exercise facilities and wellbeing activities - Project in progress, with an indicative date of January 2018 for opening.

The focus has been to develop and promote wellbeing activities which support the management of a variety of health conditions, particularly in the older population, across each of the five key localities.

In order to ensure that people in Conwy are able to access information, advice and assistance to the standards required by the SS&WB Act; Conwy has made progress in developing a model for a Single Point of Access, and has actively developed local resources in the DEWIS online directory.

The Conwy Access Team (CAT) is established and is located within the Eirias Leisure Centre. This is a joint Social Care, Health and Voluntary Sector initiative with a new 0300 telephone number, providing signposting to wellbeing services available, referral and care co-ordination.

There are joint systems and processes for the CAT e.g. information sharing, falls prevention pathway, multi-agency adverse incidents referral process, process for CID16s. An Information Sharing Protocol has been drafted using the WASPI format, detailing the ways we share information with colleagues in health and the third sector under the Conwy SPOA. Work continues on promoting uptake to the DEWIS online directory by key teams and agencies across sectors. Good progress has been made with key statutory departments promoting wellbeing activities, such as the Leisure and Community Safety departments. The primary intention is to develop in line with the Conwy's vision of a Single Point of Access (SPOA) for all referrals for social care and health, in accordance with the Social Services & Well-being Act 2014.

The North Wales Population Assessment will set out the care and support needs of the Population, and also the support needs of carers and the services required to meet those needs.

The Carers services (for carers of adults with mental health issues) has also been reviewed and developed to ensure that Conwy meets the duty to offer an assessment to every carer.

Conwy has introduced: Collaborative Conversations – in conjunction with the National Outcomes Framework- a bespoke training programme which uses the fundamental principles of the SS & WB Act and seeks to re-establishing confidence in front line teams in their discussions and negotiations for people.

The programme builds effective communication skills in social work teams across both adult, children and multiagency teams within departments and the main aim is to equip workers with the skills and strategies of 'collaborative communication'. The key driver is to ensure that the Citizen is at the centre of the services they need/receive and workers are able to help them to move towards achieving better outcomes for themselves.

We will ensure our approach and practice with regards to eligibility, assessment and care planning focuses on personal wellbeing outcomes and meets the requirements set out in the Regulations and Codes of Practice (parts 3 and 4 of the SSWB Act 2014):

A pathway approach was adopted in the North Wales region and the development of the 'simple' assessment document, entitled the 'What Matters Conversation', which was implemented in Conwy on 30th June 2014; with Conwy being commended on the 'aide memoire' prompts, seen as best practice.

We are required to consider and respond to required changes in practice for Advocacy following issue of the Code of Practice for Part 10 (SS&WB Act 2014): There is ongoing work with all staff around the active offer of advocacy to the citizen. The Act requires the Conwy Local Authority to arrange advocacy services to be made available to all people with needs for Care and Support.