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AGENDA

SELECT COMMITTEE - LONELINESS AND SOCIAL ISOLATION

Wednesday, 26th September, 2018, at 2.00 pm

Ask for: **Gaetano Romagnuolo**

Wantsum Room - Sessions House

Telephone **03000 416624**

Tea/Coffee will be available 15 minutes before the start of the meeting in the meeting room

Membership

Mr M A C Balfour, Mrs P M Beresford, Mr D L Brazier, Ms K Constantine, Ms S Hamilton, Mr A R Hills, Mrs L Hurst, Ida Linfield and Mr K Pugh (Chairman)

UNRESTRICTED ITEMS
(During these items the meeting is likely to be open to the public)

14:00 14:45	-	Andy Staniford (Senior Policy Advisor, Department for Digital, Culture, Media & Sport) (Pages 3 - 16)
15:00 15:45	-	Public Health England - Nicky Saynor (Health & Wellbeing Programme Manager) & Terry Blair-Stevens (Public Health Consultant in Health & Wellbeing) (Pages 17 - 46)
16:00 16:45	-	Kent Fire and Rescue Service - Ian Thomson (Assistant Director for Community Safety) and Richard Stanford-Beale (Research & Development Manager - Community Safety) (Pages 47 - 82)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

At the end of the public session, Members of the Committee should remain in the meeting room for 20 minutes for summing up

Benjamin Watts
General Counsel
03000 416814

Tuesday, 18 September 2018

Terms of Reference and Scope

1. To put into context social isolation and loneliness, and to identify the groups of people who are particularly affected by social isolation and/or loneliness in Kent.

2. To investigate the impact of social isolation and loneliness on Kent's older residents.

3. To investigate the extent to which KCC's current service provision and partnership working is effective in dealing with social isolation and loneliness amongst older people in Kent.

4. To recommend initiatives and strategies to prevent or reduce the impact of social isolation and loneliness on Kent's older residents.

Loneliness and Social Isolation Select Committee

Biography

Andy Staniford, Senior Policy Adviser - Tackling Loneliness Team, Department for Digital, Culture, Media and Sport

Andy started working in the new cross-government Loneliness Team at the Department for Digital, Culture, Media and Sport in April 2018

Prior to this, he worked in local government, spending the majority of his career at Brighton & Hove City Council as Housing Strategy Manager. During this time, he was responsible for the Housing Strategy and working on cross-cutting themes with health and social care such as the Health & Wellbeing Strategy, Rough Sleeping, Travellers and Supporting People. Andy is a Fellow of the Chartered Institute of Housing and Board Member for the South East Region, and Chair of the CIHSE International Housing Group.

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Loneliness and Social Isolation Select Committee

Hearing 14

Wednesday 26th September 2018

Witness Guide for Members

Below are suggested themes and questions. They have been provided in advance to the witnesses to allow them to prepare for the types of issues that Members may be interested to explore. All Members are welcome to ask these questions or pose additional ones to the witnesses via the Committee Chairman.

Themes and Questions

Andy Staniford, Senior Policy Adviser - Tackling Loneliness Team, Department for Digital, Culture, Media and Sport

- Please introduce yourself and provide an outline of the roles and responsibilities that your post involves.

- What are the main causes leading to loneliness and social isolation amongst adults aged 65 and over?

- What are the consequences of loneliness and social isolation on older people?

- What national strategies and interventions has the Government put in place to prevent or reduce loneliness and social isolation amongst older people? What initiatives and strategies are working particularly well?

- In your view, what are the key challenges associated with preventing or reducing social isolation and loneliness amongst older people?

- In your opinion, what more can be done, if anything, to prevent or reduce the impact of social isolation and loneliness?

- Are there any other issues, in relation to the review, that you wish to raise with the Committee?

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Tackling loneliness: exploring opportunities and priorities for the national strategy

Kent County Council: Social Isolation Select Committee
26 September 2018

Background

Department for
Digital, Culture
Media & Sport

- The Jo Cox Commission on Loneliness released its manifesto in December 2017 with recommendations for central government

- Loneliness can have a substantial impact on people's health both mentally and physically:
  - In 2016, 5% of UK adults reported they always or often feel lonely (40% sometimes/occasionally)
  - Loneliness can increase the risk of early mortality by 26% (those under 65 at greater risk)
  - Loneliness is as harmful as smoking 15 cigarettes a day and deadlier than obesity
  - Lonely people have a 64% increased chance of developing clinical dementia

- In response, in January 2018, the PM announced a Ministerial lead for loneliness, and plans to:
  - Develop a cross-government strategy on loneliness in England
  - Develop the evidence-base around the impact of different initiatives in tackling loneliness, across all ages and within all communities
  - Establish appropriate indicators of loneliness across all ages
  - Set up a dedicated fund

Department for
Digital, Culture
Media & Sport

Defining the problem we want to solve

Our draft definition of loneliness:

Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want. (Perlman, D. and Peplau, 1981)

Our provisional aim:

Everyone feels lonely from time to time. Our aim is to preventing people feeling lonely all or most of the time.

- Evidence shows that loneliness fluctuates over the life course.

- Research shows those feeling lonely all or most of the time are more likely to suffer ill health and to generate more significant costs for the public and private sectors.

Our approach

- We want to prevent constant loneliness by supporting people to build relationships by:
  - **Embedding approaches across government policy** that support people's relationships and social connections;
  - **Improving the evidence base** so we understand who is at a greater risk of loneliness, its impacts and costs, and what works to tackle it; and
  - **Working with partners to build a national conversation** on loneliness and support a more connected society.

- A number of principles will guide the development of the strategy:
  - **Working in partnership** with businesses, the health sector, local government, the voluntary sector and wider civil society.
  - **An iterative approac**h and a willingness to capture feedback and learn, recognising the limitations of the existing evidence base.
  - **Ensuring a truly cross-cutting and cross-departmental approach**.
  - **Focusing on the key trigger points** in and out of constant loneliness that increase the risk, and on preventative action.

What increases the risk of loneliness?

- Academic research and Office for National Statistics analysis shows that loneliness fluctuates over the life course, and certain life events can particularly increase the risk:

Triggers	Risk Factors	Most at Risk
• Leaving education • Entering a period of poor health • Being widowed (bereaved) • Becoming unemployed (or retiring) • Becoming a carer (or stopping a caring responsibility)	• **Age** - younger people (16-24) • **Gender** - women • **Marital status** - widowed people • **Disability and ill-health (self reported)** - those reporting • **Number of adults in the household** - those living alone • **Caring responsibilities** - those caring • **Neighbourhood connectedness** - those who do not chat to neighbours more than to say hello, or do not feel as though they belong to or satisfied with their neighbourhood • **How often you meet up in person with family members or friends** - those who met up once a month or less	ONS identified three profiles of people at particular risk: • Widowed older homeowners living alone with long-term health conditions. • Unmarried, middle-agers, with long-term health conditions. • Younger renters with little trust and sense of belonging to their area

Drivers and solutions

We are thinking about drivers and solutions in three categories:

- **The structural drivers of loneliness -** whilst social isolation and loneliness are not the same thing, removing physical barriers to social connections can improve people's ability to build strong relationships.

- **The institutional drivers of loneliness -** for example, the increased automation and digitisation of services, and the shift to more transactional relationships.

- **The cultural drivers of loneliness** - for example, the stigma of experiencing loneliness and a lack of understanding or resilience to its effects.

Department for
Digital, Culture
Media & Sport

Effective action

We all have a role to play:

- Government   - Strategy and policy action (eg planning, transport, health, education)

- Business   - Supporting staff, vulnerable customers, and local communities

- Public Sector - Commissioning, services, use of assets, community empowerment

- Charities   - Voice for lonely people, funding, services, volunteering, local action

- Media   - Raising awareness, overcoming stigma, social media connecting people

- Communities - Neighbourliness, community events, social groups

Department for
Digital, Culture
Media & Sport

Building Connections Fund

- £20m new funding for charities and community groups to help tackle loneliness:
    - £11 million 'Building Connections Fund' (£5m government, £5m Big Lottery Fund, £1m Co-op Foundation [young persons strand])
    - £5m People's Postcode Lottery funding to top up existing loneliness related grants.
    - £4m The Health Lottery for charities that improve social links in disadvantaged areas.

- The Fund will see government working with charitable trusts, foundations, and others to:
    - Stimulate innovative solutions to loneliness across all ages, backgrounds and communities.
    - Provide seed funding for communities to come together to develop activities which enable people to connect.
    - Scale-up and spread existing work offering practical and emotional support to help lonely individuals reconnect with their communities.

Next Steps

Department for Digital, Culture Media & Sport

- Strategy launch expected Autumn 2018

- What Works Centre for Wellbeing loneliness evidence review due for publication Autumn 2018

- Loneliness measure and guidance expected Autumn 2018

- Announcement of successful bidders to the first round of the Building Connections Fund due December 2018

- Strategy implementation from Autumn 2018

Thank you

Thank you for taking the time to share your expertise and knowledge with us.

If you have any further thoughts, including how we might work together, please get in touch by emailing: loneliness@culture.gov.uk

Loneliness and Social Isolation Select Committee

Biography

Nicky Saynor, Health & Wellbeing Manager, and Terry Blair-Stevens, Public Health Consultant, Public Health England South East (PHESE)

Terry has extensive public health and health improvement experience over 28 years, at local, national and international levels. His specialist areas currently include health inequalities, healthy communities and health & justice. He has wide-ranging experience of building public health know-how, skills and capacity in local government and the NHS. Terry previously worked with the Health Inequalities National Support Team, providing diagnostic support to the most deprived local health economies in England. He has broad national experience of approaches to community engagement and for several years was a Technical Advisor to the WHO Centre for Urban Health, and a consultant for national public health programme development in Eastern Europe.

Nicky has over 20 years' experience of project and programme management in health and social care. She works with local authorities and other stakeholders in the wider public health system, as well as relevant teams within PHE nationally, to provide expert advice to inform and support local approaches to promoting population health and tackling health inequalities. She is the responsible lead for NHS Health Checks, Community Asset Based Approaches to Health & Wellbeing and Social Prescribing. She has worked for PHESE since it was established in April 2013 but also has experience of working in the NHS (PCT & Strategic Healthy Authority), local government (Adult Social Care) and in the VSCE sector in community development, community engagement, advocacy and support work.

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Loneliness and Social Isolation Select Committee

Hearing 15

Wednesday 26th September 2018

Witness Guide for Members

Below are suggested themes and questions. They have been provided in advance to the witnesses to allow them to prepare for the types of issues that Members may be interested to explore. All Members are welcome to ask these questions or pose additional ones to the witnesses via the Committee Chairman.

Themes and Questions

Nicky Saynor, Health & Wellbeing Manager, and Terry Blair-Stevens, Public Health Consultant, Public Health England South East (PHESE)

- Please introduce yourselves and offer an outline of the roles and responsibilities that your posts involve.

- What are the main causes leading to loneliness and social isolation amongst adults aged 65 and over?

- In your experience, what are the consequences of loneliness and social isolation on these people?

- What initiatives and strategies are working particularly well to prevent or reduce the negative impacts of loneliness and social isolation on older people?

- In your view, to what extent is partnership working key to preventing or reducing loneliness and social isolation amongst older people?

- What are the challenges associated with preventing or reducing social isolation and loneliness amongst older people?

- In your opinion, what more should be done to prevent or reduce the impact of social isolation and loneliness amongst older people?

- Are there any other issues, in relation to the review, that you wish to raise with the Committee?

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Public Health England

Protecting and improving the nation's health

Tackling social isolation & loneliness

Kent County Council Select Committee
26th September 2018

Terry Blair-Stevens, Public Health Consultant in Health & Wellbeing, PHE South East

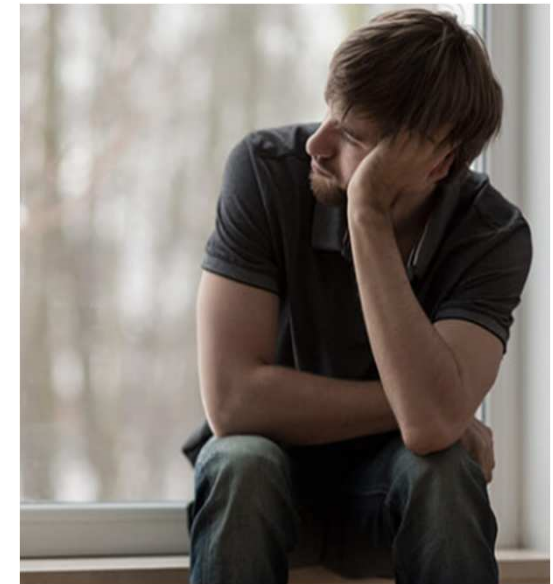Nicky Saynor, Health & Wellbeing Manager, PHE South East

Social isolation and loneliness

"A sad soul can kill you quicker, far quicker than a germ"

A recent systematic review found that loneliness can increase the risk of premature death by 30%

Isolation and loneliness

The relationship between social isolation and loneliness is **complex and varies** between individuals.
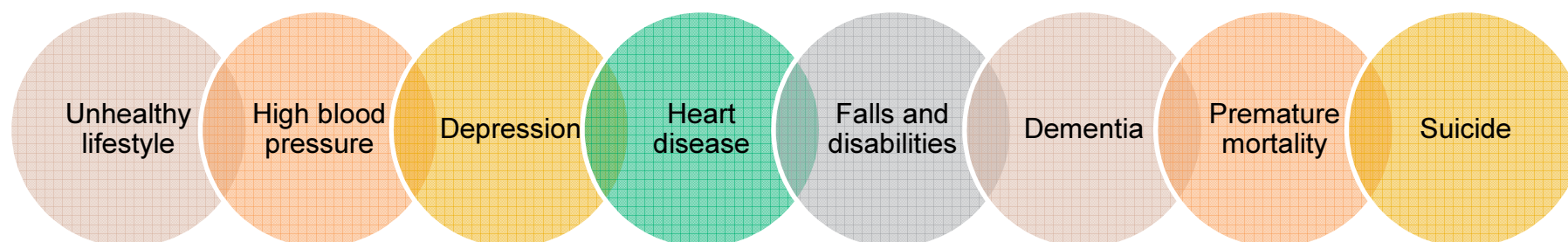
Isolation

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).

Loneliness

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

Impact on health and wellbeing

- Social isolation and loneliness are harmful to physical and mental health and increase **risk of morbidity and mortality**.

Unhealthy lifestyle · High blood pressure · Depression · Heart disease · Falls and disabilities · Dementia · Premature mortality · Suicide

- Social isolation and feelings of loneliness can also be physical or psychosocial **stressor** resulting in behaviour that is damaging to health.

- Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help **individuals to recover** when they do fall ill (Marmot, 2010).

Loneliness in the UK

Proportion of adults who felt lonely by age group, 2016-2017 (DCMS, 2017)
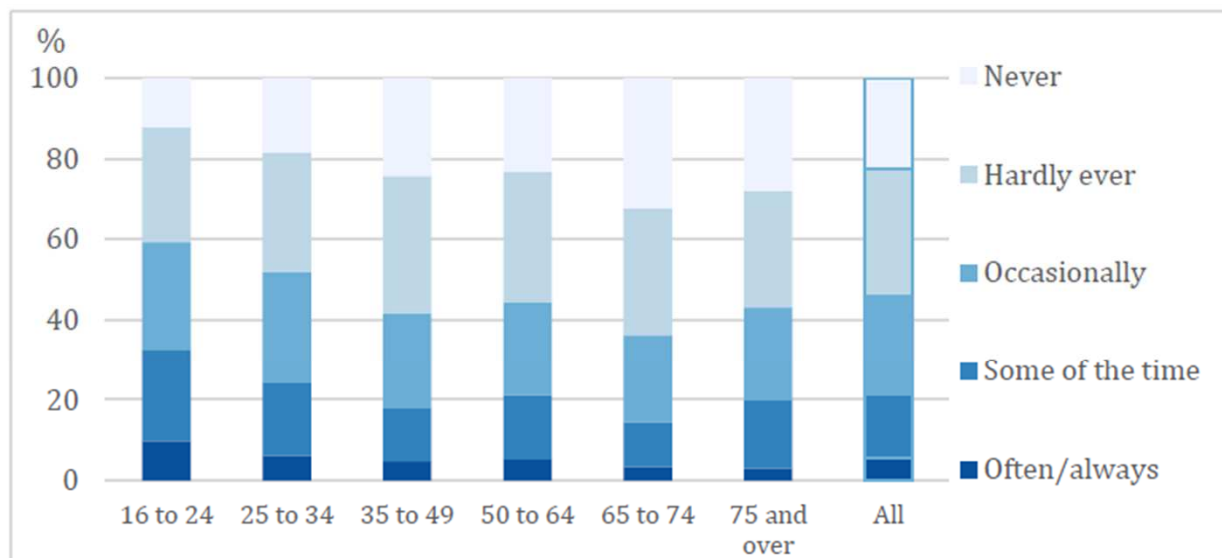
The proportion of adults reporting they felt lonely often/always has remained unchanged since collection began in 2013-14 at 5%. In 2016-17 over half (54%) stated they felt lonely hardly ever or never.

Those aged 16 to 24 are significantly more likely to feel lonely often/always than the other age groups, at 10% compared to 6% of those aged 25 to 34, 5% of those aged 35 to 64, and 3% of those aged 65 and over.

Measuring high level outcomes

At population level:

Reducing social isolation is a priority for social care and public health

- Public Health Outcomes Framework and the Adult Social Care Outcomes Framework.

- The current measure draws on self-reported levels of social isolation (using social contact as a proxy) for both users of social care and carers.

- These indicators assist local authorities in focusing on some of the more vulnerable people in their community

> **"the percentage of adult carers who have as much social contact as they would like"**

Who is at high risk ?

Young People: in care, bullied, struggling with sexual identity

Young people leaving university

People with lack of connections in mid-life

Later old age
(Widowed older home owners living alone)

People with Substance Misuse problems

Isolated rural and deprived urban areas

Carers

Unemployed

Poor physical or mental health

Low income

Homeless

Tackling social isolation & loneliness, Kent County Council Select Committee, 26th September 2018

Inequalities and wider determinants

There is evidence to suggest a significant correlation between low socioeconomic status and social isolation. Action on structural determinants including economic disadvantage is important.

Social disadvantage linked to life experiences that increase risk of isolation, e.g. poor maternal health, teenage pregnancy, unemployment, illness in later life.

Wider issues such as access to green/public spaces, transport (to enable social connections) can help or hinder

Drivers to loneliness and barriers to connection
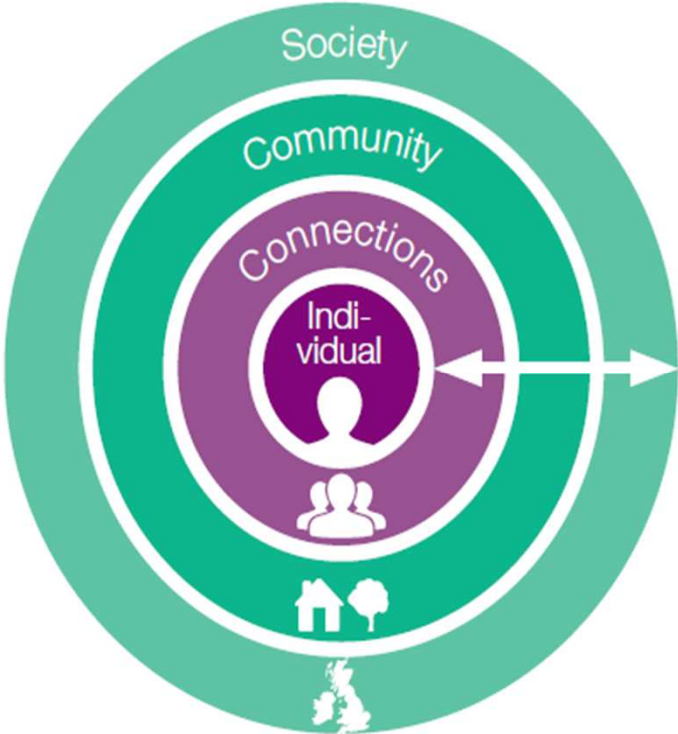
Social and cultural norms, work/life balance, stigma, digital age, insular communities, political landscape, financial hardships

Social activities, funding cuts, statutory services, transport, neighbourhood safety

Friends and acquaintances, family, colleagues

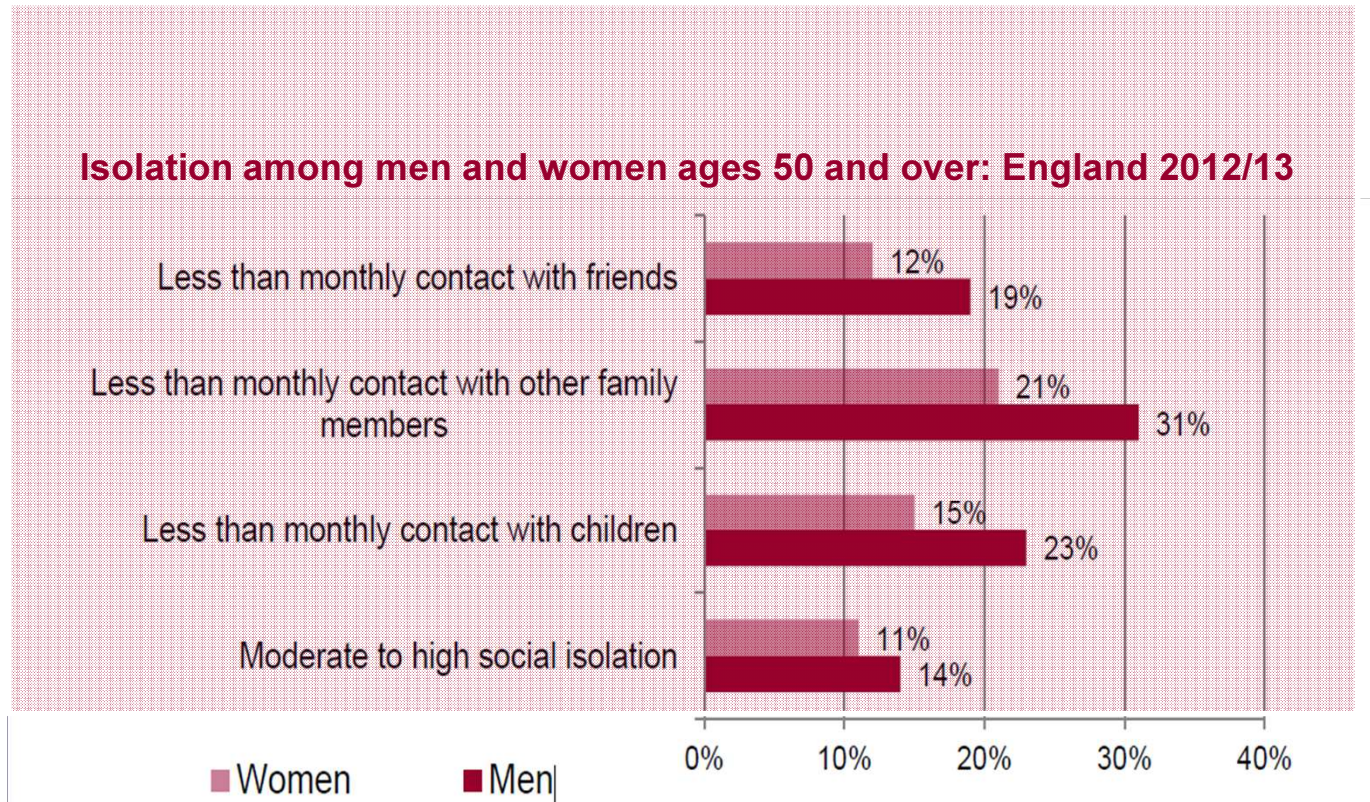Sense of self, health, income, energy, confidence, emotions, perceptions

Inequalities – ethnic minority

- Some evidence suggests that levels of loneliness are **higher** among older adults from ethnic minorities (exception of Indian population). (Victor et al, 2012)

- Social isolation among older ethnic minority people is of further concern as people in this group are **less likely** to access services for older people. (Sachragda, 2011)

- Older adults in ethic minority groups may also experience language barriers and **higher** levels of poverty than the general population. (Khan, 2014)

Inequalities – gender

- Older men are more likely to be **isolated** than older women (Beach et al, 2014)

Isolation among men and women ages 50 and over: England 2012/13

	Women	Men
Less than monthly contact with friends	12%	19%
Less than monthly contact with other family members	21%	31%
Less than monthly contact with children	15%	23%
Moderate to high social isolation	11%	14%

- ONS found that more women reported feeling **lonely** than men (ONS, 2013)
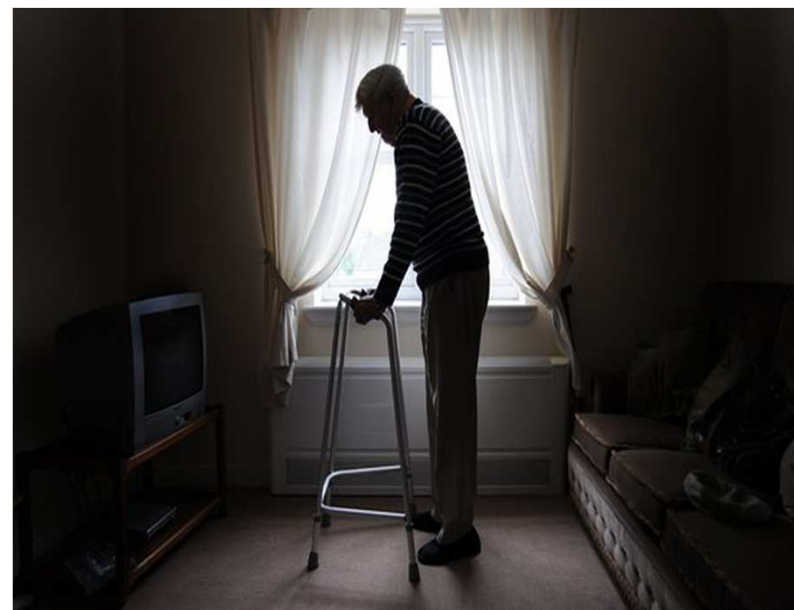
Inequalities – carers

- There are approx. **1.3 million carers** aged 65 and over in England, and the rate is **increasing**.

- The older carers get the **more likely** they are to provide increased hours of care.

- High levels of care correlates with **less time** out of the house, to self and socialising with friends, as well as negative health impacts, which **increases** risk of social isolation.

- A 2009 study found that male care-givers were **four times** more likely to be socially isolated than their female counterparts. (Robinson et al, 2009)

- A survey in 2014 found 43% of older male carers (65+) think **local support do not fits their needs** (Slack, K and Fraser, M, 2014)

PT2

PT2   new data
               PoYee Tang, 20/03/18

Loneliness and the oldest old

- Lack of research on the oldest old (85+)

- Newcastle 85+ study show over half (57%) of 85 year olds reported 'never' feeling lonely

- Oldest old & loneliness : widowhood, living alone, depression, being female

- Not a static experience

- Length of widowhood a key factor, most recently widowed having 2 x risk of feeling lonely compared to those widowed for 5 years

- Loneliness can be more prevalent in institutional settings

Ref: Brittain et al, An investigation into the patterns of loneliness and loss in the oldest old – Newcaslte 95+ study, Ageing and Society

Inequalities – poverty

Public Health England

- Poverty represents not only lack of financial wealth but of resources

- Social isolation is both a **cause and result** of poverty

- Not only lower income but also **income inequality**, which **undermines trust and social capital** in community.

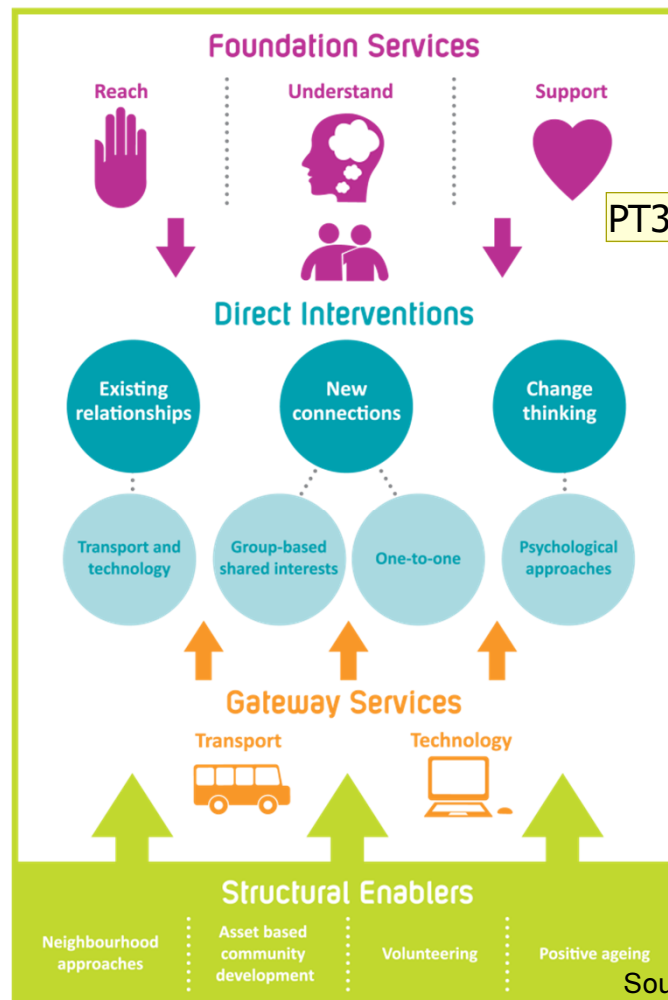- **Social exclusion** is a new term Govt. is using

What does the evidence tell us to do ?

- **Targeting** has the greatest impact
- Reduce '**stigma**' attached to being lonely – *avoid the 'L' word*
- Base interventions on effective evidence - positive **mental health promotion** showed good outcomes
- **Group activities** achieve good outcomes especially those with an arts, educational learning or social focus
- **Participatory** initiatives are most beneficial
- One-to-one initiatives (e.g. befriending) only appear to be effective in certain circumstances

Public Health England

What does the evidence tell us to do ?

- The impact of technologies works for specific groups

- Real and practical barriers should be the focus of **joint efforts by all agencies** concerned with the wellbeing of

- **Earlier** interventions **across the life course** could help prevent some of the negative effects of social isolation from accumulating in later life.

Source: Campaign to End Loneliness

PT3   New infographic
               PoYee Tang, 20/03/18

Identifying

Engaging

Impacting

Sustaining

Designing Solutions:

What works	How	Why
Place based/ population based approaches	Drawing on local knowledge, networks and community organisations	Understanding of local needs and provision gaps, trusted by beneficiaries
Proactive approaches	Letters, phone calls, door knocking, home visits	Reaches hidden populations including isolated people, those not accessing support and those initially reluctant to engage
Broad based approaches	Public spaces, radio, advertising, leaflets, referral from Health and Social Care, Voluntary and Community sector	Moves beyond traditional organisational reach, receives referrals from public, creates project buzz

Wider public health interventions

- **Design of cities and towns** : provision of public seating and toilets, and good public transport can encourage older people to get out and about, increase their mobility, and socialise. Age Friendly Communities, Compassionate Cities…..

- **Physical activity**: promotion of physical activity to meet new guidelines for activity among the over 50s also create opportunities to increase social interactions and build social networks.

- **Drugs and Alcohol**: efforts to tackle drug and alcohol misuse can be more effectively targeted if loneliness is recognised as a potential contributing factor

- **Health screening and preventative interventions** (e.g. NHS Health Checks) can be capitalised upon to also identify, and address, or build resilience to, loneliness and isolation

- **Falls prevention programmes**: fear for falls can lead to people becoming socially isolated. These programmes are not just a means of reducing costly hospital admissions, but also an opportunity to maintain mobility and independence.
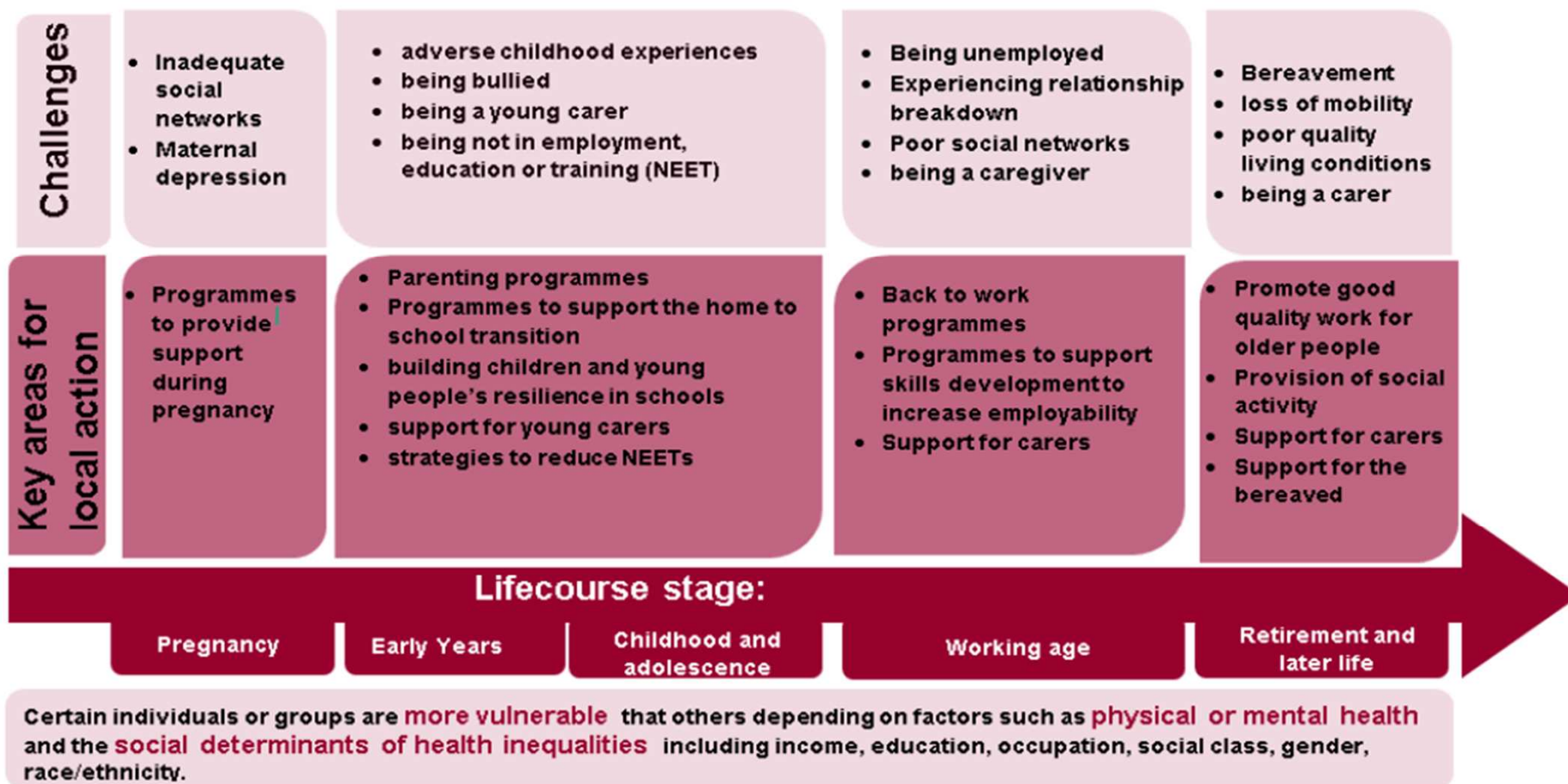
PT4

PT4   addtional finding
PoYee Tang, 20/03/18

Social isolation across the life course – opportunities

	Pregnancy	Early Years	Childhood and adolescence	Working age	Retirement and later life
Challenges	• Inadequate social networks • Maternal depression	• adverse childhood experiences • being bullied • being a young carer • being not in employment, education or training (NEET)		• Being unemployed • Experiencing relationship breakdown • Poor social networks • being a caregiver	• Bereavement • loss of mobility • poor quality living conditions • being a carer
Key areas for local action	• Programmes to provide support during pregnancy	• Parenting programmes • Programmes to support the home to school transition • building children and young people's resilience in schools • support for young carers • strategies to reduce NEETs		• Back to work programmes • Programmes to support skills development to increase employability • Support for carers	• Promote good quality work for older people • Provision of social activity • Support for carers • Support for the bereaved

Lifecourse stage: Pregnancy | Early Years | Childhood and adolescence | Working age | Retirement and later life

Certain individuals or groups are **more vulnerable** that others depending on factors such as **physical or mental health** and the **social determinants of health inequalities** including income, education, occupation, social class, gender, race/ethnicity.

PHE's approach : examples

Cross-organisation approach:

- Evidence review of 'what works' for using **a community assets based approach** for reducing social isolation

- **Collaboration with Fire and Rescue services** to identify lonely older adults and signpost to relevant services.

- Work with Alzheimer's Society to promote **Dementia Friendly Communities** to address loneliness in people living with dementia

- **ROI Evidence Tool -** Mental health Promotion

- **Evidence resources for Professionals:** Prevention Concordat for better mental health, a suite of resources (30.08.2017), Human Trafficking, Helping older people maintain a healthy diet: A review of what works.

- Mental Health Employer Toolkit and Wellbeing in Mental Health

- **Suicide prevention Toolkit** developed in partnership with Business

Conclusion

- Loneliness and social isolation are **important, cross cutting, public health issues**

- **Complex and multi-factorial** issues that require partnership working

- There are **opportunities** for health and wellbeing boards **to encourage partnership** working between community and voluntary services, the NHS and local authorities to engage in strategies to reduce social isolation

- A **life course approach** offers opportunities to intervene at different time points, tailoring interventions to 'at risk' individuals/groups.

- Research identifies promising practice, but the **evidence base needs to be more robust for some groups and the cost effectiveness.**

Understanding what's happening locally & implications for action locally – questions for reflection & discussion

- What's already happening locally?

- Given the complexity & breadth of potential action, how are you focusing your energies?

- Is SI&L being included in JSNAs, both in terms of needs & assets?

- How are STPs and emerging ACOs and ICSs engaging with this area of work?

- Are there opportunities that could be developed through volunteering?

- How are initiatives and/or approaches to embedding this in local system thinking?

- Are there opportunities for collaboration?

- What support do you want/need from PHE?

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Loneliness and Social Isolation Select Committee

Biography

Ian Thomson, Assistant Director for Community Safety, and Richard Stanford-Beale, Research and Development Manager – Community Safety, Kent Fire and Rescue Service

Ian joined Surrey Fire and Rescue Service in 1988, before transferring to Kent in 2016, and has undertaken a wide range of operational and leadership roles during that time. In his current role Ian is responsible for all aspects of community safety, including within the home, on the roads and around water. Ian is also responsible for business safety, which includes regulatory fire safety enforcement, as well as emergency medical response collaboration and safeguarding arrangements.

Richard joined Kent Fire and Rescue Service in 2007, previously having worked in local government. In 2015, Richard transferred from Corporate Policy and Performance into Community Safety to lead a review, and has subsequently led on implementing a number of initiatives including the development of Safe & Well visits. He now leads research and development for Community Safety to ensure KFRS continue to improve and meet their customers' needs.

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Loneliness and Social Isolation Select Committee

Hearing 16

Wednesday 26th September 2018

Witness Guide for Members

Below are suggested themes and questions. They have been provided in advance to the witnesses to allow them to prepare for the types of issues that Members may be interested to explore. All Members are welcome to ask these questions or pose additional ones to the witnesses via the Committee Chairman.

Themes and Questions

Ian Thomson, Assistant Director for Community Safety, and Richard Stanford-Beale, Research and Development Manager – Community Safety, Kent Fire and Rescue Service

- Please introduce yourselves and provide an outline of the roles and responsibilities that your posts involve.

- Why is the Kent Fire and Rescue Service involved in tackling loneliness and social isolation in Kent?

- In what ways can we best identify older people experiencing, or at risk of experiencing, loneliness or social isolation?

- What initiatives has Kent Fire and Rescue Service put in place to prevent or reduce loneliness and social isolation amongst Kent's older residents?

- To what extent is the Kent Fire and Rescue Service working in collaboration with KCC in order to tackle social isolation and loneliness amongst Kent's older residents?

- In your view, what are the main challenges associated with preventing or reducing social isolation and loneliness amongst older people?

- In your opinion, what more can be done, if anything, to prevent or reduce the impact of social isolation and loneliness on Kent's older residents?

- Are there any other issues, in relation to the review, that you wish to raise with the Committee?
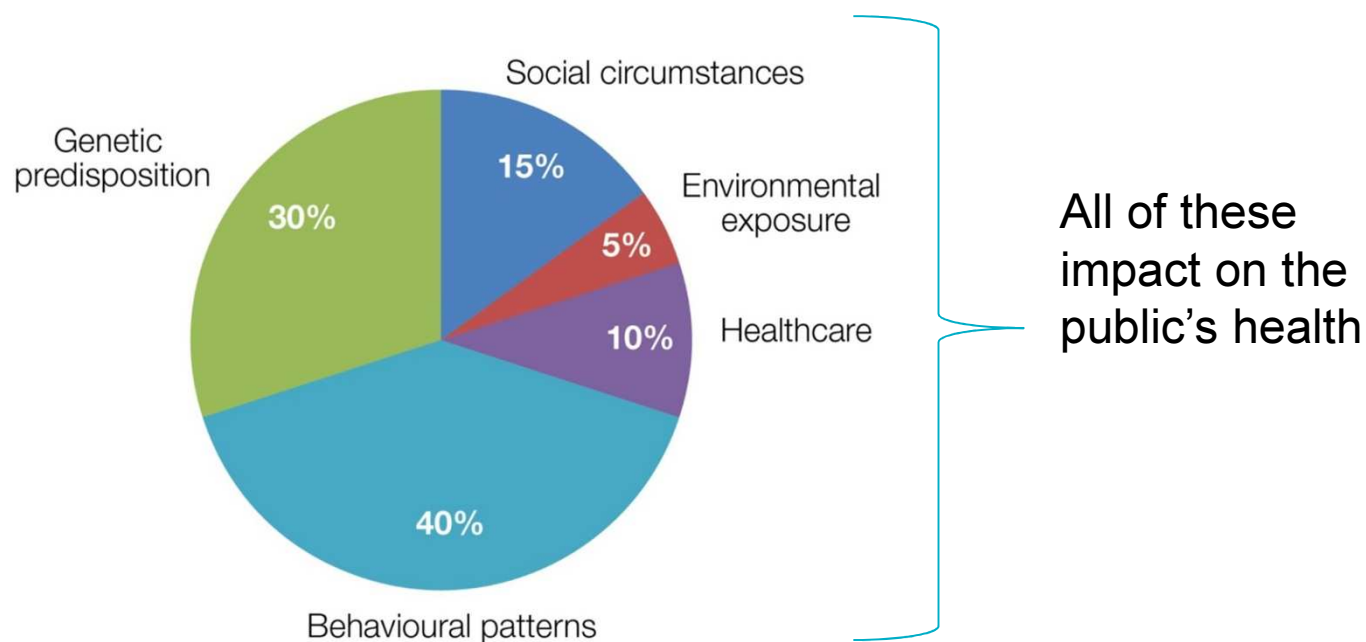
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Social Isolation

How Kent Fire & Rescue Service can help people stay safe and well

NHS England

Kent Fire & Rescue Service

Why social isolation matters

Genetic predisposition 30%

Social circumstances 15%

Environmental exposure 5%

Healthcare 10%

Behavioural patterns 40%

All of these impact on the public's health

Fire Commission

Social determinants of health

The Determinants of Health (1992) Dahlgren and Whitehead

Kent Fire & Rescue Service

Impacts on health

- Loneliness affects our health, from high blood pressure and higher use of medication to increased likelihood of developing dementia and depression…

- Loneliness has significant cost implications for the NHS, social care and the wider economy;

- Lonely individuals are more likely to visit their GP, undergo early entry into residential or nursing care, and be admitted to accident and emergency services.

Kent Fire & Rescue Service

These issues are complex….

Map 0

Full Generic Map
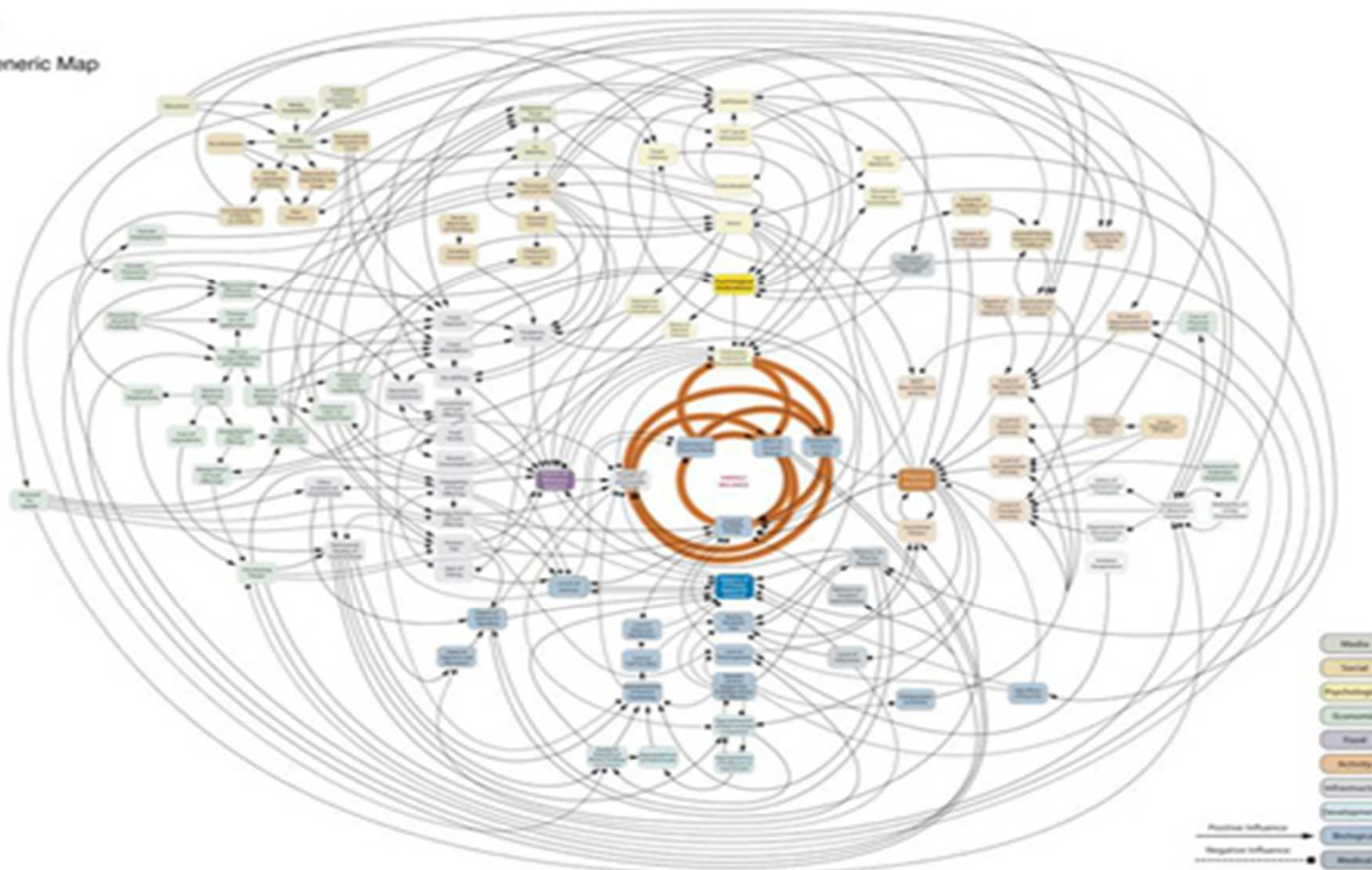
Source: Foresight - Tackling obesities: future choices - http://www.foresight.gov.uk/Obesity/Obesity_final/index.html

www.england.nhs.uk

Increasing recognition of the wider public health workforce

Kent Fire & Rescue Service

But why is KFRS interested?

- Strong correlation between health issues and fire fatalities & injuries;
- Fire related injuries and fatalities are higher in single occupancy homes;
- Approximately half of accidental dwelling fires involving the elderly lived alone;
- Socially isolated people are less likely to access services such as Safe & Well visits.

Kent Fire & Rescue Service

Why work together?

- Helping meet the challenge set out in the 5YFV requires public services to work together – supporting the same local communities;

- Addressing common risk factors including multi-morbidity, cognitive impairment, smoking, drugs, alcohol, frailty, disabilities, dementia, mental illnesses, loneliness/social isolation and cold homes;

- Making every contact and every local £ count;

- Good examples of where this is happening already;

- Supporting delivery of local plans.

www.england.nhs.uk
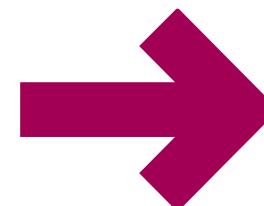
Why the fire & rescue service?

- Strong and trusted brand;

- Eyes and ears;

- Same target groups;

- Capacity and opportunities to do more;

- Experienced in prevention.

Kent Fire &
Rescue Service

Safe & Well visits

- Around 20,000 visits per annum;
- Around 45 minute visit to assess environmental and behavioural risks;
- Free to customer – fully funded by FRS;
- Advice and physical measures to reduce risk;
- Fire safety;
- Falls prevention;
- Dementia and Mental Health;
- Reducing excess winter deaths;
- Smoking cessation;
- Making Every Contact Count;
- Referrals.

Feel
Safe and Well

Who can have a Safe & Well visit?

- Anyone 70 or over;
- Anyone 5 or under;
- Anyone smoking in or around the home;
- Anyone with a disability;
- Anyone have any other reason to feel unsafe at home;
- Referred by a partner agency.

Feel
Safe and Well

Our priorities

- Elderly and frail;
- People with a learning disability;
- People with long-term health conditions;
- Dementia and Mental Health;
- Prevention – health promotion;
- Smoking;
- Falls prevention;
- Excess winter deaths;
- Overheating indoor;
- Children's burns and scalds;
- Making Every Contact Count.

Kent Fire &
Rescue Service

Risk based approach

Referrals from other agencies – provide safe & well visits

Over 70s – use Exeter data to offer safe & well visits

Other risk groups – e.g. smokers, young families – active, audience specific safety advice. Offer safe & well visits where required.

Low risk groups – promote safety messages via social media, online, media etc.

Kent Fire & Rescue Service
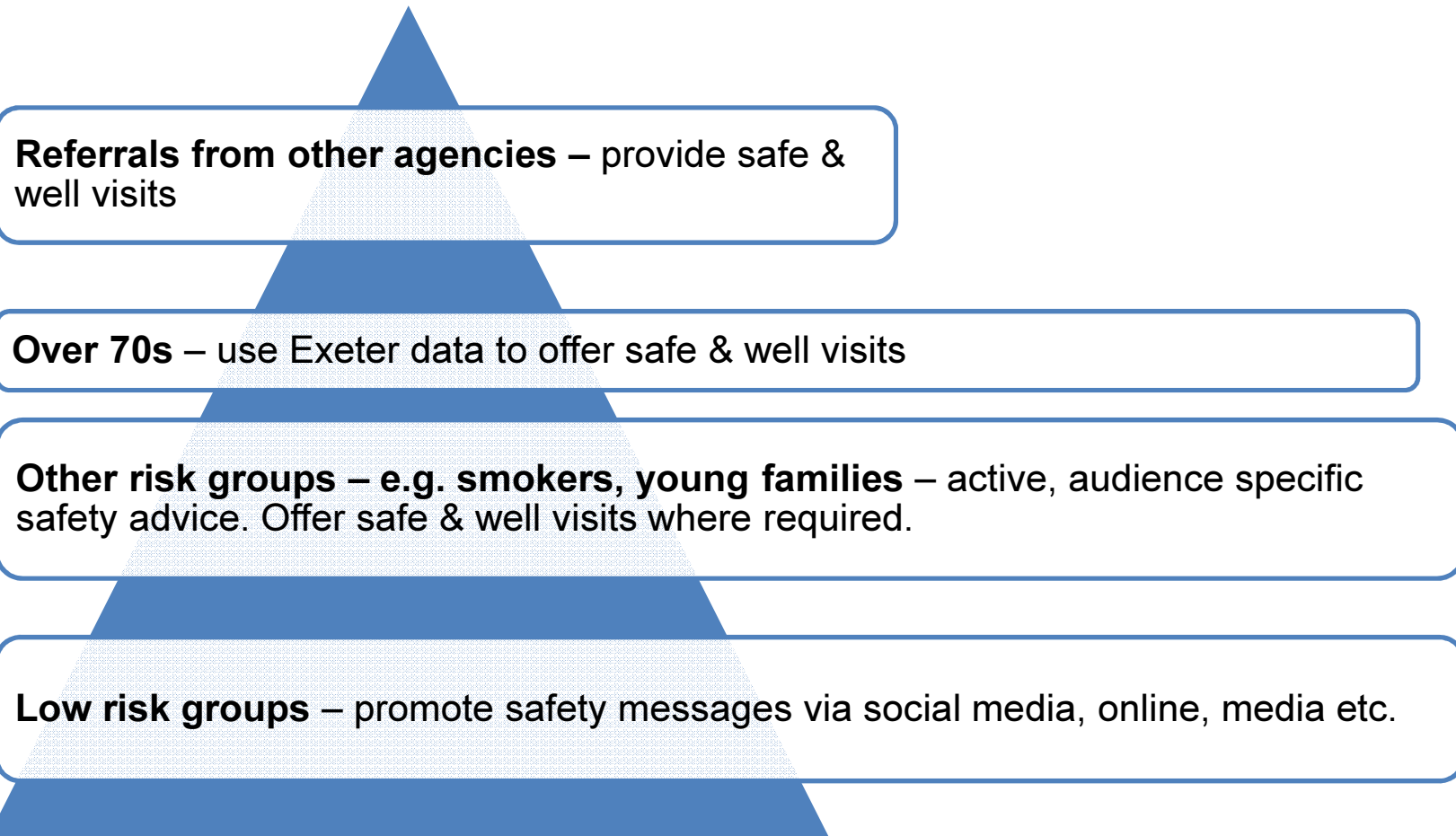
Why focus on the elderly?

- People over 80 are four times more likely to be killed or seriously injured in a fire;
- 20 of the 26 fatalities since 2009 have been over 70;
- 21 of the 69 serious casualties have been over 70;
- The number of over-65s is predicted to double between 2010 and 2050;
- 34,300 estimated excess winter deaths of people aged 65 (2016/17);
- About a third of all people aged over 65 fall each year.

Fatalities and Casualties

Index Value for Age Range by Population

Kent Fire & Rescue Service
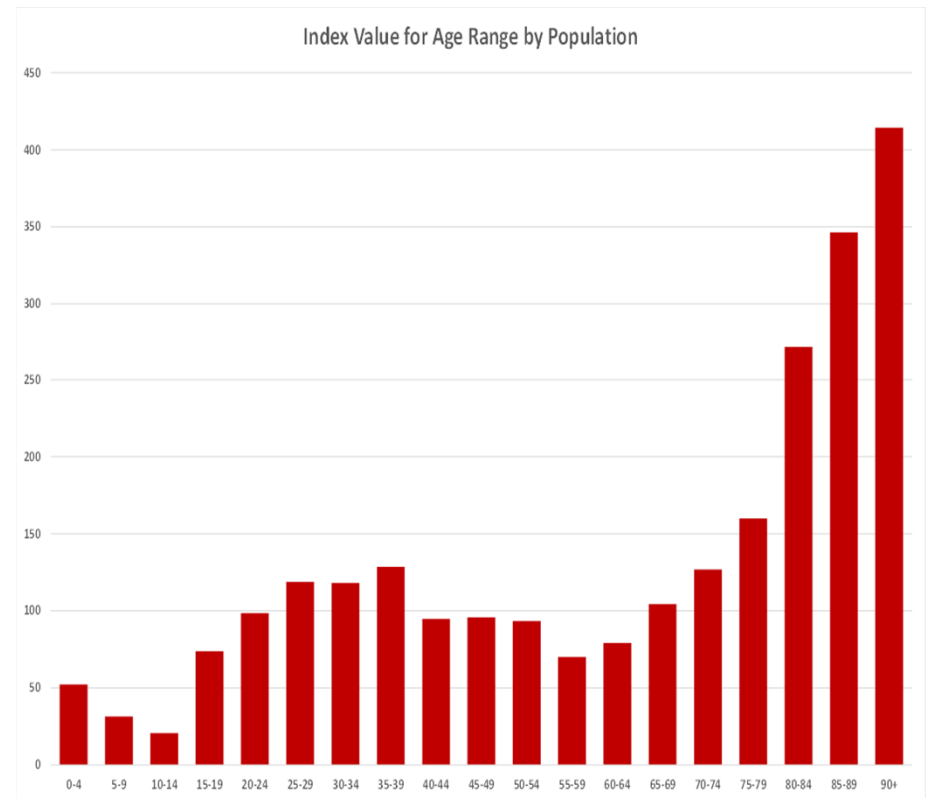
Hoarding
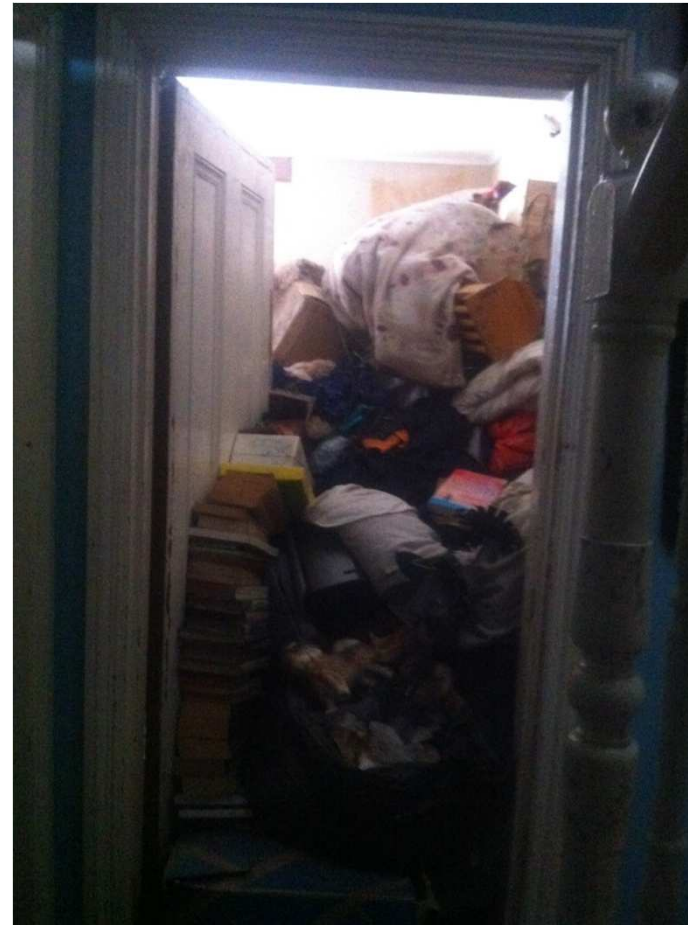
Kent Fire &
Rescue Service

Social Isolation Campaigns

Kent Fire &
Rescue Service

haircare network

October – March 2016

Kent Fire & Rescue Service

Overview

- KFRS crews, Community Safety and Communications built a network of hairdressers / barbers (both shop based and mobile)
- Influence and help promoting KFRS Safe and Well Visits to hard to reach groups (vulnerable people)
- Endorsed by the Royal Society for Public Health
- Generate an increase in SWV referrals for relevant target groups
- Generate positive PR activity around KFRS working collaboratively and innovatively in the community
- Target of 50 hairdressers to register
- Business Safety advice
- Dementia Friends awareness sessions

Results

107 local business have registered for the network

County Split

- **East**   **22%**
- **West**   **35%**
- **North**   **17%**
- **South**   **11%**
- **Mid**   **15%**

Media

Articles   **30+**

Total Average Audience   **800k people**

Total Advertising Equivalent   **£12.5k**

show you care

January – July 2018

Kent Fire & Rescue Service

KFRS initiative which helps people in our community who are living in isolation to feel valued, safer and less isolated.

- It's estimated that in Kent and Medway there are more than 40 thousand over 65s living socially isolated lives (2017).

Campaign encourages people to drop in on neighbours or friends for a chat, and to consider how they can help reduce the risk of fire in their home.

show you care

Testimonial

When I was approached by KFRS to get involved in the Show You Care campaign I didn't have to think about it; it's such an important, community spirited project. We're all connected in some way to someone who might be living in isolation, someone who has become less mobile or even a young family who has recently arrived home with their new born – so it's important to try and do what we can to make people feel valued and cared for.

In the time I spent with the team at the fire service we were able to create some great materials for the campaign that were very professional and creative. Importantly they were very successful in getting the messages out to the right people. I also had some fun too, especially the ride in the fire engine.

I wish the team all the best for the future.

Cheryl Baker

Kent Fire & Rescue Service

Social media activity JAN – MAY 2018

Facebook stats:

- 22 'Show You Care' messages on KFRS FB timeline:
- Total Reach – **94,212**
- Total engagement (likes, comments and shares) – **656**
- Two video posts that got a total of **13,088** views

Twitter stats:

- 18 'Show You Care' messages on KFRS Twitter timeline:
- Total impressions – **90,152**
- Total engagements (likes, retweets, clicks) – **1,076**
- There was one video post that got a total of **1,284** views

show you care

Social media

Kent Fire and Rescue Service
Published by Hootsuite [?] · 7 January · 🌐

You may have seen Cheryl Baker on #DancingOnIce - now she[...] Kent Fire and Rescue Service to help thousands living alone in [...] safe and well this winter - Could you #ShowYouCare?
http://ow.ly/byBp30hD4q5 #TeamCheryl

show you care
Kent Fire and Rescue Service

👥 **3,900 people reached**

👍 Like   💬 Comment   ➤ Sh[...]

👍❤️ Carol Gillings, Lydia Holland and 21 others

19 shares

Write a comment...   😊 📷 GIF 🙂

Kent Fire and Rescue Service ✔
@kentfirerescue

With cold, wintery weather ret[...]
and Medway this weekend, pl[...]
time to #showyoucare by che[...]
friends and neighbours are sa[...]
#kentsnow ow.ly/DpEW30iZ5[...]

show you care
Kent Fire and Rescue Service

4:00 PM - 16 Mar 2018

12 Retweets 13 Likes   👤👤👤👥👤👤

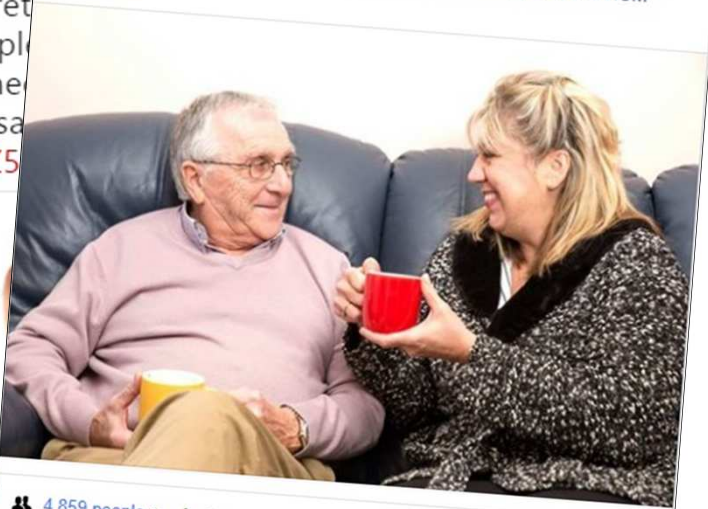💬   ⟲ 12   ♡ 13   �

🔵 Add another Tweet

Kent Fire and Rescue Service
Published by Hootsuite [?] · 26 February · 🌐

Snow is moving its way into the county and it's got a lot colder! #ShowYouCare by visiting someone who spends time alone, maybe a neighbour or someone in their later years who'd benefit from a friendly face. Break the cycle of social isolation by saying 'hello' ow.ly/pKaj30hSMCM #kentsnow

👥 **4,859 people reached**

👍 Like   💬 Comment   ➤ Share   🔴 ▾

👍❤️ Hazel Broadley, Elaine Platt and 19 others

24 shares

Write a comment...   😊 📷 GIF 🙂

Kent Fire &
Rescue Service

It's estimated that in Kent and Medway there are more than 40 thousand over 65s living socially isolated lives (2017).

Conclusion

- Strong media exposure for both campaigns
- Excellent business to business engagement (Haircare)
- Using a network to generate more referrals for Safe and Well Visits
- Delivered both campaigns within tight budgets
- Joined up team-work to deliver the campaign
- Strong safety messages
- Both campaigns have generated Safe and Well Visits
- Haircare Network and Show you Care have both helped establish KFRS as a health and care asset

For more information

Email: richard.stanford-beale@kent.fire-uk.org

Telephone: 01622 692121 ext.8454

For referrals or general advice:

0800 923 7000

Web Search 'KFRS Safe and Well'

Video: ttps://vimeo.com/205047553/347f54e15c

Kent Fire & Rescue Service

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Loneliness and Social Isolation Select Committee

Kent Fire & Rescue Service - Social Isolation initiatives

Briefing for Kent County Council
26 September 2018

Introduction

The Fire & Rescue Service has a strong brand and reputation which gives it access into people's homes that other agencies often struggle to reach. Over the last few years the Fire & Rescue Service has been approached nationally by Public Health England and the NHS to exploit these opportunities. This initiative has been termed as 'Fire as a Health Asset' and includes the development of 'Safe and Well Visits'.[1]

On 1 October 2015 a consensus statement was signed by NHS England, Public Health England, Local Government Association, Chief Fire Officers' Association and Age UK, setting out a national commitment to improve health and wellbeing.[2] In February 2016 Kent & Medway Fire & Rescue Authority (KMFRA) agreed to develop Safe & Well visits to support this agenda.[3] This involved increasing the size of its home safety team, providing appropriate training and developing firefighters to undertake Safe & Well visits.

In addition to Safe & Well Visits in people's homes, Kent Fire & Rescue Service (KFRS) undertakes community safety work in numerous other settings including schools, public events and via social media. It often works with the NHS and local authority partners to develop and deliver these initiatives.

The impact of social isolation on health and wellbeing is well established. Whilst there is not a direct link to KMFRA's priorities, it is well established that poor health and wellbeing increase the risk of fire and the consequences of fire. Additionally, some risk behaviours, such as hoarding, remain hidden because of social isolation. The Service is therefore keen to support any initiatives to reduce social isolation that do not significantly impact on available resources.

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[1] Principles for a Safe and Well visit https://www.england.nhs.uk/wp-content/uploads/2015/09/safe-well-visit-pinciples.pdf
[2] Working Together https://www.england.nhs.uk/wp-content/uploads/2015/10/working-together.pdf
[3] Safety and Wellbeing Plan 2016-18 http://www.kent.fire-uk.org/_resources/assets/inline/full/0/6713.pdf

Social isolation is by its nature very hard to resolve, and it is highly likely that any initiatives that have successful impact will need to be delivered in partnership with a number of agencies. This is demonstrated by the examples below. KFRS is therefore pleased to be supporting KCC's INTERREG bid for its Connected Communities Project.

Safe & Well Visits

The Service has a specialist team of twenty Home Safety Officers working across Kent & Medway. The team aims to complete 16,000 Safe & Well Visits this year. Additionally, fire crews across the county aim to complete a further 18,000 visits focusing on people aged over 70 who have been identified as a high-risk group.

A typical Safe & Well Visit takes around 45 minutes to complete. The officer spends time with the customer to understand their behaviours and motivations. They will also look around the whole of the premises, usually with the customer, to identify environmental risks as well as signs and indicators of risk behaviour. Many of the visits result from referrals from other agencies or individuals. In these cases, any information from the referring agency or individual will also be taken into account whilst assessing the risks.

The Officer will try to minimise the risks identified. This may be through providing advice and encouraging behaviour change or through changing the home environment. The Officer may identify social isolation as the underlying cause or consequence of a person's health issues. Identifying social isolation calls upon the engagement skills and experience of the individual officers.

Once social isolation is identified as an issue there is no single recognised pathway to support the individual. There are a number of services which the Officer may refer the individual to, including adult social services, local community services or charities such as Age UK.

One issue KFRS often faces is ensuring that the service it refers someone to is appropriate for them and the necessary support will be sustained. This is a particular issue with regard to social isolation, where there is no simple solution and the person is likely to need continuous support. One service KFRS has started referring people to - which seems to be able to offer support over the necessary duration of time - is Age UK's 'Call in Time' telephone befriending service.

Staying Connected in Medway

Between November 2016 and May 2017 KFRS supported a social isolation pilot in Medway. The pilot aimed to increase and improve the number of social interactions an older person may have, as well as signpost and refer them to a range of support agencies. These services were wide ranging and included befriending associations and charities such as the Royal Voluntary Service and Age UK. The initiative was cited in the Missing Millions report.[4]

KFRS helped to identify people over 55 who may be socially isolated whilst undertaking Safe and Well Visits. Those meeting the criteria were provided with a 'Staying Connected' directory which gave them a list of local groups and organisations. As a result, 44 people were referred to other agencies for support and 16 were visited by a KFRS volunteer to measure their loneliness scores and to explore the directory. People were offered up to three visits by a KFRS volunteer, but most declined additional visits.

Since the pilot, KFRS and other agencies have continued to distribute the 'Staying Connected' directory, which has subsequently been revised; the follow up visits by KFRS volunteers were resource-intensive and have not continued since the pilot ended. It is understood Medway Council is currently developing its next social isolation strategy.

Show You Care

In January 2018 KFRS launched its Show You Care campaign which aims to reduce social isolation and help to keep people safe. The initiative seeks to help make people feel valued, safer and less isolated. KFRS encourages people to visit someone they know for "a chat and a cuppa", and to consider how they can help reduce the risk of fire in their home.

The campaign also aims to increase the number of people referred to KFRS for a Safe and Well Visit. In 2017-2018 celebrity Cheryl Baker helped to promote the campaign, leading to more awareness of the campaign.

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[4] https://www.campaigntoendloneliness.org/wp-content/uploads/The-Missing-Million-report-FINAL.pdf

Between January and May 2018, over 180,000 people were reached through Facebook or Twitter, with over 14,000 people viewing two promotional videos. Over 1,700 people directly engaged with the social media campaign. The campaign was promoted again during the summer heatwave to help vulnerable people who were at greater risk.

Haircare Network

Between March and October 2016 KFRS built a network of hairdressers/barbers (both shop-based and mobile) to help promote its Safe & Well Visits to hard-to-reach groups, including older people who may be social isolated. The Royal Society for Public Health, which endorsed the campaign, has recognised that hairdressers are ideally placed to spread public health messages. The campaign generated an increase in the number of Safe & Well referrals for relevant target groups.

During the eight months of the campaign, 107 businesses registered with the Haircare Network and received promotional materials for their salons. Businesses were also provided with additional training, such as Dementia Friends awareness sessions.