



AGENDA

SELECT COMMITTEE - LONELINESS AND SOCIAL ISOLATION

Monday, 18th February, 2019, at 1.30 pm

Ask for: Gaetano Romagnuolo

Wantsum Room - Sessions House (*changed from Stour Room*)

Telephone 03000 416624

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

Membership

Mr K Pugh (Chairman), 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 and Ida Linfield

UNRESTRICTED ITEMS

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

Draft report for consideration and approval by Select Committee
(Pages 3 - 124)

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)

Benjamin Watts
General Counsel
03000 416814

Friday, 8 February 2019

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 Report



March 2019

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***“A sad soul can kill you quicker, far quicker,
than a germ”***

John Steinbeck

Contents

	Foreword	5
1	Executive Summary	7
1.1	Committee membership	7
1.2	Scene setting	8
1.3	Terms of reference	9
1.4	Scope	10
1.5	Recommendations	12
1.6	Methodology	15
2	Background	17
2.1	Why tackle loneliness and social isolation	18
2.2	Who is affected and why	24
2.3	The impact of loneliness on older people	27
2.4	National policies and strategies	30
2.5	The local picture	32
3	A Strategic, Collaborative Approach	37
3.1	Our vision	38
3.2	A corporate strategy	44
3.3	Working together	48
4	Mapping and Information Sharing	55
4.1	Identification and mapping	56
4.2	Sharing information	62
5	Social Prescribing	65
5.1	What is social prescribing?	66
5.2	Why social prescribing	68
5.3	Community Wardens	74
6	Transport and Awareness	79
6.1	Transport	80
6.2	Awareness	86
7	Evaluation and Review	91
7.1	Evaluation	92
7.2	A Loneliness and Social Isolation Panel	94
8	Conclusion	97

Appendix 1 Evidence	99
Appendix 2 Glossary	105
Appendix 3 Tables and charts	107
References	111
Acknowledgements	119

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Foreword



There is growing recognition that loneliness and social isolation are serious problems with far reaching implications, not just for individuals, but also for wider society.

We have all felt lonely at some time in our lives but, for most of us, it is a temporary feeling that we eventually overcome. Unfortunately, that is not everyone's experience.

While in the past loneliness was sometimes viewed as a trivial matter, it is increasingly understood to be a highly personal and complex problem which can affect a person's mental and physical health very detrimentally.

Given its limited time and resources, this review has focused on older people, because many "trigger" events that can lead to social isolation are likely to hit the hardest later in life. However, we are fully aware that there are other groups of people - such as young people, carers and disabled people – who are also particularly vulnerable to loneliness. Reflecting this awareness, the recommendations in this report are wide-ranging and are aimed at benefiting all those who may need support.

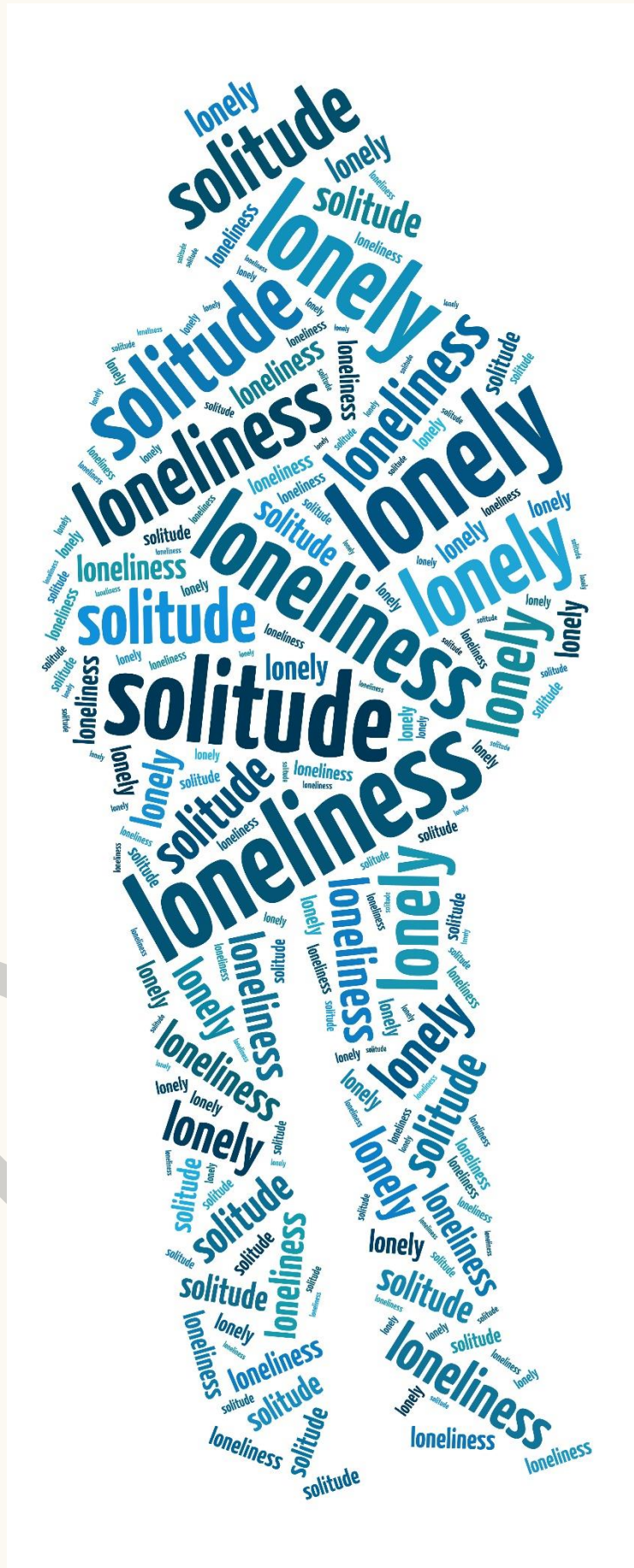
Tackling this condition is not easy. There is already great work going on within communities, businesses, the voluntary sector and across the local authority. But more can and should be done. If interventions are going to be even more effective, we need to make sure that they are tailored to meet the specific needs of individuals, because there is no one-size-fits-all solution. It is also crucial that we raise awareness of the services and support that are available, and that we fight the stigma that is attached to this debilitating condition. Given the complex and multi-faceted nature of the issue, the most effective way of achieving these aims is through a single, overarching strategy which explicitly recognises its seriousness, promotes collaboration and sets out clear steps to deal with it.

The work of this review is timely, given the recent appointment of a Ministerial lead on loneliness and the development of a national loneliness strategy. But we all have a role to play in tackling loneliness and social isolation in Kent. This Committee shares the vision of the late Jo Cox MP, that only by working together can we make a real difference to the lives of lonely and socially isolated people.

A handwritten signature in black ink, which appears to read 'Ken Pugh'.

Ken Pugh

Chairman of the Loneliness and Social Isolation Select Committee



1.Executive Summary

1.1.Committee Membership

1.1.1. The Committee consists of nine elected Members of Kent County Council (KCC): seven members of the Conservative Party, one member of the Labour Party and one member of the Liberal Democrat Party.



Mr Matthew Balfour
Conservative
Malling Rural



Mrs Pauline Beresford
Conservative
Dover Town



Mr David Brazier
Conservative
Sevenoaks Rural North
East



Ms Karen Constantine
Labour
Ramsgate



Ms Sarah Hamilton
Conservative
Tunbridge Wells Rural



Mr Tony Hills
Conservative
Romney Marsh



Mrs Liz Hurst
Conservative
Birchington & Rural



Ms Ida Linfield
Liberal Democrat
Canterbury City South



Mr Ken Pugh
Conservative
(Chairman)
Sheppey

1.2. Scene setting

- 1.2.1. There is growing recognition that loneliness and social isolation are serious issues with far reaching consequences for individuals and wider society.
- 1.2.2. While loneliness can affect anybody, its mental and physical effects can be particularly detrimental to older people, because the health risks associated with it increase as people age. It has been estimated that about 10% of those aged 65 and over, that is about 30,000 people in Kent alone, suffer from acute loneliness.
- 1.2.3. Loneliness and social isolation are a matter of concern to local authorities, because these conditions can increase pressure on a wide range of health and public services. Research indicates that they can increase the risk of premature death by 30%, and that weak social connections carry health risks that are comparable to obesity and smoking. With an ageing population, and a difficult financial climate, loneliness is likely to become an even more challenging issue.
- 1.2.4. Tackling this highly personal and complex problem is not easy. Yet Kent County Council can and should play a central role by taking up the challenge and ensuring that adequate services and support are in place to alleviate suffering and improve the lives of its older residents.

1.3. Terms of reference

- 1.3.1. 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.
- 1.3.2. To investigate the impact of social isolation and loneliness on Kent's older residents.
- 1.3.3. 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.
- 1.3.4. To recommend initiatives and strategies to prevent or reduce the impact of social isolation and loneliness on Kent's older residents.

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1.4.Scope

1.4.1. The complexity of this topic and the tight timetable for the review required a clear and focused approach. Key themes and aspects covered by the review are detailed below:

- 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.**
 - a. To define and put into context social isolation and loneliness.
 - b. To identify the key groups of people who are affected by social isolation and/or loneliness in Kent.
- 2. To investigate the impact of social isolation and loneliness on Kent's older residents.**
 - a. To explore the main causes leading to social isolation and loneliness amongst adults aged 65 and over in Kent.
 - b. To assess the impact of social isolation and loneliness on this group of 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.**
 - a. To explore KCC's current service provision and partnership working aimed at reducing social isolation and loneliness amongst adults aged 65 and over in Kent.
 - b. To examine the extent to which this service provision and collaboration is effective in dealing with social isolation and loneliness amongst this group of people.
- 4. To recommend initiatives and strategies to prevent or reduce the impact of social isolation and loneliness on Kent's older residents.**

Key messages

- **Loneliness and social isolation are serious problems with far reaching implications, not just for individuals, but also for wider society.**
- **They can affect anybody, but their effects are likely to hit the hardest in later life.**
- **They can lead to mental and physical health issues, with impacts comparable to smoking and obesity.**
- **Action to combat loneliness is most effective if it is delivered in partnership between the public, private and voluntary sectors.**
- **Interventions need to be tailored to meet the specific needs of individuals, because there is no one-size-fits-all solution.**
- **It is crucial to raise awareness of the services and support that are available, and to promote a cultural change around the stigma that is attached to this debilitating condition.**
- **The most effective way for different parts of KCC to tackle loneliness and social isolation is through a single, overarching strategy which explicitly recognises its seriousness, promotes collaboration and sets out clear steps to deal with them.**
- **We all have a role to play, and only by working together can we make a real difference to the lives of lonely and socially**

1.5. Recommendations

Recommendation 1

The Committee recognises that loneliness and social isolation are not issues that affect older people exclusively. The Committee recommends that the Adult Social Care and Health Directorate leads further investigations into the prevention or reduction of loneliness and social isolation amongst specific groups of people who are also likely to be impacted, such as young people, disabled people and carers. *(see Chapter 3)*

Recommendation 2

KCC should produce a corporate strategy aimed at tackling loneliness and social isolation in Kent. The strategy should set out clear objectives, as well as roles and responsibilities, and should strengthen coordination and collaboration between KCC services. *(see Chapter 3)*

Recommendation 3

KCC should organise a high-profile event to launch its strategy. This should involve partner organisations from the public, private and voluntary sectors. A key objective of this event should be to promote closer collaboration in order to prevent or reduce loneliness and social isolation in Kent. *(see Chapter 3)*

Recommendation 4

KCC should work with the Government, local partner agencies and the voluntary sector to enable Kent residents to access, from both a single online source and a single contact number, information on services, activities and support that could help to reduce their risk of feeling lonely.

KCC should also consider the opportunity of volunteering in the Government's pilots to explore how better use of data can help to make it easier for people to find local activities, services and support. *(see Chapter 4)*

Recommendation 5

The Committee fully endorses the social prescribing model, which enables organisations to refer people – including those who suffer from loneliness - to a range of services that offer support for social, emotional or practical needs.

The Committee also endorses the pilot to assess the effectiveness of Kent Community Wardens acting as “community connectors” and playing a central role in the identification, referral and support of people who suffer from loneliness and social isolation. The Committee recommends that, if necessary, funding should be found to ensure that this project is completed.

If the pilot is successful, an understanding will be needed of how the role of Community Wardens would fit alongside social prescribing structures in the county. *(see Chapter 5)*

Recommendation 6

KCC’s Public Transport team should investigate the feasibility of expanding the Kent Karrier service, and should continue to offer financial support and information to those who wish to introduce or expand a community transport service. *(see Chapter 6)*

Recommendation 7

KCC’s Public Transport team should encourage organisations in Kent’s transport sector to develop ways of connecting people – such as the Talking Bus service - so that transport networks play the greatest possible role in tackling loneliness and social isolation. *(see Chapter 6)*

Recommendation 8

KCC should work with the Government to develop a Kent-focused campaign to raise awareness of the issues of loneliness and social wellbeing. The campaign should provide information including:

- the negative consequences of loneliness and social isolation
- the support that is available and how to access it. *(see Chapter 6)*

Recommendation 9

KCC should sign up to the Government’s pledge to support its employees by addressing loneliness and building social connections. KCC should also encourage local employers across all sectors to adopt the pledge to support their own employees’ social wellbeing and health. *(see Chapter 6)*

Recommendation 10

KCC should adopt the Government's standard approach to measuring loneliness, which is based on the UCLA Loneliness Scale, and should encourage partner organisations and service providers in Kent to do the same in order to ensure consistency across the county. (see Chapter 7)

Recommendation 11

KCC should set up a panel – which should include KCC Members – to monitor the effectiveness of interventions, promote best practice, and review progress against the objectives of the Loneliness and Social Isolation Strategy. (see Chapter 7)

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1.6. Methodology

- 1.6.1. The Loneliness and Social Isolation Select Committee held 19 formal hearing sessions with a wide range of witnesses, including representatives of the Campaign to End Loneliness, the British Red Cross, Public Health England (PHE), Essex County Council, the Department for Digital, Culture, Media and Sport, local organisations and KCC Cabinet Members and senior officers.
- 1.6.2. The Committee also made four visits. These were to the Kent Shed near Folkestone, the Healthy Living Centre in Dartford, Involve Kent in Maidstone, and the Wellfield Community Hall in Hartley for a discussion with a group of Community Wardens and volunteers.
- 1.6.3. Finally, the Committee received written evidence from a number of sources, including the Dioceses of Rochester and Canterbury, Kent Police, local Clinical Commissioning Groups (CCGs), the Physical Disability Forum and many local voluntary organisations. The full evidence list is set out in Appendix 1.



2. Background

Loneliness and social isolation are complex conditions which, until recently, have remained relatively under-researched.

They are now starting to receive attention from local authorities, health and social care providers and third-sector organisations as a result of a growing body of research showing that loneliness is a serious condition which can have harmful effects on individuals' physical and mental health, as well as bringing costs to public services and the economy.

Loneliness and social isolation can affect anyone. However, many “trigger” events that can lead to social isolation - such as deteriorating health, lack of mobility and increasing physical frailty – are likely to hit the hardest later in life.

2.1. Why tackle loneliness and social isolation

- 2.1.1. Loneliness and social isolation are complex conditions which, until recently, have been relatively under-researched.
- 2.1.2. However, both social isolation and loneliness are starting to receive increased attention from local authorities, health and social care providers and third-sector organisations as a result of a growing body of research showing that loneliness is a serious condition which can have a harmful effect on individuals' physical and mental health, as well as bringing costs to public services and the economy.

Definitions

- 2.1.3. While the terms “loneliness” and “social isolation” are often used interchangeably, there are several important distinctions between them.¹
- 2.1.4. The widely used definition of “loneliness” by Perlman and Peplau, which is used by the Campaign to End Loneliness and the Jo Cox Commission, is as follows:
- 2.1.5. “**Loneliness**” is ‘a subjective, unwelcome feeling of a 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.’²
- 2.1.6. “**Social isolation**” is ‘an objective state determined by the quantity of social relationships and contacts between individuals, across groups and communities’.³
- 2.1.7. While loneliness is a perception⁴, social isolation can stem from physical access difficulties or emotional and social barriers, such as traumatic events and stigmas.^{5 6}

¹ IOTUK (2017) Social Isolation and Loneliness in the UK - With a Focus on the Use of Technology to Tackle These Conditions

² Perlman, D. & Peplau, L. A. (1981) Toward a Social Psychology of Loneliness. In R. Gilmour & S. Duck (Eds.), Personal Relationships: 3. Relationships in Disorder. London: Academic Press

³ Grant, C. (2016) Loneliness and Social Isolation in Older People, The Local Democracy Think Tank

⁴ Age UK (2015) Evidence Review: Loneliness in Later Life, London

⁵ IOTUK (2017) Social Isolation and Loneliness in the UK - With a Focus on the Use of Technology to Tackle These Conditions

⁶ Local Government Information Unit (2017) Social Isolation and Loneliness in the UK, London

“Loneliness” is ‘a subjective, unwelcome feeling of a 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’.

“Social isolation” is ‘an objective state determined by the quantity of social relationships and contacts between individuals, across groups and communities’.

Impact and costs of loneliness and social isolation

2.1.8. Loneliness and social isolation are **serious and widespread issues** in the UK. The Campaign to End Loneliness reports that:

- Over 9 million people in the UK – almost a fifth of the population – say they are always or often lonely, although almost two thirds of them feel uncomfortable about admitting to it.
- Over half (51%) of all people aged 75 and over live alone.
- Two fifths of all older people (about 3.9 million) say the television is their main companion.
- 17% of older people are in contact with their family, friends and neighbours less than once a week, and 11% are in contact less than once a month.^{7 8}



**Over
9 million**
adults are often
or always lonely.

(British Red Cross
and Co-op)

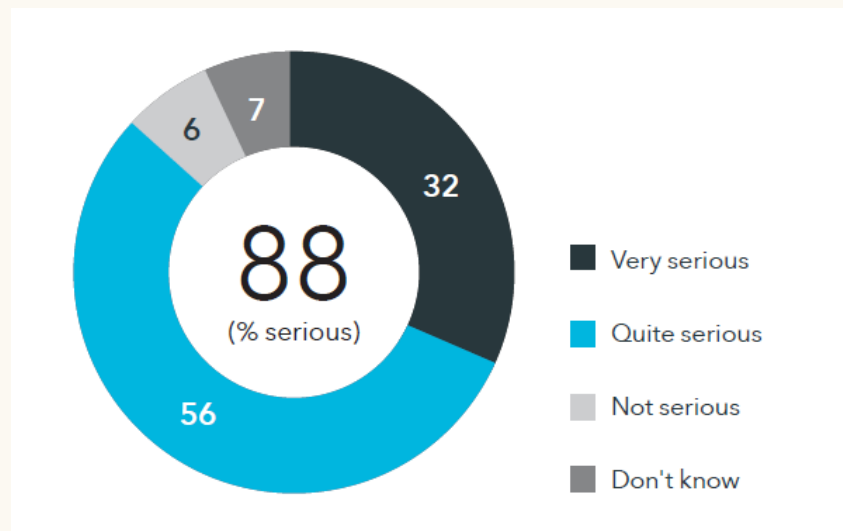
Source: Jo Cox Commission on Loneliness (2017) Combatting Loneliness One Conversation at a Time: A Call to Action, London

⁷ Campaign to End Loneliness (2018) Loneliness Research: Loneliness and Social Isolation in the United Kingdom, online, <https://www.campaigntoendloneliness.org/loneliness-research>

⁸ Jopling, K & Howells, A (2018) Connecting Communities to Tackle Loneliness and Social Isolation (Learning Report), British Red Cross and Co-op

2.1.9. In-depth research commissioned by the Co-op and the British Red Cross found that 88% of people agree that loneliness is a serious issue in the UK, with 32% thinking that it is a very serious issue (Figure 1).⁹

Figure 1: How serious a problem do you think loneliness is in the UK?



Source: Co-op and British Red Cross (2016), Escaping the Bubble, London

2.1.10. The impact of loneliness and social isolation goes beyond a painful emotional experience. There is clear evidence that loneliness and social isolation are **harmful to our health** and are associated with a range of negative health outcomes, which in turn put increased pressure on local health and social care services. Specific impacts of social isolation and loneliness include:

- More frequent use of public services due to a lack of support networks. People who are socially isolated are:
 - 1.8 times more likely to visit a GP
 - 1.6 times more likely to visit A&E
 - 1.3 times more likely to have emergency admissions
 - 3.5 times more likely to enter local authority funded residential care.¹⁰

⁹ Co-op and British Red Cross (2016) Escaping the Bubble: Working Together to Tackle Loneliness and Social Isolation Across the UK

¹⁰ Social Finance (2015) Investing to Tackle Loneliness: A Discussion Paper

- Increased likelihood of developing a number of health conditions. Research shows that weak social connections carry **health risks that are comparable to obesity, smoking or being an alcoholic**.¹¹ More specifically, socially isolated people are:
 - 3.4 times more likely to suffer depression
 - 1.9 times more likely to develop dementia in the following 15 years
 - 2 to 3 times more likely to be physically inactive, which may result in their being 7% more likely to develop diabetes, 8% more likely to suffer a stroke and 14% more likely to develop coronary heart disease.¹²
- **Increased mortality.** Loneliness has been found to increase the likelihood of mortality by 26%. In the case of an emergency, any social contact is likely to increase survival rates. As a report that stemmed from the Marmot Review (2010) stated, “individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks have a larger impact on the risk of mortality than on the risk of developing disease, in the sense it is not so much that social networks stop you from getting ill, but that they help you to recover when you get ill”.¹³

“Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely”

Michael Marmot (2010) Fair Society, Healthy Lives: The Marmot Review

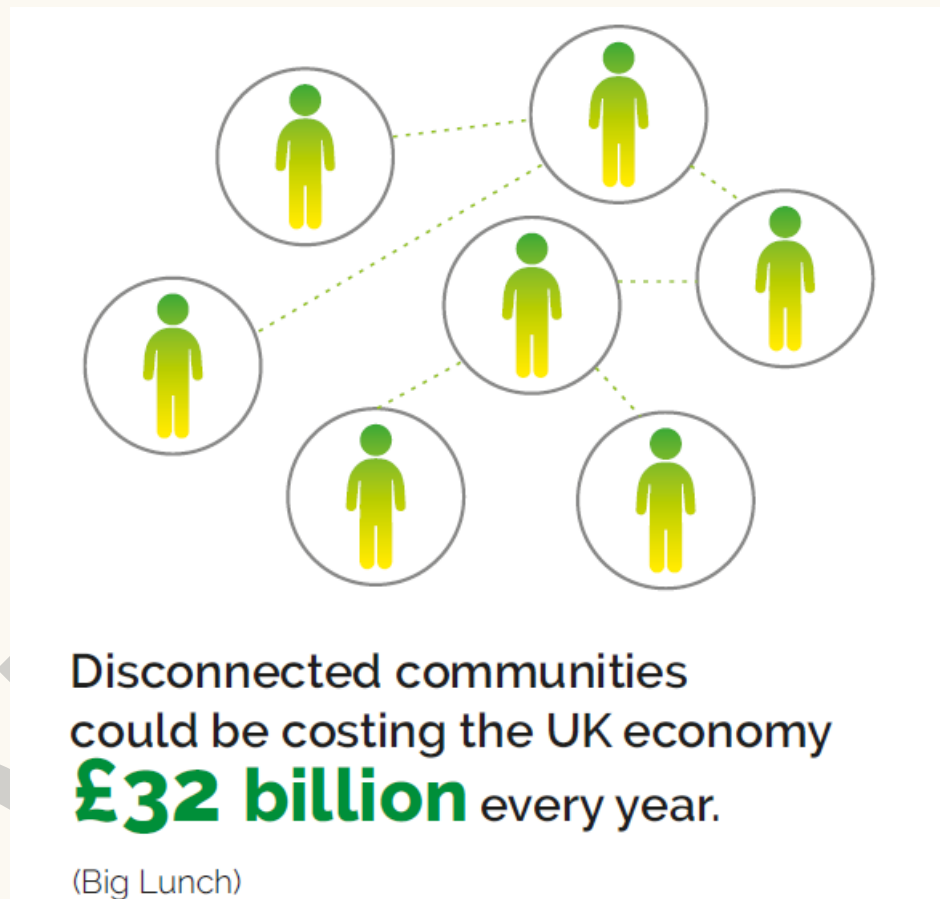
¹¹ Holt-Lunstad, J. (2010) Social Relationships and Mortality Risk: A Meta-Analytic Review

¹² Social Finance (2015) Investing to Tackle Loneliness: A Discussion Paper

¹³ Marmot, M. (2010) Fair Society, Healthy Lives: The Marmot Review

2.1.11. Recent research, commissioned by the Eden Project and funded by the Big Lottery Fund, found that **disconnected communities could be costing the UK economy £32 billion a year**. The annual costs of social isolation and disconnected communities include:

- £5.2 billion due to greater demands on health and care services
- £205 million as a result of greater demands on policing
- £12 billion net cost to the economy due to a loss of productivity.^{14 15}



Source: Jo Cox Commission on Loneliness (2017) *Combating Loneliness One Conversation at a Time: A Call to Action*, London

¹⁴ CEBR (2017) *The Cost of Disconnected Communities: Report for the Big Lunch*

¹⁵ Kent County Council (2018) Adult Social Care Cabinet Committee, 19 January 2018, Maidstone

Interventions and return on investment

2.1.12. Tackling loneliness can alleviate people's suffering and improve the quality of their lives. It can also bring wider benefits to local communities and to society at large, for example by reducing the demand for costly health and care interventions.¹⁶

2.1.13. Although hard cost-benefit analyses of loneliness are scarce, evidence from individual case studies indicates that particular interventions can produce a good return on investment. The Local Government Association (LGA) reports the following examples.

- **Rotherham Social Prescribing Scheme:** commissioned by NHS Rotherham CCG and delivered by Rotherham Voluntary Action, it measures patients' progress towards social outcomes and predicts a £3.38 long-term return for every £1 spent.
- **Living Well Cornwall:** initiated by Age UK and NHS Kernow CCG, this programme – which aims to build self-reliance and self-confidence in participants - has shown a 41% reduction in the cost of hospital admissions and a £3.10 return on investment. The scheme has also led to an 8% reduction in social care costs.
- **Gloucestershire Village and Community Agents** activities resulted in savings to Gloucestershire's Health and Social Care services of almost £1.3 million between 2012-14. For every £1 that the scheme cost, the return was estimated to be £3.10.^{17 18}

2.1.14. KCC's analysis of the current evidence found that, in general, signposting and navigation services were more likely to be cost-effective. It also found that interventions which were able to target effectively lonely and/or socially isolated people showed the highest potential for cost-effectiveness.

¹⁶ Local Government Association (2016) Combating Loneliness: A Guide for Local Authorities, London

¹⁷ Local Government Information Unit (2016) Policy Briefing. Loneliness and Social Isolation in Older People, London

¹⁸ Local Government Association (2016) Just What the Doctor Ordered. Social Prescribing: A Guide for Local Authorities, London

2.2. Who is affected and why

2.2.1. **Loneliness can affect anyone.**¹⁹ Everyone can feel lonely from time to time; this is part of being human.²⁰ However, a combination of previous experiences, circumstances and conditions with ‘trigger’ events, can push a person into chronic loneliness and serious harm.²¹

2.2.2. Some factors are likely to be “internal” and specific to the **individual** - for example, their personality, level of self-esteem and resilience at a particular time.^{22 23}

2.2.3. People differ in their innate need for social connection and their ability to manage feelings of exclusion. This can affect how they interact with others and their expectations of them, and may compound their sense of loneliness.²⁴

2.2.4. **Circumstances** are also important. The Office for National Statistics (ONS) recently investigated how different factors affected the likelihood of feeling lonely. People who reported being lonely more often were likely to have at least one of several specific characteristics. They included:

- being aged 16 to 24
- being widowed
- having poor health
- having a long-term illness or disability
- having caring responsibilities
- being unemployed.^{25 26}

¹⁹ Local Government Information Unit (2017) Social Isolation and Loneliness in the UK, London

²⁰ Cacioppo, J., Cacioppo, S., Boomsma, D. (2013) Evolutionary Mechanisms for Loneliness. Cognition and Emotions. January 2014, 28 (1)

²¹ Perlman, D. and Peplau, L. (1998) Loneliness. In Friedman, H.S., Ed., Encyclopaedia of Mental Health, Vol. 2, Academic Press, San Diego, 571-581

²² Aiden, H. (2016) Isolation and Loneliness: An Overview of the Literature. British Red Cross

²³ Campaign to End Loneliness and University of Kent (2016) Hidden Citizens: How Can We Identify the Most Lonely Older Adults? London

²⁴ Cacioppo, J., Patrick, W. (2008) Loneliness: Human Nature and the Need for Social Connection. W. W. Norton & Company

²⁵ Office for National Statistics (2018) What Characteristics and Circumstances Are Associated with Feeling Lonely? London

²⁶ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

- 2.2.5. External factors and wider **environmental conditions**, such as cultural attitudes and **stigma**, also play a significant role.^{27 28} As stated earlier, nearly two thirds of those who said that they felt lonely were uncomfortable about admitting to it.²⁹
- 2.2.6. **Local infrastructure**, such as the quality of transport links and community facilities, is important to making and maintaining social connections.^{30 31 32 33}
- 2.2.7. The evidence about the impact of **social media** is more ambivalent. They can be positive interventions to tackle loneliness or a cause for it, particularly among young people.³⁴ It appears that the extent to which social media increase or reduce loneliness may depend on which platform is used,^{35 36} and on whether they are used as a substitute for “real life” interactions or as a complement to them.³⁷
- 2.2.8. The **working environment** can also have an impact. Although technology enables people to work more flexibly, it can also limit their opportunities for social interaction. Even people who work in the same place can find it difficult to socialise if they have heavy workloads and pressure.³⁸

²⁷ Lau, S., Gruen, G. E., (1992) The Social Stigma of Loneliness: Effect of Target Person's and Perceiver's Sex. *Personality and Social Psychology Bulletin*, 18(2), 182-189

²⁸ Rotenberg, K. J., Kmill, J. (1992) Perception of Lonely and Non-lonely Persons as a Function of Individual Differences in Loneliness. *Journal of Social and Personal Relationships*, 9(2), 325-330

²⁹ Campaign to End Loneliness (2018) Loneliness Research: Loneliness and Social Isolation in the United Kingdom, online, <https://www.campaigntoendloneliness.org/loneliness-research>

³⁰ Social Exclusion Unit (2003) Making the Connections: Final Report on Transport and Social Exclusion

³¹ Boniface, S., Scantlebury, R., Watkins, S., et al (2014) Health Implications of Transport: Evidence of Effects of Transport on Social Interactions, Transport and Health Study Group

³² Williams, J. (2005). Designing Neighbourhoods for Social Interaction: The Case of Cohousing. *Journal of Urban Design*, 10(2), 195-227

³³ Mazumdar, S., Learnihan, V., Cochrane, T., and Davey, R. (2018) The Built Environment and Social Capital: A Systematic Review, *Environment and Behavior* 2018, Vol. 50(2) 119-158

³⁴ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

³⁵ Royal Society for Public Health (2017) #StatusOfMind: Social Media and Young People's Mental Health and Wellbeing

³⁶ Pittman, M., Reich, B. (2016). Social Media and Loneliness: Why an Instagram Picture May Be Worth More Than a Thousand Twitter Words

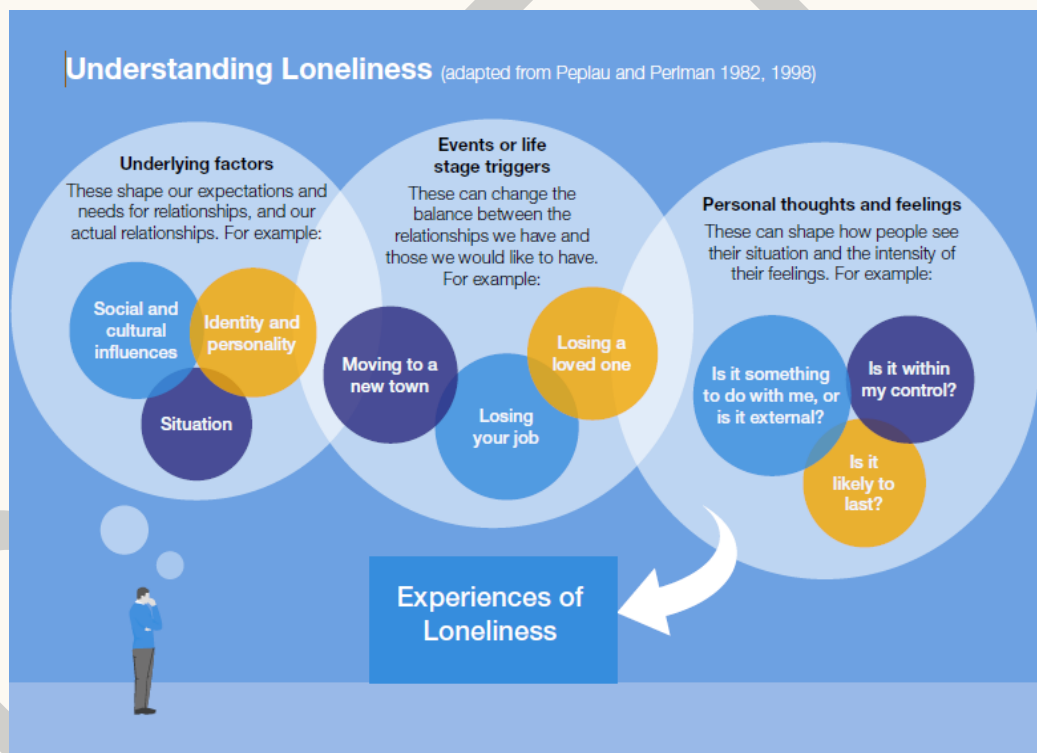
³⁷ Nowland, R., Necka, E.A., Cacioppo, J.T. (2017) Loneliness and Social Internet Use: Pathways to Reconnection in a Digital World? *Perspectives on Psychological Science* Vol 13, Issue 1, pp. 70-87

³⁸ Ibid

2.2.9. Finally, particular life events – sometimes referred to as “**trigger points**” - appear to increase the risk of feeling lonely more often. They can change a person’s relationships or their need for them, creating a mismatch between the two. Trigger events include:

- a bereavement
- becoming a carer
- getting divorced
- migration
- moving home or job
- a new baby
- children leaving home.^{39 40 41}

Figure 2: Factors leading to loneliness



Source: Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

³⁹ The Forum (2014) This Is How It Feels to Be Lonely: A Report on Migrants and Refugees' Experiences with Loneliness in London

⁴⁰ Carers UK (2015) Alone and Caring: Isolation, Loneliness and the Impact of Caring on Relationships

⁴¹ British Red Cross and Co-Op (2016) Trapped In A Bubble: An Investigation Into Triggers for Loneliness in the UK

2.3. The impact of loneliness on older people

2.3.1. Analyses conducted by the ONS show that older people are more satisfied with life generally than their younger counterparts.⁴² The agency suggests that this may be due partly to their having lower expectations, because of their more mature perspectives, and greater resilience. However, **the impact of loneliness on older people's wellbeing is considerable**; they are most likely to feel lonely and they are subject to a high number of risk factors.⁴³

2.3.2. **As people get older, their risk of social isolation increases.** This has been exacerbated by the trend of children moving to live far away from their parents.⁴⁴ Only 46% of people aged over 65 said they spent time with their family on most or every day, compared to 65-76% for other ages. 12% said they never spent time with their family.⁴⁵ Over 65s also spent less time with friends: only 35% had spent time with friends most or every day in the previous 2 weeks, and 12% never did.⁴⁶

2.3.3. In addition, the older that people become, the more likely it is that many of their oldest friends and acquaintances have died. The number and variety of social interactions tends to decline in later life while the need for social support and participation increases.⁴⁷ ⁴⁸ For 3.6 million people aged over 65 television is their main source of company.⁴⁹ ⁵⁰ Over half (51%) of all those aged 75 and over live alone.⁵¹

⁴² Office for National Statistics (2015) Insights into Loneliness, Older People and Wellbeing, London

⁴³ Ibid

⁴⁴ Local Government Association (2015) Ageing: The Silver Lining - The Opportunities and Challenges of an Ageing Society for Local Government, London

⁴⁵ Age UK (2015) Evidence Review: Loneliness in Later Life, London

⁴⁶ Ibid

⁴⁷ Handler, S., A Research and Evaluation Framework for Age Friendly Cities. 2014, UK Urban Ageing Consortium.

⁴⁸ Local Government Association (2015) Ageing: The Silver Lining - The Opportunities and Challenges of an Ageing Society for Local Government, London

⁴⁹ Jo Cox Commission on Loneliness (2017) Combatting Loneliness One Conversation at a Time: A Call to Action, London

⁵⁰ Age UK (2015) Loneliness Later in Life – Evidence Review, UK

⁵¹ Local Government Association (2016) Combating Loneliness: A Guide for Local Authorities, London

For **3.6 million** people aged 65
television is the main form of company.

(Age UK)



Source: Jo Cox Commission on Loneliness (2017) *Combatting Loneliness One Conversation at a Time: A Call to Action*, London

2.3.4. **Older people are also more likely to be affected by factors that tend to trigger social isolation** and that can lead to a decline into dependency, such as deteriorating health, lack of mobility and increasing physical frailty.⁵² ⁵³ 6% of older people leave their house once a week or less, while 30% say they would like to go out more often.⁵⁴ Nearly 200,000 older people in the UK do not have the help they need to get out of their house, and 9% feel trapped in their own home.⁵⁵

2.3.5. Deteriorating health can lead to older people's social isolation and loneliness which may then contribute to further health deterioration. For instance, there is evidence that loneliness and social isolation are associated with reduced cognitive function,⁵⁶ and that self-perceived loneliness doubles the risk of developing Alzheimer's disease.⁵⁷ ⁵⁸ 22% of men and 28% of women aged over 65 have depression as a result of social isolation and loneliness.⁵⁹ Older people in care homes have almost double the levels of depression of those who live in the community.⁶⁰

⁵² Kent County Council (2018) Adult Social Care Cabinet Committee, 19 January 2018, Maidstone

⁵³ Age UK (2011) *Safeguarding the Convoy*, London

⁵⁴ Local Government Association (2016) *Combating Loneliness: A Guide for Local Authorities*, London

⁵⁵ Ibid

⁵⁶ Shankar, A., Hamer, H., McMunn, A., Steptoe, A. P. A. (2013) 'Social Isolation and Loneliness: Relationships with Cognitive Function During 4 Years of Follow-up in the English Longitudinal Study of Ageing', *Psychosomatic Medicine* 75, pp. 161-170

⁵⁷ Amieva, H., Stoykova, R., Matharan, F., Helmer, C., Antonucci, TC, Dartigues, J. (2010) 'What Aspects of Social Network Are Protective for Dementia? Not the Quantity But the Quality of Social Interactions is Protective Up to 15 Years Later'. *Psychosomatic Medicine*, 72 (9), pp. 905-911

⁵⁸ Nyman, S.R., Gosney, M.A., and Victor, C.R. (2010) 'The Psychosocial Impact of Vision Loss on Older People'. *Generations Review*, 20(2)

⁵⁹ NHS 2007 in Age UK (2011) *Safeguarding the Convoy*, London

⁶⁰ Age UK (2012) *Loneliness – the State We Are In*, London

- 2.3.6. **There are currently about 1.2 million chronically lonely older people in the UK.**^{61 62} Given that the UK has an ageing population, the need to tackle loneliness and social isolation amongst older people is particularly pressing.
- 2.3.7. **The number of people aged 65 or over in England will increase by about 65% in the next 25 years.** In 2012, 9 million UK residents (16% of the population), were aged 65 and over; by 2037 this is expected to increase to 15 million (24% of the population).⁶³
- 2.3.8. The 'oldest old' are the fastest-growing age group in the population. In 2013 it was estimated that there were over 475,000 people aged 90 and over in the UK, of whom 13,780 were aged over 100. By 2035, it is expected that there will be nearly 1.5 million people aged 90 and over in the UK, of whom nearly 100,000 will be centenarians.⁶⁴
- 2.3.9. The London School of Economics and Political Science has estimated conservatively that the cost of social isolation in terms of health and social care needs for those aged over 65, over a 10-year period, could be over £1,700 per person. For the most profoundly isolated this could rise to over £6,000 per person.⁶⁵

⁶¹ Campaign to End Loneliness (2018) The Facts on Loneliness, online, <https://www.campaigntoendloneliness.org/the-facts-on-loneliness/>

⁶² Age UK (2016) No One Should Have No One, online, <https://www.ageuk.org.uk/maidstone/about-us/news/articles/2017/no-one-should-have-no-one/>

⁶³ Local Government Association (2015) Ageing: The Silver Lining - The Opportunities and Challenges of an Ageing Society for Local Government, London

⁶⁴ Ibid

⁶⁵ McDaid, D. et al (2017) Making the Economic Case for Investing in Actions to Prevent and/or Tackle Loneliness: A Systematic Review. Personal Social Services Research Unit, London School of Economics and Political Science, London

2.4. National policies and strategies

2.4.1. Loneliness is increasingly being recognised as a national priority. Much of the initial pressure to combat loneliness came from national, voluntary organisations, particularly Age UK and the Campaign to End Loneliness. National organisations involved in health and social care, especially the LGA and PHE, have also raised awareness and produced information and guidance.⁶⁶

2.4.2. The national profile of loneliness was recently raised by the work of the Jo Cox Commission, which reported in December 2017. The Government accepted the report's recommendations and, as a result:

- Appointed a **ministerial lead for loneliness** – the Minister for Sport and Civil Society.⁶⁷
- Developed a cross-government strategy on loneliness in England – **A Connected Society: A Strategy for Tackling Loneliness (2018)**. A central aim of this strategy is to bring together central government, local government, public services and the voluntary and private sectors to identify opportunities to tackle loneliness in all age groups and build more resilient communities.⁶⁸
- Set up the £11.5 million **Building Connections Fund**. This is a partnership between the Government, Big Lottery Fund and the Co-op Foundation to support projects that prevent or reduce loneliness.⁶⁹
- Will develop an **evidence-base for interventions** and will establish appropriate **indicators** of loneliness.⁷⁰

⁶⁶ Local Government Association (2018) Loneliness: How Do You Know Your Council Is Actively Tackling Loneliness? London

⁶⁷ Ibid

⁶⁸ Ibid

⁶⁹ Gov.UK (2018) Government's Work on Tackling Loneliness, online, <https://www.gov.uk/government/collections/governments-work-on-tackling-loneliness>

⁷⁰ Local Government Association (2018) Loneliness: How Do You Know Your Council Is Actively Tackling Loneliness? London

2.4.3. Other policy levers that support work to combat loneliness and social isolation include:

- The **Care Act 2014**. The 'Wellbeing Principle' in this Act includes provision of social wellbeing care. The Act requires local authorities to take action to address loneliness and the growing need for care.⁷¹ Action on loneliness is defined as a primary prevention measure, which recognises the importance of gathering evidence to develop effective services.⁷²
- The **Health and Social Care Act 2012** established Health and Wellbeing Boards. Hosted by local authorities, these Boards bring together the NHS, public health, adult social care and children's services to plan how best to meet the needs of their local population – including those related to loneliness and social isolation.^{73 74}
- The **Better Care Fund** is a pooled fund - including significant transfers from the NHS to social care - designed to encourage improvement in the delivery of joined-up services. Local authorities need to ensure that their Better Care Fund plans include actions to address loneliness and social isolation, given their clear links with A&E admissions, and the role that these actions can play as a form of "primary prevention".⁷⁵
- The **NHS Outcomes Framework** highlights the importance of an integrated approach to reducing loneliness. Key objectives are to reduce early mortality resulting from social isolation and loneliness, increase the quality of life of people suffering dementia or long-term illness, and aid recovery after hospital admissions.⁷⁶

⁷¹ Campaign to End Loneliness (2015) The Care Act 2014 and Loneliness, London

⁷² Ibid

⁷³ Local Government Association (2015) Ageing: The Silver Lining - The Opportunities and Challenges of an Ageing Society for Local Government, London

⁷⁴ Public Health England (2015) Local Action on Health Inequalities: Reducing Social Isolation Across the Lifecourse, London

⁷⁵ Campaign to End Loneliness (2015) The Better Care Fund and Loneliness, London

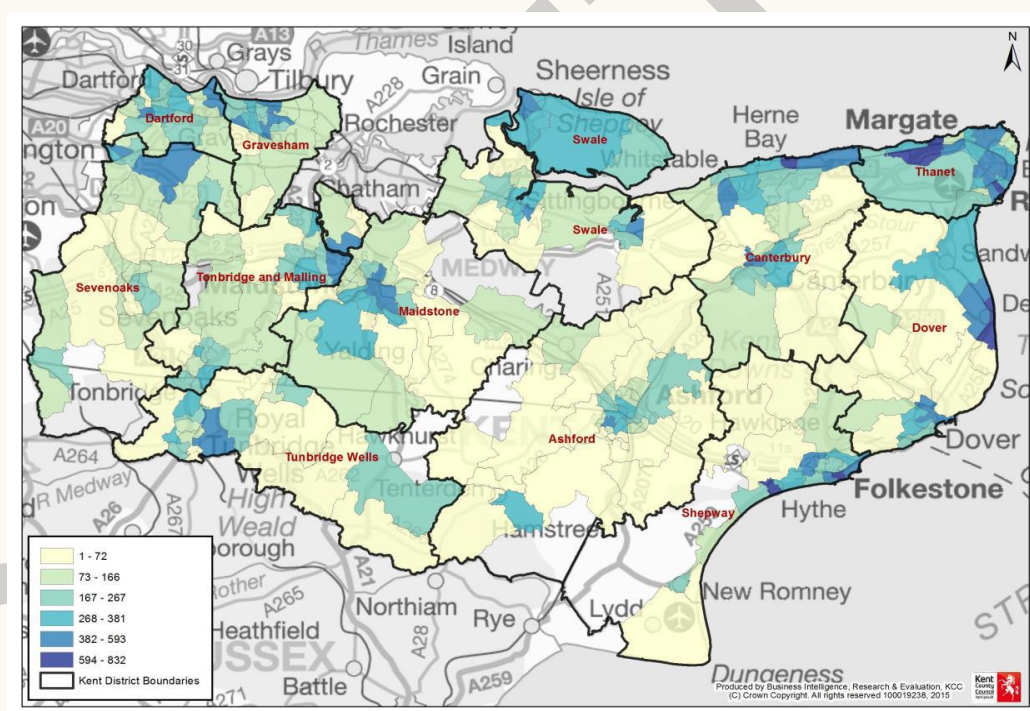
⁷⁶ Department of Health (2016) NHS Outcomes Framework, London

2.5. The local picture

2.5.1. As in the rest of the UK, **the population in Kent is ageing**. The number of Kent residents aged over 65 is forecast to increase by 64% between 2011 and 2031, and by 94% for those aged over 80.⁷⁷

2.5.2. In 2015, KCC's Business Intelligence, Research and Evaluation team carried out an exercise to map loneliness in Kent. Using a model pioneered by Essex and Gloucestershire County Councils, the team mapped the number of Kent households at risk of loneliness by ward (see Figure 3 and Appendix 3 for a larger version).⁷⁸

Figure 3: Households at risk of loneliness and social isolation by ward, Kent



Source: Kent County Council (2015) Mapping Loneliness in Kent: A Mosaic Profile, Maidstone

2.5.3. In 2018, the Kent Public Health Observatory (KPHO) conducted further research to both identify and profile older people likely to be at increased risk of social isolation and loneliness in Kent.⁷⁹

⁷⁷ Kent County Council (2018) Kent Growth and Infrastructure Framework 2018 Update, Maidstone

⁷⁸ Kent Public Health Observatory (2018) Using Acorn Wellbeing & the Kent Integrated Dataset (KID) to Identify and Analyse Older People More Likely to Be Experiencing Social Isolation and Loneliness, Maidstone

⁷⁹ Ibid

2.5.4. Combining data from the Wellbeing Acorn and Kent Integrated Dataset (KID), KPHO identified around **29,500 Kent residents aged 65 and over who are more likely than average to exhibit characteristics associated with social isolation.**⁸⁰ This represents **9.5% of Kent's residents aged 65 and over**, and is in line with Age UK's estimate that 10% of those aged 65 and over are lonely all or most of the time.⁸¹

2.5.5. Using the approach adopted by the London School of Economics and Political Science, the KPHO calculated that - assuming these residents survived for ten years, and assuming the lower threshold cost - **the financial impact of loneliness on Kent's older residents alone would be around £5m per year.**⁸²

Local Policies and Strategies

2.5.6. In line with the requirements of the Care Act 2014,⁸³ several KCC policies and strategies reflect the Authority's commitment to combat loneliness and social isolation.

- **Your Life, Your Wellbeing (2016)** is the vision and strategy for adult social care in Kent. One of its main themes is the promotion of wellbeing. It acknowledges that social isolation and loneliness need to be tackled because they can lead to ill health. The strategy also recognises the importance of combining resources with the community and voluntary sectors to develop schemes that encourage mutual support, social activities and fun. It also stresses the importance of accessible information and advice and commits to exploring how medical and social care professionals can use social prescribing models more widely.⁸⁴
- The **Community Support Market Position (2016)** focuses on community-based social care services for vulnerable adults in Kent. It aims to give service providers an understanding of present and future demands and how services need to respond to the Council's transformation journey. Recognising that social isolation and loneliness are significant issues, it sets out a commitment to ensuring there is a range of accessible and supportive services available that enable older people to remain independent and connected to their communities.⁸⁵

⁸⁰ Ibid

⁸¹ Age UK (2016) Policy Position paper: Tackling Loneliness and Isolation (UK), London

⁸² Kent Public Health Observatory (2018) Social Isolation: Scale and Scope in Kent

⁸³ Campaign to End Loneliness (2015) The Care Act 2014 and Loneliness, London

⁸⁴ Kent County Council (2016) Your Life, Your Wellbeing: A Vision and Strategy for Adult Social Care 2016-2021, Maidstone

⁸⁵ Kent County Council (2016) Social Care, Health and Wellbeing: Community Support Market Position Statement, Maidstone

- The **Kent Joint Health and Wellbeing Strategy (2018)** recognises the link between loneliness and poor mental health, and states that all sectors have a role to play. To ensure a joined-up approach, Kent has developed detailed local plans and strategies; a key aim is “to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family”.⁸⁶
- The **Sustainability and Transformation Plan (STP)** is a joint plan of the NHS, social care and public health teams across Kent and Medway. One of its aims is to improve health and wellbeing, by “creating services which are able to meet the needs of our changing population”. Part of this will be prevention, and empowering communities to look after each other.⁸⁷
- The **One You** service was launched in 2018 through a partnership agreement between District and Borough Councils in North and West Kent, KCC’s Public Health Team and the Kent Community Health Foundation Trust. The Service was originally developed to provide a single point of access for residents with complex needs, and to tackle wider determinants of health. Advisers are trained to carry out loneliness and isolation assessments using a number of nationally set questions. The Service has evolved to include One You, Your Home - which focuses on older people, and employs specialist advisers in GP surgeries and community venues across West and North Kent.⁸⁸
- **The Big Conversation** was a major consultation carried out by KCC in 2018. Its aim was to find innovative and sustainable ways of providing transport in rural communities. The consultation explains that the aim is to “tackle social isolation and provide the right transport solution for the right customer need, at the right price”.⁸⁹

2.5.7. Aside from KCC, there are a number of organisations that are taking action to combat loneliness and social isolation in the county. **Examples of good practice will be highlighted throughout this report.**

⁸⁶ Kent County Council (2018) Kent Joint Health and Wellbeing Strategy: Outcomes for Kent, Maidstone

⁸⁷ Kent County Council, Medway Council, NHS (2016) Transforming Health and Social Care in Kent and Medway

⁸⁸ Kent County Council (2018) Loneliness and Social Isolation Select Committee, 1st October 2018, Maidstone

⁸⁹ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

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3.A Strategic, Collaborative Approach

Loneliness and social isolation can affect anybody, and everybody has a role to play in combating them.

Apart from older people, there are others - such as young people, carers and disabled people – who are particularly vulnerable.

A “whole system” approach, which brings together services from across the local authority and other local agencies, is needed to tackle loneliness and social isolation. Given the complex and multi-faceted nature of the issue, the most effective way to do so is through an overarching strategy which explicitly recognises its seriousness, promotes collaboration and sets out clear steps to deal with it.

3.1. Our vision

- 3.1.1. The Committee shares the belief of the Campaign to End Loneliness that **“nobody who wants company should be without it”**.⁹⁰ It also shares the view of the late Jo Cox MP that loneliness is a serious problem with long-lasting consequences, and her vision that **only by working together can we make a real difference** to the lives of those affected by it.⁹¹

“I will not live in a country where thousands of people are living lonely lives forgotten by the rest of us.”

Jo Cox, Member of Parliament

- 3.1.2. **Everybody has a role to play in tackling loneliness.** A **“whole system” approach** is needed, with local authorities, health services, central government and the voluntary and private sectors all helping to create a more connected society (for a visual representation of the “whole system” approach please see Figure 2 in Appendix 3).^{92 93}
- 3.1.3. Central and local government can provide leadership and the framework to enable everyone in society to play their part in tackling loneliness, through policy-making, organising groups and sharing learning to accelerate change. Health and other public services can explore how to identify, refer and better support those at risk of feeling lonely often. Businesses can support their employees to look after their social wellbeing, by helping them to develop relationships within the workplace as well as outside.⁹⁴
- 3.1.4. The voluntary sector can play a key role by fostering strong, integrated communities and by removing obstacles that isolate people or groups. It can also equip people and communities with the knowledge and skills to recognise and tackle loneliness.⁹⁵

⁹⁰ Campaign to End Loneliness (2018) About the Campaign, online, <https://www.campaigntoendloneliness.org/about-the-campaign/>

⁹¹ Jo Cox Commission on Loneliness (2017) Combatting Loneliness One Conversation at a Time: A Call to Action, London

⁹² Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness: Laying the Foundations for Change, London

⁹³ Local Government Information Unit (2016) Policy Briefing: Loneliness and Social Isolation in Older People, London

⁹⁴ Ibid

⁹⁵ Ibid

- 3.1.5. However, as the national strategy for tackling loneliness points out, the most effective response to loneliness is the simple decision of families, friends, faith groups and communities to include each other and to be open to new social connections.⁹⁶
- 3.1.6. Communities and neighbourhood-level responses to loneliness are vital, as research has demonstrated their importance in either protecting people from, or exacerbating, loneliness.⁹⁷ Neighbourhood action can harness communities' own capacity to tackle loneliness.⁹⁸
- 3.1.7. The Committee believes that, in this vision, **KCC should perform an enabling and empowering role**; through its county-wide strategic support, it should enable and empower neighbourhoods to build their resilience to loneliness, recognising local circumstances and the specific strengths and challenges that are present in each community.
- 3.1.8. The LGA argues that supporting neighbourhoods to build their resilience to loneliness makes good sense. Research shows that older people spend more time in their immediate neighbourhood and often feel greater commitment to their community, making the immediate locality an extremely important influence on their wellbeing.⁹⁹
- 3.1.9. The Committee also fully recognises that loneliness and social isolation can affect anybody and that **there are groups of people, other than older people, who can be particularly impacted**.
- 3.1.10. Given its limited time and resources this review has focused on older people, because many of the “trigger” events that can lead to social isolation - such as deteriorating health, lack of mobility and increasing physical frailty – are likely to hit the hardest later in life. However, the Committee is fully aware that there are circumstances and characteristics that make other groups of people - such as young people, carers and disabled people - particularly vulnerable to loneliness. Reflecting this awareness, all the recommendations in this report are wide-ranging and are aimed at benefiting all those who may need support.
- 3.1.11. As stated earlier, the findings of the ONS – which are broadly consistent with those identified elsewhere – show that the characteristics of those who report being lonely more often include: being aged 16 to 24, having a long-term illness or disability and having caring responsibilities.¹⁰⁰

⁹⁶ Ibid

⁹⁷ Local Government Association (2016) Combating Loneliness: A Guide for Local Authorities, London

⁹⁸ Ibid

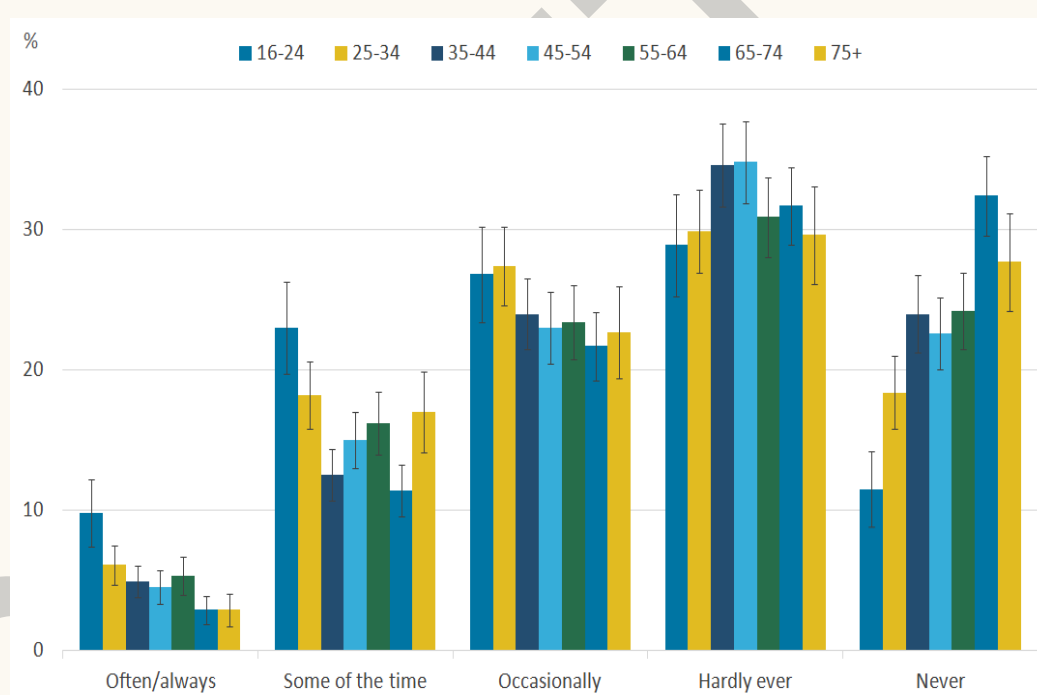
⁹⁹ Local Government Association (2016) Combating Loneliness: A Guide for Local Authorities, London

¹⁰⁰ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness: Laying the Foundations for Change, London

3.1.12. **Younger adults** aged 16 to 24 are at particular risk of feeling lonely more often. This may be because of psychological development and the many transitions in environment that young people experience.¹⁰¹ Social media can also play a part, depending on the circumstances and on whether they are used as a substitute for real life interaction or as a complement to it.¹⁰²

3.1.13. Compared to most other age groups, young people are significantly more likely to report feeling lonely “often/always”. Those aged 16 to 24 are also much more likely to report feeling lonely “some of the time” and the least likely of all age groups to report that they “never” experience loneliness (Figure 4 and Appendix 3 for a larger version).¹⁰³

Figure 4: Reported frequency of loneliness by age group, England



Source: Office for National Statistics (2018) What Characteristics and Circumstances Are Associated with Feeling Lonely?

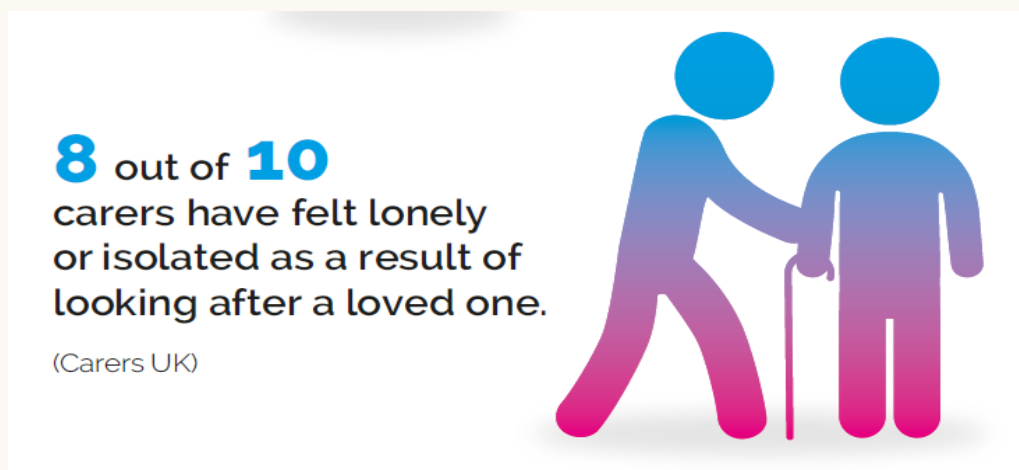
3.1.14. The Committee believes that the provision and support of information to younger adults could equip them to deal more effectively with loneliness and social isolation later in life.

¹⁰¹ Ibid

¹⁰² Ibid

¹⁰³ Office for National Statistics (2018) What Characteristics and Circumstances Are Associated with Feeling Lonely? London

3.1.15. **Carers** can be particularly affected by loneliness and social isolation. More than 8 in 10 unpaid carers – many of whom are women - describe themselves as lonely or socially isolated because of their caring responsibilities.¹⁰⁴ ¹⁰⁵ Young carers experience higher levels of loneliness and social isolation and, because of their caring responsibilities, can miss out on opportunities in education and employment.¹⁰⁶



Source: Jo Cox Commission on Loneliness (2017) *Combatting Loneliness One Conversation at a Time: A Call to Action*, London

3.1.16. There are different circumstances that may lead to carers experiencing loneliness, and many of these are beyond their control. It is important to support informal carers and to recognise their unpaid work, which has an estimated value of over £60 billion to the economy.¹⁰⁷

3.1.17. While **disability** affects older people disproportionately, people may acquire a physical or sensory impairment or condition at any age.¹⁰⁸

3.1.18. Disability takes many forms, and even temporary impairments, such as a broken leg, can significantly weaken a person's connection to society. Those living with a disability or a long-term health condition often report prolonged periods of loneliness. The causes of their loneliness are complex; the challenges that they face may contribute to feelings of loneliness and to an increased sense of stigma or isolation from society.¹⁰⁹

¹⁰⁴ Carers UK (2017) *The World Shrinks: Carer Loneliness: A Research Report*

¹⁰⁵ Carers UK (2017) *8 in 10 People Caring for Loved Ones "Have Felt Lonely or Socially Isolated"*

¹⁰⁶ Carers UK (2017) *The World Shrinks: Carer Loneliness: A Research Report*

¹⁰⁷ IoTUK (2017) *Social Isolation and Loneliness in the UK - With a Focus on the Use of Technology to Tackle These Conditions*

¹⁰⁸ Aiden, H. (2016) *Isolation and Loneliness: An Overview of the Literature*, British Red Cross

¹⁰⁹ Department for Digital, Culture, Media and Sport (2018) *A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change*, London

- 3.1.19. In a survey of 1,004 disabled people by the disability charity Scope UK, 45% of working-age disabled people and 85% of young disabled (adults aged 18 to 34 years old), said they always or often felt lonely.¹¹⁰
- 3.1.20. Aside from the impact of loneliness and social isolation on young people, carers and disabled people, it appears that **research on the most effective ways of addressing them is still fairly limited**.
- 3.1.21. For example, there is evidence that loneliness is significantly higher among many **older people from minority ethnic communities**, but much less is known about the most effective way of tackling it.¹¹¹
- 3.1.22. Similarly, there is limited knowledge about the best interventions for **lesbian, gay, bisexual and transgender older people**. Surveys suggest that loneliness can be particularly acute in these groups. The limited evidence available suggests that they find it difficult to access mainstream provision and have little confidence that these services will meet their needs.¹¹²
- 3.1.23. A number of national policies and interventions are being developed to combat loneliness and social isolation in these groups. For instance, the Department for Education (DfE) is providing £1.75 million over two years to support four anti-bullying organisations, and will require schools to teach new relationships education, including guidance on loneliness, from September 2020.¹¹³
- 3.1.24. With regard to carers, the Department of Health and Social Care (DHSC) recently published the Carers Action Plan, which included an investment of £500K to launch the Carer Innovations Fund in 2018/19. Its aim is to build carer-friendly communities and public services, and to provide evidence on effective ways of supporting carers.¹¹⁴ Also, the DHSC and the DfE are conducting a review of best practice to find young carers and improve their access to the support they need.¹¹⁵

¹¹⁰ Scope UK (2017) Nearly Half of Disabled People Chronically Lonely, online, <https://www.scope.org.uk/press-releases/nearly-half-of-disabled-people-chronically-lonely>

¹¹¹ Campaign to End Loneliness and Age UK (2015) Promising Approaches to Reducing Loneliness and Isolation in Later Life, London

¹¹² Ibid

¹¹³ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

¹¹⁴ Ibid

¹¹⁵ Ibid

- 3.1.25. In order to reduce loneliness amongst disabled people, the Government is seeking to transform their employment prospects, and of those with long-term health conditions, through 'Improving Lives: The Future of Work and Disability'. In addition, the Department for Transport's (DfT) Inclusive Transport Strategy sets out how the Government intends to make the transport network more inclusive and accessible - in particular for older adults and disabled people - and will explore the impact of this on loneliness.¹¹⁶
- 3.1.26. KCC has also developed policies and strategies that aim to support groups of people who are particularly vulnerable to loneliness and social isolation. For example, Kent's Adult Carers Strategy (2009) includes a commitment to ensuring that taking on a vital caring role should not mean people having to take less care of their own health or suffer from social exclusion.¹¹⁷
- 3.1.27. Your Life, Your Wellbeing: A Vision and Strategy for Adult Social Care 2016-2021 states that access to good-quality information and advice will be the cornerstone of KCC's wellbeing services by helping adults to manage their care and support needs. One of the key objectives of this approach is to prevent problems that lead to people needing formal care and support, such as social isolation.¹¹⁸
- 3.1.28. The Committee applauds the many policies and initiatives that KCC has adopted in order to tackle social isolation and loneliness in Kent. However, the Committee believes that the particular vulnerability of some groups of people to loneliness and social isolation may require further ad hoc interventions if their specific needs are to be met.
- 3.1.29. The Committee therefore recommends that the Adult Social Care and Health Directorate leads further investigations into the prevention or reduction of loneliness and social isolation amongst specific groups of people who are more likely to be affected by it, such as young people, disabled people and carers.

Recommendation 1

The Committee recognises that loneliness and social isolation are not issues that affect older people exclusively. The Committee recommends that the Adult Social Care and Health Directorate leads further investigations into the prevention or reduction of loneliness and social isolation amongst specific groups of people who are also likely to be impacted, such as young people, disabled people and carers.

¹¹⁶ Ibid

¹¹⁷ Kent County Council (2009) Kent Adult Carers' Strategy, Maidstone

¹¹⁸ Ibid

3.2.A corporate strategy

- 3.2.1. The Committee believes that, given the complex and multi-faceted nature of loneliness and social isolation, initiatives to combat them are most effective if they are part of **an overarching strategy** which brings together services from across the local authority and other local agencies, explicitly recognises the issues of loneliness and social isolation, and sets out clear steps to tackle them.
- 3.2.2. The importance of a single, overarching plan for tackling loneliness has been recognised by both the LGA and the Government which, in October 2018, published “A Connected Society: A Strategy for Tackling Loneliness”.^{119 120}
- 3.2.3. This strategy – which builds on years of work by many organisations and individuals - marks a turning point in how loneliness is viewed and how it can be tackled, both nationally and in society more broadly. It is the Government’s first major contribution to a national conversation on loneliness and the importance of social connections.¹²¹
- 3.2.4. Importantly, the strategy aims to provide a truly cross-cutting and cross-departmental approach - acknowledging that this is crucial to combating loneliness effectively - and sets out the Government’s long-term ambition to work with others to build a more cohesive and connected society.¹²²
- 3.2.5. Within KCC, different directorates offer services, and have put in place their own policies and interventions that can contribute to tackling loneliness and social isolation in Kent.
- 3.2.6. For example, in the Growth, Environment and Transport (GET) Directorate, the Library and the Arts services organise and support community events throughout the year. Kent Country Parks, Explore Kent and the Sport and Physical Activity Service all offer residents a range of outdoor activities and encourage them to keep active. Community Wardens help to connect people who are more isolated to their communities and to services that can support them.¹²³
- 3.2.7. Befriending schemes, day services and dementia cafes are three of the many initiatives that the Adult Social Care and Health Directorate commissions to support older and vulnerable people and actively reduce social isolation.¹²⁴

¹¹⁹ Local Government Association (2016) Combating Loneliness: A Guide for Local Authorities, London

¹²⁰ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

¹²¹ Ibid

¹²² Ibid

¹²³ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

¹²⁴ Kent County Council (2018) Adult Social Care Cabinet Committee, 19 January 2018, Maidstone

- 3.2.8. The Directorate spends approximately £240K per annum on befriending schemes. Befriending has evolved over the last couple of years to better reflect the needs of individuals. Most schemes still operate home-based, one-to-one befriending as their core service, where volunteers visit people who are generally housebound to provide social interaction and companionship. However, some organisations have established telephone befriending schemes as well as group befriending schemes in cafes, lunch clubs and drop ins.¹²⁵
- 3.2.9. The commissioning of dementia cafes and peer support groups enables people with dementia and their carers to meet in local community settings to talk and share experiences. There is also a range of carers services that help prevent carers themselves from becoming socially isolated.¹²⁶
- 3.2.10. As part of its Mental Wellbeing Programme, KCC's Public Health Directorate provided funding to set up the Kent Sheds project. Sheds are open to everyone, although in practice 'Shedders' are more likely to be older men. The project gives people opportunities to socialise, engage in a wide range of practical activities such as gardening and carpentry, build their social and employment-related skills, and give back to their communities.¹²⁷

Case study

Kent Sheds

Kent Sheds is based on the international Men's Sheds model but is open to all. The idea behind the movement is that men are more likely to thrive in informal spaces, in the company of their peers, and through engaging in practical activities.

At a shed, individuals can take part in practical group activities, such as woodworking and gardening, and support other "Shedders" by working with them shoulder to shoulder.

Kent has over 30 sheds in operation, ranging from Folkestone Farm Barn in Shepway offering woodwork, metal work, construction and cultivation, to Boat Buoys in Gravesend offering social activities and boating expertise!

Source: Kent County Council (2018) Kent Sheds, online
<https://www.kent.gov.uk/social-care-and-health/health/mental-health/mental-health-support/kent-sheds>

¹²⁵ Ibid

¹²⁶ Ibid

¹²⁷ McPin Foundation (2016) Improving Mental Wellbeing in Kent: Evaluation of Kent County Council's Mental Wellbeing Programme, Kent County Council

- 3.2.11. As well as initiatives by individual directorates, different parts of KCC, such as Adult Social Care, Public Health, Growth and Transport, are increasingly working together and with external organisations – such as the NHS, Kent Police and the Kent Fire and Rescue Service (KFRS) - to develop “whole system” solutions to combat loneliness and social isolation.¹²⁸
- 3.2.12. As part of this new model, its partners are committed to having a strategic debate about developing a more systematic “assets-based” approach to support the mobilisation of communities to keep connected.¹²⁹
- 3.2.13. The Kent Health and Wellbeing Board - which brings together County and District Councillors, senior officers from the NHS Area Team, CCGs, Social Care and Public Health, as well as representation from the Local Healthwatch – is also promoting holistic collaboration. The Kent Joint Health and Wellbeing Strategy, for example, acknowledges the importance of helping people to remain connected to their communities and to maintain connections to their friends and families, and points out that this is a key element of shared local plans.¹³⁰ The mental health workstream of Kent and Medway’s STP – which is also reviewed by the Board – includes a focus on social isolation.¹³¹
- 3.2.14. The Committee endorses and applauds the many initiatives and policies adopted by different parts of KCC to deal with loneliness and social isolation in Kent.
- 3.2.15. However, the Committee shares the conviction of the Government and the LGA that, given the complex and multi-layered nature of loneliness and social isolation, initiatives to combat them are most effective if they are built into a single strategy which explicitly recognises these issues and sets out clear actions, collaborations and responsibilities.

¹²⁸ Ibid

¹²⁹ Ibid

¹³⁰ Kent County Council (2018) Kent Joint Health and Wellbeing Strategy: Outcomes for Kent, Maidstone

¹³¹ Kent County Council (2018) Wellbeing and Resilience: A Proposal to Develop a Single Council Approach for Enhancing the Kent and Medway Sustainability and Transformation’s Plan for Prevention and Local Care

3.2.16. The Committee therefore believes that KCC should prepare a corporate loneliness and social isolation strategy which should include the following actions:

- Explicitly recognise the issues of loneliness and social isolation and their negative consequences.
- Clearly specify the collaborations between, and the responsibilities of, different parts of the Local Authority.
- Ensure that, as far as possible, the issues of loneliness and social isolation are integrated within policy considerations.
- Carry out research and data analysis to better understand the extent of loneliness and isolation in the county.
- Include, as far as possible, those experiencing loneliness in the planning of interventions.
- Strengthen collaboration between the Local Authority and other agencies that can make a difference.
- Raise awareness of the problems of loneliness and social wellbeing, and provide information about the support available and how to access it.

Recommendation 2

KCC should produce a corporate strategy aimed at tackling loneliness and social isolation in Kent. The strategy should set out clear objectives, as well as roles and responsibilities, and should strengthen coordination and collaboration between KCC services.

3.3. Working together

3.3.1. The Committee recommends that the preparation of a KCC strategy on loneliness and social isolation should be followed by a high-profile event. Its main aim should be to launch the strategy, to act as a catalyst to promote even closer collaboration between partner organisations, and to encourage others to be part of this endeavour.

3.3.2. The event should involve local organisations in the public, private and voluntary sectors, because everyday services and organisations that people engage with can all play a vital role in combating loneliness and social isolation.¹³² These include KCC as well as Kent district councils, the NHS, faith groups, the KFRS, Kent Police, private sector representatives and voluntary organisations.

3.3.3. While action should be mainly driven by the Government and by local authorities - particularly those with responsibility for health and wellbeing – **everybody can make an important contribution** and can work better together (Figure 5 and Appendix 3 for a larger version).¹³³

Figure 5: Everybody can play a role in connecting and collaborating to tackle loneliness



Source: Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

¹³² Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

¹³³ Local Government Information Unit (2016) Policy Briefing. Loneliness and Social Isolation in Older People, London

- 3.3.4. **Public bodies** such as the NHS, the Police and the Fire and Rescue Service have a significant role to play in helping people to get the support they need. This support extends beyond people's clinical or practical needs; since frontline staff are often the only other people some of the most isolated individuals ever see, these professionals can play an important role in outreach work.¹³⁴
- 3.3.5. NHS England, for example, is supporting social prescribing services to help address a range of social, economic and environmental problems that can have an impact on people's health. It is estimated that 60% of CCGs have commissioned some form of social prescribing schemes, which are run mainly by the voluntary sector. In July 2018, the DHSC announced that 23 social prescribing projects in England would receive additional money through the Health and Wellbeing Fund to extend existing projects or establish new ones.¹³⁵
- 3.3.6. KFRS officers make home visits to vulnerable people and can then broker contact between them and a range of support services, and improve social connectivity. The trusted brand and status of the Service result in a high success rate in engaging vulnerable people at home. Nonetheless, evidence provided to the Committee suggested that KFRS has the capacity to do more through improved communication and better understanding of the role of different agencies.¹³⁶
- 3.3.7. **Businesses** can also play a role in creating communities that foster connections and help people to build relationships. **Loneliness currently costs employers £2.5 billion a year.**¹³⁷ Costa Coffee recently set out to tackle the issue by launching "Chatter and Natter" tables in 300 of its outlets across the country.¹³⁸ Sainsbury's is launching its 'Talking Tables', with pilots in 20 stores, including staff and volunteer hosted tables, as well as 'Talking Tables' in the staff canteens.¹³⁹

¹³⁴ Jo Cox Commission on Loneliness (2017) Combatting Loneliness One Conversation at a Time: A Call to Action, London

¹³⁵ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

¹³⁶ Kent County Council (2018) Loneliness and Social Isolation Select Committee, 26 September 2018, Maidstone

¹³⁷ Jeffrey, K., Abdallah, S., & Michaelson, J. (2017) The Cost of Loneliness to UK Employers. New Economics Foundation

¹³⁸ The Independent (2018) Costa Rolls Out "Chatter and Natter" Tables Nationwide to Combat Loneliness Epidemic, 7 August 2018

¹³⁹ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

Case study

Costa Coffee – Chatter and Natter Tables

One of the UKs leading coffee chains has joined the campaign against loneliness by introducing “Chatter and Natter” tables. The 2018 scheme has been launched in 300 of its cafes across the country, including a number in Kent.

Costa’s scheme is part of the “Chatty Café” initiative, launched by a mother-of-one in 2017. Many independent cafes have now introduced something similar, but Costa is the first major chain to do so.

As part of the scheme, the café dedicates one of its tables to people who are on their own but would like to talk to someone. The aim is that these interactions will help those struggling with feelings of loneliness.

Source: Independent (2018) Costa rolls out chatter and natter tables nationwide to combat loneliness epidemic, online, <https://www.independent.co.uk/life-style/costa-coffee-chatter-natter-tables-loneliness-crisis-silent-epidemic-uk-campaign-a8312076.html>

3.3.8. **Voluntary groups** also play a key role. The voluntary sector is uniquely placed to respond to the need for low level, localised and individually tailored support.¹⁴⁰

3.3.9. England has a strong tradition of volunteering. Almost a quarter of the population formally volunteer at least once a month, and many more do so informally. Almost two thirds of the adult population give their time to a social cause at least once a year.¹⁴¹ Amongst young people, 40% take part in meaningful community action.¹⁴²

3.3.10. Older people make a significant ‘non-financial’ contribution through volunteering, caring activities within the family and other forms of civic engagement. It is estimated that people aged over 65 contribute an average of between 54.5 and 104.6 hours a year of informal volunteering. By 2020 the total value of their volunteering will reach £25 billion.¹⁴³

¹⁴⁰ National Assembly of Wales (2017) Health, Social Care and Sport Committee: Inquiry into Loneliness and Isolation, Cardiff Bay

¹⁴¹ Department for Digital, Culture, Media and Sport (2018) Community Life Survey 2017-18

¹⁴² Ipsos MORI (2018) National Youth Social Action Survey 2017

¹⁴³ Local Government Association (2015) Ageing: The Silver Lining - The Opportunities and Challenges of an Ageing Society for Local Government, London

- 3.3.11. There is evidence that being involved in volunteering activities is beneficial for people's health and can lead to increased life satisfaction, wellbeing and self-esteem.¹⁴⁴ It also helps to develop empathy, problem solving, cooperation and community involvement.^{145 146}
- 3.3.12. In Kent, the role of the voluntary sector in tackling loneliness and social isolation is substantial and widespread; this report cannot do full justice to it. Churches, with their long-standing presence in local communities, play an important role in responding to the challenges posed by loneliness and social isolation.
- 3.3.13. In 2017 the Church Urban Fund conducted a survey of 1,094 church leaders to explore the scale and nature of social engagement by Anglican churches.¹⁴⁷ The survey found that loneliness was the most widespread social issue; more than three quarters of respondents identified it as a major or significant problem in their parish. 70% of churches run three or more organised activities for the benefit of their local communities (such as community cafes, lunch clubs, holiday clubs and youth work). Churches in the most deprived areas were the most active in terms of the range of activities they offered, with 34% of them running six or more.¹⁴⁸
- 3.3.14. The Involve Hub in Maidstone, which the Committee visited, improves wellbeing and reduces isolation by providing practical support, information and social activities for older people. It also offers free support to carers who cannot manage without help.¹⁴⁹
- 3.3.15. Launched in April 2017, the Rural Kent Coffee and Information Project is an Action with Communities in Rural Kent scheme run through the Stronger Kent Communities Consortium. The main funders of the project are the Consortium, Healthwatch Kent and The Big Lottery Fund.¹⁵⁰

¹⁴⁴ Public Health England/ NHS England, (2015) Health and wellbeing: A Guide to Community-Centred Approaches

¹⁴⁵ The Behavioural Insights Team (2016) Evaluating Youth Social Action

¹⁴⁶ Centre for Ageing Better (2016) The Benefits of Making a Contribution to Your Community in Later Life

¹⁴⁷ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

¹⁴⁸ Ibid

¹⁴⁹ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Visit, 2 October 2018

¹⁵⁰ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

3.3.16. This project provides a mobile “pop-up” cafe and information hub, which supplies free tea, coffee, homemade cake, friendship and information. The aim is to reach people who are not already engaged either in their own community or with outreach organisations, by befriending them, building their confidence and putting them in touch with services that they might need or benefit from.¹⁵¹

3.3.17. The then Minister for Loneliness, Tracey Crouch, attended a recent event, describing the project as a good example of the ways in which loneliness and isolation in rural areas can be addressed.¹⁵²

Case study

The Rural Kent Coffee and Information Project

Launched in April 2017, the Rural Kent Coffee and Information Project is an Action with Communities in Rural Kent scheme run through the Stronger Kent Communities Consortium. The main funders of the project are the Consortium, Healthwatch Kent and The Big Lottery Fund.

This project provides a mobile “pop-up” cafe and information hub, which supplies free tea, coffee, homemade cake, friendship and information. Using a campervan, with an awning, tables and chairs, the mobile unit is parked in a village for a few hours to enable residents to socialise with others in their community. Staff and volunteers 'on board' signpost residents to services that they might need. The aim is to reach people who are not already engaged either in their own community or with outreach organisations, by befriending them, building their confidence and putting them in touch with services that they might need or benefit from.

Some residents have become particularly involved in the project, from baking cakes to bringing flowers for the tables. In some communities there are volunteer drivers who help collect those who are unable to leave their homes without help.

The then Minister for Loneliness, Tracey Crouch, attended a recent event, describing the project as a good example of the ways in which loneliness and isolation in rural areas can be addressed.

Source: Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

¹⁵¹ Ibid

¹⁵² Ibid

3.3.18. Nonetheless, even the significant, positive contribution of the voluntary sector in Kent could be enhanced through greater collaboration. For instance, evidence suggests that, with regard to health and social care contracts, competition between voluntary sector organisations results in their reluctance to share information and reduces communication between them.^{153 154}

3.3.19. The Committee believes that the KCC strategy on loneliness and social isolation should be launched by a high-profile event, ideally hosted by a well-known personality, and organised by the Local Authority. The Committee hopes that the event would also act as a catalyst to foster closer collaboration between existing partner organisations and to encourage others to be part of this endeavour (see also Recommendation 8, which advocates the development of a Kent-focused campaign to raise awareness of the issues of loneliness and social wellbeing).

Recommendation 3

KCC should organise a high-profile event to launch its strategy. This should involve partner organisations from the public, private and voluntary sectors. A key objective of this event should be to promote closer collaboration in order to prevent or reduce loneliness and social isolation in Kent.

¹⁵³ Kent County Council (2018) Loneliness and Social Isolation Select Committee, 24 September 2018

¹⁵⁴ Kent County Council (2018) Loneliness and Social Isolation Select Committee, 17 September 2018



4.Mapping and Information Sharing

An important part of tackling loneliness and social isolation is to make sure that those experiencing these conditions know where to find information about services and initiatives that can support them and strengthen their social connections.

One of the first steps to achieving this is to identify and map the places where people particularly vulnerable to these conditions live, and the assets and services that can support them. This can help to target resources more effectively and to maximise their impact.

Then, in order to simplify access to the full range of services and activities available in a locality, the creation of a single, easily identifiable, online directory seems necessary.

4.1. Identification and mapping

- 4.1.1. One of the first steps to tackling loneliness and social isolation effectively in Kent - together with the creation of a corporate strategy that explicitly recognises their seriousness and coordinates action to tackle them - is the identification and mapping of places where people particularly vulnerable to these conditions live, and of the assets and services that can support them.
- 4.1.2. The identification of those most in need is crucial, both because their support needs to be prioritised, and because this will ensure a more efficient targeting of limited resources.¹⁵⁵
- 4.1.3. Building up a picture of community assets that can enhance older people's social interaction can help maximise the deployment of existing capacity in the community. In addition, more accurate knowledge of local provision can make it easier for residents to find available activities, and for agencies to direct them to appropriate support.¹⁵⁶
- 4.1.4. At national level, there are some initiatives that aim to improve the identification of people suffering from loneliness and social isolation.
- 4.1.5. For instance, the Government has recently committed to developing a standard way of measuring loneliness. This will allow more consistent identification of the condition and its prevalence. It is also encouraging the adoption of this package by charities and service providers, with the aim of improving data quality and comparability.¹⁵⁷
- 4.1.6. Age UK and the ONS have produced a 'loneliness heat map' that shows the relative likelihood of loneliness amongst those aged 65 or over in different parts of the country. However, while the index is a useful guide, it does not take account of variations in community assets, which can affect the degree to which loneliness is experienced.¹⁵⁸
- 4.1.7. Other national tools that can help to predict where the loneliest residents live include: ONS data on lone pensioner households; local NHS health and wellbeing data; the Older People's Health and Wellbeing Atlas; "Mosaic" data on population demographics and lifestyles; and behaviour and lifestyle surveys.¹⁵⁹

¹⁵⁵ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

¹⁵⁶ Local Government Association (2016) Combating Loneliness: A Guide for Local Authorities, London

¹⁵⁷ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

¹⁵⁸ Campaign to End Loneliness (2016) The Missing Million: In Search of the Loneliest in Our Communities, London

¹⁵⁹ Campaign to End Loneliness (2016) Using Data to Identify Loneliness, London

4.1.8. There are also national initiatives aimed at mapping local assets and services and at maximising their use.

4.1.9. For instance, NHS England will work with local authorities to improve understanding of effective social prescribing by mapping all its social prescribing connector schemes in England and by creating a national database of local social prescribing schemes.¹⁶⁰

4.1.10. By early 2019 it will also publish a best practice guide to social prescribing that will present an effective model of the scheme that can be replicated in different localities.¹⁶¹

4.1.11. In order to unlock the potential of underutilised community spaces, the recently-published Civil Society Strategy announced that guidance will be revised to help community groups that want to take local assets into community ownership.¹⁶²

4.1.12. Work on mapping those most vulnerable to loneliness and social isolation, and local assets and services, is also taking place in Kent - both within KCC and the community at large.

4.1.13. In June 2018, the KPHO conducted an analysis to identify and profile older people likely to be at increased risk of social isolation and loneliness (Figure 6). As stated earlier, the Observatory estimated that about 29,500 Kent residents aged 65 and over lived alone and were at increased risk of social isolation and/or loneliness.¹⁶³

4.1.14. The research found that, amongst other things, older people in Kent identified as being at risk of social isolation and loneliness were:

- more likely to be female
- and much more likely to be living in a deprived neighbourhood.¹⁶⁴

¹⁶⁰ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

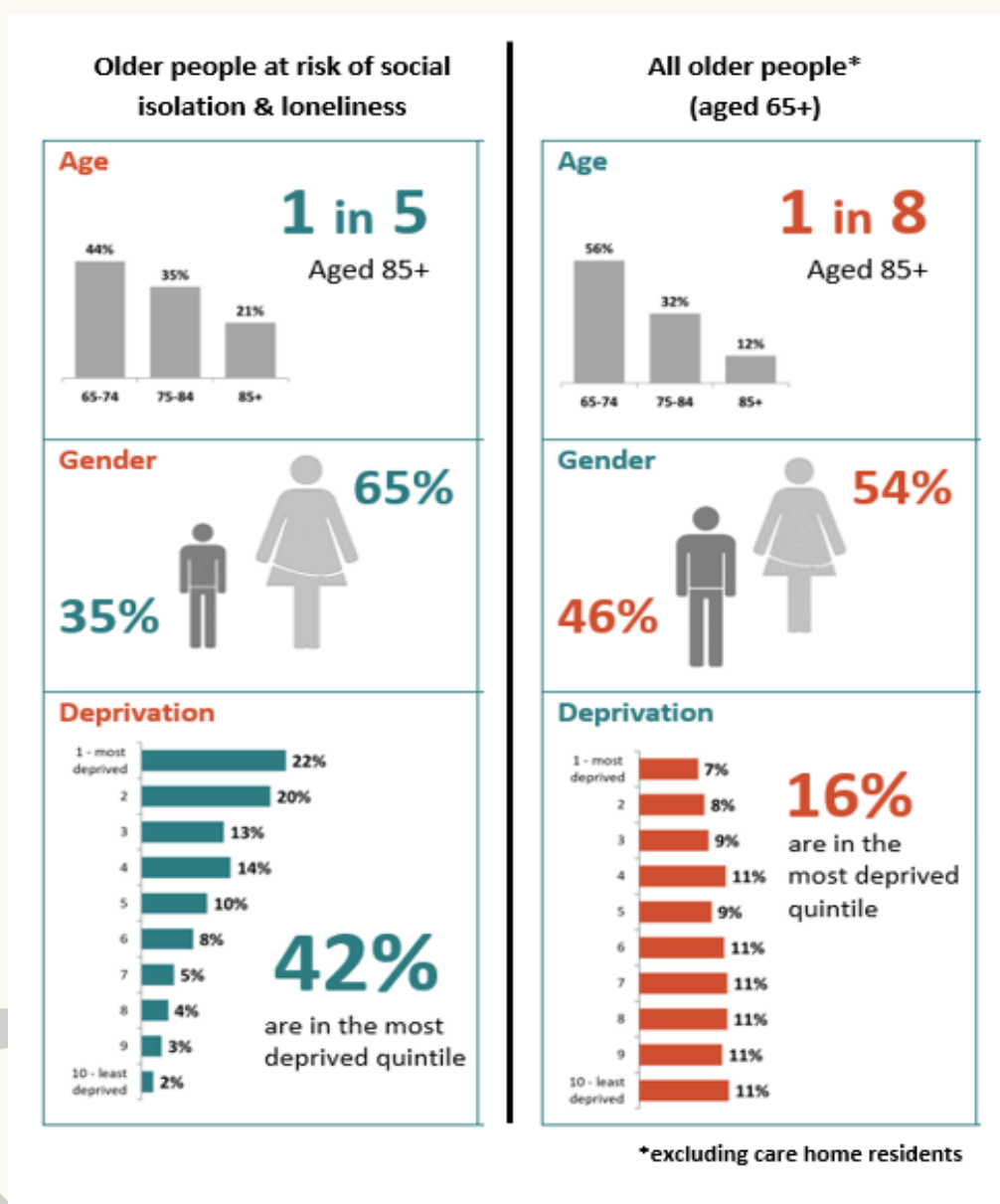
¹⁶¹ Ibid

¹⁶² Department for Digital, Culture, Media and Sport (2018) Civil Society Strategy: Building a Future that Works for Everyone, London

¹⁶³ Kent Public Health Observatory (2018) Using Acorn Wellbeing & the Kent Integrated Dataset (KID) to Identify and Analyse Older People More Likely to Be Experiencing Social Isolation and Loneliness, Maidstone

¹⁶⁴ Ibid

Figure 6: Older People More Likely to Be Experiencing Social Isolation and Loneliness, Kent, 2018



Source: Kent Public Health Observatory (2018) Using Acorn Wellbeing & the Kent Integrated Dataset (KID) to Identify and Analyse Older People More Likely to Be Experiencing Social Isolation and Loneliness

4.1.15. The research pinpointed the Kent administrative wards with the highest numbers of individuals likely to experience loneliness and social isolation. 35 of the 57 wards identified included some of the most deprived areas in Kent.¹⁶⁵

¹⁶⁵ Ibid

4.1.16. The analysis also suggested that older people who were living alone and suffering particular financial hardships, not only were at the highest risk of social isolation and loneliness, but also had the highest levels of multimorbidity and depression, the highest usage of acute and social care services, and the highest levels of frailty.¹⁶⁶

4.1.17. Asset mapping activities are also carried out across KCC, but these have tended to focus on particular areas, have been approached as time-limited rather than ongoing projects, and are often not linked. There is increasing recognition within KCC of the need to develop a joined-up approach.¹⁶⁷ Examples of asset mapping currently undertaken by KCC include:

- Mapping of community assets and services in Shepway as part of the Room for Life Project (Adult Social Care).
- Property registers of KCC assets (some of which are rented or leased to voluntary sector organisations, day services and other providers) by Gen 2 on behalf of the Corporate Landlord.
- Mapping of KCC assets as part of a project related to the Council's offer of Wellbeing for Kent residents under the Prevention workstream of the STP. This identified assets such as country parks and libraries.¹⁶⁸

4.1.18. Alongside the top-down KCC data driven approaches to identifying people experiencing loneliness, and the assets and services to support them, there are also bottom-up approaches at a local level, and initiatives led by the voluntary sector.

4.1.19. For instance, the KFRS has a specialist team of twenty Home Safety Officers who carry out Safe & Well Visits that focus on people aged over 70.¹⁶⁹

4.1.20. These officers may identify social isolation as the underlying cause or consequence of a person's health issues. There are different services that the Officer may then refer the individual to, including KCC's Adult Social Services, local community services or charities. One service KFRS has started referring people to – and which seems to be able to offer support for the necessary period – is Age UK's 'Call in Time' telephone befriending service.¹⁷⁰

¹⁶⁶ Ibid

¹⁶⁷ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence, Maidstone

¹⁶⁸ Ibid

¹⁶⁹ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

¹⁷⁰ Ibid

Case study

Call in Time - Age UK

Call in Time is a national telephone befriending service, provided by Age UK, which is based on a corporate volunteering model. Organisations that sign up to Call in Time allow their staff to volunteer to befriend an older person. This usually takes place during working hours, for half-an-hour a week.

As Age UK recognises that most older people prefer to receive a face-to-face befriending service, Call in Time tends to serve clients in areas where no face-to-face services are available due to a lack of funding or difficulties recruiting volunteers.

The scheme receives referrals from a wide range of agencies. Upon referral, recipients are contacted by the central Call in Time team, which assesses their suitability and matches them to an appropriate befriender. Once referred to a befriender, the older person receives a weekly call for friendship and chat.

An independent evaluation of the project found that recipients' perceived wellbeing and mood improved. Many reported a reduction in loneliness.

Source: Campaign to End Loneliness, online,
<https://campaigntoendloneliness.org/guidance/case-study/call-in-time-telephone-befriending/>

- 4.1.21. Kent's Community Wardens also contribute to the identification of lonely and socially isolated people, including those who are hardest to reach. During a visit it was pointed out to the Committee that, because of their trusted and reassuring presence, Community Wardens are often approached by members of the community who inform them about particularly isolated people who may need assistance and support.¹⁷¹
- 4.1.22. Through their trusted relationship with the communities they serve, Community Wardens act as the "eyes and ears" of neighbourhoods. Their visible and reassuring uniformed presence serves as a significant deterrent to crime and anti-social behaviour.¹⁷²
- 4.1.23. The voluntary organisation Involve has held and managed a directory of local voluntary and community organisations in West Kent for over 10 years. The organisation is now creating an online directory of community activities – Connect Well - which includes leisure and social activities, peer support, health and wellbeing activities and services and support.¹⁷³
- 4.1.24. With funding secured from the DHSC, Involve is now extending this work. This includes the detailed mapping of the activities provided by about 800 organisations across West Kent by a full-time Information Officer.¹⁷⁴
- 4.1.25. The next phase of development is to quality assure, and support financially, organisations that wish to advertise their activities on the Connect Well website. Involve expects to have 150 such organisations registered by 2019. The employment of the Information Officer will ensure that the directory is kept up-to-date and is quality assured.¹⁷⁵

¹⁷¹ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Visit, 27 September 2018

¹⁷² Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

¹⁷³ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

¹⁷⁴ Ibid

¹⁷⁵ Ibid

4.2. Sharing information

- 4.2.1. While there are many initiatives aimed at identifying those suffering from loneliness and social isolation, and at mapping services to support them, the Committee found strong evidence that many residents are not aware of the full range of services and activities available in their locality.^{176 177 178 179 180} The national strategy for tackling loneliness suggests that this is a problem nationally.¹⁸¹
- 4.2.2. In part this can be explained by the fact that different organisations hold some information, but this is not always shared or easily accessible. For instance, there is evidence that just in the Maidstone area there are about 10 databases covering service provision. However, they overlap, have significant gaps, are not always well maintained and are generally not available to the public.¹⁸²
- 4.2.3. One view that the Committee shares is that, **ideally, there should be one public, integrated database** which would make it possible to take an informed overview of the activities available. Once established, gap analysis could reveal where appropriate services need to be developed. For instance, it was pointed out that areas of relatively high deprivation could generally benefit from additional sports, cultural and creative facilities.^{183 184}
- 4.2.4. The national loneliness strategy indicates that the Government is committed to working with local authorities and the voluntary sector to build on existing projects and make it easier to access this information at community level in order to help reduce the risk of feeling lonely.¹⁸⁵

¹⁷⁶ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

¹⁷⁷ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

¹⁷⁸ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Visit, 14 September 2018

¹⁷⁹ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Visit, 2 October 2018

¹⁸⁰ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Visit, 27 September 2018

¹⁸¹ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

¹⁸² Kent County Council (2018) Select Committee on Loneliness and Social Isolation, 24 September 2018

¹⁸³ Ibid

¹⁸⁴ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Visit, 27 September 2018

¹⁸⁵ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

- 4.2.5. As part of this commitment, the Department for Digital, Culture, Media and Sport (DCMS), in collaboration with the LGA, digital experts, local authorities, the Ministry of Housing, Communities and Local Government and the voluntary sector, plans to launch up to four pilots to explore how better use of data can help to make it easier for people to find local activities, services and support. It is hoped that this will also enable local commissioners to better map local provision of services that help to tackle loneliness. The pilots will take place in four local authority areas in England by March 2020.¹⁸⁶
- 4.2.6. This will build on existing work with Bristol City Council to collect and publish consistent online information about local services, with the potential to help people connect to what is on offer in their area through the creation of apps and other tools.¹⁸⁷
- 4.2.7. The Committee recommends that KCC works with the Government, and with local organisations – including voluntary agencies and health organisations - to create an easily identifiable, single source of online information and a single contact number (an easily identifiable and recognised website and contact number such as Childline's) to help residents find out about local services, activities and events. It is hoped that, as this work develops, it will also help in drawing a more complete picture of available assets in the community and maximising their use.
- 4.2.8. It is also hoped that the provision of a visible and accessible source of information - together with the expansion of other initiatives such as social prescribing - will enhance the engagement of people experiencing loneliness and social isolation as, because of their circumstances, they are often hard to identify and to reach.

Recommendation 4

KCC should work with the Government, local partner agencies and the voluntary sector to enable Kent residents to access, from both a single online source and a single contact number, information on services, activities and support that could help to reduce their risk of feeling lonely.

KCC should also consider the opportunity of volunteering in the Government's pilots to explore how better use of data can help to make it easier for people to find local activities, services and support.

¹⁸⁶ Ibid

¹⁸⁷ Ibid



5. Social Prescribing

Although social prescribing is not a new idea, the increasing emphasis on helping people with long-term conditions to stay well has resulted in growing interest in it. Through link workers and a personalised approach, social prescribing schemes can help people to overcome feelings of loneliness by connecting them to support and activities that meet their specific needs.

Social prescribing is often delivered by the voluntary sector, but statutory services provided by local authorities, housing associations or the NHS can also be involved. For instance, through their intimate knowledge of local communities and their social networks, Community Wardens can help to identify lonely people and set up activities that foster social connections.

5.1. What is social prescribing?

- 5.1.1. Social prescribing – sometimes called “**community referrals**” - enables organisations to refer people to a range of services that offer social, emotional or practical support, including support to combat loneliness.¹⁸⁸
- 5.1.2. Although social prescribing is not a new idea, the increasing emphasis on helping people with long-term conditions to stay well has resulted in growing interest in it. Over the past fifteen years, more and more schemes have been developed, encouraged by Government policy documents such as Choosing Health (2004), Our Health, Our Care and Our Say (2006) and Healthy Lives, Healthy People (2010) – all of which stressed the importance of prevention, good wellbeing and the integration of services.¹⁸⁹
- 5.1.3. Social prescribing is often delivered by the local voluntary sector, but statutory services provided by councils, housing associations or the NHS can also be involved. A **link worker**, or “navigator”, is often employed to connect people to services and community groups. Link workers take referrals from local bodies, such as GP surgeries, and work with people to produce a plan to meet their specific wellbeing needs. This can include helping them to overcome feelings of loneliness by connecting them to support and activities – such as arts participation, befriending and sport.^{190 191}
- 5.1.4. Prescriptions are normally for a set length of time, between 8 and 12 weeks, with a structured follow-up process. However, there are schemes with more open-ended prescriptions and, in many cases, clients continue with their new activity once the prescription is complete.¹⁹²

¹⁸⁸ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

¹⁸⁹ Local Government Association (2016) Just What the Doctor Ordered. Social Prescribing: A Guide for Local Authorities, London

¹⁹⁰ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

¹⁹¹ Local Government Association (2016) Just What the Doctor Ordered. Social Prescribing: A Guide for Local Authorities, London

¹⁹² Ibid

5.1.5. The LGA argues that there are three ways in which local authorities can contribute to social prescribing.

- Given their responsibility for public health, they may run some of the non-clinical services that social prescribing schemes can refer clients to.
- Through Health and Wellbeing Boards, they have a strategic role in promoting collaboration with the NHS.
- They can become social prescribing providers themselves or support the schemes.¹⁹³

¹⁹³ Local Government Association (2016) Just What the Doctor Ordered. Social Prescribing: A Guide for Local Authorities, London

5.2. Why social prescribing

- 5.2.1. There are several reasons for supporting and promoting social prescribing schemes.
- 5.2.2. Although it is widely acknowledged that there is a need for more robust evaluations, existing evidence from individual social prescribing schemes suggests that it can **improve outcomes** for people and reduce pressure on the NHS.^{194 195}
- 5.2.3. For instance, an independent evaluation of the Doncaster social prescribing service, conducted by Sheffield Hallam University in 2016, found that 68% of clients made fewer visits to their GP. It also found a significant positive impact on anxiety and depression (25% points), while 88% reported an increased awareness of community services and support.¹⁹⁶
- 5.2.4. A study by Westminster University also found a decrease in GP consultations, of about 28%, and 24% fewer attendances at A&E, in cases where the social prescribing connector service was working well.¹⁹⁷
- 5.2.5. Economic analysis of supportive closed-groups interventions – such as art and cultural activities, exercise and health discussion groups - found that there was a net saving of about £60 per person as a result of a reduction in hospital bed days, physician visits and outpatient appointments.¹⁹⁸

¹⁹⁴ Local Government Association (2016) Just What the Doctor Ordered. Social Prescribing: A Guide for Local Authorities, London

¹⁹⁵ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

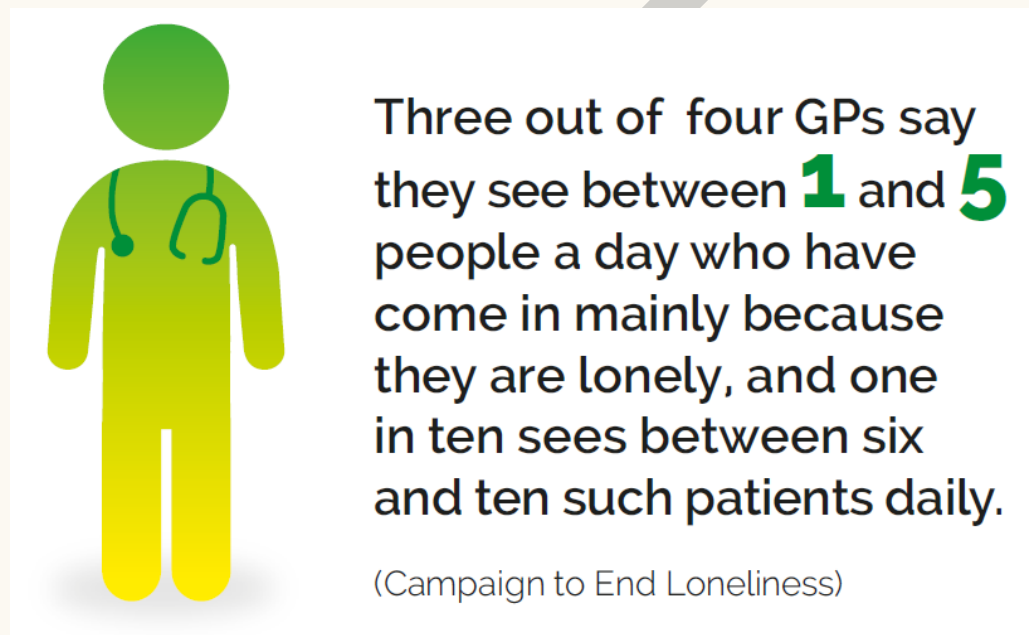
¹⁹⁶ Ibid

¹⁹⁷ Polley, M.J. and Pilkington, K. (2017) University of Westminster A Review of the Evidence Assessing Impact of Social Prescribing on Healthcare Demand and Cost Implications

¹⁹⁸ Pitkala, K.H. et al. (2009) 'Effects of Psychosocial Group Rehabilitation on Health, Use of Health Care Services, and Mortality of Older Persons Suffering from Loneliness: A Randomised, Controlled Trial', Journal of Gerontology: Medical Sciences, vol 64A, no 7pp 792–800

5.2.6. A poll of UK GPs, carried out for the Campaign to End Loneliness in 2013, found that three quarters of family doctors (76%) reported that between 1 and 5 patients a day attended their surgery primarily because they were lonely. 1 in 10 GPs reported seeing between 6 and 10 such patients daily.^{199 200}

5.2.7. Worryingly, almost half (49%) of the GPs surveyed said that they were not confident they had the tools necessary to help their lonely patients, with only 13% of doctors feeling confident of being able to do so.²⁰¹



Source: Jo Cox Commission on Loneliness (2017) Combatting Loneliness One Conversation at a Time: A Call to Action, London

5.2.8. As the LGA points out, the benefits of social prescribing go beyond simply improving the health of individuals. People experiencing loneliness need different types of support depending on their individual circumstances.²⁰² Through the **personalised support** of a link worker who can talk to each person about the things that matter to them, **many of the schemes empower and engage patients, helping to give them independence.**²⁰³

¹⁹⁹ Campaign to End Loneliness (2013) Family Doctors Ill-equipped for Loneliness Epidemic

²⁰⁰ Jo Cox Commission on Loneliness (2017) Combatting Loneliness One Conversation at a Time: A Call to Action, London

²⁰¹ Ibid

²⁰² British Red Cross (2017) Older People and Loneliness: Five Things You Need to Know, online, <http://blogs.redcross.org.uk/health/2017/03/older-people-loneliness-five-things-need-know/>

²⁰³ Local Government Association (2016) Just What the Doctor Ordered. Social Prescribing: A Guide for Local Authorities, London

- 5.2.9. An inquiry conducted by the National Assembly for Wales found that there can be **no “one-size-fits-all” solution** to address the problems of loneliness and social isolation; individually tailored responses are the most effective, although short-term support or “one-off” interventions without clear ongoing pathways for building independence or resilience can be detrimental.²⁰⁴
- 5.2.10. This view is shared by many KCC professionals. They point out that the Care Act challenges us to think about meeting people’s needs rather than simply providing services. In a recent commissioning and market shaping exercise, the Adult Social Care and Health Directorate worked with providers to help them diversify their offer into helping people to connect with others, rather than just to access commissioned services. This work has involved different parts of the local authority, including services for strategic commissioning, arts, libraries, community wardens and sports’ development.²⁰⁵
- 5.2.11. In addition to its personalised approach, social prescribing can offer a valuable **alternative to the support provided by digital technology**.
- 5.2.12. There is some controversy about the impact of digital technology on loneliness amongst older people. Many indicate the vital role that technology – such as a website providing information about local support and services - can play in enabling them to maintain their social connections, and point out that older people are increasingly accessing this information via the Internet.^{206 207}
- 5.2.13. However, some argue that the increasing use of digital technology has exacerbated the exclusion of older people, as social media can replace the “real world” and as many may be unable to operate technology or do not have access to the Internet.^{208 209} For some people, then, face-to-face social prescribing provision may be the preferred option.²¹⁰

²⁰⁴ National Assembly of Wales (2017) Health, Social Care and Sport Committee: Inquiry Into Loneliness and Isolation, Cardiff Bay

²⁰⁵ Kent County Council (2018) Adult Social Care Cabinet Committee, 19 January 2018, Maidstone

²⁰⁶ Campaign to End Loneliness and Age UK (2015) Promising Approaches to Reducing Loneliness and Isolation in Later Life, London

²⁰⁷ Age UK (2017) Technology and Older People Evidence Review, London

²⁰⁸ Campaign to End Loneliness (2016) The Missing Million: In Search of the Loneliest in Our Communities, London

²⁰⁹ Age UK (2017) Technology and Older People Evidence Review, London

²¹⁰ Local Government Association (2016) Combating Loneliness – A Guide for Local Authorities, London

- 5.2.14. By promoting collaboration between different agencies, social prescribing **can also offer support to those who do not wish to engage with traditional health services**, and can even help to identify “hard-to-reach” lonely people.
- 5.2.15. A report by the British Red Cross and the Co-op argues that, while for some people health services provide a route to support, others – such as refugees, asylum seekers and people who are homeless – are less likely to use these services and therefore may not be reached.²¹¹
- 5.2.16. Social prescribing services can develop bespoke outreach programmes, and link with specialist professionals to ensure that excluded communities can access provision. The report indicates evidence of connector services working effectively with Black, Asian and minority ethnic (BAME) communities, people affected by drug and alcohol issues, women, migrants or asylum seekers, new parents and young people.²¹²
- 5.2.17. Although not all lonely people are socially isolated, many are, and identifying and reaching them can be particularly challenging. There are several reasons why services can struggle to reach them, including lack of access to appropriate transport, fewer community spaces and language barriers. Lack of trust and confidence can also be obstacles. For the loneliest people stigma may also be a significant barrier.^{213 214 215}
- 5.2.18. Through their embeddedness in the local community, link workers and partner services can rely on ‘word of mouth’ to **identify and connect with hard-to-reach people** who may benefit from support.²¹⁶
- 5.2.19. Finally, the setting up of social prescribing schemes offers significant **flexibility** in that a variety of organisations can be involved both in referrals and in the delivery of support and services.

²¹¹ Jopling, K & Howells, A (2018) Connecting Communities to Tackle Loneliness and Social Isolation (Learning Report), British Red Cross and Co-op

²¹² Ibid

²¹³ Ibid

²¹⁴ Griffin, J. (2010). The Lonely Society. London: Mental Health Foundation

²¹⁵ Lau, S., & Gruen, G. (1992). The Social Stigma of Loneliness: Effect of Target Person's and Perceiver's Sex, Personality and Social Psychology Bulletin, 18(2): 182-189.

²¹⁶ Jopling, K & Howells, A (2018) Connecting Communities to Tackle Loneliness and Social Isolation (Learning Report), British Red Cross and Co-op

5.2.20. As stated earlier, services are often provided by the local voluntary sector but also by a range of organisations in the public sector.²¹⁷ NHS England estimates that 60% of CCGs have already commissioned some form of social prescribing scheme.²¹⁸

5.2.21. Some voluntary sector organisations, such as the British Red Cross - with its Connecting Communities initiative - run referral schemes for support and services across the country.

Case study

Connecting Communities - British Red Cross

The British Red Cross has set up about 40 'Community Connector' services across the UK to help adults of all ages who are lonely or at risk of loneliness.

Community Connector teams of volunteers and staff help people to reconnect with their communities by providing time-limited, person-centred support.

Referrals are made to frontline professionals and community groups from across health and social care and beyond. Self-referrals are also encouraged, for example, by engagement through social media, local radio, supermarkets and libraries.

The British Red Cross uses the University of California, Los Angeles (UCLA) loneliness scale to measure the effectiveness of its Community Connectors schemes. Around three quarters of the people who have been helped experience a positive change, and about half are no longer considered lonely by the end of their support.

Source: Jopling, K & Howells, A (2018) Connecting Communities to Tackle Loneliness and Social Isolation (Learning Report), British Red Cross and Co-op

²¹⁷ Local Government Association (2016) Just What the Doctor Ordered. Social Prescribing: A Guide for Local Authorities, London

²¹⁸ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

- 5.2.22. In Kent, two charities are using a platform called VC Connect for Wellbeing as part of their contract with the NHS to offer social prescribing. Charity Red Zebra, in partnership with the Canterbury and Coastal CCG, uses the platform as a social prescribing service in East Kent. The small Red Zebra team visits individuals in their own homes, or where they feel most comfortable, to discuss what support is most appropriate to them. Despite its small size, the agency supports about 50 new clients every month.²¹⁹
- 5.2.23. Involve, a Maidstone-based charity, is in the early stages of developing the West Kent CCG area's social prescribing service. Its aim is to support and connect communities by focusing on three core groups: carers, older people and others who are disadvantaged, marginalised or vulnerable. In addition to social prescribing, the organisation offers information and advice, leisure and social activities, and programmes to build skills and resilience.²²⁰
- 5.2.24. In recognition of the key role that social prescribing can play in promoting social wellbeing and people's connections, the Government is committed to supporting all local health and care systems to implement social prescribing connector schemes, with the aim of having a universal national offer available in every Primary Care Network in the country by 2020.²²¹ The NHS plans to recruit more than 1,000 link workers by 2020-21, with the long-term aim to manage around 900,000 patient appointments a year. The organisation estimates that, by 2024, 2.5 million people will benefit from the service.²²²
- 5.2.25. In addition, NHS England will work with the Government to create a national database of local social prescribing schemes which will include information such as contact details for local schemes, the level of service they provide, and key data about which local agencies can make referrals into the scheme.²²³

²¹⁹ Kent County Council (2018) Loneliness and Social Isolation Select Committee, 17 September 2018, Maidstone

²²⁰ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Visit, 2 October 2018

²²¹ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

²²² BBC (2019) More 'Social Prescribers' to Ease Pressure on GPs, online, <https://www.bbc.co.uk/news/health-46999922>

²²³ Ibid

5.3. Community Wardens

- 5.3.1. The Committee believes that Kent's Community Wardens can make an important contribution to combating social isolation and loneliness within social prescribing schemes.
- 5.3.2. The Kent Community Warden Service (KCWS) was formed in 2002 in response to KCC's statutory responsibility under the Crime and Disorder Act 1998 to deliver a frontline response to local issues and help create 'safer and stronger' communities. Currently the service employs 61 uniformed Community Wardens and 8 Volunteer Support Wardens (VSW).²²⁴
- 5.3.3. Through their trusted relationship with the communities they serve, Community Wardens act as the "eyes and ears" of neighbourhoods. Their visible and reassuring uniformed presence serves as a significant deterrent to crime and anti-social behaviour. A study of the service by the University of Kent in 2006 showed that the Wardens provided reassurance and support to the elderly and fostered social inclusion.²²⁵
- 5.3.4. Research suggests that people over 65 who are targeted by scammers are often lonely or socially isolated and that, if they have been defrauded in their own homes, they are 2.5 times more likely to die or go into care within a year. Since 2014, the Community Wardens have visited more than 2,000 of the 2,500 Kent victims of scams notified by the National Scams Team.²²⁶
- 5.3.5. The service also plays a key role in KCC's long-term Adult Social Care strategy (2016 – 2021), which aims to ensure that people can live longer in their own homes, reduce their need for care and support, and promote their wellbeing – including the prevention and reduction of loneliness and social isolation.²²⁷
- 5.3.6. Through their intimate knowledge of local communities and their social networks, Community Wardens help in setting up activities and clubs, such as "dementia cafes", that help vulnerable and lonely people to build social connections and establish support networks.²²⁸

²²⁴ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

²²⁵ Ibid

²²⁶ Ibid

²²⁷ Ibid

²²⁸ Ibid

- 5.3.7. The service believes that it can provide a value for money contribution to tackling loneliness and social isolation. The cost of the service - each Community Warden costs about £28K per year, and a Volunteer Support Warden costs between £800 and £1,000 in the first year and £500 per year thereafter - is relatively small compared to its positive impact. It has been estimated that, if each Warden delayed by six months the residential care of just five of the many vulnerable individuals they visit every week, the annual saving to KCC's residential care costs would be £5.57 million. This is three times the cost of the service to KCC.²²⁹
- 5.3.8. As mentioned earlier, Community Wardens also help in the identification of lonely and socially isolated people. Because of their trusted relationship with the communities they serve, and their intimate knowledge of the surroundings, they are often approached by members of the community who inform them about particularly isolated people who may require assistance and support.²³⁰
- 5.3.9. Along with several partners from the UK and France, KCC is applying for funding from the Interreg scheme to deliver the '**Connected Communities**' project. This 3-year initiative – which the KCWS will be part of - seeks to provide innovative solutions to the challenges of social isolation and service accessibility, and to develop cohesive, resilient communities for older people.^{231 232}
- 5.3.10. In this pilot, social prescribing referrals will be accepted from a variety of sources, including Community Wardens. The Community Connectors will make home visits and, where appropriate, link individuals to social activities and services in their local community.²³³
- 5.3.11. Amongst other things, the project will assess the feasibility and effectiveness of the KCWS to make referrals and promote users' wellbeing and resilience.
- 5.3.12. Having considered all of the above, the Committee fully endorses the social prescribing model and its capacity to provide – amongst other things - a wide range of support and services to those who suffer from loneliness and social isolation.

²²⁹ Ibid

²³⁰ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Visit, 27 September 2018

²³¹ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

²³² Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

²³³ Ibid

- 5.3.13. The Committee also applauds the KCWS for its important role in deterring crime and for its key contribution to the reduction of loneliness and social isolation in Kent.
- 5.3.14. The Committee supports the pilot to assess the effectiveness of the Service to make referrals and promote users' wellbeing and resilience, and recommends that, if necessary, funding should be found to ensure the completion of this project.
- 5.3.15. If the pilot is successful, an understanding will be needed of how the role of Community Wardens would fit alongside social prescribing structures in the county.

Recommendation 5

The Committee fully endorses the social prescribing model, which enables organisations to refer people – including those who suffer from loneliness - to a range of services that offer support for social, emotional or practical needs.

The Committee also endorses the pilot to assess the effectiveness of Kent Community Wardens acting as “community connectors” and playing a central role in the identification, referral and support of people who suffer from loneliness and social isolation. The Committee recommends that, if necessary, funding should be found to ensure that this project is completed.

If the pilot is successful, an understanding will be needed of how the role of Community Wardens would fit alongside social prescribing structures in the county.

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6. Transport and Awareness

Accessible and affordable transport is key, not only to fostering social connection and independence in older age, but also to enabling the successful operation of other services designed to reduce loneliness and social isolation. The lack of availability of, and access to, transport services can be a serious barrier to social connection.

Community transport offers a solution for many communities that would otherwise be left isolated, and is often regarded as an effective and flexible way of meeting the mobility needs of specific individuals and local groups.

Central to success in tackling loneliness and social isolation, as well as effective transport, are efforts to improve awareness of the issue and to fight the stigma attached to it.

6.1. Transport

- 6.1.1. Access to inclusive and affordable transport has been identified as key to enabling social connection and tackling loneliness.²³⁴
- 6.1.2. This view is shared by the Government and is reflected in the national loneliness strategy, which seeks to create “a transport network that enables people’s social connections and helps people be connected to their community”.²³⁵
- 6.1.3. Age UK has highlighted that a **lack of appropriate transport can be a major barrier for older people**, not just to maintaining their social connections, but also to the successful operation of other services designed to reduce social isolation. In addition, experts believe that sometimes the provision of **transport can itself create opportunities for social interaction**; a key advantage of these casual social interactions is that there is no stigma to taking up the service in the first place.²³⁶

“Being able to use the public transport network isn’t just about getting around. It is also about feeling part of the community and having a chance to interact with other people”

British Red Cross (2016) Isolation and Loneliness – An Overview of the Literature, London

National schemes

- 6.1.4. The English National Concessionary Travel Scheme (ENCTS) is a statutory initiative funded by the Government but managed by the Local Transport Authority in each area. It offers pensioners and disabled people free off-peak travel. Local transport authorities are allowed to fund scheme enhancements, such as extended time or companion passes.²³⁷ As at 31 December 2018 the total number of bus passes in

²³⁴ Local Government Association (2016) Combating Loneliness: A Guide for Local Authorities, London

²³⁵ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

²³⁶ Campaign to End Loneliness and Age UK (2015) Promising Approaches to Reducing Loneliness and Isolation in Later Life, London

²³⁷ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

Kent was over 256,000. Almost 10,000 new passes, and almost 150,000 renewals, were issued in 2018 alone.²³⁸

6.1.5. KCC currently funds the companion pass, which enables people with severe disabilities to take a companion to assist them. Outside London, Kent has amongst the largest numbers of ENCTS passholders, with more than a quarter of a million concessions. In 2018 alone, the total number of companion passes issued (including new, replacements and renewals), was over 7,500.²³⁹

Socially Necessary Bus Services

6.1.6. KCC also subsidises several Socially Necessary Bus Services (SNBS) in order to provide conventional bus services in areas where a commercial service is either not present or is considered inadequate. This is a discretionary activity, as there is no statutory requirement for KCC to provide funds for SNBS. In 2017/18, KCC spent about £5.6 million on the support of SNBSs. This equates to an additional 3.8 million journeys every year which would otherwise not be possible.²⁴⁰

Community transport schemes

6.1.7. Community transport is a service provided by the local community in response to specific local transport needs. These schemes run on a not-for-profit basis or as a social enterprise, often involving volunteers to manage and deliver the service.²⁴¹ ²⁴² This is often regarded as an effective, flexible and small-scale solution to meeting the mobility needs of specific individuals and local groups.²⁴³

6.1.8. Community transport can help to connect:

- older people or those with a disability to essential medical services
- socially isolated people to essential services and facilities
- local people with schools, libraries, shops, friends, clubs and community events
- community groups with social, recreation and entertainment centres.²⁴⁴

²³⁸ Ibid

²³⁹ Ibid

²⁴⁰ Ibid

²⁴¹ Local Government Association (2016) Combating Loneliness: A Guide for Local Authorities, London

²⁴² Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

²⁴³ Ibid

²⁴⁴ Ibid

6.1.9. The Government recognises the importance of community transport and, over the past few years, it has provided support, including buying over 400 new minibuses for community transport groups.²⁴⁵

6.1.10. There are a number of community transport schemes in Kent, offering an invaluable service to thousands of local residents who have difficulty in accessing or using public transport. These schemes play an important role in helping people access services in rural areas, where 11% of households do not have access to private transport.²⁴⁶

6.1.11. As community transport is not a statutory service, KCC does not receive any additional Government funding for it. However, the Authority believes that **community transport can play a valuable role in overcoming social isolation** and in delivering some of its strategic objectives. KCC therefore contracts and administers its own community transport service, Kent Karrier.²⁴⁷

Case study

The Kent Karrier Service

This dial-a-ride scheme, available in nine Kent districts, offers users a door-to-door service which can be booked up to a week in advance. Its buses operate on specific days, and take members to specified destinations, such as supermarkets and town centres. Its taxis are more flexible and can be used for medical appointments and journeys further afield.

Kent residents are eligible for the service if they fit one of the following criteria:

- they are aged 85 or over
- they live more than 500 metres from a bus stop or rail station
- they cannot access public transport (because they cannot walk to the bus stop or carry shopping, for example).

Most of the schemes serve regular users who, on the service, have established social connections and friendships. Feedback from customers indicates that Kent Karrier is a “lifeline” service without which they would be lost.

Source: Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

²⁴⁵ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

²⁴⁶ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

²⁴⁷ Ibid

6.1.12. In addition to providing the Kent Karrier service, KCC's Public Transport team offers support and guidance to community transport operators, local parishes and other groups who wish to introduce or expand a community transport operation. Activities carried out by the Team in 2017 include:

- Production of a community transport toolkit which was distributed around the County and hosted on KCC's website. The toolkit aimed to act as a start-up guide to setting up a community transport scheme.
- Acting as a point of advice and guidance through a dedicated community transport officer.
- Hosting two community transport forums with a range of speakers. The events were well attended and received positive feedback.
- Awarding £165K in grants and a fully accessible vehicle through the Community Transport Grant Scheme.²⁴⁸

6.1.13. The Committee applauds the vital role of Kent's community transport initiatives and the hard work of KCC's Public Transport team in ensuring the provision of accessible and affordable transport and in promoting social connections.

6.1.14. However, there is much evidence from older residents that, especially – but not exclusively - in rural areas, public transport could be improved in terms of network coverage and service frequency, and that poor provision is a key cause of social isolation.²⁴⁹ Commercial bus transport costs, network provision and frequency were also identified as issues in a recent KCC select committee review of bus transport in Kent.²⁵⁰

6.1.15. The Committee is very aware of the significant financial pressures the Authority is under. Nonetheless, given the invaluable role of community transport, the Committee believes that the Public Transport team should investigate the feasibility of expanding KCC's Kent Karrier service and maximising its coverage and reach to serve more effectively the whole of the county.

²⁴⁸ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence

²⁴⁹ Kent County Council (2018) Loneliness and Social Isolation Select Committee, Written Evidence from Several Sources

²⁵⁰ Kent County Council (2017) Bus Transport Select Committee Report, Maidstone

- 6.1.16. In addition, the Committee appreciates that the provision of transport can itself encourage social interaction, and believes that these opportunities should be exploited. Initiatives are emerging both nationally and locally.
- 6.1.17. The DfT, for instance, intends to create new partnerships with transport providers and community organisations to develop creative ideas on using transport to help tackle loneliness.²⁵¹
- 6.1.18. In Maidstone, the local bus operator Arriva has collaborated with Age UK to develop the “Talking Bus”.²⁵²

Case study

Maidstone’s Talking Bus Service

In September 2018 local bus operator Arriva collaborated with Age UK’s West Kent Befriending Service to trial a new scheme which aims to combat loneliness. The “Talking Bus” service provides days out for older people whilst encouraging them to talk to each other.

The trial run saw the Number 12 bus depart from Maidstone town centre and head for Tenterden, where passengers enjoyed tea, cake and a chat.

If the trial receives positive feedback, Arriva will consider designating different buses each week as “talking buses”.

Source: Kent Online (2018), Talking Bus Launches in Maidstone to Help Reduce Loneliness, 6 Sept 2018

²⁵¹ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

²⁵² Kent Online (2018), Talking Bus Launches in Maidstone to Help Reduce Loneliness, 6 Sept 2018, online, <https://www.kentonline.co.uk/maidstone/news/all-aboard-the-talking-bus-189302>

6.1.19. Having identified and considered all the issues above, the Committee recommends the following.

Recommendation 6

KCC's Public Transport team should investigate the feasibility of expanding the Kent Karrier service, and should continue to offer financial support and information to those who wish to introduce or expand a community transport service.

Recommendation 7

KCC's Public Transport team should encourage organisations in Kent's transport sector to develop ways of connecting people – such as the Talking Bus service - so that transport networks play the greatest possible role in tackling loneliness and social isolation.

6.2. Awareness

6.2.1. As the LGA points out, central to success in tackling loneliness are efforts to improve awareness of this issue and reduce the stigma attached to it, and to ensure that local services understand the role they can play.²⁵³

The “L” Word

6.2.2. To tackle loneliness effectively, it is argued that a societal shift is needed.²⁵⁴ The **stigma** attached to loneliness makes it difficult for many people to self-identify as being lonely and to seek support.^{255 256}

6.2.3. This has been confirmed by a recent inquiry on loneliness and social isolation by the Welsh government, which identified the stigmatisation of loneliness as a central and serious issue. The inquiry found that men were particularly affected and that, as a result, they displayed a much higher suicide risk.²⁵⁷

Figure 7: The cycle of loneliness



Source: Adapted from National Assembly of Wales (2017) Health, Social Care and Sport Committee: Inquiry into Loneliness and Isolation, Cardiff Bay

²⁵³ Local Government Association (2016) Combating Loneliness: A Guide for Local Authorities, London

²⁵⁴ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

²⁵⁵ Ibid

²⁵⁶ Campaign to End Loneliness and University of Kent (2016) Hidden Citizens: How Can We Identify the Most Lonely Older Adults? London

²⁵⁷ National Assembly of Wales (2017) Health, Social Care and Sport Committee: Inquiry Into Loneliness and Isolation, Cardiff Bay

6.2.4. The stigmatisation of loneliness can be addressed in several ways, for example through sensitive communication and marketing, but also by talking about loneliness openly and by recognising it as a normal part of life. Organisations that seek to tackle loneliness should use positive language to promote their service offer – for example by emphasising friendship and connection rather than loneliness and isolation.²⁵⁸

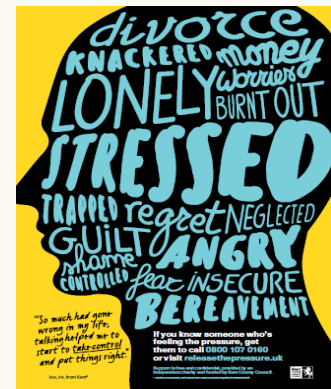
Starting the conversation

6.2.5. The Government is calling for a national conversation to raise awareness and reduce the stigma around loneliness. It will build on existing campaigns – such as those run by Mind and the Campaign to End Loneliness by:

- Highlighting, in PHE's forthcoming mental health campaign, the importance of strong social connections as a way of looking after an individual's mental health.
- Exploring how best to improve awareness of the importance of social wellbeing and encourage people to take action through easy to understand messages and information.²⁵⁹

6.2.6. KCC is already taking steps to increase awareness of mental health and wellbeing issues. These include:

- **Release the Pressure** campaign. KCC's Public Health team developed a social marketing campaign with the aim of reducing the number of suicides amongst Kent males. Whilst the aim is not directly linked to reducing social isolation and loneliness in Kent's older residents, it does assist in reducing the stigma of mental illness.²⁶⁰



²⁵⁸ Jopling, K & Howells, A (2018) Connecting Communities to Tackle Loneliness and Social Isolation (Learning Report), British Red Cross and Co-op

²⁵⁹ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

²⁶⁰ Kent County Council (2018) Release the Pressure Campaign Resources

<https://www.kent.gov.uk/social-care-and-health/health/release-the-pressure/release-the-pressure-campaign-resources>

- Campaigns such as **Live Well Kent** and **One You Kent** offer support and guidance aimed at improving mental and physical health and wellbeing.^{261 262}
- As part of Adult **Safeguarding Awareness Week 2018**, KCC's Adult Safeguarding Team raised awareness of isolation and how it can lead to adults becoming more susceptible to exploitation. They asked residents to think about a small action they could take which might make a difference to someone in their community, and to make a pledge to take that action.²⁶³
- **Time to Change** pledge. In 2014 KCC signed the Employer Pledge to show its commitment to changing how mental health is thought and spoken about in the workplace – both reducing the stigma around it and ensuring staff feel supported and encouraged to talk.²⁶⁴



6.2.7. The Committee recommends that KCC joins the national conversation to raise awareness and reduce the stigma around loneliness by working with the Government to develop a Kent-focused campaign. It also recommends that, amongst other things, the campaign should raise awareness of the negative consequences of loneliness and social isolation, and of the support available (see also Recommendation 3, which proposes the organisation of a high profile event to launch KCC's loneliness and social isolation strategy).

Recommendation 8

KCC should work with the Government to develop a Kent-focused campaign to raise awareness of the issues of loneliness and social wellbeing. The campaign should provide information including:

- **the negative consequences of loneliness and social isolation**
- **the support that is available and how to access it.**

²⁶¹ Live Well Kent (2018) Living Well Kent: Community Wellbeing, Welcome, online, <https://livewellkent.org.uk/>

²⁶² Kent County Council (2018) One You Kent, online, <https://www.kent.gov.uk/social-care-and-health/health/one-you-kent>

²⁶³ KCC (2018) Safeguarding Adults Awareness Week, online, <https://www.kent.gov.uk/about-the-council/partnerships/kent-and-medway-safeguarding-adults-board/safeguarding-awareness-week>

²⁶⁴ Time to Change (2014), Pledged Employers, online, <https://www.time-to-change.org.uk/pledgewall/organisations/kent-county-council-0>

The pledge

6.2.8. As part of its loneliness strategy, the Government is working with a number of employers, as well as the Campaign to End Loneliness, to develop a pledge to combat loneliness in the workplace. The pledge suggests action in three areas:

- Leadership, for example by appointing a loneliness champion and by communicating the importance of the issue.
- Employee confidence, by establishing peer support groups, and by providing support to employees during key life transitions.
- Supporting line managers, by providing training on supporting lonely employees, and peer-to-peer support programmes.²⁶⁵

6.2.9. The Committee believes that the workplace can play an important role in combating loneliness and social isolation, and that this should be part of the Authority's fulfilment of its "duty of care" towards its staff. Raising awareness of loneliness, and giving employees the skills to manage it, can prove invaluable in times of transition, such as when starting retirement.²⁶⁶

6.2.10. The Committee therefore recommends that KCC adopts the Government's loneliness pledge. It also recommends that the Authority promotes take-up across the county by encouraging local employers in all sectors to adopt the pledge to support their own employees' social wellbeing.

Recommendation 9

KCC should sign up to the Government's pledge to support its employees by addressing loneliness and building social connections. KCC should also encourage local employers across all sectors to adopt the pledge to support their own employees' social wellbeing and health.

²⁶⁵ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

²⁶⁶ KCC (2018) Loneliness and Social Isolation Select Committee, 10 September 2018, Maidstone



7.Evaluation and Review

Loneliness and social isolation can lead to substantial costs to families, the public purse and society. Although there have been a number of studies of the cost effectiveness and return on investment of different interventions, there is a general lack of high-quality evidence about their impact.

The collection of additional data, the adoption of more consistent methods of assessment and the cascading of good practice therefore seem crucial.

It is also crucial to ensure that the implementation of the recommendations in this report is monitored and accountable, and that the current momentum to combat loneliness and social isolation is not lost.

7.1. Evaluation

- 7.1.1. As stated earlier, loneliness can lead to substantial costs to families, the public purse and society. Although there have been a number of studies of the cost effectiveness and return on investment of different interventions, there is a general **lack of high-quality evidence** about their impact.^{267 268 269 270}
- 7.1.2. Part of the solution to gaining a deeper understanding of who is at highest risk and what is effective in preventing and reducing loneliness, is to collect more data.²⁷¹
- 7.1.3. The promotion and adoption of **a more consistent method of assessing effectiveness** also seems crucial. The British Red Cross argues that the collection of robust and widespread quantitative evidence is currently challenging because many service providers have limited time or resources to develop or use existing methods and, when they do use them, they do so inconsistently.²⁷²
- 7.1.4. Age UK and the Campaign to End Loneliness echo these concerns and recommend that service providers, commissioners and the research community support the development of evidence and adopt appropriate tools to measure the impact of interventions.²⁷³
- 7.1.5. As a solution, the Government is promoting the gathering of more information on the most effective interventions in preventing and reducing loneliness, and the adoption of a more consistent measuring approach.²⁷⁴
- 7.1.6. As part of its loneliness strategy, it is committing to using a standard package of indicators in order to measuring loneliness more consistently. The package will be based on three questions known as the **“University of California, Los Angeles (UCLA) 3-item scale”**.²⁷⁵

²⁶⁷ Campaign to End Loneliness (2015) Measuring Your Impact on Loneliness in Later Life, London

²⁶⁸ Local Government Information Unit (2016) Policy Briefing. Loneliness and Social Isolation in Older People, London

²⁶⁹ Campaign to End Loneliness and Age UK (2015) Promising Approaches to Reducing Loneliness and Isolation in Later Life, London

²⁷⁰ McDaid, D. et al (2017) Making the Economic Case for Investing in Actions to Prevent and/or Tackle Loneliness: A Systematic Review. Personal Social Services Research Unit, London School of Economics and Political Science, London

²⁷¹ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness: Laying the Foundations for Change, London

²⁷² Jopling, K & Howells, A (2018) Connecting Communities to Tackle Loneliness and Social Isolation (Learning Report), British Red Cross and Co-op

²⁷³ Campaign to End Loneliness and Age UK (2015) Promising Approaches to Reducing Loneliness and Isolation in Later Life, London

²⁷⁴ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

²⁷⁵ Ibid

The UCLA Loneliness Scale

This scale comprises three questions, each covering a different dimension of loneliness:

- (1) How often do you feel that you lack companionship?**
- (2) How often do you feel left out?**
- (3) How often do you feel isolated from others?**

There are three categories of response: hardly ever/some of the time/often. A score of 1-3 is then attached to each answer and added together to indicate how lonely the respondent is.

A score of 3–5 is interpreted as “not lonely”, and a score of 6–9 as “lonely”.

7.1.7. In order to improve data comparability, the Government is encouraging service providers and charities that collect data on loneliness to adopt this package, and is exploring how it can be used more widely.²⁷⁶

7.1.8. The Select Committee agrees that a consistent approach should be adopted and promoted to measure loneliness more effectively and to better inform policies and interventions aimed at combating it. The Committee therefore recommends that KCC adopts the Government's standard package to measuring loneliness, and encourages partner organisations and service providers in Kent to do the same.

Recommendation 10

KCC should adopt the Government's standard approach to measuring loneliness, which is based on the UCLA Loneliness Scale, and should encourage partner organisations and service providers in Kent to do the same in order to ensure consistency across the county.

²⁷⁶ Ibid

7.2. A Loneliness and Social Isolation Panel

7.2.1. The Government's strategy on loneliness stresses the importance of evaluating interventions, learning from them, and sharing good practice.

7.2.2. The Government acknowledges the instrumental role played by the **Loneliness Action Group** - led by the British Red Cross and the Co-op - in driving forward action and informing the national strategy on loneliness, by holding its departments to account for the delivery of the recommendations set out by the **Jo Cox Commission on Loneliness**. This has secured a long-lasting legacy for the Commission's work and for the vision of Jo Cox that by working together we can make a difference to the lives of those affected by the condition.²⁷⁷

7.2.3. The Select Committee wholeheartedly agrees on the importance of reviewing interventions and cascading good practice. It is also committed to ensuring that the momentum gained through the work of Jo Cox, the Loneliness Action Group and the national strategy on loneliness is not lost. The Committee therefore recommends that KCC establishes a Loneliness and Social Isolation Panel.

7.2.4. Amongst other things, the Panel should:

- Meet regularly, four times a year.
- Explore and review the effectiveness of interventions aimed at preventing or reducing loneliness and/or social isolation.
- Monitor the delivery of the objectives in KCC's Loneliness Strategy.
- Ensure that awareness of the issues of loneliness and social isolation, and their consequences, is promoted and developed.

Recommendation 11

KCC should set up a panel – which should include KCC Members – to monitor the effectiveness of interventions, promote best practice, and review progress against the objectives of the Loneliness and Social Isolation Strategy.

²⁷⁷ Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

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8. Conclusion

Loneliness and social isolation are serious problems with far-reaching implications, not just for individuals, but also for wider society.

While in the past loneliness was sometimes viewed as a trivial matter, it is increasingly understood to be a highly personal and complex problem which can lead to physical and mental health issues, such as depression, cognitive decline, and early onset dementia.

Given its limited time and resources, this review has focused on older people, because many “trigger” events that can lead to social isolation are likely to hit the hardest later in life. However, individuals can be affected by social isolation at any stage of their lives, and there are other groups of people - such as young people, carers and disabled people – who are also at particular risk of feeling lonely and becoming socially isolated. The recommendations in this report are therefore wide-ranging and are aimed at benefiting all those who may need support.

Tackling this condition is not easy. Much good work is already being done within communities, the public, private and voluntary sectors, as well as across Kent County Council. The examples of interventions outlined in this report provide insights into how to tackle social isolation in an effective way that will support individuals in many aspects of their lives.

But more can and should be done. It is important to make sure that interventions are tailored to meet the specific needs of individuals, because there is no one-size-fits-all solution. It is also crucial to raise awareness of the services and support that are available, and to promote a cultural change around the stigma that is attached to this debilitating condition. Given the complex and multi-faceted nature of the issue, the most effective way of achieving these aims is through a single, overarching strategy which explicitly recognises its seriousness, promotes collaboration and sets out clear steps to deal with it.

The work of this review is timely, given the recent appointment of a Ministerial lead on loneliness and the development of a national loneliness strategy. But we all have a role to play in tackling loneliness and social isolation in Kent. This Committee shares the vision of the late Jo Cox MP, that only by working together can we make a real difference to the lives of lonely and socially isolated people.



Appendix 1

Evidence

Oral evidence

The list includes a summary of the key topics discussed in each session.

Monday 10th September 2018

- **Samantha Sheppard, Senior Commissioner, Kent County Council**
 - Background and definitions of loneliness and social isolation
 - Use of technology to reduce the effects of loneliness and social isolation
 - Mapping of services and social prescribing
- **Gerrard Abi-Aad, Head of Intelligence, Rachel Kennard, Senior Intelligence Analyst, and Amber Povey, Kent Graduate Programme, Public Health, Kent County Council**
 - The extent and incidence of social isolation in Kent
 - Characteristics associated with isolation

Wednesday 12th September 2018

- **Penny Southern, Corporate Director for Adult Social Care and Health, Kent County Council**
 - The policy context in KCC
 - Characteristics associated with loneliness and social isolation
 - Interventions
 - Workforce and reach
- **Mr Mike Hill, Cabinet Member for Community and Regulatory Services, Kent County Council**
 - The role of Kent Community Services in relation to tackling loneliness and social isolation
 - Community Wardens
- **Mr Mike Whiting, Cabinet Member for Planning, Highways, Transport and Waste, Kent County Council**
 - Role of transport in reducing loneliness and social isolation
 - Community transport services
 - Rural communities

Monday 17th September 2018

- **Mr Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, Ms Diane Marsh and Mrs Clair Bell, Deputy Cabinet Members for Adult Social Care and Public Health, Kent County Council**
 - KCC's role in supporting an ageing population
 - Barriers
- **Katie Stewart, Director of Environment, Planning and Enforcement, and Stephanie Holt-Castle, Head of Countryside, Leisure and Sport, Kent County Council**
 - Causes of loneliness and social isolation
 - The GET Directorate's role in helping to tackle loneliness and social isolation
 - Data evaluation
 - Community Wardens
- **Multi-Disciplinary Group – including representatives from Adult Social Care in Kent County Council, Red Zebra, Kent Community Healthcare Foundation Trust, and Kent and Medway STP**
 - Promoting independence
 - Social prescribing and referrals
 - Interventions
 - Working across sectors

Wednesday 19th September 2018

- **Dr Kellie Payne, Research and Policy Manager, Campaign to End Loneliness**
 - Background and role of Campaign to End Loneliness
 - The impact and causes of loneliness
 - Successful interventions
 - Challenges
- **Olivia Field, Policy and Engagement Manager - Loneliness and Social Isolation, and Kat Radlett, Policy & Advocacy Officer, British Red Cross**
 - The role of the British Red Cross and their involvement with the Jo Cox Commission on Loneliness
 - National policies and action
 - Community Connectors

Monday 24th September 2018

- **Diane Aslett, Development Officer, Age UKs in Kent Consortium**
 - Age UK's role in relation to reducing loneliness and social isolation
 - Social prescribing and referrals
- **James Kirby, Programme Manager, Social Enterprise Kent - Ageless Thanet**
 - The role of Ageless Thanet along with activities and services offered
 - Measurement and evaluation
 - Involving local businesses
- **Ken Scott, The Older People's Task and Finish Group and Paul Clarke, Maidstone Borough Council**
 - The role of the Older People's Task and Finish Group in Maidstone
 - Types of prevention
 - Social prescribing

Wednesday 26th September 2018

- **Andy Staniford, Senior Policy Advisor, Department for Digital, Culture, Media & Sport**
 - National Strategy on Loneliness and role of Tackling Loneliness Team at the DCMS
 - Evaluating and use of surveys
 - Corporate responsibility
 - Reasons behind loneliness and pathways to prevention
- **Nicky Saynor, Health & Wellbeing Programme Manager and Terry Blair-Stevens, Public Health Consultant in Health & Wellbeing, Public Health England**
 - The role of Public Health England in relation to loneliness and social isolation
 - Research and evidence available
 - Opportunities
- **Ian Thomson, Assistant Director for Community Safety and Richard Stanford-Beale, Research & Development Manager - Community Safety, Kent Fire and Rescue Service**
 - The role of KFRS in relation to loneliness and social isolation
 - Impact of loneliness and social isolation
 - Collaborative working
 - Initiatives

Monday 1st October 2018

- **Dr Hannah Swift, Eastern ARC Lead and research Fellow, University of Kent**
 - Characteristics of those suffering from loneliness
 - Technology
 - Prevention
- **Hayley Brooks Head of Housing and Health, Sevenoaks District Council, and Debra Exall, Strategic Relationships Adviser, Kent County Council**
 - Role of District Councils in tackling loneliness and social isolation
 - One You
 - Referrals
- **Rebecca Jarvis, Head of Strategic Commissioning and Policy, and Kirsty O'Callaghan, Head of Strengthening Communities, Essex County Council**
 - The work of Essex CC around reducing loneliness and social isolation
 - Joint working
 - Raising awareness including use of social media
 - Social prescribing

Written evidence

- Action with Communities in Rural Kent
- British Red Cross
- Cobtree Shed
- Diocese of Canterbury
- Diocese of Rochester
- Friendly Faces of Kent
- Growth, Environment and Transport Directorate, KCC
- Kent and Medway Sustainability and Transformation Partnership
- Kent Community Warden Service, KCC
- Kent Police
- Kent resident, anonymised response
- NHS Dartford, Gravesham and Swanley, and NHS Swale CCGs
- North West Kent Volunteer Centre
- Public Transport Team, KCC
- Sevenoaks District Seniors Action Forum
- Swale Community and Voluntary Services
- Thanet Community Support Partnership
- The Physical Disability Forum
- Volunteer Centre Shepway – Folkestone Farm Barn
- Whitstable Shed

Visits

Friday 14th September 2018

- Healthy Living Centre, Dartford

Friday 21st September 2018

- Folkestone Farm Barn
- Shepway Volunteer Centre

Thursday 27th September 2018

- Community Wardens, Hartley Carers' Café at Wellfield Community Hall

Tuesday 2nd October 2018

- The Involve Hub, Maidstone

Appendix 2

Glossary

A&E: Accident and Emergency

CCG: Clinical Commissioning Group

DCMS: Department for Digital, Culture, Media and Sport

DfE: Department for Education

DfT: Department for Transport

DHSC: Department for Health and Social Care

ENCTS: English National Concessionary Travel Scheme

GET: Growth, Environment and Transport

HWB: Health and Wellbeing Board

KCC: Kent County Council

KFRS: Kent Fire and Rescue Service

KID: Kent Integrated Dataset

KPHO: Kent Public Health Observatory

LGA: Local Government Association

NHS: National Health Service

ONS: Office for National Statistics

PHE: Public Health England

SNBS: Socially Necessary Bus Services

STP: Sustainability and Transformation Plan

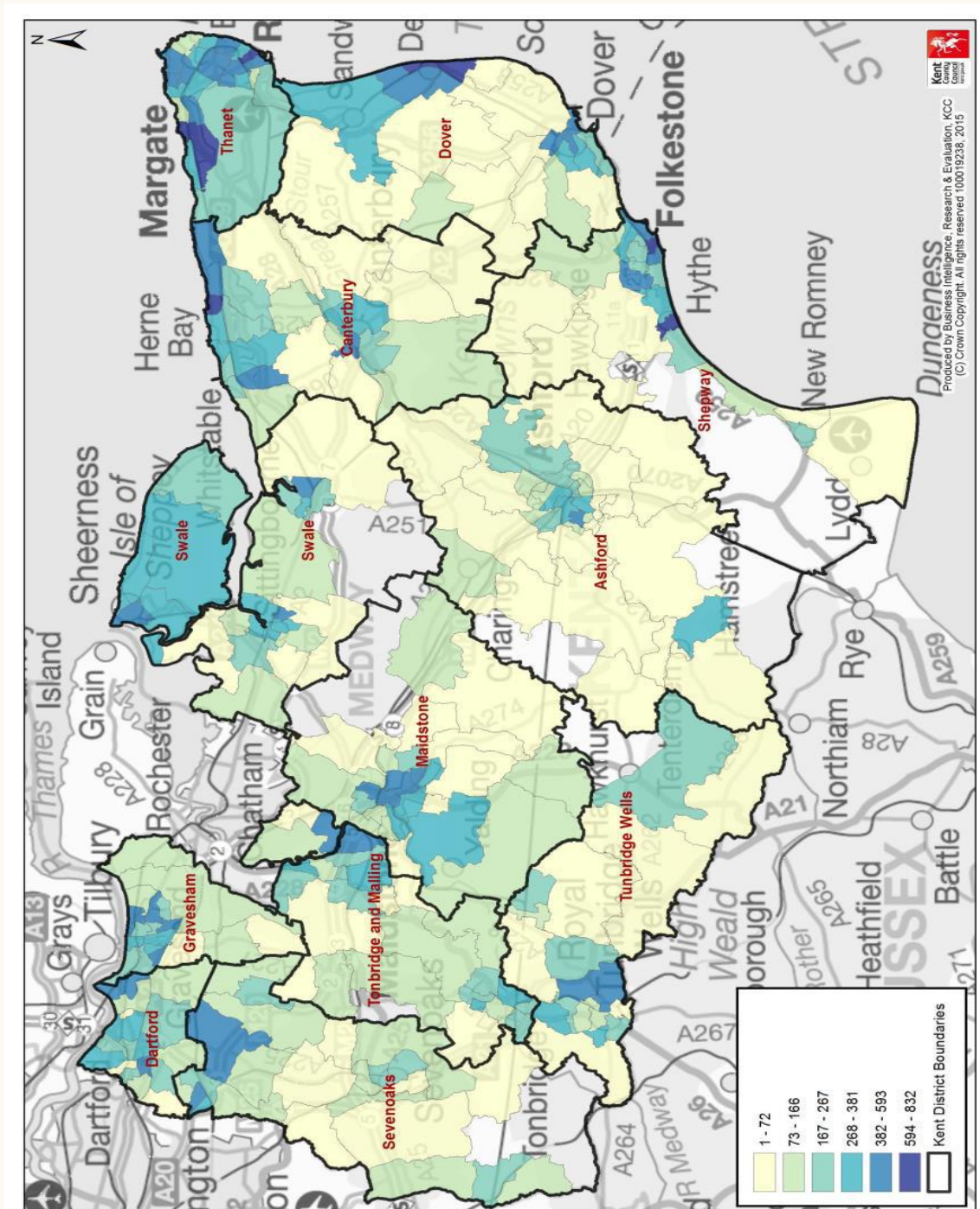
UCLA: University of California Los Angeles

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Appendix 3

Tables and charts

Figure 1: Households at risk of loneliness and social isolation by ward, Kent



Source: Kent County Council (2015) Mapping Loneliness in Kent: A Mosaic Profile, Maidstone

Figure 2: A Whole system approach to loneliness and social isolation

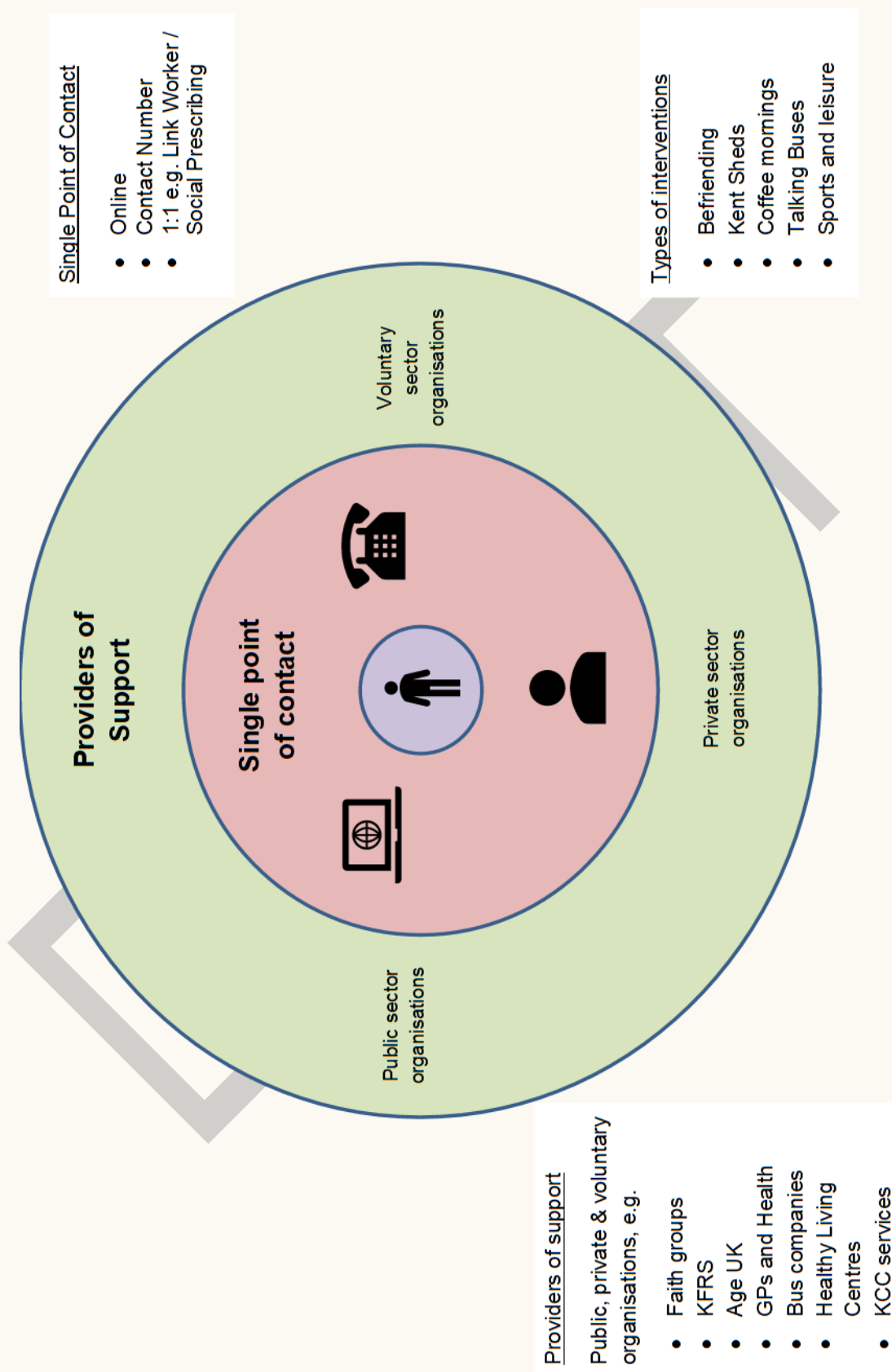
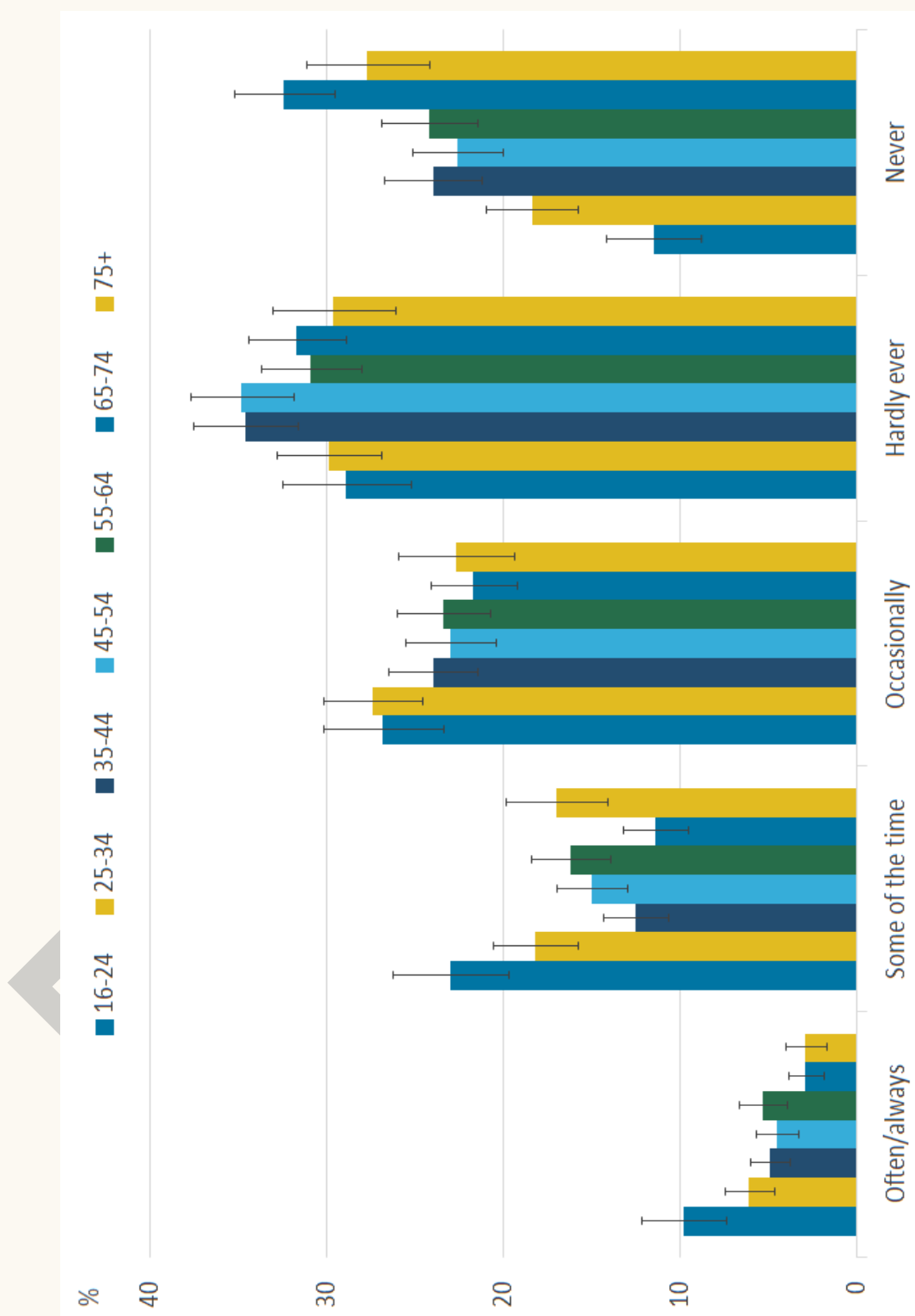
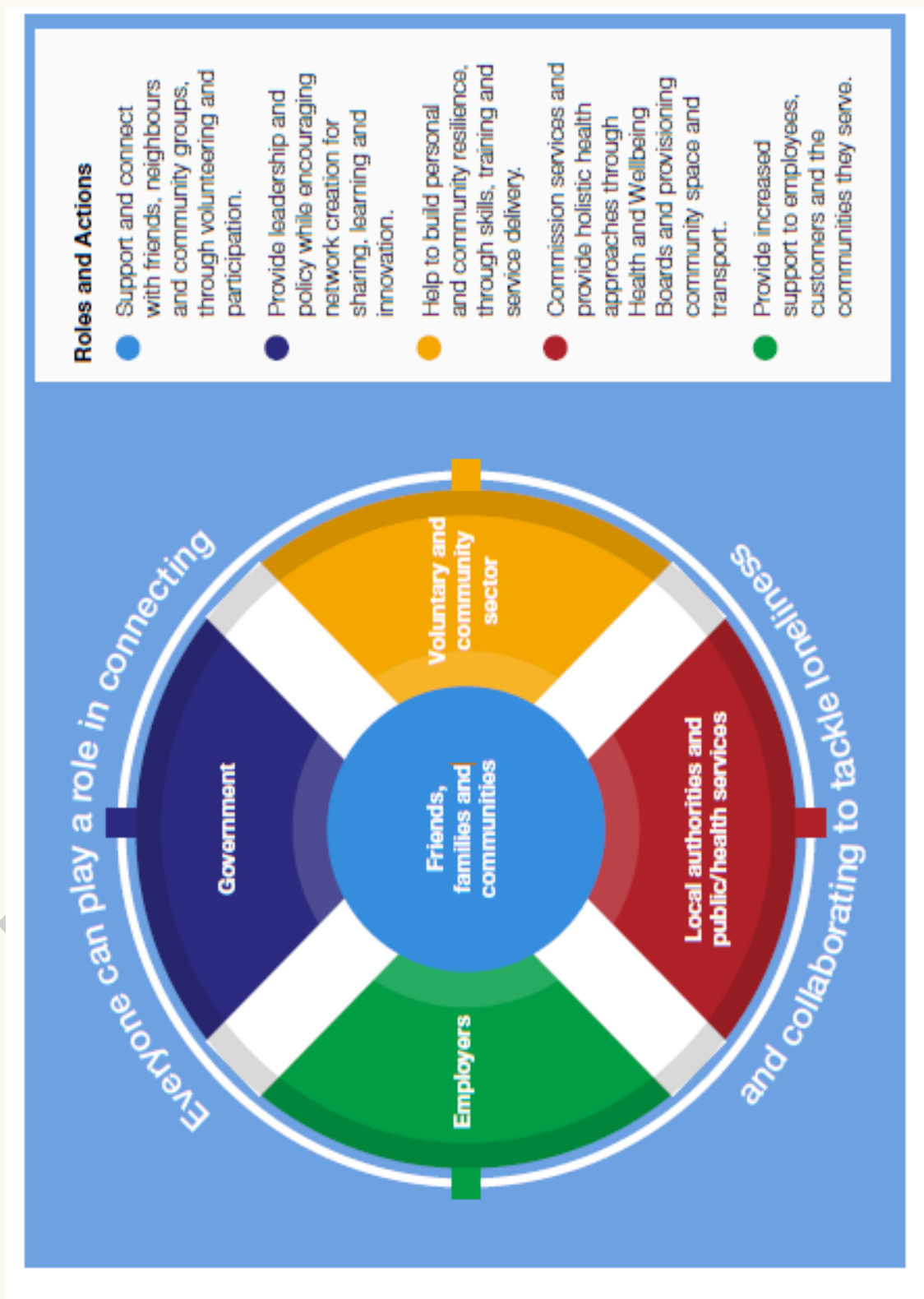


Figure 3: Reported frequency of loneliness by age group, England



Source: Office for National Statistics (2018) What Characteristics and Circumstances Are Associated with Feeling Lonely?

Figure 4: Everybody can play a role in connecting and collaborating to tackle loneliness



Source: Department for Digital, Culture, Media and Sport (2018) A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change, London

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The Loneliness and Social Isolation Select Committee

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