

Age UKs in Kent Consortium

# **Social isolation and loneliness in Kent – older people**

**Age UK/Concern perspective**

# Extent of loneliness in older people – evidence – national and local

- Over 1 million older people say they always or often feel lonely
- Nearly half of older people (49% of 65+ UK) say that television or pets are their main form of social contact
- Public health Observatory did some work for Age UK Folkestone
  - 23.9% of Folkestone residents are in single occupancy households compared to 19.2% in Kent. single occupancy rates increase up to age 94, and then decline as the likelihood of needing care need increases
  - Folkestone residents age profile to survey results, an estimated 3,617 (18.9%) of those aged 50 and over would regard themselves as lonely some of the time or always.

# Rural and urban social isolation


- Rural populations suffer greater reliance on car ownership and lack of public transport
- Rural communities are increasingly older.
- Reductions in resources to care for the older population, issues of access to health and care services, travelling and transport issues and lack of community support
- Urban isolation – linked to deprivation, poor quality housing, overcrowding, noise pollution, lack of familiar neighbours.

# Impact of loneliness on Older People

- Health conditions lead to reduced independence and limit social activity, resulting in feelings of loneliness.
- Chronic feelings of loneliness can result in deterioration of health and well-being, and shorter lifespan
- Vicious circle: lonely people likely to view social encounters with more cynicism and mistrust, rate others and themselves more negatively, and expect others to reject them.
- Lonely people tend to adopt behaviours that increase likelihood of rejection.
- Depression, anxiety, health deterioration



# Strategies to address loneliness/social isolation

- Independence-maintaining activities lead to reduced isolation and foster feelings that their community is supportive.
  - People with social networks are less likely to feel isolated (may still feel lonely)
  - Fund activities that bring people together
  - Taking the above into account, any strategy needs to incorporate measures to bring people (like minded) together and enable access
  - Projects that work in one area do not always work in others (urban/rural)
- 

# What works?

- Centre based activity – day care – social groups
- Befriending
- Meals on Wheels
- Personal Independence Programme
- Lunch Clubs & Social Groups
- **Key to all of this is human contact and support to access whatever somebody feels will help them**



# Personal Independence Programme

- Patients referred to Personal Independence Coordinator by GP surgery/MDT
- PIC enables patient to access social activity/support
- Patient accesses social activity – reduces isolation and wellbeing improved



# Case Study

- Sandra referred to PIP by GP Has diabetes, Chronic Obstructive Pulmonary Disease and osteoarthritis, lost confidence after several Transient Ischaemic Attacks (TIAs). Attending GP surgery regularly, had rung for an ambulance on several occasions and experienced several unnecessary emergency admissions to hospital.
- lost social network, was depressed and anxious, isolated and lonely.
- PIC suggested that once a week they try something new in the local area, along with a volunteer. They started with a knitting group which Sandra enjoyed, so they went together a few times to help Sandra gain confidence and she is now attending regularly on her own.
- Sandra has started to regain her independence and is feeling 'more like her old self'. She now drives again, goes out daily, is supporting local fundraising events, and has become an active member of the local community again.



# Age UK/Concerns Kent – Impact of services

- Client Survey October 2017
- 730 + clients took part (across Kent)
- Comments demonstrate how much older people value / depend on Age UK/Concern services.
- Services described as a ‘lifeline’, ‘life-enhancer’ making ‘life more bearable’, offering hope and ‘something to look forward to’. Isolation and loneliness recognised as things that are ‘soul destroying’ which undermine their ‘will to live

# Impact of Age UK/Concern services

- Meals, refreshments, centre, as a hub of social contact, -highly valued and most frequently cited aspects.
- Age UK/Concerns seen as safe and secure place for people to meet, relax, form friendships, and have company 'outside of their own four walls'; something that many solitary, frail, older people, would otherwise not have.



# Impact continued

- 85% 'strongly agreed' or 'agreed' that they 'would feel very isolated' if services they use at Age UK / Age Concern were not available to them beyond July 2018
- 81% of respondents 'strongly agreed' or 'agreed' that they 'welcome having some company and it's the only real chance they get to socialise'
- 56%, 'strongly agreed' or 'agreed' that the only people they meet are the people they meet at the Age UK / Age Concern centre



# Cost of services

- PIP costs £268,730 = 9 PICS (Plus a Manager) covering Canterbury/Ashford and covers over 2000 people per year – sometimes more
- Day centre places = £40 .00 per person per day – KCC grant subsidises cost and in general people pay £15.00 per person
- Befriending costs approx. £36,000 per year – 500 people supported with 200 volunteers



# Loneliness Watch

- Based on Neighbourhood Watch model
- Volunteers that “watch out” for lonely people and refer to relevant support – eg Community Wardens, Police Support Officers, Age UK
- Series of training sessions to raise awareness and “empower” local people to address the issues of loneliness.

