

# **Loneliness, Social Isolation and Ageing: A Local Authority perspective'**

**Fuse Healthy Ageing Research meeting:  
Monday 16 September 2019**

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# Key facts

- 1m people aged >65 often or always feel lonely - 13% of older population (LGA)
- More than 2m people lonely by 2025-26, 49% increase on the 1.36m socially isolated in 2015-16 (Age UK)
- $\frac{3}{4}$  GP's report seeing up to 5 lonely people a day (LGA)
- According to Social Finance, lonely older people are:
  - **1.8x more likely to visit their GP**
  - **1.6x more likely to visit A&E**
  - **3.5x more likely to enter local authority-funded residential care**
- Each person could cost health and social care services up to £6,000 over 10 years (London School of Economics)



# The situation in South Tyneside

% of people aged 65 and over who are living alone  
(2011 Census)

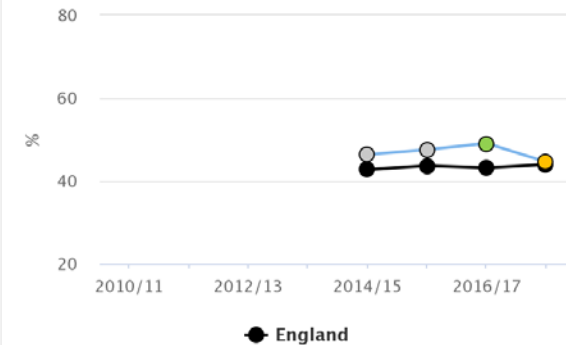
Area ▲▼	Count ▲▼	Value ▲▼	
<b>England</b>	2,725,596	31.5	
North East region	152,597	33.9*	
Newcastle upon Tyne	14,705	38.0	
South Tyneside	9,973	37.1	
North Tyneside	12,641	35.8	
Hartlepool	5,544	35.5	
Middlesbrough	7,290	35.2	
Gateshead	12,138	34.4	
Sunderland	16,075	34.4	
Redcar and Cleveland	8,791	33.5	
Darlington	6,124	33.2	
County Durham	30,493	33.0	
Stockton-on-Tees	9,416	31.4	
Northumberland	19,407	30.7	



- Low levels of adult social care users (age 65+) who have as much social contact as they would like (Adult Social Care Survey):

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
<b>England</b>	—	—	173,740	44.0		43.1	44.9
North East region	—	—	13,265	47.8		45.9	49.7
Stockton-on-Tees	—	—	1,675	53.9		47.6	60.2
Hartlepool	—	—	670	52.8		48.3	57.3
Redcar and Cleveland	—	—	835	51.9		46.3	57.5
Gateshead	—	—	1,035	51.8		46.8	56.8
Newcastle upon Tyne	—	—	1,240	50.2		43.8	56.6
Sunderland	—	—	1,080	49.6		44.0	55.2
North Tyneside	—	—	930	45.8		37.9	53.7
Northumberland	—	—	1,480	45.4		39.4	51.4
Middlesbrough	—	—	690	45.4		38.7	52.1
South Tyneside	—	—	900	44.6		40.3	48.9
County Durham	—	—	2,405	44.1		38.7	49.5
Darlington	—	—	335	39.7		28.6	50.8

Social Isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs) for South Tyneside



- Similar picture for adult carers 65+
- Coupled with the usual compounding factors – high deprivation, low income, high unemployment, drug/alcohol/tobacco use, ageing population, (fear of) crime, poor mental health, etc.



# Prevalence of loneliness

- Surveys suggest that 7-10% of people over 60/65 identify themselves as being lonely 'often' or 'always'
- An ageing population means more people are affected by feelings of loneliness
- In South Tyneside, of the 29,800 aged 65+ in 2017, we can assume between 2,086 to 2,980 people are often / always lonely
- ONS estimated that between 5% and 18% of UK adults feel lonely often or always (approximately 6,000 – 21,000 adults in South Tyneside)





**MILLIONS OF BRITISH MEN SUFFERING FROM 'SILENT EPIDEMIC' OF LONELINESS, SAYS JO COX COMMISSION**

The Telegraph

Lifestyle | Women

Politics Work Family Sex Life Health Columnists Telegraph Dating

Life looks good on the surface - so why are we all so lonely?

66 3 Comments

**Tragedy of Britain's lonely men: Millions suffering in SILENCE every day**

MILLIONS of lonely men both young and old are suffering in silence every day across Britain, according to new research.

By SARAH O'GRADY  
PUBLISHED: 17:25, Tue, May 2, 2017 | UPDATED: 17:48, Tue, May 2, 2017

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# Loneliness is a 'silent epidemic' among men in Britain

Millions of men are lonely, according to a campaign which encourages people to "start a conversation" to tackle the "epidemic".

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**mental health challenges**

The battle against loneliness among older people

With millions of older people living in isolation, what is being done to help?



**DEAD LONELY** Britain is in the grips of a 'loneliness epidemic' with three quarters of OAPs suffering in silence

The findings were released as part of the Jo Cox Commission on Loneliness – with the current report focusing on older people

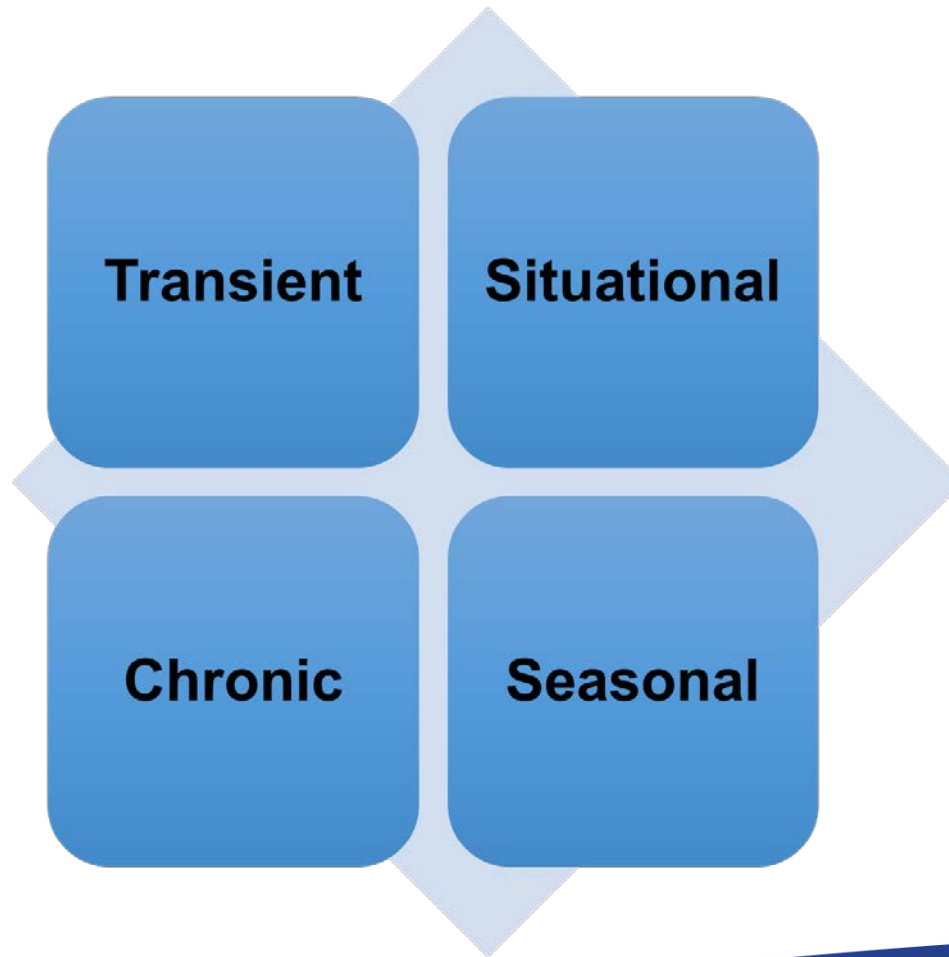
By Nick McDermott, Health Editor  
21st March 2017, 11:04 am | Updated: 22nd March 2017, 3:46 am

# Loneliness VS Social Isolation

- Related BUT distinct
- Loneliness is SUBJECTIVE and generally a NEGATIVE experience for the individual
- Social isolation is an OBJECTIVE measure of a person's lack of contacts or social ties but may not be viewed as a negative by the individual



# Understanding and targeting the key forms of loneliness





# What are we doing in South Tyneside?

- Getting loneliness and social isolation on the agenda across our key networks:
  - A connected society: A strategy for tackling loneliness
  - Health and Wellbeing Board
  - Improving Communities Board
  - Social Cohesion Strategy - #LoveSouthTyneside)
  - World Social Work Day
- Multi-agency loneliness workshop for World Social Work Day (March 2019) facilitated by Professor Thomas Scharf, Newcastle University
- Public Health mapping exercise:
  - What is working well and with whom?
  - Opportunities within existing work
  - Gaps and challenges



# Opportunities mapping

What is working well?	Opportunities	Gaps and challenges
Peer Champions / Young People's Mental Health Champions	Young Health Ambassadors	Intergenerational work
Connecting roles – social prescribing / coaching	New Physical Activity Strategy	Measuring success / outcomes
Tyne & Wear Fire and Rescue Safe and Well visits	Making Every Contact Count	Social media – pros and cons
Leisure and library facilities / community assets	#LoveSouthTyne civic pride campaign	How do we identify / screen people?
Age Concern befriending scheme	Patient Activation Measure (PAM)	LGBT
Work with South Tyne Homes	Schools and local business engagement	Recognising the need for different approaches in different communities (both geographical and communities of interest)
Baby and toddler groups	Job Centres	Resources – financial and capacity
	Community groups / societies	Skills in building motivation
	Health Services / Emerging Primary Care Networks	Regional collaboration?
	A Better U principles	

# System-wide approach

- Loneliness and Isolation: A Partnership Issue
- To reduce loneliness and social isolation we need:
  - Increased awareness of the impact of loneliness/isolation on health – staff and communities
  - The right accommodation options
  - A diverse and resilient community
  - People feeling safe in the community
  - Businesses, services and staff to ‘connect’ people to their communities
  - Reliable transport links
  - Good employment and education opportunities
  - Coordinated support options at the right time
  - Good quality Information, Advice and Guidance



# Targeting the 'hot-spots'

- Experience of loneliness fluctuates across the life course, reflecting changing personal circumstances
- Loneliness within key life stages (e.g. mothers with school-age children, 'empty-nest' stage; advanced old age and frailty)
- Life transitions (e.g. leaving home; moving home; divorce/relationship breakdown; migration; bereavement; retirement; chronic ill health / LTC diagnosis; caring responsibilities)
- Loneliness as a cohort issue (e.g. impact of AIDS/HIV; migration trends; impact of Bedroom Tax or Universal Credit)



# Activity in South Tyneside

- Adult Social Care: adopting a strengths-based approach (Lets Talk Team & Lets Talk local sessions connecting people to their local communities)
- Adult Social Care Accommodation Strategy
- Commitment to 'Making Safeguarding Personal'
- Improving transition arrangements
- Focus on increasing employment



# Activity in ST (cont.)

- A Better U – a system-wide approach
- Developing Community Model
- Implementing new Learning Disabilities Model
- Implementing Help to Live at Home Model
- Commissioning of befriending services – increasing demand for this
- Continuing to work in partnership with the voluntary sector



# Next steps

- Development of Social Inclusion / Loneliness Strategy
- Links to national schemes / initiatives e.g. <https://thechattycafescheme.co.uk>, innovative outreach, men's sheds, social prescribing, MECC
- How we identify / measure the issue including when and where to intervene
- Need for a system-wide, strategic (public health) approach that avoids overly moralistic, behavioural responses



# Thank you.

## Any questions?

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