

**Subject Heading:** 

# INDVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE – 4 DECEMBER 2019

Social Isolation and Supporting

	Residents who are Socially Isolated
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Policy context:	Supports priorities in the Communities section of Havering's 2019/20 Corporate Plan:  • The needs of our most vulnerable residents are identified and met  • Families and communities look after themselves and each other
Financial summary:	This report is for information only. There are no financial implications.
The subject matter of this report deals with the following Council Objectives	
Communities making Havering Places making Havering Opportunities making Havering Connections making Havering	[x] [] []

#### SUMMARY

This report outlines what social isolation and loneliness are, and the range of ways in which the Council supports residents who are socially isolated. The report outlines how this support will continue to be developed. This report is for information only.

RECOMMENDATIONS

The committee reads and notes the contents of the report.

REPORT DETAIL

# **Background**

Social isolation and loneliness are two different phenomena that can occur during any stage of the life course. The former is an objective method to calculate the number of social interactions someone has. The latter refers to perceived isolation, which is a more serious health risk.

It has been proven that loneliness can be a physical as well as a mental health risk. Singer (2018)<sup>1</sup> states "There is strong evidence that loneliness is associated with poor health and higher rates of mortality. There is also evidence that social isolation even without subjective loneliness increases risk. The effect of social isolation on health appears to be of a similar magnitude to other risks to health, such as high blood pressure, smoking and obesity."

Age and disability are both linked to the experience of social isolation. Physical and sensory disabilities go hand in hand with social isolation as declining mobility and impaired vision limit social contact outside the home (Marmot, 2010)<sup>2</sup>. A large amount of research has been carried out into social isolation in older people (e.g. Cornwell and Waite, 2009)<sup>3</sup>. The most common reasons for perceived isolation

<sup>&</sup>lt;sup>1</sup> Singer, C. (2018). Health Effects of Social Isolation and Loneliness. *Journal of Aging Life Care*, [online] 1. Available at: https://www.aginglifecarejournal.org/health-effects-of-social-isolation-and-loneliness/ [Accessed 8 Nov. 2019].

<sup>&</sup>lt;sup>2</sup> Marmot (2010). SOCIAL ISOLATION AND PHYSICAL AND SENSORY IMPAIRMENT. [online] Bristol. Available at: https://www.bristol.gov.uk/documents/20182/34732/Social%20isolation%20and%20physical%20and%20sensory%20deprivation\_0\_0\_0.pdf/393c572d-5eeb-4b01-b013-b7139843af8e [Accessed 31 Oct. 2019].

<sup>&</sup>lt;sup>3</sup> Cornwell, E. and Waite, L. (2009). Measuring Social Isolation Among Older Adults Using Multiple Indicators From the NSHAP Study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, [online] 64B(Supplement 1), pp.i38-i46. Available at: https://academic.oup.com/psychsocgerontology/article/64B/suppl\_1/i38/554405 [Accessed 23 Oct. 2019].

among older people are from the experience of bereavement and the greater likelihood of living alone.

Research from the London School of Economics has estimated that loneliness costs £6,000 per person for a decade of an older person's life in health costs and pressure on local services. As the condition is linked to lower levels of physical and mental health, and higher reliance on GPs, hospitals and social services. Researchers say that tackling this issue could save £3.6m over five years.

The Council commissions various options to provide support to people who experience social isolation and delivers initiatives to improve inclusion for certain groups. This report will outline these, and how support for social inclusion will be developed in the future.

#### Commissioned services

In 2016, the council redesigned its Voluntary and Community Sector (VCS) commissioned offer, and recommissioned services delivered by the VCS in 2017 to deliver against a uniform set of outcomes. A key outcome was to improve social inclusion for isolated residents, and prevent residents from becoming socially excluded. The commissioned offer focuses on reducing social isolating for adults in the following six cohorts:

- People with dementia or Alzheimer's
- People who are frail and elderly
- People with physical or sensory disabilities
- People with mental health problems
- People with learning disabilities or autism
- Carers of people in the above groups

We now commission ten services with seven voluntary sector providers to deliver social inclusion projects in a number of different ways:

- A lunch club for people with Dementia delivered by Tapestry
- 'Singing for the brain' singing groups for people with Dementia delivered by Alzheimer's Society
- One to one support and groups for people with physical and sensory disabilities delivered by Havering Association for People with Disabilities (HAD)
- One to one support and groups for people with autism delivered by Sycamore Trust
- Peer support groups and care navigation service for people with mental health problems delivered by Havering MIND
- Peer support groups and care navigation service for people who are older and frail delivered by Age UK

 Support groups, training to support the caring role, and one to one support for carers delivered by Havering Carers Hub

Alongside running groups and providing one to one support, these services also deliver a range of social events for people who use the service. For example, Havering Carers Hub run regular carers forums and celebration events at Christmas, and during national carer's week and carer's rights day. These services also deliver outreach and projects which aim to improve social inclusion for people through awareness raising. For example, Sycamore Trust run an 'Autism Ambassadors' scheme where volunteers with autism run sessions with local businesses and organisations to raise awareness of autism, and how to ensure their business is inclusive for people with autism.

In the 2018 / 19 financial year, over 1000 residents were supported through this commissioned offer.

These services will all maintain an offer over the Christmas period as we know that this is a time in which experiences of isolation can be heightened.

A framework has been developed to measure the outcomes delivered through the VCS commissioned offer. All of our VCS providers report six monthly on changes in quality of life, social inclusion and resilience for their cohort as a result of using the service. In the 2018/19 financial year, 87.5% of service users from across the cohorts reported an improved quality of life, and feeling less isolated and more resilient. Each service also collates quarterly service user stories which demonstrate the outcomes delivered in a qualitative way. Service user stories tell us that through accessing these services isolated people have made friends and socialise regularly, people have joined new clubs and started doing new activities, and carers feel like they have more in their life than their caring role.

Below is a user story from Mr S who has accessed the Age UK peer support service 'Diamond Geezers'.

When Mr S first started he was quiet and quite withdrawn. He had lost his wife and was looking for a group where he could express his grief and also allow him to gain friends as he was becoming increasingly socially isolated.

He had enjoyed holidays with his wife but had not been away for many years. They had owned a caravan, where they went regularly with their family. This had been sold when they could no longer make the journey. This was something he missed a great deal.

He attends Diamond Geezers weekly and is a popular member. He meets a couple of the men for meals out quite regularly. He now has peer support which he had needed for so long. "For a couple of years I have felt alone, I now feel like I have friends"

Another member of the group arranges day trips and holidays as part of a horticultural society that he belongs to. He has opened this up to Di's Diamonds

members. Mr S has been away on holiday for the first time in many years. "I missed the holidays and thought I would never go away again, but this has made such a difference"

"Before Diamond Geezers I had been alone for a couple of years but now I have friends and it's all thanks to the group. I don't know what I would do without it"

# Other preventative services

The council commissions other preventative services which can help reduce isolation for certain client groups. Floating support services support people with learning disabilities, people with mental health problems, and ex-offenders amongst other groups. Floating support is largely focused on supporting people to maintain their tenancies and live independently in the community, but through this support will help service users to build social contacts, and link them in to activities in the borough. One example is the floating support service for people with learning disabilities, which runs regular social events for service users which include meals out, bowling trips, and day trips.

# **Direct Payments and Personal Assistants**

Another route to support for those who are isolated is through a Direct Payment. Service users can receive a Direct Payment to pay for activities to support social inclusion. An example could be a resident with a physical disability using a Direct Payment for a Personal Assistant to take them to the theatre.

A Personal Assistant is an individual who is employed by a service user to provide their care or support. They can be used as an alternative to a care agency. Employing a Personal Assistant is another route by which a resident could be supported to be less isolated. Personal Assistants are selected by the individual and can develop a more personal relationship with an individual than a care agency worker, and build social interactions with the individual over time.

It is a priority for Adult Social Care and Commissioning to increase the number of Personal Assistants working in Havering to ensure that as many residents as possible can receive their care and support in a personalised way. The Council employs a 'PA Coordinator' who supports existing Personal Assistants in their role, and supports prospective Personal Assistants to start working in Havering.

There are a number of Personal Assistants in Havering who specifically support residents with social inclusion.

# Initiatives to improve social inclusion for specific groups

One strong example of an initiative that the council delivers to improve social inclusion for a marginalised group is the Dementia Action Alliance which encourages and supports communities to take practical actions to enable people to live well with dementia and to make the lives of those people and their carers better. The Dementia Action Alliance works with all areas of the community to make simple changes to remove the difficulties experienced in everyday life by

people with dementia and their carers, and enable them to more actively engage in their community. Havering currently has the status of 'Working towards becoming a Dementia Friendly Community'.

# **Future developments**

There are a number of initiatives currently in development which will support people who are isolated and increase social inclusion for certain groups. A few of these are highlighted below.

#### **Local Area Coordination**

The Council is in the process of testing a new way of supporting people and communities in Havering through an approach called Local Area Coordination. We will be employing Local Area Coordinators in Harold Hill initially. Local Area Coordinators work in small geographical areas (of up to 10,000) residents to make communities more welcoming and inclusive places, and to support vulnerable residents who are reliant on services and unable to contribute to their community into active citizens. Local Area Coordinators will be introduced to residents who are isolated, and will walk alongside them to help them to achieve their vision of a good life, and link them into all of the assets that exist within their community.

We hope to have Local Area Coordinators working in Harold Hill by March / April 2020.

# Autism strategy and social inclusion for people with autism

Through the new all age autism strategy and action plan which is currently in development, we hope to be able to deliver more initiatives to make Havering a more inclusive place for people with autism, in a similar way to the work that has been done by the Dementia Action Alliance to make Havering a more welcoming place for people with Dementia.

#### **Personal Assistants**

As mentioned above, there are a number of Personal Assistants who support residents with social inclusion. We would like to use the skills and knowledge of these individuals to develop an enhanced Personal Assistant offer for people who are socially excluded. There are plans to bring 12 Personal Assistants together in February to discuss how they could work together to improve the offer to people who are isolated through sharing information, knowledge and learning.

# **IMPLICATIONS AND RISKS**

# Financial implications and risks:

There are no financial implications or risks raised in this report

# Legal implications and risks:

There are no legal implications or risks raised in this report

#### **Human Resources implications and risks:**

There are no HR implications or risks raised in this report

# Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.