

APPENDIX 1

OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE BACKGROUND PAPER – LONELINESS AND ISOLATION

13th July 2022

1. Loneliness and Social Isolation: Definitions

There has been a lack of clarity around definitions with the terms loneliness and social isolation often used interchangeably. The national strategy for tackling loneliness (Department for Digital, Culture, Media, and Sport) (DCMS), 2018) published October 2018, adopts the following definition of loneliness as ***‘a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between quantity and quality of social relationships that we have, and those that we want.’***

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/936725/6.4882_DCMS_Loneliness_Strategy_web_Update_V2.pdf

It emphasises loneliness is different from social isolation although they can be linked or overlap. It is possible to feel lonely when surrounded by people and conversely, some people do not feel lonely in solitude.

Age UK (2020) make the following distinction:

‘Social isolation is an objective measure of the number of contacts that people have. It is about the quantity and not quality of relationships. People may choose to have a small number of contacts.’

<https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-isolation-understanding-the-difference-why-it-matters/>

A conceptual review of loneliness across the adult Life course (16+ years) in 2019 reinforced that *‘conflating aloneness, social isolation and solitude with loneliness could lead to ineffective or stigmatising policies or projects.’*

<https://whatworkswellbeing.org/resources/loneliness-conceptual-review/>

However, social isolation is an important consideration as a risk to a person experiencing chronic loneliness.

2. Triggers to Loneliness

Loneliness can be triggered at various times in the life course. Examples include:

- Moving to a new area
- Changing job
- Starting a new school, college, or university
- Becoming ill or disabled
- Bereavement
- Becoming a new parent
- Divorce or separation
- Retirement
- Other changes in person circumstance that lead a person not being able to access the meaningful connection they would like (e.g., restrictions brought on by the pandemic and knock-on effect of this).

3. Protective Factors - Severe Loneliness

A recent study that explored a data set on loneliness in London, re-conceptualised loneliness to identify the key protective factors as summarised in the graphic below:



<https://www.campaigntoendloneliness.org/wp-content/uploads/Reconceptualising-Loneliness-Final-for-Pub-29Mar22.pdf>

4. Impacts of Loneliness

Chronic loneliness can have a range of impacts on someone's life. The national strategy (DCMS, 2018) cites research that suggest that loneliness is associated with greater risk of inactivity, smoking and risk-taking behaviour, lower performance at work, increased risk of heart disease and stroke, increased risk of depression, low self-esteem, reported sleep problems and increased stress, response, cognitive decline, and increased risk of Alzheimer's disease. Lonely people are more likely to be readmitted to hospital or have a longer stay and are more likely to visit a GP or Accident and Emergency or enter local authority funded care.

5. Intelligence and Response Prior to Pandemic

5.1 Prevalence Prior to Pandemic

The Current Living in Kirklees Survey (CLIK) (2016) of adults identified that just under 7% of the sample felt lonely 'most' or 'all of the time'. The Office for National Statistics (ONS) Community Life Survey has consistently indicated that 6% of people felt lonely 'often' or 'always'. <https://www.gov.uk/government/statistics/community-life-survey-201920-wellbeing-and-loneliness/wellbeing-and-loneliness-community-life-survey-201920>

A further breakdown of the 7% that indicated that Kirklees was similar to the national picture in a number of areas. People with higher levels of loneliness reported higher levels of poor health (across a range of indicators), were more likely to be disabled, were less educated, on lower incomes, living in poverty, living alone, in rented accommodation, living in deprived areas.

ONS (2018) indicated that 11.3% of children aged 10-15 years said that they were "often" lonely. This was more common among younger children aged 10 to 12 years (14.0%) than among those aged 13 to 15 years (8.6%).

ONS (2018) identified key themes in children and young people's experience of loneliness:

- Embarrassment in admitting to being lonely, seen as a possible 'failing.'
- Predictable transitions linked to schooling and move from secondary education can trigger loneliness.
- Loneliness is linked to peer/social relationships, network size, social media, online gaming, long term sickness and disability, childhood abuse with early and late onset depression.
- A need more acceptable to talk about, prepare young people better to understand, create opportunities to connect, positive use of social media.

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrensandyoungpeoplesexperiencesofloneliness/2018>

Kirklees Young People's Year 9 Annual Survey Headlines for 2019 cited the following:

- 14% of pupils often have no one to talk to.
- Girls, Black and Mixed ethnicity pupils were more likely to have no one to talk to (17%, 20% and 20% respectively).
- LGBT+ pupils were more than twice as likely to have no one to talk to (35%).

<https://www.kirklees.gov.uk/involve/entry.aspx?id=964&>

5.2 The Local Response Prior to the Pandemic

In 2018, loneliness was identified by Kirklees Council as a cross cutting theme that needed strategic work. A national strategy was also launched at the end of 2018.

A multi-agency group was set up that contributed to a vision and strategic goals in 2019. To bring 'lived experience' into the work, some focus groups were carried out.



Local Insights
Loneliness Final 020

Vision and goals included:

'Kirklees is a place where people and communities are more connected and support each other to develop meaningful relationships and reduce loneliness. Strategic goals included:

- Making loneliness everyone's business.
- Making the most of existing assets to address loneliness.
- Understanding the experiences and expectations for different groups, communities throughout the life course.
- Fostering personalised approaches for those that need extra support to overcome barriers to developing meaningful connection.

It was identified that Kirklees had a wide range of support options and assets that contribute to tackling loneliness, including specialist support such as befriending services, Community Plus, Social Prescribing and Local Area Co-ordination. More generic services also play a vital part such as libraries and the many 3rd Sector organisations and groups that have the power to facilitate connection through the support that they provide and activities and initiatives that they set up.

The exercise identified a range of assets noted in the document below. This was based on the Promising Approaches Framework used by Campaign to End Loneliness, designed for older people but applied across the life course. The Promising Approaches Framework was updated in 2020.

https://www.campaigntoendloneliness.org/wp-content/uploads/Promising_Approaches_Revisited_FULL_REPORT.pdf

(The information initially collated as part of this exercise was updated following the Tackling Loneliness Conference in Kirklees in March 2020).



Loneliness in
Kirklees Updated Fr:

Partnership sessions were then set up to look at priority actions. This was challenging due to the wide scope. In March 2020, a local conference took place led by Jo Cox Foundation and the Befriending Partnership in Kirklees - bringing a wide range of organisations together to explore the topic and support action. The focus of this conference was adults but there were discussions about running another conference for children and young people. This was shortly before the first national lockdown at the start of the pandemic. The findings fed into shaping the priorities for 2020/2021.

Shortly before the national lockdown an 'Expression of Interest' was made to the Common Ambition Funding to develop a project to understand the lived experience of men, loneliness and access to health and care support. Unfortunately, this bid was not successful.

6. Intelligence and Response During the Pandemic

6.1 Prevalence During Pandemic

Data from the Public Health Outcomes Framework Mental Health Update (August 2021) based on the Active Lives Adult Survey, Sport England indicated that the percentage of adults who felt lonely often/ always or some of the time in Kirklees was 19.68% compared to 22.25% for the Yorkshire and Humber Region as a whole.

The CLiK Survey carried out in November and December 2021 provides further data in Section 5 of this report.

National data from the University of Central London Covid -19 Social Study (2020/2021) has suggested that the usual risk factors for loneliness were exacerbated during the pandemic. The most affected were younger adults, people living alone, people on lower incomes, and people with an existing mental health diagnosis.

[RESULTS | COVID Social Study](#)

Office for National Statistics (ONS, 2020 & 2021) - Analysis of loneliness in Great Britain during the coronavirus (COVID-19) pandemic study highlighted the following:

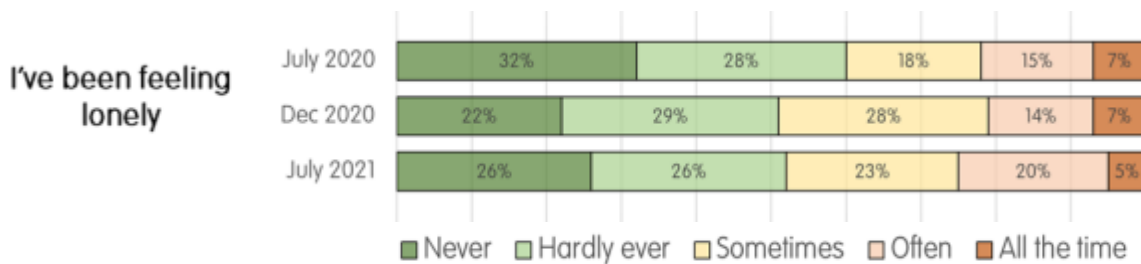
- Highest levels of reported loneliness were in working age adults, those in 'bad' or 'very bad' health, disabled people, those in rented accommodation and people who were single, divorced or separated.
- Residents living in local authority areas with a higher unemployment rate were more likely to say they 'always' or 'often' felt lonely.

- Areas with a higher concentration of younger people tended to have higher rates of loneliness as well.
- Local authorities in countryside areas had a lower loneliness rate than urban, industrial, or other types of area.
- Areas which typically have strong local business and adult education were more resilient to loneliness.

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/mappinglonelinessduringthecoronaviruspandemic/2021-04-07>

The Kirklees Children and Young People’s Coronavirus Survey of 9–16-year-olds carried out in Summer 2020 was a retrospective survey asking children to reflect on experiences at the start of lockdown, and then in July- August 2020. The survey was repeated in July and December 2021.

Overall, 22% reported feeling lonely often or all the time. This decreased slightly to 21% in December 2020 and increased to 25% in July 2021. However, the graph below shows that those reporting feeling lonely all of the time decreased by 2% between December 2020 and in July 2021.



<https://www.kirklees.gov.uk/involve/entry.aspx?id=1078>

The Kirklees Public Health Intelligence report notes that:

“Many young people expressed that they missed their friends and family, their social activity, and their usual routine during the disruptions caused by the Covid-19 pandemic...” as illustrated in the following quotes:

“Loss of interaction with my peers has cause me great anxiety and confusion...” Girl, Special Educational Needs (SEN) Year 5. (p7)

“Less confident, forming friendships has been hard, afraid to mix with others.” (Boy, Year 9) (p7)

6.2 The Local Response During the Pandemic

The emphasis of the work changed during the pandemic as local organisations and groups tailored responses to ensure they could stay connected with people during the pandemic with tactical digital offers and other personalised responses.

The Council IT team have supported with a number of digital inclusion projects and a more strategic approach to this is being taken now to ensure that good practice and learning is shared effectively across partners.

The Co-ordinated Community Response was set up to support people in need and identified people who were feeling lonely as part of that response. Libraries contacted almost one thousand people during the first lockdown and social prescribers proactively contacted people on the shielding list. Libraries continued to provide a digital offer and continue to offer key opportunities and activities for people to connect as well as being signposted to support. Guidance was issued to staff involved to support them to identify loneliness. One initiative during lockdown included ‘telephone theatre.’

A dedicated Covid -19 Telephone Befriending Service was also set up and sustained through the pandemic. The offer is now being integrated into the Yorkshire Children's Centre Community Friends initiative as part of a blended offer covering both face to face and telephone befriending.

In addition, during the first lockdown a core group of partners met to share good practice.

In 2020 a new partnership steering group was set up to champion the work and prioritise key projects for 2020/2021 based on local data and emerging national data from the pandemic. The steering group includes representatives from the 3rd Sector, Council and Clinical Commissioning Group (CCG), and Locala with representatives across Children's and Adults Services. The group also includes a local co-optee. The membership and operation of the steering group has recently been reviewed. The Terms of Reference will be finalised in coming months.



Loneliness steering
Group.pptx

Key priorities for 2020/2021 included:

- Making Loneliness Everyone's Business – awareness raising to encourage ownership of the issue – e.g., presentations at key forums, support for campaigns such as Looking Out for Our Neighbours <https://www.wyhpартnership.co.uk/get-involved/looking-out-for-our-neighbours>
Let's Talk Loneliness <https://letstalkloneliness.co.uk/>
The Great Get Together <https://www.greatgettogether.org/>
Loneliness Awareness Week <https://www.marmaladetrust.org/>
Mental Health Awareness Week <https://mentalhealth-uk.org/get-involved/mental-health-awareness-days/mental-health-awareness-week/>
- Community information about what is available to help people connect (a recurring local theme) – a new pilot resource is being developed with third sector partners to test out a new approach and make use of any learning. A new information site called Live Well Kirklees is to be launched in 2022. As part of this a new pilot community directory has been developed, with third sector partners. This is being piloted in Batley and Spen, Denby Dale and Kirkburton, Holme and Colne Valleys. This will be evaluated as part of these developments.
- A workstream was set up to understand the needs of young adults as a priority group most affected by the pandemic. A scoping exercise took place pulling together intelligence gathered by local organisations where they had engaged with young adults. Further lived experience has been captured at local colleges and Huddersfield University buy the Our Voice Team. Workstreams are currently being developed to take this work forward.
- A review of befriending services locally - building on learning from the pandemic.
- A partnership project exploring virtual day opportunities emerged as a key piece of work. As part of this work a basic 'proof of concept' digital day centre platform was developed and piloted with older people. The learning from this work will be disseminated in due course, (currently on hold due to capacity issues in the partner organisation).

There were plans to develop and strengthen the existing wider partnership (e.g., by inviting conference delegates and hosting events) but capacity has been limited to do this in 2021. In 2021, the steering group has been considering how to boost capacity for this work and has been exploring the potential to develop and pioneer a local Kirklees Connection Coalition - based on the national model. <https://www.connectioncoalition.org.uk/>

This has the power to help 'turbo charge' partnership action. A bid was taken to the Community Investment Fund Panel in 2021 but was not approved. Alternatives are being considered in the meantime. It is hoped that a wider partnership networking event can be planned and delivered towards the end of 2022.

7. National Information - Emerging into Recovery

<https://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-beyond-Covid-19-July-2021.pdf>

Campaign to End Loneliness (CEL) (2021) have shared insights that help shape responses towards a more connected recovery. CEL highlighted that although restrictions were universal, the impacts were highly unequal.

People who were already lonely were likely to get lonelier as well as those who were at greater risk of loneliness due to existing factors - such as health issues. However, those with strong social connections were more likely to spend more time with family and in the local community and feel less lonely.

It is anticipated that many people who were lonely during the pandemic could recover spontaneously, resuming 'normal' activities. However, there will be cohorts of people who will face increased barriers to connection due to emotional, physical health and unemployment. More disadvantaged people are likely to be unemployed and in ill health, which in turn increases their risk of loneliness.

CEL have highlighted the strong links between loneliness and other drivers of exclusion such as unemployment, poverty, poor physical or mental health, disability and being part of a marginalised community. The pandemic has compounded these disadvantages. For example, the UCL Covid- 19 Social Study and research for the British Red Cross reported higher prevalence of loneliness in ethnic minority groups.

<https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness>

CEL have suggested that there is likely to be an increase in the demand for support:

*'...The coordinated response to loneliness during the pandemic identified many who were already lonely, but not previously known to services. These people often face particularly complex situations that have prevented services from identifying or engaging them in the past. We believe that this combination – more people at risk of chronic loneliness, deteriorating situations for those who were already lonely, and the identification of previously undetected lonely people – represents a structural shift in demand. As restrictions ease, **services to address loneliness, such as social prescribing**, will need a sustained increase in resources to meet this ongoing increase in demand for loneliness support.'* (p4).

CEL recommendations include:

- Blended approaches to meeting needs
- Informed responses based on the link between mental ill health and loneliness that has been reinforced during the pandemic
- Joint working to share information to help identify lonely people
- A connected recovery that includes:
 - Support for people who are chronically lonely and work environments that enable connection
 - Social infrastructure that enables people to connect
 - Digital and transport infrastructure

8. Local Considerations Linked to Recovery

8.1 Latest Evidence as Pandemic Restrictions Have Eased

The new CLiK Survey was conducted in December 2021 and provides a more up to date picture of loneliness in the adult population since the pandemic.

<https://www.kirklees.gov.uk/involve/entry.aspx?id=1021&#:~:text=Around%206%2C000%20Kirklees%20residents%20took,page%20as%20they%20become%20available.>

Initial headline analysis suggests that:

- 6% reported feeling lonely most or all of the time, which is a slight decrease since the previous survey in 2016 (7%.)
- There continues to be a strong link with deprivation and loneliness.
- Those on lower incomes indicated significantly higher levels of chronic loneliness compared with those on higher incomes.
- Younger adults (16-24 years) indicated the highest levels of chronic loneliness in line with national trends.
- Those in the 65 years plus category indicated significantly lower levels of chronic loneliness compared to under 65s.
- LGBT Plus respondents indicated significantly higher levels of chronic loneliness compared to the overall population.
- Those living in rented accommodation indicated significantly higher levels of chronic loneliness compared to owner occupiers.
- Single person households indicated significantly higher levels of chronic loneliness compared to the overall population.
- Those with long-term mental or physical health conditions significantly higher levels of chronic loneliness compared to overall population.
- People with a disability indicated significantly higher levels of chronic loneliness compared to overall population.
- Carers did not indicate significantly higher levels of chronic loneliness compared to the overall population.
- Those with chronic loneliness were significantly more likely to have multiple unhealthy behaviours compared that those that do not.

There is scope for further detailed analysis of the CLik data to understand the picture in more detail.

The Kirklees Young People's Year 9 Survey is currently being conducted and it is anticipated that data will be available in the autumn.

Local anecdotal evidence also suggests that this period has affected people differently. Some people have thrown themselves back into their usual activities, having longed for that face-to-face interaction, whilst others are more reluctant. For example, feedback from the Covid -19 Telephone Befriending Service in 2021, suggested that many people did not wish to convert back to face to face befriending, preferring to remain with the telephone support.

There are plans to carry out focus some groups across Kirklees with Kirklees Community Plus Service – similar to those carried out pre- pandemic to explore people's experiences of the pandemic and recovery.

Further evidence can be sought via partners and collated from other local listening exercises but there are resource limitations to conducting a wide scale consultation exercise.

People's feelings about resuming activities are a complex interplay between personal circumstances and experiences during the pandemic and their individual approach to risk - influenced also by any physical and emotional impacts that have accrued during the pandemic. The key is to identify people and provide personalised responses.

6.2 Recovery Plans

The Loneliness Steering group have considered recovery plans and addressing loneliness. The group have discussed the difficulties in quantifying the scale of the issue and capacity in the system to respond.

Many organisations and service areas will have recovery plans where loneliness may be factored in but as an example, Local integrated Partnerships can contribute with the following:

Libraries

Library buildings are often a safe, neutral non-judgemental place people go, (e.g. a conversation with a member of staff, attending a 'story time' with a young child, attending a 'knit and natter' group, or setting off with a walking group from the library) All these and other similar elements of the library service, such as being a Library of Sanctuary <https://kirklees.cityofsanctuary.org/2021/08/12/302> all contribute to the tackling loneliness agenda and will be built back up as part of service recovery.

Home Library Service, run in partnership with the RVS was running throughout the latest lockdown and has continued to be a lifeline for so many lonely and isolated residents.

Community Plus and Personalised Care

Staff are encouraged to critically reflect on how their role can support tackling loneliness. Staff teams are also encouraged to develop innovative ideas to addressing loneliness in their localities as part of community capacity building and place-based community working.

A key role is identifying loneliness and making appropriate referrals/ signposting where needed for support and or group activities that foster social connections.

Another key component is identifying loneliness as part of 1 to 1 support and enabling person centred support/ social prescribing– helping to overcome barriers to social connection. New Mental Health Social Prescribing Link Workers will further boost local capacity to respond to people with mental health ill health. The service will be referring on/ signposting to other support services and community activities.

In addition, Community Plus will be Identifying innovative opportunities to address loneliness as part of the Community Investment Fund. The new development of the physical activity offer via the Everybody Active team can help support social connection and getting people out of the house (re-integration).

Wellness Service

Staff have been encouraged to critically reflect on how their role can support tackling loneliness and are looking at how they Identify loneliness and make appropriate referrals/ signposting where needed for support and/or group activities that foster social connections.

Staff can also potentially address loneliness as part of 1 to 1 health coaching – helping to overcome barriers as part of a range of issues – if this is a person-centred goal and links to other health goals. The service can refer on to Community Plus and or other support services/ community activities.

6.3 Other Recent Developments

The steering group looked at some initial priorities for focus on 2022 onwards. Examples are noted below:

Making Loneliness Everyone's Business

- Continuing to raise awareness and challenge stigma.

- Continuing to influence citizens, staff from the council and from partner organisations and play their part in reducing loneliness.
- Continued partnership working - Local Connection Coalition idea to be pursued or an alternative to support enhanced partnership working.
- Strengthening Identification and signposting for frontline workers through developing and disseminating an updated resource to support people to identify loneliness and signposting people to Health Education England Loneliness training.
- Strategic alignment – exploring links with other key agendas.
- Maximising opportunities as part of ‘Families Together’ - place based integrated early support.

Making the Most of Existing Assets

- Continuing to support the Kirklees Access Strategy to enable people to access support and activities that facilitate social connection through the Live Well Kirklees information resource.
 - Optimising new Community Anchor roles.
<https://www.wypartnership.co.uk/our-priorities/harnessing-power-communities/VCSE-events/vcse-power-showcase/day2>
- Community Anchors are well placed to understand local needs and support response.
- Continuing the co-produced offer for children, young people, and families in school holidays.
 - ‘Our Space’ Facilities and Grants Programme – to develop inclusive places to support mental and physical health.

Personalised Responses

- Development of Befriending Partnership and code of practice to help to facilitate collaborative working to meet local need.
- Virtual Day Opportunities Digital Proof of Concept Platform – sharing learning across partners.
- Tackling anxiety/ low self-esteem and other mental ill health as a key barrier to social connection.
- Targeted Family Support - to improve social connection.
- New personalised care offer (anticipatory care model pilot) delivered in partnership between Kirklees Council and Health partners such as Primary Care Networks and other local health clinicians. This involves proactively identifying people who are frail and offering holistic support as part of having a ‘good life’ conversation, which includes identifying isolation and loneliness. This builds on the existing service responses of Community Plus and Social Prescribers.

Understanding the Needs of Different Communities

- CLiK survey analysis
- Initial priority groups to understand in more detail - through lived experience and other intelligence gathering:
 - Young Adults
 - Unemployed
 - Employees
 - BAME Communities
 - Children
 - Parents / Carer’s

Please note that the above are a preliminary list to focus on in view of the wide scope. This does not mean that other groups are not important. However, this list and the overall priorities above, may be subject to change based on any further analysis of newer CLiK survey and lived experience data and other intelligence such as Place Standard.

<https://howgoodisourplace.org.uk/>