

# Scrutiny of Loneliness in Kirklees – Final Report

## 1. Background

1.1 In April 2022 the Committee agreed to undertake a piece of work in respect of loneliness in Kirklees pre and post-pandemic.

1.2 The Committee considered that this work was important because:

- It was not considered that the full extent of loneliness in Kirklees was known.
- Although there are a range of local assets that support loneliness locally, there was a wish to try and ensure that our most vulnerable people do not fall through any gaps.
- The proposed scope cut across all four strategic goals in the Kirklees Loneliness Strategy:
  - Making loneliness everyone's business
  - Making the most of existing assets
  - Personalised support
  - Understanding lived experience across different groups.

The aspiration was that it may be possible to assist in reducing loneliness and isolation in Kirklees in the longer term by:

- Helping to ensure more lonely people are being reached and supported in a personalised way.
- Raising the profile of loneliness as an issue across the Council and its partners.
- Encouraging collective action and improved collaboration across partners in Kirklees.

The Committee noted that any recommendations it might make could be challenging to implement without the necessary resources.

1.3 The scope for this work was established at the meeting of the Committee held on 26<sup>th</sup> July 2022, and sought to address the following questions:

1. What is the relevant national and local research evidence on the prevalence of loneliness prior to the Covid- 19 pandemic and since the Covid-19 pandemic?
2. What work has been carried out to date to address loneliness in Kirklees?
3. What factors such as social isolation and other issues contribute towards loneliness and how have they changed during the pandemic?
4. In light of the changes brought about by the pandemic, what are the protective factors, actions or interventions needed now? In the future?
5. What are the key challenges to enabling meaningful social connection for people who are experiencing loneliness in Kirklees following the Covid-19 pandemic? How could responses to the challenges be developed or improved?
6. How are Councillors/Officers/ services within the council identifying loneliness, offering support and signposting? Are there any plans in place to develop this? How could this be improved?
7. How can ward Councillors and scrutiny further support this work go going forward?

8. How are partners currently identifying loneliness, offering support and signposting? Are there any plans in place to develop this? How could this be improved?

1.4 This report provides a summary of the evidence gathered under each of the terms of reference above, the key themes that have been identified, and a number of conclusions and recommendations arising from the consideration of the evidence.

## 2. Definitions

2.1 Loneliness is part of the human condition and is experienced by most people at some times in their life. Chronic loneliness, however, can have a significant impact on an individual's physical and emotional wellbeing and quality of life.

2.2 'A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations for Change' was published by the Department for Culture, Media and Sport (DCMS) in October 2018. [DCMS 'A Connected Society'](#)

The development of this strategy was informed by the work undertaken by the Jo Cox Commission on Loneliness, which published its report at the end of 2017.

This strategy adopted 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'.*

It emphasised that it is not the same as 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. Social isolation can lead to loneliness and it is important to consider this as a risk factor.

2.3 In 2020 Age UK made 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.'* [Age UK Research on Loneliness](#)

2.4 A conceptual review of loneliness across the adult life course (16+ years), produced in 2019 by the What Works Centre for Wellbeing, reinforced that *'conflating aloneness, social isolation and solitude with loneliness could lead to ineffective or stigmatising policies or projects.'* [What Works Loneliness Conceptual Review](#)

## 3. Impacts

3.1 The DCMS strategy cited research that suggested 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.

#### **4. Scrutiny Research**

4.1 Throughout 2022/23 the Committee held a number of formal and informal sessions to gather evidence, as follows:

- 4<sup>th</sup> October 2022 - The Committee considered the role of the Partnership Loneliness Steering Group.
- 20<sup>th</sup> December 2022 - A discussion took place in respect of how best to develop local responses to identifying, signposting, and referring people who are lonely or isolated and how loneliness could be 'made everyone's business'.

The discussion included consideration of the staff guidance document 'Conversations on Loneliness Guidance'. This had been shared with staff at the start of the pandemic and aimed to encourage and assist them to identify people who may be experiencing loneliness, through their normal interactions, and to be able to signpost them to appropriate support.

- 18<sup>th</sup> April 2023 – The Committee considered a comprehensive Terms of Reference Review and identified the areas of focus to be addressed prior to the conclusion of this piece of work. In light of the evidence, at both national and local level, indicating higher levels of loneliness amongst young people, those aged 16 – 24 years, Members agreed that further research be conducted to try and ascertain the views of young people in respect of:
  - What opportunities they have/ what provision is in place to allow them to make/maintain social connections
  - How they find out about what is available
  - If there are better ways to communicate that information
  - The barriers to accessing provision
  - What would they like to see/how could things be improved

4.2 Members engaged with the following teams and partner organisations:

- Kirklees Partners' Loneliness Steering Group.
- Local Integrated Partnerships.
- Local Area Co-ordination.
- Public Health.
- Community Plus.
- The Council's Wellness Service.
- Luv2MeetU – a charity which operates on a national basis and organises events for small groups of people with learning disabilities or autism to address issues associated with independence and/or loneliness.
- Yorkshire Children's Centre – a local charity which takes a lead on the befriending partnership work in Kirklees.
- Age UK (Kirklees and Calderdale).

- Yorkshire Childrens' Centre.
- The Carer's Trust Mid Yorkshire – a local charity working to support unpaid family carers.
- Carer's Count - a not for profit organisation that supports unpaid carers within Kirklees.
- The 'Our Voice' Team; this team is part of the Council's Children's Services and aims to strengthen the voice and influence of children and young people.

and visited the following groups to discuss the issues with service users:

- Long Covid Support Group - one of two support groups run by the Council's Wellness Service based at Batley Town Hall.
- Young Onset Dementia Support Group – led by volunteers through Yorkshire Children's Centre.
- Carer's Count at two locations in North and South Kirklees
- Carer's Trust Listening Group.

## 5. Summary of Evidence

### **ToR 1 - What is the relevant national and local research evidence on the prevalence of loneliness prior to the Covid- 19 pandemic and since the Covid-19 pandemic?**

#### Adults:

In April 2021, the Office for National Statistics (ONS) published [the first estimates of loneliness at a local authority level](#). The study period covered the period October 2020 to February 2021 and the results indicated that, nationally, levels of loneliness (people reporting that they 'often or always' felt lonely) had increased since Spring 2020 from 6% to 7.2% of the adult population. The figure for Kirklees was 6.7%.

The mapping indicated that areas with a higher concentration of younger people (aged 16-24) and areas with higher rates of unemployment tended to have higher rates of loneliness during the study period. Local authorities in rural areas also had a lower loneliness rate than urban, industrial, or other types of area.

The ONS nationwide Community Life Survey 2020/21 ([DCMS Community Life Survey 20/21](#)) was published in July 2021 and covered the period April 2020 to March 2021. The report included a specific chapter on wellbeing and loneliness which indicated that most adults (95%) agreed that if they needed help there were people who would be there for them. The proportion of adults reporting that they felt lonely 'often or always' remained similar to previous years. This survey had consistently indicated that 6% of people felt lonely 'often' or 'always' since 2017/18.

The evidence showed that adults were more likely to report feeling lonely 'often or always' if they had a disability or a limiting long-term illness, were under 24, or if they lived in a deprived area.

The results of the 2016 Current Living in Kirklees Survey (CLIK) identified that just under 7% of the sample (people over the age of 16) felt lonely 'most' or 'all of the time'.

A further breakdown of this 7% suggested that the position in 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, less educated, on lower incomes, living in poverty, living alone, in rented accommodation, or living in deprived areas.

The new CLiK Survey was conducted between November and December 2021 and provided a more up to date picture of loneliness in the adult population post-lockdown ([CLiK 2021](#)).

The initial headline analysis suggested that:

- 6% reported feeling lonely most or all of the time, which was a slight decrease since the 2016 survey (7%.)
- There continued 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.

### Children and Young People

A report published by the ONS in 2018 ([Children's and Young People's Experience of Loneliness](#)) 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%).

Higher levels were reported for those receiving free school meals, living in city locations, with poor health and with disabilities.

This report identified the key themes in children and young people’s experience of loneliness as being:

- Embarrassment in admitting to being lonely, seen as a possible ‘failing.’

- Predictable transitions linked to schooling and the move from primary to secondary education and from there to college or university/to living independently can trigger loneliness.
- Loss of significant relationships (bereavement/divorce/changes in circumstances)
- bullying
- Practical (transport/mobility/distance/cost), social, emotional or mental barriers to fully participating in social activities
- long term sickness and disability sensory impairments

Their suggestions to tackle loneliness included a need for it to be more acceptable to talk about, preparing young people to better understand it and equip them to address it; the creation of opportunities for social connections, provision of support for those experiencing loneliness and the encouragement of positive use of social media.

The top-level findings from the Kirklees Young People's Year 9 Annual Survey for 2019 ([Kirklees Young People Survey 2019](#)) included 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%).

The top-level findings from the Kirklees Young People's Year 9 Annual Survey for 2022 ([Kirklees Young People Survey 2022](#)) included the following:

Overall 11.5% often/always felt lonely, with the figures for different groups for the same indicator being:

Boys 7.6%

Girls 12.4%

BAME 11.1%

LGBT+ 22.5%

Those with SEN 15%

Those with a long-term condition 21.1%

Carers 16.2%

Localised research had also been undertaken by Yorkshire Children's Centre and the Council's 'Our Voice' Team, in 2023.

The Our Voice Team had produced a report 'Insights into Youth Loneliness Sept 22 – May 2023', further to work undertaken with students at Kirklees College and Huddersfield University. The insights from this report are summarised within the relevant heading(s) below.

As part of the creation of a new pilot service for young adults aged 18 – 26 and living in Kirklees, the Yorkshire Children's Centre Research and Development Officer had gathered insights from young adults about what a new service could offer to them, with the aim of the responses informing development of the service. This had included an engagement exercise, over a three-month period in Spring/Summer 2023, which had included conducting on-line surveys, one-to-one interviews, and drop-in sessions.

The focus of this work included:

- Find out whether young people felt that there was enough for them to do in their local area.
- Establish how much of a problem loneliness and social isolation was for this age group
- Guide what a new pilot service to address the issue might look like
- Learning more about the impact of the pandemic on social skills and whether it had contributed to missed milestones.
- The impact on emotional/social aspect from online, as opposed to in-person, interaction.

The outcomes and conclusions are summarised within the relevant heading(s) below.

### Impact of the Pandemic:

According to Campaign to End Loneliness (CEL), the Covid -19 Pandemic impacted on people in an unequal way. People who were already at risk of loneliness (due to existing factors such as mental ill health) were impacted more by the restrictions. CEL also anticipated that some people would recover spontaneously following the pandemic, but others would face barriers to making social connections due to their emotional and physical health or other personal circumstances.

Local anecdotal evidence also suggested that this period had 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.

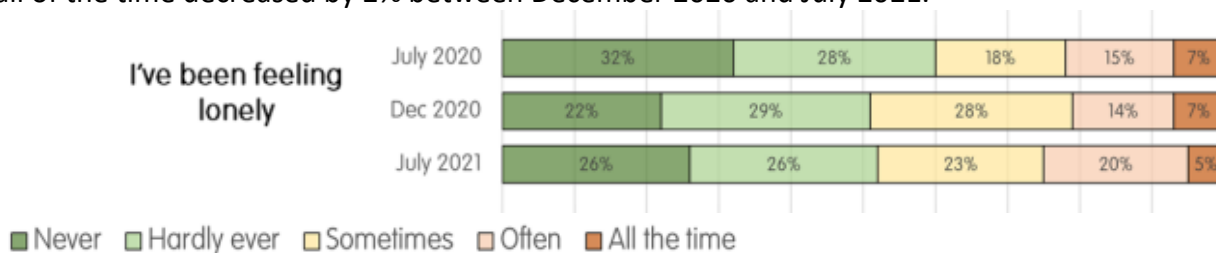
National data from the University of Central London Covid -19 Social Study (2020/2021) ([RESULTS | COVID Social Study](#)) suggested that the usual risk factors for loneliness were exacerbated during the pandemic. Those most affected were younger adults, people living alone, people on lower incomes,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

The Office for National Statistics' 'Analysis of Loneliness in Great Britain During the Coronavirus (COVID-19) Pandemic' ([ONS Study Loneliness during the pandemic](#)) 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.

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. The graph below shows that those reporting feeling lonely all of the time decreased by 2% between December 2020 and July 2021.



A Kirklees Public Health Intelligence Report noted 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)*

## ToR 2 - What work has been carried out to date to address loneliness in Kirklees?

A summary follows, to illustrate various initiatives that the Committee heard about within Kirklees.

In 2018/19 Kirklees and partners established a multi-agency group which contributed to the development of a vision and a set of strategic goals that was shared with the Joint Health and Wellbeing Board in 2019.

Focus groups/engagement sessions were undertaken with local citizens to help shape the vision.

The Vision is:

*‘Kirklees is a place where people and communities are more connected and support each other to develop meaningful relationships and reduce loneliness’.*

and has the following strategic goals:

- Making loneliness everyone’s business – encouraging citizens, front line workers, planners, and systems leaders to have regard to tackling loneliness as part of day-to-day life or working life.
- Making the most of existing assets to address loneliness – citizens, communities, staff, spaces, and support offers that can support or signpost to help.



- Understanding the experiences and expectations for different groups, communities throughout the life course – to support tailored responses.
- Fostering personalised approaches for those that need extra support to overcome barriers to developing meaningful connection.

A Loneliness Partnership Steering Group (LSG) was established and originally included partners from:

- Health and Social Care Commissioning
- Social Care Operations
- Public Health
- Voluntary Sector Organisations including, Jo Cox Foundation, mental health, carers and other community organisations
- Third Sector Leaders
- Kirklees Council Community Plus
- Acute Trusts
- West Yorkshire Fire Service
- Kirklees Libraries
- Kirklees Council Policy Team
- Kirklees Strategic Housing
- Kirklees Museums and Galleries
- Lawrence Batley Theatre
- Kirklees Council Third Sector team
- Yorkshire Children’s Centre - representing Befriending Partnership and Community Anchors
- Northorpe Hall
- Locala
- Jo Cox Foundation

The group identified that Kirklees had a wide range of support options and assets that contributed towards tackling loneliness, including specialist support such as befriending services, Community Plus, Social Prescribing and Local Area Co-ordination. More generic services, such as libraries, also played a vital part and the many Third Sector organisations and groups had the power to facilitate connection through the support that they provided and activities and initiatives that they set up.

A mapping exercise was undertaken in respect of activity in Kirklees that may contribute to tackling loneliness, initially in 2019, with an update following the Tackling Loneliness in Kirklees Conference in March 2020.

The structure of this exercise was based on the ‘Promising Approaches Framework’ used by the Campaign to End Loneliness, which had been designed for older people but applied across the life course. (The framework was updated in 2020.)

It was acknowledged that the information was neither exhaustive nor complete and there may be a number of key activities that had not been captured. The aim was to use this as a base document that could be added to and developed/ amended as needed. It was also considered that the framework could be further adapted to add in any extra information or triggers.

Partnership sessions followed to look at priority actions, although this was found to be challenging due to the wide scope.

In March 2020, a local conference took place, led by the Jo Cox Foundation and the Kirklees Befriending Partnership, and supported by the Council. This brought together a wide range of professionals and organisations to explore the topic, including the support available, challenges and gaps, and to 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.

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.

During the pandemic, many staff were diverted into different roles to aid the pandemic response. A decision was therefore taken to re-establish a smaller steering group to lead and develop priorities to take the strategy forward, supported by a wider partnership group. The rationale being that it is challenging to agree priorities with a large group and many organisations were facing other high priority demands on their time.

The new LSG membership included:

- Kirklees Council Local Integrated Partnerships including Local Area Co-ordination and Public Health
- Kirklees Council Children and Families Services
- Northorpe Hall Child and Family Trust
- Jo Cox Foundation
- Kirklees Befriending Partnership representing Yorkshire Children's Centre, Locala, Age UK Calderdale and Kirklees, The Kirkwood, Royal Voluntary Service (RVS).
- Clinical Commissioning Group
- Third Sector Leaders
- Partnership Mental Health Commissioning Manager
- Citizen representative with extensive professional, volunteer and lived experience.

Locala and Health and Wellbeing also joined the group in 2021.

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 supported 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 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 wider core group of partners also met to share good practice.

The LSG developed a number of key priorities for 2020/21 on the basis of local and national data, including the findings from the Conference.

The key priorities at this time were:

- 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, Let’s Talk Loneliness, The Great Get Together, Loneliness Awareness Week and Mental Health Awareness Week.
- Development of community information about what is available to help people connect. Development of a new pilot resource with third sector partners to test out a new approach and make use of any learning. A new information site called Live Well Kirklees was 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.
- Setting up a workstream 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 by the Our Voice Team. Workstreams are currently being developed to take this work forward.
- The review of befriending services locally - building on learning from the pandemic.
- Development of 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 through initiatives such as inviting conference delegates and hosting events but capacity to do this in 2021 was constrained.

During the pandemic a national Connection Coalition was set up (<https://www.connectioncoalition.org.uk/>) and the Jo Cox Foundation (JCF) suggested that a local Connection Coalition would help to support partnership working and provide much needed capacity to ‘turbo charge’ wider collaboration and action based on joint working and sharing good practice. The steering group agreed that this would be a great opportunity to pilot this approach on a local basis and a bid was developed by JCF with input from the steering group. This was taken to

the Community Investment Fund in Summer 2021 but was unfortunately unsuccessful. JF have considered alternative approaches and are still keen to pursue this idea in West Yorkshire with a willing partner, subject to funding resources.

Presentations about the topic of loneliness were delivered to place based working groups in 2021 and 2022, as part of 'making loneliness everyone's business'. Front line staff have been encouraged to identify opportunities and act where needed.

Work was undertaken by Local Area Coordination to explore how loneliness might be addressed in a 'hyper local' way, with pilots in two different areas of Kirklees; Marsden and Slaithwaite; and Ravensthorpe, Scout Hill, Pilgrim, and Beckett Estate. The Committee discussed the benefits of the organic approach to addressing loneliness through ensuring that communities are thriving and a report detailing the outcomes from the pilot schemes, from September 2023, was shared with Members.

In October 2022, the Committee discussed the role of the Loneliness Steering Group.

It heard that the LSG had agreed that it wanted to strengthen its focus and purpose, identifying key objectives that could make an impact. A review had been undertaken, with a range of options considered, and a decision made to continue with a broad strategy group with a wider membership. Additional partners from the following had been invited to join the group:

- Housing
- Active Citizens and Democracy
- Social Care, including Care Homes
- Huddersfield Town Foundation
- Strategic Migration and Refugee Manager

The role of the group had been re-stated, as set out below:

- Owning and driving forward the strategy across the life course.
- Understanding local needs, identifying opportunities for development and setting priorities for action.
- Continuing to make tackling loneliness/ meaningful social connection everyone's business.
- Keeping a 'watchful eye' on progress and helping to unblock barriers to progress.

With the initial priorities for focus, from 2022 onwards, including the following headings:

- Making Loneliness Everyone's Business
- Making the Most of Existing Assets
- Personalised Responses
- Understanding the Needs of Different Communities,

whilst noting that these, and the overall priorities, may be subject to change based on further analysis of data and intelligence. such as from the latest CLiK survey and Place Standard Engagement.

The following points were raised:

- The training of staff at grass-roots level to identify loneliness and to build their confidence be able to address the issue, with the necessary sensitivity, was an aspiration and a guidance note for staff had been produced in 2021; this was to be reviewed. It was noted that most large

organisations had training and development programmes and an issue such as this could be accommodated under the wellness agenda.

- The community anchors would be a useful source of intelligence and information as the work moved forward.
- Partners on the Health and Wellbeing Board had an excellent understanding of the impacts of loneliness but it was important to ensure that this was reinforced. The strategy needed to be visible at the top tiers of partner organisations.
- There was strong awareness in the Primary Care Networks and the impacts of loneliness had been one of the drivers for the creation of the social prescribing link worker roles.
- The steering group needed to provide a strong lead and drive the priorities forward, ensuring that they fed through to partners.
- There were working groups sitting beneath the steering group which focussed on specific projects to support the priorities.
- There was no single solution or approach and strategies were needed across the different life stages; addressing what people needed rather than what organisations wanted to provide.
- There was a need for the steering group to establish an achievable and purposeful work programme aligned with the identified priorities, and for responsibilities and accountability to be discussed with partners alongside consideration of the resources that would be necessary to re-shape the approach to tackling loneliness.

The Kirklees Befriending Partnership had been established in 2018 and aimed to tackle loneliness through a telephone befriending service.

A full day conference on the subject of loneliness had been held at Huddersfield University in March 2020. When talking with partners and service users, a number of people made reference to this and what a positive and inspiring event it had been. Unfortunately this had been immediately prior to the first covid lockdown and attention was therefore diverted to the pandemic response. The district has a multitude of support groups, activity groups and organisations that, although not badged as addressing loneliness, would do so, with many aimed at particular groups of people.

Libraries are a safe, neutral non-judgemental place that people can visit, (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.

The Home Library Service, run in partnership with the Royal Voluntary Service (RVS) was running throughout lockdown and continued to be a lifeline for many lonely and isolated residents.

Staff in the Community Plus and Personalised Care Teams are encouraged to critically reflect on how their role can support tackling loneliness. 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.

An element of this role is identifying loneliness and making appropriate referrals/ signposting for support and/or group activities that foster social connections.

Loneliness can be identified as part of 1 to 1 support and enabling person centred support/ social prescribing can help to overcome barriers to social connection.

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).

The Community Plus Community Investment Fund have funded several projects that contribute to tackling loneliness for older people, younger disabled adults and people experiencing bereavement. Staff in the Wellness Service have similarly been encouraged to critically reflect on how their role can support tackling loneliness and to look at how they identify loneliness and make appropriate referrals/ signposting.

Staff also potentially address loneliness as part of the 1 to 1 health coaching they provide, helping to overcome barriers as part of a range of issues and links to other health goals. The service can refer on to Community Plus and or other support services/ community activities.

As explained above the Yorkshire Children's Centre created a new pilot service with young adults aged 18 – 26 and living in Kirklees. The aim was to develop a two-pronged approach so that, as well as the befriending element, drop-in groups would take place at various locations.

The use of co-production had shaped the design of the pilot service, including the use of focus groups to identify preferred activities. The aim was to empower young people and give them a voice and ensure that they had a sense of trust and ownership. It was considered that this approach would be more sustainable.

The ambition was to recruit a co-ordinating officer so that the service could be rolled out across Kirklees with the help of partners. This would include the Community Anchor organisations, where a lot of cross-working was already in place. and organisations such as the Lawrence Batley Theatre. The co-ordinating officer would build links and relationships with the local groups in each area. The role would include linking in with care leavers and young adults who were parents. It would also encompass work to provide referrals/signposting/support for those who were no longer within the relevant age for youth groups.

Befriending service funding from the National Lottery was in place until Summer 2025. The YCC had an excellent new funding officer in place and funding for this work would be built into the strategy. YCC worked very closely with the Council's Wellness Team, who were very supportive, and this would be further developed. There were also strong links with Kirklees Families Together (which mainly related to under 18s).

- It was noted that there was a need for strict parameters/controls such as:
  - Allocated time periods
  - Meetings to take place outside the home environment
  - All volunteers would be DBS checked and trained, including on safeguarding, and would have to provide two references
  - No alcohol consumption involved.
  - Relatively strict age range as it was important that the befrienders were peers to maximise on similar life experience

Age UK explained that:

- All staff and volunteers were trained to identify the signs of loneliness and to have a chat and offer support where appropriate.
- People approaching Age UK would be signposted to other relevant services/ organisations.
- Day centres were the primary focus for the organisation at this time.
- The local Age UK had assisted with telephone befriending during the pandemic but there was no funding to continue to undertake this in Kirklees. YCC took the on this however, so there was provision in Kirklees.
- Age UK (Kirklees and Calderdale) was part of the Kirklees Befriending Partnership.
- The organisation offered a travelling companion service; this could assist in addressing loneliness and encourage and support people to return to activities and go out following the pandemic. It could help build confidence for individuals to use public transport. This was a short-term project between September 2022 until May/June 2023, funded via the national organisation, with Department of Transport funding.
- GPs and social prescribers have been targeted for referrals and this has worked well. It's estimated that 95% come via the social prescribers. Referrals also come from Locala.
- Two members of staff work with Locala to assist people who have reached the end of medical intervention but still need support; this can be anything from a chat, to assisting with paperwork or accompanying them to go out.
- Age UK can be contacted direct, without a referral.
- Community Plus were very good in connecting people to relevant services.
- There was a shortage of volunteers and the organisation is considering how it might be able to move focus towards more group based support.
- Age UK has two bases in Kirklees; the Wellbeing Centre in Bradley and at the Whitfield Centre in Soothill, Batley. Day centres are run at these locations including activities where possible such as tai chi and a dementia therapy group. It was considered that there was potential to do more if it could be identified what people would like to do.

### **ToR 3 - What factors such as social isolation and other issues contribute towards loneliness and how have they changed during the pandemic?**

Loneliness can be triggered at various times in the life course and when an individual's personal circumstances change. Examples include:

- Moving to a new area
- Changing job
- Starting a new school, college, or university
- Becoming ill or disabled eg long covid, dementia, brain injury
- Bereavement/loss of partner
- Becoming a new parent
- Divorce or separation
- Retirement
- Leaving care
- Caring responsibilities

- The ending of caring responsibilities
- Not having a sense of belonging
- Estranged families or those with relatives who live a long way away.

It was identified that there were certain transition points at which loneliness might be triggered where Council services would likely be a point of contact.

The restrictions, as a result of the pandemic response, had impacted on people, including:

- Loss of confidence in socialising/mix in larger groups
- Loss of confidence to travel
- Previous activities having ceased
- Loss of confidence to leave the house, with some now being unable to do so due to deteriorating physical or mental health.

A Campaign to End Loneliness report, published in July 2021 ([CEL Report July 2021](#)) explored the impact of the pandemic on loneliness and what had been learned that might assist in shaping future responses. 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 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.

CEL suggested that there was 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.'*

**ToR 4 - In light of the changes brought about by the pandemic, what are the protective factors, actions or interventions needed now? In the future?**



A Campaign to End Loneliness report, published in March 2022 explored a dataset based on loneliness in London, and re-conceptualised loneliness to identify the key protective factors summarised in the graphic below:



### [CEL Report March 2022](#)

The recommendations included:

- 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

What Works for Wellbeing also reviewed evidence on effective interventions to address loneliness and concluded:

Across the interventions that had an effect on reducing loneliness, we found these important mechanisms:

- no one-size-fits all approach to alleviating loneliness
- tailoring interventions based on the needs of the people they are designed for
- supporting people to form meaningful relationships
- developing approaches that reduce stigma”

[\(https://whatworkswellbeing.org/category/loneliness/\)](https://whatworkswellbeing.org/category/loneliness/)

From the discussions the Committee held with individuals who were currently accessing support groups/activities or were responsible for convening/running those groups, the following themes were identified:

- There is a very strong need for targeted peer support:

- There was a need for more groups with a focus on people in the same situation/same experience.
- *'talking with people with similar experiences and understanding your situation makes you feel more comfortable that you're not alone'*.
- It was important to have someone to talk to who isn't a relative, as long as they have an understanding of the situation and are not just following a script and ticking boxes. *'Someone independent to talk to who is not labelled as a service'*.
- There can be reluctance to talk to family members for a number of reasons.
- *'Attending this group helps, we talk through problems, share experiences and find things out from others in a similar position'*.
- Confidentiality
- Use of appropriate language
- Increase in capacity and groups meeting more often:
  - *'we currently meet once a week. After you're waiting for the next session that you look forward to, to connect with others'*.
- Having people trained to help young people with being connected to networks and not feeling they are on their own.
- Build capacity in open access activities and for there to be someone there who is able to connect, to draw individuals in and help them feel connected."

**ToR 5 - What are the key challenges to enabling meaningful social connection for people who are experiencing loneliness in Kirklees following the Covid-19 pandemic? How could responses to the challenges be developed or improved?**

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 considered to be identifying people and providing personalised responses.

The following issues, challenges and potential responses were identified:

- The loneliness strategy is not a 'one off project'. It requires a long- term programme of activity across partners to 'make loneliness everyone's business'.
- The Covid-19 pandemic has affected people differently. Some people have resumed their former activities from prior to the pandemic, whilst others may have acquired new barriers to meaningful social connection such as reduced confidence, loss of loved ones, disability or ill health.
- There is no 'one size fits all' approach – reducing loneliness and isolation requires a range of support options as well as systems-level enablers such as access to transport and digital technologies.
- The scope is broad (a life course approach, covering all age ranges), so there is a need to make loneliness everyone's business through a wide partnership approach. Resources to support this work need to be sustained to maximise impact. This necessitates joint working approach to ensure that vulnerable people of all ages are identified, supported or signposted to resources/ support offers and realistic resources to deliver priority projects.
- Loneliness still carries a stigma – some people may not wish to identify as lonely or recognise that they are feeling lonely. They may not be in touch with front line services. Also, they may

not opt into specialist services (that are associated with loneliness, e.g., befriending), preferring more generic options that facilitate social interaction. This compounds the challenge of identifying the most vulnerable people. This reinforces the need for a partnership approach to identifying people who would benefit from improved social connection.

- The numbers of volunteers had reduced following the pandemic and consideration was being given to how this might be addressed.
- Time commitment from busy partners could impact on full engagement if expectations are set too high - any future approach needs to be realistic to enable sustained involvement across the steering group.
- Recommendations could be challenging to implement without resource to support.
- Lack of resource to develop the wider partnership working alongside steering group priorities.
- A long-term commitment to resource strong leadership is needed to continue to drive the agenda forwards.
- Direct payments work well and PAs help to access activities but there have been cutbacks eg writing class, poetry group.
- It can be a struggle to find suitable activities for individuals who need mental stimulation and activities that will enhance self-worth and connectivity without having to undertake a qualification.
- Services users wanted an increase in the numbers of groups specific to certain conditions/situations but also an increase in the frequency of provision.
- Lots of places closed down due to covid and not re-started.
- Easier access to knowledgeable support was a common theme:
  - 'Problem of what information to trust when trying to find it independently – this reinforces the sense of isolation and having no-one to talk to'.
  - Carers are unsure where to go to access services/support.
  - Lack of signposting
  - Organisations should share information about other relevant services/groups.
- Information on how to access help and support was not immediately or easily accessible/available:
  - 'I had to do my own research and go and find support and help and fight for it.'
  - Information was gathered mainly by talking to other people who are experiencing similar symptoms.
  - Concern that some people may not be able to do this, perhaps if they are on their own. The effort makes you feel more isolated and frustrated.
  - 'If you're on your own you maybe don't find the support, a lot of husbands/wives have found the group for them'.
  - When you're being told what is happening to you, it's difficult to take it all in at once, if things were made easier to find these groups, would more people connect to them.'
- Awareness and promotion:
  - Use of Social media/ online to publicise what was available but a lot of people do not use this so other methods need to be used.
  - sharing of information between existing services was important;
  - There is support available but the issue is finding it. There is an information service based in Leeds 'Through the Maze' which provides a listing of relevant services and what they do, which is very helpful.
- Information and support is needed sooner rather than later.
  - If been able to access help sooner would've been further along the road to recovery.

- Waiting for support can make problems more acute.

Barriers to accessing help were articulated as follows:

- Lack of Information/awareness of the support available
- Referral Processes:
  - 'I had to go to assessment panel to be able to access this group; knew about group in February but not permitted to attend until August' (it was noted that access had since been made easier).
- Difficulty in accessing GP appointments and not being able to have face to face appointments. Ease of access if you don't have a car – appointments can be a significant distance from home despite being nearer to an alternative hospital.
- It is harder to break barriers if unwell or coping with a difficult situation.
- Transport can also be an issue, 'someone sorted everyone's bus passes after summer that had been in a backlog for months'.
- Issues with access to blue badges for people with conditions like dementia as the criteria focusses on physical mobility.
- Social aspect – not able to do/enjoy activities that they did previously. Either physically or affected by anxiety leaving the house/ confidence to engage / avoiding busy places /fear of becoming ill again is a barrier
- Inability to afford to access activities, including cost of travel (mobility payment is not enough) particularly an issue if Personal Assistants are to also attend.
- Many find it difficult to know what to say when they meet someone new and to make a connection. Need assistance/companion/encouragement to attend.
- Many have lost skills such as those that allowed them to travel independently and have lost confidence. Even to do the same things that they did pre-pandemic is harder.
- An increase in travel training would be helpful even if this was in the shorter-term.
- Never seem to see the same person twice anymore. Used to have a family doctor who got to know you and would probably be aware of the background issues – perhaps able to identify underlying issues/contributory factors. Appointments now appear rushed.
- Increase in isolation at home – less contact with neighbours. Built environment can restrict those opportunities for 'a chat over the garden wall'. Time pressure on people visiting the house, such as postal delivery workers, can mean they don't stop to chat. There has been a change in society and culture.
- Lockdown exacerbated that sort of mindset.
- Whatsapp groups can be useful but exclude people who don't/can't use the technology.
- Not being able to use online options
- Stigma around mental health/loneliness.
- The need for greater awareness within the community.
- Fear of not living up to expectations/judgement from others if ask for help.
- Unable to afford to access groups/activities
- Age UK has no funding or capacity at the current time to provide group sessions.
  - There are a significant number of groups running but awareness of these is generally lacking.

Barriers for those trying to provide/ extend groups and activities were outlined as follows:

- funding a constant battle

- Getting the word out about the group; how people find out about the support they can get from groups similar to this.
- the need to push forward a shift in the perception of loneliness to be more inclusive of all ages;
- recognition of the scale of the issue and the debilitating impact it can have on an individual.
- lack of resources.
- Getting enough volunteers.
- Transport costs, hiring a mini bus can be £200-£300 to take a trip.
- Costs of room hire.

The information gathered from young people included:

- One of the strongest messages was that it is not about having to access support for loneliness but more around someone noticing and having conversations- wanting to go somewhere to hang out and someone to say 'how are you?'
- Staff, group leaders etc need the skills and expertise to notice an individual's issues and be able to help them address them.
- Loneliness is being not included, not allowed to join in, a feeling of not belonging.
- Barriers to joining activities might include anxiety about not fitting in, feeling like you are being judged, not making connections, people not 'getting you'.
- Social media/networking is problematic – it can lead to feeling that people have better lives than you. This is difficult to address, young people are going to continue to use it so there is a need to develop critical thinking and an ability to focus on the positives in life.
- Young people tended to prefer video presentations rather than websites with a lot of reading.
- Those with protected characteristics expressed a need for access to groups who would understand their requirements, with some knowledge of the issues, as this can be a barrier.
- There is a need to build capacity in open access activities and for there to be someone there who is able to connect, to draw individuals in and help them feel connected.
- Some young people prefer activities that reflect their community, others need reassurance that there are people there who understand and will help.
- There are barriers to accessing group initially if there are no existing connections.
- If a provider came into somewhere the young person was attending/present and did an introduction and met them they considered that they would be more likely to go.
- There is a need to support young people to be able to start attending provision.
- Support – tentative conversations explore inter-generational and do in different neutral space.
- A quick win on getting people to engage was a collective shared purpose/game/activity eg card games/quiz – so that individuals could join in without having to think about what to say. The value of such collaborative activity needed to be recognised.
- In terms of transitions from college:
  - Those on alternate pathways did struggle to look forward.
  - Those with paths in place such as an apprenticeship or job seemed ok.
  - Most were moving on to University.
- More provision of young person-centred activities and they wanted to have more of a voice.
- Loneliness and social isolation were big issues but were very hard to talk about; there was considered to be a stigma in admitting to being lonely. An individual would not want to search 'lonely'. The focus/framing should be on the themes of connection and friendship instead.

- There is a need to help with the development of friendships between young people, like a befriending service.

**ToR 6 - How are Councillors/Officers/ services within the council identifying loneliness, offering support and signposting? Are there any plans in place to develop this? How could this be improved?**

On 20<sup>th</sup> December 2022 the Committee discussed the current approach and how best to develop local responses to identifying, signposting, and referring people who are lonely or isolated along with representatives of various services and partners including; Local Integrated Partnerships, Local Area Co-ordination, Public Health, Community Plus, Yorkshire Children’s Centre, Age UK Calderdale and Huddersfield and a citizens’ representative from the Loneliness Steering Group. The discussion included consideration of the ‘Conversations on Loneliness Guidance’ document which had been shared with frontline staff at an early stage of the pandemic.

The following points were noted:

- Committee members had undertaken visits to a number of local support groups to discuss the issues and it was considered that it would be beneficial for there to be wider discussion with individuals about their experiences and the challenges they faced in making connections.
- One of the issues that had been highlighted during the visits was the means by which information on provision/support was made available and the different ways people would choose, or were able to, access it.
- It was recognised that loneliness had a negative impact on mental wellbeing and the acceptance that there was no ‘one size fits all’ approach was welcomed. It was also noted that being alone did not necessarily equate to being lonely.
- There was significant support and opportunities to connect available within some communities, although it was acknowledged that this may not work as well in some areas. Greater signposting, mapping, and the provision of co-ordination and support to assist in delivery where necessary could bring about improvement.
- The aim was to try and make loneliness everyone’s business and to build on those networks that were already in place.
- The need for a wider level of awareness of campaigns and events outside members of the partnership steering group.
- The issue of wider engagement with staff and stakeholders was being taken up with partners. It was hoped to encourage and reinvigorate support and accountability for the approach of making loneliness everyone’s business.
- Kirklees Cares was an outward facing resource that was currently being soft launched. It had been set up primarily to improve access to information and training in respect of health and adult social care.
- Social prescribing was an excellent way of addressing this issue through the provision of gentle support and guidance.
- The stories illustrating individual’s experiences should be communicated more widely.
- Everyone had a duty to try and identify and communicate with those individuals who may be at risk of loneliness.
- The guidance document was concise and clear, and this was an opportune time to undertake a refresh.

- There was a need to be pro-active and identify ways of connecting at a lower/minimal cost; people's choices for social activities are more limited due to the cost-of-living crisis.
- Prompts could be built-in to the questions around support to encourage people to consider and take-up these options to build/maintain connections and to recognise the importance of this for their health and wellbeing.
- These were the sorts of issues that many services/partner organisations addressed on a daily basis through conversations and interactions which draw out and build an understanding of people's social connections and support networks, rather than via direct questions, and then suggesting ways to make/encourage social connections.
- The connections and links that exist between partners, and awareness of what different services can provide, are valuable in signposting, for example schools/PCSOs will refer to Community Plus.
- The opportunity is always taken to share information and/or leave leaflets and contact details when engaging with different groups/projects and people are then able, and do, get in touch at a later point.
- It is good to have leaflets/information available for people to pick up and keep so that they can be read/followed up on at an appropriate time.
- The simplest solutions can often be the easiest for people to access such as local informal groups.
- Asking people what they could offer their community can be powerful; volunteering can help individuals to feel needed and valued. Often people just need to be invited to help and it's asking/framing the right questions to unlock that.
- The current wording of the guidance references the pandemic (due to the timing of its introduction) but is definitely along the right lines.
- The induction for frontline staff and volunteers at Yorkshire Children's Centre includes the need to have an awareness of these issues and to pick up on the signs and signals through intelligent and informal everyday conversations.
- Some people are naturally empathetic and will have such conversations as a matter of course, others may need to be reminded of the need to do so. It is a skill that can be developed with experience and pointers, such as those in the informal guidance, could assist. It was suggested that examples of where it has been done successfully and how conversations helped to pick it up an issue could be included.
- It is very important to start conversations at an early age to assist young people in acquiring life skills on how to make/build connections and to do things that support their mental and physical health, thus leading to better outcomes.
- Addressing the issue should not become too bureaucratic and the approach being outlined, to try and pick up on signs through conversations and interactions, set the right tone.
- There is a need for guidance to be balanced; to encourage conversational skills and empathy without 'preaching to the converted' and to remind people of the importance of this issue, raise awareness, and give them pointers about how to pick up on the signs.
- There are significant overlaps with a number of other conditions and there are behaviours that may be exhibited as a result of loneliness.
- A vast amount of experience exists within voluntary and community groups and many different services are talking to a wide range of people about life matters. There is a need to ensure that they are trained on what to look out for and how to signpost to the support that is available.
- In-person training would probably be preferable with such a subject matter.

- There are a multitude of points associated with lifestyle changes in people's lives that may mean that they slip into loneliness. These include bereavement, having a child, retirement, moving house, being newly single and there is a need to ensure that conversations take place at those points to catch those people and prevent the spiral.
- There are a lot of fantastic community groups in the district but they tend to thrive in more affluent areas where people are not as likely to be crisis driven/time poor so there is a need to invest in support in deprived areas, particularly if resources are limited.
- Libraries have a significant role to play, being warm welcoming places with staff and volunteers who would hopefully have the time to have these informal conversations.
- People should be encouraged to volunteer (as way of engaging with other people and making connections) or to join 'friends of' groups for people with a common interest.
- During the scrutiny visits, a number of challenges had been identified. It had been pointed out, by different people, that when initially dealing with the diagnosis of a condition/ or a life-changing situation people did not have the capacity to retain all the information they were being given as they had to concentrate on processing the news and adjusting to the situation. There was a need for information to be provided that could be looked at, at a later date, once 'the dust had settled'.
- Society has changed quite significantly; people such as post office workers no longer have time for casual conversation and there were fewer opportunities for conversations with neighbours.
- 'Whatsapp' groups and social media are now commonly used to stay in touch within a neighbourhood, but this can exclude some people.
- There is a need to consider how can we reach older and less able people; and to identify whether the issue is that they aren't aware of the support/groups that are available or they don't know how to access it or can't get there through lack of transport/loss of confidence etc.
- Technology can be advantageous in facilitating connectivity but it is important that we don't go digital by default and disenfranchise certain people. A flexibility of approach is necessary.
- It is more sustainable if groups can be run by members of the community, with the minimum of support from the Council, but there is a need to ensure that there are no barriers to them doing so and this may require encouragement of those people with the relevant skills, support/guidance in setting up a group, and perhaps ongoing support provided by other local groups/partners.
- It was noted that one of roles of the (relatively new) Community Anchors was to build capacity and make connections for individuals, and to assist groups in navigating the system and support. They had a significant role to play in building sustainable communities.
- There were strong links between loneliness, early prevention and good health and wellbeing and there was a need for partners to be involved more widely and at an earlier point.
- There is a need to encourage frontline workers across the board to have loneliness on their agenda and to bear it in mind as part of their informal conversations. (This would include police officers, PCSOs, schools, refuse collectors, housing officers, hairdressers, refuse collectors, mail delivery workers, school staff; keeping it as wide as possible and not over formalising it.
- There had been heightened awareness of the issue of loneliness and it's impacts during the pandemic and people had responded; there was a need to maintain that awareness and momentum.
- Community Plus do provide support for people to attend groups, exploring transport and including attending with them as sometimes having someone to go with the first time can make a big difference.



- Taking a life-course approach was important; having an awareness of and greater focus on transition points/changes in circumstances.
- The Council is a point of contact for a lot of transition points eg council tax request for single person reduction/blue badge/school to college/first time claimants/social housing. There is a need to consider how we can introduce/ include these questions/conversations.
- Work is being done through the Access Services Programme Board around the customer's journey through services and some more focussed work could be considered around these transition points and shared with colleagues.
- A pilot project was being developed with the Registrars as they were points of contact at a number of transitional points.
- It was a good idea to provide leaflets so that people could pick them up and keep so that they could be read/followed up on at an appropriate time.
- A meeting was scheduled for early 2023 with health colleagues and the approach would be discussed with them.
- It was recognised that capacity was an issue across all relevant organisations in the current climate.
- The importance of early intervention and prevention was stressed; if it was identified before reaching the chronic stage people were much more likely to be responsive to interventions/support. Benefits in reducing demand for services in the future would accrue from addressing the issues at the earliest possible stage.
- Huddersfield University had a new Health Innovation Campus in development and there may be an opportunity to engage with the department around research of the issues associated with loneliness and health and wellbeing and the impact throughout the life course.
- The wait for support had been identified as an issue for people.
- Public Health were working with IAPT to try and strengthen the access to support for individuals who were waiting for appointments, this included the production of mental health support cards.
- Loneliness and isolation had been identified as one of the biggest factors in someone taking their own life and there was a need to communicate in a sensitive way, appropriate to the individual's circumstances, to help break the stigma and start having those conversations.
- It's important to ask the right questions to identify person-centred needs and wishes and also to give practical support to assist with access such as travel training and befriending.
- Online options are useful as they can be accessed even if weather is bad but broadband and IT equipment cost money.

The service users and group organisers/members that Members spoke to made the following comments:

- Organisations should share information about other relevant services/groups.
- Access to groups should be easy.
- There was a need for proactive referral and signposting:
  - Better signposting – displays/ help from GP's surgeries for example and other points of contact such as schools/libraries
  - Social prescribers, some groups said that they were unaware of social prescribers
  - Use Community Anchors to make connections/raise awareness
  - Anti-depressants offered too readily instead of exploring other options/support

- Vulnerable people need signposting. When you get a diagnosis it would be better to be given a package of everything you can claim, what support you can access etc.
- Information and support is needed sooner rather than later.
  - If been able to access help sooner would've been further along the road to recovery.
  - Waiting for support can make problems more acute.

**ToR 7 - How can Ward Councillors and Scrutiny further support this work going forward?**

Through its research, evidence gathering, and publication of a final report Scrutiny will assist in raising awareness of this issue and will make recommendations with the aim of bringing about improvements.

Please see Recommendations section (above).

**ToR 8 - How are partners currently identifying loneliness, offering support and signposting? Are there any plans in place to develop this? How could this be improved?**

Information about the work being undertaken by various partners is included throughout this report. In addition, during a meeting which partners, including representatives of Public Health, Community Plus, Age UK and Yorkshire Children's Centre the following information was gathered:

- All organisations are encouraged to share information about other relevant services/groups.
- There had been heightened awareness of loneliness and it's impacts during the pandemic and examples of the approach being taken by partners to ensure that frontline staff had an awareness of these issues, were able to pick up on the signs and signals through their everyday informal conversations and interactions and were confident in how to suggest/offer support, were given during the discussion held on 20<sup>th</sup> December.
- Various partners are contributors to the Loneliness Steering Group.
- The connections and links that exist between partners, and awareness of what different services can provide, are valuable in signposting, for example schools/PCSOs will refer to Community Plus.
- There was significant support and opportunities to connect available within some communities, although it was acknowledged that this may not work as well in some areas. Greater signposting, mapping, and the provision of co-ordination and support to assist in delivery where necessary could bring about improvement.
- Work was ongoing to try and build on those networks that were already in place. The issue of wider engagement with staff and stakeholders was being taken up with partners. It was hoped to encourage and reinvigorate support and accountability for the approach of making loneliness everyone's business.
- Third Sector Leaders Kirklees were represented on the steering group. There were also strong links with the Integrated Partnerships Service including the Personalised Care Team and Community Plus.
- The links to the PCNs and GPs were through the personalised care roles.
- It was believed that partners on the Health and Wellbeing Board had a very good understanding of the impacts of loneliness but it was important to ensure that the issue was in view and there

may be a need to reinforce this within the work programme. There was strong awareness in the PCNs and it had been a driver for the creation of the social prescribing link worker roles.

Through the consultation with service users and group organisers/members, the following points arose in respect of possible improvement:

- Proactive referral and signposting:
  - Better signposting – displays/ help from GP's surgeries for example and other points of contact such as schools/libraries
  - Some groups said that they were unaware of social prescribers
  - Use of Community Anchors to make connections/raise awareness
  - Anti-depressants were offered too readily instead of exploring other options/support
  - Vulnerable people need the signposting for them, When you get the diagnosis would be better to be given a package of everything you can claim, what support you can access etc.
- Information and support is needed sooner rather than later.
  - If been able to access help sooner would've been further along the road to recovery.
  - Waiting for support can make problems more acute.
- There is a need for flexibility in provision:
  - people are able and/or prefer to access at different times of day/evening
  - Not just activities – social gatherings to chat or opportunities to attend cinema/ theatre/sporting events with other.
  - More trips out would help *'you're excited to see people and socialise together'*.
- Face to face is better, human contact.
- Crisis management/assistance:
  - no service available to provide this type of support.
  - 'During lockdown WY Health Partnership provided a 24 hour grief helpline for people to contact at the time and point that they needed'. Something like this would have been helpful – someone to check things out with.
- Groups can hopefully act as a 'stepping stone' to further engagement through friendships being made:
  - 'The idea is to give opportunities to meet other people to have safe and friendly conversations on equal terms, with the hope this may lead to the development of friendships'.
- One service said that many people came to them as volunteers; this could be very beneficial as friendships were established as a result.
- The experiences of volunteers could potentially be used to inform ways to identify/assist others.
- Assistance/guidance to sort out things like attendance allowance, bus pass, blue badge etc like a pack would help. Instead people are left to find the information themselves.
- Kirklees college students had been impressed with the 'Camerados' approach (<https://camerados.org/what-is-camerados/>). This is a social movement that aims to establish informal connections, across all communities. Consideration had been given to establishing a 'public living room' but there was no available space at the college and no resources to support it.
- Use of 'My Kirklees Account' – you can go on this to check when your bins are due to be emptied for example, perhaps use this as a source of guidance/information.

## 6. Common Themes

### Triggers can include:

- Ill health or long term condition eg long covid, dementia, brain injury
- Change in lifestyle as a result of a life event
- Caring responsibilities
- End to caring responsibilities
- Disability
- Retirement
- Not being able to work
- Not having a sense of belonging
- Lack of access to community activities and support
- Unable to afford to access groups/activities

The London survey identified 'big five priority areas' - being acutely poor, being single or living alone, being deaf or disabled, going through life changes or being new to the area, feeling different or experiencing prejudice. Looking at the CLiK survey data these are also key groups for Kirklees.

### Issues raised:

- There is considered to be a stigma in admitting to being lonely. **The focus/framing should be on the themes of connection and friendship instead.** There is a need to flip the narrative and this applies across all demographics.
- It is not necessarily about having to access support for loneliness but more **around someone noticing and having conversations**- wanting to go somewhere to hang out and someone to say 'how are you?'
- Someone to talk to who isn't a relative as long as they have an understanding of the situation and are not just following a script and ticking boxes. There can be a reluctance to talk to family members
- Staff, group leaders etc need the skills and expertise to notice an individual's issues and be able to help them address them. Once someone attends a group there is a **need to ensure that people who may find it harder to engage are recognised and that they are drawn into the group.**
- This is a **vital issue for all ages in terms of health and wellbeing** and it is important that, as services reduce, this is not overlooked.
- The **pandemic had had a significant impact on people; many had lost confidence** to leave the house, some were now unable to do so due to deteriorating physical or mental health.
- There is **still a need for befriending** for those who can't get out and about; just a chat and a cuppa can be of huge value. Enquiries about befriending were received all the time.
- A **befriending service can help individuals in building their confidence** so that that they then might feel able to access group activities.
- There is a need for **assistance for people in attending groups/activities at least initially.**
- The Befriending Partnership (established in 2018 to allow services to co-ordinate referrals, provide peer support and share information and good practice) held a full day conference on the subject, at Huddersfield University, immediately prior to the first lockdown. A number of people made reference to this and what a positive and inspiring event it had been, but the impetus had then been lost due to the impact of covid lockdowns.
- There is a **very strong need for targeted peer support:**

- ‘talking with people with similar experiences and understanding your situation makes you feel more comfortable that you’re not alone’.
- **More groups with a focus on people in the same situation/same experience.**
- Those with protected characteristics expressed a need for access to groups who would understand their requirements, with some knowledge of the issues.
- ‘Attending this group helps – talk through problems, share experiences and find things out from others in a similar position’.
- Someone independent to talk to who is not labelled as a service
- Confidentiality is vital.
- Use of appropriate language.
- A quick win on getting people to engage was a collective shared purpose/game/activity eg card games/quiz – so that individuals could join in without having to think about what to say. **The value of such collaborative activity needed to be recognised.**
- **Increase in capacity and groups meeting more often:**
  - ‘we currently meet once a week. After you’re waiting for the next session that you look forward to, to connect with others’.
  - Lots of places closed down due to covid and not re-started.
  - Direct payments work well and PAs help access activities but there have been cutbacks eg writing class, poetry group (It is a struggle to find **suitable activities** for individuals who need mental stimulation and activities that will enhance self-worth and connectivity without having to undertake a qualification)
- **Easier access to knowledgeable support:**
  - ‘Problem of what information to trust when trying to find it independently – this reinforces the sense of isolation and having no-one to talk to’.
  - Carers are unsure where to go to access services/support.
  - GPs don’t signpost
  - Organisations should share information about other relevant services/groups.
- **Information on how to access help and support is not immediately or easily accessible/available:**
  - ‘I had to do own research and go and find support and help and fight for it.’
  - Information was gathered mainly by talking to other people who are experiencing similar symptoms.
  - Concern that some people may not be able to do this, perhaps if they are on their own. The effort makes you feel more isolated and frustrated.
  - ‘If you’re on your own you maybe don’t find the support, a lot of husbands/wives have found the group for them’.
  - When you’re being told what is happening to you, it’s difficult to take it all in at once, if things were made easier to find these groups, would more people connect to them.’
- **Proactive referral and signposting:**
  - ‘More knowledge and understanding in the community is really important to us’
  - Easy access to the groups
  - Better signposting – displays/ help from GP’s surgeries for example and other points of contact such as schools/libraries
  - Social prescribers
  - Some groups said that they were unaware of social prescribers
  - Use Community Anchors to make connections/raise awareness
  - Anti-depressants offered too readily instead of exploring other options/support

- **Awareness and promotion:**
  - Use of Social media/ online to publicise what was available but a lot of people do not use this so other methods need to be used.
  - sharing of information between existing services was important;
  - There is support available but the issue is finding it. There is an information service based in Leeds 'Through the Maze' which provides a listing of relevant services and what they do, which is very helpful.
  - Vulnerable people need the signposting for them, When you get the diagnosis would be better to be given a package of everything you can claim, what support you can access etc.
  - **Assistance to sort out things** like attendance allowance, bus pass, blue badge, signposting to benefits eligibility etc. A pack of useful guidance would help, **particularly at a transition point/point of diagnosis**. Instead people are left to find the information themselves.
- **Information and support is needed sooner rather than later.**
  - If been able to access help sooner would've been further along the road to recovery.
  - Waiting for support can make problems more acute.
- There is a need for **flexibility in provision:**
  - people are able and/or prefer to access at different times of day/evening
  - Not just activities – social gatherings to chat or opportunities to attend cinema/ theatre/sporting events with others
  - 'More trips out would help 'you're excited to see people and socialise together'.
- Face to face is better, human contact.
- **Crisis management/assistance:**
  - no service available to provide this type of support.
  - 'During lockdown WY Health Partnership provided a 24 hour grief helpline for people to contact at the time and point that they needed'. Something like this would have been helpful – someone to check things out with.
- **Groups can hopefully act as a 'stepping stone'** to further engagement through friendships being made:
  - 'The idea is to give opportunities to meet other people to have safe and friendly conversations on equal terms, with the hope this may lead to the development of friendships'.
  - One service said that many people came to them as volunteers; this could be very beneficial as friendships were established as a result.
- The experiences of volunteers could potentially be used to inform ways to identify/assist others.
- Young people/those involved needing a voice in the shape of provision which also assists in connection to that provision.
- **Barriers:**
  - Lack of Information/awareness of the support available
  - Referral Processes 'had to go to assessment panel to be able to access this group; knew about group in Feb not permitted to attend until August' (access since made easier).
  - Difficulty in accessing GP appointments and not being able to have face to face appointments. Ease of access if you don't have a car – appointments can be a significant distance from home despite being nearer to an alternative hospital.
  - It is harder to break barriers if unwell or coping with a difficult situation.
  - Transport can also be an issue, 'someone sorted everyone's bus passes after summer that had been in a backlog for months'.

- Issues with access to blue badges for people with conditions like dementia as the criteria focusses on physical mobility.
- Social aspect – not able to do/enjoy activities that they did previously. Either physically or affected by anxiety leaving the house/ confidence to engage / avoiding busy places /fear of becoming ill again is a barrier
- Inability to afford to access activities, including cost of travel (mobility payment is not enough) particularly an issue if Personal Assistants are to also attend.
- Many find it difficult to know what to say when they meet someone new and to make a connection. Need assistance/companion/encouragement to attend.
- Many have lost skills such as those that allowed them to travel independently and have lost confidence. Even to do the same things that they did pre-pandemic is harder.
- An increase in travel training would be helpful even if this was in the shorter-term.
- Never seem to see the same person twice anymore. Used to have a family doctor who got to know you and would probably be aware of the background issues – perhaps able to identify underlying issues/contributory factors. Appointments now appear rushed.
- Increase in isolation at home – less contact with neighbours. Built environment can restrict those opportunities for ‘a chat over the garden wall’. Time pressure on people visiting the house, such as postal delivery workers, can mean they don’t stop to chat. There has been a change in society and culture. Lockdown exacerbated that sort of mindset.
- **Digital exclusion** - Whatsapp groups can be useful but exclude people who don’t/can’t use the technology. Not being able to use online options
- Fear of not living up to expectations/judgement from others if ask for help.
- **Confidence to access provision** It is harder to break barriers if unwell or coping with a difficult situation.
- Anxiety about not fitting in, feeling like you are being judged, not making connections, people not ‘getting you’.
- **Awareness of provision**
- Getting the word out about the group; how people find out about the support they can get from groups similar to this.
- the need to push forward a shift in the perception of loneliness to be more inclusive of all ages;
- Recognition of the scale of the issue and **the debilitating impact it can have on an individual.**
- **Lack of resources.**
- funding a constant battle
- **Getting enough volunteers.**
- **Transport costs**, lack of personal transport hiring a mini bus can be £200-£300 to take a trip. Reliance on public transport can be limiting
- **Concerns/hesitancy about using public transport**
- Costs of room hire.
- **Affordability** of accessing groups/activities

## 7. Conclusions and Recommendations:

The Committee acknowledged that this was a long-standing issue, that ‘no size fits all’ and that a range of responses were therefore needed.

It was also mindful that the pressures on resources might impact on the ability to fully action its recommendations, whilst noting that there should also be a recognition of the potential longer-term benefits in terms of reduced impact on resources from people accessing health and wellbeing services.

The range of positive work already ongoing across Kirklees, across a wide range of partners and community groups, was welcomed and the Committee hoped that its work would assist in raising awareness and act as a catalyst for further improvement.

#### **The Committee recommends that:**

- 1. The framing should shift from ‘loneliness’ towards ‘social connectivity’ and friendship and that the Council and its partners should continue to take the lead on removing any stigma through open discussions of the issue.**
  - *This arose from numerous sources raising the perceived stigma in talking about being lonely.*
  - *The Committee also found that the groups and individuals it spoke to found the question ‘how do we make loneliness everyone’s business’ difficult to answer and there may be a benefit for this being re-framed.*
  
- 2. There should be a sustained and ongoing emphasis across all Council and wider partners to maintain awareness of the impacts of a lack of social connectivity and what every person can do to try and assist in identifying people who may be vulnerable and to provide an empathetic and helpful response, with every point of contact being an opportunity.**
  - *It was considered that this might be possible through:*
    - *inductions for new staff.*
    - *Wider roll-out of the ‘conversations guidance’ document that had been developed in the early stages of the pandemic.*
    - *the provision of specific skills training including spotting the signs, signposting and practical advice in how to address the issue and offering support/encouragement.*
    - *Use of established internal communications.*
  - *It is very important that this is seen as a continuing priority for the Council and partners, particularly in light of the detrimental impacts on an individual’s physical and mental health and general wellbeing (DCMS ‘A Connected Society’ Strategy (see paragraph 3.1)) and the potential benefits of early intervention.*
  - *This should not be viewed as just an issue for frontline staff but across the board, including on a personal level within a local community/neighbourhood.*
  - *The Committee was given the impression that a number of people were unaware of the role of social prescribers and considered that their role, and the services provided by Community Plus, would benefit from promotion.*
  
- 3. In recognition of the central and high-profile position of Ward Councillors within their local communities, efforts should be made to raise awareness of this issue with them and to offer appropriate guidance and support to them in assisting the provision of an effective local response.**
  - *It was noted that ward budgets could be used to support events to promote wider inclusion and assist in social connectivity.*



4. **The mutual sharing of information across organisations/ groups about what other services/groups/activities were available in the area should be encouraged and supported alongside the provision of information on local community groups/activities through the use of local village/parish council newsletters on a regular basis. Libraries, local shops, GP's practices and other facilities could also be used to display information about what groups/activities were available in the area and on befriending services. The use of social media, for example through local area Facebook groups, would also be beneficial.**
5. **It would be beneficial for group leaders to be provided with advice and guidance in respect of drawing people into the group and assisting if they are anxious about joining in.**
6. **A pro-active approach should be adopted across the Council and wider partners in the provision of information, at the earliest stage, at all potential points of contact, with particular emphasis on doing so at transition points in people's lives.**
  - *This recommendation arose from feedback that at points of stress it was challenging for people to try and find/access that information themselves. It was noted that an information pack, or similar, would be helpful so that people could look at it, at a later date, once they were in a better position to do so.*
7. **The importance of retaining methods of communicating information by means other than online or social media be acknowledged, to ensure that those who do not/cannot use these are not excluded. This includes the need to ensure that person-to-person communication is not 'designed out'.**
8. **Discussion should take place with schools and colleges in respect of how it might be possible for them to guide and support young people who may be at risk of, or experiencing a lack of social connectivity, and to help equip them to address this.**
  - *It is not necessarily about having to access support for loneliness but more around someone noticing and having conversations- wanting to go somewhere to hang out and someone to say 'how are you?'  
(Kirklees Our Voice Team 'Insights into Youth Loneliness Sept 22 – May 23')*
  - *Information on local activities/groups should be provided, for young people, through trusted sources such as schools and colleges, perhaps through inclusion in a school/college newsletter.*
9. **It would be of assistance to have an accessible comprehensive record of community activities/groups, whilst noting the importance of ensuring that this information was up-to-date.**
10. **There was a need, where possible, to build capacity in:**
  - (i) **Befriending services.**
    - *This one-to-one approach was important and could assist in building an individual's confidence, acting as a first step to joining groups/activities or visiting a library and building connections.*
  - (ii) **Peer support groups targeted towards people in the same situation eg carers or dealing with particular conditions or with a protected characteristic.**

**(iii) Open access activities**

*It was noted that:*

- *Provision needed to be as local as possible to assist those who did not feel confident, or could not afford to travel.*
- *Consideration might be given to developing on 'warm spaces' model*
- *People were more likely to use a provision if there was an activity such as a quiz, or a collective shared purpose other than just a place to meet and this could take the pressure off those who found it challenging to initiate/join conversations.*
- *The possibilities for such provision should be taken into account within the regeneration plans for the district's town and village centres.*
- *The provision of support, for smaller groups/organisations in particular, in the recruitment and training of volunteers would be highly beneficial and aid in building sustainability.*

- 11. The possibilities/potential for the provision of crisis assistance, for those who may be suffering an impact on their mental health associated with lack of social connections, be discussed with the Integrated Care Board.**

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