University of Reading

TACKLING LONELINESS AND SOCIAL ISOLATION IN READING

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Loneliness and Social Isolation Steering Group,

RBC, 17 October 2019

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LIMITLESS **POTENTIAL** | LIMITLESS **OPPORTUNITIES** | LIMITLESS **IMPACT**

INTRODUCTION

- Research context
- Aims and methods
- Findings:
  - Societal, situational & personal factors
  - Best practices in tackling & preventing LSI in Reading
  - Recommendations
- Q&A
- Discussion in relation to Steering Group Action Plan

TACKLING LONELINESS AND SOCIAL ISOLATION IN READING, ENGLAND

Olivia Bridger and Ruth Evans
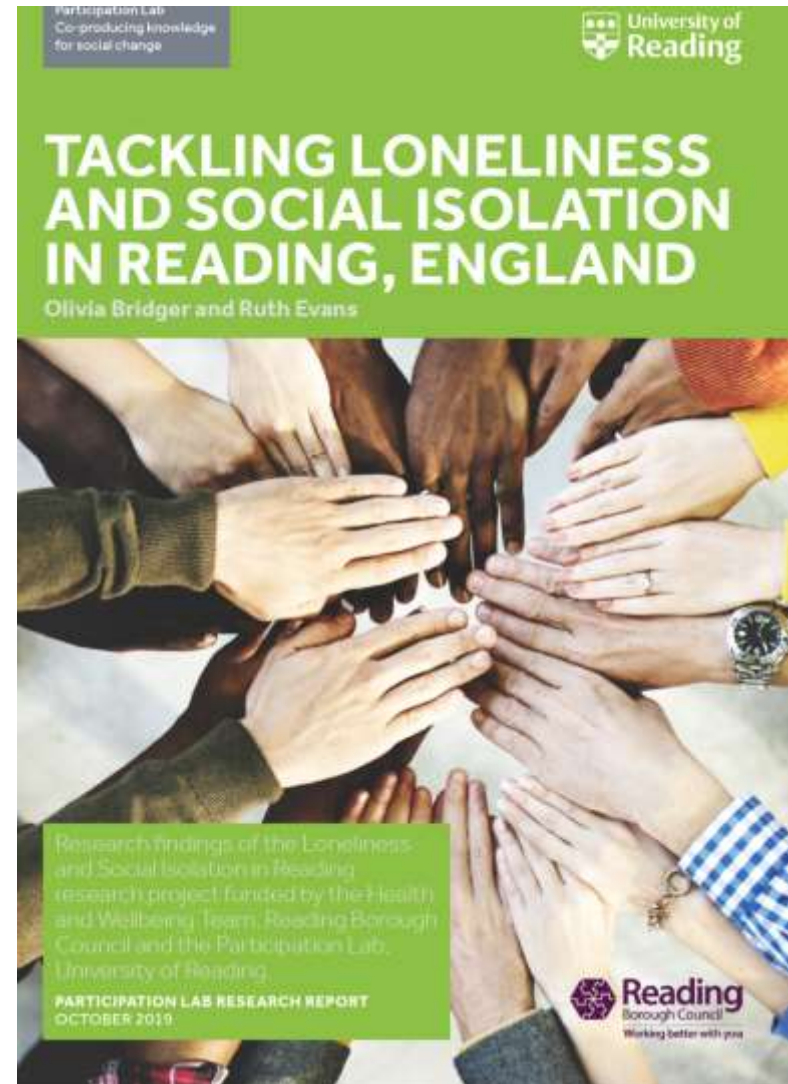
RESEARCH CONTEXT

- Loneliness: subjective, negative emotional state, social relationships are not consistent with social relationships an individual desires (Asher & Paquette, 2003).

- Social isolation: objective, physical state, individual has very limited social interactions and connections (Heinrich & Gullone, 2006).

- Risk factors: socio-demographic; material circumstances; health resources; social resources; life events (Victor et al, 2005)

- Loneliness is a normal part of life, experienced at different times during the lifecourse, but some groups may be particularly vulnerable.

RESEARCH CONTEXT

- Government Strategy for Tackling Loneliness in England launched in October 2018
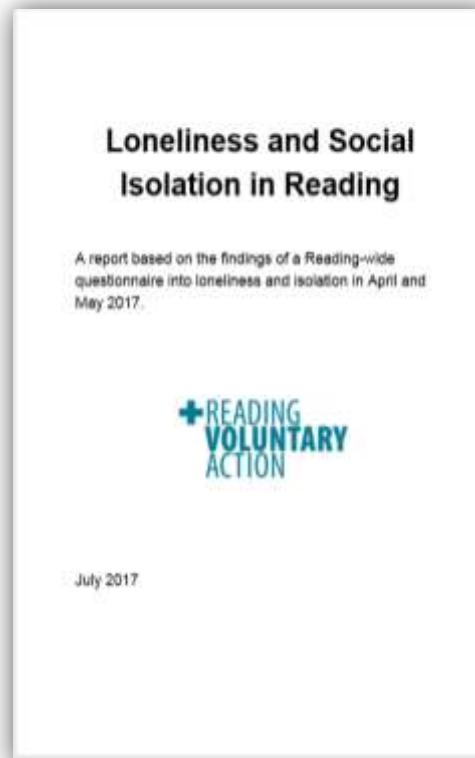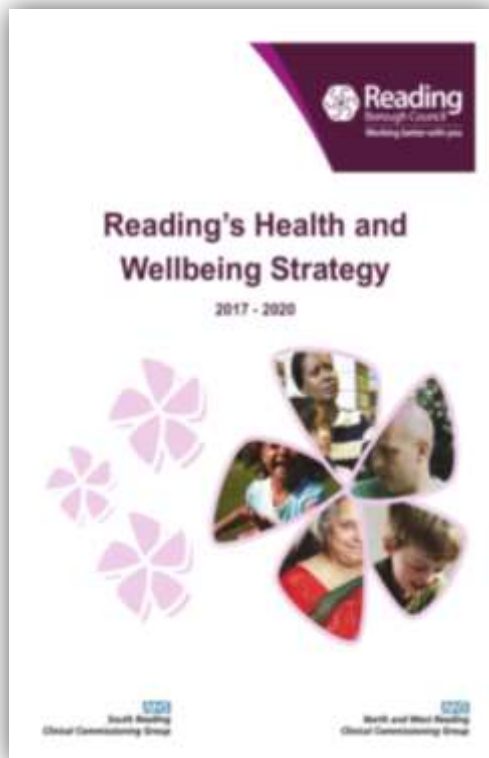
AIMS & METHODS

- To provide qualitative insights into the dynamics of loneliness and social isolation in Reading and to identify best practices which may prevent and tackle it.

- Qualitative methodology:

  - 21 interviews with diverse range of service providers

  - 6 focus groups with 65 participants: service users, peer support volunteers & community members

1. WHICH FACTORS MAY LEAD TO LONELINESS? WHICH BARRIERS PREVENT PEOPLE FROM DEVELOPING SOCIAL CONNECTIONS?

2. WHY ARE PARTICULAR GROUPS VULNERABLE TO LSI?

3. HOW DOES LONELINESS AND SOCIAL ISOLATION AFFECT PEOPLE'S HEALTH AND WELLBEING?

- Complex interactions between societal, situational and personal factors

SOCIETAL FACTORS

Risk factor for LSI	Number of interviews with practitioners where mentioned (n=21 interviews)	Focus groups where mentioned (n=6 focus groups)
Stigmatisation of particular groups	9	2 (homelessness; mental health)
Access to transport	4	2 (refugees; carers)
Cuts to public services & infrastructure	2	3 (homelessness; parents; carers)
Barriers in accessing statutory services	3	2 (homelessness; parents)
Internet and technological changes	3	2 (carers; parents)
Unsupportive workplace	1	2 (homelessness; parents)
Exclusion from job market	3	2 (refugees; homelessness)

LIMITLESS **POTENTIAL** | LIMITLESS **OPPORTUNITIES** | LIMITLESS **IMPACT**

SOCIETAL FACTORS

- Hostile environment for refugees and other migrants, BAME groups, stigmatisation of people with learning disabilities, autism, mental illness, drug and alcohol addiction

- Attitudinal barriers to disability impacted on some disabled people's self-confidence and mood to the point where they did not want to go out and engage in activities in the community (Bridger, 2019).

- Cost of transport and importance of reimbursing travel expenses, esp. for refugees and asylum-seekers, ReadiBus helpful especially for older people living alone

- Impacts of austerity and cuts to public services affect vulnerable groups most: reduced opening times, sustainability of support services, infrastructure and leisure facilities:

"If we, as a society, do not look after our most vulnerable…. and we cut all of those services, then we are creating for ourselves a chronic problem of isolation and loneliness". (practitioner working with BAME groups)

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SOCIETAL FACTORS

- Barriers to statutory services: NHS services regarded as inflexible and unresponsive to people's diverse needs, language barriers, role of GPs in signposting, stigma of drug and alcohol addiction, thresholds for accessing mental health services, respite care homes & limited availability of services.

- Online support networks could be helpful, but reduced social contacts and interaction with neighbours etc more generally?

- Unsupportive work environments, esp. for people with mental health and/or neurological conditions

- Asylum-seekers excluded from labour market, language barriers in obtaining employment for refugees and other migrants, drug/alcohol addiction and mental illness

SITUATIONAL FACTORS

Risk factor for LSI	Number of practitioner interviews where mentioned (n=21)	Focus groups where mentioned (n=6)
Limited support networks	9	3 (refugees; homelessness; mental health)
Financial pressures	8	2 (refugees; parents)
Language & communication	6	3 (refugees; deaf people; homelessness)
Mental illness	7	2 (homelessness; refugees)
Physical disability, ageing & loss of mobility	6	2 (carers; parents)
Significant life event or change	5	2 (homelessness; parents)
Negative coping strategies	4	1 (mental health)
Caring responsibilities	2	2 (parents; carers)
Living alone	0	3 (carers; homelessness; mental health)

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SITUATIONAL FACTORS

- Limited support networks, esp. drug & alcohol users, people experiencing mental illness, contact with neighbours

- Financial constraints & low paid work with long hours limited the leisure and social activities people were able to do

- Language and communication barriers Deaf people, people with neurological conditions, refugees and asylum-seekers may face

- Mental illness can lead to loss of social networks, social anxiety in public spaces; isolation makes illness worse:

'…feeling isolated is probably one of the biggest things that can make you feel like, "Well, what's the point of me being here?"'

SITUATIONAL FACTORS

- Ageing & loss of mobility, no longer able to drive:

"Once they stop being able to get out of the house independently, that means they become isolated and then they become lonely". (practitioner supporting people with life-limiting illness)

- Significant life events: bereavement, becoming a new mother, abusive relationships, mental illness, drug and alcohol addition, homelessness

- Mental illness, homelessness, autism, young caregiving could lead to negative coping strategies: poor diet, binge eating, drug and alcohol misuse, self-injury and suicidal thoughts

- Caring responsibilities: limited time for socialising & tiredness, isolation of new mothers, esp. those caring for disabled child

- Living alone, esp. for older people, people with mental health conditions

PERSONAL FACTORS

Risk factor for LSI	Number of practitioner interviews where mentioned (n=21)	Focus groups where mentioned (n=6)
Low confidence/ self esteem	10	2 (homelessness; mental health)
Mental health challenges	6	2 (homelessness; mental health)
Fear and anxiety	4	3 (homelessness; mental health; parents)

- Low confidence & anxiety about social activities for people with learning disability, people with mental health conditions, young people with autism, some students, Deaf people
- Fear, suspicion & mistrust of authority for some people from BAME groups

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4. WHICH SERVICES, PRACTICES AND APPROACHES ARE MOST HELPFUL IN PREVENTING OR REDUCING LSI IN READING?

- Specialist support and safe spaces provide opportunities for conversation and building supportive relationships with peers
  - Communication barriers minimised eg. Deaf clubs for sign language, drop-in centres for refugees and asylum-seekers
  - Rose Centre monthly drop-in for women and men's group to talk about FGM, domestic abuse and healthy relationships, health concerns
  - Day centres and respite care as breaks for carers
  - Activities for families affected by autism
- Focused group activities
  - shared interests (craft/ sport) give different focus, esp. helpful for men with mental health conditions, disabled people etc.

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BEST PRACTICES TO PREVENT & TACKLE LSI

- Making services and activities socially, financially and physically accessible
  - Costs and location for public transport, consistency of costs of activities
  - ReadiBus helped to reduce isolation & led to friendships and support networks
  - One-to-one support to build confidence in using public transport
  - Print & accessible formats for information about activities and support groups
  - Tailoring activities eg. flexibility of timings, women-only activities
  - Smaller group activities rather than only large events

BEST PRACTICES TO PREVENT & TACKLE LSI

- Advocacy and assistance 'taking first steps'
  - taster sessions, one-to-one support to build people's confidence before attending appointments, making phone calls or coming to group activities on their own

 "Because they can't communicate, [they feel it's] *better to walk away….but if they've got someone with them, they can build up their confidence."* (practitioner working with Deaf people)

- Peer support, befriending and volunteering
  - Easy to engage with peer support volunteers due to shared life experiences
  - Befriending helps to build confidence in accessing activities
  - Volunteering improves wellbeing, provides valuable workplace experience, but may be difficult to sustain commitment over longer term

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BEST PRACTICES TO PREVENT & TACKLE LSI

- Signposting to 'someone to talk to' & support from healthcare professionals
  - Awareness among GPs about other available services, greater awareness of LSI among mental health practitioners
- Raising awareness about loneliness, isolation, social anxiety and mental health
  - Mental health first aid training, emergency cards, support for wellbeing in the workplace
- Befriending, good neighbourliness and faith communities
  - Befriending enables people to get out of house & connect with community activities
  - 'Looking out for each other', welcoming new neighbours to local community, supporting people who are isolated

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5. HOW CAN BEST PRACTICES TO PREVENT OR REDUCE LSI BE STRENGTHENED & DEVELOPED IN FUTURE?

1. **Raising awareness** about loneliness and social isolation (LSI) and its links to health and wellbeing, among statutory and voluntary and community sector service providers, employers, schools, members of the public

2. Greater provision of **specialist support services** for groups at risk of LSI, encompassing tailored one-to-one support, as well as group activities, with increased opening hours, particularly at weekends

3. Fostering more **collaborative working, 'joined-up' thinking and signposting** between organisations, Reading Borough Council and primary healthcare providers

HOW CAN BEST PRACTICES TO PREVENT OR REDUCE LSI BE STRENGTHENED & DEVELOPED IN FUTURE?

4. Increasing the **affordability and social accessibility of transport,** including through concessionary fares, building people's confidence, supporting and raising awareness about alternative transport services for people with complex needs and carers, such as ReadiBus and neighbourhood volunteer transport initiatives

5. Developing and supporting **peer support initiatives and befriending and volunteering schemes**

6. Fostering **good neighbourliness, supportive faith communities and community development**

7. Providing more **accessible information, communication and promotion of activities and services** in appropriate formats.

Steering group: consider whether to focus on preventing and tackling loneliness rather than LSI?

Thank you. Questions?

Participation Lab
Co-producing knowledge for social change
https://research.reading.ac.uk/participation-lab/

SUMMARY OF RECOMMENDATIONS

1. Raising awareness about loneliness and social isolation (LSI) and its links to health and wellbeing among statutory and voluntary and community sector service providers, employers, schools, members of the public

2. Greater provision of specialist support services for groups at risk of LSI, encompassing tailored one-to-one support, as well as group activities, with increased opening hours, particularly at weekends

3. Fostering more collaborative working 'joined-up' thinking and signposting between organisations, RBC and primary healthcare providers

4. Increasing the affordability and social accessibility of transport eg.concessionary fares, building confidence, supporting and raising awareness about alternative transport services for people with complex needs and carers, such as ReadiBus, neighbourhood volunteer transport initiatives

5. Developing and supporting peer support initiatives and befriending and volunteering schemes

6. Fostering good neighbourliness, supportive faith communities and community development

7. Providing more accessible information, communication and promotion of activities and services in appropriate formats.