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<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON)</b>
<b>AGENDA ITEM:</b>	<b>7</b>
<b>SUBJECT:</b>	<b>Report on the 10<sup>th</sup> meeting of Croydon Congress held on 21 June 2016 on 'Social Isolation and loneliness'</b>
<b>BOARD SPONSOR</b>	<b>Rachel Flowers, Director of Public Health</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b> Social isolation has been highlighted as a key theme by the Croydon Opportunity and Fairness Commission and its final report identifies a number of areas for action. The Health and Wellbeing Board is responsible for preparing the Joint Strategic Needs Assessment (JSNA) and for developing the Joint Health and Wellbeing Strategy (JHWS) to address its priorities. The 2016 Director of Public Health's report, focuses on social isolation and loneliness.	
<b>FINANCIAL IMPACT</b> There is no financial impact arising directly from this report.	

### 1. RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

- 1.1 Note the theme and draft recommendations arising from the 10th meeting of Croydon Congress.
- 1.2 Consider how the recommendations arising from the 10<sup>th</sup> meeting of the Croydon Congress can be addressed by a social isolation action plan which the Board has been asked to develop.

### 2. EXECUTIVE SUMMARY

- 2.1 This report provides feedback on the 10<sup>th</sup> meeting of Croydon Congress, held on 21 June 2016. The theme of the Congress was Social Isolation and Loneliness. The aim was to raise awareness and change attitudes and behaviours of people and organisations in the borough, and to better equip the community to take an active role to address the issue. A crucial element now to be developed, is understanding the extent to which local agencies in the public and voluntary sector are able to facilitate and enable these aims. This outcome is aligned with key priorities identified by the Health and Wellbeing Board and the Opportunity and Fairness Commission, and supports the Independence and Liveability themes within the Corporate Plan.
- 2.2 The purpose of each Congress is to bring together the key stakeholders to discuss particular issues of paramount significance. Importantly, the event offers an opportunity for attendees to influence the future development of policy related to the topic and to implement the recommendations made at Congress.

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- 2.3 Although the Health and Wellbeing Board has been asked to lead the development of a social isolation action plan, the recommendations from Congress will be also considered by the Local Strategic Partnership Chief Executives' Group, the Council Cabinet and the Council Leadership Team. Other LSP Boards will also be asked to consider the report in relation to their own roles and responsibilities, e.g. the Stronger Communities Board, through its support for activity that helps increase involvement, participation and resilience, and the Children and Families Partnership, through its promotion of health, enjoyment and activity and making a positive contribution.

### 3. DETAIL

#### Background

- 3.1 Croydon Congress is the over-arching consultative stakeholder group for Croydon's LSP and has a key role in informing the future direction of its work, particularly on cross-cutting issues. Croydon Congress brings together key local leaders, representatives from local businesses and the public, voluntary and faith sectors.
- 3.2 The 10<sup>th</sup> Croydon Congress was held on 21 June 2016, and was attended by nearly 200 delegates (unfortunately a rail strike that day prevented more people from attending). There was good representation from across the public, private and voluntary and community sectors, including health services, faith groups, probation and the police, organisations representing children and young people, families, carers, people with mental health problems and older people. The theme was 'Social Isolation and Loneliness'.
- 3.3 An introduction to the issue was provided within the Background Information Booklet produced for the Congress, and which set out the rationale, objectives, initial analysis and examples of good practice. There is well-established evidence for treating social isolation and loneliness as key priorities due to their adverse effects on wellbeing and links to health inequalities and social exclusion. This has been highlighted by the Opportunity and Fairness Commission:
- Too many local residents live isolated and empty lives [...] This takes a huge toll on their mental and physical health but it also increases costs on local services [...]. Increased [hospital] admissions and patients in beds unable to return home because they have no one to support them are the inevitable consequence of social isolation (page 7).*
- 3.4 There are strong economic as well as social arguments for taking action to reduce and prevent social isolation and loneliness. A wide range of preventable health problems and wider social problems are known to arise out of loneliness:
- Increased visits to GPs and use of medication.
  - Greater incidence of falls and need for long-term residential or nursing case.

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- Use of accident and emergency services.
  - Increased likelihood of youth offending, especially through membership of gangs and unemployment.
  - Higher incidence of obesity, smoking, substance and alcohol abuse.
  - More likely to develop mental health problems and depression and require hospital admissions; and
  - Reduced social capital and cohesion, resulting in fragmentation of communities and reduced resilience.
- 3.5 Early intervention to tackle loneliness and social isolation can considerably reduce the cost to the public purse of tackling these more complex health and social problems. One study estimated that chronic loneliness among older people cost commissioners £12,000 per person over 15 years (Report by Social Finance, *Investing to tackle loneliness, a discussion paper*, 2015). Projects such as the Hub, run by MIND in Croydon, which provide a friendly and supportive meeting place, shared activities and help with problems, can have a positive impact on mental health and social isolation and reduce the use of costly statutory services. MIND in Croydon estimated the average cost saving to statutory services per person attending the Hub per year is £3,971.
- 3.6 The event was chaired by the Cabinet Member for Communities, Safety and Justice. The Congress programme and background information booklet are available as background papers to this report. The keynote speaker was Elaine Rashbrook, National Lead Older People, Health and Wellbeing, Public Health England. The meeting was addressed by the Leader of Croydon Council, the Croydon Director of Public Health, and an expert panel including representatives from:
- Campaign to End Loneliness
  - Association of Chief Executives of Voluntary Organisations
  - Home-Start Croydon
  - Mind in Croydon
  - Age UK Croydon
  - Croydon Voluntary Action; and
  - Croydon Safeguarding Boards (Adults and Children).
- 3.7 In the keynote speaker's presentation, delegates received a summary of key statistics relating to social isolation in the borough and about the impact of socio-economic inequality on social isolation. Social isolation is an important public health issue due to its potential impact in areas such as sexual health, educational attainment and debt. The difference between social isolation and loneliness was also explained.
- **Social isolation** is the lack of a support system and relates to the size of a person's social network.
  - **Loneliness** is a qualitative and subjective state marked by the experience of negative feelings due to a lack of existing relationships.

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3.8 In addition to the presentations and question and answer sessions, two short films were shown that presented the perceptions of individuals based on their experience of social isolation. This was followed by two workshops sessions, across 20 tables, which discussed the range of issues, protective factors and interventions that can impact on social isolation at different stages of the life course, and for particular at-risk groups. This recognised that certain individuals and groups are more vulnerable than others, depending on factors such as physical and mental health. Four life-cycle stages were considered:

- pregnancy and early years
- children and young people
- working age people; and
- retirement and later life.

3.9 The purpose of this Congress was to provide an opportunity for a wide range of stakeholders to share their views and experiences on this issue and to influence the way in which future policy on social isolation and loneliness is developed. This feedback has been captured and analysed and the emerging issues and findings are set out below. Overall, the evidence provided by presenters and participants confirmed that social isolation and loneliness should be treated as a key strategic priority due to its adverse effects on wellbeing and its links to health inequalities and social exclusion.

3.10 The Health and Wellbeing Board has been invited to take the lead role, working with the LSP, other partners and local stakeholders, on taking forward the feedback from Congress and developing a strategic response based on the initial recommendations that have emerged, including through incorporation into the JHWS where appropriate. In particular, the Congress has highlighted that there is a borough wide need to raise awareness of the issue and its impact on people, to develop a multi-agency strategic approach, to build local networks of support, outreach and befriending, to support community action and initiatives that can engage people and to equip professionals and the community to take an active role to protect people from social isolation.

## Emerging issues

3.11 A number of overarching issues were highlighted at Congress by delegates, these are summarised below.

- There are wide ranging causes of social isolation and loneliness, suggesting a need for diverse approaches to addressing these issues locally.
- Prevention and early intervention are crucial.
- Raising awareness is an important step in mitigating its impact.
- Gathering and sharing information on local activities, organisations and services, including signposting, is a priority.

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- Multi-agency responses are essential to coordinate efforts and pull resources together, though every individual, group and organisation should be encouraged to look at how to embed good practice within its service delivery.
- Multi-generational activities, improving access to services, neighbourhood based one to one approaches, volunteering and close working with the voluntary and community sector, as the main delivery partner, are important elements in tackling isolation at an individual and community level.
- The role and impact of other service areas such as employment, health, and housing can have an indirect positive impact on tackling isolation.

3.12 Some specific examples of issues were identified in relation to each of the four life-cycle groups:

### **Pregnancy and early years**

- Parents and family carers with small children or children with special needs or disabilities may need greater support.
- People leaving work to become full time parents, single dads, refugees and asylum seekers (who may experience language barriers), were considered to be at risk.

### **Children and young people**

- Socially isolated parents may contribute to their children's isolation, e.g. parents with mental health issues.
- School pressures and bullying, including cyber bullying, can alienate and isolate young people from social activities and impact on educational attainment and opportunities.
- Young people who are lonely are more susceptible to gang cultures, youth offending and long-term alienation and unemployment, which are a social cost.

### **Working age people**

- Working age adults appear to be the most difficult group to engage and there are limited activities for this group.
- Unemployment, poverty, homelessness and disability are key factors that can result in lack of engagement and the loss of friends or partner.
- Isolated and lonely working age people are less able to take up employment and other opportunities, and are more likely to develop complex health and social problems in the long-term.

### **Retirement and later life**

- Transitioning between work and retirement, including maintaining relationships following retirement, especially for older men.

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- Health issues and caring for disabled family members in old age can reduce independence and engagement
- Lonely older people are more likely to visit their GP, have higher use of medication, require hospital admission and long-term care, much of which could be prevented through earlier intervention

## Emerging recommendations

- 3.13 The Council has already started to position the reduction of social isolation as a key area in its support for community capacity building. In its approach to the community fund, small grants and community budgets, two of the themes for funding applications support this – ‘Vibrant, responsible, connected communities’ and ‘A connected borough where no one is isolated’. Asset-based community development work, underway in Broad Green, Selhurst and Thornton Heath, also provides a strong platform to identify the skills, knowledge and potential of local people to build active and inclusive communities. Community days of action and events such as big lunches provide opportunities for people to engage with others.
- 3.14 In terms of taking the recommendations forward, the Health and Well-being Board should be considered to lead the development of a strategic response for Croydon. This includes producing and monitoring a Croydon social inclusion strategy and plan.
- 3.15 Based on the issues discussed, some initial recommendations to emerge from discussions at Congress are set out below:
- **Development of a co-ordinated strategic approach.** It is proposed that a strategy to tackle social isolation and loneliness is informed by the 2016 Director of Public Health Report. The Health and Well Being Board in particular has an important role to play in ensuring that a multi-agency approach is developed, organisations are joining resources and sharing knowledge, and diversified solutions are being embedded across the borough. It is also important this includes the development of measures that will enable a regular evaluation of outcomes.
  - **Raise public awareness of the issue.** More work needs to be done to raise the profile of social isolation and its associated health risks among the population and front-line professions, and to reduce the stigma that prevents people from seeking help. The Council, along with other statutory and voluntary agencies, should consider how it can use existing communication channels and publications to promote the issue. Consideration should be given to the possibility of launching a media campaign and events.

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As part of this recommendation, delegates identified a particular need to address preconceptions and stigma faced by teenage parents, older people and people with disabilities or long-term health needs, and to raise awareness around groups that are often 'invisible' such as carers.

- **Improve information on support and activities available through the council, voluntary sector and community organisations.** There are many services already operating in the borough which provide supportive services. This includes befriending services, lunch clubs, sports and leisure activities, support groups and arts group. However, there is a low level of awareness of them. This information could be co-ordinated into a single online directory available to individuals and front-line professionals, with all partner organisations sharing responsibility for updating and promoting it. The potential to incorporate this within existing support, advice and information directories should be considered.

It was noted that some older people, and people with no access to the internet, may miss out on online information. Other ways of promoting services should also be used, e.g. community notice boards, booklets, posters and leaflets in supermarkets, pharmacies, surgeries, and the tramlink.

- **Development of outreach and befriending services to identify and support individuals.** Many of those affected by social isolation are not in contact with or known to any organisations. Faith groups, local community and neighbourhood organisations, and support services can play a key role in identifying lonely individuals, and helping them find the right support. It is important to map the current availability of resources and options for befriending and supporting people across the borough. Work should focus on identifying where there are gaps, both in terms of geographical areas and in relation to particular groups and needs within the population, and where there is potential to build on existing successful schemes. The provision of small community grants and community capacity building through asset based community development work, can help realise these opportunities. The proposal for community champions in each neighbourhood, to act as community way-finders and provide an interface between community and public services, could facilitate more appropriate interventions for socially isolated individuals.

Within this recommendation, it was recognised that some specific groups would benefit from targeted services such as mentoring, buddying and access to community transport, e.g. those with

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dementia, children with autism, and those who do not 'mix' easily, and older or disabled people who may have less opportunities to meet and engage in social activities.

- **Development of a local community approach** building on services and activities provided by a range of local/neighbourhood community organisations. As cited above, information on relevant clubs and activities needs to be collated and made more widely available. The development of area regeneration plans and asset-based community development models both provide opportunities to support community approaches to tackle social isolation by encouraging the development of local clubs, new ways of engaging people. For example, street parties and big lunches, volunteering activity, and group-based activities such as gardening projects. The development of local community activities could be supported by enabling greater access to public and community facilities such as parks, leisure centres, schools, community halls, and libraries.

In addition, some specific proposals were made to address the needs of particular groups, including support for multi-generational activities and opportunities that bring younger and older people together to share experiences; ideas and skills; men in sheds groups for older single men; and local support groups for young mums and carers.

**Develop and embed an early intervention approach to social isolation within a wide range of frontline services.** Many organisations not directly involved in providing social care or emotional support services nevertheless recognised the role they could play in identifying and assisting social isolated individuals to seek help. Recognising and embedding approaches to social isolation within the work of many organisations providing employment and training, health services, digital inclusion, education, including adult education is an important part of the solution. The Council, for example, can promote this through current initiatives such as Go On Croydon, Visbuzz, Value Croydon, and community transport. There is also scope to build social isolation into the commissioning process, e.g. as an explicit requirement within outcomes based commissioning of services for older people and the recommissioning of the sports and leisure management contract to target inactive groups. Other statutory providers, including GP surgeries and clinical commissioning groups, midwives, community safety and probation services, could be encouraged to develop a 'whole person' or 'whole family' approach that builds social isolation into the development of integrated care, support and health pathways. There is also scope to develop an 'eyes



## **For Information only**

and ears' role for services such as 'meals on wheels' and Council heating and repairs services, linked to new referral processes.

Further examples of how this could benefit certain groups are: schools providing opportunities for students to engage in community activities; businesses holding office based big lunches; employers sharing awareness and highlighting initiatives during team meetings; expanding targeted inclusion programmes within the sports and community development programme for less active people and referrals from GPs.

- 3.15 A full summary of the issues raised by delegates at Congress, including proposals for action, can be found in Appendix 1.

## **4. CONSULTATION**

- 4.1 Croydon Congress is a consultative meeting, comprising leaders and stakeholders from the business, public, voluntary, faith and community sectors.

## **5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 5.1 There are no financial considerations arising directly from this report.

## **6. COMMENTS OF THE BOROUGH SOLICITOR AND MONITORING OFFICER**

- 6.1 There are no legal considerations arising directly as a result of recommendations in this report.

## **7. HUMAN RESOURCES IMPACT**

- 7.1 There are no immediate HR considerations that arise from the recommendations of this report for HR staff.

## **8. EQUALITIES IMPACT**

- 8.1 Croydon Congress is part of a multi-agency approach to understand the scale and nature of social isolation and loneliness in the borough, to raise awareness of the issue and promote early identification and intervention by a range of agencies.

- 8.2 Social isolation affects and cuts across a wide range of groups of the population and different life-cycle stages. There are strong associations between social isolation and social inequality, vulnerability, disability and age. Older people, disabled people, single parent households, teenage parents, and BME households newly settled in the country, especially those who may experience difficulty communicating in English, are all at greater risk of social isolation.

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8.3 The workshop discussions were designed specifically to identify the causes and impact of social isolation on these groups through its focus on life-cycle stages. These issues have been captured in the summary documents at Appendix 1. The development of an overall strategic and multi-agency approach, as proposed in this report, will recognise the importance of mapping provision, identifying gaps and issues and developing specific actions, forms of support and in relation to each of these groups.

### **9. ENVIRONMENTAL IMPACT**

9.1 There is no environmental impact arising directly from this report.

### **10. CRIME AND DISORDER REDUCTION IMPACT**

10.1 There is no crime and disorder reduction impact arising directly from this report.

### **11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION**

11.1 To raise awareness of social isolation and loneliness. To develop a strategic and joined up approach, in order to change attitudes, behaviours. To better equip professionals and the community to take an active role in addressing the issue and its impact on the promotion of health and well-being.

### **12. OPTIONS CONSIDERED AND REJECTED**

12.1 Not applicable.

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## Appendix 1 – top 3 answers summary

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
<b>ISSUES, BARRIERS AND CHALLENGES</b>	<ul style="list-style-type: none"> <li>• Lack of localised services / limited access / lack of information</li> <li>• Language barrier</li> <li>• Change in circumstances e.g. moving area, becoming a parent, loss of employment, retirement</li> <li>• Stigma e.g. being a teenage or single parent, unemployed, elderly</li> <li>• Isolation of carers of any age</li> <li>• Financial pressures, poverty, debt</li> <li>• Difficulty with recognising loneliness/isolation early on or identifying people that want social interaction</li> <li>• Personal confidence</li> <li>• Physical disability, limited mobility</li> <li>• Depression</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of whole family approach</li> <li>• Families resists when offered help</li> <li>• Lack of support to male parents</li> <li>• Housing pressures</li> <li>• Family alienation</li> <li>• Loss of status when leaving work or stigma attached to being a full time mum</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation of unaccompanied minors</li> <li>• Inattentive or overprotective parents, unrealistic parental expectations</li> <li>• Parental mental health issues</li> <li>• Overuse of social media, (cyber) bullying</li> <li>• Gang culture</li> </ul>	<ul style="list-style-type: none"> <li>• People's commitments: being parents, poor work life balance – lack of time / money to socialise</li> <li>• Work pressure and stress</li> <li>• Comparisons to others with perceived better careers, family, house</li> </ul>	<ul style="list-style-type: none"> <li>• Not meeting people of different ages</li> <li>• Stigma of going to day centres</li> <li>• Preconceptions of old age</li> </ul>

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
<b>PROTECTIVE FACTORS MITIGATE ISOLATION</b>	<ul style="list-style-type: none"> <li>• Accessibility of information and services ; approaches that take under consideration varied needs e.g. different cultures, languages, digital skills</li> <li>• Community cohesion, connections to local people, networks, groups, forums; layers of support: wide circle of friends, interest groups, colleagues</li> <li>• Active voluntary sectors helping to find opportunities</li> <li>• Good physical and mental health</li> <li>• Financial stability and status</li> </ul>	<ul style="list-style-type: none"> <li>• Parenting classes and support networks for young parents</li> <li>• Secure housing</li> <li>• Workplace crèches</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive adults, positive role models and safe spaces</li> <li>• Tolerance, understanding and ability to express yourself</li> <li>• Resources enabling children and young people to achieve their goals</li> <li>• Projects that involve parents and kids</li> </ul>	<ul style="list-style-type: none"> <li>• Being employed or having a purposeful routine</li> <li>• Having disposable income and access to social activities</li> <li>• Businesses/employers linking with communities</li> </ul>	<ul style="list-style-type: none"> <li>• Keeping active / working after retirement</li> <li>• Places to meet with purposeful outcomes</li> <li>• Feeling valued / needed by others</li> <li>• Having network of family and friends and good amenities in the area</li> <li>• Preparation and planning for retirement</li> </ul>

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
<b>MAIN ACTIONS REQUIRED</b>	<ul style="list-style-type: none"> <li>• Develop greater awareness of the issue &amp; projects available, map gaps and connect local networks; collaborate &amp; plan</li> <li>• Create a single place to get information; encourage greater signposting; promote activities using wide range of media</li> <li>• Use ABCD and communities of interest, grow 'street party' 'events in parks' culture, big lunches</li> <li>• Encourage intergenerational opportunities</li> <li>• Explore alternative ways of commissioning</li> <li>• Enable easy access for people with disabilities</li> <li>• Invest in initiatives to prevent loneliness and connect with people who do not use services</li> </ul>	<ul style="list-style-type: none"> <li>• Improve perception of statutory services e.g. social work</li> <li>• Deliver services using whole family approach</li> <li>• Multi-agency training focused on mothers' health</li> <li>• Tackle stigma of teenage pregnancy through PSHE</li> <li>• DV support</li> </ul>	<ul style="list-style-type: none"> <li>• Young carer groups</li> <li>• Use publically owned school buildings to offer free / low cost activities for families</li> <li>• Create safe spaces to play e.g. play streets</li> <li>• Mentoring and befriending opportunities for kids as well as parents</li> <li>• Engage and ask children and young people what best solutions are</li> <li>• Create small, interest based groups</li> </ul>	<ul style="list-style-type: none"> <li>• Initiatives targeting employability skills and access to employment</li> <li>• Flexible working opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Provide advice and guidance on retirement planning</li> </ul>

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
<b>WHO IS BEST PLACED TO TACKLE THE ISSUE AND HOW CAN THEY HELP</b>	<ul style="list-style-type: none"> <li>• LSP to drive strategic dialog, multi-agency approach: localised groups and knowledge, GP surgeries, NHS, employers, schools, youth clubs, developing community networks,</li> <li>• Combine resources of partners with a coordinated strategy</li> <li>• Information and advice strategy created by the Council</li> <li>• Advertise in places and services that people already use e.g. GP, pharmacy, schools, workplace</li> <li>• Grow volunteering / mentoring through voluntary and community sectors</li> </ul>	<ul style="list-style-type: none"> <li>• Midwives to give information , signpost new parents</li> <li>• Identify community champions through alliances, to support new parents</li> </ul>	<ul style="list-style-type: none"> <li>• Train adults to help children</li> <li>• Schools to champion meet ups</li> </ul>	<ul style="list-style-type: none"> <li>• Employers to buy into 5 ways to wellbeing</li> <li>• Voluntary sector to work with Businesses e.g. through corporate social responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• Not only ask older people, but also people around them who may have noticed isolation e.g. family, friends, social workers</li> <li>• Organisations working with young people, linking young people to older people who can become role models</li> </ul>