Summary of Findings

Research aims

This research project sought to:
- Identify the scale and extent of loneliness and isolation in the Cotswold district, amongst people over the age of 65
- Understand the impact that loneliness and isolation have on residents' physical and emotional health and wellbeing
- Identify current initiatives and services designed to help prevent and alleviate loneliness and assess their success, making recommendations for future service development
- Provide information for use in influencing health and social care commissioners in their commissioning of early intervention and preventative services.

This is a summary of the research, undertaken on behalf of Cotswold District Council, and its findings and recommendations. The full report is available at www.cotswold.gov.uk or by contacting the Community Partnerships Team on 01285 623000.

Context

National and international research identifies that older people are particularly vulnerable to loneliness and / or social isolation due to the loss of friends, family, mobility, health or income. It has also been shown that loneliness has a significant negative impact on health, with some research showing that a lack of social connection is as harmful to health as smoking 15 cigarettes a day. Other research shows that people are more likely to visit their GP if they are lonely, even if they don't need to for medical reasons.

Therefore, the cost of loneliness to public spending – and health and social care budgets in particular – should be a primary concern for commissioners.

The Cotswolds' ageing population – nearly a third of the total population is past retirement age and this is expected to grow – and rural nature, placing it within the lowest 10% in the national accessibility rankings, compounds issues of loneliness and isolation for local residents.

Identifying and mapping loneliness and local services

This research used work undertaken by Gloucestershire County Council (GCC), using the CACI Acorn Customer Segmentation Tool, to map those areas where residents may be vulnerable to social isolation and loneliness. GCC's work used twelve variables to determine whether or not households / areas are vulnerable to loneliness, including older age, household composition, access to private transport and reported social contact.

This exercise identified the least vulnerable areas, areas of low vulnerability, moderate vulnerability, higher vulnerability and those areas most vulnerable to loneliness.

In the Cotswold district, the most vulnerable areas were identified as Lechlade and the fringes of Stow-on-the-Wold and Bourton-on-the-Water.

The higher vulnerability areas include Tetbury, Fairford, the area to the west of Cirencester, the area around Mickleton, Saintbury and Chipping Campden and the area around Bourton-on-the-Water.

However, it should be noted that some of the most vulnerable households occur in the least vulnerable and low vulnerability areas, particularly in the most rural areas of lower population. In these areas, loneliness and isolation will be compounded by a lack of access to services and transport.

The research mapped these findings against the availability of local services that help prevent or alleviate loneliness amongst older people and found that, on the whole, there is good correlation between areas of vulnerability and service availability. However, there is not necessarily equal access to comparable services, with some services not available across the whole district, e.g. carer respite or offering significantly different levels of service, e.g. community transport.

Qualitative findings

A key aspect of this project was the gathering of qualitative information through a number of focus groups and in depth interviews, conducted with older people across the district. 44 people over the age of 65 participated and shared their views on and experiences of loneliness and isolation.

The participants confirmed many of the findings of national and international research: that loneliness and isolation are prevalent amongst older people; that this has a detrimental effect on their health and wellbeing and can lead to dependence on statutory health services; and that early intervention and preventative services and activities can help to prevent or alleviate loneliness.

A full report on the findings of these interviews is available. However, some strong messages emerged from this part of the research:
- The lack of accessible, appropriate and convenient transport is a significant issue, particularly for those with limited mobility
- A lack of confidence in using IT is preventing older people from harnessing the benefits, e.g. of Skype and Facebook, it can offer for keeping in touch
- There is demand for more community based social groups and outings – supported by transport to access them – and more activities for men
- Increased coverage of carer respite services is needed in order to help carers who feel lonely or isolated to access activities and groups that will help alleviate loneliness
- Service availability was often better than people thought suggesting a need to improve awareness of locally available services
- Older people generally feel safe from crime in their Cotswold communities but are fearful of falling and during dark winter evenings. Some reported that they know of people who have become dependent on alcohol as a result of loneliness.

The benefits of investing in preventative services

Research shows that lonely people are more likely to visit their GP or A&E unnecessarily. This report uses the example of a befriending service to demonstrate the financial benefit of investing in preventative services, rather than spending the money on the health or social care services.

For example, local healthcare costs can be in the region of £25 for a GP appointment to between £59 and £117 for a visit to A&E or £300 for a hospital day bed. In contrast to this, it costs between £155 and £215 to deliver a befriending service to one person over the duration of a year, equating to less than £5 per visit.

Recommendations

1. Areas / households which are at greater risk to isolation and loneliness should be prioritised for the provision of preventative services. (See the main report for more details on these areas.)

2. Commissioners and funders should recognise the value of early intervention and prevention, particularly those services that have been identified here as being most successful at preventing / alleviating loneliness and isolation, by investing in those services and ensuring they are made available and accessible to residents, e.g. through the social prescription model.

3. Decision makers should work together to understand the impact of broad policy decisions on the overall health and wellbeing of older or other vulnerable residents e.g. the removal of seating from bus stops to prevent young people from hanging around.

4. Community transport – a review of community transport availability across the district should be carried out and funding sought, and plans put in place, to improve, standardise and more widely promote, these services.

5. Befriending services - recent Big Lottery funding has allowed increased availability of befriending services to cover the whole district. However recruitment of volunteers, to facilitate expansion, and marketing campaigns to more widely promote this improved availability, need to be increased. Telephone befriending should be considered as a future service development.

6. Carer respite services – are more widely available in the north of the area although funding for carer respite is very limited across the whole area. A review should be undertaken in partnership with Carers Gloucestershire to look at the feasibility of providing these services more widely in the north and a partner and funding sought to provide carer respite in the south.

7. Lunch clubs, social groups and community events – provision of these services are sporadic. Each priority area should have access to group activities, which need to be supported with transport and carer respite. These community resources should be developed in consultation with the local residents who will use them and take into account specific local issues, e.g. lack of activities on a Sunday, and be run by volunteers who will attend them. Professional support should be made available to ensure that best practice guidelines and health and safety regulations are met, and to offer marketing expertise to ensure that the availability of these services reaches those people who would most benefit from them.

8. Community navigators, including but not limited to village agents and dementia advisors – are an important community asset. They direct residents to the resources they need and, in some cases, provide much needed social opportunities for lonely and isolated older people. A review of their availability and workload should be carried out and, more specifically, the findings of this fed into the forthcoming review of the dementia advisor service. Their services should then be more widely promoted, so that more residents can benefit from them.

9. IT – the use of IT to improve social networks and keep in touch with family and friends was very limited. Opportunities for older people to have access to and use these technologies should be improved.

10. Men – encouraging men to more fully participate in their local community, possibly by providing specific social opportunities which meet their needs, should be explored.

11. Volunteering – promoting volunteering as a way of increasing social networks, keeping active and fit, and maintaining mental and physical wellbeing should be more widely employed.

Next steps

Partner agencies and community representatives will begin to develop an action plan to address the research recommendations at a dedicated event in February 2014.

For more information on how you can get involved, contact Jennifer Taylor, Community Partnerships Manager, Cotswold District Council, Trinity Road, Cirencester, GL7 1PX, (01285) 623566, jennifer.taylor@cotswold.gov.uk.