

## Social Isolation Recommendations Report - Summary

Central to the Marmot review's final report, *Fair Society: Healthy Lives* (2010), was a life course perspective. Disadvantage starts before birth and accumulates throughout life. In keeping with this approach, the issue of social isolation has also been examined across the life course, starting with pre-birth. The final recommendations report is aimed primarily at policy makers and service providers. It highlights existing Bristol City Council priorities and activity where relevant, as outlined in The Mayor's Vision for Bristol, the City Council's Corporate Plan and related strategies. It also emphasises where there are significant gaps in existing provision and offers a number of best practice examples from the UK and elsewhere.

In brief, the report notes that there are a number of initiatives and projects already being undertaken which can help tackle social isolation across the life course.

- There are many 'building blocks' in place around perinatal and early years provision, for example, though there could be a greater emphasis on tackling school bullying, which can have an effect on social isolation in later life.
- Work around school leavers/young adults is ongoing. Although the emphasis here is aimed primarily at getting young people into education, employment or training – this can also have a positive effect in tackling social isolation by providing opportunities for social interaction and helping keep people connected to other people.
- Work around older people is quite well advanced, primarily through the [Bristol Ageing Better \(BAB\)](#) Partnership, established in response to the Big Lottery project [Fulfilling Lives: Ageing Better](#). Within the age group considered by the Bristol Ageing Better Partnership, although there should clearly be a focus on the 'oldest old' as those most at risk of social isolation, some interventions should also be aimed at the 'younger old'. By placing some emphasis on tackling social isolation among residents in their 50s and 60s, it may be possible to alleviate some of the detrimental health effects experienced by people as they get older.
- Perhaps one of the biggest contributions a local authority can make to tackle social isolation is to seek to address some of the wider structural barriers, such as poor transport, the neighbourhood environment, access to facilities etc. The City Council already has a number of strengths in this area. Public health have been embedded in planning and transport services for a number of years, and the emphasis on sustainable communities has been recently enhanced by Bristol being nominated as the 2015 European Green Capital. There is potential for the 'green agenda' to also contribute to making Bristol an 'age friendly city'.
- If one City Council service area can be identified as having the most impact on tackling social isolation it is transport. Poor transport can be an important factor in restricting access to opportunity – further education, training, employment and can restrict access to health facilities, as well as shops and amenities. Tackling local transport barriers can help alleviate social isolation for a range of people across the life course and should remain a key priority backed with as much City Council resource as possible. Recent local bus fare reductions are a welcome positive move, but Bristol and its neighbouring authorities in the West of England must continue to do all it can to ensure that social inclusion becomes an explicitly stated outcome within negotiations and service contracts with public transport operators.
- Community transport provides a vital lifeline for those most vulnerable to isolation and loneliness, such as the elderly and the disabled and should be recognised for the vital

contribution it makes for improving the quality of life for some of our most vulnerable citizens.

The main area of weakness in existing provision is for working age people, especially the middle aged. Research indicates that the longer an individual was isolated the worse their adult health, due to what is known as allostatic load. Allostatic load refers to the cumulative wear and tear caused by repeated adaptations to psychosocial stressors (such as social isolation) in childhood, adolescence and adulthood. This sort of psychosocial 'wear and tear' accumulates over time and can lead to a rise in disease risk factors in middle age, including higher blood pressure, body weight and cholesterol. At the same time, the body's own innate physiological resilience declines as people age. Middle age is a time when these two trends – rising allostatic load and declining physiological resilience – tend to cross over and can impact on a person's emotional and physical well-being.

For many people social isolation is caused by specific life events and policy makers should try and target more interventions, and shape services, around such life events. – changing schools, leaving school, going to university (a time of upheaval for both parents and their children), retiring from work, becoming a parent, getting divorced, or suffering a bereavement.

It is recognised that in an age of ever diminishing funds, it may only be possible to tackle those most at risk of social isolation, namely the 'older old'. However, earlier interventions could help prevent some of the negative effects of social isolation from accumulating further and impacting on health as people as they age. Similarly, although primary emphasis should be aimed at the most deprived communities in Bristol, initiatives should be taken in other areas also. There is a particular need to target some interventions in areas that fall in the most deprived 10-20% (and even in more affluent areas) as well as the bottom 10%.

- Psycho-social 'wear and tear' on the body accumulates over time, as physiological resilience declines. The health impacts of social isolation can manifest themselves more significantly from middle age onwards and it is suggested that more interventions are targeted at people in their 40s and 50s. For many people social isolation is caused by specific life events and it is recommended that the local authority and partner agencies try and target more interventions, and shape services, around these life events.
- Social isolation and vulnerability are inter-related to broader questions about community and participation and building resilience in neighbourhoods. Work on social isolation and loneliness needs to be part of wider local authority efforts to build social resilience within local communities. Developing and encouraging social networks can be key to breaking the link between social isolation and unemployment, for example. Improving a community's social networks and building social capital should be a key objective for commissioning voluntary and community sector organisation activity in the city
- Interventions to tackle social isolation should seek to highlight the economic benefits of interventions, as well as highlighting the long term costs of not intervening. The Council and partner agencies should take a longer term view of the potential cost benefits of targeted interventions to tackle social isolation. It also needs to consider the issue of social isolation holistically, across individual service areas. Budget cuts in one service area can undermine positive interventions being made elsewhere – so it is important for the profile of the issue to be raised internally as well as externally.