SOCIAL ISOLATION IN BRISTOL (2014)

Risks, Interventions and Recommendations Report

"Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks have a larger impact on the risk of mortality than on the risk of developing disease, that is, it is not so much that social networks stop you from getting ill, but that they help you to recover when you do get ill."

Marmot (2010) Fair Society Healthy Lives Final Report.

March 2014

Bristol is a member of the English Partnership of 6 local authorities who are working with the Marmot team to address health inequalities. Bristol's Marmot project is about tackling social isolation. Social isolation is one of the priorities in Bristol's Health and Wellbeing Strategy

Risks, Interventions and Recommendations Report – Executive Summary

Overarching Recommendations

- **There is a case for raising awareness of the negative health impact of social isolation and loneliness among the public. To some extent the Aardman campaign being planned as part of the Bristol Ageing Better programme will achieve this, but the issue needs to be promoted as not just something that affects older people. The Council should explore using the City Council website among other methods of communication to raise public awareness.**

- **Sports clubs, local authority websites, book and social network groups, transport links and volunteering opportunities can all help reduce loneliness. Information on these activities needs to be available in day centres and health centres and from mental health services, schools and youth projects. The listing of local activities produced by LinkAge are an example of good practice and should be developed across the city.**

- **The 'transitions' in life can often be times stress and social isolation – 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. More services and interventions need to focus on these key transitions in an individual's life.**

- **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.**

- **Social isolation is a complex issue to address and it is important to recognise that not all interventions will be successful in alleviating the problem. There needs to be a willingness to experiment. Policies and initiatives which aim to address social isolation should be realistic about the sorts of impacts they can achieve (and how quick they can achieve them) and how much the end state will differ from the baseline.**

Children and Young People

- **The Emotional Health and Wellbeing Strategy for Children and Young People 2009-14 is due for a refresh. It is recommended that the update includes an increased focus on issues of social isolation among children and young people. The existing strategy sees 'sociability' as one of the protective factors which mitigates against**

emotional ill health and this should be built upon in the next iteration of the strategy, with an increased emphasis on tackling social isolation and loneliness.

- Revisit the Working Paper on 'Examples of Projects evaluated to have good outcomes for children' and update if necessary. Intervention efforts that focus on combinations of children's social behaviours can still help reduce social isolation by promoting self-confidence, positive self-esteem and pro-social behaviours and the best practice outlined in the Working Paper should be further encouraged in schools.

- Structured social activities both within and outside the school setting should continue to be developed. Participation in sports activity should be encouraged, but also other group activities that provide positive social benefits for children, such as music or drama.

- Work has been undertaken by the authority to ensure that the parents of disabled children (and other carers) have an appropriate, personalised break from their responsibilities. This is a positive initiative that can help reduce social isolation and should be developed further where possible.

- Tackling school bullying is vital. The psycho-social impact of school bullying can have long term consequences. Groups that may be susceptible to bullying include LGBT youth, children and adolescents who are overweight, those with disabilities and those from minority ethnic backgrounds. It is recommended that a focus on tackling bullying is given a greater emphasis in the next iteration of the Emotional Health and Wellbeing Strategy for Children and Young People.

- The emphasis in the Mayor's vision on getting young people into education, employment and training and to remove barriers to employment is a welcome one. Yet it is important to consider 'network poverty' as one of these barriers and undertake measures to tackle these additional barriers for young people.

- The work of the Transitions Team is valuable in ensuring that young people with additional support needs have information and advice on local social groups. Where possible the range and scope of these services should be enhanced.

- Young people leaving care may suffer exclusion from the labour market (over and above those of young people more generally) and reduced life chances. Better and more coordinated support remains an area for improvement for this group.

- The proposal a voluntary mentoring programme within the council to work with young people and adults is a good one and should be rolled out to a variety of participating organisations when possible

Working Age

- 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.

- **Local initiatives aimed at empowering communities should give extra attention and support to those who are most at risk of being isolated. This includes those with a physical or sensory impairment, carers, BME and LGBT communities, the unemployed and, more widely, neighbourhoods that have been identified as having relatively weak social networks.**

- **The work on older people made use of a 'loneliness index', drawn up from a number of variables which were then compiled to identify 'hotspots' of socially isolated older people across the city. It is suggested a similar approach be adopted for some of the other groups identified as being at risk of social isolation. Social isolation, with its links to depression, is clearly related to mental health issues. The Mental Health Needs Assessment for Adults in Bristol used a 'risk score card' to rank wards for mental health risk across the city. The wards in Bristol which emerged with the highest mental health risk score using the methodology adopted were Lawrence Hill, Lockleaze, Filwood, Southmead, Kingsweston, Hillfields, Avonmouth, Whitchurch Park and Hartcliffe. It is interesting to note that mapping the location of the long term unemployed highlights many of the same wards – Lawrence Hill, Whitchurch Park, Filwood, Hartcliffe, Southmead and Kingsweston for example.**

- **There may be some merit in exploring the RSA's observation that developing local initiatives based on utilising and building people's social networks may prove more effective in attracting local volunteers than initiatives based on citizen-led service delivery.**

- **There is a case to be made for further developing existing 'community hubs' within individual neighbourhoods to provide a focal point for community activities. For example, linking together policy initiatives on social networking, community cohesion and employability. There should also be more publicity given to existing social activities within individual areas. LinkAge produce 'Community Guides' for a number of areas and this could be developed further if City Council Area Coordinators pool their local knowledge with that of the Public Health Area teams.**

- **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.

- The local authority and partner agencies need to be sensitive to such issues such as 'gender role' when devising interventions to tackle social isolation. It has been noted, for example, that forms of support for middle aged men may be acceptable to men if they are 'practical' rather than 'talking therapy' and are provided as part of wider skills training. One such example is the 'Men in Sheds' initiative – which started in Australia and has subsequently been adopted in the UK. Men in Sheds projects help men at risk of isolation come together around practical tasks on a regular basis. They provide activities in a workshop environment – using tools and equipment so the men can use existing skills, learn new ones and get involved in productive activity, all whilst enjoying the benefits and banter of a social group.

- Suicide prevention strategies should move beyond recognising social disconnection as a risk factor and develop the promotion of social connectedness as a suicide reduction measure, for all groups potentially at risk.

Retirement and Later Life

- The Marmot report argues that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. In order to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage – 'proportionate universalism'. In short, although the primary emphasis of the Bristol Ageing Better Partnership's work 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%.

- The Marmot team's 'proportionate universalism' approach to 'place' based interventions, can also be applied to age. It has been noted throughout this report that the effects of social isolation accumulate over time and that the health risk increases as people age. 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.

- There are a range of intergenerational activities that can be implemented alongside working more closely with schools. One recent best practice example from East London was the Nana Café, which not only helps re-engage older people back into the community, it also provides a welcoming environment for younger women with babies or young children. There is also the work being undertaken by Viridian Housing which utilises inter-generational activity to provide IT training for

tenants over 50. There is great potential to involve some of the other groups facing social isolation in the city (young mothers, the unemployed etc) in some of the work planned by the Bristol Ageing Better Partnership.

The Wider Environment

- **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 Campaign to End Loneliness has recommended, for example, that a relatively small investment by local authorities to fund the training of more minibus drivers could lead to longer term savings or expansion of existing charitable transport services.**

- **Although many actions are already being undertaken by the local authority in terms of age friendly urban design, it is worth revisiting the Age Friendly Cities [checklist](#), as a self-assessment tool and a measure of charting progress. The lack of public toilets and seating areas, for example, are often cited as barriers preventing older people going out as often as they would wish. Small solutions can make a big difference. New York City is running an [age-friendly business project](#) where participating local businesses give access to their toilets to older people, as well as providing chairs to rest. There needs to be collaboration and co-ordination between planners, transport planners, highways engineers and the community.**

- **When thinking about the housing needs of, for example, people with dementia, consider people at all stages of a dementia life and with different needs. Think about how people can be helped to stay at home with adjustments to the home, as well as support, and about the kind of environment which will promote their well-being.**

Table of Contents   **Page**

"A rising tide can lift a variety of boats, but in a culture of social isolates, atomised by social and economic upheaval and separated by vast inequalities, it can also cause millions to drown." 'Loneliness', by John T. Cacioppo, University of Chicago

This report will look at the issue of social isolation across the life course, following the approach outlined in the Marmot Review of Health Inequalities. It will highlight 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 will also emphasise any significant gaps in existing provision and offer a number of best practice examples from the UK and elsewhere.

First, however, it will recap on what is meant by social isolation and why addressing the issue is considered important.

What is social isolation?

A number of academic studies seek to draw a distinction between 'social isolation', defined as an objective measure of the number of social interactions a person has with other people, and 'loneliness' which is seen as a more subjective feeling of dissatisfaction with the number (or quality) of existing social contacts. Other research has not drawn such a clear distinction between the 'objective' and 'subjective' aspects of isolation. For our purposes we are interested in both dimensions and would argue that many people involved in delivering services related to tackling the issue, whether they label it 'loneliness' or 'social isolation' or indeed some other term, are all essentially seeking to address situations where people have:

> *'few social contacts and few social roles, as well as an absence of mutually rewarding relationships with other people.'*

What factors contribute to social isolation?

Social isolation most commonly occurs to individuals, though for some recent migrant communities, for example, social isolation may be experienced on a wider, community level. Social isolation may first occur in childhood and may be a lifelong issue. For others, it will be linked to a specific life event, such as being made redundant, getting divorced or the death of a partner or spouse. Gender, plays a role also. Women generally tend to live longer than men, so it is often women who are left alone in later life, but with divorce rates rising nationally, social isolation is increasingly an issue for men from middle age onwards. There is also some research to indicate that men and women experience social isolation/loneliness differently – for men, social isolation is commonly linked to the loss of a partner/spouse, whereas for women the absence of wider social networks can be of equal concern.

Individual experiences are nonetheless influenced and shaped by wider factors. Most people are integrated within their families and communities to some degree, but opportunities for interactions can be affected by such trends as changing family structures (more people are living alone than in previous decades for example and families are more mobile and more likely to live apart) and changing access to social resources (the government's proposed welfare reform programme will undoubtedly have an effect for a

significant number of people, as will the on-going cuts to public sector budgets). Likewise, physical location may impede or prompt interaction. People's desire to go out and see other people may be influenced by such factors as the accessibility of local shops, for example, or the condition and accessibility of pavements and benches, or how safe they may feel in their neighbourhood.

At the community level, social isolation will be less likely if mutual assistance is a principle in the community and if reciprocity is the norm, so a sense of community cohesion is important. Personal social skills obviously also influence the experience of isolation. These are more developed for some people than others, and are determined partially by the individual's cultural background, social class and gender.

Social isolation, therefore, is influenced by factors on three levels - the individual level, the community level and at the wider, societal, level. These three different levels have been captured in the diagram on the next page along with some of the socio-economic drivers that shape or influence the range of options open to individuals throughout their lives and a variety of life events, which can impact on an individual at any given moment.

In brief, social isolation is multi-dimensional, encompassing both people and the places where they live. It can be more or less severe, and has a life-course dimension; that is, it could be permanent or episodic if related to particular life events.

Social Isolation, Social Exclusion and Social Capital

There is value in adopting an 'exclusion lens' to the issue of social isolation. Social exclusion is itself a complex concept with a variety of definitions but in essence it involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.

Like social isolation, a lack of participation in mainstream social, cultural and economic activities is the primary element at the core of most definitions of social exclusion, and most share an emphasis on multiple dimensions of exclusion (e.g. low income, poor housing, limited access to transport etc) on the dynamic nature of exclusion (i.e. people's level of participation will vary over time) and on the multilevel causes of exclusion (i.e. at the level of individual, household, community and institutions).

Social Isolation:
A Contextual Overview

SOCIETAL / **FACTORS** / **COMMUNITY** / **FACTORS** / **INDIVIDUAL FACTORS** / **PLACES** / **PEOPLE** / **LIFE EVENTS**

Socio-economic Drivers
Age
Gender
Sexuality
Disability
Ethnicity
Immigration status/
Proficiency in English
Educational attainment
Employment/
Occupational status
Income

Political climate
Greater emphasis on individual responsibility, personalisation agenda etc

Economic context
Ongoing cuts to public sector budgets
Job creation and regeneration
Rising energy costs

Welfare reform
Introduction of 'universal credit' Restrictions on housing benefit entitlement

Local geography and condition of local environment
Is neighbourhood flat or hilly? Condition/accessibility of pavements, benches, loos etc

Access to local shops, facilities and services
Distance and accessibility of local shops, facilities and services

Access to public or private transport
Have own transport? Distance/accessibility to public transport, frequency of service etc

Traffic levels
Fewer social connections in communities with heavy traffic levels

National housing, planning and transport policies
Will impact on local development, sustainability of communities etc

How safe is local neighbourhood?
Levels of crime, anti-social behaviour etc in neighbourhood

Demographic and family change
People living longer
More people living alone
Divorce rates rising nationally
Greater mobility – families/relatives more likely to live apart
Fewer people in caring roles than previously
Immigration and migration

Access to wider community/ neighbourhoods
Positive - Availability of social capital, for example, access to sports, recreational, faith, cultural groups and voluntary sector organisations active in local community
Negative - A lack of community cohesion and community assets, or lack of awareness about what's available locally

Genetics/hereditary factors
Overall health/mobility
Personality
Confidence
Personal resilience
Cultural background
Faith

Access to technology internet and social media
Technology can have both positive and negative effects in terms of tackling social isolation

Relationships to family, friends, peers etc
Connectivity and social networks. Preferences for type of contact can differ according to age etc, ie. either face to face, or through social media – Twitter/Facebook etc

Local economy
Availability of local jobs

Pension changes
Impact on standard of living

Media influences
Age discrimination, negative stereotypes
Social/media attitudes towards drugs and alcohol
Fear of crime more prevalent than actual crime

Life Course Transitions
Early home/school experiences (ie. bullying at school)
Adolescence
Moving to a new area
Unemployment/redundancy
Teenage pregnancy
Single parent
Relationship breakdown/divorce
Financial pressures
Depression/mental ill-health
Long term limiting health condition/disability
Retirement
Being a carer for partner/relative
Death of partner/spouse
Homelessness/living in temporary accommodation
Living alone

There is also overlap here with other concepts in which social relationships are integral, most noticeably social capital (also a complex and contested concept). Social capital has been defined as 'connections among individuals – social networks and the norms of reciprocity and trust-worthiness that arise from them.'[1] At the core of all concepts of social capital is the idea that networks of social relationships are a potentially valuable resource that people can draw on.

Due to the close relationship between social isolation and other concepts such as social exclusion and social capital, measures seeking to address these latter issues are likely to also contribute to tackling social isolation, even if such a goal is not their primary focus. This is supported by the findings of Age UK's Loneliness and Isolation Evidence Review, which also noted that 'interventions not specifically targeted at combating isolation and loneliness can still have a tangible positive effect on them'.[2] Measures taken to reduce local unemployment or to get people into education and training, for example, will help address social isolation by providing individuals with a 'route back in' to wider society through these institutions. Workplaces, along with schools, colleges and universities, all play a vital role in keeping people connected to other people. Similarly, efforts to regenerate and redevelop deprived communities - tackling crime, reducing congestion, and improving air quality and green space, for example – can all help contribute to creating environments which are more conducive to social inclusion. Material disadvantage may not be the sole cause of social isolation, but it is certainly an important contributing factor.

A further benefit in adopting an 'exclusion lens' to the issue of social isolation is that it helps contextualise the issue for a range of City Council services. Social isolation is, rightly, recognised as a key issue to be addressed in order to improve the health and wellbeing of Bristol's older people. It is also recognised as an 'aspect' or 'dimension' of issues that affect other age groups such as school bullying or long term unemployment, but is commonly considered something that should be addressed as part of tackling these 'wider' social issues. Perceiving of social isolation as a 'sub-theme' of another issue is not necessarily a problem. As noted, measures taken to improve employment opportunities for Bristol's residents, for instance, can have a beneficial effect on reducing social isolation irrespective of whether or not tackling the issue is a prime motivation in any proposed intervention.

What is more important is that:

a) Social isolation is recognised as an issue which can affect any age group, not just older people, and
b) That measures to mitigate against potential social isolation are routinely considered when planning the delivery of services aimed at addressing social exclusion, material disadvantage and mental health issues.

---

[1] R. Putnam, *Bowling Alone: The collapse and revival of American community*, New York: Simon and Schuster, (2000), p. 19.
[2] See 'Loneliness and Isolation' (2010) at http://www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics/evidence-reviews/

Why is tackling social isolation important?

Social isolation can have physically and emotionally damaging effects resulting in depression, poor nutrition, decreased immunity, anxiety, fatigue, and social stigma. Reducing social isolation can have tangible health benefits, with research highlighting the influence of social relationships on the risk of death as comparable to well-established risks such as smoking and alcohol consumption. Weak social connections carry a health risk that is more harmful than not exercising, twice as harmful as obesity[3], and is comparable to smoking 15 cigarettes a day or being an alcoholic.

There are studies that indicate that socially isolated older adults have longer stays in hospital, a greater number of physician visits and are more dependent on homecare services. A 2013 survey by the Campaign to End Loneliness, for example, found that one in ten doctors reported seeing between six and ten lonely patients a day.[4] There is therefore an economic as well as a health related case to be made for tackling social isolation. Early intervention to tackle the issue is likely to have longer term cost benefits if it helps improve people's health and wellbeing. Some valuable research has already been done in this area within Bristol. Dr Richard Kimberlee from the University of West England (UWE), for example, conducted a social and economic evaluation on a LinkAge hub in Whitehall and St George and calculated that for every £1 invested in the Whitehall and St. George Hub there is a Social Return on Investment of £1.20. The report added that this figure is "probably an underestimation of the potential return in the medium term."

Other examples from around the country include BrendonCare Friendship Clubs for older people - for every £1 invested it was estimated that there was a £1.40 is saved to society at large; Craft Café; a pilot programme from Impact Arts in Scotland that seeks to reduce the isolation and loneliness experienced by older people – analysis showed that overall the Craft Café pilots have created a social return on investment of £8.27 for every £1 spent and Stay Well at Home (Age Concern: Kingston Upon Thames) - which is estimated to have had a social return on investment of 12:1 – £12 of value for every £1 spent. The savings in public sector expenditure were estimated to be £240,000 – around three times the investment made by NHS Kingston in funding the pilot.

Yet economic evaluations of interventions to tackle social isolation are not routinely undertaken and it is suggested that more work needs to be done on this in future, integrating evaluation measures into any proposed intervention and highlighting the potential longer term economic benefits of the intervention as well as the estimated cost of not intervening.

The Marmot Review of Health Inequalities

The Marmot Review stated clearly that inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age. Taking action to reduce inequalities in health does not require a separate health agenda, but rather action

---

[3] J. Cacioppo, Annual Meeting of American Association for the Advancement of Science (2014)- See http://news.uchicago.edu/article/2014/02/16/aaas-2014-loneliness-major-health-risk-older-adults
[4] See http://www.campaigntoendloneliness.org/blog/lonely-visits-to-the-gp/

taken across the whole of society. Yet, focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, the Review argued that actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage; this was termed 'proportionate universalism'.

The Review noted that effective local delivery required effective participatory decision-making at local level and this could only occur by empowering individuals and local communities. It would require concerted action not just by the NHS, but also by central and local government, the third and private sectors and local community groups. The Review sought to look beyond economic costs and benefits towards a goal of environmental sustainability. It contended that creating a sustainable future is entirely compatible with action to reduce health inequalities though promoting sustainable local communities, active transport, sustainable food production, and zero carbon houses, all of which have health benefits.

Central to the Review's final report, *Fair Society: Healthy Lives* (2010), was a life course perspective. Disadvantage starts before birth and accumulates throughout life, as illustrated in the diagram below:
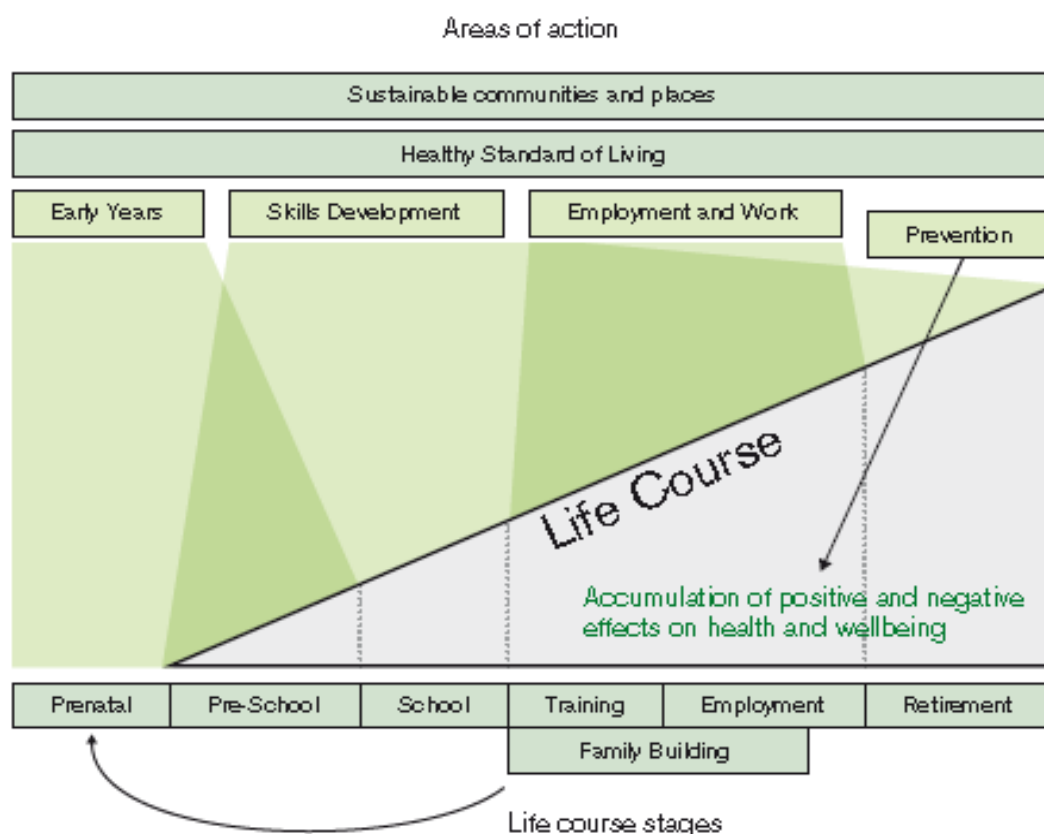
Source: Marmot Review: *Fair Society: Healthy Lives* (2010)

The Marmot Review argued that action to reduce health inequalities should start before birth and be followed through the life of the child. Only then could the close links between early disadvantage and poor outcomes throughout life be broken. This life course approach required action across six policy objectives:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

In keeping with Marmot's approach, this report will look at the issue of social isolation across the life course, starting with pre-birth. It is true that the Marmot review was concerned with a much broader range of issues than just social isolation, but it nevertheless provides a basic framework within which to examine the issue. The report is aimed primarily at policy makers and service providers. It will seek to highlight 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 will also emphasise any significant gaps in existing provision and offer a number of best practice examples from the UK and elsewhere.

Children and Young People

a) **Pregnancy/Early Years/School**

A 2012 survey[5] conducted by parenting club Bounty UK on behalf of the charity Family Action highlighted that nearly a third of new mums from low-income households lack local support networks to help them through pregnancy and are unaware of services to help with depression. The survey questioned more than 2,200 women in the early stages of pregnancy through to mothers with a youngest child aged two. It found that a fifth of women do not have friends or family nearby who they can turn to if they feel isolated through pregnancy or immediately after the birth of their child. This rose to a third among women in the lowest income group. Thirty per cent of the women said they were not aware of local services to support them through feelings of isolation and depression during pregnancy and immediately after birth. A quarter of women who responded said they were not always comfortable bonding with their babies.

Family Action, which campaigns for more support services and better welfare for mothers at risk of depression, has highlighted figures that suggest that more than 300,000 babies will suffer due to poor attachments with their mothers. The charity has stated that tackling perinatal depression through genuine early intervention services could make a big difference for many families. In the worse cases, poor behavioural development will lead to antisocial behaviour and school exclusions. The research highlights that for the most vulnerable families intervention during pregnancy and the first year of a child's life is key to preventing future problems for children and families and highlights the need for better support services and early intervention initiatives.

There is also evidence to suggest that children who suffer neglect and social isolation during their earliest years can later develop cognitive and social impairments as adults. A study

---

[5] See http://www.cypnow.co.uk/cyp/news/1073793/new-mums-lack-support-cope-isolation-depression

from Boston Children's Hospital in 2012 indicated that social isolation during early life prevents the cells that make up the brain's white matter from maturing and producing the right amount of myelin, the fatty "insulation" on nerve fibres that helps them transmit long-distance messages within the brain. This disruption occurs primarily in the prefrontal cortex — a brain region critical for normal cognitive and emotional functioning. A number of neuropsychiatric disorders such as mood disorders have been linked to pathologic changes in white matter and myelination.[6] The research underscores the deeply intertwined relationship between genetics and environment.

Further evidence that social isolation in childhood can have a lasting effect on the later life of individuals can be seen in a 2006 New Zealand based study[7]. The research sought to test the hypothesis that children who occupy peripheral or isolated roles in their peer groups (isolated children) are at risk of poor adult health. It concluded that longitudinal findings about children followed up to adulthood suggest that social isolation has persistent and cumulative detrimental effects on adult health. This association remained significant even when the researchers considered established childhood risk factors for poor cardiovascular health, such as low socioeconomic status, low IQ and being overweight. Unhealthy adult behaviors, including smoking, drinking and lack of exercise, also could not explain the connection, nor could the greater exposure to stressful situations typically experienced by isolated children in adulthood.

The research indicated that social isolation tended to persist throughout life, and the longer an individual was isolated the worse their adult health. The researchers used the concept of 'allostatic load' to explain how repeated social isolation can lead to poor health. 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. The researchers also suggested that it was possible that social isolation disrupts constructive and restorative processes that enhance physiological capacities, as suggested by evidence that lonely individuals experience disrupted sleep and engage in passive rather than active coping strategies in their everyday lives. The findings underscore the usefulness of a life-course approach to health, by focusing attention on the effect of the timing of psychosocial risk factors in relation to adult health.

In March 2010, the NSPCC published a detailed breakdown of calls made to ChildLine during the previous five years. Though overall the number of calls from children and teenagers had risen by just 10%, calls about loneliness had nearly tripled, from 1,853 to 5,525 in 2009 (or an increase of 198 per cent). Among boys, the number of calls about loneliness was more than five times higher than it had been in 2004 (an increase of 432 per cent). Family relationship problems, bullying and physical abuse were the top problems associated with loneliness (as a main or an additional problem). Depression and mental health problems, school problems and bereavement were also associated with loneliness. The NSPCC findings indicated that depression and mental health, suicide, bereavement and self-harm

[6] M. Makinodan *et al*, 'A Critical Period for Social Experience–Dependent Oligodendrocyte Maturation and Myelination', *Science*, (14 September 2012), pp. 1357-1360.
[7] A. Caspi *et al*, 'Socially Isolated Children 20 Years Later: Risk of Cardiovascular Disease', *Archives of Pediatrics & Adolescent Medicine*, (2006), Vol. 160, No. 8, pp. 805-811.

were disproportionately associated with loneliness. They were all considerably more evident in calls about loneliness than in calls to ChildLine overall.

Being overweight as a child or adolescent has been found to have an adverse effect on a young person's self-esteem and self-image with physical appearance and athletic/physical competence being most affected. Obesity has also been associated with depression in adolescents. A 2011 study led by Professor Michael G. Sawyer at the University of Adelaide indicated that obesity increases the risk that young children will become socially isolated by their grade-school years. The study tracked more than 3,300 children in Australia for four years as they advanced from preschool through the early grades. At 4 and 5 years of age, 13% and 16% of boys and girls, respectively, were classified by their weight and height as being overweight; about 5% of both sexes were obese. Researchers found that kids who were obese compared to their classmates at ages 4 and 5 were up to 20% more likely to face difficulties in their peer relationships by ages 8 and 9 than 'normal-weight' children[8].

Difficulties reported by parents and teachers included teasing and rejection, trouble making friends, and not being included in social activities like birthday parties. Those relationships remained when researchers adjusted their data to reflect the influence of other things that are known to affect social functioning, like the mother's mental health and education, family income, and speaking a foreign language at home.

A UK study entitled '*On Holiday'* investigated the experiences of disabled children and their families outside school time and especially during the school holidays. The study was carried out by the Thomas Coram Research Unit, 2004–2006, and funded by the Department for Education and Skills. The research highlighted that many young people themselves, despite enjoying aspects of the holidays, said that they often felt bored and missed their friends. They wanted more opportunities for seeing their friends and more activities in mainstream leisure environments.

The report noted that disabled children and their families were best supported through a range of services, including holiday clubs and other leisure activities that took into account their specific requirements. Unfortunately, there was usually extensive rationing of any kind of out-of-school leisure and child care for families of disabled children over the school holidays. In addition, children and young people themselves (as well as their parents) told researchers that services were not able to meet their needs appropriately. The Thomas Coram researchers noted that the lack of out-of-school support for young people over the age of 12 or 13 was striking. There was little youth provision and young people's access to mainstream leisure opportunities was often dependent on their parents.

According to research conducted by Contact a Family (online survey conducted between July and September 2011) nearly three quarters of families with disabled children have experienced anxiety, depression, isolation or family breakdown. The survey, which received over 1,000 responses, found that almost half had asked their GP for medication or counselling, while 65% said they felt isolated frequently or all of the time. One in five said feelings of isolation had even destroyed their family or marriage. Over half (56%) said their

---

[8] M.G. Sawyer *et al*, 'Four-Year Prospective Study of BMI and Mental Health Problems in Young Children', *Pediatrics*, Vol. 128 No. 4 October 1, 2011, pp. 677-684.

feelings of isolation were due to a lack of support from social services and the education system, while 57% believed it was because they could not work as much as they wanted to and 54% blamed a lack of time and money. Half of the families had experienced discrimination or stigma due to their child's disability.

In 2006, Stonewall asked young people from Great Britain who were lesbian, gay, or bisexual (or thought they might be) to complete a survey about their experiences at school[9]. The survey received 1145 responses from young people at secondary school. The survey was conducted by the Schools Health Education Unit on behalf of Stonewall. The results indicated that almost two thirds (65%) of young lesbian, gay and bisexual pupils had experienced direct bullying and some 75% of young gay people attending faith schools had experienced homophobic bullying. The bullying ranged from verbal abuse to death threats. Some 58% of respondents stated that it took the form of being 'ignored and isolated'.

Similarly, a 2010 report by LGBT Youth Scotland (Challenging Homophobia Together) noted that young people who experience homophobic bullying can suffer:

- feelings of isolation and exclusion resulting from low level bullying behaviour such as name calling, going unchallenged by teachers and senior education staff;

- fear of attending classes resulting in truanting or persistent absences and lack of support from families, especially when young people are not out to their families.

The report noted that homophobic bullying creates additional physical and mental health risks for those who identify as LGBT, including increased rates of substance abuse, lack of adequate sexual health knowledge, physical violence, and isolation. This isolation reaches all areas of life, from the possibility of homelessness when coming out to family members, to a higher rate of mental health issues due to homophobia, and the inability to freely express oneself. Social relationships are built on trust earned through perceived commonality and experiences. Therefore, when LGBT young people and children of LGBT families cannot divulge their identities and home life to peers, their relationships suffer, leading to further social isolation.

Social isolation can be a form of bullying in itself, though it is not always recognised as such.[10] An American national poll on children's health undertaken in 2012 by the University of Michigan illustrated that adults have different views about what bullying behaviors should prompt schools to take action. The vast majority of adults (95 percent) thought that schools should take action if a student made another student afraid for his/her physical safety. Eighty-one percent said schools should intervene when someone humiliates or embarrasses another student and 76 percent called for intervention when someone spreads rumours. But only 56 percent said isolating a student socially should prompt school intervention. The researchers noted that social isolation needed to be treated as seriously as any other form of bullying, as it has potential links to episodes of school violence and also teen suicide.

---

[9] See http://www.stonewall.org.uk/documents/school_report.pdf
[10] See https://www.uofmhealth.org/news/archive/201209/only-half-adults-say-schools-should-take-action-when-kids

In a 2011 PHD thesis[11], Anna E. Craig outlined three basic subtypes of socially isolated behaviour among children, each with differentiated behavioural characteristics:

Active Isolation - denotes children who are deliberately (actively) avoided by play partners who do not wish to interact with them. Thus, the child's lack of social interaction is attributed to external factors (i.e., the child is isolated by others), although this rejection may be, in part, related to dispositional factors or behaviours present in the isolated child (e.g., aggression, social immaturity, difficulty regulating emotions). Actively isolated children are often identified by combining assessments of social isolation with additional indices of aggressive or disruptive behaviour and/or assessments of peer exclusion.

Social Disinterest - describes children who do not have a strong motivation to engage in social interaction, although they may not be strongly averse to or fearful of peer interaction. Rather, socially disinterested children appear to prefer solitary activities and may not find social interaction rewarding, suggesting an individual, rather than interpersonal source of solitude. Socially disinterested children are identified by measurement strategies that tap into both preferences for solitary activity and/or weak interpersonal motivation (low social approach motivation).

Passive-Anxious Isolation - refers to children who are thought to be too anxious or fearful to initiate social interactions, despite a desire to do so. The driving force behind social isolation is thought to be fear or wariness of social interaction (i.e., social anxiety), again, reflecting an individual, rather than interpersonal process. For these children, isolation may be deliberate as a child seeks isolation from the peer group in order to alleviate anxiety associated with social interaction (high social avoidance motivation). Passive-anxious forms of isolation are typically measured by combining indices of social isolation with assessments of temperamental fearfulness/wariness, social anxiety, shyness, or observations of "onlooker" behavior in social situations.

Craig's research highlighted the need to channel the isolated and aggressive children into interventions that may reduce aggressive behaviours (e.g., anger management, bullying prevention, emotion regulation coaching) while perhaps increasing some of their pro-social behaviours (e.g., manners/social skills). The research noted that shy and isolated children demonstrate specific difficulties with skills important for social interaction such as problem solving, attribution biases, attentional biases, emotion identification, assertiveness, and self-confidence.

Recent intervention research by Kvarme and colleagues[12] has begun to explore the efficacy of targeting specific social cognitive strategies for isolated children. In this work, 12-13 year

[11] A.E. Craig, 'Social Isolation in Middle Childhood: Variability and Vulnerability', University of Pittsburgh PHD thesis (2011).

[12] L.G. Kvarme *et al*, 'The effect of a solution-focused approach to improve self-efficacy in socially withdrawn school children: A non-randomized controlled trial', *International Journal of Nursing Studies,* Vol. 47, Number 11, November 2010, pp. 1389-1396.

old students in Norway identified as isolated by their teachers participated in 6 consecutive weekly meetings at school where they were instructed in a solution-focused approach to problem solving. This approach additionally emphasized building social skills and self-efficacy/assertiveness. Results revealed that children in the treatment group showed significant improvement in general self-efficacy and assertiveness.

While not specific to social isolation, improvements in social anxiety demonstrated by work undertaken in Finland around an 'integrated school day' indicates the potential benefits of access to structured social activities within the school setting for children who are isolated. Similarly, recent work reported by Findlay and Coplan has demonstrated that participation in sports is associated with reductions in anxiety over time, especially for children who are initially described by their parents as shy.[13] These reductions in social anxiety occurred in the context of increased self-esteem and improved social skills across for shy children participating in sports, compared to those who did not participate. Taken together, this work exploring facilitated social interactions for shy and/or isolated children appears to be a promising approach towards fostering better peer acceptance and inclusion for socially isolated children.

Craig's research concluded that intervention efforts should focus on combinations of children's social behaviours rather than on a single isolated dimension. Attention should be paid also to features of a child's environment that precipitate interpersonal strengths or weaknesses or that have played a role in the generation of individual characteristics. The need for such a focus on environmental influences is highlighted in a recent intervention for socially anxious pre-schoolers that demonstrated that children's anxiety can be improved via parent training.[14] Exploring such matches between the child's adaptation and their family/school environments may enable future research and interventions to best address the well-being of children facing these complex social challenges.

Among the initiatives aimed at tackling social isolation in American schools is No One Eats Alone (NOEA) organised by Beyond Differences, a non-profit organization dedicated to ending social isolation in middle schools across the United States. During an NOEA event, students make a difference on their own middle school campus by making sure that everyone is included at lunch.

In their report on LGBT bullying, LGBT Youth Scotland highlighted interviewees from Finland, Sweden and Belgium who spoke of the importance of questioning the norms and values which underpin society when teaching about issues like sexuality. Traditional approaches seek to advocate tolerance and acceptance of those considered to be 'outside of the norm', but, no matter how benign the intent, the focus remains on those perceived to be 'different'. A 'norm-critical' approach, rather than focus on those who are considered different from the norm, seeks instead to explore the often unexamined 'rules' that control who is perceived as 'normal' versus 'abnormal'. It is stated that such a method can raise awareness and cause people to question *why* certain people are discriminated against.

---

[13] L.C. Findlay and R.J. Coplan, 'Come out and play: Shyness in childhood and the benefits of organized sports participation', *Canadian Journal of Behavioural Science,* Vol. 40, Issue 3, July 2008, pp. 153-161.

[14] R.M. Rapee, *et al,* 'Prevention and Early Intervention of Anxiety Disorders in Inhibited Preschool Children', *Journal of Consulting and Clinical Psychology*, Vol. 73, Issue 3, June 2005, pp. 488-497.

Using a norm-critical approach requires all participants to examine their personal biases and analyse how this influences their actions. In Sweden, the national guidelines for education state that education should employ a 'norm critical' approach.

What is currently being done?

The Mayor's Vision and the City Council's Corporate Plan includes a number of relevant objectives:

- Social care and health services for the citizens of Bristol that focus not just on health care, but on the prevention of ill health and promoting healthy living
- Integrated services for all that enable people to live independent lives and which ensure that vulnerable people of all ages are protected and safe, thereby helping to build resilient communities
- By focusing on pre-natal and early years care and support for those families most in need, to give every child in Bristol the very best start in life possible

Bristol's 'Emotional Health and Wellbeing Strategy for Children and Young people 2009-14' includes a section on *How we want things to look in 5 years' time* which contains a number of proposals of relevance to the issues raised in this section, including support (including therapeutic help) for parents who were likely to have difficulties in parenting well, informal drop in groups for parents and young children to meet and socialise, specialist parenting classes for parents of children with special needs and free or low cost out-of-school activities for children and young people. It also emphasises all schools, colleges and other learning providers having an effective anti-bullying strategy and measures to ensure all children learn about handing emotions, problem resolution and building positive relationships as well as more targeted services for when a child or young person needed more help, such as quality assured confidential counselling and multi-agency panels for more complex cases.

The companion report to the Emotional Health and Wellbeing Strategy for Children and Young People, 'Working Paper 3: Examples of Projects evaluated to have good outcomes for children' also highlights a number of projects which could be beneficial to tackling issues of social isolation among children and young people. The Myrtle Theatre Group, for example, produced the drama 'On the Edge', about psychosis, which was extensively evaluated, and was found to have increased knowledge and understanding, reduced stigma and discrimination, and informed young people about useful and available help. A similar approach could be adopted with respect to social isolation and bullying issues.

Other good examples include PATHS (Prompting Alternative Thinking Strategies) - implemented by teachers to whole classes, curriculum units include self control, emotional understanding, positive self esteem, relationships, and interpersonal problem solving skills. The School Transition Environmental Project (STEP) is designed to help children cope better with the transition to secondary school by reorganising the new school environment to increase social stability and SEAL (Social and Emotional Aspects of Learning) takes a whole school approach to promoting social and emotional aspects of learning. The Working Paper

is full of best practice examples which can assist in tackling social isolation issues for children and young people.

In short, many of the 'building blocks' in order to tackle social isolation are already in place in the existing strategy - support for parents who were likely to have difficulties in parenting well, informal drop in groups for parents and young children to meet and socialise, specialist parenting classes for parents of children with special needs etc. What is needed in the next strategy is for these measures to be viewed again through the 'lens' of social isolation:

Recommendations

- **The Emotional Health and Wellbeing Strategy for Children and Young People 2009-14 is due for a refresh. It is recommended that the update includes an increased focus on issues of social isolation among children and young people.   The existing strategy sees 'sociability' as one of the protective factors which mitigates against emotional ill health and this should be built upon in the next iteration of the strategy, with an increased emphasis on tackling social isolation and loneliness.**

- **Revisit the Working Paper on 'Examples of Projects evaluated to have good outcomes for children' and update if necessary. Intervention efforts that focus on combinations of children's social behaviours can still help reduce social isolation by promoting self-confidence, positive self-esteem and pro-social behaviours and the best practice outlined in the Working Paper should be further encouraged in schools.**

- **Structured social activities both within and outside the school setting should continue to be developed. Participation in sports activity should be encouraged, but also other group activities that provide positive social benefits for children, such as music or drama.**

- **Work has been undertaken by the authority to ensure that the parents of disabled children (and other carers) have an appropriate, personalised break from their responsibilities. This is a positive initiative that can help reduce social isolation and should be developed further where possible.**

- **Tackling school bullying is vital. The psycho-social impact of school bullying can have long term consequences. Groups that may be susceptible to bullying include LGBT youth, children and adolescents who are overweight, those with disabilities and those from minority ethnic backgrounds. It is recommended that a focus on tackling bullying is given a greater emphasis in the next iteration of the Emotional Health and Wellbeing Strategy for Children and Young People.**

b) **School leavers/Young adults**

In another study which emphasises the importance of 'allostatic load' - the cumulative wear and tear caused by repeated adaptations to psychosocial stressors (such as social isolation)

throughout life - Dr Per Gustafsson and Swedish colleagues have indicted that experience of social and material stressors around the time of transition into adulthood is linked to a rise in disease risk factors in middle age, including higher blood pressure, body weight and cholesterol[15].

The researchers analysed data for 822 participants in the Northern Swedish Cohort, which followed subjects from the age of 16 for a 27-year period. They looked at measures of social adversity including parental illness and loss, social isolation, exposure to threat or violence and material adversity including parental unemployment, poor standard of living, low income and financial strain. They also examined allostatic load at age forty three, based on 12 biological factors linked to cardiovascular regulation, body fat deposition, lipid metabolism, glucose metabolism, inflammation and neuroendocrine regulation.

They found that early adversity involved a greater risk for adverse life circumstances later in adulthood. The analyses revealed adolescence as a particularly sensitive period for women and young adulthood as a particularly sensitive period for men. Specifically, women who had experienced social adversity in adolescence, and men who had experienced it during young adulthood, suffered greater allostatic load at age forty three. This was independent of overall socioeconomic disadvantage and also of later adversity exposure during adulthood. The authors concluded that their results support the hypothesis that physiological wear and tear visible in mid-adulthood is influenced by the accumulation of unfavourable social exposures over the life course, but also by social adversity measured around the transition into adulthood, independent of later adversity.

University of Michigan research conducted on college students aged 18 to 21 to assess how social interactions and intellectual exercises affected memory and mental performance, has indicated that even brief periods talking to another person could help improve a person's memory and performance on tests.[16] Each student was assigned to one of three groups – a social interaction group, an intellectual activities group and a control group (no intervention). It was found that short-term social interaction lasting for just 10 minutes boosted participants' intellectual performance as much as engaging in so-called 'intellectual' activities for the same amount of time. The findings suggest that visiting with a friend or neighbor may be just as helpful in staying sharp as doing a daily crossword puzzle. Conversely, the findings also suggest that social isolation may have a negative effect on intellectual abilities as well as emotional well-being.

Young people with learning disabilities are disproportionately affected by social isolation. Young adults with an autism spectrum condition (ASC), for example, are more likely to never see friends, never get called by friends, never be invited to activities and be socially isolated.

---

[15] P.E. Gustafsson *et al,* 'Social and material adversity from adolescence to adulthood and allostatic load in middle-aged women and men: results from the Northern Swedish Cohort', *Annals of Behavioral Medicine*, Vol. 43, Issue 1, February 2012, pp. 117-128.

[16] O. Ybarra *et al*, 'Mental Exercising Through Simple Socializing: Social Interaction Promotes General Cognitive Functioning', *Personality and Social Psychology Bulletin*, Vol. 34, Issue 2, February 2008, pp. 248-259.

Recent American research examined social participation among young adults with autism vs. those with other types of disabilities.[17] The study found that, over a 12 month period:

- almost 40 percent of youth with ASCs never got together with friends;
- 50 percent never received phone calls or were invited to activities; and
- 28 percent were socially isolated with no social contact whatsoever.

Similarly, research has noted that some 31% of adults with learning disabilities had no contact with friends, compared to only 3% of adults without learning disabilities.[18] The most commonly reported barriers to having more social contact were:

- Living too far away or problems with travelling (44%)
- Not enough time (21%)
- Lack of money (13%)
- Not always enough support (11%)
- Cannot get out or too ill (4%)
- Afraid of going out (4%)

Having to take on responsibilities that would normally fall to an adult - like providing intimate care, managing a home, or undertaking child care – can cause social isolation and lead to a young person experiencing mental health difficulties such as depression and stress. There are 166,363 young carers in England, according to census data released in May 2013.[19] According to the 2011 census, almost 8% of males under the age of 25 providing some level of care reported themselves to be in 'not good health' compared with 4% of males in this age group who weren't carers. For females, the respective figure was more than 9%, compared with 4% of non-carer females in this age group. In recent research into young carers in Edinburgh, it was found that 67% worried about their own health, 60% had problems sleeping and 30% problems eating and, most worryingly, over 30% had self-harmed or had had suicidal thoughts.[20]

In their 2013 report, Hidden from View, the Children's Society stated that the official figures were just the 'tip of the iceberg' due to the high volume of 'hidden carers' who do not access support. Among the findings of Hidden from View were:

- Young carers are one and half times more likely to have a special educational need or a long-standing illness or disability
- Around one in 20 miss school because of their caring responsibilities
- Young carers have significantly lower educational attainment at GCSE level - the equivalent to nine grades lower overall than their peers

---

[17] G.I. Orsmond *et al*, 'Social Participation Among Young Adults with an Autism Spectrum Disorder', *Journal of Autism and Developmental Disorders*, Vol. 43, Issue 11, November 2013, pp. 2710-2719.

[18] E. Emerson *et al*, *Adults with Learning Difficulties in England 2003/4*, Leeds: Health & Social Care Information Centre, (2005).

[19] The term young carer refers to children and young people under 18 who provide regular or ongoing unpaid care and emotional support to a family member friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.

[20] See http://www.scotland.gov.uk/Publications/2010/07/23153304/42

- Young carers are more than one-and-a-half times as likely to be from black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language
- The average annual income for families with a young carer is £5,000 less than families who do not have a young carer
- Young carers are more likely than the national average to be 'not in education, employment or training' (NEET) between the ages of 16 and 19
- Despite improved awareness of the needs of young carers, there is no strong evidence that young carers are any more likely than their peers to come into contact with support agencies

Between 31 October and 30 November 2012, the young person's social networking organisation 'Future You' conducted a survey of 376 young people aged 16-24 who were not in education, employment or training (NEETs). It found that three-quarters of the young people surveyed felt isolated from society since they had become unemployed, with a significant proportion reporting that it had left them feeling depressed, useless and/or hopeless about the future.[21] Feelings of inadequacy, abandonment and rejection by society were also revealed. Many respondents expressed a loss in confidence and self-esteem as a result of being unemployed, not least because of constant rejection they face at application or interview stages. Similarly, in July 2013 the University and College Union (UCU) conducted a survey of young people aged 16-24 not in education, employment or training and found a third had experienced depression and more than a third "rarely left the house".[22] The survey revealed that many feel isolated and are lacking in confidence, with some 36% believing they would never have a chance of getting a job.

What is currently being done?

The Mayor's Vision and the City Council's Corporate Plan includes a number of relevant objectives:

- To raise our young people's attainment to be in the top 25% in England
- To ensure that we fully understand the skills needs of every major business sector in the city, and have a city-region wide plan for ensuring that our education and skills system provides businesses with the skills they need
- Improved social mobility and social inclusion through the removal of local barriers to work for those trying to access the labour market

The delivery frameworks which accompany the City Council's Corporate Plan contain a number of actions aimed at improving the life chances for school leavers and young adults, including commitments to reduce the number of 16-18 year olds who are not in education, employment or training, increasing the number of disabled 16-18 year olds education, employment or training and increase the number of care leavers in education, employment or training. There are also commitments to ensure that every young person to be able to

---

[21] See http://archive.beatbullying.org/dox/media-centre/reports/2012/12_December/FYReport_YouthUnemployment_TheHumanCost.pdf
[22] See http://www.ucu.org.uk/6729

access careers advice services, to increase the number of reception children getting a place at a preferred school and to ensure every young person (5-24 years) is able to participate in at least one employment focused activity in each key stage of their education.

In addition, the Bristol Carers Strategy Implementation Group (CSIG) has overseen a number of developments and innovations, applied for external funding and brought agencies and services together to work jointly. As noted, they have done valuable work to ensure carers have an appropriate, personalised break from their responsibilities. Issues impacting Young carers have also been addressed through the Young Carers Policy Steering Group, which has set up 'Young Carers in Education' as a specific project to working with schools to identify Young Carer's leads. . Schools are encouraged and supported to develop a young carer's policy statement, adopt a mechanism to identify young carers, have a lead Young Carer staff member, and set up a specific support system.

There is also the valuable work undertaken by the Transitions Team which works with young people aged 13 to 25 who have 'additional support needs'. This could be a learning disability, physical disability or autistic spectrum disorder. The team provide information and advice on a range of issues, including information on local social groups.

Again a number of the building blocks to tackle social isolation are already in place. As noted at the beginning of this report, initiatives which are not directly linked to tackling social isolation can still have a beneficial effect, and getting young people into education, employment or training is one of the best ways of keeping people connected to other people.

Recommendations

- **The emphasis in the Mayor's vision on getting young people into education, employment and training and to remove barriers to employment is a welcome one. Yet it is important to consider 'network poverty' as one of these barriers and undertake measures to tackle these additional barriers for young people.**

- **The work of the Transitions Team is valuable in ensuring that young people with additional support needs have information and advice on local social groups. Where possible the range and scope of these services should be enhanced.**

- **Young people leaving care may suffer exclusion from the labour market (over and above those of young people more generally) and reduced life chances. Better and more coordinated support remains an area for improvement for this group.**

- **The proposal a voluntary mentoring programme within the council to work with young people and adults is a good one and should be rolled out to a variety of participating organisations when possible**

Working Age Adults

Unemployment and the accompanying social isolation is not just an issue for young people. In a 2010 study, Colin Lindsay investigated the relationship between access to social networks for job seeking, sociability and the experience of long term unemployment.[23] Drawing on interviews conducted with 220 job seekers in two areas of high unemployment within the city of Glasgow, the research indicated that restricted access to social networks can impact on individuals' progress in the labour market. Restricted access to forms of socially fulfilling interactions within the wider community – the so called 'tertiary sphere of sociability' – can impact on individuals' sense of isolation and ability to build networks and maintain relationships. The research also demonstrated how long-term unemployment can reinforce exclusion from the tertiary sphere of sociability, as people increasingly withdraw from both informal socialising and organised community activities – this may in part reflect some of the characteristics of long-term unemployed people, who were (for example) initially more likely to live alone; but may also reflect the effects of a benefits system that imposes a sharp decline in income on many job seekers.

Lindsay argued in favour of targeted interventions – for example, in the shape of local centres providing a focal point for community activities and opportunities for social engagement alongside employability services. Linking policy initiatives on social networking, community cohesion and employability makes sense given the potential importance of personal contacts to job search success. There may also be benefits associated with helping long-term unemployed people to access peer support and expand social networks, linked to the broadening of spatial horizons[24], increasing awareness of a wider range of job opportunities[25] and (crucially) promoting social inclusion and psychological wellbeing.[26]

However, there is also need for holistic solutions that address the full range of individual skills deficits, personal and family circumstances and external factors that can act as barriers to work for the long-term unemployed. The long-term unemployed people participating in Lindsay's research were more likely to have gaps in skills and qualifications, reported very low household incomes, and often had a range of health-related and other barriers to work. Nevertheless, the lack of potentially useful job search networks and the more general sense of isolation experienced by many long-term unemployed people (and some other vulnerable job seekers) clearly have the potential to reinforce and exacerbate these problems and resulting processes of social and labour market exclusion.

Long-term unemployed people and other vulnerable job seekers may benefit from an intensification of local strategies combining employability services that contribute to human capital development with opportunities for community engagement and social interaction.

---

[23] C. Lindsay, 'In a Lonely Place? Social Networks, Job Seeking and the Experience of Long-Term Unemployment', *Social Policy and Society*, Vol. 9, Issue 1, January 2010, pp. 25-37.
[24] A. Green and R. White, *Attachment to Place: Social Networks, Mobility and Prospects of Young People*, York: Joseph Rowntree Foundation (2007)
[25] R.W. McQuaid and C. Lindsay, 'The employability gap: long-term unemployment and barriers to work in buoyant labour markets', *Environment and Planning C: Government and Policy*, Vol. 20, Issue 4, February 2002, pp. 613–29.
[26] D. Gallie *et al*, 'Unemployment, poverty and social isolation: is there a vicious circle of social exclusion?', *European Societies*, Vol. 5, Issue 1, 2003, pp. 1–32.

Yet Lindsay's analysis indicates that any targeted policy initiatives need to reflect the complex range of inter-related barriers faced by long-term unemployed people and other job seekers. As he concludes:

> The challenge for policymakers is to help people in disadvantaged urban areas to address the 'network poverty' and social isolation that are an important dimension of the exclusion associated with the experience of long-term unemployment. Community based interventions to promote social capital cannot substitute for robust strategies to support economic development, promote jobs growth in depressed economies or reform a benefits system that often largely fails to alleviate poverty, but nor should the social element of the exclusion experienced by disadvantaged people and places be ignored.

The Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA) 2011 publication *Power Lines* also examined the importance of building social networks in communities. The report argued that the government's efforts to build what it terms 'the Big Society' is currently too focused on citizen-led service delivery and that an alternative approach based on utilising and building people's social networks may prove more effective. The prospect of running a school or a library or even a community pub can leave most people nonplussed. Ipsos MORI's polling has found that only about 5% of people express even a nominal interest in becoming actively involved in the delivery of public services. On the other hand, the RSA found that even those who are currently poorly connected show an interest in being able to shape their networks. Fostering support and exchange through informal connections may be an important way to 'achieve' outcomes that many public services aim for. The RSA research noted that the more connected someone is, the more likely they are to believe in neighbourliness. The less connected someone is, the less likely they are to perceive their connections as being of use to them in effecting the change they would like to see.[27]

The report noted that local public bodies, like local authorities or GP consortia, have a key role to play in building and sustaining people's social networks. It recognised that the pressures of the 'age of austerity' are such that public bodies will find it harder to justify expenditure on activities that foster community spirit, yet suggested that the failure to support these activities could result in less empowered communities with thinner social networks. In particular, local and national initiatives aimed at empowering communities should give extra attention and support to those who are most at risk of being isolated. This includes those who are older, unemployed, or live in neighbourhoods that have relatively weak social networks:

> Local public bodies should explore innovative ways of supporting these activities, both through removing red tape and through funding devices such as social impact bonds, or simply by giving the necessary tools and guidance for communities to undertake such activities themselves without the need for a sponsor's coordination or input. What funding they are able to offer to community groups should be assessed on the contribution they make to building stronger, more diverse social networks. In particular, initiatives should seek to connect those who are currently isolated or at risk, with others.

---

[27] See http://www.thersa.org/action-research-centre/public-services-arts-social-change/connected-communities/reports/power-lines

This will be particularly pressing given, for example, cuts to funding for programmes such as Supporting People that aimed to support vulnerable adults to live more independent lives

The report recognised that the private sector also had a role to play:

A recent case-study in Brixton, a similarly deprived part of South London, provides a vignette of how business and more diverse and resilient networks can facilitate each other. The shopping arcade Brixton Village had seen better days, with a third of its shop units lying empty. In November 2009 in an initiative paid for by the landlords and run by the Space Makers Agency, twenty shops were offered rent-free for three months. By the end of this three month period it had become a hub for a diverse range of local networks and communities: from re-use and recycle groups to the Al Amal Society's Olive Tree café, which acts as a hub for non-extremist dialogue. Nine months later, all the shops were being let out and the market remains a focal point of activity for local communities.

This does not need to apply only to physical hubs or meeting spaces. The report notes that a way in which local business can both promote and benefit from local networks is through the funding of hyper-local websites. They are considered cheap to run (although they rely heavily on key individuals to get going), and research by Networked Neighbourhoods has shown the positive effect they can have on a local area. In their evaluation of the effects of three hyper-local websites in London they found that just over 4 out of 10 respondents had made new contacts in their neighbourhoods as a result of using the website, and that while only 13% of respondents claimed to be involved in formal local organisations or groups in their area, 95% felt that they had become more informed about the neighbourhood due to their use of the website.

At an individual-to-individual level, a more networked approach can be used to both promote micro-business and relieve isolation. This approach is used, for example by NAAPS (originally the National Association of Adult Placement Schemes) in its Small Community Services scheme. This offers membership to micro social enterprises who offer services to older people in local communities to enable them to continue living there. One illustration is the case of a woman who, on finding out that isolated older people in her estate received meals on wheels, now cooks their meals in her own kitchen. Not only are the meals now freshly cooked, but they come with local social interaction.

In a 2007 study, University of Chicago psychologists Louise Hawkley and John Cacioppo illustrated that loneliness contributes to, and accelerates, age-related decreases in physiological resilience through its influences on health behaviours, stress exposure, psychological and physiological stress responses, and restorative processes that replenish physiological reserves and fortify against future stress.[28] In short, the research indicated that the effects of loneliness can to some degree be offset when young through physiological resilience but long-term exposure can have negative emotional and physical effects, which can manifest themselves more significantly from middle age onwards. The effects of

---

[28] L. Hawkley and J. Cacioppo, 'Aging and Loneliness: Downhill Quickly?', *Current Directions in Psychological Science*, Vol. 16, No. 4, August 2007, pp. 187-191.

loneliness are cited by the researchers to be comparable to high blood pressure, which can be more drastic after long-term exposure.

The diagram below illustrates how loneliness can impact on the rate of age-related decline in physiological resilience. Loneliness may influence the rate at which physiological reserves decrease with age through its (a) adverse impact on health-promoting behaviours, (b) association with increased exposure to stressful events, (c) effects on appraisal and coping processes that increase the stressfulness of a given experience, (d) contribution to the quality and intensity of psychological and physiological stress responses, and (e) influence on the efficacy of restorative processes (e.g., sleep) that replenish physiological reserves and fortify against future stress. Solid lines in the diagram denote enhanced influences and dashed lines denote diminished influences.
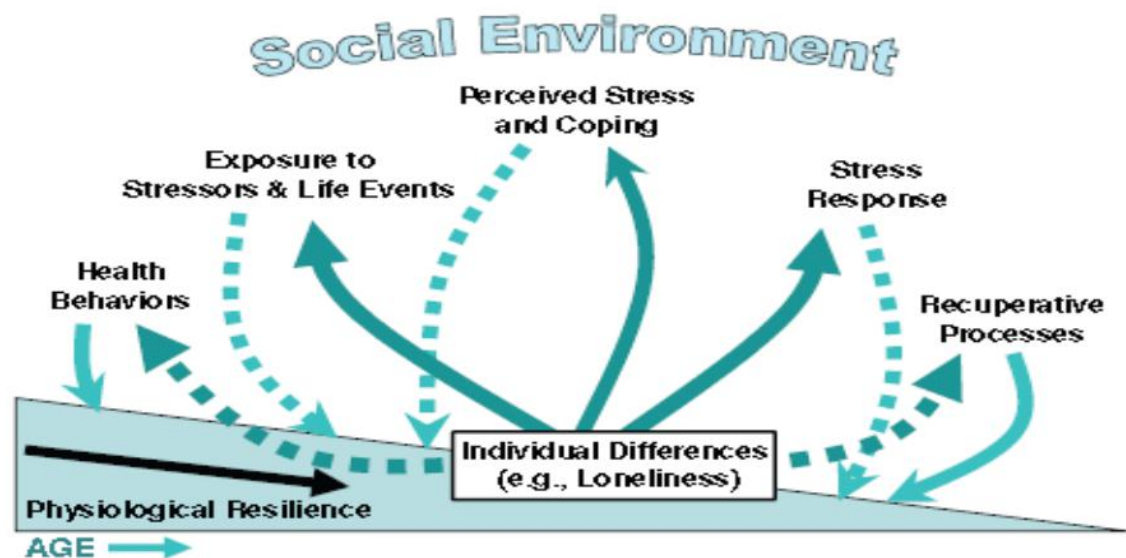
Source: Hawkley and Cacioppo (2007)

Middle-aged lonely people said they have chronic stress even though they reported the same number of general stressful events in their lives as non-lonely people, the University of Chicago study found. These could include traumatic experiences or the effects of a dysfunctional family. During each of the stressful events, the lonely people in the study appeared to be more threatened and helpless from the basic challenges of daily life and the people in it. When they were stressed, they were less likely to seek help to try to get them out of their stressed state.

The University of Chicago research indicates that lonely people tend to have a poorer quality of sleep. Though both lonely and social people received the same number of hours of sleep, the lonely people experienced 'micro awakenings' which were one or two seconds of waking up before falling back to sleep. This damaged the quality of sleep and their alertness when they were awake. As sleep normally deteriorates with age, the added disturbance from long-term loneliness becomes a major hindrance among the older demographic. Loneliness and isolation can also cause people to shut off their emotions, making it more difficult to communicate their feelings. Lonely people tend to feel less

satisfied with their lives and can end up thinking there is something wrong with them because they aren't social, leading to further dissatisfaction. Loneliness in adults can make them depressed and lead to alcohol addiction. This depression can also lead to an increase in suicide.

In a survey conducted by the Samaritans in August 2013, one in four middle aged men who contacted the organisation wanted to talk about issues related to loneliness and isolation. Suicidal feelings were expressed during one in five contacts made by men, while 20 per cent of these also talked about previous suicide attempts. In their 2012 report 'Men, Suicide and Society' the Samaritans note that men's loneliness, the actual or perceived lack of people who care and to whom they matter, can be profound. They argue that the likelihood of social disconnection among men in mid-life – particularly if unemployed and without a partner – and the fundamental role this plays in their high risk of suicide, needs to be recognised. The American government's public health arm defines as its strategic direction to prevent suicidal behaviour 'building and strengthening connectedness or social bonds within and among persons, families, and communities' (Centers for Disease Control and Prevention, 2008). The Samaritans report highlights that while suicide prevention strategies in the UK and Ireland acknowledge social isolation and disconnection as a risk factor, they have not developed the promotion of social connectedness as a suicide reduction measure. Building men's 'social connectedness' should be integral to suicide prevention for men in mid-life.

In another report, 'Men and Suicide - Why it's a Social Issue' (2012) the Samaritans make a number of recommendations which are of relevance to work around tackling social isolation:

- **Suicide prevention policy and practice must take account of men's beliefs, concerns and context – in particular their views of what it is to 'be a man'.** Men as a group are often criticised for being resistant to seeking help or talking about their feelings. We need to move from blaming men for not being like women, to recognising their needs, and how societal expectations of the way men should behave, shape their actions. Agencies must remove the barriers to men engaging with services and design these to be more effective for them.

- **Recognise that for men in mid-life, loneliness is a very significant cause of their high risk of suicide, and enable men to strengthen their social relationships.** Services should encourage men to develop their social relationships. Access to relationship counselling should be provided, to lessen the harmful aspects of relationship breakdown. The shift to involved parenting for fathers needs to be supported.

- **Support GPs to recognise signs of distress in men, and make sure those from deprived backgrounds have access to a range of support, not just medication alone.** GPs are the most likely formal support service to be consulted by this group of men, and can make a profound difference to their lives. Further forms of support may be more acceptable to men if they are 'practical' rather than 'talking therapy'

and are provided as part of wider skills training. Interventions for men should address social problem-solving, managing stress and the expectations of others.

It is also important to consider that even though the issues facing middle aged men may only in a relatively small number of cases actually end in suicide, the issues of loneliness and social isolation can still have long term detrimental health effects if no preventative interventions are undertaken.

Middle age is a time when key risks for loneliness accumulate, such as retirement or redundancy, children leaving the family home, divorce and bereavement. These are all factors that can also impact on a person's emotional well-being. Statistics show that 25% of women aged forty-five to fifty-four suffer from a common mental health disorder such as depression and anxiety, compared with 14% of men. Between 1993 and 2007, the rate of common mental disorders rose by a fifth among middle-aged women.[29]

In 2009, research using a rat model designed at the University of Chicago to identify environmental contributions to cancer risk, indicated that social isolation and related stress could contribute to human breast cancer susceptibility.[30] The study found that isolation led to a higher production of a stress hormone, corticosterone, among rats that were kept alone and subjected to the disturbances of colony life as well as stressful situations. Additionally, the isolated rats took longer to recover from a stressful situation than rats that lived together in small groups. The study suggests a causal relationship between social interaction and disease by showing that living alone first causes rats to have higher stress hormones, beginning in young adulthood, become fearful, anxious and vigilant and then prone to malignancy in late-middle age. The researchers also found that rats living in isolation experienced a 135 percent increase in the number of tumors and a more than 8,000 percent increase in the tumors' size. The impact of isolation was much larger than the impact of another environmental source of tumor formation - the unlimited availability of high-energy food.

In 2013, researchers from University College London (UCL) found that social isolation alone raises a middle-aged or elderly person's death risk, independently of how lonely he or she feels.[31] The study was based on 6,500 men and women, age 52 and older, who participated in the English Longitudinal Study of Ageing (ELSA) between 2004 and 2005. The researchers assessed social isolation in terms of contact with family and friends and participation in civic organizations and also administered a standard questionnaire measure of loneliness. Researchers found an association between death and social isolation and feeling lonely. When they accounted for factors like demographics and health, only social isolation seemed to affect death risk. Feeling lonely, meanwhile, only seemed to affect early death risk among people who already had health concerns.

---

[29] J. Griffin, *The Lonely Society*, The Mental Health Foundation, London, May 2010.
[30] G.L. Hermes *et al*, 'Social isolation dysregulates endocrine and behavioral stress while increasing malignant burden of spontaneous mammary tumors', *Proceedings of the National Academy of Sciences*, Vol. 106, No. 52, December 2009, pp. 22393-22398.
[31] A. Steptoe *et al*, 'Social isolation, loneliness, and all-cause mortality in older men and women', *Proceedings of the National Academy of Sciences*, Vol. 110, No. 15, April 2013, pp. 5797-5801.

The 2012 ELSA report also highlighted a concern with social isolation as a key finding. The report suggested that focussing public health intervention efforts on less wealthy, less healthy older people and on improving access to public and private transport for the over-50's is likely to have the greatest impact in alleviating what they termed as 'social detachment'.

What is currently being done?

The Mayor's Vision and the City Council's Corporate Plan includes a number of relevant objectives:

- Improved social mobility and social inclusion through the removal of local barriers to work for those trying to access the labour market.
- Develop socially mixed communities and embrace every citizen's responsibility to be a good neighbour, promoting volunteering as a way to encourage greater levels of community participation.
- To use the European Green Capital as a platform for showcasing our strengths across the world to achieve investment and growth for the city, working closely with the Local Enterprise Partnership and Government
- Ensure that the council and other public agencies support and enable cultural activity to take place, not just focusing on rules and regulations but rather 'getting out of the way' and enabling activity to take place
- Make the very best use of the city and community assets in the city – whether schools, community venues or open public spaces – to make sure that no neighbourhood is left out of the cultural life of the city and that we make better use of under-utilised buildings for cultural organisations in desperate need of space.

The working age population is the broadest 'demographic band' to consider for this report and it is difficult to generalise about measures which will impact effectively on all those within this demographic. However, in terms of objectives that could impact positively on tackling social isolation, the measures currently being undertaken by the local authority can be said to provide only partial solutions and more work could certainly be undertaken for this (admittedly rather broad) age group. In their 2011 report 'Social isolation among older Londoners', the Institute for Public Policy Research (IPPR) argued that for policymakers keen to target interventions in an age of austerity, a simple but blunt way of targeting those most at risk could be to focus on the over-75 age group, rather than the over-65s as many programmes currently do. There is certainly merit in this approach given the state of local authority finances for the foreseeable future. However, local authorities need not only to consider the situation as it is now, but also try and prevent and alleviate social isolation and its attendant ill health effects in the future, so it is suggested that some focus is also given to devising interventions that are aimed at people in their 40s and 50s.

This report has highlighted the concept of 'allostatic load' several times – ie. that physiological wear and tear visible in mid-adulthood is influenced by the accumulation of unfavourable social exposures over the life course. This is highlighted also in the work of Hawkley and Cacioppo, who have demonstrated how physiological resilience declines over time and that middle age is a key period when risks for loneliness accumulate. There does

therefore seem to be a growing body of evidence that suggests that earlier interventions could help prevent some of the negative effects of social isolation from accumulating further and impacting on health as people get older.

As noted, the Mayor's vision and the Council's Corporate Plan do contain a number of measures aimed at improving people's skills and reducing local barriers to work. A number of the Mayor's 'green' initiatives also seek to promote investment and job opportunities within the city. In addition, the City Council has an 'Employment & Enterprise Strategy' which has as one of its strategic objectives the commitment 'to prioritise those individuals and communities at disadvantage in the local labour market.' Those in greatest need of assistance to access job opportunities are identified as:

- young people,
- residents of disadvantaged neighbourhoods,
- disabled people and
- people without qualifications.

There is even some recognition in the strategy of what Colin Lindsay has called 'network poverty' – ie. the fact that residents of areas with higher unemployment are less likely to have social networks that offer routes to work. There is merit in Lindsay's observation that community based interventions to promote social capital/social networks are not a panacea, and cannot replace robust strategies to support economic development and promote jobs growth in depressed economies, but 'network poverty' can still be a major obstacle to employment, sitting alongside 'lack of skills' or 'transportation issues' and should be tackled as part of the wider Mayoral objective to remove 'local barriers to work'.

The IPPR in their [Social isolation among older Londoners](#)' report observe that many of today's service institutions, largely built up in the post-war period, were designed to tackle acute problems that required one-off 'transactional' solutions: providing a house, prescribing medication, and so on. They argue that social care in particular relies too heavily on hospitals and impersonal home care, rather than effective services in the community. For many people social isolation is caused by specific life events and policy makers should try and target more interventions, and shape services, around these life events. It is a valid point. The 'transitions' in life can often be times stress and social isolation – 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.

In the Social Isolation Initial Findings report it was noted that for all groups affected by social isolation, it is vital to develop community assets and build on existing community information infrastructure where possible. There are a number of opportunities to take this forward. The Mayor's Vision and Corporate Plan notes commitments to promote 'good neighbourliness' and increase volunteering within the city. There is also a commitment to develop more 'active citizens', through strengthening support for the work of voluntary and community organisations in the city, developing a new city-wide framework for volunteering and redesigning the system of decision making in the city to help citizens and communities and allow more devolution of power and resources. Bristol is also one of seven cities that

has won funding from the National Endowment for Science, Technology and the Arts (Nesta), the Cabinet Office and Bloomberg Philanthropies as a 'City of Service'. Over the next two years, each city will receive grant funding, as well as mentoring and advice from US colleagues leading successful Cities of Service programmes. They will identify local challenges, mobilise volunteers and measure the impact they are having. Bristol has also been chosen as one of the very few UK based cities to be included in the Rockefeller Foundation's 100 Resilient Cities initiative. The Foundation's support will include hiring a 'chief resilience officer' for the city, as well as providing aid to develop a resilience plan and access to services to begin implementing that plan.

In brief, the current City Council response in this area is patchy, though to some extent this is due to the sheer range of people that can be categorised under a 'working age' heading. Having said that there is scope to build on some of the proposals currently in the Mayor's Vision and related documents as well as the initiatives the Mayor has recently undertaken with organisations like Bloomberg Philanthropies and the Rockefeller Foundation.

Recommendations

- **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.**

- **Local initiatives aimed at empowering communities should give extra attention and support to those who are most at risk of being isolated. This includes those with a physical or sensory impairment, carers, BME and LGBT communities, the unemployed and, more widely, neighbourhoods that have been identified as having relatively weak social networks.**

- **The work on older people made use of a 'loneliness index', drawn up from a number of variables which were then compiled to identify 'hotspots' of socially isolated older people across the city. It is suggested a similar approach be adopted for some of the other groups identified as being at risk of social isolation. Social isolation, with its links to depression, is clearly related to mental health issues. The Mental Health Needs Assessment for Adults in Bristol used a 'risk score card' to rank wards for mental health risk across the city. The wards in Bristol which emerged with the highest mental health risk score using the methodology adopted were Lawrence Hill, Lockleaze, Filwood, Southmead, Kingsweston, Hillfields, Avonmouth, Whitchurch Park and Hartcliffe. It is interesting to note that mapping the location of the long term unemployed highlights many of the same wards – Lawrence Hill, Whitchurch Park, Filwood, Hartcliffe, Southmead and Kingsweston for example.**

- **There may be some merit in exploring the RSA's observation that developing local initiatives based on utilising and building people's social networks may prove more effective in attracting local volunteers than initiatives based on citizen-led service delivery.**

- **There is a case to be made for further developing existing 'community hubs' within individual neighbourhoods to provide a focal point for community activities. For example, linking together policy initiatives on social networking, community cohesion and employability. There should also be more publicity given to existing social activities within individual areas. LinkAge produce 'Community Guides' for a number of areas and this could be developed further if City Council Area Coordinators pool their local knowledge with that of the Public Health Area teams.**

- **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.**

- **The local authority and partner agencies need to be sensitive to such issues such as 'gender role' when devising interventions to tackle social isolation. It has been noted, for example, that forms of support for middle aged men may be acceptable to men if they are 'practical' rather than 'talking therapy' and are provided as part of wider skills training. One such example is the 'Men in Sheds' initiative – which started in Australia and has subsequently been adopted in the UK. Men in Sheds projects help men at risk of isolation come together around practical tasks on a regular basis. They provide activities in a workshop environment – using tools and equipment so the men can use existing skills, learn new ones and get involved in productive activity, all whilst enjoying the benefits and banter of a social group.**

- **Suicide prevention strategies should move beyond recognising social disconnection as a risk factor and develop the promotion of social connectedness as a suicide reduction measure, for all groups potentially at risk.**

Retirement and later life

The research highlighting the impact of social isolation on older people is well established and does not need reiterating here. Indeed, in many respects, the research questions for studies focused on older people have moved beyond establishing social isolation as an 'issue to be addressed' to instead provide assessments of what interventions have been most useful in alleviating the problem.

In his 2009 study of social isolation among retired men and women in Australia, Roger Patulny noted that the act of retirement represents one of the most important social

dislocations in the life course.[32] Patulny acknowledged the relative lack of quantitative Australian studies that examine the specific effects of retirement on social contact and recognised the further complicating factor of gender – ie. some reviews describe the social disadvantages faced by ageing women, while others suggest that it is older men who are more likely to be isolated in Australia.[33] Patulny's own research indicated that substantive issues of social isolation and exclusion existed among older, non-working, retired men. In terms of policy responses, he noted that that early intervention support groups and structured group interventions have had some success in reducing social isolation, along with linking young families and isolated older persons, setting up community-based common projects, "gate-keeper" projects to identify at-risk older people, and old-young home-share programs.

In a review of interventions evaluated using control-group methods found that programs such as education, counselling, self-help and hobby (self-activation) groups in community centres produced significant improvements in social contact. [34] A later (2011) systematic review found that the common characteristics of effective interventions were those that were developed within the context of a theoretical basis (such as, for example, behavioural theory) and those offering social activity and/or support within a group format. Interventions in which older people are active participants also appeared more likely to be effective.[35] Mentoring, volunteering, education on the effects of social isolation on health, targeted activity groups, and action to improve access to transport have also been suggested as important techniques in reducing social isolation.

Despite the general emphasis on the importance of group based interventions, some studies have highlighted the benefit of one-to-one interventions. Cattan *et al* conducted a series of in-depth interviews of recipients of a national telephone befriending scheme for lonely and isolated older people. Their responses were overwhelmingly positive and included the perception of being less lonely.[36] A further national telephone intervention, which shows potential to improve outcomes for lonely or isolated older people, is 'The Silver Line' (http://www.thesilverline.org.uk/), a free confidential national helpline launched in late 2013. This helpline not only offers regular befriending calls, but also provides friendly help and advice and links callers into local groups and services. The service currently being provided follows a pilot phase, which was evaluated qualitatively. This evaluation found that while the service was valued by the older people, who found it increased their confidence and wellbeing in the short term, they also identified limitations such as a need for face-to-face contact which could not be addressed by this sort of service, a need for greater flexibility in the timing of regular befriending calls and a need for the service to have greater

---

[32] See http://www.aifs.gov.au/institute/pubs/fm2009/fm83/fm83e-Patulny.pdf

[33] The relationship between social isolation and gender (and gender roles) is explored in more detail in a supplementary report.

[34] M. Cattan *et al*, 'Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions', *Aging and Society*, Vol. 25, Issue 1, January 2005, pp. 41-67.

[35] A.P. Dickins *et al*, 'Interventions targeting social isolation in older people: a systematic review', *BMC Public Health*, 11:647, August 2011.

[36] M. Cattan *et al*, 'The use of telephone befriending in low level support for socially isolated older people – an evaluation', *Health & Social Care in the Community*, Vol. 19, Issue 2, March 2011, pp. 198-206.

knowledge of support available locally.[37] As a result of the evaluation some improvements were made to The Silver Line before its national launch and it will be useful to track further evaluations of this initiative as they become available.

One 2009 study showed that taking part in social group interventions including art activities, group exercise and therapeutic writing increased older people's subjective health and significantly reduced mortality over a two year period (97% survival) compared to a control group who received traditional community care (90% survival). [38] The intervention group also used fewer health care services in the follow up period compared to the control group. The savings from this exceeded the cost of the intervention. The group self-selected which activity they wanted to take part in. Interestingly, this paper charts the group's progression as the participants became more comfortable with each other and their participation improved their sense of mastery and self-esteem. The authors attribute this to the practitioners using facilitative processes such as peer-support and the practitioners actively avoiding becoming leaders rather than supporters. Further evidence of the success of this approach is that nearly half of the original groups (6 out of 15) continued to meet on their own after the study finished. However, it is important to note that this study excluded older people who had disabilities such as blindness, deafness or severe mobility issues. This was done to ensure the groups were more homogenous, but certainly introduces bias into the sample and would raise issues about replicability in a whole community setting.

What is currently being done?

The Mayor's Vision and the City Council's Corporate Plan includes a number of relevant objectives:

- Enable older people to play an active and respected role within their communities, and to stay in their own homes wherever possible.
- Develop socially mixed communities and embrace every citizen's responsibility to be a good neighbour, promoting volunteering as a way to encourage greater levels of community participation
- Strengthen support for the work of voluntary and community organisations in the city, making sure we focus on achieving the city's objectives.
- Create a new city-wide framework for volunteering, focusing on the city's objectives and celebrating the success of people and projects.
- Redesign the system of decision making in the city to help citizens and communities have real influence over what happens in their area, allowing for more devolution of power and resources in exchange for a commitment to helping the city achieve its priorities.

---

[37] S. Callan, When I get off the phone I feel like a member of the human race: Evaluation of the Silver Line helpline pilots, London, Centre for Social Justice, November 2013.
[38] K.H. Pitkala *et al*, 'Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: A randomized controlled trial', *Journal of Gerontology: Series A*, Vol. 64, Issue 7, July 2009, pp. 792–800.

There is currently a lot of targeted activity going on with regard to tackling social isolation among older people in Bristol, primarily through the Bristol Ageing Better (BAB) Partnership, established in response to the Big Lottery project *Fulfilling Lives: Ageing Better*. In July 2013 Bristol was shortlisted as one of local authority 32 areas to apply for between £3m and £6m for projects lasting 2-6 years tackling social isolation. Age UK Bristol were appointed as lead partner in October 2013 after a lengthy consultation process with older people and VCS organisations. The BAB partnership has over 100 older people and organisations signed up to help develop the vision and strategy.

The, currently draft, Vision and Strategy document is built around four key outcomes:

- More older people report that they have as much social contact as they would like
- There is increased public awareness of loneliness and how to prevent and address it
- Significant increase in the number of older people contributing to society
- Commissioning of services to address loneliness is increasingly based on local and national evidence of what is effective

The proposals include a focus on social groups and areas with the highest risk of loneliness and isolation – those who are over 85 or bereaved, have dementia, are carers, belong to the BME or LGBT community, have sensory impairment issues, are dependent on drugs or alcohol or live in care homes. Proposed interventions will be shaped by older people themselves and include social prescribing, community navigators, peer support and intergenerational activity. The proposals seek to build on existing community assets where possible and aims to institute a new way of working for people assessed as eligible for adult social care, whereby isolated older people receive additional volunteer support from the local LinkAge hub.

In brief, Bristol's work on tackling social isolation among older people is well advanced and incorporates a wide range of voluntary, statutory and private sector organisations along with older people themselves. Organisations like LinkAge Bristol have already received national recognition for their best practice in tackling social isolation and creating good neighbourhoods to grow old in. The recommendations below merely seek to enhance the activity that is already planned.

Recommendations

- **The Marmot report argues that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. In order to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage – 'proportionate universalism'. In short, although the primary emphasis of the Bristol Ageing Better Partnership's work 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%.**

- **The Marmot team's 'proportionate universalism' approach to 'place' based interventions, can also be applied to age. It has been noted throughout this report that the effects of social isolation accumulate over time and that the health risk increases as people age. 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.**

- **There are a range of intergenerational activities that can be implemented alongside working more closely with schools. One recent best practice example from East London was the Nana Café, which not only helps re-engage older people back into the community, it also provides a welcoming environment for younger women with babies or young children. There is also the work being undertaken by Viridian Housing which utilises inter-generational activity to provide IT training for tenants over 50. There is great potential to involve some of the other groups facing social isolation in the city (young mothers, the unemployed etc) in some of the work planned by the Bristol Ageing Better Partnership.**

Social Isolation and the Wider Environment

Christina Victor, Professor of Public Health at Brunel University, who has led research into how loneliness influences the health and well-being of elderly people, has highlighted the importance of remembering the 'pathways' to feelings of isolation. As she goes on to state, rather than 'artificially' trying to develop social links, 'we might be better advised to try to ameliorate the negative effects of structural factors such as income, transport problems and the ability of older people to maintain their existing relationships and participate fully in society.'[39] It is a valid point. Perhaps one of the biggest contributions a local authority can make to tackle social isolation is to seek to address some of these wider structural barriers.

a) **Transport**

Transport related issues are not just a problem for older people. 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. Many of these places, act as routes in to society for people of all ages and tackling transport related problems can help alleviate social isolation for a range of people across the life course.

In July 2012 the Campaign for Better Transport released a report on transport poverty. 'Transport, Accessibility and Social Exclusion' found that a lack of affordable and accessible public transport is having a serious effect on low income households and reducing people's ability to find work. The report found that:

---

[39] Victor quoted in J. Griffin, *The Lonely Society*, The Mental Health Foundation, London, May 2010, p. 16.

- Those on low incomes are more reliant on bus services with half of the poorest fifth of the population not having a car, rising to more than two thirds of job seekers
- Improving transport services and making them affordable and accessible addresses social exclusion
- Transport poverty needs to be carefully defined, especially in relation to car ownership, and focus on real deprivation
- Low income communities are more likely to be killed or seriously injured on the roads, face worse air quality and have higher exposure to other negative impacts of transport.

Participation in social, cultural and leisure activities is also very important to people's quality of life and can play a major part in meeting policy goals like improving health, reducing isolation and building cohesive communities. In their 2003 report, Making the Connections, the Social Exclusion Unit noted that transport could be a barrier to participation in social activities for disabled people of any age as well as for those on low incomes. They noted, for example, that children from deprived households or who are in care were missing out on day trips because of a lack of suitable transport. Such trips were considered particularly important because of the limited holiday opportunities available to low-income families.

Transport is a particular barrier to older people's participation in activities such as day centres, caring, and volunteering. Research has frequently shown the importance to older people of simply getting out of the house. In their 2013 report Going Nowhere Fast, the Royal Voluntary Service (formerly WRVS) argued that community transport can play a crucial role in helping older people access essential services by providing services where public transport cannot or does not; and can provide a vital lifeline for those most vulnerable to isolation and loneliness. The report recommended that:

- There should be a requirement on bus companies to carry out an impact assessment into the effect on older people (and their carers) of any changes to bus services. This would allow individuals to be seen as citizens and not just consumers and provides a clear opportunity for older people to exercise choice and control in their lives.
- Public transport needs to be accessible to older people e.g. number of steps etc – bus and public transport operators and local authorities need to work together to achieve an 'age friendly' integrated transport system which will take into account access and safety considerations.
- Ensure that bus stops are close to departure points and destinations where older people would like to travel from and travel to.
- Public transport providers should be obliged to provide training which takes into account older people's requirement; to ensure drivers are friendly and helpful.
- Local authorities should provide additional financial support to community transport schemes to allow concessionary card holders to travel at no personal cost.
- More awareness and information should be provided by local authorities on community transport schemes.
- Universal concessionary travel is regarded as important in keeping people socially engaged and should be retained.

In the Social Isolation initial findings report, it was highlighted that social interaction was more likely on streets that did not have heavy traffic running through them. Having many street intersections increases physical activity, while long, wide roadways are likely to reduce active travel. Traffic calming measures (one-way streets, roundabouts, road narrowings, chicanes, road humps and reduced speed limits) reduce accidents and injuries, and benches and trees on streets encourage people to spend time outside.

b) Planning and Housing

Access to good quality green space has a clear effect on physical and mental health and well-being. Many studies show the positive health effects of good quality green space – it helps to decrease blood pressure and cholesterol, improve mental health and the ability to face problems, and reduce stress levels. Green space also encourages social contact and integration, provides space for physical activity and play and improves air quality. Social isolation can be exacerbated by the physical environment, especially for elderly and disabled people: the design of neighbourhoods, in particular street crossings and the quality of spaces can stop many vulnerable people from leaving the home. Fear of crime in public spaces and fear of traffic often stops elderly people from reaching services and community groups, and taking advantage of interaction with neighbours and local retailer in public spaces and shops.

Professor Hugh Barton (former Director of the WHO Collaborating Centre for Healthy Urban Environments) has cited seven design principles for planners in order to promote health and well-being and create streets that are social places where people can meet.[40] The seven design principles are:

- • Density sufficient
- • Street connectivity
- • Facilities at pedestrian nodes
- • A sense of enclosure
- • Active frontages
- • Traffic tamed
- • Open to all

The location of neighbourhoods is also relevant. Barton argues that the high demand for new housing coupled with the strategy of protecting any Greenfield sites and green belts means that housing placement sometimes exacerbates health problems. Housing can too easily end up in unsuitable and isolated areas where there are no local shops, services or jobs, and little potential for social cohesion.

Power *et al*[41], in their task group submission to the Marmot Review, recommended that there should be village halls in every community, and Barton has argued that in order to ensure that all groups of people are encouraged to participate in and use their areas, sometimes we must allowing the possibility of anarchic activity. This involves not making

---

[40] See The Marmot review: implications for spatial planning, April 2011.
[41] A. Power et al, 'The built environment and health inequalities. Task group submission to the Marmot Review', 2009 noted in The Marmot review: implications for spatial planning.

somewhere too tidy, and leaving 'grey' spaces for minority interests. Designers should also grasp every opportunity to ensure human presence and activity in the spaces between buildings.

The Marmot spatial planning report argues that regeneration programmes should involve local communities in the development and delivery of local plans. This should happen in a way that reflects the capacity of local communities - often interventions work best where national guidance is provided and used by local communities who are free to develop their own, locally suitable programmes. Local areas should be designed in a way that facilitates and encourages community participation. It is recommended that specific groups such as the elderly and the disabled should be consulted on the design of the physical environment in order to ensure that this does not impede opportunities for these groups to take advantage of opportunities for social contact within their neighbourhoods.

Crime can be tackled by interventions such as improving street lighting, and making neighbourhoods more pleasant - a European cross sectional survey of twelve cities found that, compared to respondents from areas with low levels of litter and graffiti, those from areas with higher levels, were 50% less likely to be physically active and 50% more likely to be overweight.[42] 'Secured by Design' housing has produced documented reductions in crime, for example in Northview Estate in Kent. Here there was an 80% reduction in crime after a number of interventions, including external landscaping to define public and private space, maximising natural surveillance, and providing secure areas for bikes/refuse.[43]

c) The Internet and Social Media

Existing research which examines the relationship between the internet/social media and social isolation presents a mixed picture. Professor Norman H. Nie of the Stanford Institute for the Quantitative Study of Society (SIQSS) has produced a number of studies during the past decade or so which have essentially argued that 'the web' is but the latest in a long list of technological developments that have improved quality of life but restricted social interactions.[44] Similarly Kross *et al* have recently argued that online social media, rather than making people feel connected, contributes instead to loneliness and reduces overall life-satisfaction.[45] Yet, according to a Pew Internet Personal Networks and Community survey in 2009, which polled 2,512 adults, the dawn of new technology and the Internet has not caused people to withdraw from society. According to their research, although Americans' 'discussion networks' - a measure of people's 'most important social ties' - have shrunk 'by about a third since 1985', there was no evidence to suggest that it had anything to do with mobile phones or the Internet. In fact, the organization's study found that mobile-phone use and active Web participation yields 'larger and more diverse core discussion networks'.[46]

[42] See 'Addressing the Social Determinants of Health: the urban dimension and the role of Local Government', 2010

[43] See A. Power et al, 'The built environment and health inequalities. Task group submission to the Marmot Review', 2009 noted in The Marmot review: implications for spatial planning

[44] See for example Internet and Society (2000)

[45] E. Kross *et al*, 'Facebook use predicts declines in subjective well-being in young adults', *PLOS One,* August 2013, Vol. 8, No. 8, pp. 1-6.

[46] See Social Isolation and New Technology (2009).

Although a number of older people have no real interest in computers or the internet, there can be health benefits to learning new skills and computer training also provides opportunities for isolated older people to interact more with younger generations. Recently, the Housing Association Viridian Housing joined with the firm Student@Home and charity U Can Do IT to provide training to 300 residents aged over 50. Student@Home provide one-to-one internet training in tenants' homes using a tablet computer. For those with complex needs such as visual impairments, U Can Do IT provide specialist support. Additionally, those taking part receive post-training IT support as well as a guide to buying tablets and broadband to support long-term internet use. The housing provider have also offered to provide free mobile phone training for residents, whether they are a beginner or want to learn more.[47]

What is currently being done?

The Mayor's Vision and the City Council's Corporate Plan includes a number of relevant objectives:

- Deliver improvements to both the price and quality of our public transport networks, making it quick, cost effective and easy to go by bus or by train.
- Reduce emissions in the city to help protect people from the harmful gases produced by streets clogged with traffic.
- Make road layout and other improvements in the city to open our streets to people, removing the blight of heavy traffic and improving flows for public transport and those who need to drive.
- Maintain citizen-centric designs principles for all new development and redevelopment of neighbourhoods across the city.

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 are commitments to reduce road transport CO2 emissions, make streets safer through the city-wide introduction of 20mph limits in residential areas by 2015, increase the number of passenger journeys on buses and re-open the Portishead line. There are also planned actions to run half hourly train services for the Severn Beach Line, at Bedminster and Parson Street on the line to Weston-super-Mare, and on the reopened Portishead Line, increase the number of Neighbourhood Development Plans, and increase digital inclusion for older and disabled people.

Recommendations

- **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**

---

[47] See http://www.24dash.com/news/housing/2014-01-20-housing-associations-internet-project-targets-social-isolation

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 Campaign to End Loneliness has recommended, for example, that a relatively small investment by local authorities to fund the training of more minibus drivers could lead to longer term savings or expansion of existing charitable transport services.**

- **Although many actions are already being undertaken by the local authority in terms of age friendly urban design, it is worth revisiting the Age Friendly Cities checklist, as a self-assessment tool and a measure of charting progress. The lack of public toilets and seating areas, for example, are often cited as barriers preventing older people going out as often as they would wish. Small solutions can make a big difference. New York City is running an age-friendly business project where participating local businesses give access to their toilets to older people, as well as providing chairs to rest. There needs to be collaboration and co-ordination between planners, transport planners, highways engineers and the community.**

- **When thinking about the housing needs of, for example, people with dementia, consider people at all stages of a dementia life and with different needs. Think about how people can be helped to stay at home with adjustments to the home, as well as support, and about the kind of environment which will promote their well-being.**

Overarching Recommendations

In addition to the recommendations outlined above, there are a number of overarching recommendations for the local authority and partner organisations to consider:

- **There is a case for raising awareness of the negative health impact of social isolation and loneliness among the public. To some extent the Aardman campaign being planned as part of the Bristol Ageing Better programme will achieve this, but the issue needs to be promoted as not just something that affects older people. The Council should explore using the City Council website among other methods of communication to raise public awareness.**

- **Sports clubs, local authority websites, book and social network groups, transport links and volunteering opportunities can all help reduce loneliness. Information on these activities needs to be available in day centres and health centres and from**

mental health services, schools and youth projects. The listing of local activities produced by LinkAge are an example of good practice and should be developed across the city.

- The 'transitions' in life can often be times stress and social isolation – 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. More services and interventions need to focus on these key transitions in an individual's life.

- 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.

- Social isolation is a complex issue to address and it is important to recognise that not all interventions will be successful in alleviating the problem. There needs to be a willingness to experiment. Policies and initiatives which aim to address social isolation should be realistic about the sorts of impacts they can achieve (and how quick they can achieve them) and how much the end state will differ from the baseline.

Appendix: Estimated Cost Implications of Not Tackling Social Isolation

In their June 2013 White Paper, The Second Half Foundation sought to quantify some of the cost benefits of tackling social isolation and loneliness. The table has been reproduced below:

Health issues arising from isolation	Cost per UNIT
Cost of dementia or cognitive decline "People with a high degree of loneliness are twice as likely to develop Alzheimer's than people with a low degree of loneliness" (BBC, 2007) "Half of all older people consider the television as their main form of company" (Age UK 'Combating Loneliness')	£2500 -- annual NHS costs of treating one patient with mild dementia in the community (King's Fund 2008) The service costs associated with dementia are far higher than all other conditions put together, making up 66% of all mental health service costs. (King's Fund, 2008)
Re-admission into hospital/ Emergency Hospital Admissions Around one in three of all hospital admissions in England are emergencies, costing the NHS some **£11 billion a year** - one of the most expensive areas of the health service. (Nuffield Report 2011) In one study of over 70s, patients who lived alone were 60% more likely to visit the emergency department than those who lived solely with their spouse (Hastings et al, 2008 p. 458)	Total cost £**563 million - per unit £ 4,021** Rise of elderly re-admission increased 88% 2000-09/10 (Age UK 2013) "Older people account for 40 percent i.e. **£563** million of total spend of **£1.42 billion**. The rate in the **most deprived areas is more than twice the rate in the least deprived areas in England**" (The King's Fund April 2012)
Mental Health Costs and Reducing visits to GPs Today, the annual economic cost of mental illness in the UK is £70 Billion—equal to the entire National Health Budget (Ruby Wax, *Sane New World* 2013). In 2003 (Thomas),the estimated total cost of adult depression was **£9 billion** of which **£370 million represents** direct treatment costs	'Loneliness is strongly correlated with mental health costs; the probability of having a mental health need is 47 percentage points higher among populations of older people who are lonely' (Social Finance, 2013)
Preventing a Integrated Care case review	£276 – INWL QIPP Team
Lowering blood pressure and subsequently risk of stroke A recent study has positively correlated social isolation with blood pressure as well as C-reactive protein and fibrinogen levels which increases risk of heart disease and stroke (Shankhar et al, 2011)	£1628 – applicable 2008/09 PbR tariff for a Transitory Ischemic Attack (TIA) (Alzheimer Society 2009)
Reducing length of hospital stays There has been a large and avoidable	Each hospital bed costs £260 per day (Age UK 2013)

	The national average length of stay in bed for those over 65 is 9.5 days (King's Fund, 2012)
rise in the number of overnight hospital stays, which cost the NHS £330m annually. **(**Nuffield Report 2011) In 2005, one in ten people aged over 50 had stayed in hospital as an inpatient in the previous 12 months (ONS, 2005).	
Benefits of improved physical health Reducing number of falls among the elderly. One third of all people aged over 65 fall each year =3 million (Age UK 2013). Age UK says evidence has shown that if elderly people take part in exercise programmes specifically designed to improve strength and balance, the risk of falls can be cut by up to 55%. (BBC, 2010) Physical inactivity costs £8.2 billion annually (NICE 2008) Physical activity has been shown to reduce risks for cardiovascular disease, coronary disease and high blood pressure. A recent study has demonstrated that people over 70 who exercise regularly show less brain shrinkage over a three year period, which causes problems with memory and thinking (Age UK 2012) Another study spanning 10 years revealed that women aged 75 or over and classed as active had a death rate 68% lower than those classed as least active (Sherman et al 1994	Falls of the Elderly can cost the NHS £4.6mn per day (Age UK 2013) The combined cost of hospitalization and social care for hip fractures (most of which are due to falls) is £2 billion a year or £6 million a day (Age UK 2013) Estimated cost per hip fracture patient is now routinely set at £28,000 (Age UK 2013) The only UK study cited showed that twice-weekly exercise classes led by qualified instructors are cost effective in the UK with an incremental savings cost per QALY of £12,100 (95% CI = £5,800 to £61,400) (NICE, October 2008)

(Some of this information was provided by Inner North West London PCT -Hammersmith and Fulham, Kensington and Chelsea, Westminster)

"Few of us have escaped the painful experience of loneliness. In the natural experience of growing up, our social relationships begin, change and end. In infancy, we first experience the distressing anxiety of being separated, often only temporarily, from loving caretakers. As children, we venture into a wider world of social relations where we try, not always successfully, to gain acceptance and friendship from peers. For teenagers, the exhilarating prospect of first love may in reality include experiences of love spurned or gone sour. As adults, our web of social relationships continues to shift. Social transitions are a fact of life in modern society and so is loneliness."

D. Peplau and L.A. Perlman, Loneliness: A Sourcebook of Current Theory, Research and Therapy (1982).

If you require any additional detail on the information contained in this report, please contact Dave Clarke on dave.clarke@bristol.gov.uk or phone 0117 922 4788