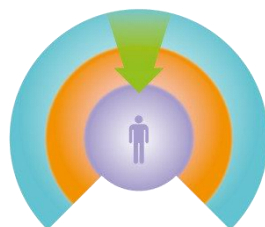# SOCIAL ISOLATION IN BRISTOL (2013)

Initial Findings 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.

October 2013

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

Summary of Main Findings

- Social isolation is a complex issue. Work on social isolation among older people has begun to explore the relationship between different factors in greater detail. Taking a similar approach with other groups affected by social isolation should be considered.

- Using Public health England estimates, there could be 20,013 people aged 18-64 experiencing social isolation in the city as well as between 6,291 and 11,438 people aged over 65.

- When wards identified as being 'high risk' in terms of social isolation for older people are cross referenced with those identified as being 'high risk' for other factors, such as long term unemployment, mental health needs and so on, many of the same wards appear in all categories – particularly Lawrence Hill, but also Southmead, Hartcliffe, Whitchurch Park, Filwood and Kingsweston.

- 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.

- Although social isolation is identified as a specific issue for older people, among other vulnerable groups it is sometimes treated as an 'aspect' or 'dimension' related to other issues, not necessarily as an issue in its own right.

- Older people and people suffering from a limiting health condition or the onset of a disability are particularly vulnerable to social isolation. A decline in physical mobility may impede one's ability to get out and about and therefore interact socially.

- Although older people living alone are most likely to experience social isolation, those living in residential care may also experience isolation, especially if they lack opportunities to participate in the community outside the care home.

- Social isolation is an issue for a range of other demographic groups, from women experiencing domestic violence, carers (both young and old), young or lone parents, lesbian, gay, bisexual or transgender young people, the long term unemployed, people with autism or a learning disability, those with a physical disability or long term condition, black minority ethnic and recent migrant communities.

- Social isolation may have different meanings and experiences in different cultures. Consideration needs to be given to developing and facilitating programs and activities that are culturally sensitive and inclusive for particular groups.

- Interventions to tackle social isolation should be more routinely evaluated from the outset, to highlight the economic benefits, as well as highlighting the costs of not intervening.

- Many people, older people in particular, but also those with learning disabilities identify transport issues as a major barrier to going out and meeting other people or attending social events.

- Some local facilities such as local shops, banks and pubs are vital to help maintain and build social networks and mitigate social isolation. It is important that, wherever

possible, such facilities are kept in local communities. Some research has suggested that essential services such as banks and post offices could be given their own category within planning regulations.

- For all groups affected by social isolation, developing or building on existing local social networks within individual communities is vital. This includes ensuring that the people affected by social isolation have a major role in developing the solutions, rather than have interventions imposed upon them.

- Social isolation and vulnerability are inter-related to broader questions about community and participation and building resilience in neighbourhoods. How do we create these resilient communities? How do we best build capacity in neighbourhoods in light of the on-going cuts to public sector budgets?

- Social isolation is difficult to measure because it involves many different factors across a wide range of geographies and communities. What indicators could be used to make an assessment and track progress across the city over time?

- Social isolation is known to be costly for individuals, communities and the economy. Can we build a business case for tackling social isolation? What are the costs of not intervening to tackle social isolation?

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It is a source of "national shame" that as many as 800,000 people in England are "chronically lonely".

Jeremy Hunt, Health Minister, October 2013

What is social isolation?

Some research draws 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 of all ages 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 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 (a larger version of this diagram is available alongside this report), 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.

How can social isolation be measured?

Despite the wealth of material that has been produced on aspects of social isolation there is still disagreement on the best ways to measure it as a specific issue and what the cause and effect relationship is. For example, social isolation is often linked to depression but it is not always clear whether depression is a cause or effect of social isolation. Similarly, does poor health lead to social isolation, or does living in an isolated situation predispose one to poor health?

Social isolation is sometimes linked to other concepts such as 'social vulnerability', or 'social exclusion', on the negative side, and 'social integration', 'social engagement', and 'social capital' on the positive side. Different authors can (and do) define terms differently - what one author considers to be social support, another might term social network. Measuring social isolation therefore requires a broad approach because of its all-inclusive character. One of the questions arising from this initial report is whether we need to develop a more comprehensive index of the various factors that can contribute to social isolation. This has already been done to a degree with respect to older people, as part of the valuable work undertaken as part of the preparation for the submission of the Big Lottery bid: Fulfilling Lives – Ageing Better, and the ongoing development of the Bristol Ageing Better Partnership, but it may be worth exploring in more detail for some of the other groups affected by social isolation.

Indeed, although treated as a specific phenomenon that affects older people, 'social isolation' is not necessarily seen as an issue to be addressed in its own right among those working with other vulnerable groups. Social isolation may be seen as an 'aspect' or 'dimension' of school bullying or long term unemployment for example, but something that should be addressed as part of a series of measures to tackle these wider issues.

Social Isolation:
A Contextual Overview

SOCIETAL **FACTORS**

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

COMMUNITY **FACTORS**

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

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

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 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

PLACES

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

INDIVIDUAL FACTORS

PEOPLE

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

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

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

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

LIFE EVENTS

Dave Clarke and Liz McDougall. Bristol City Council.
For further information contact **health@bristol.gov.uk**
BD4647

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, and is comparable to smoking 15 cigarettes a day or being an alcoholic.

There are studies that indicate that socially isolated older adults, for example, have longer stays in hospital, a greater number of physician visits and are more dependent on homecare services. 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.

Who is affected by social isolation?

Older people and people suffering from a limiting health condition or the onset of a disability are particularly vulnerable to social isolation. A decline in physical mobility may impede one's ability to get out and about and therefore interact socially. Similarly, a decline in vision and hearing can affect the ability to communicate which can have an isolating effect. Illness/disease combined with disability in later life has a significant impact on social engagement, thereby influencing life satisfaction. Although older people living alone are most likely to experience social isolation, those living in residential care may also experience

isolation, especially if they lack opportunities to participate in the community outside the care home.

For those who become ill and are homebound, home care workers may provide the main social contact. Illness can also be especially limiting for caregivers, who are often spouses. When caregiving becomes a full-time activity, the spouse's opportunities for social contact also become severely restricted.

An association between ageing and increasing loneliness/social isolation makes intuitive sense given a number of the contributing factors that are associated with social isolation: retirement from work, children growing up and establishing independent households, widowhood, the onset of chronic illness and increased time spent alone. However, it would be misleading to assume that social isolation is simply an issue which occurs and develops as people get older. Some studies do show a high prevalence of loneliness among adolescents, for example, so the relationship is not straightforward. Data from the European Social Survey indicates that loneliness can fluctuate throughout people's lives. Unfortunately, in comparison to studies done focusing on older people, there is fairly limited research focusing on social isolation as an issue for other demographic groups.

We do know, however, that access to networks of social support is important for women in abusive relationships, for example. Women who have experienced domestic violence in the past are less likely to be involved in a second violent relationship if they have access to adequate social support. Long-term abuse is decreased when supportive individuals provide information that improves access to resources.

Young parents, particularly if they are lone parents, can suffer from social isolation, not only due to the fact that pregnancy and the subsequent responsibilities of looking after a child can remove people from existing social networks, but also because factors like negative attitudes or prejudice expressed towards young lone parents within individual neighbourhoods can deter people from going out.

People with learning disabilities are also disproportionately affected. Young adults with an autism spectrum condition (ASC) are more likely to never see friends, never get called by friends, never be invited to activities and be socially isolated. Recent American research examined social participation among young adults with autism vs. those with other types of disabilities. 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. 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. 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.

Recent research has also found a correlation between young people's consumption of alcohol and feelings of loneliness and not fitting in to school environments. The research suggested that these feelings were especially significant among self-reported drinkers in schools where fellow students tended to avoid alcohol and were tightly connected to one another. When not surrounded by fellow drinkers, they are more likely to feel excluded socially.

The long term unemployed and those not in education, employment or training (NEETs) are also vulnerable to social isolation. In July of this year 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". The survey revealed that many feel isolated and are lacking in confidence - 40% feel they are not part of society, 36% believe they will never have a chance of getting a job.

Low income is a common issue for many people who experience social isolation, limiting their ability to travel and attend social activities or events. They may be in low paid or temporary employment, or in receipt of benefits. The impact of the government's Welfare Reform changes are likely to have a significant impact on people who may already have very limited funds to participate in social activity. It is expected that by 2014/15, the total loss to benefit claimants in Bristol will be £125 million. A number of people may also be forced to relocate from established social networks, due to the single room restriction for those under 35 years of age.

What does social isolation in Bristol look like?

Most studies that attempt to put a figure on the numbers of people who may be socially isolated within society tend to focus on providing estimates for the over 65s. In their study of 'Loneliness and Social Isolation Among Older People in North Yorkshire' the University of York and the Social Policy Research Unit state that 'overall, about ten per cent of people over the age of 65 in the UK are lonely all or most of the time'. In 'Combating Loneliness: A Guide for Local Authorities', the LGA and the Campaign to end Loneliness note that 'research over decades has found a fairly constant proportion (6-13 per cent) of older people feeling lonely often or always.' If an estimated 10% of over 65s in Bristol were considered socially isolated, that would indicate some 5,719 people (mid 2012).

In an event organised by Public Health England in May 2013 on social isolation and loneliness, Dr Justin Varney provided one of the few estimates that also considered social isolation among younger age groups, albeit only those aged over 18. He used a figure of 7% for the 18-64 population in England and Wales and between 11% and 20% for the over 65s. If these percentages were applied to Bristol (mid 2012) it would indicate figures of 20,013 people aged 18-64 and between 6,291 and 11,438 people aged 65 plus.

At present there tends to be more information available identifying social isolation as an issue for older people than there is focusing on other demographic or vulnerable groups. However, it is estimated that Bristol has over 4,000 people with some degree of autism spectrum condition (ASC). Current estimates suggest over half of these people will also have a learning difficulty and approximately 1500 people will have autism in the absence of learning difficulties. If the recent American findings are comparable, it would indicate that around 1,600 of those with some degree of ASC would never get together with friends and approximately 2,000 would never receive a phone call or get invited to activities.

Data from the census of 2011 revealed that there are around 40,000 Bristol residents providing unpaid care for others, over 16,000 men and over 23,000 women. As noted, when caregiving becomes a full-time activity, the relative or partner's opportunities for social contact also become severely restricted.

It is estimated that there are some 26,060 Bristol residents who are lesbian, gay, bisexual, or transgender (LGBT) - approximately 6% of the total population of the city. Evidence from the Bristol Youth Links Needs Analysis of 2012 indicates that LGBT young people often feel isolation and emotional distress following rejection by family or friends and can suffer from mental health problems linked to difficulties coming to terms with sexual orientation or gender identity. American research also shows that older members of the LGBT community experience higher rates of diabetes, hypertension, and disability than older heterosexual people. The research suggests that social isolation and lack of family support might be the reason for these extra health problems.

In June 2013 the number (5,260) of long term unemployed Bristol residents (claiming JSA for over 6 months) was the highest it has been since 1997. Moreover, the number of Bristol residents that have been unemployed for more than two years has been growing continually for the last two years. If a third of those claiming JSA for more than six months never left the house, as per the UCU survey, that would equate to some 1,752 people in the city.

It is inevitable that the welfare reform changes will lead to an increase in the levels of poverty and debt for a number of people who are already vulnerable to social isolation, as well as a potential increase in homelessness. Any attempt to address the issue social isolation will need to take into account the very real limitations and barriers being placed on some people by these wider societal changes.

A summary of the areas most affected in Bristol is presented in the following table:

Benefit Cap (total 400 cases)	Under-occupancy (total 4,500 households)
Lawrence Hill – 54 cases	Lawrence Hill – 460 households
Ashley – 43 cases	Filwood – 390 households
Eastville – 33 cases	Whitchurch Park – 262 households
Hillfields – 26 cases	Hartcliffe – 246 households
Easton – 27 cases	Southmead – 230 households
172 children living in top 30 households	Residents receiving housing benefit in social housing accommodation
All living in private rented accommodation	Some designated priority groups for Discretionary Housing Payments

Recent migrant communities can also experience social isolation, both individually and collectively, due to language difficulties or lack of social support networks, or even just due to lack of knowledge about what support is available. Over the last decade, the population of Bristol has become increasingly diverse and some local communities have changed significantly. The proportion of the population who are black minority ethnic (BME) has increased from 12% to 22% of the total population. There are now at least 45 religions, at least 50 countries of birth represented and at least 91 main languages spoken by people living in Bristol.

Whilst in 2001 the BME population largely lived in the inner city wards of Ashley, Easton, Lawrence Hill and Eastville, by 2011 the distribution of the BME population has extended out to the north east of the city. At the same time the proportion of the population belonging to a BME group increased in the inner city wards. In Lawrence Hill ward 55% of all people belong to a BME group compared to just 4% in Whitchurch Park.

Valuable work has already been undertaken in Bristol, identifying social isolation as a particular issue among Asian women, for example. Key to this was developing and facilitating programmes and activities that were culturally sensitive and inclusive. Social isolation may have different meanings and experiences in different cultures and therefore actions to address social isolation must be similarly flexible and adaptable.

In terms of available data, Bristol is fortunate in that, for the past 13 years, the local authority has conducted an annual Quality of Life survey, which goes out to around 20,000 Bristol residents. The Quality of Life survey asks several questions which relate to social isolation – how often do you meet friends and family and how often do you talk to, text or email friends and family? A summary of the 2012 QOL data showing the percentage of those who meet or talk to family and friends less than once a week is presented in the graphs on the following pages. It would appear that, in general, people were more likely to talk to friends and family than meet with them face to face.

Chart showing people aged over 50 who meet with family and friends less than once a week in responses to Quality of Life survey 2012
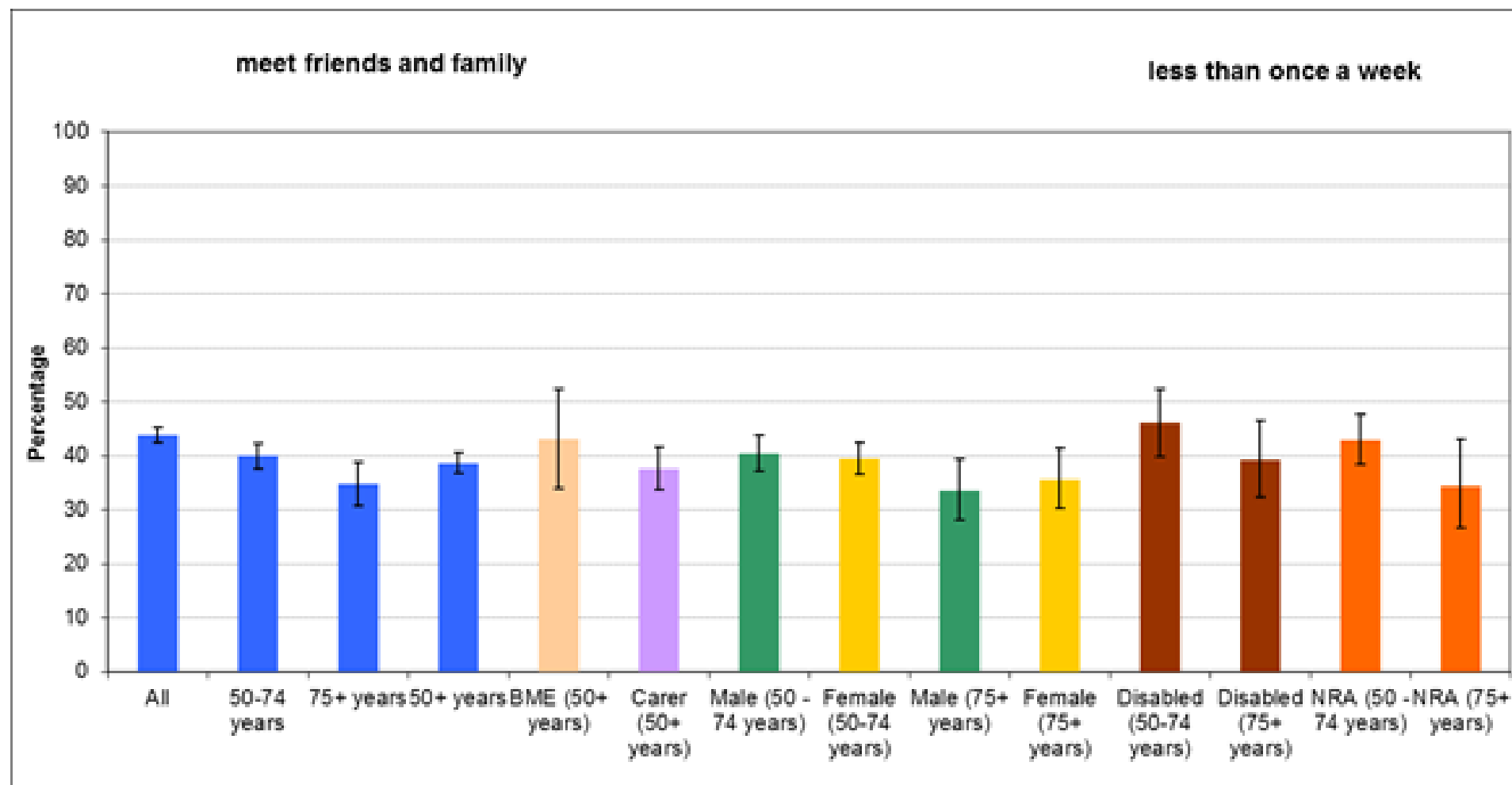
meet friends and family

less than once a week

Source: Bristol Quality of Life Survey, 2012.
NRA = Neighbourhood Renewal Area – most deprived areas of the city

Chart showing people aged over 50 who talk to family and friends less than once a week in responses to Quality of Life survey 2012
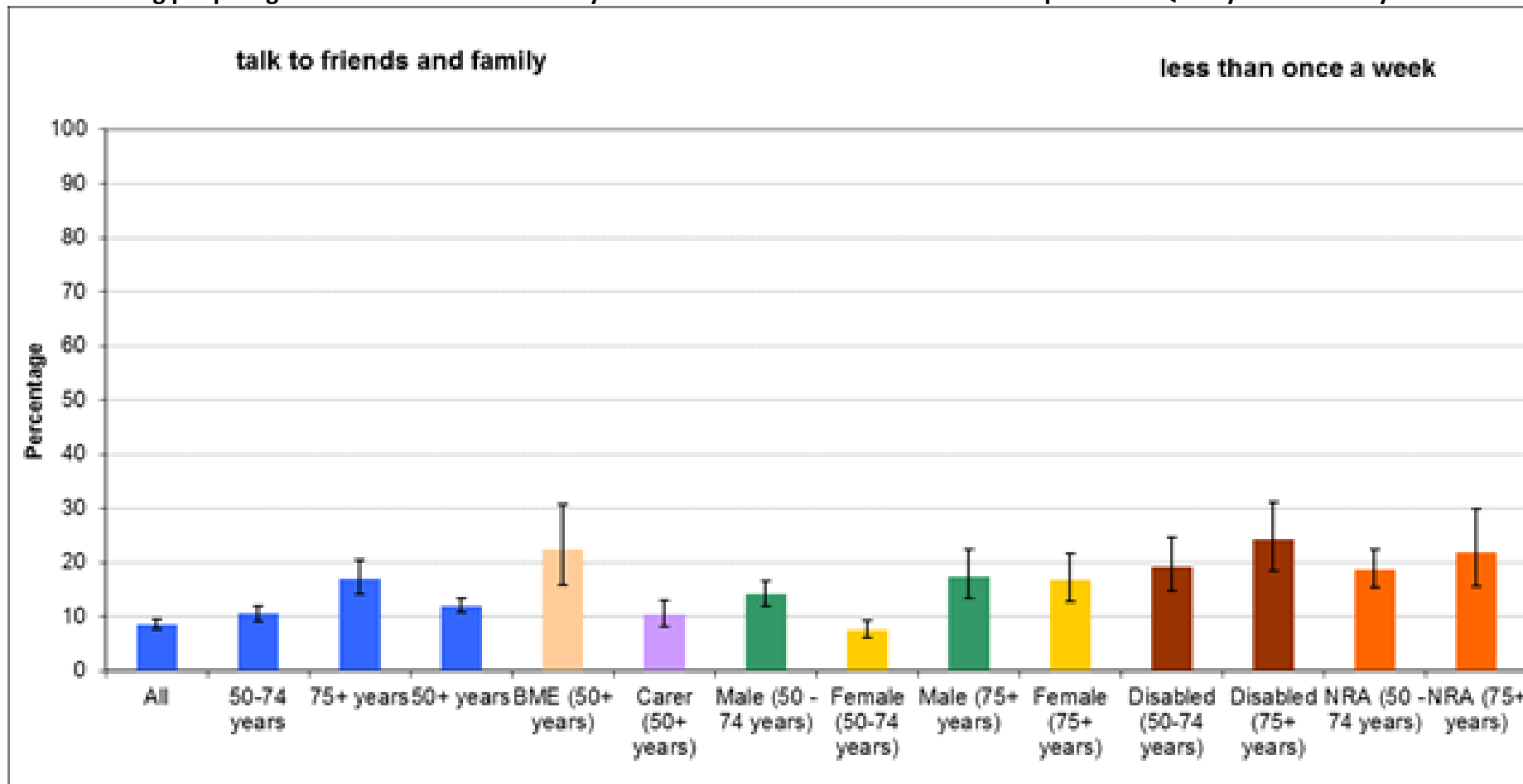
Source: Bristol Quality of Life Survey, 2012.
NRA = Neighbourhood Renewal Area – most deprived areas of the city

As noted, there is considerably more evidence available on social isolation as an issue for older people. This is due in part to the valuable work that was undertaken in preparation for Bristol's submission for the Big Lottery bid: Fulfilling Lives – Ageing Better, and the work of the Bristol Ageing Better Partnership, which is aimed specifically at tackling social isolation among older people.
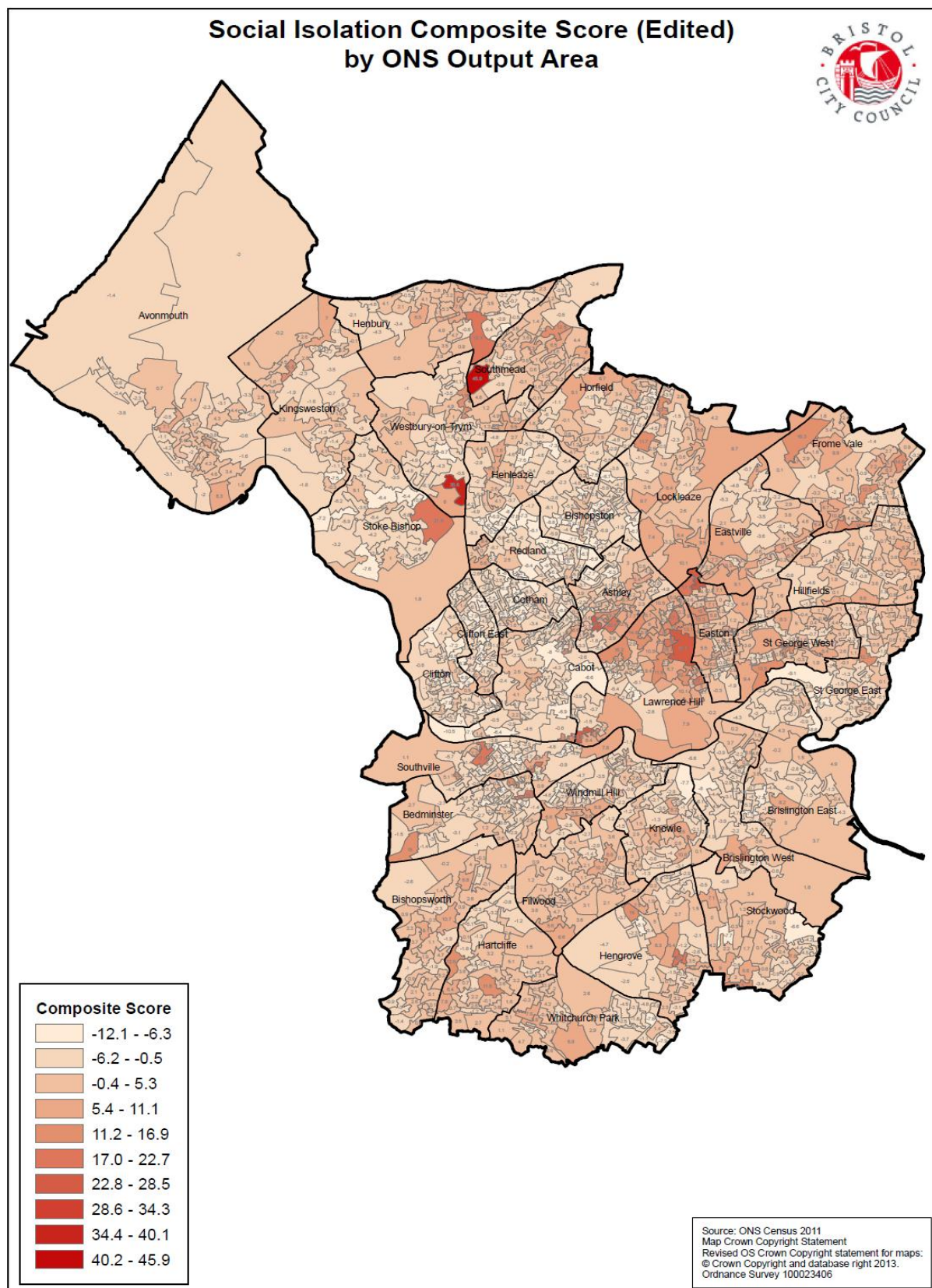
For the big lottery submission, there was recognition of the complexity of the inter-relationships between different factors which may affect social isolation and a 'loneliness index' was drawn up from a number of variables, which were then compiled to identify 'hotspots' of socially isolated older people across the city. Map 1 highlights what was discovered. It can be seen that there are particular issues in Lawrence Hill, Southmead, Easton, Westbury on Trym and Stoke Bishop, but also significant concentrations of socially isolated older people in places like Lockleaze, Eastville and Frome Vale.
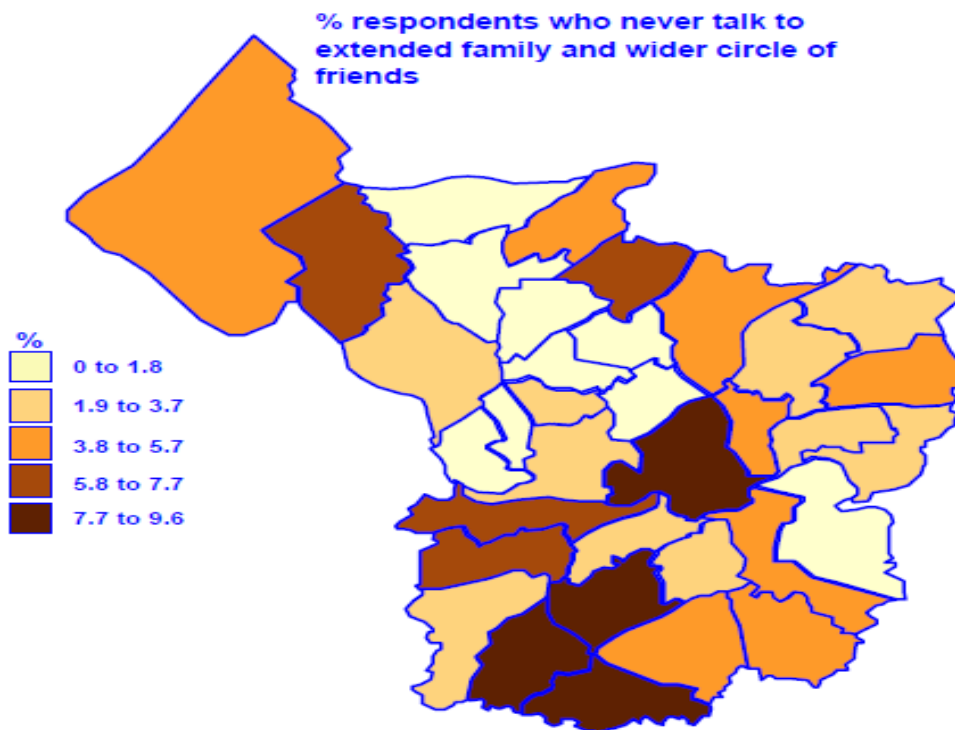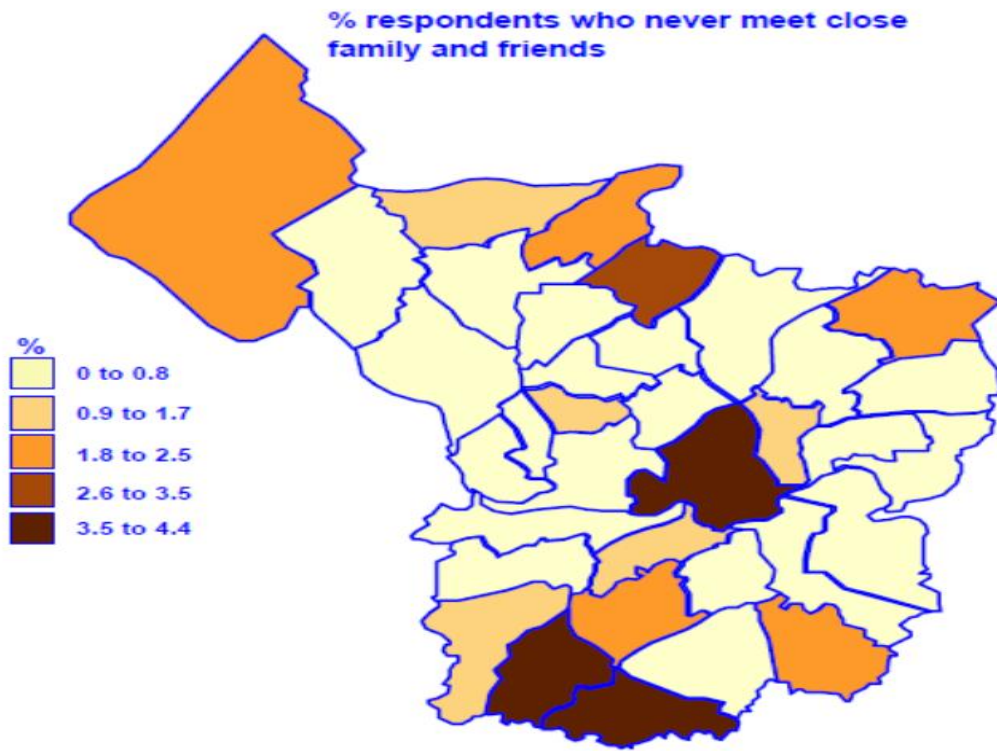
It is interesting to compare the social isolation composite score map with a number of other sources. We can map those who respond to the Quality of Life Survey saying they never meet or talk to close family and friends, for example (see page 17). We can also compare with our existing knowledge of socio-economic deprivation in the city (see the map on page 18). Often, this tends to focus only on the most deprived 10%, but if we look slightly wider, we can see that social isolation is also an issue in wards/areas identified in the most deprived 10-20% and the most 20-30%. Some Bristol wards feature in all such maps - Lawrence Hill is a ward which features prominently in the social isolation composite score map and where there are noticeable numbers of people reporting that they never meet close family and friends or never talk to extended family and wider circle of friends. Other wards that report low levels of social interaction with family and friends according to the Quality of Life Survey include Filwood, Frome Vale, Avonmouth, Hartcliffe and Southmead.

Another comparison that can be made is with the Mental Health Needs Assessment for Adults in Bristol. Social isolation, with its links to depression, is clearly related to mental health issues. The mental health needs assessment produced a risk score card and ward ranking 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. Long term unemployment, particularly in the south of the city is often linked to low business density in those areas, but there is research to indicate that that persistent worklessness is also linked to limited social networks that may be a feature of these neighbourhoods. A significant proportion of employment opportunities are never advertised, with jobs subsequently filled by people hearing about vacancies through social networks and 'word of mouth'. The long term unemployed are more likely to be 'out of the loop' in terms of these social networks which can be a significant barrier to regaining employment. Social isolation can also erode people's social skills over time, making the barriers even more difficult to overcome. Employment, much like school, college or

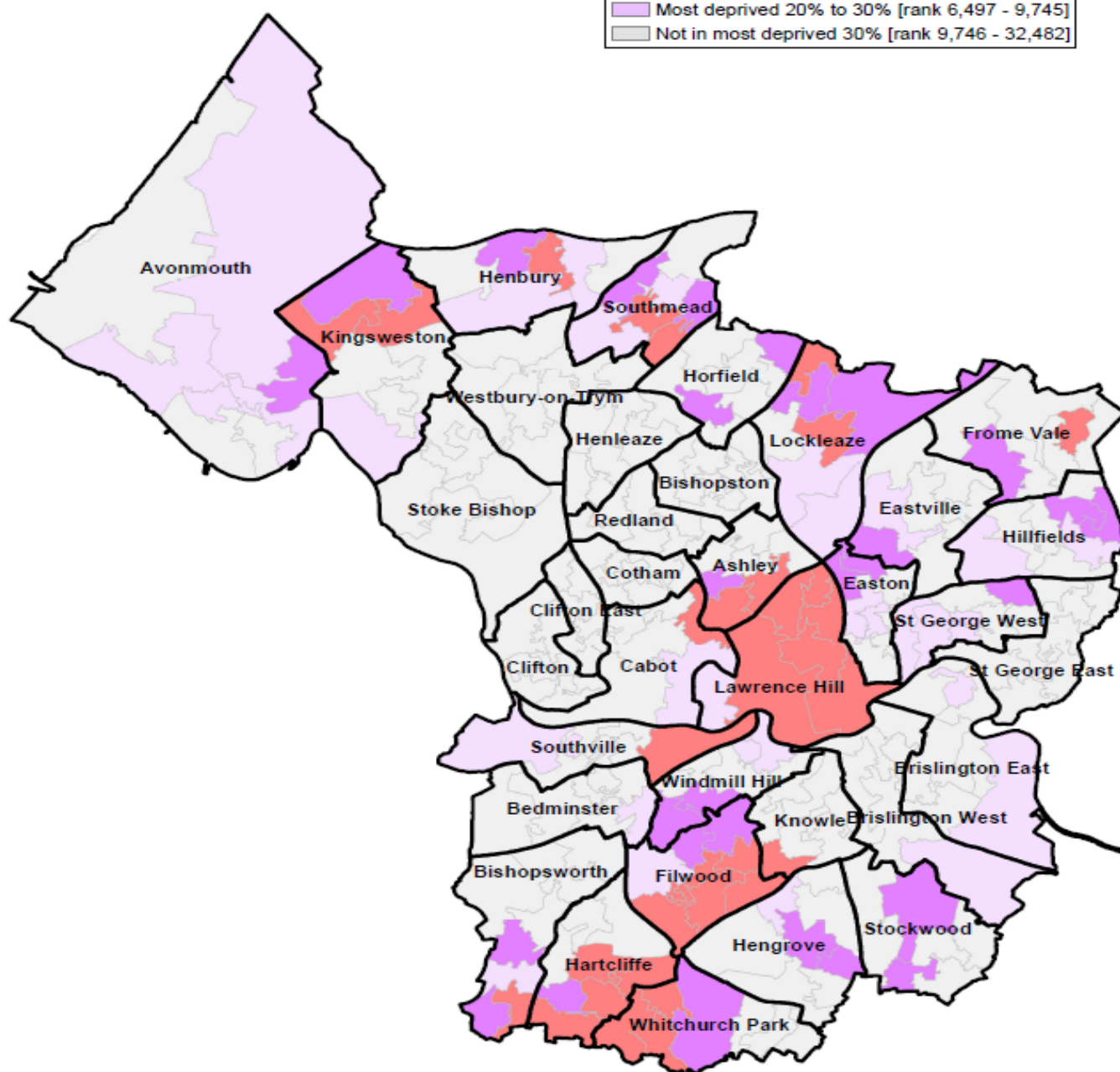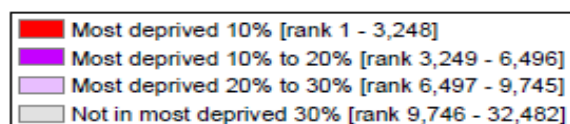**Map 1: Social Isolation among older people – composite score**

Social Isolation Composite Score (Edited) by ONS Output Area

Composite Score

	-12.1 - -6.3
	-6.2 - -0.5
	-0.4 - 5.3
	5.4 - 11.1
	11.2 - 16.9
	17.0 - 22.7
	22.8 - 28.5
	28.6 - 34.3
	34.4 - 40.1
	40.2 - 45.9

Source: ONS Census 2011
Map Crown Copyright Statement
Revised OS Crown Copyright statement for maps:
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Ordnance Survey 100023406

% respondents who never meet close family and friends

%
- 0 to 0.8
- 0.9 to 1.7
- 1.8 to 2.5
- 2.6 to 3.5
- 3.5 to 4.4

% respondents who never talk to extended family and wider circle of friends

%
- 0 to 1.8
- 1.9 to 3.7
- 3.8 to 5.7
- 5.8 to 7.7
- 7.7 to 9.6

Source: Quality of Life Survey 2012

Map 2: Most deprived 10-30% areas of Bristol in 2010

Deprivation in Bristol 2010

Source: DCLG English Indices of Deprivation 2010
analysed by Strategic Planning, Bristol City Council

Most deprived 10% [rank 1 - 3,248]
Most deprived 10% to 20% [rank 3,249 - 6,496]
Most deprived 20% to 30% [rank 6,497 - 9,745]
Not in most deprived 30% [rank 9,746 - 32,482]

Avonmouth
Henbury
Southmead
Kingsweston
Westbury-on-Trym
Horfield
Henleaze
Lockleaze
Frome Vale
Bishopston
Eastville
Hillfields
Stoke Bishop
Redland
Ashley
Easton
Cotham
St George West
Clifton East
Cabot
St George East
Clifton
Lawrence Hill
Southville
Brislington East
Windmill Hill
Bedminster
Knowle Brislington West
Bishopsworth
Filwood
Stockwood
Hengrove
Hartcliffe
Whitchurch Park

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Contains Ordnance Survey data © Crown copyright and database rights 2013.
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university, provides a 'route in' to wider society, allowing for everyday interaction with people and the opportunity to develop friendships and relationships.

One of the main reasons that 'retirement' features as a significant life event which can subsequently lead to social isolation is precisely because of the vital role that employment plays in keeping people connected to other people.

One of the questions arising from this study is whether we need to adopt such an 'index' approach for other groups affected social isolation. Obviously the key indicators would differ according to which group of people are being targeted, but adopting such an approach would help both in identifying the issue more clearly for a range of groups who may be vulnerable to social isolation, and also whether any interventions were having an impact in reducing social isolation.

Social isolation and the wider community

i)   Transport and liveability

Transport issues are commonly cited as a barrier for people to engage with the wider community in Bristol. It is particularly an issue for older people, but has also been noted as a significant issue among adults with learning disabilities. A recent report by the Royal Voluntary Service (formerly WRVS) found that both public and community transport provide a vital service which allow people to remain active and independent as they age. The key to social connectedness and an active life, they noted, is accessible transport to help people get out and about as they grow older.

Yet, transport issues can affect social isolation in other ways also. In 2011, several researchers at UWE replicated some late 1960s San Francisco (SF) based research into the effect of traffic on neighbourhood social interaction. The original study highlighted that people living on streets with heavy traffic have only one third the number of social connections as people living on light traffic streets. UWE used three Bristol Roads for their study - Dovercourt Road (light traffic use), Filton Avenue (Medium traffic use) and Muller Road (Heavy traffic use). The results are presented below.

Comparison of Bristol research findings with San Francisco (SF) original study

|	Light traffic street		Medium traffic street		Heavy traffic street	
Study	SF	Bristol	SF	Bristol	SF	Bristol
Traffic Volume	2000	140	8,000	8,420	16,000	21,130
Average # friends	3	5.35	1.3	2.45	0.9	1.15
Average # acquaintances	6.3	6.1	4.1	3.65	3.1	2.8

The results appear to confirm the original findings- that heavy traffic makes it less likely that you'll have friends or acquaintances on your street. The average number of friends reported on the 'Light traffic street' (5.35) was greater in the Bristol study than in the original San Francisco study (3.0). This difference, the researchers argue, could be attributed to the

much lower traffic volume of the Bristol Light traffic street, compared with the San Francisco study (140 vs. 2,000 vehicles/ day).

The UWE study notes that heavy traffic can erode social capital in neighbourhoods in a number of ways. First, activities that lend themselves to social interaction- such as gardening and sitting outside- are especially vulnerable to traffic-related environmental impacts, particularly noise and air pollution. Second, as traffic increases, so does the barrier effect between opposite sides of the street- residents on the street with heavy traffic often had to wait as long as 5 minutes just to cross to the other side. Finally, the threat of being hit and injured or killed by a car in the street environment not only discourages people from spending time there, but those who do may be more likely to be on the defensive, and less inclined to engage in conversation with a stranger.

Research shows that people who live in neighbourhoods where they can walk to local services tend to have better social networks and have more social contacts than those who live in areas dependent on high car usage. Those in walkable neighbourhoods are more likely to know their neighbours, participate politically, trust others and be socially engaged.

In the 2010 Quality of Life Survey, residents were asked about the liveability of their neighbourhoods, in terms of a good quality street scene and the absence of pollution. The results are noted below. As can be seen, Lawrence Hill again features, with only 38% identifying their neighbourhood positively, as opposed to 77% in Stoke Bishop.


Liveability indicator

%
- 37.9 to 45.6
- 45.7 to 53.4
- 53.5 to 61.3
- 61.4 to 69.2
- 69.2 to 77
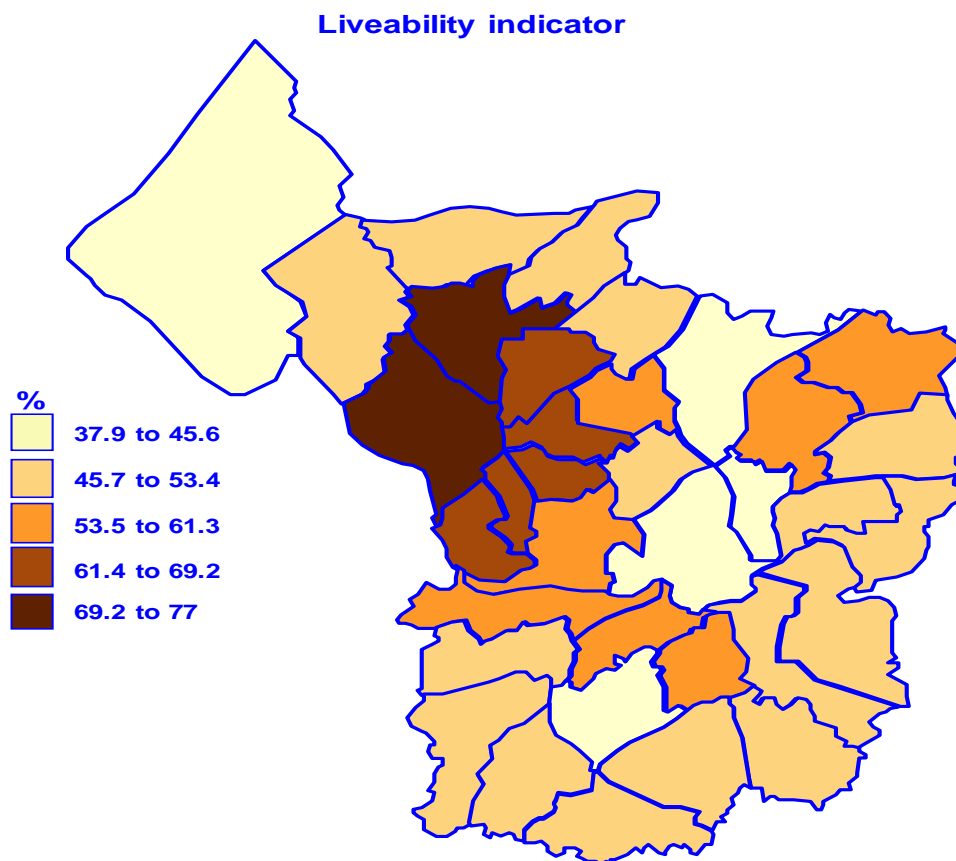
Source: Quality of Life 2010

ii)   Technology and Social Media

Research is still somewhat limited in terms of the impact of social media and technology on social isolation. It is sometimes offered as a potential solution for older people experiencing isolation for example. Only recently, government ministers suggested video conferencing and emails on tablet computers as a way for elderly people to stay in touch with their families. Indeed Bristol is doing some work which is specifically devoted to working closely with older people to develop their comfort and abilities with new technology. Yet technology is not for everyone, and a number of older people have no real interest in computers or the internet, preferring more traditional 'face to face' contact.

For some younger people, however, social media and technology is extremely important, and they do not draw such a clear distinction between 'virtual' contact and 'face to face' contact. Research shows that most teenagers have a social network profile and use social media sites daily. What drives this is young people's desire to stay in touch, express themselves and share experiences. Young people tend to intermix forms of communication. For many, online communication is used primarily to sustain local friendships established offline. However, this is not always the case and for some vulnerable people there are risks, including online bullying, access to inappropriate material and attacks on personal safety.

Once again, however, access to such technology is at least partially determined by socio-economic factors such as income, with parts of the city using the internet far more frequently than others. As indicated in the Quality of Life survey, Clifton East has the highest number of respondents who use the internet at least once a week, with the lowest areas being Hartcliffe, Filwood, Whitchurch Park and Lawrence Hill.

% respondents who use the internet at least once a week

%	
	57.2 to 63.9
	64 to 70.8
	70.9 to 77.6
	77.7 to 84.6
	84.6 to 91.4
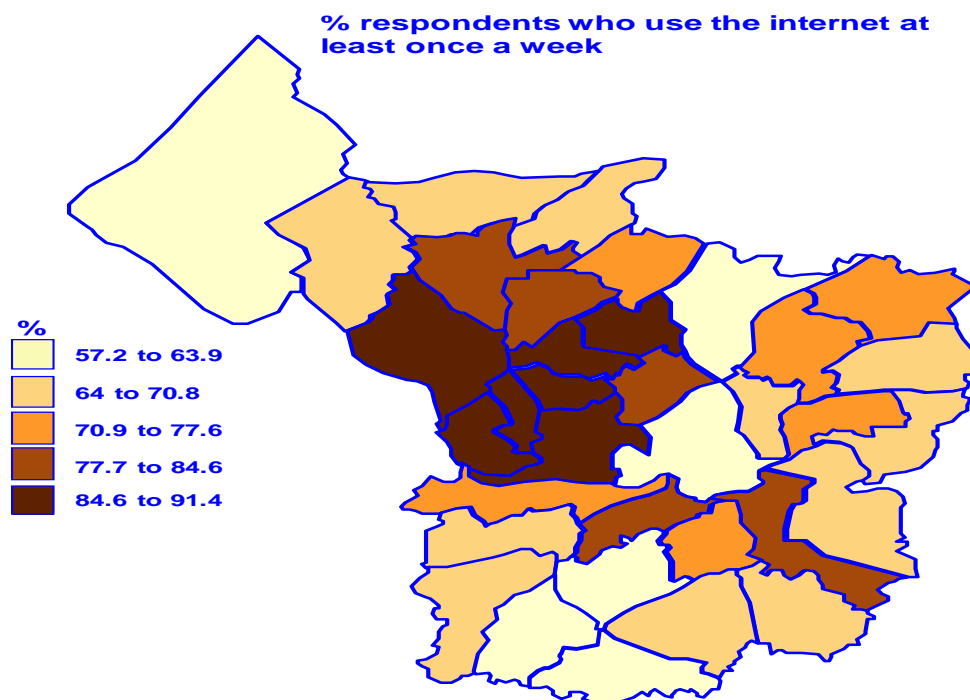
Source: Quality of Life 2012

iii)   Community assets

In their recent study of social isolation among older Londoners (2011), the Institute of Public Policy Research (IPPR) called for public sector organisations to support the development of places in which people can interact, particularly in light of the ongoing withdrawal of shops, banks and pubs from local communities. The IPPR recommended that planning loopholes that allow essential local services to change use without planning permission should be closed. They called for essential services such as banks and post offices to be given their own category within the 'A' use class, and stated that it should not be possible to automatically change use outside of this class. Any change of use would therefore be subject to planning permission. They also recommended designing services around relationships, rather than fixed institutions and procedures. Social care in particular, they note, relies too heavily on hospitals and impersonal home care, rather than effective services in the community. They advocated the creation of a community information infrastructure, based on face-to-face contacts, peer support, web technology and a single point of access. Older people, in particular, they note, are unable to connect with those around them, or make decisions about which services to use, without an effective flow of information about what is available.

These are valid observations and the emphasis on developing community assets and building on community information infrastructure is worth developing further in Bristol. To some extent this can build on existing good practice that is already underway.

iv)   Asset mapping

"Asset mapping" is a process involving the community in creating an inventory of assets and capacity, and by building relationships and developing a vision of the future. Assets may be tangible, in the form of people, buildings, and natural resources, or intangible, such as the local knowledge of a community.

Comprehensive asset mapping (in terms of recording the people, organisations , skills etc available in each individual area across the city) has not yet been formally undertaken in Bristol. However, the local authority has mapped the buildings available in communities (see http://maps.bristol.gov.uk/communityvenues/) and a range of health, wellbeing and community services in Bristol and surrounding areas are listed through online facilities such as Well Aware (see http://wellaware.org.uk/).

There have also been a number of specific projects which have incorporated elements of asset mapping, such as 'Bristol's People and Place project, undertaken by Bristol Museum's Galleries and Archives, to support and empower Looked After Children/young people in care, the Windmill Hill City Farm 'Active Citizens project' to map local community facilities, the Bristol InterLETS scheme (see www.loissoftware.co.uk/bristolinterlets/index.asp), which seeks to provide a means whereby local people can trade with each other without using money and the Bristol Artshine scheme, an Arts on Referral project for people with mild to moderate mental health conditions.

v)   Building on and developing existing social networks

Local communities are facing one of the greatest tests of their resilience in recent memory. On the economic front, the financial crisis and subsequent economic downturn has disproportionately affected those least equipped to withstand its impact. Reduced public services, high unemployment and threats to individual welfare support are becoming a significant strain on individual and community relations.

The Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA) is undertaking a five-year study in seven deprived areas of England, including Knowle West in Bristol to better understand how people's social and community connections - *who they rely on, who they have fun with, who they get advice from, where they go locally* - impact on their wellbeing. The initial findings from the Knowle West study highlight that:

- The most satisfied people have one to four close friends – not more.
- Being mentioned by others – as somebody people enjoy spending time with, receive information or support from, or see as a source of authority – is linked to better life satisfaction.
- There is evidence that the middle aged groups have lower life satisfaction than other groups.
- Some evidence that older people in Knowle West are more at risk of low life satisfaction than they are nationally.
- There are very low advice levels: few people have people they get advice from. There is some reliance on doctors for this kind of support.
- There are very low levels of activism and links to authority.
- Unemployed people and those with low health satisfaction have lower life satisfaction.
- Neighbourhood satisfaction has a significant effect; the more dissatisfied somebody is with the local area, the lower their life satisfaction.
- Those surveyed tend to have lived in the area for a long time – 7 out of 10 have lived there for over ten years.
- Older people tend to be more religious.
- The older you get, the more likely you are to be off work due to illness.
- Men in Knowle West are less likely to have access to information about the local area or to know people who get things done locally.

Conclusion

One of the questions arising from this report is whether there should be more emphasis given to 'asset mapping' across the city. One factor which is common to all groups who may be vulnerable to social isolation is the vital importance of developing and/or building on existing social support networks and community assets.

With statutory duties being rapidly reframed as community responsibilities, there is an identifiable need to better understand what sort of formal and informal support is currently out there as well as a better understanding of what factors can encourage or discourage community participation. Sometimes this is merely a matter of signposting. Lack of

awareness about what resources are out there can be as much an issue as a lack of resources themselves. However, it is certainly true that some communities will have access to more 'community assets' than others. Tackling social isolation is clearly related to broader questions about building capacity and resilience within individual neighbourhoods.

Going forward, there are a number of questions to consider:

If it is accepted that social isolation can occur as a result of factors at the individual, community and wider societal level – what best can be done to tackle social isolation at each of these three levels? At the community level, for example - How do we create more resilient communities? How do we best build capacity in neighbourhoods in light of the on-going cuts to public sector budgets?

Social isolation is a complex issue and not straightforward to measure -   what measures could be used to make a baseline assessment of the issue which is relevant to different geographies and communities citywide and track progress over time?

What are the costs of not intervening to tackle social isolation?
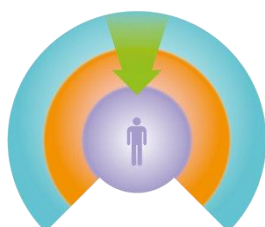
If you require any additional detail on the information contained in this report, please contact Dave Clarke on dave.clarke@bristol.gov.uk or phone 0117 922 4788