



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

AGENDA ITEM 5

Social Isolation – progress and challenges	
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Date of meeting	2 April 2015
Report for Discussion	

1. Purpose of this Paper

To provide an update on progress against the social isolation theme of Bristol's Health and Wellbeing Strategy.

2. Executive Summary

This report provides information about social isolation in Bristol and projects and initiatives underway or in development to address the issue. This includes Bristol's major initiative to tackle social isolation amongst older people, Bristol Ageing Better, and pilot work with other groups within different neighbourhoods who are experiencing social isolation. Some key challenges will be identified.

3. Context

Social isolation is one of the themes in the Health and Wellbeing Strategy.

4. Main body of the report

Scoping work began in 2013 when Bristol was one of 6 local authorities selected to work with the Marmot Team at University College London on a health inequalities project. Bristol's project was social isolation.

A major report was produced which took a life-course approach to social isolation, identifying the circumstances, settings and risks likely to result in social isolation. It also identified which groups in Bristol were at greatest risk. (Copies of the reports and other resources are available at <http://www.bristol.gov.uk/page/adult-care-and-health/social-isolation>).

This scoping report contributed to a successful bid for Big Lottery funding. As a result, Bristol Ageing Better, a partnership of over 100 organisations, is developing a five year programme to address social isolation amongst older people. This programme begins in earnest in Spring 2015 (see Appendix 1).

Meanwhile, pilot work with other groups experiencing social isolation has been underway in local communities. This has been led by Bristol Public Health's community development teams (see Appendix 2).

5. Key risks and Opportunities

Social isolation presents risks to individuals' physical and mental wellbeing and to life expectancy. It is a major cause of depression. Older people, and particularly the frail elderly, are at particular risk of social isolation but other individuals, groups and communities are also likely to experience social isolation. Life events and transitions are often trigger points (for example, having a baby, bereavement, redundancy, retirement, moving home or migration). People living with some conditions (for example, dementia and mental health issues) are more likely to experience social isolation.

Addressing social isolation has the potential to improve individual health and wellbeing through increased social connectedness. If successful, it can help to reduce dependency on public services, for example, by reducing the number of GP visits, the number of admissions and long term stays in hospital. The evidence base for cost effectiveness is not yet robust but shows promise.

6. Implications (Financial and Legal if appropriate)

None.

7. Conclusions

Many of the projects which provide support to people experiencing social isolation are small scale. Ensuring that social isolation is a thread that runs through commissioning would help to add value to their work and allow for more joined up working across geographies, communities and different interest groups.

8. Recommendations

- (i) For the Board to comment on the work to date
- (ii) To provide recommendations for priorities for future work

9. Appendices

- 1. Bristol Ageing Better Framework
- 2. Social Isolation Projects: Progress Report
- 3. Evaluation for Inner City Bristol Social Hubs

Attached is also a presentation by Nick Hooper, Service Director, Housing Solutions and Crime Reductions.

Bristol Ageing Better Initiative Framework



1. Age Friendly City

Achieving Age Friendly City status to provide a strategic vehicle for action across a comprehensive range of domains, all of which impact on the risk of isolation and loneliness.

2. Public Understanding

Aardman Animations to work with older people to co-produce an animation and BBC will collect life stories – all with intention of changing the general public's thinking about loneliness.

3. Asset Based philosophy

A programme of training in asset based practice to bring about a significant culture change in statutory and voluntary sector staff working with older people in Bristol.

4. Preparation for Later Life

Structured curriculum to help people adopt a positive approach to later life and in particular to build resilience against loneliness

5. GP Case finding

Proactive scanning of patient lists (especially those 85 plus) with follow up to identify those at risk of loneliness or isolation.

6. Social Prescribing

A pathway to refer isolated older people to support from within the community in order to promote their wellbeing and encourage social inclusion and self-care

7. Community Navigators

Volunteers trained and supported to undertake holistic assessments and signpost people to appropriate support.

8. Community Case finding

Local community figures to be trained in identifying older people who are at risk of loneliness and isolation, with simple referral process to alert concerns.

9. First Contact Checklist

A series of simple but holistic questions that a wide range of public and voluntary sector staff can ask in their day to day contact with older people, with simple referral mechanism

10. Community Development for Older People

City wide roll out of successful LinkAge community development model. Community activities for and provided by older people. Asset based approach in action.

11. Schools for All Ages

A major intergenerational programme with local schools to make them hubs of intergenerational activity, with a focus on involving isolated older people who live in the local area.

12. Community Chest fund

A fund for community groups who have an idea for challenging and changing the causes of isolation and loneliness to apply to for 'pump priming' resources.

13. Community Researchers

Train and support a group of older people to become competent in qualitative research. They would undertake community audits and some evaluation of the Lottery programme throughout its life.

14. Wellbeing Service

A response service for the 'community case finding', this will provide brief solution focussed therapy for those with emotional problems which contribute to isolation and loneliness.

15. Group work and peer Support

A programme of group work and peer support for those at risk of loneliness (e.g. bereaved, carers). Some with professional facilitation; others 'self help' based.

16. Combining Personalisation with Community Empowerment (CPCE)

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

Appendix 2

Social Isolation Projects: Progress Report

March 2015

1. Background

The term “social isolation” is well used and well understood with regard to older people and there is a rich body of data and research which identifies the most effective and cost effective interventions. Outside the older age group, this becomes harder to find. The Initial Research Findings Report for the Marmot Social Isolation project (October 2013), identified a number of other demographic groups at risk of social isolation. These include: people from black and minority ethnic groups, people with physical and learning disabilities, carers, young parents, (middle aged) men, lesbian, gay, bisexual and transgender people.

1.1 The Social Isolation Initial Findings Report made a distinction between socially isolated individuals and socially isolated communities. Socially isolated individuals might be people who lack social connections and are lonely. People living in socially isolated communities may be internally connected amongst themselves but, as a community, be apart from others. The strategies and interventions required to address individual social isolation are likely to differ from those required to address socially isolated communities.

As a response to the Initial Findings Report, Bristol Public Health provided funding for some small-scale projects in the North, Inner City and South of the city to explore what might work for individuals, groups and communities, across a range of issues.

A total of £60K funding was provided (£20K in each of the three localities). Because of the distinctive characteristics of these three parts of the city, it was decided to fund projects which focused on the most socially isolated individuals and groups from within those geographical communities (BME women, BME elders, young parents, men, and people with learning disabilities). The ambition was to make comparisons between projects in all three locations and explore differences and similarities by geography and demography. A breakdown of all funded projects is provided in Table 1 below.

Using available evidence, health promotion interventions that appear to have an impact on social isolation have the following components:

- They have educational as well as social aims
- They target specific groups of people
- They give individuals in the group some control over content

The projects that were funded are still underway. The information in this report is based on progress so far and the learning from this period.

2. Summary of main issues

2.1 Projects need time to build relationships, recruit participants and experiment with what works

- *The men's project at Knowle West Health Park started with baking bread with a few participants at first, then by experimenting with different activities more men were involved. What seems to work is when the men feel that they are needed and are contributing to their community*
- *The Roots project has developed from just a social trip for isolated women and elders into a wellbeing programme of social trips, physical activities, gardening and walks in nature. It has also developed from individualized attendees into cross groups interaction where older people of various groups went on one trip together to build community cohesion and open up new friendship/membership opportunities.*
- *Initially we made the Southmead Young Mum's Group too structured and gave them too much information. They like to have a safe space to relax and go at their own pace and the worker funded by the social isolation money is able to support that and respond to what is needed at the right time. The group has recently applied to Green Capital for funding to develop the garden space at the back of their new meeting room so they can enjoy the space with their children.*

2.2 Many of the participants in these projects need a helping hand to get to that point.

Trust in the providing agency and continuity is also important factors. People often take a long time to decide to join in.

- *The Golden Ages groups is fully run by volunteers amongst older people, some aged 70 years and above, for decades, they have to organize events, cook for members, book speakers and attend meetings on behalf of the groups and on a top of that to fundraise for the running costs. Unless adequate support is provided to enable them to reach out and attract new people and welcome new members many older people are losing out on such fantastic social interaction opportunities and the group also losing out on the benefit of new members who could support the work.*

- *Southmead Young Mum's Group has grown slowly over several years and the creation of a safe space with trusted people supporting the group is essential to the members.*
"I benefit most from the interaction with other young mums that are going or have been through similar to me and being able to have the confidence to talk honestly with the volunteers if I'm feeling down or have something I'd like to talk about" Quote from Group member
- *The Wellbeing Worker at Lockleaze Neighbourhood Trust has used the opportunity of a brand new community centre to reach out to new people who hadn't participated before. The centre manager said this outreach role has 'changed people's perceptions of what they can do in their community'.*

2.3 Working with other teams and organisations to integrate different groups

There are groups operating in the same geographical locality who are unaware of each other and/or do not work together. These groups need to be encouraged (as a condition of funding?) to work collaboratively. Similarly, initiatives supporting specific groups (for example, BME elders) in different parts of the city should be encouraged to join up and share experience. Whether groups are willing and able to do this is often shaped by how the group originated and who the key players are or their capacity.

- *A cooking project for long term unemployed which piloted in Hartcliffe is now being run again in Hartcliffe and Knowle West, with the 2 providers working in partnership to develop and improve the intervention.*
- *The Roots Project in the inner city was set up by the health improvement team to bring older people's groups together to connect and build relationships. The benefit of linking the groups to the team is that health champions and health trainers could refer isolated individuals into the groups and support the groups with some wellbeing activities and help health promotion within high risk groups.*
- *The K Club at Southmead Community Centre has brought new people into the centre to pursue shared interests and hobbies and has led to regular groups playing chess, learning bridge together, knitting and gardening. The gardening group is now linking with the Young Mum's Group who meet next door. There are also plans to link with a new project which is encouraging people with dementia to access community gardens.*

2.4 Small projects and long term sustainability.

Many of the projects involve small numbers of people supported by volunteers. These projects can be very valuable and are potentially very cost effective and cover key high risk and very isolated groups, but they need support, encouragement and challenge to collect appropriate data in order to demonstrate effectiveness and to integrate them into wider programmes. The value of groups could be improved significantly if they remain open and accessible and put more efforts to attract new members.

- *the fund was used to produce a report (attached) for the older people groups in the inner city which shows efficiency and cost effectiveness in tackling social isolation, mental health and other wellbeing issues faced by older people.*

2.5 The wider health and wellbeing benefits

The groups, in addition to their social value, are important health and wellbeing hubs where health improvement teams can provide support and appropriate interventions to tackle physical and mental illness and promote self-care and prevention such as falls prevention, dementia awareness, and diabetic support sessions and so on.

2.6 Measuring progress

The pilot projects were all asked to pilot the same measuring tools and to make suggestions for improvements. These tools will be reassessed in April following the end of year reports and refined using feedback and national developments in measures of social isolation.

With contributions from Mohammed Elsharif, Judith Taylor and Gill Brookman, Public Health Improvement Managers for the Inner City and East, North and South respectively.

Adapted and updated from a report by Liz McDougall, October 2014

Further information

Copies of the original research report, initial findings and resource materials can be found at: <http://www.bristol.gov.uk/page/adult-care-and-health/social-isolation>

**Table 1: Public Health Funded Social Isolation Projects: Six month progress
October 2014**

Area of City	Project	Progress
South		
	Hartcliffe and Withywood Community Partnership BME Group Hartcliffe	40 people have attended the group to date. Participants report increased awareness of local services and support, making new friends, providing a voice for local and individual concerns, connecting people to their local community.
	Knowle West Health Park BME Group Knowle West	This is a new project; the primary activity to date has been making connections (with faith and community groups) and identifying key issues. Safety has been identified as a priority and a community cohesion event, 'Knowle West Fest' is planned. There will also be events for children in order to engage families.
	HHEAG Lunch and more	There have been 15 participants, mainly people with mild to moderate learning difficulties. It has been a challenge to get people to take part, even when community transport has been offered. Participants have commented on the benefits of eating together.
	Children's Centre Women's Group	This is a support group which has focused on confidence building with women experiencing abuse or other issues. All of the 14 women are recruited by personal contact. There have been significant benefits for individuals. They have set joint goals and worked towards them, completing the Couch to 5K programme and they are currently considering health champion training. This is a collaborative project with Public Health and the Children's Centre.
	HHEAG Cooking for Others (A new group)	6-12 participants are attending weekly sessions as part of a rolling programme. They are building good relationships and enjoying being part of the group. They are starting an entry level qualification in catering. They are encouraged into other activities and some have gone on to volunteer with other food related organisations once they have finished the course. The course will be repeated in April in KnowleWest and Hartcliffe by two different organisations working in partnership, using the learning from the first courses.
	Age UK Telephone Befriending Plus The purpose of the project is to offer befriending to older people via the phone and then	Participants report increased use of community transport, housing support and they have recruited 3 new volunteers.

	encourage them to get out and about.	
North	Lockleaze Neighbourhood Trust Lockleaze is undergoing major change including new housing developments. A new community building opened on 6 September.	Employed 1 part time worker to carry out health checks and social prescribing. The worker has been in post for 3 months. The priority is to encourage local people into the new community centre, particularly older people and young families. Newcomers and local residents are being asked to consider volunteering in the local community.
	Southmead Community Association Funding for 3 projects.	(i) Support worker for Young Mum's Group. To date there has been an increase in the number of young mums attending. Participants often have high levels of need and the focus has been on events, courses, confidence building and raising aspirations. The worker's role has been to promote networking and referrals.
		(ii) Older Women's Knitting Group. A leader has been appointed but withdrawn due to paid work affecting their benefits entitlement. Participants do not travel far and want a comfortable space to meet.
		(iii) K Club This project is encouraging people to use the centre for activities that are not based in the bar. So far, skittles and board games have been successfully introduced. 3 new groups have been set up (bridge, gardening and knitting) and links are being established to other groups which should help to sustain these (for example, the gardening group are working with Bristol Zoo).
Inner City and East	Chinese Women's Group	This project has two main priorities: (i) enabling the group to measure and monitor what they do better so they can make better progress and (ii) bridging communities. This means encouraging the Chinese Women's Group to join up with other groups with common concerns and develop better data collection. It helps them to show impact of the group on health and wellbeing of the participants.
	Wellspring Healthy Living Centre Time Out	This is a project for white, working class men or who are unemployed. It encourages participation and group activity as a means of improving health and taking steps back to employment.
	Somali Elder Men's Group	This is a new group. The fund provided a fund to set up to the only somali elders group in the city so far and helped them to run activities and activate

		the role of somali elders in the communities. The groups in addition to the social opportunities were running session in intergeneration issues facing somali young generations and enabling older men to play effective social role(as tradition) in the life of Bristol social population.
	Bristol Muslim Cultural Society Women's Group (from different cultures) Support Group	The project was set to run social activities for very isolated women groups and enable them to social interact with the wider communities. The social isolation was identified as key cause of mental distress with this groups and the project enable the women to engage in social-sport activities such as swimming and trips.
	Roots Project	This is a cross -cultural initiative, based on the 5 ways to wellbeing, which encourages social interaction and community cohesion. It includes social trips for women of various backgrounds for older and people who are socially isolated or less social interact with wider communities. It consists of trips to green areas (Folly Farm, Willsbridge Mill , Feed Bristol, Bristol Downs , Bristol Zoo and it usually ccombined with physical activities such as walks or cooking session in farms. It helps both social interaction and community cohesion.

EVALUATION FOR INNER CITY BRISTOL SOCIAL HUBS

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February 2015

*Social Isolation
Evaluation Report*



Social Isolation Evaluation Report

Introduction and acknowledgment:

Wellbeing has been increasingly recognised by central and local government. The public attention to wellbeing has also been widely recognised as the most significant issues in our ageing society. The concept of wellbeing was first introduced at the local level through the Local Government Act 2000. The Act highlights the promotion or improvement of wellbeing and providing local authorities with the power to do whatever they consider necessary to promote or improve the economic, social or environmental wellbeing of their area. This new guidance allows local authority to give communities greater flexibility to act on their priorities and to facilitate partnership working.

Some of the underlying factors affecting people's overall wellbeing could include autonomy, resilience, self-esteem, feelings of competency, and strength of relationshipsⁱ (Local Wellbeing: Can We Measure It? Young Foundation, September 2008). Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. (UK government's Whitehall Wellbeing Working Group, 2006)ⁱⁱ.

Social Isolation is defined as an objective measure of the number of social interactions a person has with other people (Social Isolation in Bristol, Bristol City Council, March 2014). The Marmot Review of Health Inequalities report (2010) outlines the effects of social isolation accumulate over time and that the health risk increases as people age. There are both positive and negative effects on health and wellbeing over the life course. These effects may be either protective-increasing esteem, life skills, resilience and resistance to ill health and encouraging 'healthy behaviours'-or hazardous-destroying self-regard, undermining social skills and the ability to learn and creating the conditions for mental and physical ill health (Marmot Review Fair Society and Healthy Lives, 2010).

Social Isolation and loneliness can attribute to poor health both physical and mental for people in general while for elderly people particularly living alone with less social support and low level of contact with friends and family can be more severe. The impact of social isolation on older people is well established. Loneliness is seen as a more subjective feeling of dissatisfaction with the number of existing social contacts. 'Social capital' is defined at individual and community levels. It is been described resources through strength of relationships with family and friends as well as through participation in wider social groups and activities in the community (Department of Health 2010). Social capital and networks are important factors for health and wellbeing. Lack of social contact is a known risk factor for poor physical health outcomes (Cacioppo and Hawkley, 2003) and limited contact to outside world leads to a loss of intimacy, exacerbated by feelings of loneliness, isolation and depression (Allen, 2008).

Exacerbated social isolation and exclusion are more developed for some people than others. Older people in Black Minority and Ethnic (BME) communities is one of being 'at risk' of

facing loneliness and social exclusion. Social exclusion can be particularly prevalence amongst BME groups (City of Bristol Isolation to Inclusion (I2I) Action Plan Bristol City Council).

The above facts is further re-enforced by our findings: *'If you don't come here no body come and look for us. When you come to the group and you get cheered up one another we feel much better (MalcomX male participant)*. One of Dehk Bhal participants says *"as we're getting older our families die or move away but the support of the group is always there, we know we'll be looked after, it makes me happy'*.

Loneliness has also been described as social pain — a psychological mechanism meant to alert an individual to feelings of isolation and motivate him/her to seek social connections (Caciopone et al, 2008). Loneliness is a complex and usually unpleasant emotion which typically includes anxious feelings about a lack of connectedness or communality with others. As such, loneliness can be felt even when surrounded by other people (Measuring National Wellbeing – Older people and loneliness, April 2013. Office for National Statistics).

The Inner City Health Improvement Team- Public Health works to build capacity, connects individual and organizations and provide community health development support, training and up skill local community organizations and individuals to engage and lead on actions to maintain and improve the health and wellbeing of the local population. The social inner city isolation project is run by Public Health team and the Inner city health improvement team to ensure the sustainability of local actions delivered by the inner city older people groups as key intervention to address social isolation. The team has been providing support to several small BME older people organizations to sustain their work and develop robust monitoring and data collection methods as well as to provide evidence of effectiveness. This report will look at the issue of social isolation faced by BME older people and aim at assessing the effectiveness of BME older people groups and activities in addressing social isolation and stop social exclusion. This report closely looks at the issue of social isolation and wellbeing by understanding the experience and feelings faced by the group participants. It evaluates the benefit of social networks as a preventive way of reducing loneliness and social isolation.

The report concludes with recommendation on community based interventions as a most effective way in alleviating social exclusion. Age UK highlights that the evidence of BME interventions is too weak to determine what forms of approach is most effective and for whom (Age UK Promising Approaches to reducing loneliness and isolation in later life, January 2015). This report addresses the need of robust evaluation of this type of community led social activities to determine their effectiveness.

The fund used to provide resources for 9 inner city groups and enabled them to continue with their activities and helped to set up a new Somali elders group groups. The fund enabled them to provide a variety of social activities including informational activity and socialising opportunities including day trips, walking, gentle exercise, and singing and computer classes.

The author of the report would like to acknowledge the invaluable contribution and input of the BME older people consortium and Shelagh Hetreed BME Elders Groups Sustainability Development Worker for Linkage¹ in supporting the evaluation and providing us with the photos used in the report with special acknowledgment to the members of the following groups who took part in the evaluation.

Malcom X Elders and Golden Agers Clubs: Both groups are led by a member of volunteers from Afro Caribbean community and facilitated by Link Age¹. Malcom X Elders Club is a social club which has run for over 20 years with around 50 attendants. 70 to 90s elders attend every Monday. The group is run totally by volunteers and raises their own funds for some transport costs, flowers for everyone's birthday and one day trip a year. They prepare and cook a 2 course Jamaican hot meals every week. Golden Agers have run for 25 years with around 80 attendants. They also provide hot lunch and activities including IT classes, flower arranging, patchwork and reggae gentle dance exercise activities.

Healthy Lifestyle Group (Bristol and Avon Chinese Women Group): The group runs singing, gentle exercise, dancing and storytelling. 20 different Chinese elders participated. The members participate in gentle exercise run by an English speaking instructor who designed a set of gentle chair-based simple exercises. There is dancing activities with two dancing tutors lead the groups of storytelling sessions with language support. The session jogs life memory of their youth, favourite food, games, sports and past time.

Dhek Bhal Social day centre: The group runs biweekly men and weekly women group which provide a range of life-enhancing activities that include light exercise, massage, walks in local parks, playing cards, board games, water sports, housing and welfare advice, health awareness workshops on diabetes and heart condition. The group is for South Asian community. The group also interacts with people from other ethnic groups such as Somali, West Indian and white British.

Social Hub (Bristol Somali Resource Centre): This group runs fortnightly with activities for age over 55 Somali elders. Activities include table tennis run by certified ping pong trainer, computer classes, trips and walks, advice and information sessions about healthy and personal care, and quizzes and reminiscence activities.

Methodologies:

The groups participating in this evaluation had received funding from Bristol Public Health to deliver social activities. These groups are Bristol Avon Chinese Women's Group (BACWG), Dehk Bhal, Malcom X group and Somali Resource Centre. Interpreters (Cantonese, Urdu, Punjabi, Somali languages) were organised for the groups where English would be a barrier for the participants to take part in a focus groups. The aim of the research needed more information about feasibility and sustainability of the services as well as benefits to the BME elderly communities in order to build a stronger case for future funding.

¹ LinkAge is a Bristol based voluntary organisation working with older people to develop sustainable networks of activities and support in the community.

Most of these groups hadn't compiled any monitoring or evaluation data on social isolation and wellbeing. A questionnaire was developed (see appendix A) and this was given to all voluntary groups for their clients to complete. This questionnaire was designed for assessing geographical data, impact on individuals' mental wellbeing. 62 questionnaires were collected in total from Golden Agers, Bristol and Avon Chinese Women's Group and Dehk Bhal.

Also a number of focus groups were held to identify some key themes, barriers and collecting case studies. Main questions asked at the focus groups were as follows:

- What does a participant like the most about the group?
- How the group addresses the needs of participants' wellbeing.
- Gaps in service provision.

Total 77 Attendees participated in focus groups: 13 (12 female and one male) from BACWG group, 18 men from DehkBhal, 17 female and 9 males from Golden Agers, and 15 females from MalcomX and five men from Somali Resource Centre. Interpreters were used in BACWG and Dehk Bhal. There was no language barrier in Golden Agers and MalcomX group participants.

Findings:

65% of participants are aged between 61 and 80 (figure1). They heard about their group through word of mouth in church and mosque communities. Ethnicity is Afro Caribbean (Jamaica), Chinese, and Somali and South Asian (Indian and Pakistani).

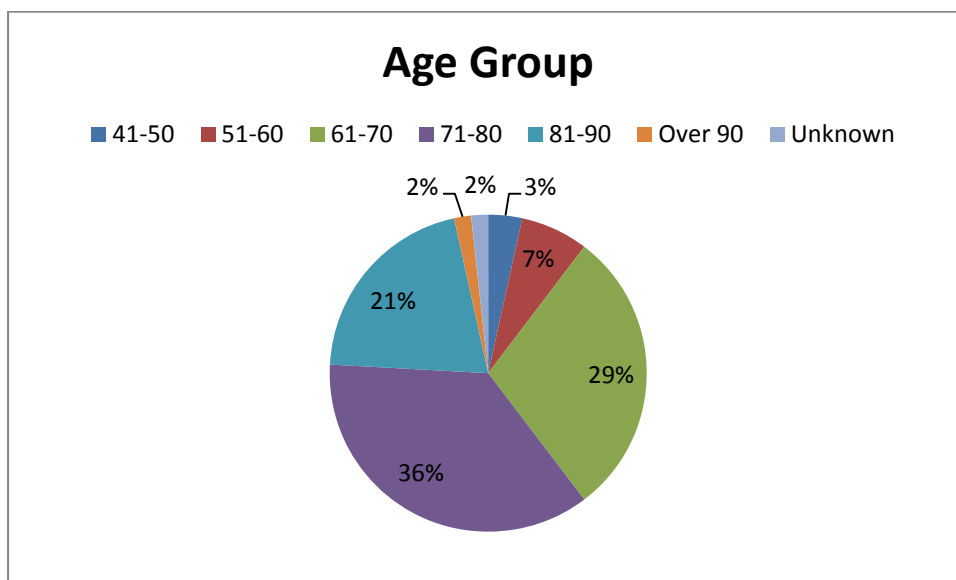


Figure1: Age group.

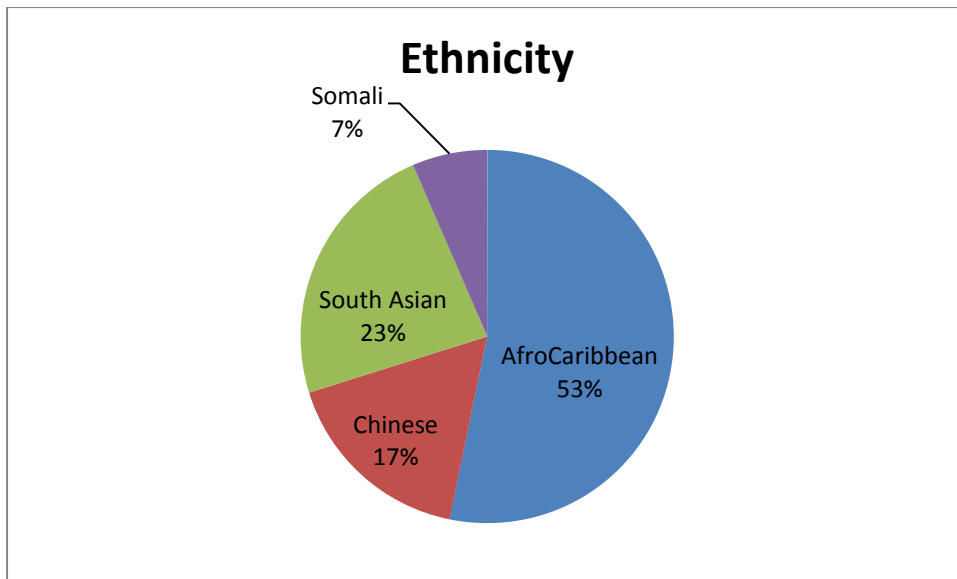


Figure2 Focus Group Ethnicity

Key themes were identified from focus groups as below:

- Accessibility
- Socialisation
- Language and cultural identity
- Emotional support
- Advice and information in the community
- Funding for running activities (sustainability).

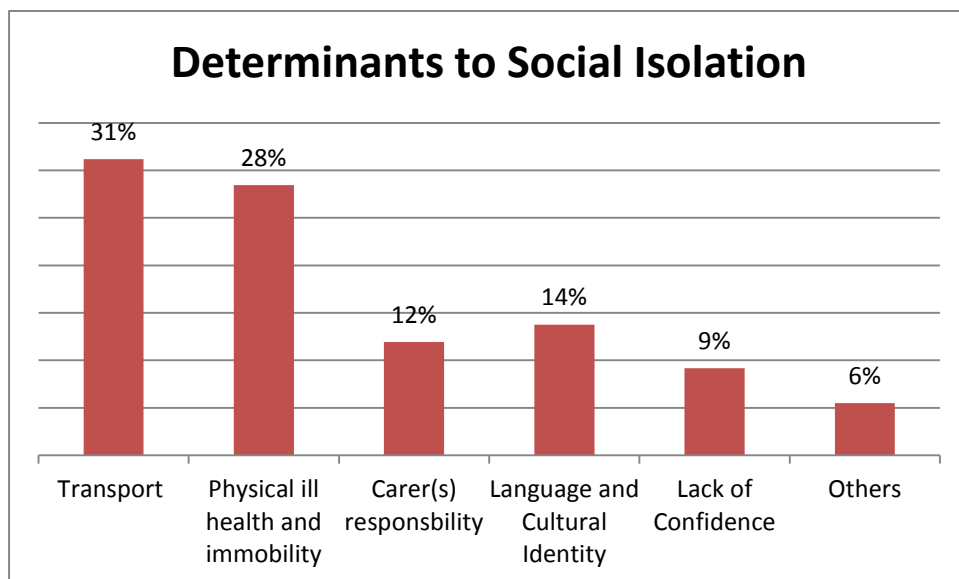


Figure 3 Determinants to Social Isolation

Accessibility:

There are six different factors attribute to the cause of social isolation shown in figure 3. Transport and physical ill health are the common barriers to all participants. Because the

majority of them ‘have some sort of physical disabilities’ (quoted from one of Golden Agers participants)² and immobility issues they heavily depend on either public transport or community transport services such as Dial a Ride and Bristol Community Transport unless they have self-organised transport³ A female participant of BACWG with dementia comes to the group with her husband as an immediate carer. Her husband mentioned that he comes to the group for respite and using the sitting service. This participant depends on her husband’s availability. If he is ill she can’t get out the house. Ill health and disabilities are one of the main barriers for them to participate in the community.

Figure 4 shows that over a half of participants live in the inner city of Bristol. This shows that the groups provide geographically accessible social interaction opportunities for older people. 39% of participants live outside the inner city of Bristol areas to include Knowle, Shirehampton, Horfield, Southmead, Kingswood, and Frenchay. Those who live outside inner city depend either on public transport or community transport services unless they have family support. There were a small number of people getting a lift either from family or a member of the group to access the service.

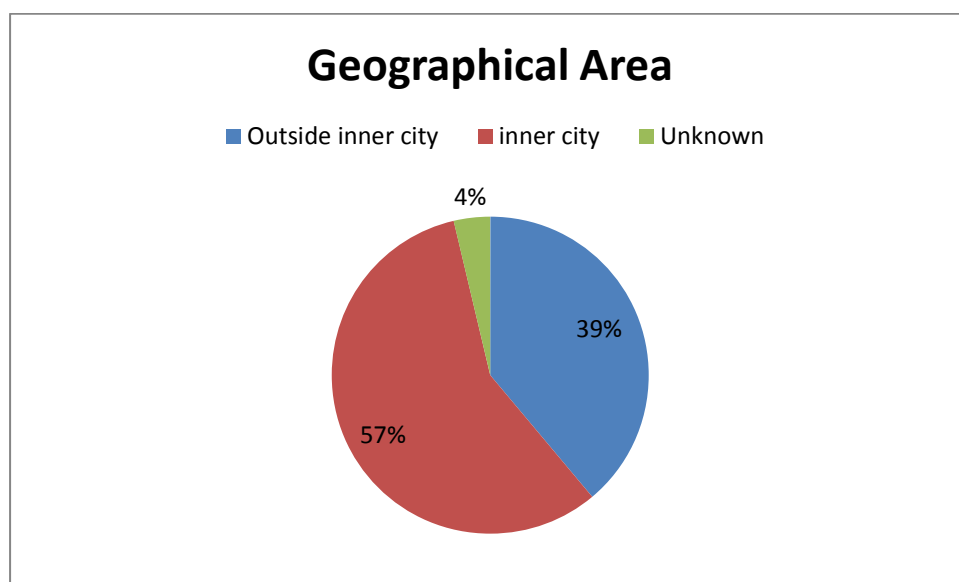


Figure4 Geographical Area

‘Majority of participants have some sort of disabilities and mobility issues. Some has arthritis, pain and numbness (Golden Agers male participant).’

It is noted that the greater challenge to older people of simply getting out of the house is mobility one, and majority of the groups don’t have their transport to travel participants and enable them to access the group apart from DhekhBhal. Participants who live outside inner city- the furthest points some participants travelled to a group are Knowle, Shirehampton in Bristol and South Gloucester area- depend on either public transport or community transport

³ DhekhBhal is the only organisation has its own organised mini bus for a transport.

services. Community transport plays a crucial role in helping older people access essential services where public transport cannot or does not reach and can provide a vital lifeline for those most vulnerable to isolation and loneliness (Social Isolation in Bristol, Bristol City Council 2014). The participants however highlighted the inflexibility of the current transport service to suit the needs of participants.

‘For a Dial a Ride service, people can ‘book’ a journey 7 days in advance but might be rung back the day before travel to be told that their journey doesn’t fit with the next day’s schedule so they cannot travel. They will take only one wheelchair user at once so those who are disabled frequently have to stay at home. Often the case these service do not fit around the activity time plan which restricts their social time and enjoyment at the group (LinkAge community development worker).’

‘We need a transport. There is family support but we can't rely on them all the time. They are at work every day. We catch a bus, taxi or I get a lift but I don't like to let it stop (MalcomX female participant).’

Few participants from DhekBhal described that they wish to access more Sikh temple and/or Mosque. It is recognised that there is a need for self-organised transport.

Socialisation:

‘We look forward to come here every Monday. I prepare and serve meals at kitchen. I have been doing this work for about 10 years. I enjoy helping do the shopping and working in the kitchen’ (MalcomX female participant).

‘This is somewhere you can meet all the nice people come to the group, having company, like to singing, exercise. It's a good pleasure of joining the group. Likely the group is my doorstep. Group is a very necessary and useful group. They provide welcoming environment, support, understanding and friendship (MalcomX female participant).’

Majority of participants come to the groups for socialising, learning new skills and exercise. Socialising and mixing in wider community and society are primary element of improving wellbeing and health, it can help avoid isolation and enhance emotional wellbeing. The groups particularly the self-help (volunteer led) group provide significant improvements in social contact (Social Isolation in Bristol 2014). The groups provide great source of companionship as well as opportunity for volunteering. *‘Many of us don’t go out and see people except for the group; there we are different religions and cultures sitting together and its very friendly and nice. We learn a lot about way of life in Britain and we learn about local services and looking after our health, how else would we find this stuff out? (Dhek Bhal participant).* Majority of the groups apart from MalcomX and Golden Agers currently regularly run activities showed interest of having more frequent gatherings and events on a regular basis. The result of the questionnaire shows that 82%⁴ answered that they have experienced an overall increase in health and wellbeing as well as reduction in social isolation. There are indicators of willingness to engage in inter-generation activities. A participant from MalcomX who goes to church after the MalcomX group session finishes for socialising and listening to speakers (missionaries from all over the world) with a cup of tea.

⁴ This figures collected from Golden Agers

'We were used to have children from local school coming here but they don't come here anymore' (female MalcomX participant).

'It is important to liaise with young people so they can learn from us' (another female Golden Agers participant).

"All my life I never go out and now my children are married I'm lonely, I'm not good at getting out, but with the day centre I can get on the mini bus and be dropped off again, I get to see other people, we've done jewellery making and gardening activities it means a lot' (Dhek Bhal Participant).

Language and Cultural Identity:

Some groups provide linguistic support⁵. The benefits of their services are not only providing a welcoming environment but also provide opportunities for people to express their experience in their mother tongue and sharing similar cultural backgrounds. Sharing the cultural roots and the same language are one of the key factors of reducing social isolation and developing people resilience.

'I live in Frenchay where there is a group but not the kind of group I want to go' (MalcomX female participant).

'There is nothing else or there are similar groups but that's not the kind what I like. This is (MalcomX group) our culture and most of us from same country so we can talk about our roots and growing up and everything.'

This is also strongly highlighted within Asian and far Asian groups including Dhek Bhal and BACWG who says 'language' is one of the main barriers in building support networks and social capital outside of their ethnic groups. It is the key attraction to the existing cultural groups. Both groups show a low level of social contact with the majority of them hardly or rarely having social contact in a week. The question of loneliness score high in Dhek Bhal and BACWG. 55% Dhek Bhal group participants often feel lonely while 61% BACWG group participants sometimes feel lonely.

There are language classes available but those classes do not start from ABC so are not suitable to these groups.

'I don't need an interpreter because I come here where all the people speak same language (Cantonese).'

'I live in St George where there are lots of art activities but none of them I could follow the English instruction so I stopped going (BACWG participant).'

⁵ MalcomX and Golden Agers have no linguistic support and needs but rest of the groups have support provided with interpreters and language course.

'I feel isolated with little contact with outside world. Social activities such as swimming, walking and even having a cup of tea together with friends can help reducing isolation. We talk about common problems such as health issues something that I cannot express the symptoms well to the doctor (due to no interpreter service available) (Somali Resource Centre participant).'

'I know myself and other people in a same situation not accessing the mainstream services. We need more support around cultural awareness. The service (swimming leisure centre) is not culturally appropriate and supportive (Somali Resource Centre participant).'

Emotional Support:

Social isolation is commonly linked to the loss of a partner or spouse in men (Social Isolation in Bristol 2014 Bristol Council). This exhibits more in traditional cultural backgrounds where family values are strong and socialisation is a key for maintaining emotional wellbeing and feeling part of someone's life.

'When I am not here I spend time with my wife who is at a residential home in Redfield for the last five years. It keeps me going by coming here. No point sticking in home. Sometime you don't realise what's going on. This is main source of a lifeline' (Golden Agers male participant).

There were two participants in focus groups mentioned that they have experienced of dealing with her/his loss of their partners. They often suffer from loneliness and seeking emotional support for coping with grief and emotional stress. There is a service gap in social groups to improve linkage with mental health services.

It is important to build resilience in coping with stress and anxiety in everyday life. Figure 4 shows the results of mental wellbeing of all the groups compare to BACWG. The scale (x axis) represents how much a participant has felt depressed in the last fortnight (0 being not depressed and 12 being very depressed). More than half of the participants answered that they have felt mild to moderate level of depression in BACWG group.

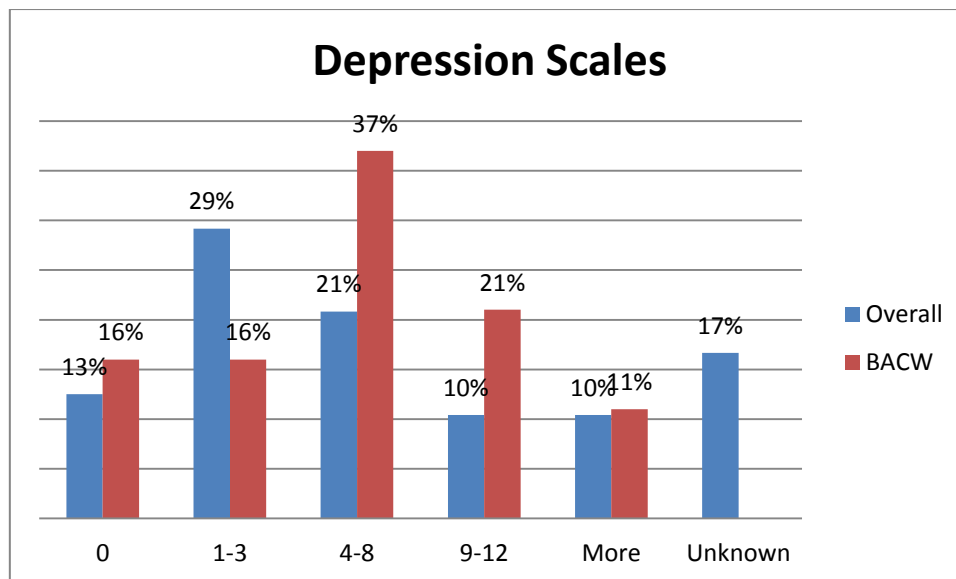


Figure 4: Depression in BACWG group participants

A participant of BACWG who lost their spouse and have son with severe autism commented that they have had emotional support through the group. She was advised to come to the activities by making herself being busy. Somali Resource Centre highlighted the lack of appropriate funding which limit their ability to provide support around emotional and mental needs.

Advice and information in the community:

The groups also empower their members and service provides informational activities where they can obtain information around housing and welfare matters. Participants have been given help and practical support on housing maintenance and welfare services. One of the participants in MalcomX described that they listen to each other if they have problems. Such self-help and counselling are noted as an effective interventions in the research of Social Isolation in Bristol 2014.

‘We all get informal support locally what’s going on. Different kinds of people come to talk to us like police’ ‘We have leaflets and hand-outs there’ (female MalcomX participant).

‘I contacted the group and ask for a help to arrange a maintenance service on my heating, plumbing and installing smoke alarm (female BACWG participant)’.

Funding for Running Activities (sustainability:

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 (Social Isolation in Bristol 2014). Majority of participants would like to see regular activities including exercise and trips. Sustainable funding is a key for running those activities. Some group have very limited resource with sporadic activities. Lack of funding affects the service not being able to offer people wellbeing and health improvement support. The potential impact of their health and wellbeing for elderly people is enormous. *‘I need more regular*

meeting opportunities and more subsidised holidays and trips to the museum’ (Dhek Bhal male participant).

Conclusion:

‘I get to exercise you feel better because I feel having a better appetite. If you stay sit there and looking at the whole world you feel closed in. You feel better as if you feel alive’ (Golden Agers male participant).

This evaluation research found key themes of the role played by the older people groups in the inner city in tackling social isolation and improving participants’ wellbeing. One of the key themes is accessibility. The groups are local and trying through self-support to improve travel arrangements and also benefit from community transport services which need to be more flexible to the needs of older people. There is clear evidence of the need for actions to improve access to transport for participants with mobility issues and physical disabilities. Community Transport series play a vital role for accessibility. The improvements of flexibility in time and capacity of their services have been identified.

The groups contribute effectively and sometimes are the only social network connectedness and sense of belonging both at individual and community levels which is a key element of improving not only mental and emotional wellbeing but physical wellbeing and self-care. The groups don’t just provide hot meals and cup of tea. They play a key role of not only bringing vital hub for social networks but also linguistic, cultural support as well as emotional support for most vulnerable and at risk BME communities. The research found that participants are being empowered and supported to receive practical support and information on entitlement and services in the community. This evaluation research highlights the fact that the services provide high value of social and economic returns on the small investment. The benefits include enabling the elderly to improve their health and wellbeing (quality of life) which no doubt will save lots of money in the long run by enabling Public Health to deliver lots of health improvement interventions such as falls awareness, dementia awareness, physical activities and other simple preventive measures to avoid more costly hospital visits.

The groups who lead social activities have been facing a long term funding and sustainability challenges due to the savings cuts and austerity combined with and lack of evidence on effectiveness. The challenge is, the more developed and structured groups with sounds monitoring and data collection are likely to survive. This report is the first step to develop the smaller group and document their efficiency and cost-effectiveness of inner city older people groups. It enables them to build evidence based funding bids and show the importance of their sustainability to both social and healthcare providers.

Appendix A

Feedback Questionnaire Form

Name of Group Activity	Gender	Age :	Postcode :

1. How did you hear about the group ?

2. How would you say your physical health ?		
<input type="checkbox"/> Poor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Good

3. How would you say your mental wellbeing?		
<input type="checkbox"/> Poor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Good

4. How often do you get out and met people each week?			
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more times

5. What stops you from getting out and meeting people as much as you would like?		
<input type="checkbox"/> Transport	<input type="checkbox"/> Physical Ill Health or Disability	<input type="checkbox"/> Language
<input type="checkbox"/> Lack of Confidence	<input type="checkbox"/> Having to Care for Children or Others	<input type="checkbox"/> Others

6. How many times have you felt the following in the fortnight?				
Anxiety and Worrying and Panic Attacks				
<input type="checkbox"/> 0	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-8	<input type="checkbox"/> 9-12	<input type="checkbox"/> More
Depressed or fed up				
<input type="checkbox"/> 0	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-8	<input type="checkbox"/> 9-12	<input type="checkbox"/> More

7. Do you feel that you have friends and support you need?			
<input type="checkbox"/> Not at all	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always

8. Do you regularly feel ?				
	Never	Sometimes	Often	Always
Bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wish you could go out more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frightened to go out alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Has the group made a difference to you ?					
<input type="checkbox"/> Not at all	<input type="checkbox"/> Just a little	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Very much

10. Have you experienced an increase in your overall health and wellbeing ?					
<input type="checkbox"/> Not at all	<input type="checkbox"/> Just a little	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Very much

11. Have you felt any reduction in isolation / stress/ anxiety/depression since you have joined the group?					
<input type="checkbox"/> Not at all	<input type="checkbox"/> Just a little	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Very much

12. Do you feel better informed in the community as a result of attending the group ?					
<input type="checkbox"/> Not at all	<input type="checkbox"/> Just a little	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a lot	<input type="checkbox"/> Very much

13. I have more energy and am doing more things make me busy (Hobbies, social activities and volunteering etc.)				
<input type="checkbox"/> Not at all	<input type="checkbox"/> Occasionally	<input type="checkbox"/> About the half the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Always

14. By how much has your health changed for the better as a result of group support ? 1: a little 5: lot				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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Addressing social isolation

Nick Hooper

Service Director: Housing Solutions
and Crime Reduction

What is social isolation?

- Distinction between loneliness and social isolation
- Definition of social isolation:
 - People with few social contacts and few social roles
 - Can occur at any age – lifelong or episodic
 - Can be issue for communities as well as individuals.

Why does social isolation matter?

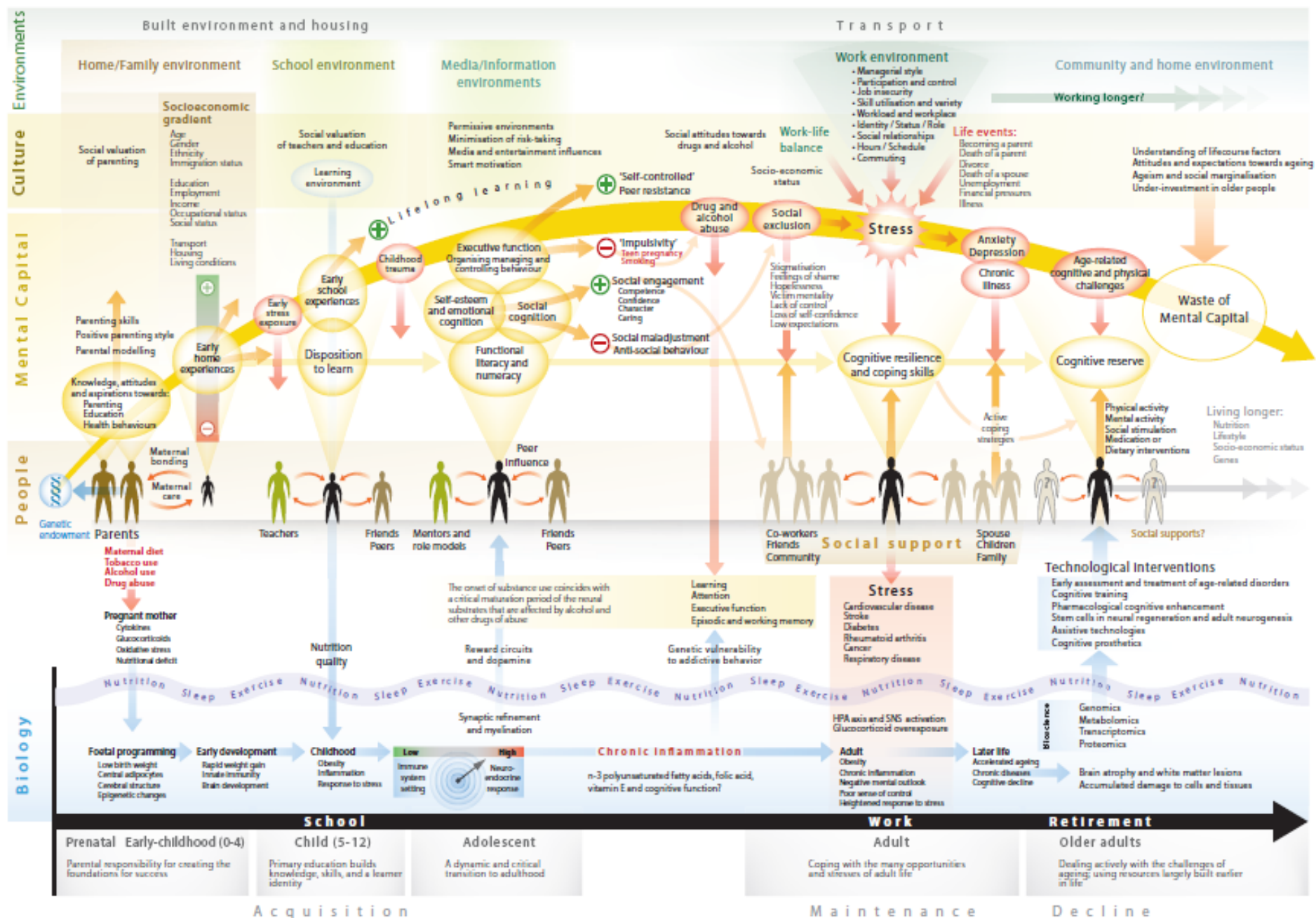
Impact on physical and mental health

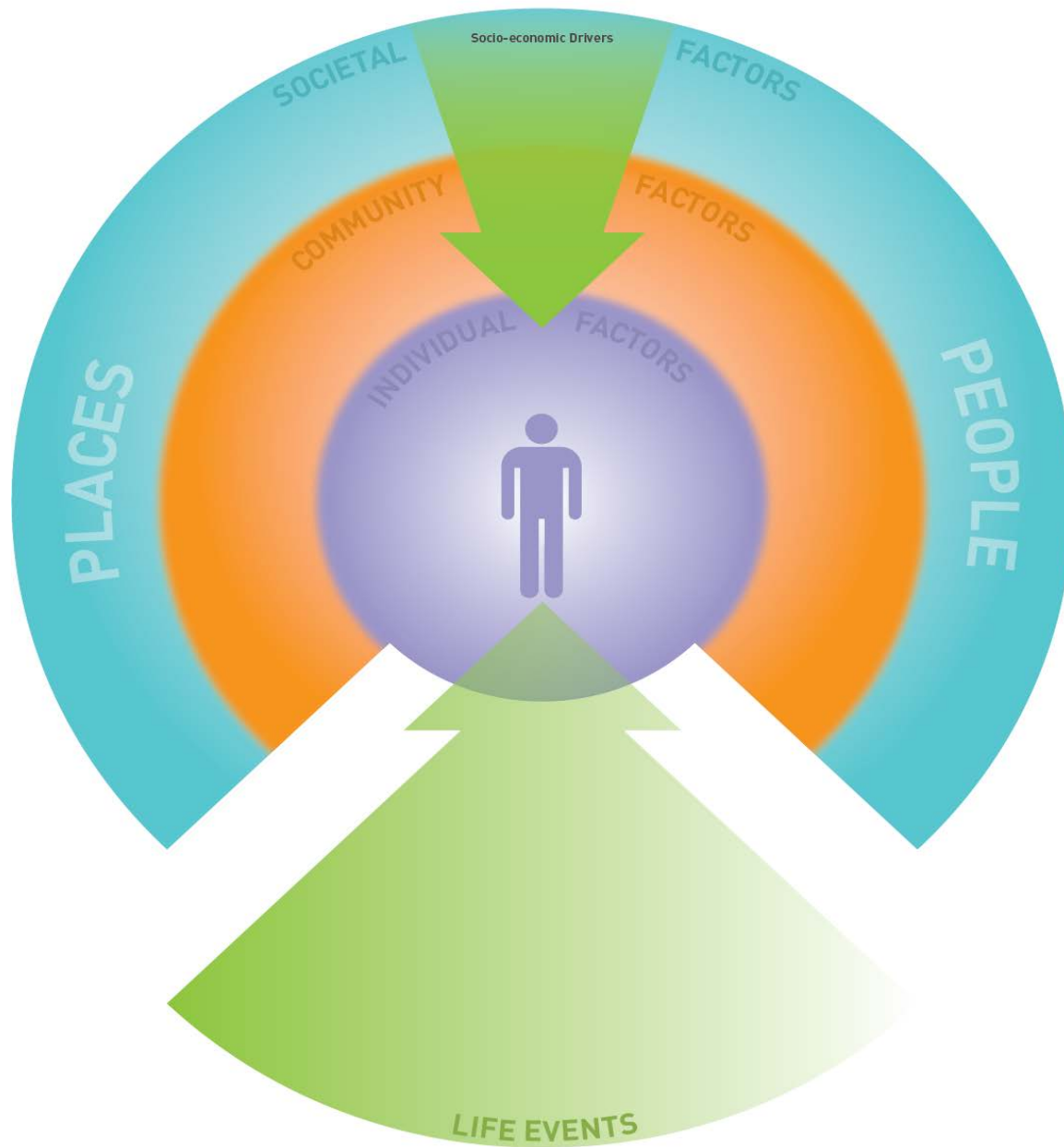
- Potential risk to life expectancy
- Physical health risks equivalent to obesity and smoking.
- Major cause of depression.
- Service implications: more GP visits, longer stays in hospital, greater dependence on public services.
- Financial implications: preventing and minimising social isolation can be more cost effective than treating it.

Factors affecting social isolation

- Mental health (poor mental health can be both a cause and outcome of social isolation)
- Life events (having a baby, moving house or to a different place, bereavement, unemployment)
- Living with abuse or violence
- Gender, race and disability
- Age
- Caring responsibilities

Mental capital through life – conceptual overview





Who's at risk in Bristol ?

- About 7,000 of all over 65s.
 - increasing risk with age and frailty.
- About 20,000 people aged 18-64 including:
 - People with mental health issues, young mothers, some migrant communities, people with physical and learning disabilities, carers.
- Under 18s (no numbers available).
 - For example, young LGBT people, those experiencing bullying, in person and online

Where are they?

Data from different sources has been cross tabulated (eg, Quality of Life, mental health needs assessment, Census data, indices of multiple deprivation)

- Wards that recur most often: Lawrence Hill, Lockleaze, Southmead, Hillfields, Frome Vale, Southmead
- Wards that recur frequently: Henbury, Horfield, Stockwood, Hartcliffe, Whitchurch Park, Kingsweston, Ashley, Filwood
- Pockets in less disadvantaged areas: for example, Bedminster, Southville, Westbury on Trym

What do we know?

Bristol Quality of Life data show:

- Women meet and talk to friends and family more frequently than men (all ages).
- People who volunteer, take exercise, have qualifications and feel safe have more contact with family and friends than those who don't.
- Reasons why people say they're unable to leave home: financial circumstances, poor health, disability, inaccessible transport and fear of crime.

What works?

- Schemes targeted at individuals (for example, befriending, volunteering, mentoring)
- Group services (for example, social group activities, lunch clubs, drop ins)
- Signposting (for example, information about what's on in your neighbourhood, where to get help and advice)
- Access (for example, ensuring that services are nearby or easy to reach)

Challenges and issues

- Scaling up: how to move from projects to a whole systems approach
- Not only older people are socially isolated: how to address the needs of other demographic groups and prevent problems from developing at an earlier age
- Demonstrating impact and cost effectiveness
- Focusing on prevention and early intervention: the case for moving investment upstream
- Integrating social isolation into other programmes so it does not stand alone
- Better use of assets and intelligence to address social isolation locally.