MIDDLESBROUGH COUNCIL

OVERVIEW AND SCRUTINY BOARD

**FINAL REPORT OF THE
SOCIAL CARE AND ADULT SERVICES
SCRUTINY PANEL –
REDUCING LONELINESS AND/OR
SOCIAL ISOLATION IN LATER LIFE**

CONTENTS

PURPOSE OF THE REPORT

1.   To present the final report of the Social Care and Adult Services Scrutiny Panel following its investigation into 'Reducing Loneliness and/or Social Isolation in Later Life'.

AIMS OF THE INVESTIGATION

2.   As part of its investigation, the Social Care and Adult Services Scrutiny Panel sought to raise awareness of the issues surrounding loneliness and/or social isolation, in the context of later life, and to develop new patterns of thinking.

TERMS OF REFERENCE

3.   The terms of reference for the Scrutiny Panel's investigation were as follows:

a)   To understand the key issues, concepts and impact of loneliness and/or social isolation.

b)   To ascertain why older people are at risk of or experiencing loneliness and/or social isolation, and how those affected are identified.

c)   To examine the work that the Council, its partners (including social housing providers) and voluntary sector organisations are currently undertaking to reduce loneliness and/or social isolation, and to identify any potential future work projects.

d)   To explore effective strategies and interventions to reduce loneliness and/or social isolation.

BACKGROUND INFORMATION

4.   Loneliness and/or social isolation are exceedingly complex, yet nationally pertinent, issues that can impact upon any person at any point in their lifetime; loneliness is not discriminative (Jo Cox Commission on Loneliness, 2017).

5.   For focus, the Panel has primarily addressed loneliness and/or social isolation in the context of later life, although remain mindful that these matters are certainly of intergenerational concern.

6.   The timeliness of this investigation reflects that it is a current and highly relevant topic; it is felt that the outcomes of this work, together with the next steps undertaken, will have the potential to make an enormous difference to the lives of people in Middlesbrough.

7.   The investigation was partially conducted over the winter months; a key time for an array of campaign work to be undertaken by both local and national organisations. Concurrent to this investigation, for example, such work as Age UK's 'Campaign to End Loneliness' and Ageing Better Middlesbrough's (ABM's) 'Christmas Day Meal' programme was being undertaken. These activities aim to support lonely and/or socially isolated people at Christmas time (although the Panel does acknowledge that support provision is required, and is vital, all year round). The publishing of the Jo Cox Commission on Loneliness report and the subsequent appointment of Tracey Crouch as the UK's first minister for loneliness (Powell, 2018) also reflect the timeliness and relevance of this investigation.

8.	Early intervention and the provision of appropriate support by Local Authorities, tailored to the needs of the individual experiencing feelings of loneliness and/or social isolation (Jopling, 2015), could reduce the risk of negative impact upon the individual's health (both physical and mental), as well as their overall well-being. It could also minimise the repercussions and alleviate the pressures upon wider health and social care services (Family Action, 2013).

SETTING THE SCENE

9.	In order to ascertain the Local Authority's current position regarding loneliness and social isolation and to explore these issues further, the Social Care and Adult Services Scrutiny Panel held meetings on 20 September 2017, 23 October 2017, 13 November 2017, 20 December 2017, 17 January 2018 and 12 February 2018.

10.	Supplementary evidence derived from the Scrutiny Panel's sub working party activity around the topic of transport, which was undertaken in collaboration with ABM, Middlesbrough Voluntary Development Agency (MVDA), Ageing Better Middlesbrough Action Group (ABMAG), and the Chair of the Economic Development and Infrastructure Scrutiny Panel, has also been referred to in this report.

11.	The Panel was provided with information/evidence from the following organisations/representatives:

- C Boshier – Community Connector, British Red Cross;
- M Davis – Chief Executive, MVDA;
- M Dawson – Programme Manager, ABM;
- J Dodds – Senior Independent Living Manager, Thirteen Housing Group;
- M Homer – Member of ABMAG and Chair of the Core Partnership;
- C Joynes – Director of Customer Support Services, Thirteen Housing Group;
- J Pearce – Neighbourhood Safety Officer, Middlesbrough Council;
- A Peirson – Fire Prevention and Improvement Development Manager, Cleveland Fire Authority;
- E Scollay – Director of Adult Social Care and Health Integration, Middlesbrough Council;
- D Snaith – Acting Chief Inspector, Cleveland Police;
- A Sykes – Chief Executive, Age UK Teesside; and
- P Taylor – Live at Home Manager, Middlesbrough Live at Home Scheme.

12.	The information conveyed to the Panel over the course of the investigation has been considered in reflection of the agreed terms of reference, presented as follows:

TERM OF REFERENCE A:
TO UNDERSTAND THE KEY ISSUES, CONCEPTS
AND IMPACT OF LONELINESS AND/OR SOCIAL ISOLATION

Definitions

13.	In terms of defining 'Loneliness' and 'Social Isolation', Davidson and Rossall (2014) offer the following definitions:

"Loneliness and isolation, or social isolation, are often discussed together and even used interchangeably. While they are related, they are distinct concepts.

***Loneliness** can be understood as an individual's personal, subjective sense of lacking desired affection, closeness, and social interaction with others. Although*

loneliness has a social aspect, it is also defined by an individual's subjective emotional state. Loneliness is more dependent on the quality than the number of relationships.

Social isolation *refers to a lack of contact with family or friends, community involvement, or access to services".*

Similarly, Jopling (2015) indicates that:

"While social isolation is an objective state - defined in terms of the quantity of social relationships and contacts - loneliness is a subjective experience. Loneliness is a negative emotion associated with a perceived gap between the quality and quantity of relationships that we have and those we want."

14.   Further to the definitions provided at paragraph 13 above, the Panel was advised that loneliness and social isolation are two very different matters and therefore defined differently; individuals can feel socially isolated but not lonely and, conversely, lonely but not socially isolated. The Panel recognises that assumptions can very easily be made about individuals who appear busy and active, and/or about individuals that do not participate in a great deal of community activity, for example: an individual may purposely create an isolated environment for themselves.

15.   It was indicated that feelings of loneliness and/or social isolation are subjective, i.e. they are individual to people and difficult to judge externally. The Panel appreciates that there is a significant amount of loneliness and/or social isolation being experienced, but the solutions to resolve these/this and the ways in which services engage with individuals vary enormously; a 'one size fits all' approach will not work. Any person can feel lonely and/or socially isolated; the significance of conversation with people and building a relationship with them is recognised by the Panel.

16.   The Panel heard that a significant amount of research has been undertaken nationally around the impact of loneliness and/or social isolation on both physical and mental health; however, an evidence base in terms of how the issues are addressed, prevented and better supported is lacking.

17.   The Panel recognises the opportunity for further work to be undertaken between partners at a localised level in order to contribute to further developing an evidence base. The work being undertaken through the ABM programme (see paragraphs 19 and 34), for example, may assist in this regard.

18.   As loneliness and/or social isolation have the potential to impact at any time across a person's life, these/this can therefore occur at any time during the year. The Panel heard from invited representatives that there are times of the year that can be particularly acute, and previous media reports have indicated that some national support services have been overwhelmed during these times (O'Grady, 2017). The Panel recognises this, although feels that both loneliness and social isolation should receive an on-going focus throughout the year, in order to ensure that those individuals affected can receive effective and efficient support, which would minimise the impact on both the individual and potentially wider statutory services. For example, regarding the latter, previous research has indicated that:

- *"Loneliness is associated with depression, sleep problems, impaired cognitive health, heightened vascular resistance, hypertension, psychological stress and mental health problems. Growing numbers of lonely people mean increased demand on health services too."* (Caldwell et al., 2017); and

- The financial price of loneliness can equate to approximately *"£6,000 per person in health costs and pressure on local services"* (Coughlan, 2017).

Funding

19. The Panel understands that in April 2015, Middlesbrough became one of 14 Local Authority areas awarded Big Lottery Funding. Middlesbrough and Stockton Mind successfully led a partnership of local organisations through the Big Lottery application process and secured £6m of funding, over six years, to deliver a comprehensive programme (ABM), which aims to reduce loneliness and/or social isolation for people aged 50 and over in Middlesbrough. The programme is currently half-way through, with on-going review and evaluation work being completed (see paragraph 34). The Panel welcomes the work being carried out and looks forward to receiving further updates regarding its progression.

20. The Panel appreciates the funding that has been awarded in respect of ABM, although recognises that funding continues to be a significant issue for both public and voluntary sector service providers.

21. The Panel notes that, whilst national funding opportunities are occasionally available for local not-for-profit organisations/branches, such as Age UK Teesside and the Middlesbrough Live at Home Scheme, this is highly competitive and therefore not guaranteed.

22. The Panel is of the view that the role of partnership work and the sharing of resources and knowledge, particularly at a time when budget/funding restrictions are being made, will prove fundamental to the reduction of loneliness and/or social isolation going forward. The Community Connect Service provided by MVDA, for example, will facilitate this work/process substantially.

Impact of Loneliness and/or Social Isolation

23. The Panel was advised that once a person has become lonely and/or socially isolated, this can lead to a variety of physical and emotional problems. Whether an individual has been divorced or bereaved or has family living far away, a fundamental point about reducing loneliness and/or social isolation is ensuring that those people have support and interaction with others available to them. The Panel recognises that this is a significant task for all agencies/organisations and therefore the importance of partnership working is vital in this regard.

24. To illustrate the significance of loneliness and/or social isolation, the Panel received the following national statistical information from Age UK Teesside:

- A 2015 study indicated that loneliness could increase the risk of premature death by up to a quarter;
- People with a high degree of loneliness were twice as likely to develop Alzheimer's Disease than people with a low degree of loneliness;
- 1.7% or 200,000 older people (65 and over) had not had a conversation with friends or family for a month;
- 3.1% or 360,000 older people (65 and over) had not had a conversation with friends or family for over a week;
- 8.5% or 975,000 older people (65 and over) often or always felt lonely;
- 12.04% or 1.2 million older people (65 and over in England) were persistently/chronically lonely; and
- 6.87% or 800,000 older people (65 and over in UK) had no close friends.

25. Further, research undertaken by Williams et al. (2013) indicated that:

- 23% of people aged 75 and over who live alone do not see or speak with someone every day'; and
- 13% of people aged 55 and over only speak to someone three or four days a week'.

26. In a localised context, the Panel recognises the work being undertaken by organisations in researching instances of loneliness and/or social isolation, and presenting this accordingly. For example: it was indicated to Members that Age UK and the Office for National Statistics (ONS) had produced an array of 'Loneliness Heat Maps' that allowed the grading of individual Local Authority Wards in terms of the risk of loneliness. The Wards with a 'Very High Risk' of loneliness within Middlesbrough consisted of:

- Ayresome;
- Beechwood;
- Coulby Newham;
- Gresham;
- Ladgate;
- Middlehaven;
- North Ormesby and Brambles Farm;
- Pallister;
- Park End;
- Thorntree; and
- University.

(N.B. the Ward information used reflected the pre-2015 Ward Boundary changes)

Further, the Panel was informed that research carried out by Mind revealed that 44% of older people in Middlesbrough (aged 50+) had reported that they often, or sometimes, felt lonely.

27. Further to paragraph 18, the Panel recognises the impact that loneliness and/or social isolation can have on the use of statutory services - the rate at which people visit their GPs, for example, which may result in early entry to Social Care services (such as residential and nursing care). It is particularly important to maintain an awareness of both the personal impact upon individuals, as well as on the potential impact upon service demand and costs, particularly when funding and budget reduction concerns have been raised.

28. The Panel heard that Cleveland Fire Authority undertakes 'Safe and Well Visits', which include the completion of falls prevention checks, falls screening tools, dementia checks (the organisation has recently become 'Dementia Friendly'; dementia is felt to be a type of loneliness), and a well-being check, which includes wider loneliness, social isolation and winter warmth. The purpose of the programme is to reduce pressures on the NHS, particularly winter pressures. As an example, it was indicated that a hip replacement operation would currently cost the NHS approximately £6,000, whereas a hospital stay following a fall would cost approximately £27,000. The Panel feels that not only does this demonstrate further the potential costs that can impact upon statutory services, but the success that partnership working can have. The Panel hope that the 'Safe and Well programme' will be rolled out nationally in due course.

29. Reference was made to four deaths that had occurred within the Cleveland Fire Authority area within the last year - one of which had been due to hoarding and the use of candles. NHS advice indicates the importance of encouraging *"a person who is hoarding to seek help, as their difficulties discarding objects can not only cause loneliness and mental health problems, but also pose a health and safety risk"* (NHS, 2015). The Panel recognises this and supports the work being undertaken by partners, such as the Thirteen Housing Group, as well as other statutory organisations, in addressing these issues to help prevent any further tragedies from occurring.

30. The Panel understands that loneliness and/or social isolation do not 'just occur', i.e. wider complex issues are often instigating factors. For example: older residents may feel less willing to engage in the Community if they are fearful of Anti-Social Behaviour (ASB). This could be a perceived, as opposed to an actual, threat. Representatives of Thirteen Housing Group explained how the organisation has recognised this and strengthened its support team to assist tenants experiencing ASB-related issues. On-going partnership work with Cleveland Police and the Local Authority's Neighbourhood Safety Team is also undertaken in relation to this, including Joint Action Group (JAG) and other multi-agency meetings.

31. In response to ASB, Cleveland Police target perpetrators through the use of, for example, Criminal Behaviour Orders and Dispersal Orders, and also undertake work with partners, including Safe in Tees Valley, Kicks and Hemlington Linx, to provide activities for young people and help focus their attention elsewhere. Crime figures are reported at Community Council meetings, which Police Officers and/or Police Community Support Officers (PCSOs) do attend. Some facts are also uploaded onto 'Cleveland Connected', which is an electronic system that allows members of the public to register for e-mail and text message alerts. The Panel supports these measures, which is hoped will reassure residents and give them confidence to leave their homes.

TERM OF REFERENCE B:
TO ASCERTAIN WHY OLDER PEOPLE ARE AT RISK OF OR
EXPERIENCING LONELINESS AND/OR SOCIAL ISOLATION,
AND HOW THOSE AFFECTED ARE IDENTIFIED

32. The Panel was advised that a key point of loneliness and/or social isolation concerns perception: it is possible to encounter people who may appear to be isolated, but would identify themselves as not being lonely because they like the situation. Similarly, it is possible to encounter people who may have lots of other people around them and yet still feel lonely. The Panel considered this point in the context of larger care facilities, such as residential care.

33. The Panel is of the view that conversation is fundamental in addressing loneliness and/or social isolation; speaking to individuals about their experiences and building a relationship with them in order to understand their subjective experience, and ascertain potential risk, is key to ensuring successful support provision.

34. The Panel was appraised of the work of ABM, in particular some of the learning that has been achieved to date. Regarding the importance of conversation, the information conveyed supports the notion that, in order to successfully address feelings of loneliness and/or social isolation, a 'personalised' understanding of the individual's unique circumstances and issues is fundamental, as is the provision of time to help resolve these. ABM's Outreach Workers, for example, offer time to understand a person's goals in order to help reduce loneliness and/or social isolation.

Similarly, the programme's Community Projects Officers take time to understand an individual's barriers in attending activity taster sessions.

35.   The Panel understands that Adult Social Care tends to work with a particular segment of the population; people come to the attention of services for a specific set of reasons and are therefore already known to services in terms of recognising changing behaviours and the onset of loneliness and/or social isolation. Members note that an eligibility criteria is currently in place in terms of access to services.

36.   The Panel recognises that loneliness and/or social isolation does not occur solely in older age; it is cross generational and can affect any individual from any walk of life.

37.   Research undertaken by the Co-operative Group and British Red Cross in 2016 identified that over 9 million adults of all ages either always or often felt lonely. Key life transitions/factors, including: bereavement, children leaving home, disability and retirement, play a pivotal role and are definite key triggers for adults feeling lonely and/or socially isolated. This view is supported by additional research carried out by other organisations, such as Age UK and the Office for National Statistics (Carter, 2017). Without support from family, friends or someone to point them in the right direction, this key time could become chronic for that individual; impacting their behaviour, health and well-being. The Panel supports the work that ABM and the ABMAG have been undertaking in relation to this. One piece of work, for example, brought older and younger people (clients of Talent Match Middlesbrough, which focuses upon youth unemployment) together for conversation. Interestingly, very similar issues have been experienced by both groups, such as going unnoticed within the community and/or not being accepted by the community. The Panel are hopeful that work will continue in order that both groups can support one another further in the future.

38.   The Panel recognises that transport is a recurring issue for people: access to reliable and appropriate transport is crucial and often provides a key barrier to engagement for many older people in all areas of Middlesbrough. There are diverse issues around cost, availability of transport, access for people with disabilities and a lack of confidence in public transport. This significant issue is felt to be one of the key drivers of loneliness and/or social isolation within Middlesbrough, and one that requires considerable attention. As a preliminary activity in recognition of this, the Panel established a separate working party to look at this issue in further detail. The outcomes of these working party meetings are detailed in the supplementary evidence section of this report (paragraphs 79-87).

39.   Regarding the partnership work undertaken between the British Red Cross and the Co-operative Group, the Panel heard that the two organisations had recognised the prevalent issues of loneliness and social isolation whilst undertaking their work independently. For example: the British Red Cross had observed effects when visiting people in their homes, whereas the Co-operative Group had observed effects in their customers as they visited their shops and funeral care premises. In response to this, the two had formed a partnership in July 2015 in order to share a common commitment to communities and to help address these issues. Reference was made to the Co-operative Group's Community Members, one in three of which had reported that they had potentially recognised the effects of loneliness and/or social isolation in a friend and/or relative.

40.   In undertaking this joint work, the British Red Cross and the Co-operative Group had carried out some research; the key findings of this (which were relevant to whole population) were outlined to the Panel, as follows:

- 75% of those people that said they regularly felt lonely did not know who they should tell – whether this should be a family member, a friend, or their GP.

- Six groups of people, in particular, were identified and focused upon in terms of experiencing loneliness and/or social isolation:

  1. People with mobility issues, in particular those that had lost or were losing their sight;
  2. People experiencing health issues, which limited them from leaving the home and/or partaking in social activities;
  3. New mothers, particularly younger women;
  4. People recently bereaved could feel lost for potentially long periods; families had their own lives and may not have always been able to visit during this difficult time;
  5. People recently divorced or separated, for the right reasons, but were unsure as to next steps; and
  6. Retirees and people living without children at home - e.g. 'empty nest syndrome'.

This information affirms the previously outlined position that loneliness and/or social isolation can occur at any point across a person's life, is intergenerational and not discriminative. A document entitled 'Escaping the Bubble' (2016) was produced following the completion of this research.

41.   In terms of referrals to support services, the Panel understands that these can originate from varying avenues, including: self, family, friends, existing service users and partner organisations. However, prior to engagement, it is imperative that those individuals accessing services are able to recognise that they are experiencing feelings of loneliness and/or social isolation, and want to actively engage in addressing those, otherwise, regardless of the support offered, it will prove ineffective.

42.   The Panel is of the view that Local Authority staff, together with employees of other organisations such as social housing providers and utility companies, who regularly visit peoples' properties and/or come into contact with the public every day, are in a primary position to recognise individuals who may be at risk of, or already experiencing, loneliness and/or social isolation. The Panel was advised of Cleveland Fire Brigade's ability to access peoples' homes and, as a 'Dementia Friendly' organisation and part of the 'Safe and Well Programme', undertake dementia checks and make referrals, as appropriate; dementia can be viewed as a type of loneliness in itself. Similarly, Thirteen Housing Group's Gas Engineers also receive training in this regard (see paragraph 70). The Panel recognises the effectiveness of this approach and fully supports any related training initiatives going forward.

43.   The Panel understands that cultural matters could potentially be linked to feelings of loneliness and/or social isolation, with reference being made to one individual who had lived in Middlesbrough for three years but experienced very little interaction with others. Paragraph 50 considers in further detail the work being undertaken by external partners and organisations in this regard.

TERM OF REFERENCE C:
TO EXAMINE THE WORK THAT THE COUNCIL,
ITS PARTNERS (INCLUDING SOCIAL HOUSING PROVIDERS) AND
VOLUNTARY SECTOR ORGANISATIONS ARE CURRENTLY
UNDERTAKING TO REDUCE LONELINESS AND/OR SOCIAL ISOLATION,

44.   The Panel was informed that, in terms of the Local Authority's current responses, the issues of loneliness and/or social isolation are significant to Social Workers in the delivery of their role.

45.   As part of the core Adult Social Care assessment process, individuals are asked questions under a sub-heading entitled 'Developing and Maintaining Family or other Personal Relationships'. This element of the assessment concerns the support individuals may need in order to maintain relationships with their family and other people important to them including, for example, their spouse or partner, relatives, friends, or other. This area of questioning also extends into whether the person is feeling lonely and/or socially isolated, and is a clear acknowledgement that the social dimension of an individual's life is as crucial to their well-being as their physical health. In light of this, the Panel recognises that social contact is a crucial domain.

46.   The Panel appreciates that it is not possible for Adult Social Care or the wider Local Authority to address both loneliness and social isolation independently, and fully supports the partnership and joint working practice that is being undertaken.

47.   The work of wider voluntary organisations is fundamental to the reduction of loneliness and/or social isolation in later life. Regarding MVDA's Community Connect Service, for example, as the key issues around loneliness and/or social isolation relate significantly to social contact, and the provision of worthwhile activities that can support individuals' health and well-being, this service offers a referral network to help achieve this. Owing to the availability of resources, collaborative work is not only beneficial, but essential.

48.   The Panel recognises and appreciates the work being undertaken by staff within voluntary organisations in supporting individuals experiencing loneliness and/or social isolation. Members are of the view that there are a lot of people that wish to volunteer and to offer their assistance; it is about ascertaining the amount of volunteering that individuals wish to undertake. It is felt that, regardless of the amount of time volunteers can offer, even if only one hour per week, the difference that it makes to the person receiving the service/support is immeasurable.

49.   The Panel was advised that ABM has encountered difficulties in recruiting formal volunteers; the term 'volunteer' will no longer be used by ABM. It was explained that real community action comes from supporting people to get involved on their terms, in things that interest them, and disposing of the formality around this is important. The Panel heard that if people are invited and asked if they wish to help, this tends to be responded to more positively than if they are asked to join as a volunteer. It may be that, in some but not all contexts, the term 'helpers' may be more appropriate.

50.   The Panel was appraised of various initiatives and activities being/recently undertaken with Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual, and Transgender (LGBT) communities. In addition to the British Red Cross currently focusing upon obtaining volunteers from different communities within Middlesbrough, a number of innovation fund projects are taking/had recently taken place, three of which are/were targeted towards obtaining a better understanding of loneliness and/or social isolation in respect of BME Communities. These projects are/were being undertaken by NUR Fitness and Investing in People and Culture (IPC), in partnership with Middlesbrough Environment City. Aapna Services has/had also been working with ABM on a number of BME related projects. The Panel recognises

the work being carried out in relation to Middlesbrough's communities and supports this work.

<u>Private Sector Partners</u>

51.   In addition to the aforementioned work being undertaken by public and voluntary sector organisations, the Panel was pleased to hear of partnership work being undertaken with private sector organisations, for example: Marks and Spencer and the Co-operative Group.

52.   Private sector organisations come into contact with individuals from all walks of life; people that do not require the support of Social Workers or Community Nurses, but who are experiencing feelings of loneliness and/or social isolation. The Panel is of the view that the creation of a connected network that all organisations could engage in, irrespective of whether public, private or voluntary, could offer a potential route for further exploration.

53.   The Panel was provided with information regarding Marks and Spencer's 'Plan A' programme. The Council's Leadership Management Team had met with senior managers from Marks and Spencer to discuss the work being undertaken. Marks and Spencer had established that there were ten cities/areas within the UK, of which Middlesbrough was one, where they recognised that because of particular indices of deprivation, work to benefit those communities would be undertaken. One of the aims of this work was to connect people; Marks and Spencer had proposed to work with the Council on a number of fronts including the development of a befriending network to tackle loneliness and/or social isolation, which linked to the community well-being agenda. Events in respect of this work have, to date, been held in Marks and Spencer's cafe.

<u>Befriending Support/Provision</u>

54.   Over the course of the Panel's investigation, issues around befriending support/provision in Middlesbrough have consistently been raised, with the view that provision could be extended.

55.   The Panel was informed of ABM's 'Peer Friendship Project' that had been designed to recruit older volunteers to provide friendship, support and companionship to enable lonely and/or socially isolated older people to feel supported and able to move onto community activities. This project had ceased in September 2017, as it had not worked in the anticipated way.

56.   Befriending services are currently being undertaken by Age UK Teesside in Stockton, Hartlepool and Redcar and Cleveland. Owing to ABM previously providing peer friendship support, Age UK Teesside had not progressed this in Middlesbrough (so as to avoid duplication). However, following the changes around this, as outlined in paragraph 55, the Panel notes that Age UK Teesside is currently advertising a post to co-ordinate a befriending service in Middlesbrough, to complement the established work that they already facilitate in Hartlepool, Stockton-on-Tees and Redcar and Cleveland.

57.   The Panel heard that, through the Community Connect Service model, there are two gaps in service provision that MVDA is currently aware of. These relate to befriending and practical support such as assistance with shopping, the latter of which could be viewed as being part of a wide-ranging befriending offer. The Panel understands that some early work has started to form in terms of an improved

befriending model, which may not necessarily need to be funded solely by the public sector (if inward investment can be attracted). The Panel looks forward to receiving an update in respect of this work in due course.

58.   Regarding the Middlesbrough Live at Home Scheme, it was explained to the Panel that a befriending service may be provided in the future. The Scheme currently offers four activities in aiming to reduce loneliness and/or social isolation to those accessing services, i.e. a 'pop-in' activity session in Normanby; a good companions group in Marton; a lunch club; and a bingo group. Once these activities are operating to full capacity and the foundations of the Scheme have been fully established, further development work will be pursued. The Scheme takes referrals from all agencies across the area, including MVDA, and therefore partnership working will be a core element of any future development plans.

59.   The Panel recognises that there is a gap in befriending service provision and feels that further work is required with/between partners in fulfilling this need.

TERM OF REFERENCE D:
TO EXPLORE EFFECTIVE STRATEGIES AND INTERVENTIONS
TO REDUCE LONELINESS AND/OR SOCIAL ISOLATION

60.   The Panel holds the view that, in order for any strategy or intervention to be effective, it is imperative that individuals are able to first acknowledge the need for support, and are then able to accept it. The Panel feels that individual characteristics, psychological and behavioural traits may act as pre-cursors for feelings of loneliness and/or social isolation, or may be compounded by them – shyness and/or social anxiety, for example. In order to ensure that support services can be actively engaged with, and provide effectiveness, it is important that individuals are able to successfully self-reflect and acknowledge their own situations.

61.   Perception plays such a significant role in respect of an individual's experience of loneliness and/or isolation that support needs to be tailored and personalised – a 'one size fits all' approach will not work. Consequently, strategies need to be varied yet relevant if they are to be effective.

62.   As this report has identified, a significant amount of research, independent and partnership work has been carried out in the pursuit of achieving effective strategies and interventions to help reduce loneliness and/or social isolation in later life.

63.   In respect of the ABM programme and community development, the Panel understands that this is a significant project that delivers an Asset Based Community Development approach. This community work builds upon the strengths and networks that are already in existence within communities in Middlesbrough, aiming to support people to enhance their involvement in community activity, and to support existing community activity. The Panel feels that this increased engagement with older people will improve the understanding of loneliness and/or social isolation in communities within Middlesbrough, and assist in the identification of more workable, effective and efficient solutions. The utilisation of community buildings and the delivery of community activities by ABM's Members uses resources effectively, whilst concurrently involving individuals in activities with others. The Panel supports this programme of work, particularly in light of the varying activities offered, which to date have included local history walks, Egyptology and belly dancing.

64.   The Panel was provided with a snap shot of the learning that ABM has achieved to date, which demonstrates how the programme is aiming to provide effective strategies and interventions. This includes:

- Offering a tailored approach to make all the difference - beneficiaries have indicated that they feel that ABM cares about them, e.g. employees and 'helpers' listen to them, they return telephone calls and are interested in them as a person; and
- Building trust and confidence is key to reducing loneliness and/or social isolation, but this requires time and consistency. Although building relationships is resource intensive and expensive, it is fundamental.

65.   Over the course of the investigation, the notion of delivering support strategies and interventions to individuals considered as being 'hard to reach' or 'under the radar' has consistently been raised. It was indicated to the Panel that such individuals, for example, do not visit their GP often, do not leave the house, and/or they do not socialise. It was indicated to the Panel that work will continue to be undertaken to reach these individuals, however, due to the enormity of this, a partnership working approach will be required.

66.   In terms of identifying lonely and/or socially isolated individuals not already known to services, the Panel heard that one way to potentially address this is for those people participating in community groups/activities to refer and/or accompany their lonely and/or socially isolated neighbours to activity taster sessions.

67.   Regarding loneliness and/or social isolation in relation to information technology, previous research suggests that social media can help reduce loneliness in the elderly (Siddique, 2017 and Silver Charity, 2017). However, the Panel is of the view that not everybody has access to or even wishes to use information technology and/or social media, and therefore may miss notifications of/invitations to local group/activities/events. The Panel feels it is important that organisations remain mindful of this when publicising such groups/activities/events intended, in particular, for older people.

68.   Subsequent to paragraph 42, the Panel appreciates that, as a Local Authority, duties around the prevention agenda sits with the organisation. Therefore, it is important to ensure that all employees are aware of how safeguarding issues can be identified and referred to the most appropriate place. Further to the Mayor's Vision: Middlesbrough 2025 document, in particular the 'Fairer' and 'Safer' Priorities detailed within it, the Panel is of the opinion that every service within the Local Authority needs to have an awareness of loneliness and/or social isolation, in order that preventative measures can be undertaken before incidents of loneliness and/or social isolation potentially progress to more serious safeguarding or medical concerns.

69.   Further to the notion that the Local Authority's public-facing staff are in a primary position to recognise lonely and/or socially isolated individuals, the Panel also notes that employees themselves are not immune from feeling lonely and/or socially isolated. Consequently, in terms of ensuring the health and well-being of all of those employed by the Local Authority, the Panel feels it is important to consider the dissemination of information throughout the organisation in order to raise awareness that colleagues too could be experiencing loneliness and/or social isolation.

70.   Members heard that Thirteen Housing Group's Gas Engineers have received training to ensure that, should any issues be identified whilst inside a tenant's home, a referral can be submitted to an appropriate support team. Thirteen Housing Group also has

tenancy support in place, which picks up particular issues such as hoarding (an example of the potential results of this is indicated at paragraph 29).

71.   The Panel was appraised of Thirteen Housing Group's 'New Homes Scheme', whereby tenants are visited at the beginning of their tenancies and supported for a period of up to 12-weeks. If this concerns an individual residing in older persons' accommodation, for example, staff will visit to ensure that they are receiving the correct benefits, that they have their heating on, etc. Staff are trained to recognise and make referrals, e.g. in respect of financial matters and health-based concerns, such as the distribution of smoking blankets to excessive smokers.

72.   With regards to support offered within accommodation settings to assist in the reduction of loneliness and/or social isolation, the Panel notes that Thirteen Housing Group's extra care schemes have catering facilities available on site, which encourages interaction. Staff also encourage social interaction and make contact with people on at least a weekly basis, although this tends to be daily. The staff check on progress to ascertain whether anything has changed, e.g. a deterioration in a resident's well-being, which would be supported as appropriate. Recognition of change, for example in relation to a tenant's behaviour and/or appearance in sheltered accommodation, is significantly important in ensuring that people receive appropriate support.

73.   Staff working in extra care and sheltered accommodation properties have the opportunity to interact with tenants, to form relationships and to challenge in an approachable/friendly manner. Extra care and sheltered accommodation facilities are available to people aged 55 years-plus. Sheltered accommodation consists mainly of bungalows and flats, with support usually being provided on site by a Warden, who makes weekly, though often daily, contact with tenants. Some of the accommodation has communal facilities and activities on site for those that wish to participate in them; staff are not commissioned to provide these activities, but offer them nevertheless. The staff work Monday-Friday 09:00-17:00 - outside of these hours pull cords are available for use which, when activated, send an alert to Middlesbrough Council staff for a response to be provided by care personnel. In the case of extra care schemes, staff are located on site 24/7.

74.   The Panel feels that initiatives such as these, together with training in other areas such as safeguarding, could potentially help assist those deemed to be 'under the radar', and supports the work being undertaken. However, the Panel remains mindful that this fundamental element of loneliness and/or social isolation requires on-going focus in order to ensure that support can be provided effectively and efficiently, both in respect of the individual's health and in terms of meeting service demand and other pressures.

75.   The Panel recognises that, in order for a strategy or intervention to be successful, support needs to be person-centred and relevant to them. For example, Members were informed of the work being carried out by the British Red Cross in tailoring the support service to individual clients' needs. Support is offered for an initial three-month period, as required, with a personal support plan drawn up with the individual concerned in order to help them feel better connected and more involved in their local area. The key is to treat people individually by supporting them in identifying opportunities that they would enjoy in the area close to their home. Further support is available for individuals who may relapse or require additional assistance beyond the initial three-month period. Services offered by the British Red Cross may link in with those offered by other organisations, and therefore longer support may be available. On a related note, the Panel appreciates that individuals with particularly complex issues, such as acute mental issues or a dependency upon drugs and/or

alcohol, may initially be referred to a different organisation for support in respect of those, before loneliness and/or social isolation-related issues can be addressed.

76.   The Panel understands that Cleveland Fire Brigade is the only Fire Service in the country that delivers Herbert Protocol. This is a Police strategy whereby if a person with dementia disappears and is later found without any form of identification, they will be taken to one of two care homes that provides specialist dementia care, as opposed to being taken to a Police custody cell. One care home is based in Redcar and one in Saltburn. This process allows time for the Police to make enquiries and identify the individual, whilst that individual receives specialist care.

77.   In a similar manner to Hebert Protocol, Members were appraised of the 'Safe Place Scheme', which helps to identify and support vulnerable people. The 'Safe Place Scheme' consists of a number of venues in Middlesbrough and throughout the Tees Valley, including Libraries, Community Hubs, Council buildings and Fire Stations. There are around 15 venues in Middlesbrough at present. It is about ensuring that people who feel vulnerable, whether this is related to mental health, physical health, feeling intimidated by something or something, etc., can enter one of these venues and receive assistance and support from trained staff.

78.   The Panel notes that if any Member or officer of the Local Authority, or any of its partners, identifies a vulnerable person, that individual can be referred onto the Neighbourhood Safety Officer as the lead for victimisation for Middlesbrough Council. The Local Authority, in partnership with organisations including Cleveland Police and Thirteen Housing Group, utilises a system entitled 'E-CINS'. This system allows for information on vulnerable individuals, and others, to be recorded and shared amongst those multi-agency partners. The data is kept and utilised in accordance with the appropriate legislative frameworks.

SUPPLEMENTARY INFORMATION/EVIDENCE

Working Party Meetings – Transport Issues

79.   Research suggests that the first 100 yards is important in terms of older people being able to access bus services. Public information needs to include how to get to the bus; timings of the bus; location of services, etc. Arriva has carried out work on digital inclusion.

80.   In some rural areas social enterprises have been established to include schemes for buses to hire.

81.   ABM produced a paper entitled 'Older People and Transport - An Overview of the Learning'. The Ageing Better Middlesbrough Core Partnership has prioritised transport for exploration /commissioning. A proposal document is due to go to the Core Partnership before the end of March to establish a project in this area of work.

82.   ABM is hoping to meet with key individuals in the next few months to connect the programme to wider transport consultation and development including Middlesbrough Council and Tees Valley Combined Authority.

83.   The working party discussed the following key issues:

- People who are housebound;
- Carers who are unable to use transport;

- The use of transport for appointments;
- The attitudes of bus drivers and taxi drivers who are not always friendly;
- Distance to bus stops, bus routes and times;
- The physical environment, loss of confidence and fear; and
- The high cost of wheelchair accessible taxis.

84. Some suggestions to resolve the issues are low cost and high impact, e.g. locating seating on the way to the bus stops and in shopping centres.

85. Setting up local bus services, e.g. the service in Nunthorpe and Coulby Newham, and the training of taxi and bus drivers in terms of how they support lonely and vulnerable adults, was seen to be effective.

86. The working party supported the recommendations put forward in the Economic Development and Infrastructure Scrutiny Panel's report on the 'Tees Valley Strategic Transport Plan Including Bus Franchising'.

87. Panel Members heard that services after 18:00 were very few and this meant that many people, reliant on public transport, were unable to access social events.

Middlesbrough Council - Current Loneliness and/or Social Isolation-related Work

88. The Panel is aware that a work project is currently being undertaken by officers in the Local Authority's Social Care department in relation to loneliness and/or social isolation. This work is not yet at a stage where findings can be included in this report; however, the Panel welcomes the news that work is being carried out and looks forward to learning of the outcomes in due course.

CONCLUSIONS

89. The Scrutiny Panel reached the following conclusions in respect of its investigation:

90. Perception is a key factor in feelings of loneliness and/or social isolation – what may make one person feel lonely may not make another person feel lonely. This could relate to such matters as the fear of crime; pre-existing personality and behavioural traits; life experience, etc.

91. Feelings of loneliness and/or social isolation can have a severe impact on physical and mental health, as well as overall well-being.

92. Loneliness and/or social isolation can affect any person at any point in their lifetime, and not just older people. It is important to recognise that key life transitions/factors, such as bereavement and children leaving home, are potential causes of loneliness and/or social isolation.

93. Feelings of loneliness and/or social isolation can occur at any time of the year, although there are times of the year that can be particularly acute.

94. There are individuals unknown to services (deemed 'hard to reach' or 'under the radar') who are experiencing feelings of loneliness and/or social isolation. Further consideration is required as to why this may be, e.g. are services difficult to find, or is there a difficultly for individuals, resource-wise, to access services.

95. For those individuals accessing services, it must be borne in mind that there is no 'one size fits all' approach to addressing feelings of loneliness and/or social isolation;

support needs to be tailored/personalised. Trust, confidence and relationship-building are key components of this.

96.   Voluntary organisations are fundamental to the support offered to individuals feeling lonely and/or socially isolated.

97.   Partnership and networking is crucial in the addressing of loneliness and/or social isolation. Funding is an issue for providers, particularly for smaller groups and organisations. Joint initiatives mean that partners can share funding, as well as other resources such as accommodation, knowledge and experience.

98.   Transport is a key barrier for some people attending social activities, events, visiting people, etc., which can mean that feelings of loneliness and/or social isolations can never be fully addressed until these transport issues have been rectified.

99.   With regards to gaps in service provision, the Panel recognises that there is a need for befriending services to be developed within Middlesbrough and feels that further work is required with/between partners in fulfilling this need.

100.   Every Local Authority service needs to have an awareness of loneliness and/or social isolation. Personnel who are public facing need to be trained in safeguarding and loneliness and/or social isolation issues, and have knowledge of appropriate referral routes.

101.   The Panel both recognises and supports the work that is taking place in respect of BME Communities and to individuals outside of the 'later life' demographic, who are experiencing feelings of loneliness and/or social isolation.

RECOMMENDATIONS

102.   As a result of the information received, and based on the conclusions above, the Social Care and Adult Services Scrutiny Panel's recommendations for consideration are as follows:

a) That the Local Authority engages with as many different agencies and businesses as possible in order to play an active role in further developing and promoting support initiatives for those experiencing loneliness and/or social isolation. An example of such an initiative is Marks and Spencer's Community Transformation Programme, developed as part of the organisation's 'Plan A 2025'.

b) That the Local Authority works in partnership with MVDA and other appropriate voluntary sector organisations to further develop befriending support provision in Middlesbrough.

c) That an awareness-raising campaign for members of the public be developed in conjunction with the Marketing and Communications Team, in order to improve access to support services and/or referral routes. Publicity methods could include: Local media/radio such as Community Voice FM; Physical stalls in the Town Centre and at public events; The Council's website and 'Love Middlesbrough' magazine; Public service/utility vehicles; Community Hubs; Voluntary organisations; Private sector businesses, etc.

d) That training and awareness sessions dedicated to the issues of loneliness and social isolation be implemented for all staff. These could include:

i.) Online training via 'Middlesbrough Learns';
ii.) Face-to-face briefings; and
iii.) Advice and information on the intranet.

e) That an awareness-raising briefing be scheduled for all Elected Members in respect of the issues surrounding loneliness and social isolation.

f) That, to facilitate engagement in support activities, the Local Authority works with partners to improve transport provision for Service Users, including bus and taxi operators.

g) That a wider piece of work be undertaken to encompass other demographics, such as young people, when discussing loneliness and/or social isolation. For example: further Scrutiny investigation by the Ad Hoc Scrutiny Panel.

h) That the early evaluation reports of ABM be submitted to the SCASSP, for information.

i) That each service directorate considers how support can be provided to the reducing loneliness and/or social isolation agenda.

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- M Davis – Chief Executive, MVDA;
- M Dawson – Programme Manager, ABM;
- J Dodds – Senior Independent Living Manager, Thirteen Housing Group;
- M Homer – Member of ABMAG and Chair of the Core Partnership;
- C Joynes – Director of Customer Support Services, Thirteen Housing Group;
- J Pearce – Neighbourhood Safety Officer, Middlesbrough Council;
- A Peirson – Fire Prevention and Improvement Development Manager, Cleveland Fire Authority;
- E Scollay – Director of Adult Social Care and Health Integration, Middlesbrough Council;
- D Snaith – Acting Chief Inspector, Cleveland Police;
- A Sykes – Chief Executive, Age UK Teesside; and
- P Taylor – Live at Home Manager, Middlesbrough Live at Home Scheme.

ACRONYMS

104. A-Z listing of acronyms used in the report:

- ABM – Ageing Better Middlesbrough;
- ABMAG – Ageing Better Middlesbrough Action Group;
- ASB – Anti-Social Behaviour;
- BME – Black and Minority Ethnic;
- GP – General Practitioner;
- IPC – Investing in People and Culture;
- LGBT – Lesbian, Gay, Bisexual, and Transgender;
- MVDA – Middlesbrough Voluntary Development Agency;

- NHS – National Health Service;
- PCSO – Police Community Support Officer; and
- STP – Sustainability and Transformation Plan.

BACKGROUND PAPERS

105.   The following sources were consulted, or referred to, in preparing this report:

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MEMBERSHIP

The Membership of the Scrutiny Panel for 2017/2018 is as follows:

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