

Review of Loneliness and Isolation in Sandwell

Health and Adult Social Care Scrutiny Board
March 2024

Chair's Introduction

It is widely accepted that loneliness and isolation is associated with worse health outcomes. The covid-19 pandemic and the resultant “lockdown” resulted in more people being alone and isolated from their friends, family and their local community. Members of the Health and Adult Social Care Scrutiny Board were deeply concerned about the impact on Sandwell residents and in 2022/23 decided to carry out a review.

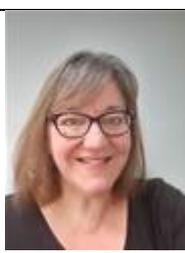
A working group was established to take forward the review and several lines of inquiry were identified. As the review progressed, each line of enquiry generated another line of enquiry to follow and it became apparent that this piece of work could not be completed within one municipal year. The review therefore continued into 2023/24.

This report summarises a huge amount of work undertaken by the working group, with the support of a number of officers from across the Council. The working also group heard from a number of outside organisations and those people are listed later in the report. Members of the Scrutiny Board and the working group are extremely grateful for the contributions of those people and organisations.

Councillor Elaine Giles

Chair of Health and Adult Social Care Scrutiny Board

Working Group Membership

2022/23		2023/24	
	Councillor E Giles (Chair)		Councillor E Giles (Chair)
	Councillor S Gill		Councillor Tipper
	Councillor Randhawa		Councillor Dunn
	Councillor Smith		Councillor S Gill
	(former Councillor E A Giles)		Councillor Kalebe- Nyamogo
			Councillor Millar

Links to the Corporate Plan



Best start in life for children and young people



People live well and age well



Strong resilient communities



Quality homes in thriving neighbourhoods



A strong and inclusive economy



A connected and accessible Sandwell

Loneliness and isolation can affect people of all ages and can have a detrimental effect on health and overall quality of life.

Supporting people to have meaningful social relationships is not just crucial to people's physical and mental health. It also affects their engagement in the workplace and wider community cohesion.

Successfully tackling loneliness and isolation in an evidence led way, will therefore support the delivery of all of the Council's Corporate Plan objectives.

Background and Context

There is an extensive evidence base about the impact of loneliness and social isolation on people's lives, their relationships and their wellbeing. Loneliness is increasingly recognised as a significant public health issue. It is known to adversely affect health, thus increasing demand on health and social care services and also leads to higher rates of premature mortality comparable to those associated with smoking and alcohol.

The covid-19 pandemic and resultant lockdown was resulted in further isolation. A report published in July 2021 by the Campaign to End Loneliness found that Covid-19/lockdown had exacerbated existing inequalities, meaning that groups already at risk of loneliness – such as those who were poorer, in worse health or from ethnic minorities or LGBTQ+ communities – were at greater risk during the pandemic. Research by the Local Government Association has also found that adults most at risk of being lonely, and increasingly so during lockdown, have/had one or more of the following characteristics: they are young, living alone, on low incomes, out of work and/or with a mental health condition.

Defining Loneliness and Isolation

Although closely related, loneliness and social isolation are different. Some people can spend lots of their time on their own and not feel lonely, while others may be surrounded by people but feel disconnected from them and therefore feel lonely.

The [Campaign to End Loneliness](#) describes **loneliness** as “...a subjective, unwelcome feeling of lack or loss of companionship. It happens when there is a mismatch between the quantity and quality of the social relationships that we have, and those that we want.” Social **isolation** is about the quality and frequency of a person's social interactions. It is defined as “having few social relationships or infrequent social contact with others”.

Impact of Loneliness and Social Isolation

Loneliness and Isolation can be detrimental to both mental and physical health, which creates an economic impact as people suffering from loneliness and isolation are less likely to engage in education or employment .

Data from the [Campaign to End Loneliness](#) indicates that:-

- Loneliness can increase the risk of early mortality by 26%.

- Loneliness can put people at greater risk of poorer mental health, including depression.
- There appears to be an association between mental wellbeing and loneliness: research estimates that 60% of people experiencing chronic loneliness also experience mental distress, compared to 15% of people who are not chronically lonely.
- 62% of lonely young people say that ‘feeling lonely makes them lose confidence in themselves’.
- Research shows that loneliness is associated with elevated blood pressure and acute stress responses.
- Loneliness is associated with ‘poorer sleep quality’ in young adults and ‘sleep inadequacy and dissatisfaction’ in the general population.

A literature review was carried out by Public Health in February 2023. This refers to a wide range of data and summarises:

“There is robust and consistent evidence of the significant health impacts of poor social health and evidence that some of these impacts are similar or greater than those associated with conventional risk factors... Many studies identified in the review raise the potential issue of the resultant pressure on health care and social care services of a failure to address loneliness and social isolation and poor social health. It is apparent from the narrative review on health impacts that the implications for services of morbidity (including cardiovascular disease, Type 2 diabetes, mental health and wellbeing impacts, self-harm, frailty and cognitive decline) associated with poor social health are likely to be considerable... In summary therefore there is a clear and pressing need for strategies to attenuate both the individual and wider health and social care impacts associated with social isolation and loneliness. “

[Research](#) undertaken in 2017 identified a total cost of £2.5 billion per year to employers based in the UK. The four main impacting factors to those costs were:

- absence from work due to illness associated with loneliness;
- absence from work because of the need to care for someone with a loneliness related illness;
- lower productivity because of lower job satisfaction associated with loneliness and;
- staff turnover as a result of lower job satisfaction associated with loneliness.

Who is affected?

We may all feel lonely sometimes, but [research](#) shows that some groups, and some life experiences, increase the risk of a person suffering from loneliness or isolation:-

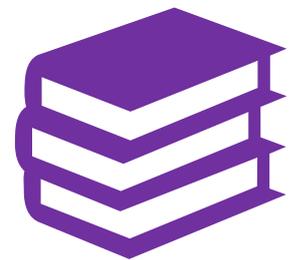
- Younger adults aged 16 to 29 years;
- Milestones like leaving or furthering education, seeking employment, moving out of the parental home, and establishing/losing long-term romantic relationships could all alter social networks;
- People living in low income households;
- Unemployed;
- Social media usage;
- Children (aged 11-15) from lower socio-economic backgrounds;
- Older people;
- LGBTQ+;
- People with existing health conditions;
- Young mothers;
- Women;
- Carers of those with additional needs;
- Those who live alone.

Methodology



Meetings of the working group throughout to guide and steer the Scrutiny Review

Desktop research to understand the context and methods of tackling isolation and loneliness



Visits to local organisations that help support people experiencing or at risk of isolation and loneliness

Discussions with internal and external stakeholders including voluntary and community sector organisations as well as the Fire Service and the Police



A summary of evidence is attached as Appendix 1.

Sandwell Context

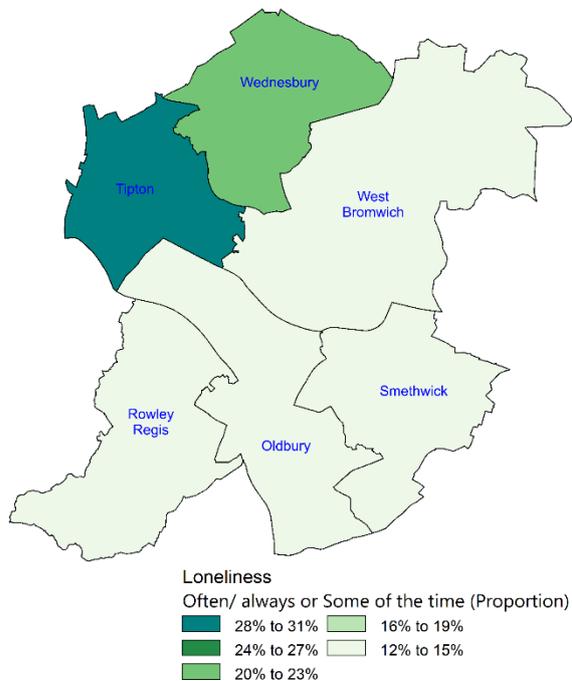
In August 2022 the Council carried out a Residents and Wellbeing Survey of residents aged 18 and over. The survey included specific questions around residents' feelings of loneliness and isolation and allowed the Council to build a picture of the towns with higher instances of loneliness and social isolation.

Resident and Wellbeing Survey: August 2022

Loneliness by Town

Question: How often do you feel lonely or isolated?

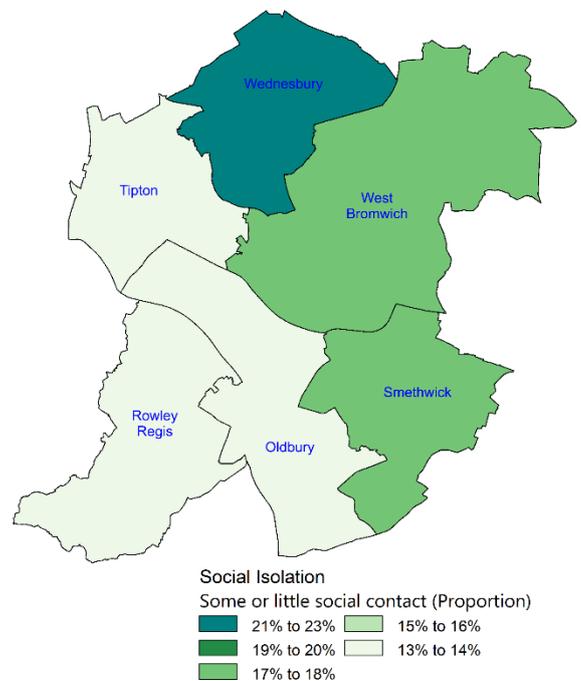
Proportion of Residents with Response: Often/ always or Some of the time



Social Isolation by Town

Question: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

Proportion of Residents with Response: Some or Little Social Contact



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Finding

Members felt that given the clear need demonstrated through the survey in relation to loneliness and social isolation in Tipton and Wednesbury that any pilot schemes or projects intended to tackle these issues should be considered for these towns first.

Local Provision

Throughout the review members spoke to a range of local organisations and initiatives to better understand what was available to Sandwell residents.

It was clear that there was a lot of opportunities for people to attend groups and events, these included those open to all, which includes:

- Community Transport Let's Chat project;
- Warm Spaces;
- Sandwell's libraries and museums;

As well as groups and events designed specifically to meet the needs of certain groups, such as the Sandwell Parents of Disabled Children group.

However it was recognised that there was no simple way for people to find out about the events, groups and associations that provided opportunities to socialise and reduce loneliness.

Finding

Members acknowledged the importance of providing information in as wide a range of methods as possible. This should include through the Council's website as well as on community notice boards, at libraries, at pop-up stalls (for example at markets across the borough from time to time), and via the Sandwell Herald and Public Health-related publications.

Social Prescribing

Social prescribing is a way to connect people with community-based services, groups and activities that meet practical, social, and emotional needs that affect their health and wellbeing, and increase people's active involvement with their health and their community. Social prescribing is happening across Sandwell; however, the approach varies across the eight Primary Care Networks and more information is required.

The NHS has recently published a [workforce development framework](#) to provide clear and consistent standards and improve the quality and consistency of social prescribing.

The Council is currently developing a Social Prescribing Strategy for Sandwell. As part of this work officers from Public Health have met with a number of social prescribers and obtained their feedback on how the approach can be strengthened. Strengthening the voluntary and community sector is also critical to the success of social prescribing, to ensure that there is adequate provision to refer patients into.

Finding

There was a need to ensure that Social Prescribing across Sandwell is more consistent and that the Strategy that is in development needs to address the issues of loneliness and social isolation.

Front Line Staff

Front line staff have the most contact with our residents, which puts them in a unique position to be able to identify where someone may be experiencing loneliness and isolation.

A particular example is the ongoing programme of Home Checks for our tenants. This involves officers visiting tenants in their homes and having conversations with them where needs can be discussed and observed, with referrals to appropriate agencies. Arising from the Checks undertaken so far, there were tenants who were reporting feeling lonely or isolated.

Finding

Our front line staff can be the only contact an individual may have with the Council, so it's important to make sure they are equipped with the necessary knowledge to spot signs of loneliness and isolation and help direct people to additional support or services.

Providing Opportunities

Members heard about a range of initiatives in place elsewhere to help encourage people to talk and socially engage. These included dedicated tables at cafés and restaurants, slow checkout lanes at supermarkets and benches that encourage people who are willing and want to talk to sit and socialise with other people passing by.

These kinds of initiatives encourage social interactions at a local level, which allowed them to be easy to access and low or no cost. Having them in places where people already visit makes them convenient and reduces pressure to travel to attend more formal settings or groups.

Finding

Providing our residents with an increased variety of ways that provide opportunities to talk and engage in social interaction could help reduce loneliness and isolation.