Public Document Pack

Scrutiny Inquiry Panel - Combating Loneliness in Southampton

Thursday, 8th December, 2016
at 5.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Furnell (Chair)
Councillor Coombs (Vice-Chair)
Councillor Burke
Councillor Laurent
Councillor Murphy
Councillor Parnell
Councillor T Thomas

Contact

Scrutiny Manager
Mark Pirnie
Tel: 023 8083 3886
Email: mark.pirnie@southampton.gov.uk

PUBLIC INFORMATION

Role of Scrutiny Panel Inquiry – Combating Loneliness in Southampton
The Overview and Scrutiny Management Committee have instructed the Scrutiny Panel to undertake an inquiry into Combating Loneliness in Southampton.

Purpose: To review progress being made in Southampton to combat loneliness and to understand what is being done to reduce loneliness elsewhere, and what initiatives could work well in the City to help people make connections and improve their wellbeing.

Southampton City Council's Priorities

- Jobs for local people
- Prevention and early intervention
- Protecting vulnerable people
- Affordable housing
- Services for all
- City pride
- A sustainable Council

Use of Social Media:- The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting.
By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so.
Details of the Council's Guidance on the recording of meetings is available on the Council's website.

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access – access is available for the disabled. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Dates of Meetings: Municipal Year

2016	2017
8 September	19 January
6 October	2 March
17 November	
8 December	

CONDUCT OF MEETING

TERMS OF REFERENCE

The general role and terms of reference of the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules – paragraph 5) of the Constitution.

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE

The meeting is governed by the Council Procedure Rules and the Overview and Scrutiny Procedure Rules as set out in Part 4 of the Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value for the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

Agendas and papers are now available via the City Council's website

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 6)

To approve and sign as a correct record the Minutes of the meetings held on 6th October and 17th November, 2016 and to deal with any matters arising, attached.

7 MEETING 4 - COMBATING LONELINESS FOR CHILDREN, YOUNG PEOPLE AND WORKING AGE ADULTS

(Pages 7 - 22)

Report of the Service Director, Legal and Governance regarding combating loneliness for Children, Young People and Working age Adults.

Friday, 2 December 2016 — Service Director, Legal and Governance

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Agenda Item 6

To approve and sign as a correct record the Minutes of the meetings held on 6th October and 17th November, 2016 and to deal with any matters arising.

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SCRUTINY INQUIRY PANEL - COMBATING LONELINESS IN SOUTHAMPTON

MINUTES OF THE MEETING HELD ON 6 OCTOBER 2016

Present:	Councillors Furnell (Chair), Coombs (Vice-Chair), Burke, Laurent and Parnell
Apologies:	Councillors Murphy and T Thomas

5. **MINUTES OF PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED that the minutes of the meeting held on 8th September 2016 be approved and signed as a correct record.

6. **MEETING 2 - REACHING LONELY INDIVIDUALS**

The Panel considered the report of the Service Director, Legal and Governance regarding Foundation Services, specifically reaching lonely individuals.

Following discussions with invited representatives the Panel concluded that:

- Invaluable work is being undertaken by volunteers across Southampton to combat loneliness.
- Southampton's Joint Strategic Needs Assessment acknowledges social isolation and loneliness, but there is a gap around data specifically measuring this issue.
- Social isolation and loneliness data analysis is planned for 2016/17. Age UK have mapped relative risk of loneliness across England, including Southampton. Further work is needed to refine this locally, reflecting wider population and risk factors. There is an opportunity to use the MOSAIC market segmentation tool to identify neighbourhoods which have a higher likelihood of having individuals that are socially isolated. This data would then need to be used intelligently by agencies to target support and prevention activity.
- Loneliness has a significant impact on health services in Southampton. Lonely people often present at GP surgeries with a plethora of reasons for attendance.
- Additional resources are being provided to increase the support for people to access the health, social care and voluntary services they need. The community navigator pilot has seen some promising results. There is an opportunity to remove duplication, redesign and roll out a single community navigator scheme for Southampton.

RESOLVED that the comments made by representatives from Communicare's befriending service, Sarah Weld, Public Health Consultant, Southampton City Council, Dan King, Service Lead, Intelligence and Strategic Analysis, Southampton City Council, Dr Ros Simpson, GP Brook House Surgery, Ian Loynes, Chief Executive, Spectrum CIL, Samia Stubbs, Senior Community Navigator, Spectrum CIL, Dawn Buck, Head of Stakeholder Relations and Engagement, NHS Southampton CCG be noted and used as evidence in the review.

SCRUTINY INQUIRY PANEL - COMBATING LONELINESS IN SOUTHAMPTON

MINUTES OF THE MEETING HELD ON 17 NOVEMBER 2016

Present: Councillors Furnell (Chair), Coombs (Vice-Chair), Burke, Laurent, Murphy, Parnell and T Thomas

7. MEETING 3 - COMBATING LONELINESS FOR OLDER PEOPLE

The Panel considered the report of the Service Director, Legal and Governance regarding combating loneliness for older people.

Following discussions with invited representatives the Panel concluded that:

- A number of activities are being delivered by different service providers, often in partnership, across Southampton to combat loneliness experienced by older people.
- Barriers such as transport and communicating the activities to the target market exist and can inhibit further initiatives and attendances.
- The Panel welcome developments designed to increase vibrancy of SCC communal housing hubs. It is essential that communities come together to build bridges and reduce loneliness. The Community Solutions Group and developing Local Community Solutions Groups are integral to this.
- There is a need to review services to provide greater alignment, reduce duplication and clearer access routes.
- The approach to communicating and co-ordinating messages about living well in later life is piecemeal. Need to be clearer about what is available locally. Start early and it is never too late.
- GENIE could be a valuable tool to help combat loneliness and all reasonable steps should be taken to ensure that Southampton is at the forefront of the development and implementation of GENIE.

RESOLVED that the comments made by Phil Williams, Health and Wellbeing Development Officer, Age UK Southampton, Paul Hedges, Senior Project Officer, Saints Foundation, Rev Erica Roberts, City Chaplain for Older People, Professor Anne Kennedy, Principal Fellow Research, University of Southampton, Professor Anne Rogers, Research Director of the NIHR CLAHRC Wessex, University of Southampton and Adrian Littlemore, Senior Commissioner, Integrated Commissioning Unit be noted and used as evidence in the review.

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DECISION-MAKER:		SCRUTINY INQUIRY PANEL		
SUBJECT:		MEETING 4 – COMBATING LONELINESS FOR CHILDREN, YOUNG PEOPLE AND WORKING AGE ADULTS		
DATE OF DECISION:		8 DECEMBER 2016		
REPORT OF:		SERVICE DIRECTOR – LEGAL AND GOVERNANCE		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Mark Pirnie**	**Tel:**	**023 8083 3886**
	E-mail:	**Mark.pirnie@southampton.gov.uk**		
Director	**Name:**	**Richard Ivory**	**Tel:**	**023 8083 2794**
	E-mail:	**Richard.ivory@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
Following the framework for loneliness interventions developed by the Campaign to End Loneliness, the fourth meeting of the Combating Loneliness in Southampton Inquiry will focus on identifying what works effectively to combat loneliness for children, young people and working age adults.		
RECOMMENDATION:		
	(i)	The Panel is recommended to consider the comments made by the invited experts and community representatives and use the information provided as evidence in the review.
REASON FOR REPORT RECOMMENDATIONS		
1.	To enable the Panel to compile a file of evidence in order to formulate findings and recommendations at the end of the review process.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	
DETAIL (Including consultation carried out)		
3.	As identified at the inaugural meeting of the inquiry there are a number of factors that increase our vulnerability to loneliness. At the November meeting the focus was on older people as loneliness is often perceived as a problem that can be particularly associated with those in later life. However, although much less attention has been paid to how loneliness affects other age groups evidence is emerging identifying the prevalence of loneliness amongst the wider population.	
4.	Research commissioned to assess the changing face of social interaction in the UK by the 'Big Lunch' found that two-thirds of adults have experienced loneliness at some point. This is reflected in the findings from the recent City Survey that identified that 14.6% of the 16+ population in Southampton are	

	lonely compared to 15.9% of the over 65 population. In both of these surveys the views of those under 16 are not represented.
5.	The Campaign to End Loneliness website provides links to research that shows that loneliness in the UK peaks at two points in our lives; those aged 25 years and under and those aged over 65 years tend to experience the highest levels of loneliness.
	Loneliness – Children and young people
6.	The Big Lunch survey identified that loneliness is significantly higher in 18 to 34-year olds, with 83% saying they have experienced loneliness. According to Get Connected, a helpline for people under 25, we are "seeing a rise in loneliness among young people". The charity speaks to over 3500 young people each year experiencing emotional and mental distress. They propose that the reasons for this increase could be the "relentlessly challenging social, study and work environment that is high stress and fast paced" or even how the media and the internet present "unattainable visions" of what a 'perfect life' should involve." Once this is combined with the "fundamental change in relationships and communication" brought about by the rise of the internet, it is perhaps not so hard to understand why so many young people are feeling lonely. There is a prestige attached to having huge numbers of online 'friends', but this doesn't necessarily lead to feeling truly connected in the real world.
7.	Psychologists also believe that teenagers are especially vulnerable to loneliness because their brain is still developing and teenagers can misread other people's emotions – teenagers may also feel isolated as they struggle to establish their own identities. The fear of being excluded is also particularly heightened amongst children and teenagers.
	Loneliness – Middle aged
8.	Middle age can be a time when potential triggers of loneliness, such as early retirement, children leaving home, relationship breakdown and even bereavement can begin to accumulate. 25% of women aged forty-five to fifty-four suffer from a common mental health disorder such as depression and anxiety, which in turn can lead to loneliness.
9.	A snapshot survey by the Samaritans in 2013 revealed that a quarter of contacts from men were about loneliness or isolation. The charity highlighted the likelihood of social disconnection among men in mid-life, particularly if unemployed and without a partner. It points out that men in mid-life can often be quite dependent on female partners for emotional support; often having fewer 'peer' relationships than women, finding it harder to talk about emotional issues with peers or to make new friendships, so any breakdown in relationships can be especially difficult. This is exacerbated by the finding from the Big Lunch Survey that identified men, on average, spend 10 minutes less a day interacting with others than women.
	Groups identified as being at greatest risk
10.	Evidence presented to the Inquiry Panel has already identified, amongst others, the following groups as being at high risk of loneliness: • Children and young people who do not conform to local norms of

	appearance, language or behaviour • Young people NEET • Young people and adults who care for others • Teenage mothers • Mothers of young children • Lesbian, gay, bisexual and transgender people • People in ethnic minority groups • People with long-term conditions and disability • People who are unemployed • Working-age men • People who suffer from addiction • Homeless people.
11.	Given that loneliness is experienced by almost everyone at some point in their life for many varied reasons it is not possible to consider each of the above risk factors at the inquiry meeting. Given the characteristics of the city, details outlined above, and the information available the focus at the meeting will be on the following risk factors: • Loneliness experienced by carers • Loneliness experienced by children and young people • Loneliness experienced by working age men / homelessness • Loneliness and mental health
12.	To help inform the discussion the following individuals / organisations have been invited to attend the meeting: • **Carers in Southampton & Southampton Young Carers Project** – There are 6.5 million people in the UK caring unpaid for an older or disabled family member or friend and the number is increasing. Carers are identified as being at risk of loneliness, caused by a range of factors, many of which are imposed on them. In Southampton a number of organisations provide support for carers. Carers in Southampton is a service for anyone who gives up their time, unpaid, to look after a family member, a friend, or a neighbour who needs additional support. Their mission statement is: *To empower the 'Silent Army' of carers in Southampton by providing support, advice, guidance and learning opportunities to improve carers' choice, control and independence.* Southampton Young Carers Project provides a service for children and young people aged between 8 – 18yrs whose lives are affected by caring for an unwell or disabled family member. The person they care for may have a physical or learning disability, mental ill health, chronic illness or have difficulties with drug/alcohol use. The project is part of Southampton Voluntary Services. To help inform the discussion on carers and loneliness, attached as Appendix 1, is an extract from the Campaign to End Loneliness publication, 'Alone in the crowd: Loneliness and diversity', that examines the issue of caring alone. • **No Limits & Youth Options** - No Limits offers free and confidential information, advice, counselling, support and advocacy for under 26 year olds. Youth Options provides help and support to young people in

	Hampshire, Southampton, Portsmouth and the Isle of Wight. They do this through activities and social education programmes which develop, inform, educate and entertain in an atmosphere of honesty, fair play and responsible concern for themselves and others. • **Street Pastors** - Street pastors are trained volunteers from local churches who care about their community. Street Pastors engage with people on the streets to care for them, listen to them and help them. They work together with other partners in the night-time economy to make communities safer. • **Solent NHS Trust, Homeless Healthcare Team** - A multi-disciplinary primary care team providing care to homeless people in Southampton • **Solent Mind & Southampton City Council Public Health** – Loneliness can be detrimental to our mental health and well-being. Some surveys report that two thirds of people affected by a mental health problem feel lonely often or all of the time. People with severe mental health problems are amongst the most isolated social group of all. They are often judged for their condition and fear rejection from others. Loneliness is both a cause and an effect of mental distress. Solent Mind provide advice and support to empower anyone experiencing a mental health problem in the South of England. Southampton City Council's Public Health Team work towards improving the health and well-being of the people of Southampton. To help inform the discussion on mental health and loneliness, attached as Appendix 2, is an extract from the Campaign to End Loneliness publication, 'Alone in the crowd: Loneliness and diversity', that examines the issue of loneliness and mental health.
13.	The report from the Campaign to End Loneliness – 'Promising approaches to reducing loneliness and isolation in later life', identifies that loneliness is amenable to a number of effective interventions. At the fourth meeting of the inquiry the Panel will be informed of good practice that is being delivered or planned in Southampton to reduce loneliness for children, young people and working age adults, as well as highlighting where improvements can be made to reduce the gaps in provision.
14.	The guests invited to present information at the meeting will take questions from the Panel relating to the evidence provided. Copies of any presentations will be made available to the Panel.
RESOURCE IMPLICATIONS	
Capital/Revenue	
15.	N/A
Property/Other	
16.	N/A.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	

<table>
<tr><td>17.</td><td colspan="3">The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.</td></tr>
<tr><td colspan="4"><u>Other Legal Implications</u>:</td></tr>
<tr><td>18.</td><td colspan="3">None</td></tr>
<tr><td colspan="4">POLICY FRAMEWORK IMPLICATIONS</td></tr>
<tr><td>19.</td><td colspan="3">None</td></tr>
<tr><td colspan="2">KEY DECISION?</td><td colspan="2">No</td></tr>
<tr><td colspan="2">WARDS/COMMUNITIES AFFECTED:</td><td colspan="2">None directly as a result of this report</td></tr>
</table>

SUPPORTING DOCUMENTATION

<table>
<tr><td colspan="3">Appendices</td></tr>
<tr><td>1.</td><td colspan="2">Alone in the crowd: Loneliness and diversity - Chapter 2 , Caring Alone</td></tr>
<tr><td>2</td><td colspan="2">Alone in the crowd: Loneliness and diversity - Chapter 8 , The most terrible poverty – Loneliness and mental health</td></tr>
<tr><td colspan="3">Documents In Members’ Rooms</td></tr>
<tr><td>1.</td><td colspan="2">None</td></tr>
<tr><td colspan="3">Equality Impact Assessment</td></tr>
<tr><td colspan="2">Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.</td><td>No</td></tr>
<tr><td colspan="3">Other Background Documents
Equality Impact Assessment and Other Background documents available for inspection at:</td></tr>
<tr><td colspan="2">Title of Background Paper(s)</td><td>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</td></tr>
<tr><td>1.</td><td>None</td><td></td></tr>
</table>

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Caring alone

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"It was getting tougher and tougher. I collapsed under the strain of trying to be a carer and to carry on working and I was advised by the medical professions that I needed to have a rethink. I didn't feel isolated while I was able to go out to work and do caring. Once I tried to be a carer here full-time, I felt totally isolated because your whole network's gone. People come round for a while but not for long. So you really need to rebuild that network but you don't know where to look, because you think everyone else is coping and you think it can only be me that isn't coping."

There are 6.5 million people in the UK caring unpaid for an older or disabled family member or friend, and the numbers are increasing. The 2011 Census showed that there are nearly 1.3 million carers over the age of 65, a 35% increase since the Census in 2001, representing the fastest growing group of carers. It's important to note also that the people who make up that 6.5 million are changing all the time. Every year 2 million people become carers, and a similar number find that their caring role has come to an end. The gender balance is closer than you might suppose, as 42% of carers are men.

All of us, at some point in our lives, will either be carers, or need the help of carers. So if caring or being cared for is a near universal experience, how is it that being a carer can be so isolating and lonely? This is the experience of many carers I've spoken to in my work at Carers UK and is a theme in the body of research around caring. There have been significant improvements over the last 50 years in the recognition of carers starting with the work of the Reverend Mary Webster, who founded the carers' movement. But the fundamental challenges of being a carer haven't changed significantly. So whilst the word 'carer' is increasingly recognised today, people's experiences of being a carer are not so different from those Mary had in the 1950s and 60s.

The loneliness carers experience is caused by a range of circumstances, many of which are imposed on them. You may be so busy that you have no time or energy left to see friends and other family, or they may drift away as your life becomes so different from theirs. You may find the emotional demands of caring for a loved one and focussing on their well-being means that you neglect your own. The costs associated with caring, particularly if you have had to give up work to care,

can mean that you are struggling financially and cannot afford to do some of the social activities you did before. You can find that your relationships become increasingly transactional rather than affirming and sustaining. For many carers, the world simply shrinks. Your role can become one of providing and co-ordinating care, taking your loved one to medical appointments, going to the chemist, liaising with care workers. You can feel invisible, as you fade into the background and the needs of the person you are caring for take centre stage. It can be lonely bearing so much of the responsibility of caring for a loved one.

The Reverend Mary Webster was 31 when she gave up her work as a church minister to care for her elderly parents. It was 1954 and there was no concept of a 'carer', no recognition of the role, and no support. Mary was a single woman and as the demands of caring grew, her isolation also grew. Mary described her situation as like being under 'house arrest' – a phrase that resonates strongly today. Thinking that there might be other women in the same situation as her, caring for elderly parents and being cut off as a result, she reached out through the newspapers to tell her story and was inundated by letters from others in the same situation. Mary brought what had hitherto been a private issue, into the public domain. It is thanks to this pioneering work that the carers' movement was born and the charity that became Carers UK was established in 1965.

Each day 6,000 people become carers and the transition to caring, and particularly to full-time caring, can plunge you into isolation.

> *"Nothing prepared me for the loss of identity...when I had to stop working – overnight I stopped being superwoman and became a nonentity, a scrounger living on benefits. I feel that I am invisible now – as soon as you mention that you are a carer, whether talking to a professional or a stranger at a bus stop, their eyes glaze over. Once you are a carer it is as if you cease to exist, or only live as a shadow. It is hard."* [1]

> *"My experience came as a complete shock with a cancer diagnosis so there was no time to prepare. There was an overwhelming sense of shock and loneliness."*

At the same time, when people's caring roles come to an end this can also bring feelings of loneliness.

> *"After my caring role ended I felt out on a limb... Even when you know it's going to happen it is a change in lifestyle and is very frightening; just as frightening as when caring begins. You feel lost and alone and have no idea what to do with your time. After caring long term carers especially should be given time to grieve and get their head back in some sort of order."*

These individual experiences are reflected in the research that Carers UK has undertaken over many years. In our 2013 *State of Caring*[2] survey – completed by

over 3,000 carers – 92% said that their mental health has been affected by caring. Research carried out for Carers Week 2013 showed that 6 out of 10 carers had found it difficult to maintain friendships, 42% had had a breakdown in a relationship with a family member, and 71% of carers were not prepared for the change in relationship with the person they cared for.

> *"I had no idea...[of] the degree that [caring] would impact on my life, particularly my ability to leave the house, have a social life of my own, follow my own interests, have holidays, and be able to look after my health. In becoming a carer, I've lost my own identity to a great extent, strange though that might sound."* [3]

What can be done? We need nothing less than a societal shift in recognition and understanding of caring. Although caring is such a normal part of life, it is not seen as a shared experience. Contrast it with parenthood, where there is a societal understanding of a shared experience and an ease of talking about it with friends, at work, with family. We need to find ways to 'normalise' caring, so that it is acknowledged as the universal experience it is, and so that carers too are recognised, valued and supported.

As a society we need to reach out to carers so they know that they are not alone. We also need to ensure they can get both practical and emotional support. Crucially we need to do this in a way that doesn't always rely on people identifying themselves as carers. It can take years before someone self-identifies as a carer, and this can mean essential support doesn't reach them. But we can all play a role in tackling loneliness amongst carers. The cultural shift to break the isolation and loneliness of carers starts with small conversations:

- The GP who asks how you are, not just about the person you are caring for
- The employer who you're able to share your circumstances with and who gives you the flexibility to manage working and caring
- The social worker who understands your situation and who helps you arrange the support that you need as a carer
- The pharmacist who sees you picking up the prescription regularly and chats to you about your own health
- The carer who recognises that you are a carer too, and understands and helps you feel less alone
- The public figure who talks about their own experiences of being a carer and acts as a catalyst for other conversations
- The friends who stay with you, and the new friends that you make

These conversations won't solve everything, and have to be accompanied by practical and financial help and support. But they really can help to break the loneliness that many carers experience. Some of these conversations happen already, but they need to happen more consistently, for example with health and care professionals who are so important to ensuring that carers get practical help and support. For this to be achieved, understanding and awareness of carers needs to be built into training, education and ongoing practice. For instance, we know that the role of the GP is crucial, which is why, funded by the Department of Health, we are working with the Royal College of GPs and Carers Trust to raise awareness and support for carers amongst GPs. The work that NHS England is carrying out under its NHS Commitment for Carers also has the potential to improve the recognition and support that carers receive from the NHS.

Alongside the cultural shift that is needed, there must also be better practical support for carers. Reliable, high quality health and social care for the person they are caring for is vital, as is the opportunity to take a break from caring. Also essential is the right financial support for carers – whether caring full-time or trying to balance caring with working. And when the caring role ends, carers need time, understanding and support to adjust to the life change, and to rebuild a life after caring.

How we care for each other is one of the biggest challenges we face as a society, and one of the most important things any of us do in our lives. We shouldn't have to do it alone.

Heléna Herklots
Chief Executive
Carers UK

1 Carers Week (2013) *Prepared to Care?*
2 Carers UK (2013) *State of Caring 2013*
3 Carers Week (2012) *In Sickness and in Health*

The most terrible poverty: Loneliness and mental health

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"The most terrible poverty is loneliness" Mother Teresa

We often hear that smoking, obesity, alcohol and lack of exercise are bad for our health. However, there is a less obvious health harming condition – loneliness. The evidence shows it can significantly reduce our chances of living to a healthy old age and that it can be very damaging to our mental health and wellbeing.

Loneliness and solitude should not be confused. Loneliness is not about being alone, but a subjective experience of feeling isolation. Some people may seek solitude but few, if any, would choose to feel lonely. Although many of us experience loneliness at one time or another, it is often overlooked or dismissed, because our social norms praise independence and self-reliance. It is hard to own up to feeling lonely and a third of us say we would not admit to this.[1] But when loneliness sets in long enough to create a persistent, self-reinforcing loop of negative thoughts and sensations, it can wear us down and become difficult to treat. People who are chronically lonely can get stuck in a loop of negative behaviour, and might push others away or seek transient contacts.

Being lonely can have serious consequences on our mental, emotional and physical health.[2] Our happiness is derived from our strong and loving relationships, as research from the Nobel prize-winning psychologist Professor Daniel Kahneman shows. Those of us who lack these strong relationships are more likely to have poor physical and mental health outcomes, including increased propensity to depression, sleep deprivation, problems with the cardiovascular and immune systems, early morbidity and even dementia.

The Mental Health Foundation's report, *The Lonely Society*, raised awareness of loneliness as a causal factor in poor mental health. More people live alone nowadays with the percentage of households occupied by one person doubling between 1972 and 2008. People are living longer but many older people are doing so alone. Work pressures have also had an impact: people feel pressure to be 'productive' and busy, and as a consequence neglect vital relationships with friends and family despite surveys revealing that we would like to spend more time with them.

The Lonely Society reveals that 42% of people have felt depressed because they were lonely. Lonely middle-aged adults drink more alcohol, have unhealthier diets

and take less exercise than the socially contented. Lonely individuals are more prone to depression and more prone to cognitive decline and dementia. Loneliness alters our behaviour, increasing the chances of indulging in risky habits such as drug-taking, and can play a role in mental disorders such as anxiety and paranoia. It is a known factor in suicide. The Marmot Review into health inequalities found that individuals who are socially isolated are up to five times more likely to die prematurely than those with strong social ties.

Loneliness as a causal factor in mental distress is well known to doctors, with its potential to increase stress levels, anxiety and depression. However it is also an effect of mental distress. We know that the stigma associated with mental health problems can increase social isolation, which in turn will have an exacerbating impact on the individual's condition. You may feel awkward in company, worrying that others will judge you for your mental health problem, and so you withdraw to avoid this. Social withdrawal can be emotionally very costly, as the individual pulls away from society and society pulls away from them; even family members may start to avoid them, resulting in a profound impact on their sense of belonging and well being.

It is unsurprising, therefore, that some surveys report that two-thirds of people affected by a mental health problem feel lonely often or all of the time. People with severe mental health problems are amongst the most isolated social group of all. They are often judged for their condition and fear rejection from others. Often people will choose just to avoid any contact, or they may make a great effort to conceal their condition from others, which results in additional stress from worrying about being found out. In particular, deliberate isolation is a classic sign of bullying, leaving someone to feel lonely and cut off even in the bustle of the workplace. This is an area where employers need to train managers to recognise and to have the skills to intervene, or they will find sickness absences increasing.

So loneliness is both a cause and an effect of mental distress. When the person isolates more, they face more mental distress. With more mental distress, they choose to isolate themselves. This vicious cycle relegates many people with severe mental illness to a life of social segregation and loneliness.

> *"Once I was told people don't want to be around me as I depress them, so I became somewhat of a recluse."* Comment from Mind's booklet about *How to cope with loneliness*[3]

National surveys of mental ill health in British adults show that levels of social participation are the most significant difference between people with good or poor mental health. The former Minister of State for Care Services, Paul Burstow, described loneliness as *"the great unspoken public health issue."*

For older people, loneliness and isolation are significant risk factors for poor mental health. Newspaper headlines proclaimed *"loneliness twice as unhealthy as obesity for older people"*. The University of Chicago's study of 2,000 people over the age of 50, led by John Cacioppo, found those who reported being lonely were 14% more likely to have an early death. Perhaps it is not surprising that, post retirement, people can be lonely and risk mental health problems. After all they have lost the company and status that comes through work; their children may have moved far away; their income and ability to travel or socialise may be reduced; and they may have lost some of the people they have loved and felt closest to. However, we would not argue that loneliness should be seen as a mental health issue, or medicalised into a mental illness. In fact, we'd argue the opposite. Tackling the crisis of loneliness starts with individuals, in communities and in wider society.

In communities, the role of civil society comes into its own in helping to reduce isolation. Faith communities look out for, and reach out, to people who are isolated. Countless voluntary organisations from Age UK to Mind offer approaches that reduce social isolation – these may take the form of walking groups, gardening groups, art groups and so on, but they all fulfil the basic need to spend quality time with our fellow humans. And in wider society, there are factors that can reduce isolation and increase contact. Local government approaches to planning can help focus on designing housing and communities which enhance social interactions and community wellbeing. Effective GP practices take steps to link their patients to voluntary organisations to engage, involve and support them.

There is a growing recognition that individually we can and should look after our emotional and mental health just as we look after our physical health. Techniques such as Mindfulness are gathering significant interest and the evaluations of their impact are encouraging. The Mental Health Foundation is involved in research programmes to provide more evidence and has established an online course bemindfulonline.com. Even the simple act of having a conversation can make a big difference. People often contact the Mind Infoline and talk about how difficult it can be to initiate conversations when they are feeling very anxious or isolated. Encouragement to start small and simple can make a huge difference.

> *"The way I deal with loneliness is to go out and spend time outside, maybe have a small conversation with a cashier when I pay for things."*
> Comment from Mind's booklet about *How to cope with loneliness*[3]

The digital revolution seems to be increasing isolation, as people walk along deep in phone conversations, or reading their screens in the middle of social outings. In contrast, Mind's Elefriends online peer support community – www.elefriends.org.uk – is a simple idea of a safe space where people can find peer support for

their mental health. With virtually no promotion, it already has 10,000 members, with an average of 15,000 very honest and open posts a month.

> *"To me, Elefriends means that I am not alone. It is instant access to help and advice from people who have been there and understand what you are saying. It is a safe place to say all the bad or stupid stuff that you can't say to anyone else and know that no one will judge you. It is a lifeline."*

> *"It's nice to feel I'm not alone; often I feel quite alienated because no one I know really suffers from a mental health problem, but when I come on here it reminds me I'm not a freak or weird, I just have an illness. It's easy to forget when you're trying to live our daily lives"* Quotes from Elefriends' members

The ability to physically see friends and family via Skype and Facetime can also make a difference in keeping us feeling connected to those we care about, particularly those who are physically isolated. There are also new communities of interest that can link people through a common interest or reconnect them to old friends.

Some people may find that they are unable to get the social contact that they need, or that they experience feelings of constant loneliness that they can't resolve by themselves. In these cases, a talking treatment, such as counselling or psychotherapy, can help. Talking to a counsellor or therapist allows people to explore and understand feelings of loneliness and can help develop positive ways of dealing with them.

> *"After living a life full of loneliness, I thought nothing could change. But after I started therapy I realised things can actually get better."* Comment from Mind's booklet about *How to cope with loneliness*[3]

If anxiety about social situations has made people isolated, cognitive behaviour therapy (CBT) may help. CBT focuses on how you think about the things going on in your life – your thoughts, images, beliefs and attitudes – and how this impacts on the way you behave and deal with emotional problems. It then looks at how you can change any negative patterns of thinking or behaviour that may be causing you difficulties. It has been found to be particularly effective for anxiety-based conditions, including agoraphobia and social phobia. The Improving Access to Talking Therapies programme or IAPT, has helped to make some of these treatments more easily available, but there is still a long way to go.

So what needs to change? We urgently need to raise awareness and have a public debate that tackles attitudes that can create the stigma of loneliness and the stigma of mental health. Too many people simply don't understand the challenges. Some don't want to try. We need to build a stronger understanding of the impact of loneliness on mental and physical health amongst the medical and social

service professions, so that their assessments take loneliness into account and direct people to the appropriate local services and opportunities. At present, for example, NICE pathway guidance for primary care to strengthen the mental well-being of older people focuses on exercise and physical activity, missing the importance of social connections.

We need much greater access to counselling and talking therapies that help lonely people overcome the negative thinking that leads them to become increasingly sensitive to, and on the lookout for, rejection and hostility. We also need to see a greater emphasis on commissioning local and neighbourhood schemes that engage proactively with people at risk of isolation. With increased funding, this is a role the voluntary sector would be ideally placed to deliver.

The good news is that it is in our hands to do something about this. Our core strong relationships support us, encourage us and give meaning to our lives. Our broader social relationships help us feel connected, at home in our communities and networks, and give us a sense of social worth. We need both. If we lose touch through moving home, changing job, separation, illness, or bereavement, we need to invest time in reaching out and building new relationships. Giving ourselves time to keep our close social relationships thriving and fulfilling is not just one of the key ways to look after ourselves, it is one of life's greatest pleasures.

Paul Farmer
Chief Executive
Mind

Jenny Edwards
Chief Executive
Mental Health Foundation

1 Mental Health Foundation, *The Lonely Society* Report, 2010.
2 Cacioppo, J. T. and Hawkley, L. C. (August 2007) *'Aging and Loneliness: Downhill Quickly?' Current Directions in Psychological Science*
3 Mind, 2012 *'How to cope with loneliness'* Available online at http://www.mind.org.uk/information-support/tips-for-everyday-living/loneliness