



Health and Social Care Scrutiny Committee

Date: MONDAY, 8 MAY 2017
Time: 11.30 am
Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL

Members: Chris Boden
Emma Edhem
Alderman Alison Gowman
Michael Hudson
Vivienne Littlechild
Wendy Mead (Chief Commoner)

Enquiries: Philippa Sewell
tel. no.: 020 7332 1426
philippa.sewell@cityoflondon.gov.uk

Lunch will be served in Guildhall Club at 1PM
NB: Part of this meeting could be the subject of audio or video recording

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **ORDER OF THE COURT OF COMMON COUNCIL**
To receive the Order of The Court of Common Council from 27 April 2017.
For Information
(Pages 1 - 2)
4. **ELECTION OF CHAIRMAN**
To elect a Chairman in accordance with Standing Order 29.
For Decision
5. **ELECTION OF DEPUTY CHAIRMAN**
To elect a Deputy Chairman in accordance with Standing Order 30.
For Decision
6. **CO-OPTION OF A HEALTHWATCH REPRESENTATIVE**
To co-opt one representative from Healthwatch City of London.
Healthwatch have nominated Steve Stevenson for appointment.
For Decision
7. **APPOINTMENT OF INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE(S)**
To appoint representative(s) to the INEL JHOSC representative.
It is proposed that the Chairman and Deputy Chairman are appointed.
For Decision
8. **MINUTES**
To agree the public minutes and non-public summary of the meeting held on 16 February 2017.
For Decision
(Pages 3 - 6)
9. **ANNUAL WORKPLAN**
Report of the Town Clerk.
For Decision
(Pages 7 - 8)
10. **INNER NORTH EAST LONDON UPDATE**
Director of Community & Children's Services to be heard.
For Information

11. **SOCIAL WELLBEING**
Report of the Director of Community & Children's Services.

For Information
(Pages 9 - 68)

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

13. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

14. **EXCLUSION OF THE PUBLIC**

MOTION - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part I of the Schedule 12A of the Local Government Act.

Part 2 - Non-Public Reports

15. **LOCAL PROCUREMENT OF SEXUAL HEALTH SERVICES**
Report of the Director of Community & Children's Services.

For Information
(Pages 69 - 86)

16. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

17. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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PARMLEY, Mayor	RESOLVED: That the Court of Common Council holden in the Guildhall of the City of London on Thursday 27th April 2017, doth hereby appoint the following Committee until the first meeting of the Court in April, 2018.
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HEALTH & SOCIAL CARE SCRUTINY COMMITTEE

1. **Constitution**

A non-Ward Committee consisting of,

- Any 6 Members appointed by the Court of Common Council
- 1 Co-opted Healthwatch representative.

The above shall not be Members of the Community & Children's Services Committee or the Health & Wellbeing Board.

2. **Quorum**

The quorum consists of any three Members. [N.B. - the co-opted Member does not count towards the quorum]

3. **Membership**

- 2 (2) Christopher Paul Boden
- 2 (2) Alison Gowman, Alderman
- 2 (2) Michael Hudson
- 2 (2) Vivienne Littlechild, J.P.
- 2 (2) Wendy Mead, O.B.E.
- 1 (1) Emma Edhem

together with the co-opted Member referred to in paragraph 1 above.

4. **Terms of Reference**

To be responsible for:-

- (a) fulfilling the City's health and social care scrutiny role in keeping with the aims expounded in the Health and Social Care Act 2001 and Part 14 of the Local Government and Public Health Act 2007 (Patient and Public Involvement in Care and Social Care);
- (b) agreeing and implementing an annual work programme; and
- (c) receiving and taking account of the views of relevant stakeholders and service providers by inviting representations to be made at appropriate meetings.

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HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Thursday, 16 February 2017

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at the Guildhall EC2 at 11.00 am

Present

Members:

Wendy Mead (Chairman)
Chris Boden
Michael Hudson

Vivienne Littlechild
Steve Stevenson (Co-opted Member)

In Attendance:

Paul Haigh - City & Hackney Clinical Commissioning Group
Anne Canning - London Borough of Hackney

Officers:

Philippa Sewell - Town Clerk's Department
Neal Hounsell - Community & Children's Services Department
Ellie Ward - Community & Children's Services Department
Marion Willicome-Lang - Community & Children's Services Department

1. APOLOGIES

Apologies were received from the Deputy Chairman, the Revd. Dr Martin Dudley, and Alderman Alison Gowman.

2. MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA

Steve Stevenson and Vivienne Littlechild declared standing interests by virtue of being residents in the City of London.

3. MINUTES

RESOLVED – That, subject to one amendment, the public minutes of the meeting held on 1 November 2016 be agreed as a correct record.

Matters Arising

Defibrillators

Waitrose had been contacted regarding having a defibrillator in the White Cross Street branch but no decision had been reached. Sainsbury's had agreed to put defibrillators in their 100 largest stores, however, as none of these was in the Square Mile, local Sainsbury's and Tesco stores throughout the square mile were being contacted.

Members noted that the London Ambulance Service Patients' Forum had been turned down by Boots and, regarding installation of defibrillators in telephone

boxes, BT was still re-evaluating the use of payphones in major cities and not taking on any adoptions in town and city centres at the present time.

Adult Social Care Duty System

Members noted a response regarding the Adult Social Care Duty Team's performance was still awaited from the City of London Police.

4. **DOMICILIARY CARE IN THE CITY OF LONDON**

The Committee received a report of the Director of Community & Children's Services regarding the design and delivery of domiciliary care services for City of London Residents. Officers explained how Domiciliary Care Support was offered in the form of an Individual Budget as well as through the City of London's Adult Social Care Services' In-house Reablement service, and that Bluebird Care had recently been confirmed as the new sole provider of domiciliary care services.

Members discussed the report in detail and the following points were raised:

- Members agreed that the scale shown on graphs included in the report was misleading, and officers advised this was partly due to the low resident numbers in the square mile but undertook to check the figures.
- Officers undertook to put together indicators to monitor outcomes for different choices of care, but advised that generally those who chose to receive care from the provider commissioned by the Corporation (rather than taking an individual budget) tended to be the most frail.
- Officers confirmed that a back-up provider was in place and current service users would have a choice whether to retain their current provider or transition to Bluebird Care.
- In response to a Member's comment regarding telecare, officers agreed technological options were investigated as they could enhance domiciliary care and fill gaps in service, but for the eldest and frailest residents human contact continued to be the most popular and effective.
- The qualitative aspect to care had been emphasised in the tender for the new provider and Members noted residents would have an individualised assessment of need.
- Hospital communication with social care continued to be challenging, but officers confirmed that once contact was made and consent given by the individual, the social care team ensured reablement services were put in place.
- With regard to isolation and loneliness, officers advised that a Panel had recently been held to discuss social wellbeing and Members agreed to call in those findings. A Member suggested these also be referred on to the Barbican Association.

RESOLVED – That:

- a) officers check the figures included in the report;
- b) indicators be developed to monitor outcomes for different care choices;
- c) the findings of the recent Panel regarding social wellbeing be brought to a future meeting.

5. **INTEGRATED COMMISSIONING FOR HEALTH AND SOCIAL CARE**

The Committee received a report of the Director of Community & Children's Services which provided further detail regarding the integrated commissioning model between the City of London Corporation and the NHS City and Hackney Clinical Commissioning Group (CCG) Governing Body.

Members discussed the report in detail and the following points were raised:

- The “equitable approach” referred to in the report was a misleading term. Officers confirmed the intention was to adopt a similar approach regarding integrated commissioning across the CCG's area and not about standardising the level of service across the two areas which may have an impact on the standard of service in the City of London.
- Members challenged officers on the lack of information regarding employees with learning difficulties and officers agreed, confirming it was a problem in schools and health services as well.
- Members sought and were given assurances that the ‘committees-in-common’ governance structure would not prohibit the Corporation from making decisions. Keeping separate Integrated Commissioning Boards secured a City-specific focus which was continued through the work-streams.
- Members queried how the level of care provided to Portsoken residents would be safeguarded. Officers confirmed the integrated approach was a leap of faith but the CCG was trusted to take account of the different needs of City and Hackney. They advised that if the model proved successful it could be used it as leverage to reopen discussions regarding partnerships with other CCGs. Members sought and were given assurances that objectives/KPIs would be put in places to ensure services to Portsoken residents were being delivered to the same, if not better, standard.
- With regard to public health provision for City workers, officers advised they were in discussions with Barts Health to provide more primary care services at the minor injury unit.
- Officers confirmed that there was still uncertainty regarding the break clause timescales and, in response to Members queries and concerns, undertook to clarify the arrangements under delegated authority provisions.
- With regards to the scrutiny arrangements moving forwards, Members noted that the Integrated Commissioning Board would be a Sub Committee of the Community & Children's Services Committee, and as such any decisions it made or reports it received could be called in for scrutiny. Officers advised that, where appropriate, this Committee could join with Hackney's Scrutiny Committee to review the Boards.

RESOLVED – That the report be noted.

6. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

7. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There was no other business.

8. **EXCLUSION OF THE PUBLIC**

RESOLVED – That, under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that the involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

<u>Item Nos.</u>	<u>Exempt Paragraph(s)</u>
9	3
10-11	-

9. **PRIVATE PATIENT UNIT AT ST BARTHOLOMEW'S HOSPITAL**

The Committee received an update regarding the private patient unit at St Bartholomew's Hospital and ask officers to follow this up after the contract had been signed.

10. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

11. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

Members discussed a possible visit to the Neaman Practice later in the year.

The meeting closed at 12.15 pm

Chairman

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Committee:	Date:
Health and Social Care Scrutiny Committee	8 May 2017
Subject: Annual Workplan	Public
Report of: Town Clerk	For Decision
Report author: Philippa Sewell, Committee & Members' Services	

Recommendation

Members are asked to agree the frequency of meetings and dates for 2017/18 meetings, and to consider the principle of including items that ensure regular internal scrutiny is carried out.

Main Report

Meeting Dates

1. The Committee meets on average three times a year, with one additional date in the summer months for a visit.
2. It is proposed that this schedule be retained with the following dates:
 - 30 October 2017, 11.30am
 - 13 February 2018, 11.30am
 - 1 May 2018, 11.30am

Workplan

3. Last year, Members agreed that a mixture of Social Care and Health issues be considered at each Health and Social Care Scrutiny meeting with Members of the Committee (including the co-opted Member) retaining the ability to call in issues or services at any time.
4. This reflected the need for a flexible work programme, as other priorities can emerge during the year at relatively short notice, and that the timing of a number of local and regional consultations from other health and social care bodies can also be subject to change.
5. To ensure that the Committee fulfils its remit of scrutinising internal as well as external services Officers propose that the following items should normally be considered at each meeting:
 - At least one Social Care issue, from a service commissioned or provided by the City of London Corporation
 - Two to three health issues, at least one from a public health service commissioned by the City of London Corporation

6. Members are asked to note that, with the agreement of the Chairman, it may be necessary to vary this arrangement to take account of the factors set out in Paragraph 4.
7. Future agendas can be discussed at each meeting to raise any issues and to determine which topics or services should be considered at the next meeting, to ensure the Committee is able to anticipate emerging issues and priorities in health and social care.

Conclusion

8. Members are asked to consider the structure of the workplan, as proposed at paragraph 5, and whether the frequency of meetings should remain at three times a year along with a summer visit.

Philippa Sewell

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Committee(s)	Dated:
Health and Social Care Scrutiny Committee	08 May 2017
Subject: Social Wellbeing Panel Update	Public
Report of: Director of Community and Children's Services	For Information
Report author: Adam Johnstone, Strategy Officer	

Summary

This report presents an update on the work of the City of London Corporation's Social Wellbeing Panel.

The Social Wellbeing Panel was formed to learn more about how to reduce loneliness in the City of London and to hear about successful interventions implemented elsewhere. A report has been produced detailing the Panel's findings and recommendations.

These have been used to develop a proposed Social Wellbeing Strategy, which will be presented for approval at the Community and Children's Services Grand Committee on 11 May 2017 and the Health and Wellbeing Board on 16 June 2017.

The report has also been sent to The Jo Cox Commission on Loneliness, a partnership between Members of Parliament, policy makers and the voluntary sector, aiming raise the profile of loneliness as a national public health issue.

Recommendation

Members are asked to note the report.

Main Report

Background

1. A recent report from Age UK found that one in three people aged 65 or over are lonely. This is an important public health issue. Loneliness leads directly to lower personal wellbeing, it has a significant impact on physical and mental health, which in turn leads to earlier than expected health and social care needs. It can also mean that someone is more at risk of abuse or neglect.
2. The City Corporation already provides a number of services to tackle social isolation, including the Reach Out Network of groups for older people, carers and people with a diagnosis of dementia; a befriending service commissioned from Age Concern and a range of classes, groups and events delivered through the libraries, Golden Lane Leisure Centre, Adult Skills and Education Service, Spice Time Credits and the Neighbourhood Development Team.

3. However, there are still reasons to believe that City of London residents may be at risk of loneliness. In 2014, the City Corporation, together with Healthwatch, held a series of Aging Well in the City events. Residents consistently raised tackling social isolation and loneliness as a priority. The City's older population and the prevalence of single person households also make loneliness statistically more likely.
4. Doing more to tackle social isolation has subsequently been identified as a priority in the DCCS Business Plan, in the City Corporation's Joint Health and Wellbeing Strategy, in the Mental Health Strategy and by the Adult Advisory Group.
5. The City Corporation commissioned Dr Roger Green from Goldsmiths, University of London, to investigate the extent, causes and possible solutions to loneliness for older people in the City of London. His research was presented to the Community and Children's Services Grand Committee in July 2016 and has underpinned our work on this issue.
6. In September 2016, the Community and Children's Services Grand Committee approved the formation of a Social Wellbeing Panel to learn more about how to reduce loneliness in the City of London and to hear about successful interventions implemented elsewhere.

The Social Wellbeing Panel

7. The panel heard from experts on social isolation amongst new parents, Black and Minority Ethnic older people, dispersed communities and people with physical and mental health issues. These groups were chosen based on Dr Green's research and after analysing feedback from a public consultation.
8. Despite these groups having different circumstances, shared themes emerged from each evidence session. The Panel agreed that these themes should be the building blocks of any intervention to reduce loneliness.
9. Based on this evidence, the Social Wellbeing Panel recommended a number of ideas for further investigation and possible inclusion in the City Corporation's Social Wellbeing Strategy.
10. Brief summaries of each theme, along with their accompanying recommendations, are provided below. The full report of the Social Wellbeing Panel, *Improving Social Wellbeing in the City of London*, is provided as Appendix A.

Theme One: Asset Based Community Development

11. An asset based approach makes the most of the skills and talents already present in the community. This recognises that local people know what is best for their community, that peer support is the most effective way of helping people through difficulties and that volunteering is a way to wellbeing in its own right.

12. The actions proposed under this theme include a Community Connector service to link up individuals based on communities of interest; continued neighbourhood development work to grow communities of place and targeted interventions for three groups of City residents at greater risk of experiencing loneliness; expectant and new parents, older LGBT people and older BAME women.

Theme Two: Shared Spaces

13. Shared spaces are essential if relationships are to develop naturally and if community building is to take place. Spaces should be welcoming, informal and host activities with a wide appeal, while services should seek to engage with people in the places where they naturally go.
14. The actions proposed under this theme include exploring the feasibility of capital works in Barbican library to create a new community space, proposals to enhance current community spaces at Golden Lane and Mansell Street and working with other community spaces such as supermarkets, places of worship and the GP's surgery.

Theme Three: Early Intervention

15. Providing timely support can limit the effects of loneliness. This can be done by offering light-touch interventions in relaxed settings, which can encourage people to open up and seek help for more serious issues, and by having sustained and consistent communication reiterating that help that is available.
16. The actions proposed under this theme include increasing awareness of social activity with a one-stop website and a City 'Over 50s' guide, including social wellbeing outreach work in the work of leisure services and building partnerships between City Corporation services and the Clinical Commissioning Group's pilot Social Prescribing Service.

Theme Four: Building Skills

17. Increasing the ways in which people can communicate, either through improving language skills or by getting online, means there is a greater chance to enjoy social opportunities that were not available to them before. Developing interpersonal skills can also help people form and maintain relationships.
18. The actions proposed under this theme include providing additional ESOL (English for Speakers of Other Languages) classes for those residents who need them and providing IT training to enable more people to get online and connect with friends and family or with those who share their interests.

Current Position

19. The Chairman of Community and Children's Services has sent the report of the Social Wellbeing Panel to The Jo Cox Commission on Loneliness, a partnership

between Members of Parliament, policy makers and the voluntary sector, aiming to highlight the growing crisis of loneliness and to find ways to overcome it.

20. The work of the Social Wellbeing Panel and the actions it recommends have been used to develop the Social Wellbeing Strategy. This is provided as Appendix B and will be presented for approval at the Community and Children's Services Grand Committee for approval on 11 May 2017 and the Health and Wellbeing Board on 16 June 2017.
21. A month long public consultation has been carried out on the Social Wellbeing Strategy, with face to face events, a consultation website and leaflets in libraries and other public venues. Fifty-five people responded and 80 per cent agreed or strongly agreed with the Social Wellbeing Strategy.

Corporate & Strategic Implications

22. The second priority in the Community and Children's Services Business Plan 2015–17 is to promote wellbeing so that people in the City feel safe, are socially connected and supported, and feel a sense of pride and satisfaction where they live in their community. Reducing social isolation and loneliness supports this objective.

Conclusion

23. The Social Wellbeing Panel has heard from a range of expert witnesses on how social isolation and loneliness can be reduced. It has made a number of recommendations, which are presented in its report. These will be shared with The Jo Cox Commission on Loneliness and have also informed the development of the proposed Social Wellbeing Strategy.

Appendices

- Appendix A - Improving Social Wellbeing in the City of London
- Appendix B – Social Wellbeing Strategy 2017

Adam Johnstone

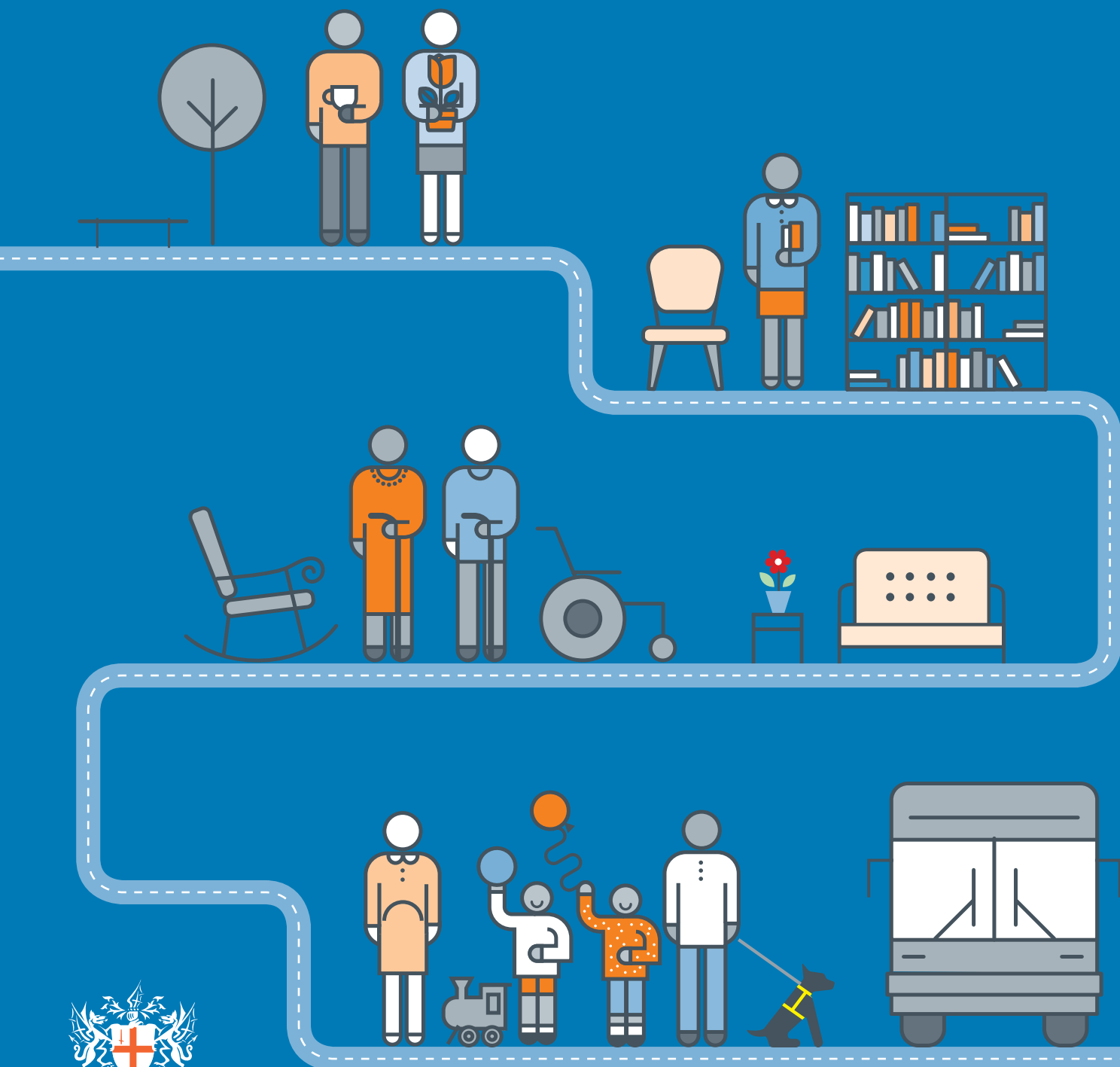
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Improving Social Wellbeing in the City of London

Reducing loneliness and building communities





Foreword

There is growing recognition that loneliness is a serious public health issue and that feeling lonely can have consequences for physical and mental health. Chronic loneliness has been found to be more harmful than smoking 15 cigarettes a day, can double the risk of developing Alzheimer's and can increase the risk of premature death by 30 per cent.¹ There is a clear imperative for health and social care services to take action.

Social wellbeing is a continuing priority for the City of London Corporation. Over the past year, we have relaunched our Reach Out Network of support for older people, carers and people with a diagnosis of dementia.

We are also working with Age Concern City of London to offer an improved befriending and shopping service to isolated older residents and people with mild to moderate mental health problems. Together with Opening Doors London, we are piloting a new project to reduce isolation amongst older lesbian, gay, bisexual and transgender residents.

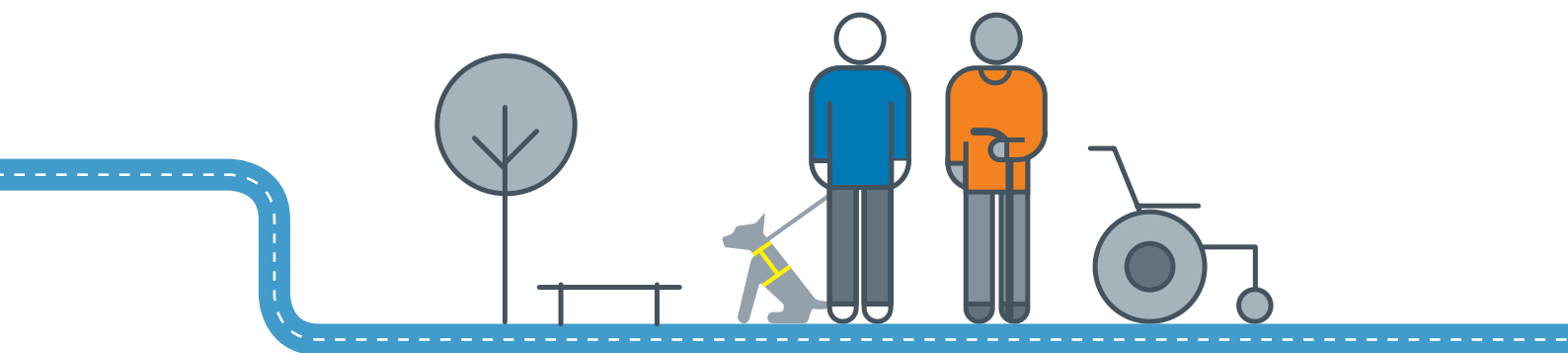
However, we know there is much more to do. The Social Wellbeing Panel was established in September 2016 to investigate how the City Corporation could further reduce loneliness and isolation. I am delighted to introduce the Panel's first set of findings. This report sets out evidence the Panel heard, draws out some common themes and makes recommendations for action.

I would like to take this opportunity to thank my fellow Panel members for their contribution to this work and to thank our witnesses for taking the time to share their valuable experience, knowledge and insight with us.



Dhruv Patel

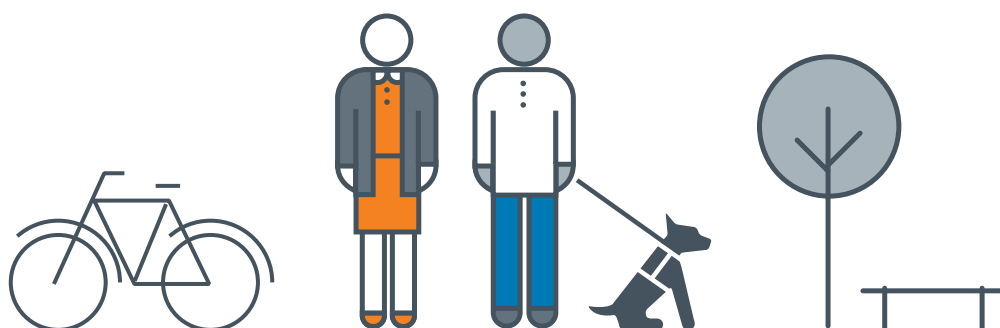
Chairman of the Community and Children's Services Grand Committee



1. Julianne Holt-Lunstad, Timothy B Smith, and J Bradley Layton (2010), 'Social Relationships and Mortality Risk: A Meta-analytic Review', PLOS Medicine 7 (p. 7).

Contents

1:	Executive Summary	6
2:	Introduction	7
3:	Evidence for New Parents	8
4:	Evidence for Black and Minority Ethnic Older People	11
5:	Evidence for 'Busy Neighbourhoods with Few Neighbours'	14
6:	Evidence for People with Physical and Mental Health Problems	16
7:	Interpreting the Evidence	18
8:	Social Wellbeing Panel – Recommended Actions	21
9:	About the Social Wellbeing Panel	24
10:	Our Expert Witnesses	26





1. Executive Summary

The Social Wellbeing Panel was established to learn more about how to reduce loneliness in the City of London and to hear about successful interventions implemented elsewhere.

The panel heard from experts on social isolation amongst new parents, Black and Minority Ethnic older people, dispersed communities and people with health issues.

These groups were chosen after analysing feedback from a public consultation and carrying out research within our communities.

Despite these groups having different circumstances, shared themes emerged from each evidence session. These themes will be the building blocks of any intervention to reduce loneliness:

- **Theme One – An Asset Based Approach**

An asset based approach makes the most of the skills and talents already present in the community. This recognises that local people know what is best for their community, that peer support is the most effective way of helping people through difficulties and that volunteering is a way to wellbeing in its own right.

- **Theme Two – Shared Spaces**

Shared spaces are essential if relationships are to develop naturally and if community building is to take place. Spaces should be welcoming, informal and host activities with a wide appeal, while services should seek to engage with people in the places where they naturally go.

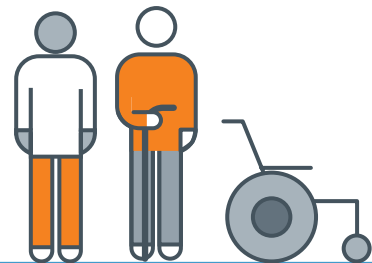
- **Theme Three – Early Intervention**

Timely support can limit the effects of loneliness. Light-touch interventions in relaxed settings can encourage people to open up and seek help for more serious issues. Sustained and consistent communication is needed to reach the most isolated.

- **Theme Four – Building Skills**

Increasing the ways in which people can communicate, either through improving language skills or by getting online, means there is a greater chance to enjoy social opportunities that were not available to them before. Developing interpersonal skills can also help people form and maintain relationships.

Based on this evidence, the Social Wellbeing Panel recommended a number of ideas for further investigation and possible inclusion in the City Corporation's Social Wellbeing Strategy.



2. Introduction

Loneliness is an important public health issue. A report from Age UK found that 7 per cent of people aged 65 or over in England said they always or often felt lonely. Including those who say they are sometimes lonely, the figure rose to one in three older people.²

There are reasons to believe that the City of London may be particularly affected, due to its older population and the prevalence of single person households. Together with Healthwatch, the City Corporation held a series of Ageing Well in the City events at which residents consistently raised tackling social isolation and loneliness as a priority.

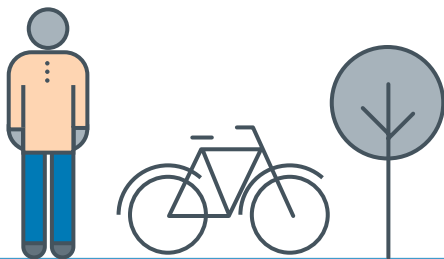
In response, the City Corporation commissioned Dr Roger Green from Goldsmiths, University of London, to investigate the extent, causes and possible solutions to loneliness for older people in the City of London.³ His research underpinned the initial development of our draft Social Wellbeing Strategy.

The Social Wellbeing Panel was then established to learn more about what could be done to reduce loneliness in the City of London, building on our earlier work and recognising loneliness was not limited to older people, but could be an issue throughout people's lives. As such, specific evidence sessions were held on the problems encountered by new parents and people with physical or mental health conditions.

The Panel is comprised of City Corporation elected Members and senior officers including the Chairman of the Community and Children's Services Grand Committee and the Health and Wellbeing Board (for the full membership, see section 9). It heard about interventions that have successfully reduced loneliness elsewhere.

The Panel heard from a range of charities, academics and local authority officers, and learnt about work that is making a real contribution to reducing loneliness (for the full list of witnesses, see section 10). Their evidence on the social wellbeing of new parents, Black and Minority Ethnic older people, dispersed communities and people with health issues is presented over the next four sections of this report.

The seventh section draws this evidence together and identifies the themes and ideas that ran through every evidence session. Finally, the eighth section of the report briefly outlines how the City Corporation intends to take the Panel's work forward.



2. Susan Davidson and Phil Rossall (2014), 'Age UK Evidence Review: Loneliness in Later Life.'

3. Roger Green and Tim Stacey (2015), 'The Voices of Older People: Exploring Social Isolation and Loneliness in the City of London.'

3. Evidence for New Parents

Loneliness can be an issue for all parents. While circumstances such as poverty, mental health problems and having few other parents in existing social networks can place a parent at greater risk, parents from all walks and stages of life can find themselves isolated.

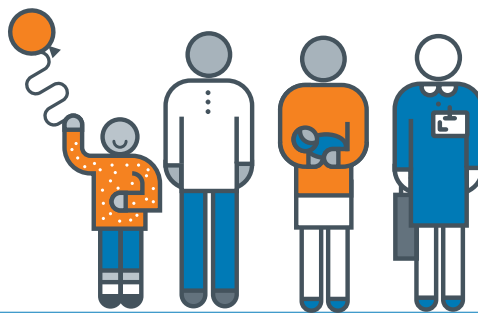
The reality of parenting does not always match expectations and parents who feel that they are struggling, or are in some way different from others, are more likely to withdraw socially.

According to our speaker from the National Childbirth Trust (NCT), one in five parents will suffer from anxiety, depression or another mental health condition. A survey for Family Action found 20 per cent of new parents lacked social support, rising to 30 per cent in low income households.⁴

In the City, the problem cuts across demographic groups. Many high income professionals move to the Square Mile for employment from other parts of the UK or abroad. In doing so, they leave behind the friends and family on whom they might otherwise have been able to rely for support.

3.1: Early Intervention

A central challenge in the City is identifying isolated or struggling families earlier in order to offer support before problems can escalate. Interventions should take place as early as possible and ideally during pregnancy, as building social networks at this stage will not only provide parents with support when their baby arrives, but will also reduce stress and isolation during pregnancy which has been shown to lead to improved outcomes for the child.



Earlier interventions can be achieved in a number of ways. It is essential people know that support is available. Otherwise support will only be accessed by those who are already well connected and are confident to approach services and seek information for themselves. Champions within the community can link expectant mothers in their own networks to services and can vouch for the fact that services are good.

Linking with health services such as GPs, Health Visitors and midwives, as happens with Family Action's Perinatal Support and WellFamily Services, can be another way to reach large numbers of expectant parents. However, this approach will not work for all. Women worried about their immigration status, or concerned that another aspect of their life may be judged by health professionals, may not attend appointments or discuss all of their concerns with those seen to be in a position of authority.

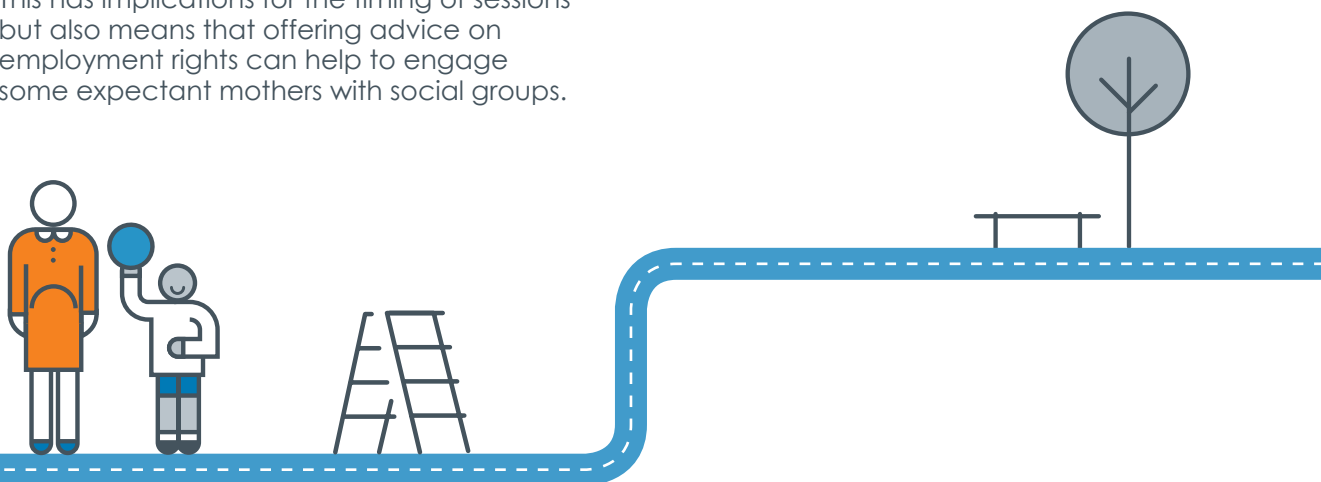
When seeking to engage with expectant mothers, it is important to note that working women can struggle to get extra time off to access social as well as medical support. This has implications for the timing of sessions but also means that offering advice on employment rights can help to engage some expectant mothers with social groups.

3.2: Diverse Parents, Shared Experiences

The City has a low number of new parents with around ten births per month. However, City parents are from a diverse range of cultural backgrounds and socio-economic groups. Nevertheless, it is still practical to run a group aiming to provide a universal service to these parents.

All of our expert witnesses agreed that, in their experience, people will come together around the shared experience of parenthood and two new parents from opposite backgrounds will still share much common ground and will face many of same issues, especially in the early stages.

Age, of both parents and children, emerges as a much more important factor than background. A parent of a one week old baby may not be able to discuss the issues encountered by parents of a four week old baby. Similarly, younger mums may not want to attend a group with women who could be their own mothers. The NCT has had success running groups targeted at younger mothers, where much greater emphasis is placed on providing information digitally.



3.3: Asset Based Approaches

The interventions for new parents discussed at the Social Wellbeing Panel, including projects from Family Action, the NCT and the Paddington Development Trust (PDT), all placed volunteers and peer support at the centre of their offer.

The PDT's 'Maternity Champions' project trains local mothers to support other new parents from pregnancy into the first year of their child's life. The volunteers are ideally placed to fulfil this role as they have recently experienced the same issues themselves, have pre-established networks in the community and can more easily gain the trust of nervous or sceptical mothers and support them to access statutory services and additional help as and when needed.

The model is informal and fluid, with Maternity Champions offering advice and making introductions, encouraging parents to create their own networks outside the drop in sessions.

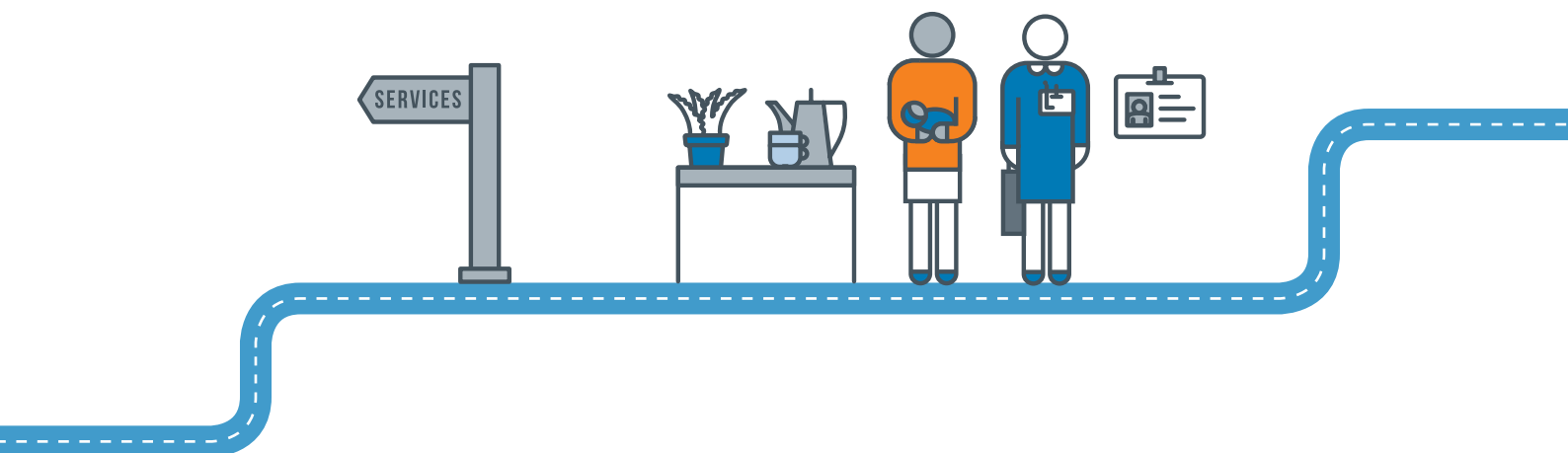
An independent evaluation of the programme has identified significant health benefits, particularly around reducing isolation and mental health issues, and attributes this in large part to the informal delivery model and the central role of well trained volunteers.

The NCT and Family Action operate similar peer support programmes, both of which have a significant evaluated impact on isolation and health. The volunteer befrienders gain from the programme as well, realising they have something important to offer others, building self-esteem and developing new skills.

3.4: Shared Spaces

The Maternity Champions project chose not to operate solely within the Children's Centre, as they realised that the parents most in need of help did not feel a sense of belonging there and had reservations about seeking help from paid staff. There was a sense that asking for help would lead to being seen as 'a bad mum' with a risk of social services involvement ever present in the background.

In response, Maternity Champions carried out outreach work in other community venues where women naturally went, building trust and gradually drawing parents into their drop-in at the centre, where introductions to the available staff and services available could very cautiously be made.



4. Evidence for Black and Minority Ethnic Older People

Loneliness can be particularly prevalent in Black and Minority Ethnic (BAME) communities.

Around 10 per cent of all over 65s in the UK report feeling lonely, while this figure rises to between 24 and 50 per cent for over 65s of Chinese, African, Caribbean, Pakistani or Bangladeshi origin.⁵

Several reasons have been put forward to explain this disparity. BAME older people are more likely to be living in poverty or to have experienced long periods of unemployment, both of which are linked to loneliness. Those born overseas may have always had difficulties communicating in English, or may have lost their second language as a consequence of dementia.

The BAME population as a whole is also younger than the average, which can mean there are fewer opportunities for BAME older people to socialise with their peers. This is seen in the City, where 21 per cent of the population is from a BAME background, falling to six per cent of over 65s.⁶

Relatively little evidence is available on what interventions work to reduce loneliness for BAME people. It is also unclear whether targeted intervention at BAME people or ensuring that universal services are culturally competent offers the most effective results. However, it may be that language skills dictate a preference for the former.



5. Christina Victor, Vanessa Burholt and Wendy Martin (2012), 'Loneliness and ethnic minority elders in Great Britain: an exploratory study', *Journal of Cross Cultural Gerontology* Mar 2012; 27(1) (p. 65-78).

6. Census 2011.

4.1: Building Skills

Without a shared language, it can be hard for two people to form more than the most superficial bond. Research into loneliness carried out for the London Borough of Tower Hamlets found that older Bangladeshi women frequently identified language barriers as a reason why they felt isolated. Research participants also criticised a tendency amongst all ethnic groups to come together amongst themselves, leading to a lack of integration.⁷ While a shared language alone will not overcome this, it is a prerequisite.

Language can also be a barrier between different generations of the same ethnicity. As second or third generation immigrants, younger BAME people may not speak the language of their country of ethnic origin, or may not speak it well, while older people are more likely to have difficulties with English. In some circumstances, teaching community languages to the younger generation can be an effective way to help build relationships with grandparents.

4.2: Asset Based Approaches

BAME people are often viewed as 'hard to reach' by public services. Barriers to engagement, arising from difficulties accessing community networks, a lack of trust in statutory services and language barriers, can all be overcome by valuing BAME older people as experts in their own lives and making extensive use of volunteers. Volunteers from the community will already be embedded in local networks, will have the trust of their neighbours and will share a common language with them.

As with the general population, BAME older people are not a homogenous group and a one size fits all approach is unlikely to be effective. Any interventions need to be person-centred and address individual barriers to social participation on a case by case basis.

An asset based approach, identifying the social resources the community already has and values, and looking to build on these, is most likely to yield effective results as it will deliver a range of services around what older people want, that will genuinely involve them and will be sustainable in the longer term.

4.3: Challenging Assumptions

Before loneliness amongst BAME older people can be effectively addressed, some widely held beliefs about this group need to be reconsidered. The idea that BAME older people tend to live in multi-generational households, where care and support is readily available from younger family members, is far from universally true. Around ten per cent of South Asian households are multi-generational and, while this is much higher than the figure for White households, it still means the vast majority of South Asian older people do not live this way.

In Tower Hamlets, the researchers found frequent examples of change underway. Many community members reported that the tradition of older people living with their children is decreasing, as society changes and economic demands take priority. Older people, particularly those in early older age, said they were more independent now and did not want or expect to live with their children.

Even when BAME older people do have close links with family or the wider community, there can be pressures within the household or expectations from the community, that can mean people still feel lonely in that environment.

Maslaha, an organisation working to tackle long-standing issues affecting Muslim communities, investigated the barriers limiting access to mental health care for BAME people. They found that a fear of what others in the community might think held some Bangladeshi people back from discussing mental health issues and accessing appropriate support.⁸

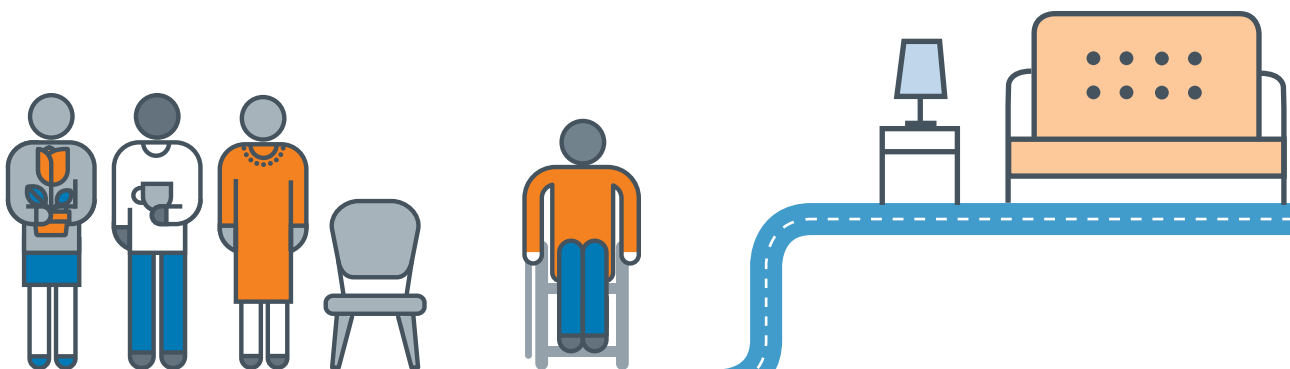
An inability to be open because of the risk of community censure can both enhance an individual's sense of loneliness and prevent them from seeking support.

4.4: Shared Spaces

Many people in the Tower Hamlets research spoke of faith venues as places where they felt less lonely. People had a strong sense of belonging and being accepted in their church or mosque and, as a result, faith venues provide an opportunity to reach those who might lack trust in public services.

The research also highlighted a need for shared spaces that were accessible to people of different backgrounds. A wide range of respondents commented on the tendency of every ethnic group, including their own, to group together. This was also commonly viewed negatively, with a widespread desire for greater social mixing.

That this is yet to be achieved as fully as respondents would like demonstrates a need for shared venues that both provide a place for and actively encourage mixed activities and groups.



5: Evidence for ‘Busy Neighbourhoods with Few Neighbours’

The City of London’s residential population is concentrated on four large housing estates.

It is here where most residents’ associations are based, community venues are established and community development work takes place.

A considerable minority, 32 per cent, of City residents do not live on one of the estates and instead live in smaller residential developments dispersed throughout the commercial areas of the City. These are busy neighbourhoods (454,700 people work in the Square Mile⁹), yet isolated City residents risk being lost in the crowd as community venues are scarce and workers may be disinclined to stop and chat.

The commercial areas of the City also have a greater proportion of second homes than the estates, which further reduces the potential for relationships to form between neighbours.¹⁰

5.1: Shared Spaces

As the commercial areas of the City lack an abundance of community venues, the degree to which the urban environment lends itself to casual social interaction becomes all the more important. The provision of safe, clean open spaces with adequate seating and lighting will encourage social interaction.

Provision of this social infrastructure encourages people to stop and chat to an acquaintance, or strike up a conversation with another passer-by. This is not limited to local authority managed spaces. For-profit venues like supermarkets and cafes also form part of the backdrop to urban life and are equally important.

The difference the right social infrastructure can make to a public space is illustrated by the transformation of the Prince of Wales Junction in Westminster into the Maida Hill Market. The junction, at the busy confluence of five roads, was historically a magnet for anti-social behaviour and an area locals hurried through. The City Council diverted some of the traffic away to make room for a larger paved area, complete with lighting, water and power points, which allowed for a market, selling goods tailored to local needs,



9. Office for National Statistics, Business Register and Employment Survey (September 2016).

10. City of London Resident Estimates and Projections (December 2015), City of London Corporation.

and occasional events and entertainments. This has created a public space which encourages people to socialise and which has become a focal point for community life.¹¹

This is not a one size fits all solution, and any attempt to breathe new life into a public space must be tailored to the priorities of local people. The space must offer things people want to use, feel safe and be homely and inviting. While this can appear a large task in an urban area such as the Square Mile, it is not necessary to redesign every street. By clustering together the things residents use and value, a focal point could be created and a small part of the commercial City re-purposed as a residents' hub.

Currently, Shoe Lane Library stands out as the main community space in the west of the City. The library is a safe, neutral, shared space, in which people feel they belong and to which people feel they can visit with neither an invitation nor a companion. A recent report on the future of libraries in England found that social wellbeing can be improved with the availability of a free, supportive and accessible community space, where people can choose to spend time and where there are opportunities to interact with others.¹²

5.2: Early Intervention

Because of its reputation as an open and inviting shared space, Shoe Lane Library has been highly successful with engaging local parents living in the west of the City, where there are few other community assets. The library's 'Stay and Play' sessions are also an ideal example of how a fun activity with a universal appeal (at least to those with small children) can bring people in. Those who attend the sessions often go on to access more specialist support from library staff or Early Years workers as they feel safe and comfortable doing so.

Social prescribing offers another way in which people at risk of loneliness can be found and supported at an earlier stage. Residents of the City's business districts with an NHS GP will be registered at the Neaman Practice, where the City and Hackney Clinical Commissioning Group is piloting a Social Prescribing scheme. If the GP thinks a person might benefit from taking part in activities or joining social groups, they will refer them to the scheme. The surgery's Wellbeing Coordinator will then meet with the person to talk through the options available and work with them to find local activities, services or advice that suit their needs and interests.¹³

5.3: Asset Based Approaches

The tri-borough area of West London shares some similarities with the City, with a mostly affluent population, a high rate of second homes and a large daytime population of workers and visitors.

Their approach to reducing loneliness recognises the importance of community hubs, offering appealing and non-stigmatising activities co-produced by participants. However, their strategy also relies on a strong outreach service, with Community Connectors seeking to work with people on an individual basis, often in their own homes. This work is essential in helping isolated people to recover their confidence and rediscover their personal assets, before going on to access services and make new friendships.

The contributions of volunteers are highly valued and the strength of peer support is recognised. Services aim for 'virtuous circles of volunteering' where people start by attending activities, but later become volunteers.

11. Regan Koch and Alan Latham (2012), 'Rethinking urban public space: accounts from a junction in West London', *Transactions of the Institute of British Geographers*, 37 (4) (p. 515-529).

12. Department of Culture, Media and Sport, 'Libraries Belong', *Annexion for Public Libraries in England 2016 to 2021.*

6: Evidence for People with Physical and Mental Health Problems

A range of characteristics have been found to make loneliness more likely and include having a mobility, cognitive or sensory impairment.¹⁴ Loneliness and mental health are also strongly linked.

Having a mental health problem increases a person's chances of feeling lonely which, in turn, can have a negative impact on their mental health.

Research by Sense has found that one in four disabled people feel lonely on a typical day. Barriers around mobility and transport, income and communication and understanding all contribute to this increased likelihood of isolation.

The problem is particularly evident among younger disabled adults, with 38 per cent of disabled people aged 18 to 34 saying they feel lonely on a typical day. This is partially a result of people who have disabilities from an early stage of life having fewer opportunities to develop friendships. Sense found that one in five young people would not speak to someone with a visible disability, as they felt they did not know how to communicate with them.¹⁵

6.1: Asset Based Approaches

While traditional befriending schemes have had a focus on older people, both Sense and Mind have developed buddying schemes that have a greater focus on the assets of the disabled person. The schemes link people to volunteers who work with the disabled person to help them access a hobby, sport or class that they were unable to do before. Over time, the volunteer will provide a reducing amount of support, leaving the disabled person able to participate in the activity on their own and with greater personal independence as a result.

The relationship with a volunteer is different to that of a paid worker. It is more reciprocal and offers the volunteer significant benefits for their own wellbeing. Where there is a peer support element, with a volunteer who has lived experience of the issues at hand, this has been found to be extremely effective at supporting people with mental health problems through difficulties.



14. Campaign to End Loneliness Risk Factors: <http://campaigntoendloneliness.org/guidance/wp-content/uploads/2015/06/Risk-factorsGFLA.pdf>

15. Sense, 'A right to friendship? Challenging the barriers to friendship for people with disabilities': <https://www.sense.org.uk/sites/default/files/11636-FriendshipReport-Eng-Web.pdf>

6.2: Shared Spaces

Inclusive design is an important part of reducing social isolation for people with physical disabilities. Poorly designed public spaces and inaccessible public transport can make it difficult or impossible for those with mobility and sensory problems to participate in community life.

Ensuring people's homes, their community venues and the transport between the two is accessible and easy to navigate can make it possible for people with mobility problems to be involved.

6.3: Early Intervention

Shared spaces also enable effective early intervention work to take place. There are many reasons why people may not seek the mental health support necessary to help tackle some of the root causes of their isolation. Anxiety and depression may inhibit help seeking behaviour as much as it can inhibit a social life, people may worry about the stigma and discrimination that can accompany mental health problems, or they may have already rejected other offers of help.

In these cases, going to the places where people already are, such as a community centre on their housing estate, and having a light-touch, non-stigmatising offer like free food or a chance to try a therapy like massage or reiki can draw people in without seeming too overwhelming. Once people feel comfortable and at ease, more sensitive issues can be discussed.

Building up the capacity of health and social care workers can also help to find those members of the community who are more hidden from view, who can then be signposted to appropriate sources of help.

This approach has been especially successful with health services, with many GP practices offering social prescribing to refer patients dealing with issues of isolation or loneliness to community activities, voluntary groups and tailored social support.

6.4: Building Skills

While modern technology is often blamed for an increasing sense of isolation, teaching digital beginners to engage with the internet, something others take for granted, can help reduce loneliness and isolation. This could involve keeping in closer contact with friends and family who live some distance away, accessing online services or making new connections around a shared interest.

Using technology in this way is especially relevant to those whose capacity to make new face to face connections is limited by their physical mobility or mental health. The Good Things Foundation has found that using peer support, from volunteers who have experienced similar challenges to their trainees, and lending people devices to use in their homes, has been particularly effective.

The Recovery College Model involves offering people with mental health problems the knowledge and skills to take more control over the management of their conditions, becoming an expert in their own wellbeing and thereby being better placed to get on with life despite mental health challenges. The courses taught in a Recovery College can also have relevance for those without mental health issues.

Building self-confidence, a positive self-image and the attitudes and skills needed to maintain healthy relationships are important for everyone. Developing these assets can help people both make new connections and get the most from the relationships they already have.

7: Interpreting the Evidence

The City Corporation's Social Wellbeing Panel sought evidence on the theory and practice of reducing social isolation for several distinct demographic groups.

Despite these groups having different circumstances, a number of common themes emerged during the course of each evidence session. These shared themes should be the building blocks of any intervention that seeks to reduce loneliness.

7.1: Asset Based Approaches

In every evidence session witnesses spoke of the strength of volunteers, the effectiveness of peer support and the benefits of placing trust in communities. Local people are experts in their own lives and know what community assets they value and what further support they need to thrive. Local people already have the trust of their neighbours, the networks to reach people seen as 'hard to reach' and the life experiences and language necessary to build relationships.

As well as providing valued support to others, volunteering can be transformative for the volunteer, building skills, confidence and social capital, instilling a sense of purpose and having a significant impact on personal wellbeing.

Witnesses from the Maternity Champions project spoke of their volunteers going on to train as midwives and doulas, while Shortwork saw their Community Researchers grow in confidence and independence during the life of the project, becoming agents of change in their own communities.

Taken together, these guiding principles lead to an asset based approach, which moves from seeing communities as a repository of needs (such as loneliness and isolation) to the source of opportunities and strengths (volunteers and neighbours with lived experience). Instead of seeing people as clients receiving a service, commissioners and service providers should move to treating people as citizens, with something to offer and with the capacity to develop their own potential.



A word of caution was sounded that an asset based approach can take time to show results. Some communities will need an initial investment to strengthen and support local associations and it will take time to build up confidence and a sense of empowerment, as well as to build trust and assure local people that there is a genuine intention to share power with them. Finding enough suitable volunteers who can commit sufficient time to a project and sustain their involvement in the long term can also be a challenge.

In the City of London, this approach is most developed in the Portsoken Ward on the City's eastern edge. Here the ward's elected Members act as facilitators for community activity, securing funding and asking local people to decide what is most needed. While residents have the final say, Members have a preference for activity with a clear purpose, such as gardening or social trips, as this has proven to be most effective at bringing people together.

Regular and keen attendees are seen to be the most effective means of promoting events. They are asked to reach out to friends and neighbours who may be more isolated and to bring them along. This kind of low commitment activity may also be a good way of recruiting new volunteers and act as a catalyst for more involvement.

7.2: Shared Spaces

Another common theme to emerge was the need for shared spaces where relationships can develop naturally and where community building can take place. This can include some public sector places such as libraries, other inclusive spaces like cafes or venues run by community groups or simply areas of the streetscape that are welcoming, safe and encourage people to socialise.

To be effective assets for enhancing social wellbeing, shared spaces must be welcoming and informal. They must not appear to be, and should not be, the front door of statutory services. Many people will be unwilling to engage in venues where they fear judgement or where they may be given more help than they are ready to receive. Trust must be built up gradually on neutral ground, with contact moving at a pace set by each individual. Referrals to formal support, while important, can only be made once relationships are established and myths are dispelled.

Shared spaces should also have a broad appeal, offering activities and events that a wide variety of people want to participate in. Not only will a wide appeal enable more relationships to form, it is also an essential part of engaging with isolated people, as it prevents an intervention from becoming stigmatised.

While venues are important, those delivering loneliness interventions should not feel tied to their own bricks and mortar. Taking opportunities to engage with people in the informal spaces where they normally are is equally important. Venues such as housing estates, supermarkets and faith buildings should not be ignored.

7.3: Early Intervention

All of the speakers at the Social Wellbeing Panel stressed the importance, but also the challenge, of early intervention. If loneliness leads to lower personal wellbeing and risks to physical and mental health, providing support sooner is clearly preferable. It is also easier to deal with problems at an earlier stage, before the psychosocial effects of loneliness, such as lower confidence and a reluctance to engage with others, become entrenched.

The shared spaces discussed above play a crucial role in early intervention. People may not be comfortable approaching statutory services for help, but important issues can come out in informal and comfortable spaces once trusted relationships have been built up. Food or entertainment can draw people into venues and often more serious issues are raised. Other people participate when they realise there are people willing to listen and help is available.

There is also a need to work hard to let people know that support is available. Poorly advertised support will only be accessed by those who would have found support anyway, those who are already well connected or who have the skills required to easily find and access help. Providing written information, in the right places and in the right format, as well as keeping health and community professionals briefed on the support available is a starting point. However, the best method of reaching the most isolated is to have advocates within the community who will vouch for services and actively promote them to a wide network of contacts.

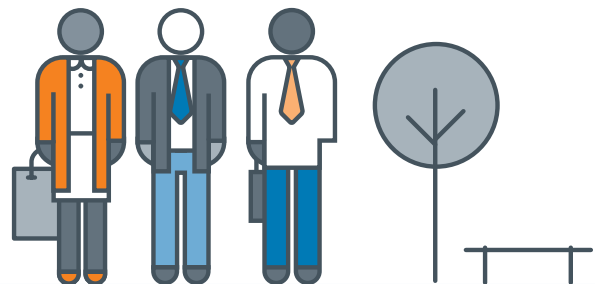
A culture change across services can also play a part in early intervention and every service provider should be encouraged to ask themselves what they can do to improve social wellbeing. GP practices have developed this approach well, with social prescribing schemes enabling doctors to refer patients at risk of loneliness to social support.

7.4: Building Skills

A final theme to emerge from some of the evidence sessions was the potential to reduce people's risk of loneliness by building their skills. This could be about enabling people to have more ways to communicate, either through learning a shared language or by getting online and learning how to make new connections and keep in touch with friends and family on social media and Skype.

It could also look to the Recovery College Model and involve increasing people's ability to manage their own health conditions, thereby being better able to focus on other aspects of life such as social wellbeing. This is relevant beyond mental health, and includes helping everyone to develop the skills needed to make new connections and ensure their current relationships are healthy and mutually beneficial.

The effectiveness of skills development interventions can be enhanced by using asset based approaches and delivering sessions in shared spaces. Recovery colleges use a co-production approach between a professional tutor and a peer supporter who is an 'expert by experience'. Languages and IT classes will have the best reach with their target audiences if they are supported by volunteers from those communities and if they are delivered in a local and welcoming venue.



8: Social Wellbeing Panel – Recommended Actions

Having heard the evidence from our expert witnesses, the Panel identified a number of common themes.

For each theme, the Panel has recommended a range of actions for further investigation and possible inclusion in the City Corporation's Social Wellbeing Strategy.

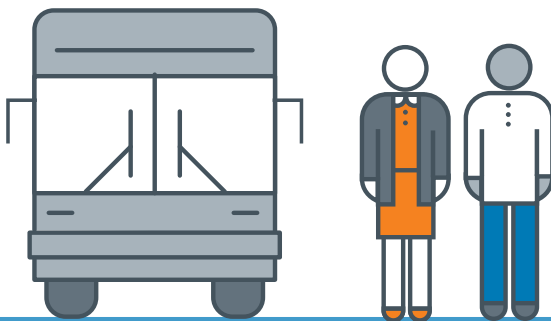
As well as being based on the principles put forward by our speakers, these recommendations draw heavily on the research carried out in the Square Mile by Dr Roger Green, on Cattán and White's systematic review of the evidence on loneliness reduction and on the Campaign to End Loneliness' compilation of case studies on successful interventions.^{16,17}

The recommendations are specific to the City of London, building on existing assets, addressing gaps in service provision and looking to cater to our unique resident population. There is far from a one size fits all solution to improving social wellbeing and the recommendations we have made for the Square Mile may not be the most appropriate for other areas. However, we include them here to explain how the work of the Panel will be taken forward and to give a flavour of the types of intervention that others may wish to consider.

8.1: Asset Based Approaches

8.1.1: Community Connectors

Community Connector volunteers will help people affected by loneliness to reconnect with their community. They will offer positive encouragement and emotional support, as well as practical help to identify activities tailored to the person's needs and skills.



16. Cattán, M. White, J. Bond and A. Learmouth (2005), 'Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions', *Ageing and Society* 25:1. (p.41-67).

17. Campaign to End Loneliness, 'Promising approaches to reducing loneliness and isolation in later life': <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

8.1.2: Neighbourhood Development

Neighbourhood Development work aims to support strong and inclusive groups that enable people to feel more connected to their community. This work will tackle social isolation directly when people attend events or groups, and indirectly as, when the community builds, people are more likely to look out for their neighbours.

8.1.3: Perinatal Support

A new perinatal support service will aim to develop a trained group of volunteers with the skills to identify and approach isolated new parents. They will encourage parents to form social groups with each other to provide mutual support, as well as signpost them to other services as trust is built up.

8.2: Shared Spaces

8.2.1: Libraries First

Public libraries provide a shared space where people feel they belong and where people feel comfortable visiting on their own. This provides an accessible, safe and relaxed space where people can access help at their own pace. Our efforts to improve social wellbeing will therefore take a 'libraries first' approach.

8.2.2: Providing Community Space in City Libraries

More can be done to fully utilise the City's public libraries as focal points for the community. By repurposing some areas within the existing footprints of the libraries, new community spaces can be provided. These spaces will then enable a variety of community activities to take place in local and accessible settings.

8.2.3: Improving Community Spaces

Proposals to refurbish one community centre and to replace another will mean these spaces can better facilitate relationship building. This will be achieved by co-locating services to overcome issues of access and opening hours and turning a temporary building into a more effective and inviting community space for its area.

8.2.4: Using Other Community Spaces

We will also offer support to people in the venues they naturally frequent. This will enable interventions to take place earlier and increase the chances of reaching those who are most isolated. Potential venues could include GP surgeries, pharmacies, supermarkets, estate offices, cafés, places of worship and local cultural venues.

8.3: Early Intervention

8.3.1: Social Prescribing

Social Prescribing is a service based in GP surgeries, aimed at increasing patients' wellbeing by offering referrals to tailored support and community and leisure activities. The social prescribing service in the City can be improved by increasing patient awareness of the resource and building partnerships with other services.

8.3.2: Improving Information

We can improve our communication by providing a one-stop website and a City 'Over 50s' guide to list the most popular community groups. We can also make more use of new technology such as Meetup and interests.me to enable people to find out about activities and make new connections.

8.3.3: Assertive Outreach

Existing services with a social dimension, like the Golden Lane leisure centre, the libraries and the Adult Skills and Education Service, should be asked to follow up with people who stop attending events or classes. Looking at those who have recently dropped out of attending may help identify those affected by social isolation.

8.3.4: Financial Safeguarding

Financial abuse accounts for the second highest number of safeguarding alerts in the City. It has a complex relationship with social wellbeing. Those who are already isolated are more likely to become victims, while those who are targeted can feel a significant emotional impact which risks leading to social withdrawal.

8.4: Building Skills

8.4.1: Language Skills

Additional ESOL (English for Speakers of Other Languages) classes will enable more of our residents to share a common language. This increases the likelihood of chance encounters leading to friendships and makes gaining employment or joining a community group easier.

8.4.2: Technology Tuition

Providing further IT training will enable more people to get online and connect with friends and family or with those who share their interests. The training should be volunteer-led, made accessible for those with limited mobility or no prior experience and with a focus on using social media and keeping in touch.



9. About the Social Wellbeing Panel

The Social Wellbeing Panel is comprised of City Corporation elected Members and senior officers with leading roles in the Department of Community and Children's Services (DCCS).

The DCCS is responsible for all the people, housing, education, social care and community services of the 8,760-strong residential community in the Square Mile. It also delivers public health, leisure and adult education for residents and the 454,700 people who work in the City.

The Panel members are:



Dhruv Patel (Chairman)

Dhruv is the Chairman of the Community and Children's Services Grand Committee and a Common Councilman for Aldgate Ward. He has business interests in community pharmacy and property investment, is a Member of the Clothworkers Livery Company and is a founding member of the City Hindus Network.



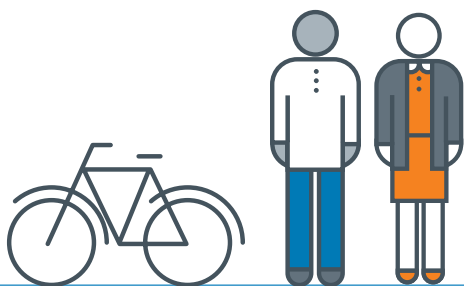
Deputy Joyce Nash, OBE

Joyce is the Chairman of the Health and Wellbeing Board. A retired Headteacher, she has held seven Chairmanships in her thirty four years as a Common Councilman for Aldersgate Ward. She is a member of the Feltmakers' Livery Company and was appointed an OBE in 2000 for services to the Arts and the City of London.



Sir Paul Judge

Sir Paul is the Alderman for Tower Ward. He has extensive business experience and is the President of the Association of MBAs and Chairman of the British-Serbian Chamber of Commerce. He has also worked as Director General of the Conservative Party and as a Ministerial Adviser at the Cabinet Office.



**Emma Price**

Emma is a Common Councilman for Farringdon Without Ward and a barrister in Chambers in the Temple. She regularly acts for central government departments, local authorities and NHS trusts in judicial reviews, inquests and inquiries. Emma is an active member of Gray's Inn, mentoring student members and providing ethics training. She also volunteers at law clinics around London and undertakes pro bono work.

**Professor John Lumley**

John is a Common Councilman for Aldersgate Ward. He is a retired Professor of Vascular Surgery and has been President of the International College of Surgeons for twelve years. An author or editor of more than 60 textbooks, he is developing the U4U programme, training older people to look after themselves and each other.

**Neal Hounsell**

Neal is the Interim Director of Community and Children's Services. He was previously the Assistant Director of Commissioning and Partnerships and played a key role in the transfer of public health responsibilities to the City Corporation. He has previously been the Head of Leisure Services at Tower Hamlets Council.

**Dr Penny Bevan, CBE**

Penny is the Director of Public Health for the City of London and Hackney. She has previously been the Director of Emergency Preparedness for the Department of Health, Deputy Regional Director of Public Health for London and Acting Director of the Health Protection Agency in London.

**Dr Adi Cooper, OBE**

Adi is the Independent Chair of the City and Hackney Safeguarding Adults Board. She was the Strategic Director of Adult Social Services, Housing and Health at Sutton Council for nine years. She is now the co-Chair of the ADASS Safeguarding Adults Policy Network and a Visiting Professor at the University of Bedfordshire.

10: Our Expert Witnesses

The Social Wellbeing Panel heard testimony from a range of expert witnesses on the experience of new parents, Black and Minority Ethnic older people, dispersed communities and people with physical and mental health issues. The Panel also heard about what Members in one of the City's wards are already doing to bring neighbours together and about work on financial safeguarding, designed to protect isolated and at risk adults from abuse.

Speakers included academics, charities and local authority officers and were chosen to provide both insight into the drivers of loneliness for people in the above groups and examples of successful projects making practical contributions to reducing loneliness. We are grateful to all our speakers for their contributions and for sharing their expertise with us. All errors and omissions in this report remain the City Corporation's. The speakers to address the Panel were:

David Holmes, Family Action

David is the Chief Executive of Family Action, a charity providing practical and emotional support to those who are experiencing poverty, disadvantage and social isolation. Their services aim to support an individual's sense of wellbeing and prevent escalation to more serious mental health issues.

Elizabeth Duff, National Childbirth Trust (NCT)

Elizabeth is a Senior Policy Officer at the NCT, a charity working for a world in which no parent is isolated and all parents are supported to build a stronger society. The NCT is well known for offering antenatal courses, local social groups and peer support for mothers who are experiencing difficulties.

Ted Flanagan and Emma Sweeney, Paddington Development Trust (PDT)

Ted is the Community Projects Manager at PDT and Emma is the Project Leader for the Maternity Champions programme. Maternity Champions are trained local volunteers who support vulnerable communities, link parents to local health and maternity services and reduce social isolation.

Dr Kellie Payne, Campaign to End Loneliness

Kellie is the Learning and Research Manager for the Campaign to End Loneliness, a network of organisations and people working together through community action, good practice, research and policy to ensure that loneliness is acted upon as a public health priority at national and local levels.

Nicola Donnelly, LB Tower Hamlets and Susie Hay, Shortwork

Nicola is a Public Health Advisor for Tower Hamlets, an ethnically diverse borough that has much in common with the City's eastern estates. Tower Hamlets has recently commissioned Susie Hay from Shortwork to carry out a piece of community research, which asked 600 local older people about their experience of loneliness.

Raheel Mohammed, Maslaha

Raheel is the Director of Maslaha, an organisation working to tackle long-standing issues affecting Muslim communities. A recent report highlighted the issues leading to a reduced likelihood of people from minority communities from accessing and receiving appropriate mental health support.



Dr Alan Latham, UCL Department of Geography

Alan has conducted research projects in Berlin, London and Auckland to explore how a range of distinctive urban cultures emerge and are maintained. He says, "I am interested in the everyday patterns of sociality through which urban dwellers go about making a world".

Carol Boswarthack and Geraldine Pote, City of London Corporation

Carol manages the City's lending libraries and Geraldine is the service's lead officer for health and wellbeing issues. All of the City's lending libraries offer a wide range of social activities and Shoe Lane library is a focal point for the residential community living in the commercial areas of the City.

Steven Falvey, Royal Borough of Kensington and Chelsea

Steven is an Adult Social Care Commissioner working in the Royal Borough of Kensington and Chelsea. The area shares some similarities to the City, with a mostly affluent population, a high rate of second homes and a large daytime population of workers and visitors.

Richard Kramer and Kate Fitch, Sense

Richard is the Deputy Chief Executive of Sense, the charity for people with sensory impairments. Kate is the Head of Public Policy and Campaigns. Their 'We All Need Friends' campaign highlighted the problems of social isolation and loneliness often faced by people with disabilities.

Rob Oakley, City of London Corporation

Rob manages the City Corporation's Access Team, which works to promote inclusive design and ensure that the built environment meets the needs of everyone. The team also facilitates the City of London Corporation's Access Group of volunteers, which meets bi-monthly to discuss national and local access issues.

Anne Thomas, City and Hackney Mind

Anne is the Director of Business Development and Employability for the City's local branch of Mind, a national charity aiming to empower people with experience of mental ill health, through the delivery of innovative, collaborative services, developing mental wellbeing, resilience and recovery.

John Fletcher, City of London Corporation

John is a Common Councilman representing Portsoken, a residential ward in the east of the City of London. Together with the other ward members, he facilitates a popular programme of community events, bringing neighbours together for coach trips, fun days and a range of social events suggested by local residents.

Chris Pelham, City of London Corporation

Chris is the City Corporation's Assistant Director for People's Services and has responsibility for Adults and Children's Social Care, early years, homelessness and rough sleeping. He chairs the City of London Safeguarding Adults Sub Group and the Financial Abuse Task and Finish Group.



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Social Wellbeing Strategy 2017

Reducing loneliness and
building communities

Contents

1. Vision and objectives	4
2. Background	4
2.1 The extent of loneliness.....	4
2.2 Social isolation and loneliness.....	5
2.3 Policy context	5
3 Loneliness in the City	6
3.1 Older people	6
3.2 Working age people	7
3.3 A Combined estimate.....	7
3.4 Community research	8
3.5 Local profiles	9
4 Current provision	11
4.1 City Corporation provision	11
4.2 Neighbourhood development.....	11
4.3 Community activity	11
4.4 Health related provision.....	12
4.5 Provision for new parents.....	12
5 Evidence on interventions.....	13
5.1 Literature Review.....	13
5.2 The Social Wellbeing Panel	13
5.2.1 <i>Asset Based Community Development</i>	14
5.2.2 <i>Shared Spaces</i>	14
5.2.3 <i>Early Intervention</i>	15
5.2.4 <i>Building Skills</i>	15

6 Approach One: Asset Based Community Development	16
6.1 Communities of interest - Community Connectors.....	16
6.2 Communities of place – Neighbourhood Development	17
6.3 Communities of circumstance.....	17
6.3.1 Perinatal support.....	17
6.3.2 Out and About at the Barbican	18
6.3.3 The Mansell Street Women’s Group.....	18
7 Approach Two: Shared Spaces.....	19
7.1 Libraries first.....	19
7.2 Providing community space in City libraries.....	19
7.3 Improving City Corporation community spaces	19
7.4 Using other community spaces	20
8 Approach Three: Early Intervention.....	21
8.1 Social prescribing	21
8.2 Improving information	21
8.3 Assertive outreach.....	22
8.4 Financial safeguarding.....	22
9 Approach Four: Building Skills.....	23
9.1 Language skills	23
9.2: Technology tuition	23
9.3 Signposting to relationship advice	24
10 Evaluating the impact	25
10.1 Public Health Outcomes Framework.....	25
10.2 Quantitative scales	25
11 References.....	26

1. Vision and objectives

The City of London Corporation's Adult Wellbeing Principles includes a commitment that people are not socially isolated and that they have the relationships and support they need. The objective of this strategy is to realise this commitment in practice.

2. Background

2.1 The extent of loneliness

Loneliness is a national issue. A report from Age UK found that 7 per cent of people aged 65 or over in England said they always or often felt lonely. Including those who say they are sometimes lonely, the figure rises to 33 per cent.¹ There are reasons to believe that the City may be particularly affected, due to its older population and the prevalence of single person households. Greater London has an average of 11 per cent of residents over 65, while the City has 14 per cent, and 51 per cent of these older people live alone, compared to a national average of 33 per cent.

While loneliness can affect anyone, certain groups have been found to be more at risk. Older people are significantly more likely to be at risk, especially when coupled with a loss of income or existing relationships, living alone or in residential care. Being single, widowed, divorced or never married increases the risk of loneliness, as does having a partner or child but not feeling close to them.² A range of personal characteristics make loneliness more likely, such as entering later old age (75 years and over), being from an ethnic minority community, being gay or lesbian or having a mobility, cognitive or sensory impairment.³

While social isolation is mostly viewed an issue for older people, it can be an issue at any stage of life. A survey conducted on behalf of Family Action found that one in five new mothers lack support networks to help them through pregnancy. Among mothers living in low income households or from certain ethnic minorities, the figure rises substantially.⁴ Research by the New Economics Foundation estimated around 1 million workers in the UK experience loneliness, with a total cost to employers of £2.5 billion per year.⁵

Policy makers are concerned about loneliness for three reasons. Firstly, because dissatisfaction with one's level of social contact leads to lower personal wellbeing. Secondly, being lonely has a significant impact on an individual's physical and mental health, which in turn leads to earlier than expected support needs and requires the provision of health and social care services.⁶ Finally, social isolation can mean that someone is more at risk of abuse or neglect.

A survey by the Campaign to End Loneliness found that 16 per cent of over 60s would not know where to go for help if they were feeling lonely, while many more people are unwilling to seek help or identify as lonely because of the stigma associated with the issue. This is therefore not an issue which all individuals will have the capacity to solve for themselves and intervention from the statutory, voluntary and community sectors is required.

¹ Susan Davidson and Phil Rossall (2014), 'Age UK Evidence Review: Loneliness in Later Life.'

² Panayotes Demakakos, Susan Nunn and James Nazroo (2006), 'Loneliness, relative deprivation and life satisfaction', Retirement, health and relationships of the older population in England

³ Campaign to End Loneliness 'Risk Factors: Factsheet', <http://campaigntoendloneliness.org/guidance/wpcontent/uploads/2015/06/Risk-factorsGFLA.pdf>

⁴ Janaki Mahadevan (2012) 'New mums lack support to cope with isolation and depression', Children and Young People Now.

⁵ New Economics Foundation and the Co-op (2017), 'The Cost of Loneliness to UK Employers'

⁶ The costs of an individual being chronically lonely are estimated at £12k per year in additional GP and A&E visits and social care costs.

2.2 Social isolation and loneliness

While isolation and loneliness are closely linked, they are two distinct concepts. Isolation is an objective term to describe a person with limited social connections. Loneliness is a subjective measure of a person's feelings about their social relationships. It is a deeply personal state and a level of social contact that may satisfy one person may leave another feeling profoundly alone.

While the two states are related, one does not imply the other. It is possible to be isolated but not lonely. A person may prefer solitude and find that this has no impact on their quality of life. It is also possible to be lonely in a crowd. Older people in large households and care homes are more likely to feel lonely.⁷ Both isolation and loneliness are recognised as issues that should be addressed to improve wellbeing, although it is uncertain whether they have independent effects or whether isolation only impacts on health through loneliness. There are therefore three groups to consider when working to improve social wellbeing:

- the socially isolated and lonely – the most obvious target of any intervention, whose loneliness may be reduced by reducing their level of social isolation;
- the socially connected but lonely – interventions targeting this group may concentrate more on improving the quality of existing relationships, providing opportunities for specific interactions or reframing attitudes to the time they are alone;
- the socially isolated but satisfied – although happy with their limited social relationships, this group could be at risk if their personal circumstances change.

The importance of preventative work with this third group is highlighted by a recent investigation by the British Red Cross and the Co-op.⁸ Their research identified that life transitions, when an individual's relationships or role in society suddenly and substantially changed, were common triggers for loneliness. An example of such a transition could be retirement, becoming a parent or experiencing bereavement. While offering support after the event is important, the effect can be more effectively mitigated by ensuring the individual has adequate social connections prior to the transition point being reached.

2.3 Policy context

The 2010 Marmot Review sought to identify the most effective evidence based strategies for reducing health inequalities. These included:

- putting empowerment of individuals and communities and reducing social isolation at the heart of action on health inequalities;
- paying attention to the importance of stress and mental health in shaping physical health and life chances, and the importance of personal and community resilience;
- concentrate on the 'causes of the causes' – that is, invest more in the material and psychosocial determinants of health.

The Care Act 2014 creates a clear imperative for a range of partners to take action on loneliness. It states that a local authority must promote wellbeing when carrying out its support duties. The wellbeing principle includes; personal dignity, physical and mental health and emotional wellbeing, protection from abuse and neglect, control by an individual over day to day life, participation in work, education and leisure activities, social and economic wellbeing, maintaining personal relationships and the individual's contribution to society. Loneliness and social isolation present substantial barriers to a number of these principles.

⁷ Susan Davidson and Phil Rossall (2014), 'Age UK Evidence Review: Loneliness in Later Life.'

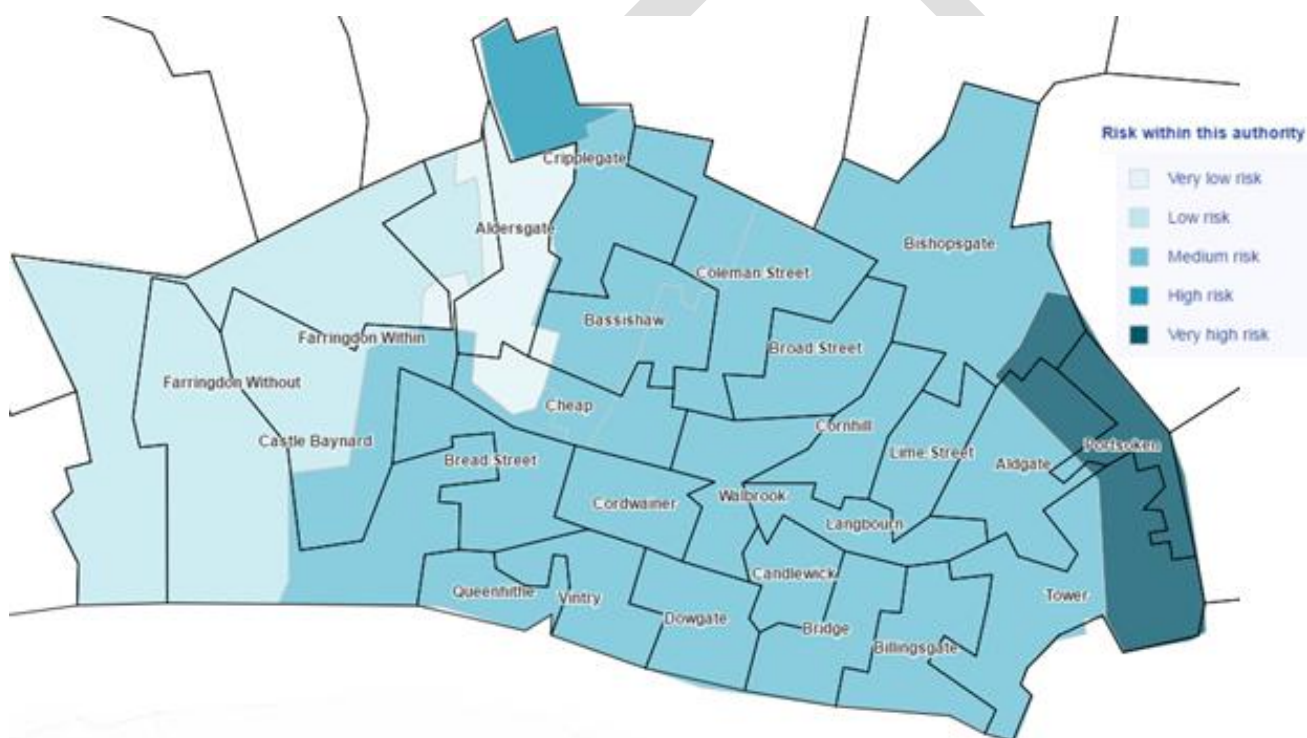
⁸ Co-op and British Red Cross (2016) 'Trapped in a bubble: An investigation into triggers for loneliness in the UK'

3 Loneliness in the City

3.1 Older people

In the City 14 per cent of residents are aged 65 and over, higher than the Greater London average of 11 per cent. The City also has a higher proportion of people in later old age with 4 per cent of the population over 75 years of age, compared to a Greater London figure of 3 per cent. The City has a large number single person households and around a fifth of these are home to a person over 65. In the City, 34 per cent of people live alone; 31 per cent of people aged under 65 and 51 per cent of people aged 65 years or over.⁹

The majority of these people will not be lonely. However, as older age and living alone are strong risk factors, they can be used as a starting point to estimate the likely level of need. Age UK have analysed data from the English Longitudinal Study of Aging (ELSA) and the Office for National Statistics to predict the risk of loneliness in the older population. The darker areas of the map (below) show the areas with the greatest predicted prevalence of loneliness. The prediction is based age, marital status, household size and self-reported health. The darker the map, the greater the probability of loneliness predicted by the model.



This indicates that older people in two areas, Golden Lane and Portsoken, home to large concentrations of the City's population, stand out as being high risk and very high risk areas.

That the City's other main population centre, the Barbican, appears to be relatively low risk is likely due to the map's focus on poor physical health as a cause of, and thereby proxy for, loneliness. While older residents living in the Barbican may be less likely to report poor health than their counterparts living elsewhere in London, other sources of local evidence suggest that it would be a mistake to assume there is no problem with social isolation here.

The City Corporation and Healthwatch hosted a series of 'Ageing Well in the City' workshops to learn about people's needs as they grew older. A particular theme raised during the events was a need to do more to tackle social isolation and loneliness.

⁹ Census 2011 / ONS

3.2 Working age people

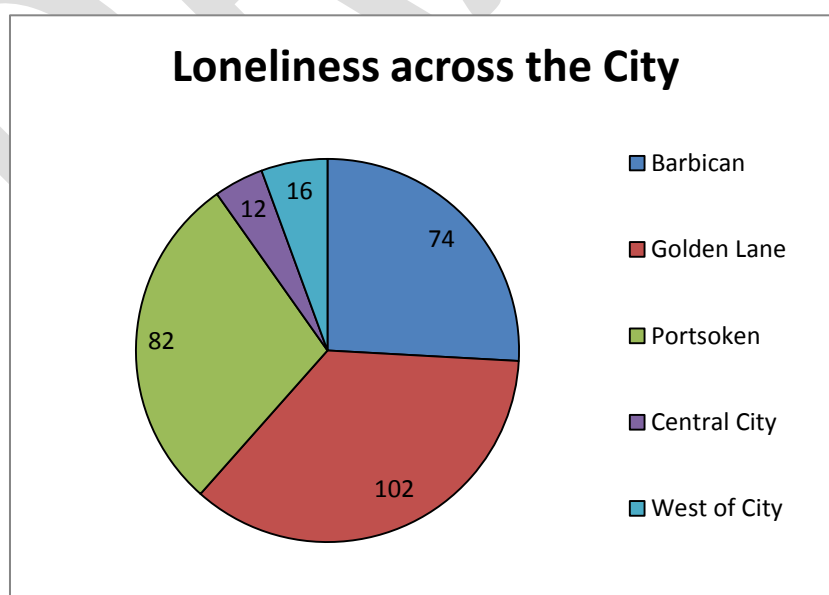
The Age UK and ELSA data only provides part of the picture, as loneliness can be an issue for people of any age. People with physical or mental health problems, caring or parental responsibilities, the long term unemployed and refugees and asylum seekers are all known to be at greater risk of loneliness. Other sources of data are needed to produce a more comprehensive picture.

In the City 42.5 per cent of Adult Social Care service users say they had as much social contact as they would like, similar to the average for Greater London of 41.8 per cent. Many carers are also both socially isolated and lonely as they can find their caring role leaves them with precious little free time to engage in social activity. Of City carers, 46.4 per cent are satisfied with their level of social contact compared to 35.5 per cent across Greater London. While the City compares favourably to the regional average, it still shows a majority experiencing loneliness.

Anecdotal evidence from Early Years Practitioners also suggests a considerable number of new City parents experience loneliness. This problem appears to cut across demographic groups. Nationally parents on low incomes or from BAME (Black and Minority Ethnic) groups are more affected by isolation. In the City these longer term residents tend to have enough of a social network to mitigate at least some of the problem. In contrast, high income professionals who move in to the City can become isolated from family and friends in other parts of the country and may be just as at risk.

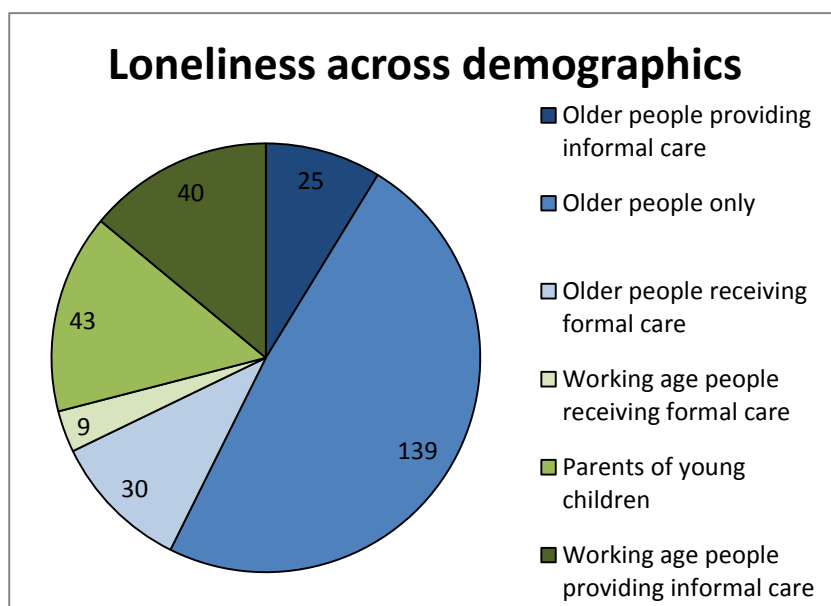
3.3 A Combined estimate

Combining these data sets to give a more complete overview of loneliness in the City replicates the geographic spread seen on the Age UK map on page 6. The Golden Lane and Portsoken areas are still home to the majority of individuals at risk of loneliness, the Barbican has a slightly stronger presence, accounting for just over a quarter of the total at risk population. Only a small number of people thought to be at risk of loneliness live outside these main residential areas.



The data can also be used to produce an estimate of who is most at risk of loneliness in the City. The 'loneliness across demographics' chart on page 8 provides an at a glance breakdown between older (blue) and working age (green) groups, as well as all those

providing informal care (by viewing the dark blue and dark green sections together) and all those receiving formal care (by viewing the light blue and light green sections together).



This suggests that around two thirds of lonely individuals in the City are over 65. Around half of the total is made up of older people who neither provide nor receive care, and as such they are unlikely to already be known to Adult Social Care services.

A quarter of lonely individuals are estimated to be informal carers and around two-thirds of these are of working age. Some, but by no means all, of these people will be known to Adult Social Care. In the 2011 Census, 121 people said they provided at least 20 hours of unpaid care per week. However, only 60 carers are known to Adult Social Care and only 22 per quarter engaged with the City Carers Service in 2015-16.

An estimated one in seven lonely City residents receives care from Adult Social Care. The majority of these are older people. A similar number of working age parents are thought to experience loneliness. These will all receive personal contact from a Health Visitor and an information pack from the FYi service, but those who become isolated are unlikely to have yet taken up the offer of the play groups and early help services that the City Corporation provides. Finding the isolated parents, informal carers and older people without care needs will be a crucial challenge in tackling loneliness in the City.

Many people who experience severe loneliness will not fall into any of the groups listed above. Again it must be recognised that loneliness is an experience unique to each individual and factors that may leave one person lonely, another would take in their stride. The estimates made above should be seen as a minimum, acknowledging that the figures for the Barbican based on ELSA data may be an underestimate and recognising that loneliness does not just affect older people, carers, new parents and people with disabilities. While it is helpful for services to target these groups, they should also be open to all and look to tackle loneliness wherever they encounter it.

3.4 Community research

In order to better understand personal experiences of loneliness the City Corporation commissioned Dr Roger Green, from the Centre for Community Engagement Research at Goldsmiths, University of London, to explore the level and nature of need in the local older

population. The study used a qualitative ethnographic approach to gain older residents' views. While living in the City of London was experienced by older residents in a number of different ways, the experience of being socially isolated or lonely was voiced by many residents. A number of themes emerged from this:

- Many residents chose to live in the City because of the anonymity that comes from living in the centre of a large conurbation. This solitude can turn to isolation and become problematic following a major change such as retirement or bereavement.
- Other residents spoke of feeling separated from friends and relatives living elsewhere in the UK or abroad. While many maintained regular phone contact, they still complained of feeling isolated from family.
- Some minority groups appeared to be underrepresented in existing community networks. This was evident with LGBT* (lesbian, gay, bisexual and transgender) and BAME older people.
- Some residents felt isolated by the extremely urban built environment and those in later old age or with physical disabilities found the physical layout of their estates difficult.¹⁰

3.5 Local profiles

By combining the analysis of the ELSA, social care and early years data with Dr Green's research, local estimates of loneliness can be produced for each area of the City.

Loneliness in the Barbican

Anecdotal evidence suggests that the socially isolated here are 'asset rich and income poor' older people. Our model suggests that around two thirds of those at risk of loneliness in the area are over 65. Around 1 in 5 provide unpaid care and around 1 in 6 receive formal care.

Of the working age people thought to be at risk of loneliness, 1 in 3 are informal carers and 2 in 3 are new parents. Very few working age people receive formal care in the Barbican.

Dr Green's study observed that isolation was also a particular issue for older LGBT people in the Barbican area, with limited engagement with community activities or good neighbour schemes.

Loneliness in Golden Lane

Our estimate suggests that loneliness in Golden Lane is overwhelmingly an older people's issue, with 80 per cent of those thought to be affected over 65. While the proportion providing informal care is in line with the City average and a slightly higher number receive formal care, the vast majority have no known care needs.

Income may be a factor restricting social activities for some older people on Golden Lane. Of the City's 130 Pension Credit claimants in August 2015, 50 lived on Golden Lane. Claimants tended to share several of the risk factors associated with loneliness, such as living alone and being in later old age.

¹⁰ Roger Green and Tim Stacey (2015), 'The Voices of Older People: Exploring Social Isolation and Loneliness in the City of London.'

Of the working age people thought to be at risk of experiencing loneliness on Golden Lane, half are informal carers and half are parents of young children. Again, few working age people receive formal care here.

Loneliness in Portsoken

Our loneliness estimate in Portsoken produces a more even split between age groups, with working age people accounting for 40 per cent of the total. Around half of these are providing informal care, a third are new parents and 1 in 5 are recipients of social care.

Three quarters of the older people thought to be at risk of loneliness in Portsoken neither provide informal care nor receive formal care. Very few older people here provide informal care, while 1 in 5 receives a care package from Adult Social Care. Portsoken has a higher number of Pension Credit claimants (60) than Golden Lane, despite having fewer people of pension age overall, indicating that income is likely to be an even larger barrier to socialising here.

Dr Green's study found that ethnicity was associated with loneliness on the Mansell Street Estate, with one resident saying she felt that there was 'no bridge' between the different communities. This research, along with national data and the relative youth of Portsoken's BAME population, indicates that problems with loneliness are likely to be especially prevalent.

Loneliness in the West and Central areas of the City

Our estimate suggests there is less loneliness in the West and Central areas of the City. These non-residential areas are home to 32 per cent of the population but only 10 per cent of the people thought to be at risk of loneliness.

The picture of who is lonely is also very different here, with primarily working age people thought to be affected. In the centre of the City, loneliness is primarily thought to affect parents of young children. In the West of the City unpaid carers stand out as making up almost half of the total. Housing tenure is likely to restrict the population in both of these areas to affluent individuals. Targeted interventions aimed at busy professionals juggling work with parenting or caring responsibilities should be considered here.

4 Current provision

The estimates of loneliness given in section 3 do not take into account the positive impact made by current efforts to reduce isolation. A wide range of activities are already on offer in the City that provide opportunities for social interaction.

4.1 City Corporation provision

The City Corporation aims to reduce loneliness through the Reach Out Network of support groups for older people, carers and people with memory problems or a diagnosis of dementia.

Age Concern are commissioned to provide a volunteer befriending and shopping service for older people or people with mild to moderate mental health problems. This includes telephone and e-befriending for those with limited mobility.

Many classes and groups are also available in City libraries, through the Adult Skills and Education Service and as part of the Young at Heart programme run from the Golden Lane Leisure Centre.

4.2 Neighbourhood development

The City Corporation's Neighbourhood Development Team aims to build and support strong and inclusive groups that enable people to feel more connected to their community and happier in their homes.

Their work includes supporting residents associations to develop and grow, running one-off events on estates and longer term projects such as the CityPlay East and Remembering Yesterday, Celebrating Today, and supporting the Neighbour Networks that provide an easy way for neighbours to volunteer in their local communities.

Spice Time Credits are a crucial part of the City Corporation's neighbourhood development work. Time Credits encourage people to volunteer or form their own groups. Spice's 2015 evaluation found that 60 per cent of volunteers said their level of social contact had increased as a result of Time Credits and 32 per cent said they felt less socially isolated.

4.3 Community activity

A wide range of community groups operate in the City, many of them using the Spice framework. Gardening is hugely popular in the City, with groups operating on most estates and Friends of City Gardens working throughout the City. Each estate also has an older people's group and residents' association. Ward members in Portsoken put on a busy programme of events and social activities.

St Luke's community centre in Islington and St Hilda's community centre in Tower Hamlets have busy schedules of classes and events, including regular older people's lunch clubs. Specific provision for the Bangladeshi community is available in the form of lunch clubs at Toynbee Hall and Sonali Gardens as well as the Mohila Women's and Girl's Spice Time Credits groups that meet at the Portsoken Health and Community Centre.

As well as running the City Corporation's befriending service, Age Concern City of London run a range of other projects promoting social and digital inclusion. These include busy Walking for Health groups, regular trips, Techy Tea Parties and targeted work with the most disadvantaged communities in the Square Mile.

4.4 Health related provision

The City and Hackney Clinical Commissioning Group (CHCCG) has commissioned Family Action to run a social prescribing pilot project. If a person's GP thinks they might benefit from taking part in activities or joining social groups, they will refer them to the scheme. The surgery's Wellbeing Coordinator will then meet with the person to talk through the options available and work with them to find local activities, services or advice that suit their needs and interests.

One Hackney and City provide a similar service for the most vulnerable patients as well as those with serious physical and mental health problems.

The City and Hackney Wellbeing Network helps people to build resilience and to alleviate issues such as stress, anxiety and low mood. As well as offering a large number of arts and activity based groups, courses developing emotional resilience, managing difficult emotions and building self-confidence are very relevant in the context of reducing loneliness.

4.5 Provision for new parents

The City has one Children's Centre within its borders, the Cass Child and Family Centre in Aldgate. City parents can also access the Golden Lane Children's Centre nearby in Islington. A range of drop in Stay & Play sessions and bookable advice, support and educational activities are on offer. Three community libraries offer a weekly schedule of parent and child activities such as Storytime, Rhymetime and Stay & Play.

The Adult Skills and Education Service offers a range of courses intended for parents to take with their children, such as Family Arts and Crafts and Learning Through Play. Courses are also available to address the practical issues that may be contributing to parental isolation, such as English for Speakers of Other Languages (ESOL), CV writing and interview skills. Little Outdoor Explorers, developed by the Family and Young People's Information Service, is an occasional six-week course designed to build confidence in parents with children under five, by helping them to venture out into the urban environment.

Targeted City parents will receive two additional Health Visitor assessments (supplementing the mandatory five) in their home with a focus on maternal mental health, maintaining infant health, promoting development and keeping safe. The targeted offer is aimed at first time parents and families identified as having needs such as physical or mental health problems, substance misuse issues and safeguarding or domestic abuse concerns.

The Hackney WellFamily Service is a primary care service commissioned by the CCG and provided by Family Action, aimed at addressing complex psychosocial needs. The service provides recovery-focused and holistic interventions including a mix of individually targeted and flexible practical and emotional support.

5 Evidence on interventions

5.1 Literature Review

There is limited evidence on what makes an intervention to reduce loneliness effective. A systematic review by Cattán and White was able to draw some limited conclusions about what showed the most promise.¹¹ Another evidence review compiled for the National Institute for Health Research made similar recommendations.¹²

The researchers concluded that group based interventions showed promise in reducing loneliness, especially when targeted at a specific group and with a specific activity in mind. Long-term effectiveness was improved by providing activities that enhance self-esteem and personal control. Where groups have a support purpose, such as post-bereavement, attendance needs to be over a period of five months or more to be of benefit.

One on one contact from health or social care workers may be successful at achieving other objectives, but has no impact on loneliness. One on one contact from a volunteer appears to be of limited impact, with the majority of studies failing to find a statistically significant impact.

While this indicates a preference for group based interventions, many group based interventions already exist and yet loneliness persists. This is because groups are only accessible for those who already possess the social skills to participate. The one on one interventions that have shown promise are those that aim to find and work with individuals at the stage before they can begin access group activities.

The outcome of technology-assisted interventions depends on whether existing relationships are being developed or new ones are being sought. There is some limited evidence that loneliness can be reduced by training older people to communicate online with friends and family. However, three systematic reviews of telephone-based interventions looking to match people with new contacts showed no decrease in loneliness.

Evidence also suggests that an asset based approach is likely to be effective in tackling loneliness. This means involving participants in the design and delivery of services in order to harness the skills, knowledge and connections already present within a community. Working in an asset based way is more likely to be successful as it is better able to deliver services that the intended beneficiaries want, to genuinely involve people as co-producers and to be sustainable in the long term.¹³

5.2 The Social Wellbeing Panel

The City Corporation established the Social Wellbeing Panel to gather further evidence on successful interventions implemented elsewhere and to learn more about how to reduce loneliness in the City.

Based on community research and feedback from residents, the Panel chose to hear from experts on isolation amongst new parents, Black and Minority Ethnic older people, those living in the commercial areas of the City and people with physical and mental health issues. Despite these groups having different circumstances, shared themes emerged from each evidence session.¹⁴ These themes, discussed in the next four sections, will be the building blocks of any attempt to reduce loneliness.

¹¹ Cattán, M. White, J. Bond and A. Learmouth (2005) 'Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions' *Ageing and Society* 25:1. p.41-67.

¹² Interventions for loneliness and social isolation; The University of York Centre for Reviews and Dissemination (2014)

¹³ Jane Foot (2010) 'A glass half-full: how an asset approach can improve community health and well-being'

¹⁴ Improving Social Wellbeing in the City of London: Reducing loneliness and building communities (2017)

5.2.1 Asset Based Community Development

In every evidence session witnesses spoke of the strength of volunteers, the effectiveness of peer support and the benefits of placing trust in communities. Local people are experts in their own lives and know what community assets they value and what further support they need to thrive. Local people already have the trust of their neighbours, the networks to reach people seen as 'hard to reach' by public services and the life experiences and language necessary to build relationships.

As well as providing valued support to others, volunteering can be transformative for the volunteer, building skills, confidence and social capital, instilling a sense of purpose and having a significant impact on personal wellbeing. Witnesses from a maternity support project spoke of their volunteers going on to train as midwives and doulas, while a community research project saw their interviewers grow in confidence and independence during the life of the project, becoming agents of change in their own communities.

Taken together, these principles lead to an asset based approach. This moves from seeing communities as repositories of need, such as loneliness and isolation, to being the source of opportunities and strengths, like volunteers and neighbours with lived experience. Instead of seeing people as clients receiving a service, commissioners should move to viewing people as citizens, each with something to offer and with the capacity to develop their own potential.

A word of caution was sounded that an asset based approach can take time to show results. Some communities will need an initial investment to strengthen and support local associations and it will take time to build up confidence and a sense of empowerment, as well as to build trust and assure local people that there is a genuine intention to share power with them. Finding enough suitable volunteers who can commit sufficient time to a project and sustain their involvement in the long term can also be a challenge.

In the City of London, this approach is most developed in the Portsoken Ward on the City's eastern edge. Here the ward's elected Members act as facilitators for community activity, securing funding and asking local people to decide what is most needed. While residents have the final say, Members have a preference for activity with a clear purpose, such as gardening or social trips, as this has proven to be most effective at bringing people together.

Regular and keen attendees are seen to be the most effective means of promoting events. They are asked to reach out to friends and neighbours who may be more isolated and to bring them along. This kind of low commitment activity may also be a good way of recruiting new volunteers and act as a catalyst for more involvement.

5.2.2 Shared Spaces

Another common theme to emerge was the need for shared spaces where relationships can develop naturally and where community building can take place. This can include some public sector places such as libraries, other inclusive spaces like cafes or venues run by community groups or simply areas of the streetscape that are welcoming, safe and encourage people to socialise.

To be effective assets for enhancing social wellbeing, shared spaces must be welcoming and informal. They must not appear to be, and should not be, the front door of statutory services. Many people will be unwilling to engage in venues where they fear judgement or where they may be given more help than they are ready to receive. Trust must be built up gradually on neutral ground, with contact moving at a pace set by each individual. Referrals to formal support, while important, can only be made once relationships are established and myths are dispelled.

Shared spaces should also have a broad appeal, offering activities and events that a wide variety of people want to participate in. Not only will a wide appeal enable more relationships to form, it is also an essential part of engaging with isolated people, as it prevents an intervention from becoming stigmatised.

While venues are important, those delivering loneliness interventions should not feel tied to their own bricks and mortar. Taking opportunities to engage with people in the informal spaces where they normally are is equally important. Venues such as housing estates, supermarkets and faith buildings should not be ignored.

5.2.3 Early Intervention

All of the speakers at the Social Wellbeing Panel stressed the importance, but also the challenge, of early intervention. If loneliness leads to lower personal wellbeing and risks to physical and mental health, providing support sooner is clearly preferable. It is also easier to deal with problems at an earlier stage, before the psychosocial effects of loneliness, such as lower confidence and a reluctance to engage with others, become entrenched.

The shared spaces discussed above play a crucial role in early intervention. People may not be comfortable approaching statutory services for help, but important issues can come out in informal and comfortable spaces once trusted relationships have been built up. Food or entertainment can draw people into venues and often more serious issues are raised. Other people participate when they realise there are people willing to listen and help is available.

There is also a need to work hard to let people know support is available. Poorly advertised support will only be accessed by those who would have found it anyway, those who are already well connected or who have the skills required to easily find and access help. Providing written information, in the right places and in the right format, as well as keeping health and community professionals briefed on the support available is a starting point. However, the best method of reaching the most isolated is to have advocates within the community who will vouch for services and actively promote them to a wide network.

A culture change across services can also play a part in early intervention and every service provider should be encouraged to ask themselves what they can do to improve social wellbeing. GP practices have developed this approach well, with social prescribing schemes enabling doctors to refer patients at risk of loneliness to social support.

5.2.4 Building Skills

A final theme to emerge was the potential to reduce people's risk of loneliness by building their skills. This could be about enabling people to have more ways to communicate, either through learning a shared language or by getting online and learning how to make new connections and keep in touch with friends and family on social media and Skype.

It could also look to the Recovery College Model and involve increasing people's ability to manage their own health conditions, thereby being better able to focus on other aspects of life such as social wellbeing. This is relevant beyond mental health, and includes helping everyone to develop the skills needed to make new connections and ensure their current relationships are healthy and mutually beneficial.

The effectiveness of skills development interventions can be enhanced by using asset based approaches and shared spaces. Recovery colleges use a co-production approach between a professional tutor and a peer supporter who is an 'expert by experience'. Languages and IT classes will have the best reach with their target audiences if they are supported by volunteers from those communities and if they are delivered in a local and welcoming venue.

6 Approach One: Asset Based Community Development

The evidence from the literature review and the Social Wellbeing Panel points to Asset Based Community Development as an effective way to tackle loneliness. Community based responses have the potential to reach isolated individuals that officials ones could never hope to connect with, to be sustainable in the long term and to maximise opportunities for social contact and personal growth by involving local people in their design and delivery.

The City Corporation has a role to play in creating the conditions necessary for community groups to thrive and in supporting vulnerable members of the community to feel able to take part and contribute their personal assets. However, the City Corporation should not seek to define community for residents and should recognise that many different understandings of this concept exist. Communities of interest, place and circumstance all enable people to connect to others and the most suitable approach will vary from person to person.

6.1 Communities of interest - Community Connectors

Throughout Dr Green's research, City residents report being lonely but also feeling that something is holding them back from engaging in the community life they know exists on their doorstep. He found that many lonely people were waiting for a helping hand to take the first step and approach these groups, either because they were unaware of what was available, because of a lack of confidence and a fear of rejection or simply because long established habits can take some encouragement to break.

Instead of waiting for lonely individuals to ask for help, there is a need for a more nuanced befriending approach that reaches into communities directly and pro-actively. Community Connector volunteers would help people to reconnect with their community using the individual's interests and skills. They would offer positive encouragement and emotional support, as well as practical help to identify activities that align with the person's passions and abilities. At first the volunteer may accompany the person to a new activity, or it may be enough to buddy them up with other new attendees. Ultimately the aim is to help build each person's confidence so they are able to take part independently.

Volunteers would be the face of the project and would use their existing social networks to contact people at risk of loneliness, making their approach more likely to be trusted and accepted and giving the project a wide reach into local communities. Referrals would also be sought from concerned family members or neighbours, frontline City Corporation staff who notice something amiss, and self-referrals from people who realise they need some additional support. Partnering with the Fire Service's Home Fire Safety Visits could give the Community Connectors direct access to some of the most isolated people in the City. Where a similar partnership was trialled in Cheshire, an Age UK advocate was invited into 98% of visited homes, resulting in the provision of further support in 36% of cases.

This quote from a worker in Gloucester shows how the project would work in practice:

*"I received a call about a lady in her 70s living alone. I made contact and after discussing her interests I put her in touch with people attending her local chapel. She also enjoyed scrabble but had recently lost her fellow players due to illness. I was aware of another single lady living close by, who also enjoyed scrabble. With permission I passed on their contact numbers. Soon afterwards they arranged to meet and enjoy playing regularly. She says she is now much happier."*¹⁵

¹⁵ Campaign to End Loneliness, Promising approaches to reducing loneliness and isolation in later life, <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

6.2 Communities of place – Neighbourhood Development

Neighbourhood development interventions may not be recognised as being intended to reduce loneliness by the communities they serve. Instead, they are focused on creating communities of place with shared activities bringing people together in a natural way.

As explored in 4.2, the City Corporation already has a successful Neighbourhood Development Team, which works to develop residents' groups and one-off events as well as promoting volunteering through Spice Time Credits and the Neighbour Networks.

The Volunteering Review found residents thought that more local and community based volunteering options would break down barriers between neighbours. In particular, there was a call for more housing estate based volunteering projects. This work will improve social wellbeing directly as people take part in activities, and indirectly, as when the community builds, people are more likely to look out for their neighbours.

Our approach to community development is to work with what is already there and keep momentum going, rather than continually changing our approach or suggesting new projects when development is slow-moving, but building. True community development means working with residents to assist them to develop and undertake activities that are inclusive and enjoyable for all, leading to long-term, workable community groups. We can do this by:

- continuing to support the 'Remembering Yesterday, Celebrating Today' programme of events which enables integration and intergenerational relationships to thrive;
- building the capacity of residents groups, using those at the Avondale Square estate as a benchmark and providing additional training and support where required;
- expanding our existing Neighbour Networks, providing support where necessary to foster these growing communities;
- offering clarity on where safeguarding procedures such as DBS checks are required and where they are not, and providing support for their administration;
- developing Time Credits as an empowerment tool for both estate staff and residents, encouraging a variety of new community groups to meet and develop;
- using mediation to improve communications with both newly-established and existing groups, to secure on-going relationships;
- building officer confidence to work with communities and to support resident led activity in its vital early stages;
- encouraging resident groups to cross estate boundaries and share what they do with others, working towards a City of London community;
- supporting Members and business organisations in the commercial areas of the City to better engage with their local resident populations.

6.3 Communities of circumstance

6.3.1 Perinatal support

All four witnesses speaking at the Social Wellbeing Panel's new parents evidence session agreed on the importance of providing support to new parents in both the periods before and after the birth of their baby. They also all spoke about the power of peer support and that using volunteers, rather than paid workers, would give a service the trust of the community, access to a greater number of isolated parents and the lived experience necessary to provide the right support to parents who are struggling.

The current offer to new parents is based around support provided by paid workers or informal group activities for parents and children in the libraries and Children's Centres. In

our consultation many parents told us that these groups were good for getting out and making acquaintances, but were not ideal venues for building deeper friendships.

This highlights a gap for a voluntary befriending service, supporting isolated parents from three months before birth up until their child's first birthday. A new perinatal support service would aim to develop a trained group of volunteers who were able to identify isolated new parents, encouraging them to form social groups with each other and provide mutual support, as well as signposting them to other services as trust is built up.

Our evidence on best practice told us that the most effective interventions started working with mothers from three months before birth. However, we recognise that this may present difficulties for working women. Consideration will need to be given to this when planning the work of the service. There should also be flexibility about what support means and it may be that these mothers would find it easier to engage online before their maternity leave begins.

6.3.2 Out and About at the Barbican

Dr Green's research noted a greater level of isolation was experienced by the Barbican's LGBT* community. In response, the City Corporation has commissioned Opening Doors London (ODL) to provide a pilot project working with this community.

ODL will establish a local, informal and supportive social group for LGBT* City residents aged 50 and over called 'Out and About at the Barbican'. Activities will be determined by attendees' interests and there will be opportunities to connect with ODL's London wide programme of events and befriending. The Barbican Centre has agreed to provide a regular meeting space and there is potential to work with the centre on a cross art project that will culminate in an installation in the Barbican foyers.

Initially the group will be supported by a small number of volunteers to act as 'buddies' for those less confident about coming along. Over the course of a nine month pilot, a small group of volunteers from within the City of London group will be recruited and trained to deliver monthly sessions and buddying themselves. The Sessional Worker will also identify additional support needs among more vulnerable members and offer advice, signposting and referrals to other support services as required.

6.3.3 The Mansell Street Women's Group

Dr Green's research also noted that ethnicity was a driving factor of loneliness for some residents of the Mansell Street estate. The City Corporation has commissioned Age Concern City of London to provide a pilot project working with women, primarily of Bangladeshi origin, aged 45 and over.

Age Concern will establish a bilingual social group based locally to Mansell Street at the Portsoken Health and Community Centre. Activities will be determined by attendees' interests and there will be opportunities to connect with Age Concern's local programme of events. The City Corporation will also run a Speaking English with Confidence class through the group, available free of charge to any member interested in improving their spoken English. Age Concern are also exploring the possibility of offering IT classes, either with the City Corporation or in partnership with Queen Mary, University of London.

Initially the group will be supported by bilingual (Sylheti and English) Engagement Workers. Over the course of the pilot, they will identify and support members of the community to take on volunteering and coordinating roles to enable the group to move towards self-sufficiency. The Engagement Workers will also identify additional support needs among more vulnerable members and offer advice, signposting and referrals to other support services as required.

7 Approach Two: Shared Spaces

Certain spaces in any area become locations where people not only 'meet and greet' each other but also where social and community capital emerges and where friendships and social networks can develop.

The Social Wellbeing Panel heard that to be at their most effective, these shared spaces should be separate from statutory services, be welcoming and offer activities with a wide appeal. Services should also move beyond their own spaces and seek to work with people in the places where they already go and naturally feel comfortable.

7.1 Libraries first

Public libraries provide a shared space where people feel they belong and which people feel comfortable visiting on their own. This provides an accessible, safe and relaxed space where people can access help at their own pace – as shown by the success of offering light-touch support at informal sessions in the libraries, such as the parent and child groups and Read and Relax group.

Efforts to improve social wellbeing should therefore take a 'libraries first' approach. Libraries are a place where many people naturally go, making them an ideal venue for outreach work. They are places where people feel at home, enabling trusting relationships to be built up. They are also an existing asset, reducing costs and offering value for money.

Some concerns have been raised that reduced library opening hours may limit their potential as community venues. However, the more libraries are used and the greater the number of services delivered through them, the better the budgetary pressures that have limited opening hours can be resisted.

7.2 Providing community space in City libraries

More can be done to fully utilise the City's lending libraries as focal points for the community. The Barbican area lacks a suitable community venue and this shortage of suitable local venues can make it difficult for residents to organise their own group activities.

The library is already well used community hub, but it lacks a separate, multi-use, low-cost space, bookable by groups where social activities can be run.

By repurposing some of the space within the existing footprint of the library, such a space can be provided. This space can then enable a variety of community activity to take place in a local and accessible setting, as already takes place at the Artizan Library and the Portsoken Health and Community Centre.

Shoe Lane Library in the West of the City has recently been refurbished to host a new wellbeing area, a cosy seating space, iPads for reading e-magazines and a coffee machine, all of which should encourage social interaction.

7.3 Improving City Corporation community spaces

Of the City's existing community spaces, two were identified in Dr Green's research as not effectively facilitating informal relationship building. There were the Golden Lane Estate Community Centre and the Portsoken Health and Community Centre, known locally as the Green Box. Current projects offer an opportunity to these spaces.

The proposal to refurbish the Golden Lane Estate Community Centre, and locate the City of London Community Education Centre (COLCEC) and the Golden Lane Estate Office on the same site will allow the Centre to remain open for longer by sharing reception staff. This would overcome the issues with access arrangements and opening hours which have contributed to making Centre an underused space. An access agreement should also be arranged with the City of London Primary Academy Islington (COLPAI) to enable Golden Lane residents to use this as an additional community venue.

The freeholders of the Mansell Street estate, the Beetham Organisation, are exploring completely redeveloping the estate to increase the density of homes. The proposal includes the provision of a ground floor public Community Centre to replace the Portsoken Health and Community Centre, as well as a community rooftop top space for Guinness residents. This should provide a more effective and inviting community space for the area.

The management model used for these community spaces matters as much as the design. Residents should feel a sense of ownership, spaces should be inviting and easily adapted to a range of purposes, and booking should be accessible. Again, the Artizan Centre provides an example to follow. Residents can book space and party pay in Time Credits, achieving the dual aims of increasing the amount of activity and making the space more available to people on lower incomes.

The Aldgate Square scheme will also create a new public space conducive to relationship building, providing the Portsoken area with a pleasant, central, open space by the end of 2017. The Aldgate gyratory it replaces was a traffic dominated system that was difficult for all road users to navigate. Instead, the new scheme will be centred upon a large green space available for events, leisure and play. This will host will CityPlay East as well as City Café, a new community venue equidistant between the areas two housing estates.

7.4 Using other community spaces

It is also important to think outside the spaces managed by the City Corporation and to offer support to people in the venues they naturally frequent. This will enable interventions to take place earlier and increase the chances of reaching those who are most isolated.

Potential venues could include the GPs' surgery, pharmacies, supermarkets, housing estate offices, pubs, cafés, places of worship and local cultural venues. For example, volunteers with the proposed perinatal support project could attend the Neaman Practice when the baby clinic is running and talk to new parents, offering further support if it is needed.

Local pharmacists are keen to be more involved with public health work and as 76 per cent of Neaman Practice patients have their prescriptions dispensed at either Portman's Pharmacy on Cherry Tree Walk or Chauhan's Chemist on Goswell Road, these venues provides a means to reach a large proportion of City residents.¹⁶

A recent study by the University of Hertfordshire highlighted the social benefits many older people gain from a trip to the shops and suggested that this could be enhanced by using slower checkout lanes to improve the social aspect of shopping or using special offers to encourage older people to shop at quieter times of the week, making the supermarket a less stressful and more enjoyable environment.¹⁷ Dr Green's study found that the Waitrose on Cherry Tree Walk was a crucial 'bumping space' for Barbican residents and these ideas should be explored with store managers.

¹⁶ City and Hackney Joint Strategic Needs Assessment City Supplement (2014)

¹⁷ Wendy Wills, University of Hertfordshire (2016) <http://www.foodprovisioninlaterlife.com>

8 Approach Three: Early Intervention

Given the risks to health posed by loneliness, and the cumulative impact over time, it is clearly preferable to offer support as soon as possible. Sustained and consistent communication is needed to reach the most isolated – with the most effective forms of communication being service users and volunteers who will champion services to others. There is also a role for all service providers to play in reducing social isolation, from GPs surgeries to libraries and leisure centres.

8.1 Social prescribing

The City already has a pilot social prescribing service, commissioned from Family Action by the CHCCG. This allows GPs to refer patients with social and emotional needs to a Wellbeing Co-ordinator to receive tailored support. This will typically take place over two or three sessions and might result in referrals to welfare advice, walking clubs, art clubs, exercise groups or further support from the community or voluntary sector. Referrals to mental health support or CBT (cognitive behavioural therapy) are also available. If helpful, volunteers with the service can accompany people to the first sessions of a new activity.

The Neaman Practice has improved from being a low referrer of patients into the scheme to an average one, but a number of actions could be taken to ensure social prescribing is fully utilised as a means to support isolated people:

- Raising awareness of social prescribing amongst patients and the public, so if people feel they would benefit from the service they can ask for it, and do not need to wait for their GP to offer;
- Enhancing the social prescribing offer to carers. For most patients, GPs will make a referral to social prescribing if issues of isolation become evident during a consultation. Given the likelihood of carers both experiencing loneliness and attending the GPs' surgery, GPs could pro-actively discuss social wellbeing with all carers and consider referrals to social prescribing;
- Building links with other City services. A referral agreement between Social Prescribing and Fusion Leisure is being piloted and an agreement with Spice Time Credits is being explored;
- Working with Tower Hamlets CCG and ensuring that their new social prescribing service has the information and capacity to effectively support people living in the East of the City;
- Making more use of One Hackney and City for patients with serious physical and mental health problems and those who have previously been reluctant to engage with support;
- The actions listed in improving information below will also help the Wellbeing Coordinators to better tailor their support to a patient's needs and interests. Wellbeing Coordinators work mostly with Hackney or Tower Hamlets patients, and there is a need to make it easy for them to know what is available in the City.

8.2 Improving information

There is already a large amount of community and voluntary activity in the City of London, but barriers can make it difficult for socially isolated people to get involved. Some of these barriers will take considerable effort to overcome while some may be dealt with more simply. Improving communication offers a way a relatively large number of people with low level needs can be supported to engage with the community.

Dr Green's research found that information about current activities had considerable room for improvement and speakers at the Social Wellbeing Panel stressed the need for sustained

and consistent communication reiterating that support is available, in order to intervene as early as possible and reach those most in need.

Communications about the social activity available in the City could be improved by:

- Providing a one-stop website listing community groups and social activities in the City of London;
- Producing a City Over 50s Guide listing the most popular community groups and services working to improve social wellbeing;
- Ensuring full use is made of existing publications such as City Resident and the Barbican Broadcasts to raise awareness of community activity;
- Making more use of new technology such as Meetup and interests.me to enable people to find out about activities and make new connections.

8.3 Assertive outreach

A range of City Corporation services, such as the Fusion Young at Heart Over 50s Group or the reading groups in the libraries provide opportunities for social contact and companionship. Looking at those who have recently dropped out of attending may help identify those affected by social isolation.

Initially staff from the service should contact the resident. They may have an unrelated issue for non-attendance, such as having moved out of the area, or they may have comments relevant to the service. However, staff should also be alert to any social issues that may arise and should either seek to deal with these themselves or seek permission to make a referral to the Community Connectors or other services as appropriate.

Training may be required to enable staff to make the calls confidently and effectively. Targeting people who have recently dropped out of attendance at a group may find people who have experienced a significant life event, such as bereavement. These conversations and subsequent referrals will need to be handled sensitively. The calls may raise a number of issues, for example a fall in income may have caused a resident to stop going to a sports club, and officers will need to access to a wide variety of service to meet this range of needs.

Social Workers should ensure that their work with carers promotes having a life outside of their caring role, making use of referrals to the Reach Out Network, Community Connectors and other sources of support as appropriate. The Carer's Strategy also commits to developing a carer's buddying system to provide additional one to one peer support.

8.4 Financial safeguarding

The City of London Adult Safeguarding Board Sub Group has identified preventing financial abuse as a priority for the City, as this accounts for the second highest number of adult safeguarding alerts in the Square Mile.

Financial abuse has a complex relationship with social wellbeing. Those who are already isolated are more likely to become victims of financial abuse, while those who are targeted are at risk of experiencing a significant emotional impact, increased stress and anxiety, reduced self-esteem and family relationship breakdown.

To tackle financial abuse, a Task and Finish Group with representatives from the City Corporation, City Police and voluntary sector has been established. An awareness raising leaflet will be included alongside every 2017-18 Council Tax Bill and the participating organisations will explore how data sharing between them may enable those at risk of financial abuse to be identified and supported.

9 Approach Four: Building Skills

Developing skills can improve an individual's social wellbeing by enabling them to have more ways to communicate, make new connections and keep in better touch with friends and family. Improvements can also be made by learning to value existing personal relationships as wellbeing assets and by achieving personal development goals to build self-confidence or reframe an individual's attitude to the time they are alone.

9.1 Language skills

Improving the English language skills of those City residents who are not yet fluent will enhance their ability to make new friends outside of their own linguistic community. Chance encounters with neighbours or at the school gates will become more likely to lead to developing friendships, while gaining employment or joining a community group will be made easier. ESOL (English for Speakers of Other Languages) classes have an important role in promoting social integration and community cohesion.

In the 2011 Census, 101 residents said they could not speak English well or at all. These were mainly (80) working age people concentrated in the East of the City. In Portsoken 18 per cent of households contain no-one who speaks English as a main language, 4 per cent of households do not contain an adult who speaks English as a main language and 11 per cent of households contain some adults who do speak English as a main language and some who do not. This means 33 per cent of households in the area could benefit from additional English language education.

Offering additional pre-entry and entry level ESOL classes at Sir John Cass's Foundation Primary School in Aldgate or the Green Box on the Mansell Street Estate would make the classes more accessible to local people in Portsoken. Linking the classes to other community groups, such as the Mansell Street Women's Group with its bilingual outreach workers and community volunteers will extend the reach of the classes into the harder to reach sections of the community.

9.2: Technology tuition

Dr Green's research found that a large number of older people in the City had only very basic computer skills. This was particularly evident in discussing how residents became both physically and visually separated from their families who might live in another part of the UK or abroad, and felt very isolated from them despite regularly speaking to a child or grandchild over the phone. Many people were unaware of the social benefits of using Skype with a camera to keep in closer contact with family or friends.

Providing IT training would enable more people to get online and connect with friends and family or new people who share their interests. Age Concern City of London have previously run a training scheme, ciTy Smart, at the Artizan Library and COLCEC (which also runs its own computer classes). Whilst this was successful at promoting digital inclusion amongst those who are moderately active and engaged, IT training in community venues misses those who are most isolated and unable to travel.

The training should follow the principles laid out by the Good Things Foundation, which found that using peer support, from trained volunteers who have experienced similar challenges to their trainees, and lending people devices to use in their homes was particularly effective. The training should be responsive to the person's needs and interests, but with a focus on establishing social networks both on and offline. This could include closed Facebook and WhatsApp groups for participants, linking them in to special interest groups and forums online and using Skype to keep in touch with family and friends.

The training should also be supplemented by offline events, as it is a lot easier for people to chat to one another online if they have met in person first. Regular drop in IT sessions at a local venue should be available for those who can get there, while occasional social meetings with transport provided for everyone will enable digital relationships to flourish.

An intergenerational aspect to technology training should also be explored. This is something that was piloted previously as part of cITy Smart and St Paul's Girls School in the Barbican area have expressed an interest in playing a role.

9.3 Signposting to relationship advice

Research by Relate found that around one in five couple relationships are distressed to the point where the problems are having a clinically significant impact on one or both partners' wellbeing. There are also clear links between relationship distress and depression, anxiety, increased blood pressure and heightened risk of heart attacks.

Several life events older people are likely to experience, such as retirement, children leaving the home or becoming a carer can put relationships under considerable strain. However, only 4 per cent of Relate clients are over 60. Becoming a parent, particularly for the first time, also puts people at risk of experiencing personal and relationship distress. It is estimated that 40 to 70 per cent of couples experience a decline in relationship quality in their first year of parenthood.

Providers of counselling and support services typically operate a pay-what-you-can-afford model to ensure services are as accessible as possible. However, cultural attitudes often delay people seeking support and research indicates that most people who access relationship counselling believe they left it too late. Personal relationships are widely held to be a private matter and people often feel obliged to address any issues themselves without outside help. Similarly relationship support is often perceived as a specialist activity – the preserve of specific provider organisations. Frontline practitioners may need support to identify relationship distress, value relationships as an asset, and make appropriate referrals.

City Corporation officers and partner agencies should be offered training to help them identify relationship difficulties, respond using active listening and solution-focused techniques, and make appropriate referrals to further support. Embedding relationship support in services which are already accessed and trusted by people, such as GPs, health visitors, social workers and housing officers, can achieve more widespread take up.

Greater use should also be made of the social and emotional wellbeing courses offered by the City and Hackney Wellbeing Network. Courses are available at no charge to City residents and can help individuals to change how they respond to difficult emotions and situations, build self-confidence, develop emotional resilience and take part in arts and other activities in a relaxed and therapeutic setting.

10 Evaluating the impact

Evaluating the impact of any intervention to improve social wellbeing presents a number of difficulties. The stigma associated with loneliness can lead to significant levels of under-reporting. Loneliness is a fluid and subjective state, with vastly different experiences felt between individuals and by the same individual at different times. There will also always be considerable uncertainty as to whether the most vulnerable have been reached, as the most isolated are by definition not known to services and not easily found.

10.1 Public Health Outcomes Framework

The Public Health Outcomes Framework can provide one indicator. This asks Adult Social Care service users and informal carers whether they are satisfied with their current level of social contact. Improving these scores would be an encouraging sign. However, the confidence intervals attached to the data for the City of London are high, making any change unlikely to be statistically significant. The indicator also does not attempt to measure reductions in loneliness in the general population at a stage before they begin to require care, although the Department of Health has said that it will introduce such a measure.

10.2 Quantitative scales

Individual interventions should be evaluated using a quantitative scale to numerically measure participants' feelings about their own level of social contact. A number of different scales are available, with varying degrees of academic rigour, sensitivity and clarity between different types of loneliness.

The Campaign to End Loneliness Measurement Tool has undergone academic tests to ensure it produces valid and reliable results, it is short enough to be used routinely by service providers and it contains positive, sensitive, non-stigmatising language. Participants are asked to answer the following three questions on a scale of strongly disagree to strongly agree:

- I am content with my friendships and relationships
- I have enough people I feel comfortable asking for help at any time
- My relationships are as satisfying as I would want them to be.

Answers are combined to place each individual on a twelve point scale, ranging from lowest social wellbeing to highest.

This can be used to evaluate a service in two stages. All new participants should be asked to answer the questions at an early stage. This will provide a baseline and will also allow the service to check whether it is engaging with participants who truly need help to improve their social wellbeing. This is not intended filter out individual participants, as the scale has explicitly not been designed or tested to work as a screening tool. However, it may provide an indication that a service needs to refocus its outreach work.

After a period of six to twelve months all participants should be asked to answer the questions again. The focus will now be on how people's scores have changed over time. If someone scores '9' at one point, and then '7' three months later (after having been matched with a befriender, for example) it is reasonable to assume that their experience of loneliness has decreased.¹⁸

¹⁸ Campaign to End Loneliness 'Measuring your impact on loneliness in later life', <http://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf>

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