Report on Wandsworth Older People's Network Conference on Lonliness

Held at Anchor Centre, Garratt Lane on 9th July 2015

Chair   Tony Tuck

Speaker   Kate   Joplin   from Campaign to end loneliness

Introduction

Kate introduced herself as a Consultant who had worked with the campaign over many years and who occasionally represented the organization when staff were unavailable to speak, as, today.

Loneliness and Isolation

She began by pointing out that isolation and loneliness are different. Isolation can be measured by counting the number of social contacts that a person may have in a given period while loneliness is a deeply personal experience, which makes addressing the issue particularly complex for commissioners and service providers. An older person living in the midst of a busy family may feel intensely lonely. Furthermore, some individuals may be quite content to enjoy solitude.

Kate quoted 10% as a figure that has been consistent in numerous studies looking at the percentage of older people who feel lonely. A number of risk factors for loneliness have been identified including:
* lack of transport
* No contact with family
* Move to new neighbourhood
* Nowhere to sit within the local neighbourhood
* Poor health
* Loss of mobility or sensory impairment
* Low income
* Becoming a carer
* Unwanted retirement or redundancy
* 1st 3 years of partner bereavement

Impact on Health
Research has clearly demonstrated a negative impact on both mental and physical health. Loneliness is associated with depression, memory loss and confusion due to lack of stimulation and with cardio vascular problems possibly because a lonely

person is less likely to be motivated to take prescribed medication, stop smoking, eat healthily or do exercise and is more likely to drink alcohol or use harmful drugs.

Kate argued that it is therefore a good investment for care providers to divert funds to prevent loneliness as this will result in fewer calls on statutory care services.

What can we do to prevent loneliness?

It can be only achieved by **communities and agencies working together**.
We need to **identify the most at risk groups,** reach out to them, understand the problems they face and work in partnership with them to create solutions. A number of small projects have been successful **using people who are on the frontline** for encountering lonely people e.g hairdressers, district nurses, barmen, chemists etc. It is vital to **monitor and evaluate** all interventions so that we can all learn what works best for which groups.

Some solutions might include:
- Helping people to reconnect with people who are important to them by providing transport or teaching and giving access to technological networking
- Establishing new networks by engaging people with activities they say they would enjoy, stimulating supportive neigbourhoods, community development, recruiting volunteers or by one to ones with befrienders or networkers
- Help older people deal with their lonely feelings by offering therapy and help younger older people, who may not yet be in this position to plan and to age positively.

In response to questions
Kate said that
In respect to diversity there is limited research about the relative impact on the LGBT community, although it has been identified as an at risk community and that more research was needed. There were a variety of results among ethnic minority groups some of which suffered higher levels of loneliness than the 10% while others had much lower rates and others were the same as the national average..
The Police are vital community connectors and should be part of any local initiatives with adequate training provided.
Pace of modern life has indeed fractured communities and neighbourhoods and new strategies are needed to rebuild them.
Older men are particularly difficult to identify and engage
Useful resources include the **Five Ways to Well being** from the New Economics foundation and **Promising Approaches,** an evidence based research report written by Kate to advise agencies about the approaches that work best. (Both available free on web)

52 Participants contributed the following in 4 groups

The problems of loneliness
- People are reluctant to identify as lonely because of stigma and shame
- Need to respect privacy and not appear to be prying

- People left behind by advances in technology
- Bereavement – impossible to bring back or replace loved ones
- Being alone with all your thoughts and feelings – brooding
- Not feeling needed or valued
- Lack of people to talk to who have a shared history
- Unlikely to ask for or accept help
- Far away family
- Near family `too busy`

Identifying and reaching lonely people

- National and local campaigns to raise awareness
- `Greet a neighbour week`
- Raise awareness among front line workers e.g. police, social workers, community nurses, GPs, pharmacists, shop keepers, community activists, voluntary and faith groups, librarians and book makers
- Provide these front line workers with training in helping people to talk about their feelings and sign posting them to activities or contacts they would enjoy
- GP sessions with over 75s should be more holistic and not just about medical conditions. Where loneliness is identified GPs can do social prescribing – recommending people to undertake activities or link with befrienders
- Map areas where risk factors likely to be high and focus on these areas – can be quite small.
- Help people to self identify without stigma
- Respect older people & don't stereotype or make assumptions
- Train workers to ask open questions to enable people to talk about themselves

What can be offered?

- Information e.g. Wandsworth hub data base – to be widely publicised and older people to be helped to use it to find what they need
- Build on existing resources
- Well being hubs or other neighbourhood centres with a range of activities to suit diverse local older people
- Ensure that older people can keep pets wherever they move
- Intergenerational work to bring younger and older people together
- One to one counselling/support to address depression, loneliness and to raise confidence and self esteem
- Technology training
- Older people coffee mornings or teas offered by local cafes in `down time`
- Shared meals
- Accessible and affordable transport
- Leadership from Council/Well being Board
- Engage faith communities

Summing Up

_____ the Commissioner for older people's services and _____ from Public health were asked by the Chair to respond to the issues raised at the conference. They both agreed that many people working in both their services could be trained to include the issue of loneliness in their assessments and be provided with information so that they could sign post people to appropriate services or organizations. They also agreed to ask their respective managers to consider working in partnership with the Wandsworth OP Network to establish a local strategy for tackling loneliness.

Tony Tuck thanked the excellent speaker and the hard working participants for the weath of information and ideas