4. WIDER SOCIAL DETERMINANTS OF HEALTH

4.5 Social Connectedness and Isolation

This section considers health and wellbeing issues affecting adults in Buckinghamshire as a result of social connectedness and isolation. Isolation refers to separation from social or familial contact, community involvement, or access to services. Social connectedness is a measure of the coming together of people and the quality of their social interactions. On an individual level, social connectedness involves the quality and number of connections a person has while on a broader level, it measures the relationships people within a community have with each other.

4.5.1 The impact of social connectedness and isolation

Isolation and a lack of social connectedness are major risk factors for loneliness. Loneliness and social isolation are harmful to health, and social networks and friendships can not only help reduce the risk of mortality or of developing certain diseases, they can also help individuals to recover when they do fall ill (Marmot, 2010)[1].

Loneliness can be felt by people of all ages, but as we get older, risk factors that might lead to loneliness begin to increase and converge. Such risk factors include (but are not limited to) factors shown in Box 1[2].

Box 1: Risk factors for loneliness

Personal	Wider Society
Poor Health	Lack of Public Transport
Sensory loss	Physical environment eg. No public toilets or benches
Loss of Mobility	Housing
Lower income	Fear of Crime
Bereavement	High Population Turnover
Retirement	Technological Changes
Becoming a carer	
Other changes – e.g giving up driving	

Source: Campaign to End Loneliness (2010)

The effect of loneliness and isolation on mortality exceeds the impact of well-known risk factors such as obesity, and it has been shown to be as damaging to health as smoking 15 cigarettes a day[3]. Loneliness also increases the risk of high blood

pressure[4], and lonely individuals are at higher risk of the onset of disability.[5] Loneliness also has a detrimental effect on mental health including an increased risk of cognitive decline[6] and dementia[7]. Lonely individuals are more prone to depression [8,9], and loneliness and low social interaction are predictive of suicide in older age[10].

Preventing and alleviating loneliness is vital to enable older people to remain as independent as possible and to reduce their need for services. Lonely individuals are more likely to have higher use of medication, more falls, increased risk factors for long term care[11], and to need residential or nursing care earlier[12]. They are also more likely to visit their GP, and to use accident and emergency services independent of chronic illness[13].

4.5.2 Social connectedness and isolation in Buckinghamshire

The public health outcomes framework (PHOF) includes measures of social connectedness which draw on responses to the Adult Social Care User's Survey carried out each year. In 2014/15 (the most recent) there were 390 respondents to the survey questions in Buckinghamshire, and 45.4% of them said they had as much social contact as they wanted (similar to England and the South East) (table 1)[14]. Around 60% said that care and support services helped them to have social contact, also similar to England but lower than the South East (table 2).

Both these measures had improved in Buckinghamshire since the previous surveys, when the proportions who had as much social contact as they wanted, and who said that care and support services helped them to have social contact were both statistically significantly lower than England and the South East.

Table 1: Proportion of adult social services clients giving different responses to the question:
Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

	Bucks 2013/14	**Bucks 2014/15**	**South East 2014/15**	**England 2014/15**
I have as much social contact as I want with people I like	38.4	45.4	47.1	44.8
I have adequate social contact with people	37.5	35.7	33.8	33.6
I have some social contact with people, but not enough	18.6	14.0	14.4	16.5
I have little social contact with people and feel socially isolated	5.6	4.8	4.7	5.1

Source: Personal Social Services Adult Social Care Survey, England, 2014-15 and 2013-14: HSCIC

Table 2: Proportion of adult social services clients giving different responses to the question:

Do care and support services help you in having social contact with people?

	Bucks 2013/14	Bucks 2014/15	South East 2014/15	England 2014/15
Yes	51.5	59.9	67.3	59.0
No	48.5	40.1	32.7	41.0

Source: Personal Social Services Adult Social Care Survey, England, 2014-15 and 2013-14: HSCIC

In addition, the PHOF also includes a measure of social connectedness of carers of adult social services clients responding to the Survey of Adult Carers, which is carried out every 2 years. In 2014-15, 390 carers in Buckinghamshire responded to this question and 39% said they had enough social contact, around the same as England and slightly higher than the South East average (table 3)[15]. These proportions were very similar to the previous survey in 2012/13. It is notable that among carers, the proportion who say they have as much social contact as they want is lower, and the proportion who feel isolated is higher, than among social care clients.

Table 3: Proportion of carers of adult social services clients giving different responses to the question:

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

	Bucks 2012/13	Bucks 2014/15	South East 2014/15	England 2014/15
I have as much social contact as I want with people I like	39.5	38.9	35.5	38.5
I have some social contact with people but not enough	48.8	48.2	48.3	47.0
I have little social contact with people and feel socially isolated	11.6	12.9	16.1	14.5

Source: Personal Social Services Survey of Adult Carers in England, 2012-13 and 2014-15: HSCIC

There are no other data available about social isolation and loneliness in Buckinghamshire. However, information from national publications and research can provide further indications of the likely prevalence of these problems in the local population:

- Around 10% of people over 65 in the UK are experiencing chronic loneliness at any given time[16]. In Buckinghamshire this would be around 9,400 people
- The 2011 census found that 11.8% of people of pension age in Buckinghamshire are living alone, which may be a contributing factor to isolation[17]

- Adults with learning disabilities of all ages are at risk of social isolation. Nationwide, 51% feel lonely and 64% don't see their friends enough[18]. In Buckinghamshire this would equate to 3,646 adults with learning disabilities feeling lonely and 4,576 who do not see their friends as often as they would like

- Difficulty with social communication and imagination are key parts of the diagnostic criteria for an autistic spectrum condition[19]. Many adults on the autistic spectrum are therefore likely to experience social isolation and loneliness during their lives. The actual number of people with autism in Buckinghamshire is not known, although recording and monitoring systems are being revised to capture information in relation to autism needs. It is also likely that many people with autism have never been diagnosed[20]. Current estimates of the prevalence of autism in England indicate that around 1.1% of people have autism. In Buckinghamshire it is estimated that 3,480 adults aged 18-64 (1.15% of the population) has an Autistic Syndrome Condition. Of these, 1,570 adults aged 18-64, 440 aged 65+ and 130 young people aged 14-17 are expected to have Asperger's syndrome/ high functioning autism

- 8 in 10 carers in the UK have felt lonely or socially isolated as a result of caring[21]. The 2011 census showed that over 49,000 Buckinghamshire residents are carers, 17% for 50+ hours a week. 28% of carers providing 50+ hours of care a week are over 65[22]

4.5.3 Social connectedness and isolation in different population groups

4.5.3.1. Age and gender

According to ONS data for 2015, 3 in 10 of those aged 80 and over report being lonely. For Buckinghamshire this would be 8,040 people over 80 who feel lonely and would be expected to rise to 14,460 by 2030. While people can feel lonely at any age, older people are likely to face multiple life experiences which are known to influence loneliness, such as bereavement, illness and disability, caring responsibilities and reduction in income.

According to Independent Age, 19% of older men have less than monthly contact with friends, compared to 12% of older women. One reason for this is that they have different social needs and expectations to older women. For example, men tend have fewer close relationships than women, and so may become very isolated after bereavement. As the number of males over 80 is set to double by 2030 this will be an increasing issue[23].

4.5.3.2. Ethnicity

A 2007 study showed that the prevalence of loneliness was higher for older people from certain ethnic groups, such as Chinese, Black African, Pakistani and

Bangladeshi. This challenges the common assumption by professionals that BME communities are always close-knit and family-oriented[24].

4.5.3.3. Sexuality

41% of older lesbian, gay and bisexual people in the UK live alone, compared to 28% of older heterosexual people. They are less likely to have family carers and may have been bereaved of their partner at an earlier stage in life than older heterosexual people[25]. Working-age LGBT people may also be at risk of low self-esteem, loneliness and isolation, especially if they have disabilities which restrict their social life. Their self-expression can be restricted both as a person with disabilities and as an LGBT person[26].

4.5.3.4 Socioeconomic disadvantage

In a report released by the Disability Benefits Consortium in October 2015, 40% of people with disabilities or illnesses said they have become more isolated and less able to see friends and family since their Employment and Support Allowance (ESA) was cut or withdrawn[27]. According to Carers UK, 45% of carers nationally are not able to afford to participate in social activities[21].

4.5.3.5. Mental health including cognitive impairment

People with dementia are especially vulnerable to loneliness, isolation and depressive feelings as they may be forced to give up employment and activities they formerly enjoyed. Up to 44% of people with dementia feel they lose friends after being diagnosed[28].

Mental ill-health generally can be both a cause and a consequence of social exclusion and personal life difficulties[29]. Mental health conditions can present barriers to forming and maintaining personal relationships. For example, the individual may have low self-esteem or have difficulty making conversation as part of their illness, or others may find it hard to know what to say to them [30.]

4.5.3.6. Communication difficulties

There is some evidence to show that hearing and sight loss later in life can influence social isolation, but this depends on the support the individual has around them[31]. People with hearing impairments, particularly those from BME backgrounds, may be more likely to be socially isolated. For example they may use sign language developed with the family rather than BSL (British Sign Language)[32].

In the 'I exist' campaign conducted by the National Autistic Society in England in 2008, the top three types of support that parents and carers believed that their son or daughter would most benefit from were social skills training (60%), social groups (56%) and befriending (49%)[33].

4.5.3.7. Those with caring responsibilities

Becoming a carer can be isolating; 57% of carers nationally reported that they have lost touch with family or friends[21], and 55% of carers said they were lonely due to not being able to leave the house, rising to 64% of those caring for 50+ hours a week.

4.5.4. Geographical variations in social connectedness and isolation

Table 4 shows data on social connectedness from the Adult Social Care Survey and Carers' survey comparing Buckinghamshire with CIPFA comparator areas. For social care users, Buckinghamshire ranked 9th out of the 16 areas, and for carers' responses Buckinghamshire ranked 6th highest. Buckinghamshire was not significantly different from England for either measure.

Table 4: Adult social services clients' and carers' responses about social contact, (% of respondents) Buckinghamshire and comparator areas, 2014-15

	'I have as much social contact as I want with people I like'	'Care and support services help me in having social contact with people'	**(Carers)** 'I have as much social contact as I want with people I like'
Buckinghamshire	**45.4**	**59.9**	**38.9**
Leicestershire	40.0	60.0	32.5
Northamptonshire	45.0	-	33.0
Cambridgeshire	43.9	61.8	38.6
Essex	41.3	63.9	44.3
Hertfordshire	40.1	61.8	46.8
Suffolk	45.9	66.2	25.6
Hampshire	50.4	-	28.5
Oxfordshire	46.1	68.4	38.5
West Sussex	45.5	73.6	36.1
Gloucestershire	47.2	-	26.8
Somerset	47.5	-	42.9
Staffordshire	41.8	65.6	41.6
Warwickshire	41.1	-	40.8
Worcestershire	50.5	-	33.8
North Yorkshire	51.6	59.5	37.8

Source: Personal Social Services Adult Social Care Survey, England, 2014-15: HSCIC

4.5.5 Demand

Buckinghamshire has an ageing population and there is expected to be an increase in adult social care clients of over 29% over the next 10 years, of whom an additional 5% will be over the age of 65[34]. There will be increasing needs for tailored support to

help older people live as independently as possible for as long as possible while ensuring they have the social contact they need.

4.5.6. Horizon scanning

The 'Campaign to end loneliness' and Age UK have jointly developed a framework as part of 'Promising Approaches to Reducing Loneliness and isolation'. This recognises the complex nature of social isolation for each individual, and that it is important not only to reach lonely individuals, but to understand the nature of their loneliness and support them to access appropriate services. Proposed initiatives to support this include neighbourhood approaches, asset based community development (ABCD), and volunteering.

4.5.7. Public views

Buckinghamshire County Council has developed the Prevention Matters programme which uses community enablers to bring together neighbourhood approaches, asset based community development and volunteering. Below is an anonymised case study from Prevention Matters:

Prevention Matters Case Study: David's story

David's wife, Mary, had a bacterial infection in her hand. The infection spread and resulted in a blood clot on her lung and a 4-week stay in hospital. Although 79 years old, Mary is usually extremely active but on discharge from hospital she found it hard to cope with her usual routine of looking after the house, her husband and her son who lives with them; continuing her part-time job delivering papers for an hour every morning; and being involved in the many charity and activity groups she belonged to.

Her daughter got in contact with the Prevention Matters team and the Community Practice Worker (CPW) covering their area made an appointment to visit the family. At the visit the CPW discovered that their son, who is 51 years old, has a degenerative visual impairment, and Obsessive Compulsive Disorder (OCD). He is dependent on his parents for food preparation and cooking, and relies on his parents for getting lifts to activities and appointments.

The CPW was able to recommend 'Home Instead', a local care company, to help the family with some of the household tasks, and put them in touch with the Red Cross for some equipment to help Mary with her bathing. The CPW also spoke with the son, who said he would like to be more independent. The CPW was able to accompany the son on bus journeys, building his confidence to travel on his own. The CPW also referred the family to the RNIB to source specialist equipment to help

with the son's visual impairment and to Dial-A-Ride so that he could travel independently where public transport was not available.

4.5.8 Conclusions

There is clear evidence that loneliness and social isolation are key determinants of physical and mental ill-health. A number of groups are particularly vulnerable to social isolation including older people, carers, and people with learning disabilities, communication difficulties, mental health problems or cognitive impairment. The most recent surveys of adult social care services users and their carers in Buckinghamshire found that 45.4% of social care services users and 38.9% of their carers said they had as much social contact as they wanted with people they like. There are no other data on social isolation in Buckinghamshire but based on research elsewhere it can be estimated that, for example, there may be over 8,000 people aged over 80, 3,600 adults with learning disabilities and 40,000 carers in Buckinghamshire who feel lonely or socially isolated. Loneliness may be a key influence on an individual's need for social care services, and with rising numbers of older people there will be increasing needs for tailored support to help them live as independently as possible for as long as possible while ensuring they have the social contact they need.

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