Social isolation

Ref HSCW 009

Why is it important?

Social isolation affects many people living in County Durham and has a significant negative effect on health and wellbeing. It has become increasingly recognised as a significant and growing public health issue facing communities today. It has a negative impact on individual health and wellbeing, is costly to local health and care services and it can increase the chances of premature death.

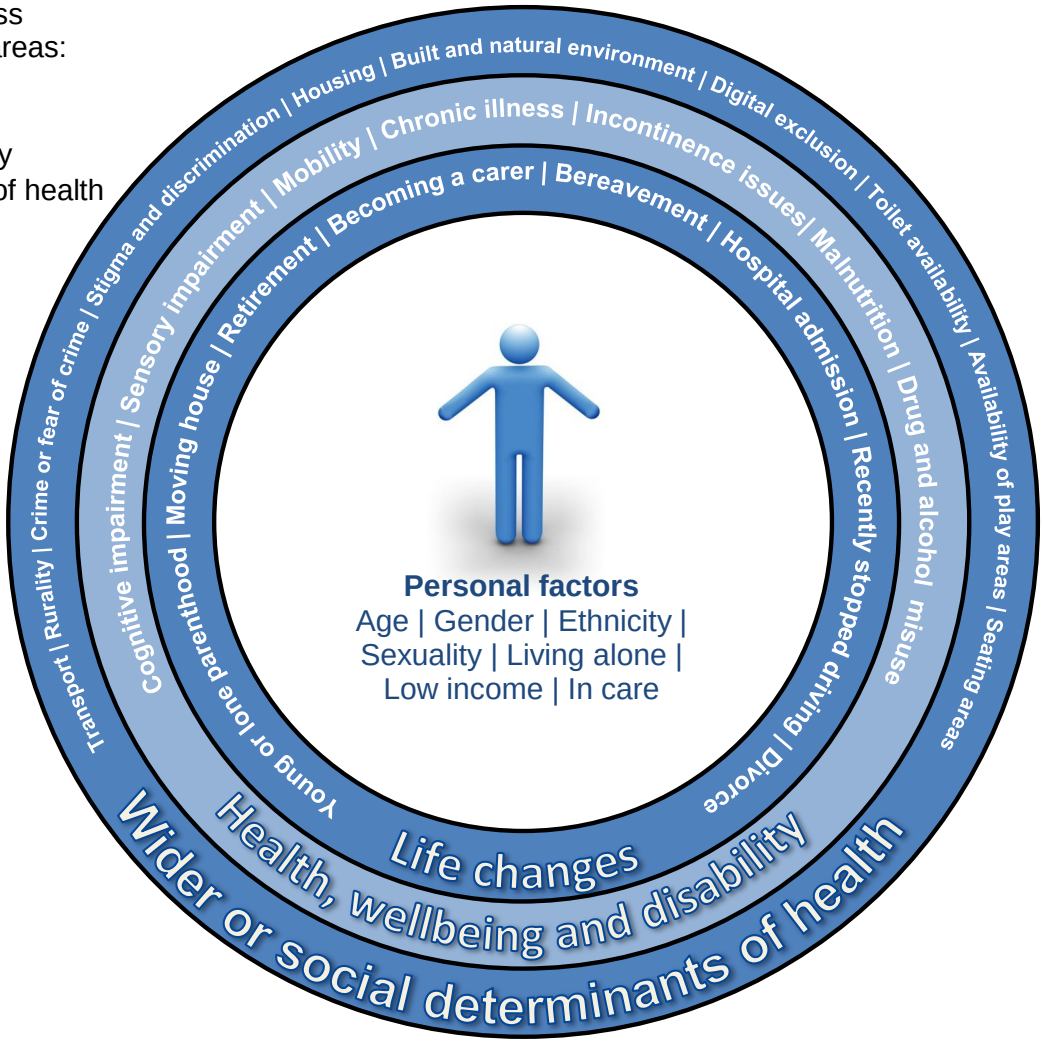
Social isolation and/or loneliness is associated with poor physical, mental and emotional health including increased rates of cardio-vascular disease, hypertension, cognitive decline and dementia. The Marmot Review 'Fair Society, Healthy Lives' (2010) makes the case for tackling social isolation by noting that "individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely". The report also makes it clear that health inequalities result from social inequalities and that action is needed across all the social determinants of health (e.g. poverty, housing, employment and education) taking a 'lifecourse' approach. These social determinants of health have been described as 'the causes of the causes of health inequalities'. They are the 'conditions in which people are born, grow, live, work and age' and are also contributory factors to social isolation.

People with stronger social networks are more likely to be healthier and happier; those with weaker social networks can become isolated and, as a result, more likely to experience poor physical and mental health and increase the demand on local health and social care systems.

Figure 1: Individual risk factors by category (all ages)

Risk factors for isolation and loneliness can be categorised into four distinct areas:

- Personal factors
- Life changes
- Health, wellbeing and disability
- Wider or social determinants of health



The links between isolation and loneliness and poor physical and mental health are strong.

Effects can include depression, decreased immunity and longer recovery from illness, poor nutrition, increased anxiety, fatigue, social stigma and ultimately increased morbidity and (premature) mortality.

Recent studies suggest that isolation:

- Has a more negative effect on wellbeing than physical inactivity, obesity or smoking 15 cigarettes a day
- Can increase an older person's chances of premature death by 14%
- Increases the likelihood of admission into residential or nursing care
- Increases morbidity, depression and suicide as well as health service use.

Although social isolation is most common in the elderly, it is not limited to that age-group and children and young people may also be affected. Emotional and social wellbeing creates the foundations for healthy behaviours, educational achievement, helps prevent emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol.

Earlier interventions could help prevent some of the negative effects of social isolation from accumulating further and impacting on health and wellbeing as people get older. Social isolation is an issue which requires all organisations, communities and individuals to become involved and to recognise that all have a key role to play.

The Marmot Review (2012) reinforced the need for a life course approach to tackling inequalities, arguing that support should be in place prior to birth and followed through the life course in order to ensure positive outcomes for children and young people across the social gradient, thus giving children the best possible start in life. Evidence shows that children who suffer social isolation and loneliness may have cognitive and social impairments as adults, with the effects accumulating throughout the life course.

The causes of social isolation are complex and varied. As well as supporting individuals who are, or who are potentially at risk of social isolation, partner organisations must continue to tackle the underlying causes such as stigma and discrimination, education, poverty, skills and employment, etc.

Taking action to reduce social isolation and loneliness in our communities can reduce the impact and cost on local health and care services, whilst improving the health and wellbeing of our population. This is where local action can make a difference and everyone has a role to play. Today's economic climate, where resource is scarcer than ever, requires cost-effective solutions aimed at reducing demand on local services. Interventions aimed at reducing isolation through harnessing community-based networks are highly effective and, at the same time, continued action to address the causes of the causes of health inequalities is needed.

Only through engaging local communities in co-producing local solutions can the issues relating to social isolation be addressed. Work in partnership with community groups, local faith groups, the voluntary and private sectors is needed to build community cohesion and to offer the personal and integrated approach which supports those suffering from social isolation.

The evidence is very clear that communities with high levels of social capital have better outcomes in health and can enjoy greater levels of social cohesion. For these reasons (among others) reducing social isolation needs to be a key priority for a range of organisations. The challenges are therefore to:

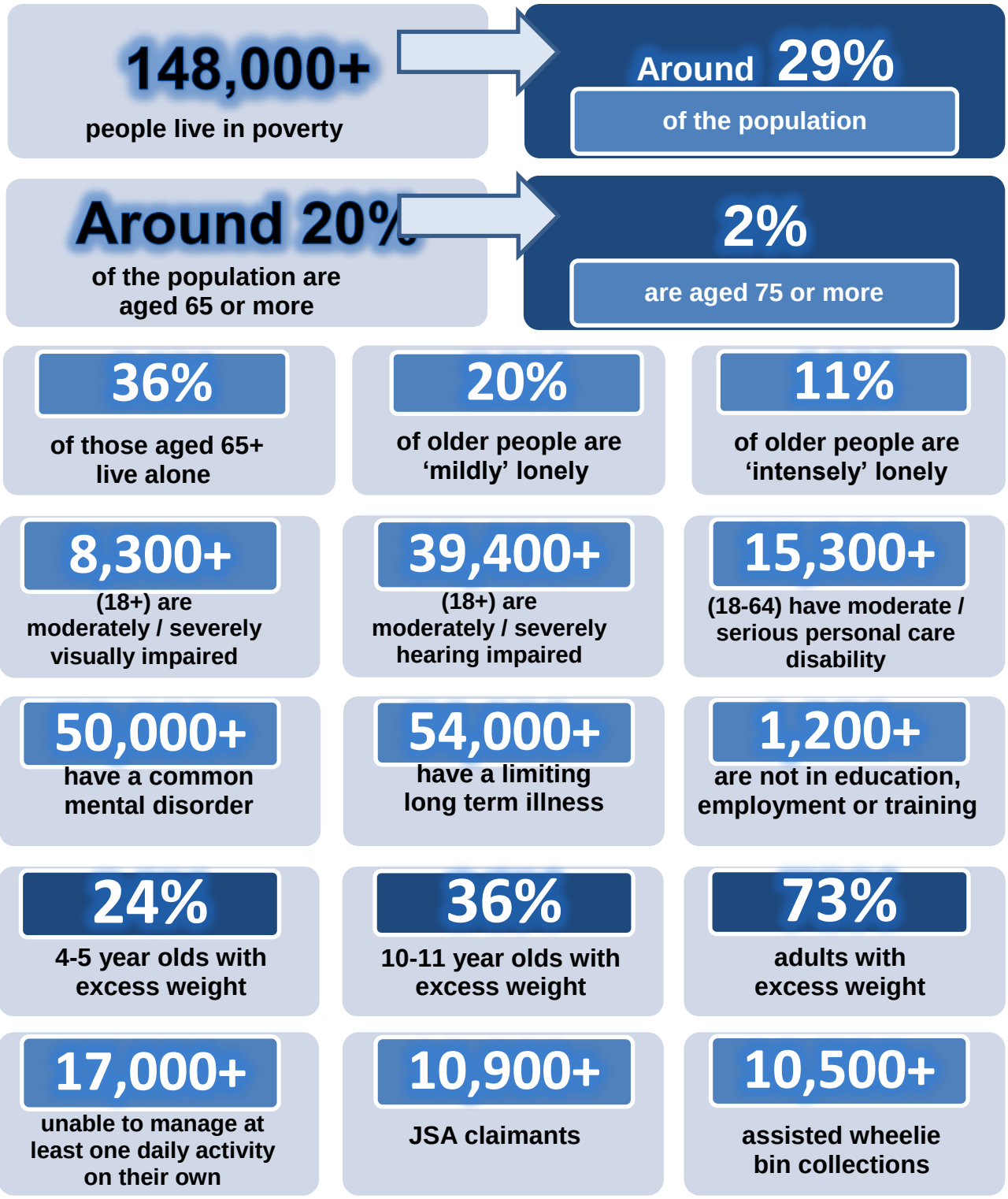
- Identify those who are, or who are at risk of, becoming isolated or lonely and may often be hidden in plain sight
- Give appropriate support which helps to build and improve social connections in communities, working across partnerships, in order to protect those most at risk of isolation and loneliness
- Create an environment through co-production where people can connect with their neighbours, communities or people of the same interest
- Create a fairer environment where stigma and discrimination are challenged.

The 2014 County Durham Director of Public Health Annual Report was clear that the multi-faceted nature of social isolation presents us with a complex challenge. However, no one organisation can tackle social isolation. It is everyone's business and we must look at how we can work collectively to tackle this issue, as it requires all organisations, communities and individuals to become involved and to recognise that all have a key role to play.

Durham data – the local picture and how we compare

Social isolation and/or loneliness is a significant and growing public health challenge for County Durham's population. It is associated with poor physical, mental and emotional health including increased rates of cardio-vascular disease, hypertension, cognitive decline and dementia. Anyone along the life course can suffer from social isolation, not just older people. It can affect anyone at any point in their lives, although some individuals are at higher risk. People with stronger social networks are more likely to be healthier and happier. Those with weaker social networks can become isolated, and as a result, more likely to experience poor physical and mental health and require support and intervention from the local health and care services.

Figure 2: General factors linked to social isolation and loneliness in County Durham.



The above figures, drawn from a variety of sources and estimates, are intended to provide an overview of the possible scale of those potentially at risk of social isolation in County Durham. They should not be considered as performance indicators.

In 'Public Health Approaches to Social Isolation and Loneliness' (2013) Public Health England (PHE) estimated that:

- 7% of the 18-64 population are socially isolated
- 20% of the older population are mildly lonely and a further 11% are intensely lonely

For County Durham this would mean:

- around 22,000 people aged 18-64 being socially isolated
- 19,000 people aged 65+ being lonely, with over 10,000 experiencing intense loneliness.

Groups most at risk

Anybody can be affected by social isolation or loneliness. It can 'affect any person, living in any community'.

The Office for National Statistics recently suggested that Britain is the 'loneliness capital of Europe', finding that residents are less likely to have strong friendships or know neighbours than inhabitants of any other country in Europe. It is these strong friendships or social networks / connections which make people happier, healthier and more resilient. Those with weaker social networks can become isolated and, as a result, are more likely to experience those negative effects on health and wellbeing highlighted previously.

Vulnerable or 'at risk' people are those who have low resilience (at individual, family, or community level). Resilience refers to the ability of people, places and communities to cope with life's stresses and challenges and to adapt to adversity. Levels of resilience can change over the life course and are closely linked to connectedness (a measure of how people come together and interact socially). Resilient people, places and communities have robust social networks.

Specific groups at risk of social isolation can include:

Children and young people
Although social isolation is most common in the elderly, children and young people may also be affected. Emotional and social wellbeing creates the foundation for healthy behaviours, educational achievement, helps prevent emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol. Evidence shows that children who suffer social isolation and loneliness may have cognitive and social impairments as adults, with the effects accumulating throughout the life course.

Young people in transition
Transitions are the movements, passages or changes from one position, state, stage, subject or concept to another. These changes can be gradual or sudden and last for differing periods of time. Young people may be vulnerable due to a lack of solid social and emotional wellbeing in their early years. Being vulnerable is not just about circumstances but about having the emotional resilience to cope with the transitional stages of life. These transitional stages could include moving into the education system, moving from primary to secondary school, moving from children to adult services within the social care or mental health system.

Looked after children and care leavers
Young people in or leaving care are more likely to experience difficulties regarding social integration, if established support networks are not in place. They are more likely to have faced multiple disadvantages such as poverty, poor family relationships, rejection, disruption and loss in their lives. Subsequent life-chances, including outcomes closely related to social isolation such as mental health problems, low educational attainment and worklessness are significantly influenced by these experiences.

New, young or lone parents
Young mothers may find it difficult to adjust to becoming a parent, particularly if they live alone or have no, or poor, support networks. Related factors can include a higher risk of living in poverty, worklessness, lower uptake of education, training or employment opportunities and post-natal depression.

Lesbian, gay, bisexual, transgender (LGBT)
Members of the LGBT community are disproportionately isolated from friends and family. LGBT young people often feel isolation and emotional distress following rejection by family or friends and can suffer from poor mental health linked to difficulties coming to terms with sexual orientation or gender identity. LGBT older people are twice as likely to live alone, twice as likely to be single and 3 to 4 times less likely to have children and some are estranged from their biological families (Better Health Briefing 9, Race Inequality Foundation, 2008).

People experiencing domestic abuse
Domestic abuse is an often under-reported or undisclosed complex social problem with significant effect on individual health and wellbeing and can seriously affect whole life experience.

Carers (both young and old)
Full-time caring can lead to the breakdown of social networks and isolation. Research by Carers UK suggests that '8 out of 10 carers have felt lonely or socially isolated as a result of looking after a loved one.' Carers can often remain socially excluded and isolated, can experience caring-related ill-health and have fewer opportunities to do the things others may take for granted, such as access to education, paid employment, leisure time and independence. For young carers, caring can often compromise their education and social life and their life chances may thus be limited.

Long term unemployed
Unemployment and social isolation are closely related. The long-term unemployed are at greater risk of becoming socially isolated than those in employment, through the loss of daily contact with colleagues and withdrawal from friends and family because of embarrassment. The RSA report 'Power Lines' (2011) found that unemployment doubles the likelihood of men becoming isolated and more than quadruples the likelihood among women.

People with mental health needs
Good mental health is important to improve resilience, strengthen families, improve educational achievement and enable social integration and engagement.

People with autism or a learning disability
People with learning disabilities generally have poorer health than their non-disabled peers. Those with learning difficulties may experience problems with communication, have less well developed social and interpersonal skills and low self-esteem thus making connecting with others difficult and hampering social interaction.

People with a physical disability or long term condition
People with a limiting health condition, the onset of a disability or impairment are particularly vulnerable to loneliness. Declining physical mobility can impede the ability to get out and about and therefore interact socially. Similarly, increasing sensory impairment can affect the ability to communicate, which can have an isolating impact. Illness, disease or impairment, combined with disability in later life has a significant impact on social engagement.

Older people
Loneliness and isolation are significant issues for older people. Older people are particularly vulnerable due to factors such as bereavement, reduced mobility, sensory impairment or limited income. Of course, as our elderly population grows, then so does the number at risk of social isolation. Estimates suggest that 20% of the older population are mildly lonely and a further 11% are intensely lonely.

Preventing isolation for older people is essential in order to enable them to maintain their independence. Older people suffering from isolation are more likely to have increased need for long term care, visit their GP more often, have higher use of medication and a higher incidence of falls. They are more likely to experience earlier entry into residential or nursing care and use A&E services independent of chronic illness.

The Social Care Institute for Excellence reported in 2012 that an 'increasingly ageing population makes the issue of acute loneliness and social isolation...one of the biggest challenges facing our society'. As the older population increases, so does the number of older people at risk of isolation and loneliness, as in turn does the demand on local health and care services. The impact of loneliness and social isolation on older people can:

- Increase the pressure on a wide range of council and health services
- Be responsible for a significant number of GP attendances
- Be a tipping point for referral to adult social care.

Black minority ethnic (BME) and recent migrant communities
BME populations may experience disproportionally high levels of deprivation, coupled with insufficient services and facilities to support them and may face negative attitudes. In some cases English may not be their first language. Evidence suggests that older BME groups face more barriers to service access, alongside overcoming stereotype assumptions and the challenge of mainstream services not tailored to their specific needs.

Those experiencing poverty and deprivation
Over 20,000 young people in County Durham are classified as income deprived (23%). The relationship between poverty and social isolation can be described as cyclical - as each is driven by, and drives, the other.

How does this topic link to our strategies and plans?

The multi-faceted nature of social isolation presents us with a complex challenge. County Durham's Health and Wellbeing Board recognises the value of communities working together to reduce isolation and increase resilience and the benefits that a well-connected society can bring.

Social isolation has been identified as a priority in the County Durham Joint Health and Wellbeing Strategy 2016-2019

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Data sources:

'All the lonely people: social isolation and loneliness in County Durham' – The Report of the Director of Public Health County Durham 2014
Link above not found.
Public Health Outcomes Framework