healthwatch Brent

Social Isolation in Brent

Staying well in the community

May 2019

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EXECUTIVE SUMMARY

Social isolation is a great public health challenge. The effects on physical health are akin to smoking 15 cigarettes a day[1] and the impact on mental health is well established in existing literature[2]. Approximately 30% of visits to GPs are related to preventable social issues such as loneliness and isolation[3]. Social isolation has, therefore, been identified on the health and wellbeing agenda both nationally and locally in Brent. Successful interventions that reduce and prevent isolation and its effects are centred around facilitating and maintaining social contact. One effective means to do so is through accessing community resources that promote social contact, of which Brent has an abundance.

Brent statutory organisations have commissioned services to address social isolation, like the Social Isolation in Brent Initiative, and to an extent, Brent Care Navigators and the Brent Community Directory. However, these arguably do not address the scale of need, or fully capitalise on the resources of the community and voluntary sector. There is a currently a 'once in a generation' opportunity, through new Link Workers and Social Prescribers in GP practices and networks, funded by NHS England, to make a significant contribution to reducing social isolation and the related costs to the system. This can be achieved if it is carefully considered by the sector as a whole.

To gather a better understanding about social isolation locally, Healthwatch Brent aimed to examine the estimated scale of need in the borough and the provision and gaps in services that reduce and prevent social isolation. In doing so, a two-fold approach was taken to gather feedback from both residents and statutory service providers. In partnership with Brent Mencap and Together in Brent, Brent residents were consulted about their quantity and quality of social contact, and their access to community resources through a 11-point questionnaire. Healthwatch Brent consulted statutory partners to help identify the scale of need and existing service provision.

The findings from the 152 questionnaire responses revealed three major themes:

1. Whilst there are distinct characteristics that are associated with social isolation, **it can affect anyone regardless of age group**.
2. Although all the respondents had some level of contact, most receiving regular contact with others, **not all were satisfied** with this.
3. Commissioners, statutory and community service providers need to **work in partnership** to meet the needs of the community.

The results of the questionnaire found that most people are having regular social contact with others (73% of respondents are in contact with someone else between 3 and 7 days a week). All respondents completed the questionnaire while attending

[1] Campaign to End Loneliness (2018) Hidden Citizens: how can we identify the most lonely older adults
[2] Mind (2019) How to cope with Loneliness
[3] GP (2018) How social prescribing can help GPs

a community service or activity, and therefore, all respondents had some level of social contact. Upon closer examination, however, variations in resident experience suggest social isolation in the borough is a complex issue. Just under a third have less than 2 days of social contact a week. In contrast to popular belief, the respondents more likely to report having irregular contact (2 days or less a week) were within the 'working age group' (aged between 19 and 64), even when compared to older age groups. Within this working age group, almost a quarter reported to be dissatisfied with their social contact.

Other groups that reported to be unhappy with their social contact include those who live alone and those who do not access community resources. A positive relationship was found between resident's satisfaction with their contact and attending services and activities. Those who attended activities which promoted social contact were more likely to report being happy with their social contact.

Some respondents reported a sense of loss for services in Brent over recent years. This is concerning when recognising the well-evidenced benefits of accessing services that promote social contact in existing research[4]. Having access to more varied services was suggested by residents as a means to increase their amount of social contact and, thereby, aid in the prevention of social isolation and the promotion of better health outcomes. As Brent has a wealth of community resources with varied activities and services, it is argued that service users and providers' awareness of these services requires immediate improvement. This can be achieved through statutory and voluntary partners working collaboratively to ensure that the greatest number of people are accessing the right support for them. Such actions align with the national and local priorities of keeping well in the community through preventative measures using community-based methods such as social prescribing.

Questionnaire Key Statistics

152 respondents from 14 organisations completed the questionnaire:

Type/Scale of Social Contact

- 73% of respondents have face-to-face contact more than 3 days per week
- 27% have face-to-face contact less than 2 days per week
- 32% of working age respondents had little/no contact per week
- 23% of those over 65 had little/no contact per week
- Respondents over 80 years old reported to have the most contact over the phone than through other forms of contact (face to face and online)

[4] Jo Cox Loneliness, Age UK (2017) Combatting loneliness one conversation at a time

- Family members and friends were the main source of contact for most respondents
- The main barriers to social contact include poor health, mobility, money and transport

Respondents' Feelings about Social Contact

- 23% of respondents were unhappy with their social contact
- Those reported to be dissatisfied with their contact were more likely to live alone
- The largest age group who reported to be dissatisfied with their contact was within the working age group (19-64-year olds)
- Those reported to be dissatisfied with their contact were less likely to access social inclusion resources in the community

Awareness of and Access to Community Resources

- Most respondents attend services that directly or indirectly reduce social isolation
- 52 different services and activities identified by respondents
- The main benefit of attending these services was aiding social interaction
- Respondents expressed a loss of services in Brent
- Community and statutory services act as a key facilitator of new contact among respondents

Conclusions and Recommendations

The main conclusion of the report suggests the more can be done within Brent to address those at risk and suffering from social isolation. This, broadly speaking, includes integrated working from all relevant partners to raise awareness of and facilitate the wealth of community resources the borough offers to reduce and prevent social isolation. Healthwatch Brent recommends the following:

1. **Coordinate the roles of statutory and voluntary partners** to proactively support residents at risk of social isolation by considering the development of a Wellbeing Hub in Brent.
2. Statutory and voluntary partners to **collaboratively raise awareness** of existing community resources.
3. **Address barriers** to social contact residents experience through active promotion of the varied resources available in the community.

4. Consider locally based solutions through Brent CCG and Brent Council co-funding **long-long term projects** that facilitate social inclusion.
5. Utilise the Integrated Care Services Pathways Board to **hold open discussions** with commissioners for genuine collaboration between statutory and voluntary sectors.
6. **Further examination** of resident's tenancy status as a contributing factor to isolation and increase support to those in sheltered and supported living.

The full recommendations can be found, in detail, on page 49.

ACKNOWLEDGEMENTS

This survey was coordinated with Brent Mencap and conducted with Together in Brent, a coalition of local voluntary sector organisations with a shared interest in reducing social isolation in Brent.

Our warmest thanks go to:

Our colleagues from Brent Mencap and Together in Brent who supported this project throughout with data collection, analysis and sharing insights into the report.

Our partners at SIBI and Public Health Brent for their insights.

The 14 voluntary groups who helped us reach residents.

The volunteers who helped with the questionnaire distribution, collection and data input.

All the respondents who took the time to complete our questionnaire and share their experiences with us.

INTRODUCTION

Healthwatch Brent is part of a national network led by Healthwatch England, which was established through the Health and Social Care Act in 2012 to give users of health and social care services a powerful voice both locally and nationally. We are the independent voice for peoples' views on Brent services, both good and bad. We listen to local people and feedback patient experience and liaise with local commissioners and decision makers, in order to improve services.

Brent Mencap is the leading voluntary sector organisation in Brent working with, and on behalf of, people of all ages with a learning disability.

Together in Brent is a group of local charities who share skills, knowledge and concerns about social isolation and loneliness in the borough. It was through this group that the voices of 152 Brent residents were included in this report.

Social isolation is defined as the lack of contact, or social interaction, with others. The health impacts of social isolation have been found to be as harmful as smoking 15 cigarettes a day[5]. Effective methods to reduce and prevent social isolation include increasing and maintaining social contact using a variety of community resources; foundation services (support), direct interventions (e.g. befriending) and gateway services (community transport). While Brent has a wealth of these services, concerns have arisen that there is lack of awareness of what services are available in the borough. GPs, for example, have been increasingly expected to signpost patients to services through social prescribing as part of the prevention and self-care priorities outlined locally and in the Long Term Plan. Voluntary sector organisations, too, want to signpost people to support, yet, some feel there is a disparity between what is available locally and what people know about.

Project Aims

This project emerges from the recent local and national priorities for prevention work and keeping well in the community. One of the main reasons for conducting this report stems from the recent concerns about both residents and service provider's awareness about what is available in Brent to prevent and reduce social isolation. Healthwatch Brent are aware of the Brent SIBI project and other statutory and voluntary services that tackle isolation, however, there is an understanding there are limitations to its reach. This project aims to identify the level of need in the borough and identify resources that people in the community use to increase their social contact.

Whilst this report results from the views of 152 local residents and perspectives from statutory partners, the language and style of this report is designed to provide information to health and social care sector partners to allow for informed

[5] Campaign to End Loneliness (2018) Hidden Citizens: how can we identify the most lonely older adults

decisions about future commissioning and design of services. It offers a snapshot of the local experience of social isolation and does not intend to provide a representative account for the borough.

The key objectives of this report are to identify:

1. A clearer idea of the scale of need for staying well in the community
2. A clearer idea of what services are available
3. What community resources residents use
4. How these help
5. Barriers to using services
6. Identify gaps/recommendations to make best use of existing resources
7. How Brent compares to other London boroughs in terms of response
8. Recommendations to make best use of existing resources and responding to gaps in service provision

BACKGROUND

Understanding Social Isolation

Whilst often used interchangeably, social isolation and loneliness are not synonymous terms or experiences. Social isolation is a lack of social interaction, contact, or communication with other people. Loneliness, on the other hand, is the *feeling* of being alone or isolated; 'perceived isolation'. Loneliness can affect people even with regular social contact.

Social isolation has been identified as a serious public health problem. The implications are not just limited to mental health; recent research has linked isolation to a number of physical health problems and even a shortened life expectancy:

"Feeling lonely frequently is linked to early deaths. Its health impact is thought to be on a par with other public health priorities like obesity or smoking"[6]

Loneliness and isolation are as harmful to our long-term health as smoking 15 cigarettes per day[7]

The detrimental health effects associated with social isolation stretch beyond that of the individual suffering. Existing research outlines the costs to the NHS and employers as a result of inadequate social contact:

People experiencing loneliness visit their GP more often and enter residential care earlier[8]

Loneliness costs employers £2.5 billion a year[9]

Risk Groups

It is estimated that 9 million people, or one-fifth of England's population, are socially isolated[10]. Previous research suggests that although everyone may experience isolation at some point in their life, certain groups are at greater risk.

Particular age groups are perceived to be at higher risk of isolation. Older people, for example, are frequently associated with loneliness and isolation in public

[6] HM Government (2018) A Connected Society: A strategy for tackling loneliness- laying the foundations for change
[7] Campaign to End Loneliness (2018) Hidden Citizens: how can we identify the most lonely older adults
[8] Campaign to End Loneliness (2018) Hidden Citizens: how can we identify the most lonely older adults
[9] Jo Cox Loneliness, Age UK (2017) Combatting loneliness one conversation at a time
[10] Jo Cox Loneliness, Age UK (2017) Combatting loneliness one conversation at a time

discourse. However, recent reports, such as the BBC Loneliness Survey, have identified that all age groups may experience isolation during their lives[11]. The BBC survey found that younger people are increasing feeling disconnected and have similar numbers of people reporting feeling lonely as those over 80 years old. Their finding challenges the myth that loneliness is only symptomatic of growing older.

For 3.6 million over 65's, their TV is their main form of company[12]

More than 1 in 3 people over 75 reported their feelings of loneliness are out of their control[13]

6% of adults reported to often/always feel lonely[14]

16-34 years more likely to report feeling often/always lonely than those aged over 50[15]

10% of 16-24-year olds reported feeling lonely 'often' in England[16]

43% of 17-25-year olds using Action for Children Services experienced problems with loneliness[17]

The reasons behind isolation are complex and multifaceted. For some, isolation may result from specific 'trigger events' such as widowhood, particularly among older age groups[18]. However, as emphasised, the catalysts for social isolation may occur at any stage for any age group. Moreover, evidence shows not only major life events lead to social isolation, people may feel disconnected from others and society. Currently, there is a trend of younger people experiencing a gap in expectations between the relationships they have and what they want[19] suggesting isolation may not always result in a change in an individual's life.

Yet, regardless of experience, some groups are disproportionately affected by social isolation. These groups include people with disabilities, carers, migrants, and new parents:

*50% of **disabled** people will be lonely on any given day[20]*

[11] BBC (2018) BBC Loneliness Experiment
[12] Age UK (2017) No help or company for 3.5 million older people
[13] Independent Age (2016) One-third of older people say feelings of loneliness are out of control
[14] ONS (2018) Loneliness- What characteristics are associated with feeling lonely
[15] Department for Digital, Culture, Media and Sport (2017) Community Life Survey: Focus on Loneliness 2017-18
[16] ONS (2018) Children's and young people's experiences of loneliness
[17] Action for Children (2018) Tips for young people
[18] British Red Cross (2016) Trapped in a Bubble
[19] The Economist (2018) Loneliness is a serious health problem
[20] Sense (2018) Loneliness

*52% of **parents** have a problem with loneliness- 21% feeling lonely in the last week*[21]

*38% of people with **Dementia** reported that they had lost friends after their diagnosis*[22]

*58% of **migrants** and **refugees** in London described loneliness and isolation as their biggest challenge*[23]

*8 out of 10 **carers** have felt lonely or isolated as a result of their caring role*[24]

***Men** were more likely to report never feeling lonely than women*[25]

*Adults with **stronger networks** less likely to report often/always feeling lonely*

*Adults who feel people in their local area can be trusted, who regularly chat to their neighbours or who feel like they **belong** to their neighbourhood and/or Britain were less likely to say they often/always feel lonely*[26]

Interventions

The interventions for tackling isolation and loneliness are diverse, including both direct, one-to-one and group-based support and signposting services. Across the broader landscape of interventions, there is a key focus on creating opportunities to bring people together, develop and maintain social networks/contacts/ friendships and promoting activities that facilitate this to help overcome isolation.

The Campaign to End Loneliness has created a framework outlining the full range of interventions at different levels[27]. The framework, displayed in Figure 1, suggests a strategic, joint approach combining foundation services, direct interventions, gateway services and structural enablers.

[21] Action for Children (2018) Tips for young people
[22] The Alzheimer's Society (2013) The hidden voice of loneliness
[23] The Forum (2014) This is how it feels to be Lonely
[24] Carers UK (2015) Alarming Numbers of people feel isolated and lonely as a result of caring for their loved ones
[25] ONS (2018) Loneliness- What characteristics are associated with feeling lonely
[26] Department for Digital, Culture, Media and Sport (2017) Community Life Survey: Focus on Loneliness 2017-18
[27] Campaign to End Loneliness and Age UK (2015) Promising Approaches to reducing loneliness and isolation in later life

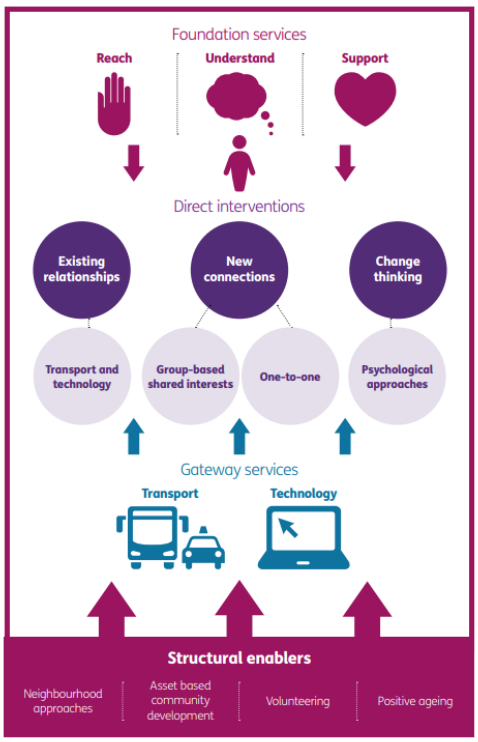


Figure 1. Campaign to End Lonleiness Intervention Framework

Within existing interventions, many organisations that address loneliness and isolation, whether directly or indirectly, operate on a micro, local scale, usually funded for short-term projects and often not on the commissioner's radar[28]. Therefore, to implement best practice, as recommended by the Campaign to End Loneliness, statutory and voluntary partners must coordinate to effectively utilise community resources at the local level.

Policy for Prevention

In the last 2 years, national attention has shifted to focus more on tackling social isolation and loneliness. Social isolation is a longstanding health and wellbeing concern, however, only recently has it been identified as a national priority for keeping people well.

In 2018, the Prime Minister announced a new government strategy to create a more connected society by tackling loneliness. Using funding of £20 million, voluntary and community groups are being helped to expand their programmes amongst other initiatives. The strategy was the first major contribution from central government to the conversation addressing isolation as a public health problem. Building on the work of national charities, such as the Jo Cox Commission on Loneliness, the government has made a concerted effort to raise awareness of isolation and offer guidance on delivering integrated services and care to tackle this health and wellbeing problem.

The Strategy's main items:

- Appointment of the Minister for Loneliness
- Development of a national indicator of loneliness; ONS National Measurement of Loneliness

[28] Social Care Institute (2018) Tackling loneliness and social isolation: the role of commissioners

- Requirement of government departments to report on their work tackling loneliness in their annual Single Departmental Plans from 2019/20
- Improve awareness through a communications campaign highlighting the importance of social wellbeing and encourage people to take action.
- The inclusion of social connectedness in Public Health England communications campaign on mental health.

The recently announced **NHS Long Term Plan** also aims to tackle social isolation and loneliness. The Plan's key message is focussed around prevention and reducing health inequalities. Within this framework, it aims to implement social prescribing within primary care settings with the view of tackling loneliness[29].

Brent Population Demographics

Brent is a dynamic population of over 320k residents who are relatively young compared to that of wider England and Wales (local residents are 7 years younger than national average)[30]. 68% of the population are of working age (16-64), 23% are under 18 and 11% are 65 and over. Brent has 30,616 households with people living on their own according to the 2011 census. Of these, 29% (or 8,808 people) are aged 65 and over[31]. Brent is a diverse borough with 66% of residents from a BAME community. A total of 149 languages are spoken in Brent. English is the main language of 63% of residents. In one fifth of households, nobody speaks English as their main language; common first languages include Gujarati, Polish and Arabic. Within the borough, there are many residents who may be considered 'at risk' of social isolation.

Tackling Social Isolation in Brent

Estimated scale of social isolation

Measuring the scale of social isolation is an acknowledged challenge. A number of measurements, nationally and locally, have attempted to scope the level of isolation through various surveys and, until the publication of the ONS National Measurement of Loneliness, no one scale can provide an overview.

In Brent, estimates are drawn from the ONS Census 2011, Resident's Attitudes Survey, Age UK data and data from local organisations such as The Social Isolation in Brent Initiative (SIBI). GP-based services, too, have the opportunity to measure the level of healthcare access of the patients they support. However, as voluntary and statutory organisations that attempt to measure the scale of need use various methods, it is difficult to consistently measure.

[29] NHS England (2019) The NHS Long Term Plan
[30] Brent Council (2015) Joint Strategic Needs Assessment
[31] Brent Council (2015) Joint Strategic Needs Assessment

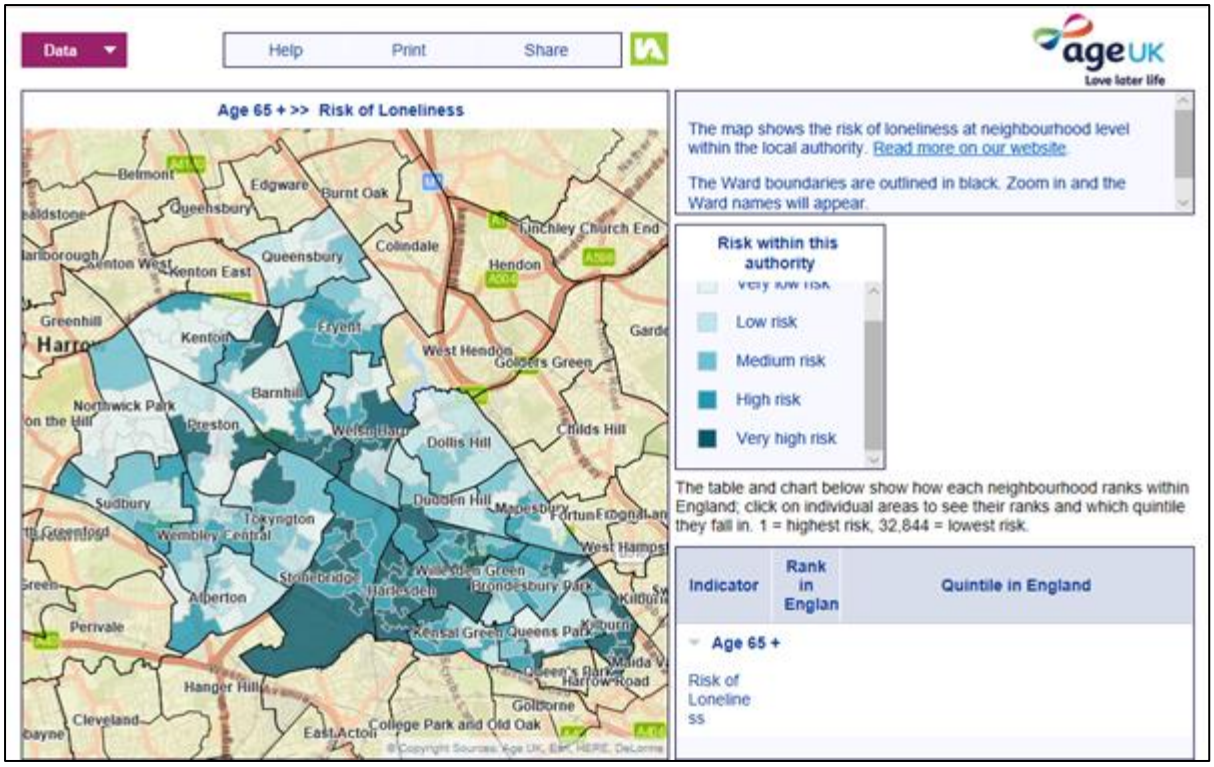


Figure 2. Age UK Risk of Loneliness 2016, Heat map Brent. Source: http://data.ageuk.org.uk/loneliness-maps/england-2016/brent/

The following figures provide a collective estimate of the scale of social isolation in Brent:

- 41% of adult residents reported they had as much social contact as they want, 35% had adequate contact, 15% did not have enough, **8% felt socially isolated** [32]
- **23.9% of adult carers** in Brent have as much social contact as they would like compared to 41.3% nationally**. Brent is ranked to lowest region** for this indicator of health[33]
- The **south east of the borough is at high risk of isolation** for those over the age of 65[34] (Figure 2)
- SIBI receives **450 referrals** a year; a relatively small number compared to the indications of social isolation in Brent

Brent Interventions

Preventing social isolation can only be achieved through all agencies responsible for health and wellbeing in Brent working together[35]. A number of statutory and

[32] Brent Resident Attitude Survey (2018) (A survey of 2,100 representative residents carried out May-June 2018 asking residents about their neighbourhood, the council and themselves)
[33] Public Health England (2019) Public Health Profiles Brent
[34] Age UK (2016) Risk of Loneliness
[35] Brent CCG (2017) Brent Health and Care Plan

voluntary services that tackle social isolation, to varying degrees, are available to Brent residents. All are designed to reduce demand on NHS services by signposting or supporting residents with the appropriate place or services that address concerns affecting their wellbeing. Table 1 highlights some of these services on pages 19-22.

Corresponding with the borough's key priorities for keeping well and prevention in the community, social isolation has been identified on Brent's health and wellbeing agenda. The **Brent Health and Care Plan** outlines the borough's response to the NHS Five Year Forward Plan. It identified a number of big-ticket items including tackling social isolation through preventative measures.

The **Health and Wellbeing Board Brent** has continued its commitment to improve health inequalities and wellbeing by aiming to "develop a network of support services and activities to tackle social isolation" [36].

The Brent Community Directory is available online to signpost residents to over 2000 local organisations and groups in the community. The Directory is a useful starting point for identifying potential community resources, however, in comparison to other community directories, as detailed below, some improvements in Brent are recommended. The Brent Community Directory only provides the contact details of the organisations with no information about what they offer.

Some good practice community directories identified in comparison to the Brent Community Directory include the Southampton Directory[37] and Hampshire Community Directory[38]. Both directories are easily navigated, enable the use of a targeted search tool to apply filters by services or activities, age groups and postal location. There are clear descriptions for the services and organisations in addition to links to public transport journey planners and community transport search tools. It thereby combines direct interventions with gateway services as outlined as good practice by the Campaign to End Loneliness Framework.

The **Social Isolation in Brent Initiative (SIBI)** is a joint initiative originally funded by Brent Adult Social Care, Public Health Brent, Brent CCG and managed by CVS Brent[39]. Set up in 2015, the project supports adults over 18 by preventing and reducing social isolation. Almost all users of the service are referred by professionals, e.g. Adult Social Care, Falls Team, Stroke Team, Talking Therapies. Although residents are also able to self-refer to SIBI. Users will be connected to an up-to-date database of 1,200 social activities and 300 services that promote social contact in Brent. Figure 3 presents examples of some of the local services. After referral, SIBI has an initial 20-minute phone call with the resident to identify their interests, requirements and restrictions. This is followed up with a written list of around 10 activities that the resident can choose to participate in. SIBI will make

[36] Health and Wellbeing Board Brent, Strategy Action Plan (4.1)

[37] https://sid.southampton.gov.uk/kb5/southampton/directory/results.page?newadultchannel=5_2

[38] https://www.connecttosupporthampshire.org.uk/directories&Search=

[39] Brent Council (2019) Social Isolation in Brent Initiative (SIBI)

at least two follow up calls to motive the resident to attend the activity and support them.

The initiative is a good starting point to reducing social isolation in the borough.

A small-scale analysis found that SIBI's intervention reduced social isolation. Using the UCLA Scale of Loneliness (a recognised three-point scale of 10, 10 being the highest level of loneliness on the scale), 11 resident's scores had reduced, on average, from 7.8 to 5.3.

However, with 450 referrals a year, arguably, it may not be reaching enough people who are suffering in Brent.

An example of **good partnership between statutory and voluntary groups** is demonstrated in the Neighbourhood Community Infrastructure Levy (funding from developers in Brent that Brent Council has collected to reinvest into the community). Brent's Ashford Place, for example, received £69,000 towards its Side Door Café based in Cricklewood to develop new spaces to prevent social isolation.

The Community Hub at Central Middlesex Hospital pilot engaged with 500 residents in 2018 in partnership with local voluntary sector groups to explore a range of activities that build social connections. The pilot ran for 2 weeks and produced a business plan for the STP Delivery Board. This model appears not to have materialised as an on-going offer despite the strides taken to prevent social isolation.

The Integrated Care Partnerships initiated by Brent CCG, join up services to help prevent people becoming ill and stay out of hospital. All parts of the Brent system, from GPs, care homes to hospitals trusts (including LNWUHT), community and mental health services and trusts (including CNWL, Brent Council) are working together to achieve this goal. The main commissioning and provider organisations in Brent are developing new ways of working in more integrated ways. Tackling social isolation is recognised as a priority area in the ICP Board's plans.

Brent has 5 **Care Navigators** who offer support to residents who do not need the same level of support as those referred to the health service. This approach combines patient self-care with community workers who have access to relevant support and information[40]. The support focusses on residents with long term conditions and non-clinical needs such as housing, adult social care, transport and

[40] Brent CCG (2016)

social isolation. The Brent Care Navigators receive approximately 400 referrals a year, some of which relate to social isolation.

In addition, the Brent Local Authority and Brent CCG are jointly facilitating **Social Prescribing** working towards meeting the objectives of the Long Term Plan. The move to integrate SIBI into the social prescribing approach has previously been suggested by Brent CCG, a process which is ongoing. From July 2019, NHS funding will be available over 5 years to employ 17 Link Workers in Brent. The Workers will provide a holistic approach to resident's health and wellbeing with a patient focus on 'what matters to me'. They will connect residents to voluntary and statutory services for practical and emotional support. This method of social prescribing can be particularly beneficial for those who are lonely or socially isolated. The introduction of Link Workers is a welcomed opportunity to look closely into gaps in service, minimise risks and expand the work that is already being done at GP practices. It should be noted, however, that GP practices and networks can use this funding for other clinical staff roles that they deem best meet the needs of local patients, therefore it is crucial that tackling isolation remains a priority.

Benefits of Social Prescribing

An estimated 30% of GP appointments are related to social reasons, this could be avoided[41]

There is an opportunity for a proportion of patients to be seen by Care Navigators and supported through lower intensity social routes like SIBI

There is an opportunity to align council commissioning of Gateway services; easier access to SIBI and potential future access to wider services

Despite the plethora of services available locally, awareness of services is limited and is perceived as difficult to navigate[42].

The services listed reach approximately 2000 people per annum of those at risk and experiencing isolation in Brent[43]:

- 76.1% of adult carers in Brent don't have as much social contact as they would like[44]
- 15% of the Brent Resident's Attitude Survey 2018 do not have enough social contact
- 8% of the Brent Resident's Attitude Survey 2018 feel socially isolated[45]

[41] GP (2018) How social prescribing can help GPs
[42] Brent Integrated Partnership Board
[43] Brent's total population approximately 320,000 people
[44] Public Health England (2019) Public Health Profiles Brent
[45] Brent Resident Attitude Survey (2018)

Improvements to the local understanding of the available services is required. This includes raising awareness about what is available, how to access it and 'what works' in reducing and preventing social isolation in Brent.

This Healthwatch Brent report offers a starting point for coordinating the existing databanks of available services, identifying where there are gaps in service provision, updating the knowledge about scale of need, and promoting effective use of community assets to prevent and reduce social isolation in the borough.

Plans Tackling Social Isolation in Brent	Actions
Active Lifestyles Officer, Brent Council	Supports the Brent officer to address obesity and support healthy lifestyles, including walks in Brent parks.
Brent Care Navigators	Patients who do not need as much support as those referred to the Care Co-ordinators but who the CPMG and GPs believe need additional support to avoid an escalation of need access face to face home visit to adults aged over 18 for initial assessment with follow ups by face to face at home or at GP surgery, phone, email etc dependent upon patient preference. Support focuses on supporting patients with long term conditions and or non-clinical needs which impact on their health such as housing, benefits, adult social care, transport, social isolation and other support. There are currently 5 Care Navigators. Approx. 400 referrals per year.
Brent Community Transport	'Delivering Social Value in our Community', they are a charity that provides accessible transport to Brent residents whose mobility is limited, thereby facilitating social connections
Brent Complex Patient Management Group (CPMG) – Care Coordinators	The Care Coordinators make an assessment for adults aged above 18 years to agree a proactive plan with the patient and CPMG. They work with clients for 12 weeks which can be extended under specific circumstances. Face to face home visit for initial assessment with follow ups by face to face at home or at GP surgery, phone, email etc dependent upon patient preference. Approx. 400-600 referrals per year.
Brent Council Task and Finish Group	This task and finish group put on an event in 2018. The theme appeared to be strongly related to that of the STP MH event, below. The authors do not have the outcomes of this event.
Brent Council's Community Directory	Over 2000 local organisations and groups available on its database. This is a useful starting point for identifying potential community resources, although it provides only details of the organisations with no information about what they offer.
Community Hubs	Brent Council set up Harlesden Community Hub inside Harlesden Library and South Kilburn Community Hub that offer face to face contact with council officers to address council and benefits queries.
Health and Wellbeing Board	HWBB Strategy Action plan, 4.1 "Develop a network of support services and activities to tackle social isolation"
Integrated Care Coordination Service - Willesden Centre for Health and Care	The aim is to promote health, wellbeing and independence by problem solving; helping older people achieve their own goals; help to maintain or increase independence and improve quality of life; and to minimise risk. They help with action to prevent falls; home adaptations such as rails or stairs; benefits; organise services such as finding and booking a carer (for personal care, shopping, cleaning etc); act as an advocate with other organisations. A service for anyone aged 60+ living at home who could be at risk of unnecessary hospital admission. This includes people funding their own care and people whose needs don't reach the level of social services. Visit every client in their home and offer support for up to 3

Plans Tackling Social Isolation in Brent	Actions
	months. The service is free although adaptations may cost. There is currently no waiting list and anyone can get in contact. 680 referrals from September 2017 – September 2018
Integrated Care Systems and Integrated Care Pathways	The main commissioning and provider organisations in Brent are developing new ways of working in more integrated ways. This was initiated by Brent CCG but is a partnership approach including the main hospital trust LNWUHT, other hospital trusts, the mental health trust CNWL, Brent Council. CVS Brent the voluntary sector development charity also sits on this board, as do Healthwatch Brent and a patient representative. Tackling social isolation is recognised as a priority area in the Board's plans.
Making Every Contact Count	This initiative trains front line health and social care staff to respond to patient concerns that lie outside of the practitioner's role by signposting to other services and organisations. It is a preventative approach to avoid escalation of patient concerns that might later require more intensive interventions.
NHS Social Prescribing – Link Workers	Funds are available from July 2019 to employ link workers. There will be 17 in Brent, not all in the first year, funded for 5 years. 100% of the money comes from central funds and currently being developed by Brent CCG. Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support. Link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners. When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.
Self-Care Patient Activation Measure (PAM)	Self-Care encourages patients and residents to better understand and manage their health conditions, make healthy lifestyle choices, and seek alternative options to visiting a GP, e.g. by using NHS 111 and pharmacies. A recent survey by Healthwatch Brent identified that patients have limited awareness of these options. PAM is a tool used by Care Navigators and Coordinators to identify a patient's level of knowledge and confidence to manage most of their health condition without the need for constant medical intervention. Patients are supported by Care Navigators and Coordinators to increase their ability to self-manage their health. The degree of integration and coordination between these is unknown. Brent Council and Brent CCG did seek to co-commission SIBI and the Care Navigators, but existing governance legislation made

Plans Tackling Social Isolation in Brent	Actions
	this impossible in the medium term. There was a verbal commitment to ensuring these services would dovetail, but to what degree that has happened is unknown to the authors of this report.
Social Isolation in Brent Initiative (SIBI)	Social Isolation in Brent Initiative is funded by Brent Council and managed at CVS Brent. SIBI started in 2015 and receives 450 referrals a year. They support adults above the age of 18. It has 1.2 FTE staff. They provide a 20-minute telephone call to explore the person's situation. SIBI then sends full written details of about 10 local groups that meet the person's interests, travel, budget and cultural background. They make at least two follow up calls to motivate and support the person. They can, through a group of volunteers, accompany the person on an initial visit to a group, but the aim is for the person to attend activities independently.
STP Delivery Areas – Mental Health, Prevention, and CMH	The programme manager of the mental health working group set up and delivered the first of two planned events to help the voluntary sector to define its 'Community Offer'. It is not clear what the outcomes of this event were. The STP Prevention Working Group is headed by the Director of Public Health, Brent, and oversees a number of workstreams, including addressing social isolation through SIBI. The Central Middlesex Hospital Steering Group was attached as a 6th priority for Brent alongside the 5 Delivery Areas. Extensive and exemplary engagement was conducted with 500 residents to identify the needs of people who live near or use CMH. This work expanded the possibilities of the Harlesden Hub model to offer access to wider community groups. Ashford Place, Healthwatch Brent and Brent CVS contributed to this development. A pilot of two weeks of trial activities were piloted in 2018, and a business case was due to be presented to the STP Board.
Suicide Prevention Action Plan	A collective response from Public Health and voluntary groups to reduce risk of suicide among risk groups (men especially in middle age and from Eastern European countries, economic factors such as debt; social isolation; drugs and alcohol; developing treatment and support settings that men are prepared to use) by June 2019.

The **voluntary sector** and a wide range of faith and community groups offer a wide range of opportunities to Brent residents,	- **The British Red Cross – Social Isolation Project** helps people go out and join social activities. They provide up to 12 weeks of face to face support. The focus is on building people's confidence, sense of identity and purpose. They see clients about fortnightly and can accompany to activities. For all Brent residents aged 18+. Unfortunately, this service closes in July 2019.

most of which help to reduce social isolation –	- **Brent CVS has a contact list** of around 275 local organisations. - **SUFRA, the Food Bank** for NW London, has a Directory of Local Resources available on line https://www.sufra-nwlondon.org.uk/get-help/directory-of-local-services/ - **Lawrence's Larder** has a printed booklet containing resources for homeless people in Brent and neighbouring boroughs. - Some of the more well know community resources include: **Age UK Brent** Befriending services **Elders Voice** **Ashford Place** offer a range of services and groups for people with mental health problems, Dementia, alcoholism and homelessness **Meet Up** – online befriending groups **Next Door** – local neighbourhood communities. **Brent Mencap** **Together in Brent** is a group of local charities who share skills, knowledge and concerns about social inclusion.

Table 1. Community Resources in Brent

METHODOLOGY

To meet the objectives of this project, a two-fold approach to data collection was taken to understand residents and statutory partners perspectives about social isolation in the borough:

- a questionnaire to local residents
- insights from statutory partners

Data Collection

Questionnaires

Healthwatch Brent in partnership with Together in Brent and Brent Mencap devised an 11-point questionnaire asking Brent residents about their social contact in late 2018. This included questions about their amount of, and feelings towards, their social contact. The questionnaire also asked about the services residents accessed, barriers to social contact and what people feel the community needs to address social isolation. There are inherent challenges with measuring the scale of social isolation in any population as the group most affected are usually hard to reach and hidden. Thus, to gather the most useful responses from this restricted sample, the questionnaire was influenced by a number of recognised measurement scales and questions for identifying social isolation and loneliness[46] (ONS National Measurement of Loneliness, Lubben Social Network Scale, UCLA Scale of Loneliness, Age UK questionnaires).

The questionnaire was distributed in January 2019 to 26 voluntary groups identified by Healthwatch Brent and Together In Brent to complete with their services users. It was decided, due to the short time scale of this project to not distribute the questionnaire to all of Brent's voluntary sector. The organisations were offered support to deliver copies, completion of questions and collection of completed questionnaires. The organisations received weekly telephone and email reminders until the deadline in mid-February. In addition, an incentive payment was offered to the first 10 organisations to return at least 30 completed questionnaires.

Statutory Partner Insights

Healthwatch Brent and SIBI worked in partnership to identify what community resources are currently accessed by local residents. In turn, this aided with the identification of scale of need in the borough by assessing the reach of the SIBI project.

[46] Lubben Social Network Scale – a 6-item questionnaire measuring the social contact of individuals with family and friends.
Office for National Statistics National Measurement of Loneliness – 4-point Likert scale developed within the government's strategy for tackling loneliness to gather a national indicator.

Healthwatch Brent also contacted representatives from Public Health, Brent. They were able to identify where this project sits within the local priorities of prevention and staying well in Brent as identified in the Background section of this report.

Data Analysis

Brent Mencap collated and conducted the initial analysis of the data and drafted a resident feedback report for Healthwatch Brent analyse, quality assure the data and produce the overall report. Brent Mencap volunteers assisted with the extraction and analysis which was reviewed by Healthwatch Brent. Responses were grouped initially by question and free text was coded thematically. Further analysis was conducted by Healthwatch Brent to establish relationships within the data.

FINDINGS

Demographics of Respondents

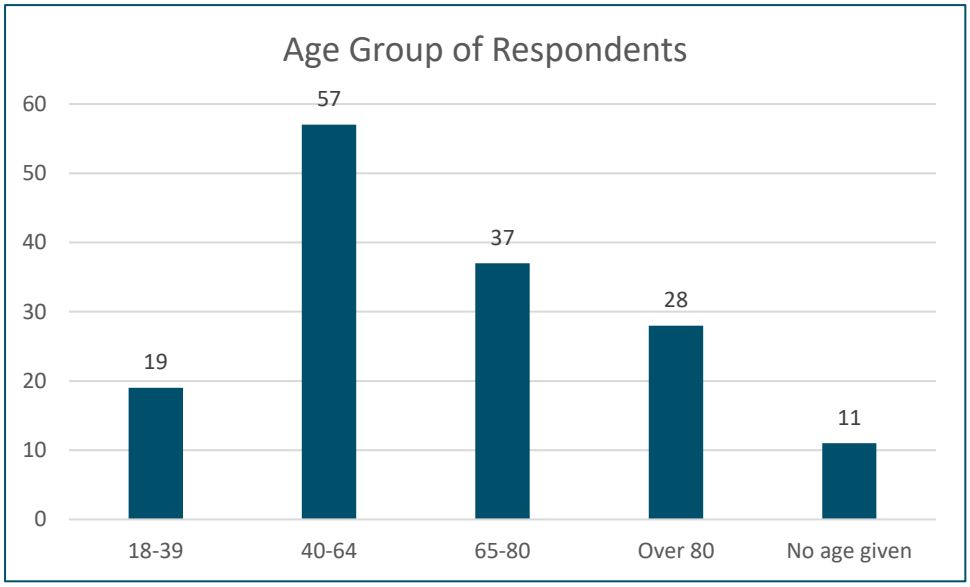
26 organisations were contacted to complete the questionnaire with their service users. 14 organisations returned 152 completed questionnaires. Table 2 displays the number of responses collected from each organisation. Despite the monetary incentive to complete over 30 questionnaires, only one organisation did so. The other organisations completed less than 20 each.

Questionnaire Distributed	Responses
BIAS	36
Brent Community Transport	15
New Testament, Church of God	13
Mencap	13
Age UK	10
Gateway Club	10
Shaw Trust	9
SIBI	9
Look Ahead	8
Ashford Place	7
Sufra Foodbank	7
Asian Women's Resource Centre	7
Brent Carers	5
SEN Support Group	3
Total	**152**

Table 2. Number of voluntary organisations who distributed the questionnaire

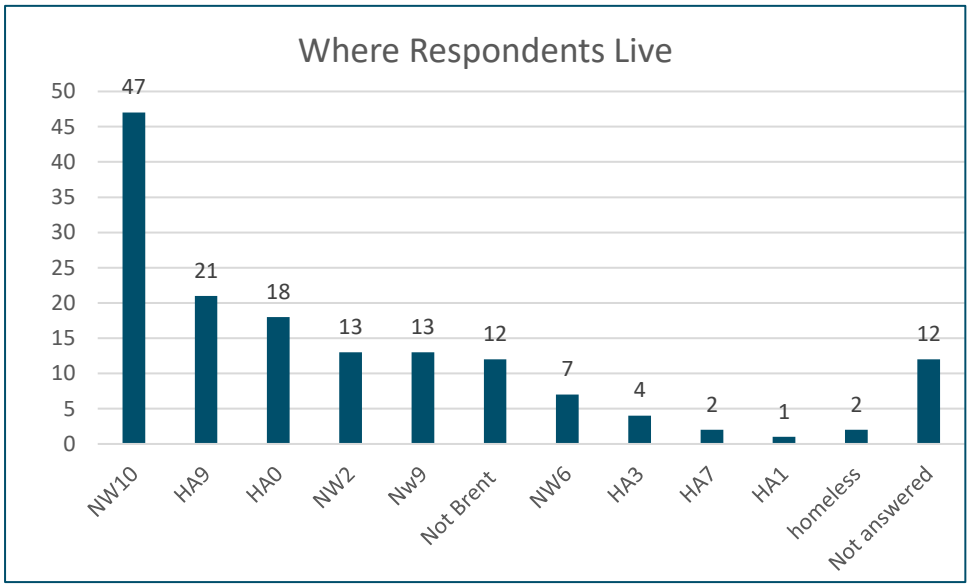
It is noted that due to the large number of respondents from the Brent Irish Advisory Service (BIAS), there is the potential for the data to be skewed towards the demographics of this group. BIAS is a specific service, offering advocacy/advice, working closely with the Irish community and older people through pensioners' groups. Nonetheless, the remaining organisations offer a wide range of services attracting a diverse population of all ages and sectors of the community.

Respondent age group, location and living arrangements were important characteristics to capture as it allows for analysis comparing which groups are at greater risk of isolation and who is accessing services. Thus, services that aim to reduce and prevent isolation can further tailor responses to meet the needs of those most at risk in the borough.



Graph 1. Number of respondents in each age group

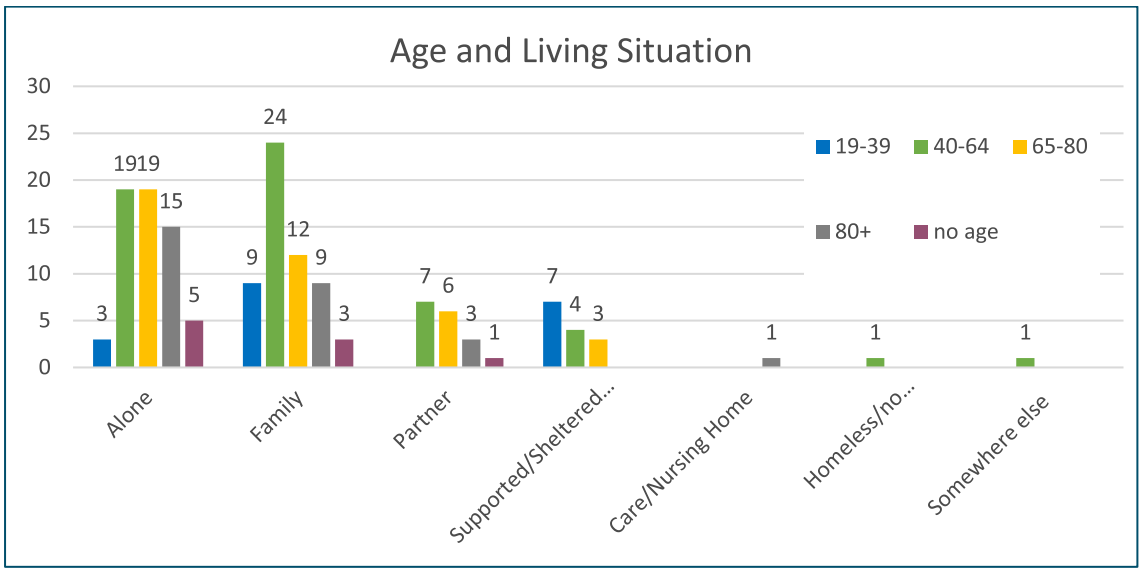
37% of the respondents were aged between 40 and 64 years old, the largest age group. When compared to the demographics of the local population, who are predominantly of working age, people from older age groups are slightly overrepresented in this sample. This is to be expected when examining the organisations that participated in the questionnaire and who their services are tailored towards. However, despite the discrepancy between sample and general population, the questionnaire attracted responses from all age groups.



Graph 2. Number of respondents in each postcode

Respondents provided the first three letters of their postcode to identify if there are pockets of isolation or areas where people are perceived to have a good level of social contact. There is a link between the postcodes reported and the data from Age UK's Heatmap of Risk Groups (Figure 2). Many people attending services are within the south east of the borough; an area at high risk of social isolation.

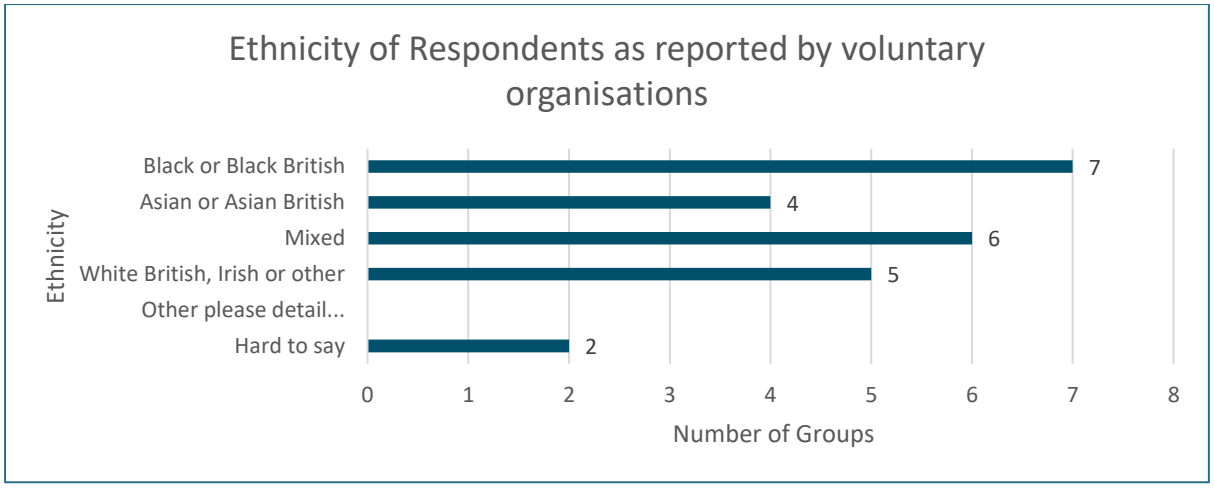
However, NW10 is noteworthy as the majority of respondents reported to live there. It is important to acknowledge that this is where BIAS is based; accounting for the large proportion of responses. While this finding may alter the representation of residents, this report is not aimed to provide a statistically significant account of social isolation, but rather a snapshot of the experiences in Brent at the time of reporting. There were several responses who listed postcodes outside Brent. The inclination of residents to travel outside their borough to access services would likely extend to those living in Brent, therefore, the number of people accessing services in the Brent locality cannot be conclusive.



Graph 3. Who respondents live with by age group (by number of respondents)

Half of the respondents reported to live with family or a partner. The percentage in each age group living alone rose with age. 16% of 19-39 reported to live alone, compared with 41%, of those aged 40 and over. Of those aged over 80, 54% lived alone. Respondents who said they lived in supported or supported/sheltered housing were aged under 64; potentially younger than was expected, only 1 respondent lived in a nursing home. Text responses to the questionnaire showed that 2 respondents considered themselves homeless, although 1 respondent did not indicate this when completing this specific question.

A limitation to the scope of sampling has been recognised. Due to the design of the project; only people in contact with community organisations offering services and activities that help prevent isolation are included in the sample, some groups who may be experiencing severe isolation may have been excluded from this project. For instance, responses from certain risk groups, such as those with complex health and wellbeing conditions resulting in them residing in supported/sheltered or care homes, were not collected. The low response rate from those in supported living arrangements is indicative that perhaps the project has not reached those residents who are commonly associated with being at greater risk of isolation.



Graph 4. Estimated ethnicity of respondents (by number of respondents)

Although the questionnaire did not capture demographic data such as ethnicity, the organisations who distributed it provided an approximate breakdown of the ethnic backgrounds of those they spoke to. The sample represents the diverse ethnic composition of the borough.

Main Findings of Questionnaire

Through detailed analysis of the questionnaire data, **three recurrent themes** emerged:

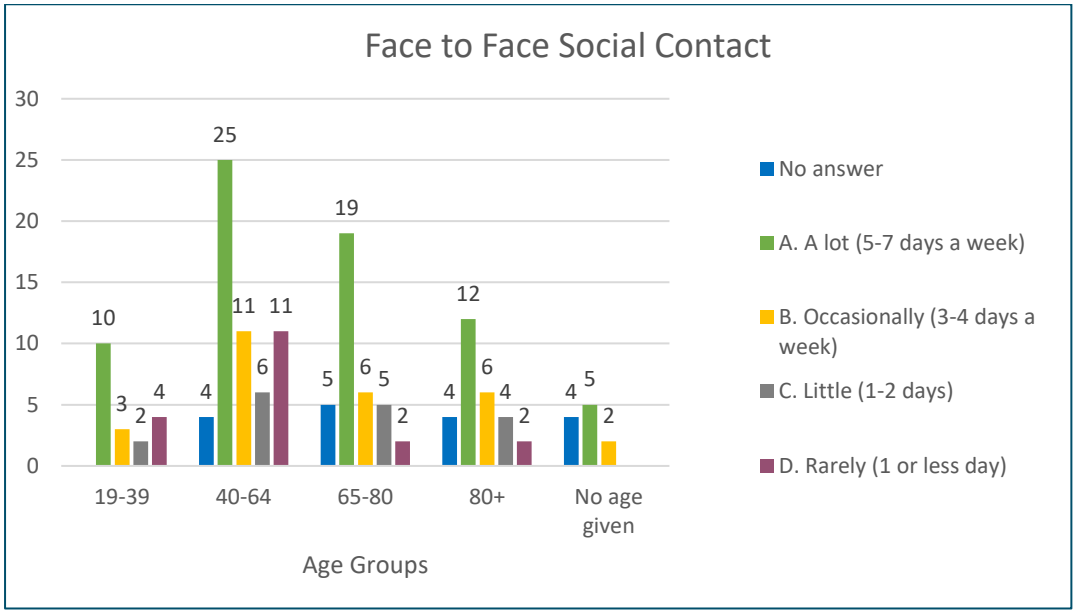
1. All age groups are susceptible to social isolation
2. There is a difference between the quantity and quality of social contact residents are receiving
3. Services need to work in partnership to meet the needs of the community

Theme 1: All are subject to isolation

The findings of the survey reveal that people from all age groups and living situation are susceptible to low social contact. This details the complexity of the current landscape of isolation in Brent and indicates the level of response and coordination required between the statutory and voluntary sector required to address the complexity.

Respondent's Social Contact

Respondents were asked to estimate how many days a week they had personal contact, phone contact and email/social media contact with other people. For each type of contact they could choose 'a lot' (5-7days PW) 'occasional' (3-4 days PW) 'little' (1-2 days PW) or 'rarely' (1 day or less)



Graph 5. Respondent's amount of in face to face social contact per age group (by number of respondents)

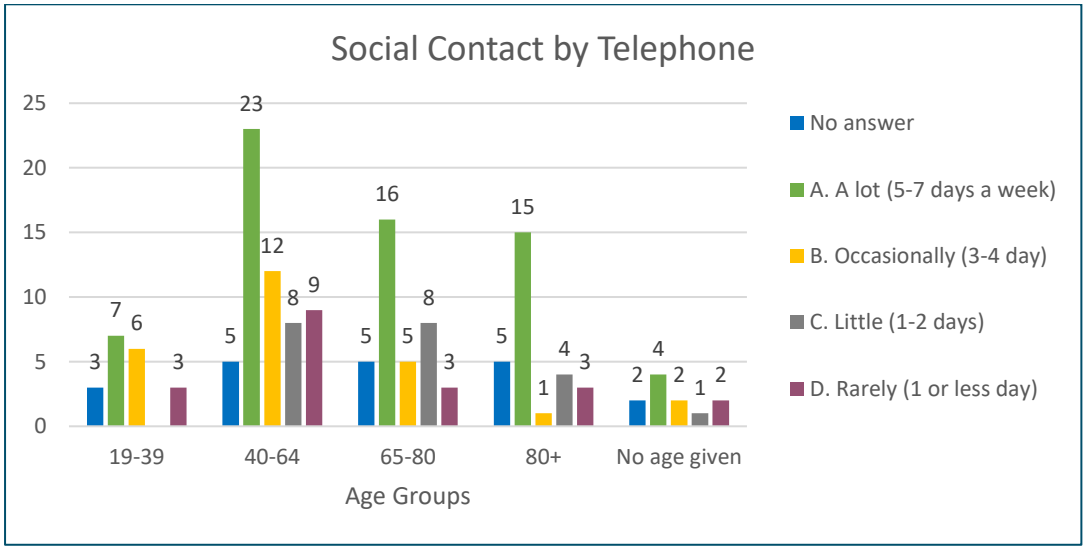
135 and 132 respondents answered the first 2 questions about personal or phone contact respectively. 94 respondents answered the question about online contact.

Respondents across all age groups had the most social contact face to face

73% of respondents estimated they have face to face contact with someone 3-7 days a week

27% of respondents estimated they had face to face contact with someone less than 2 days a week

Just under half of residents (49%) who are within working ages (19-64) reported having 5 to 7 days of personal contact per week. However, only 23% of over 65s had less than 2 days of contact compared to 32% of those aged 19-64. This furthers the argument opposing traditional perceptions of social isolation. The finding is comparable to recent research challenging the stereotypical view, such as the BBC loneliness survey, suggesting that younger people and those of working age are also at risk of loneliness and isolation.



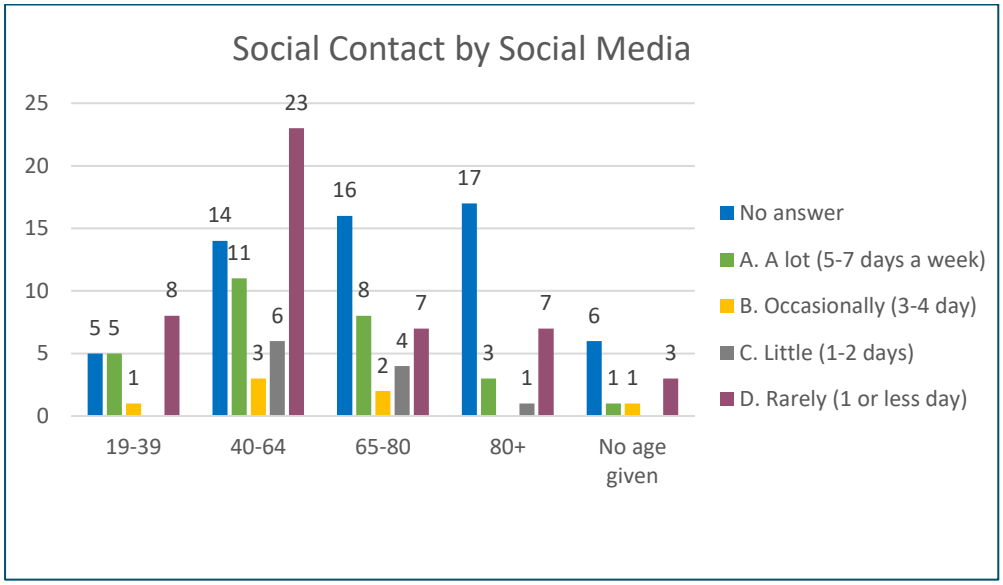
Graph 6. Respondent's amount of contact by telephone per age group (by number of respondents)

69% of respondents estimated they have phone contact with someone 3-7 days a week

31% of respondents estimated they have phone contact with someone less than 2 days a week

Respondents reported a relatively high level of contact over the phone across all age groups. For those aged over 80 years old, using the phone was the most reported form of social contact compared to face-to-face and online contact. This may be related to their living situation, as those in this age bracket are more likely

to live alone (54% of the age group lives alone). National data reflects this finding, helplines providing befriending services are often disproportionately used by people from older age groups. Silverline, a charity targeting older people, for example, takes nearly 500,000 calls a year often in relation to the need for a partner or companionship[47].



Graph 7. Respondent's amount of social contact by social media per age group (by number of respondents)

62% of the sample reported how much social contact online they have

37% of respondents estimated they have online contact with someone 3-7 days a week

63% of respondents estimated they have online contact with someone less than 2 days a week

Some of the findings of the questionnaire appear to contrast arguments presented in existing research. It is well documented that people in older age groups are less likely to engage with social media, in part due to their limited access to computers and smart phones[48]. However, 41% of those within working age (19-64) reported to have less than 1 day a week of online contact. This is compared to 12% of over 80s who have less than 1 day of online contact. However, the over 80 age group were the least likely to respond to this question suggesting that perhaps online contact was not a relevant form of social contact for them. It may be possible that, in some cases, their estimate of 'phone contact' included some social media/email contact, however the results seem to show a lower level of email/social media use

[47] The Silver Line (2015)
[48] Health Europa (2019) Tackling Loneliness: Vodafone explores if technology makes us more alone

for social contact generally, throughout all age groups, than might be expected in this digital age.

Overall, most people felt they had high levels of personal and phone contact but lower levels of email or social media contact. This difference may be worth exploring further as information about local services and activities is increasingly only available online. There is some variation between age groups among all forms of contact, yet, it appears that they all experienced low social contact in some form indicating that social isolation is a society-wide problem, not one limited to certain groups.

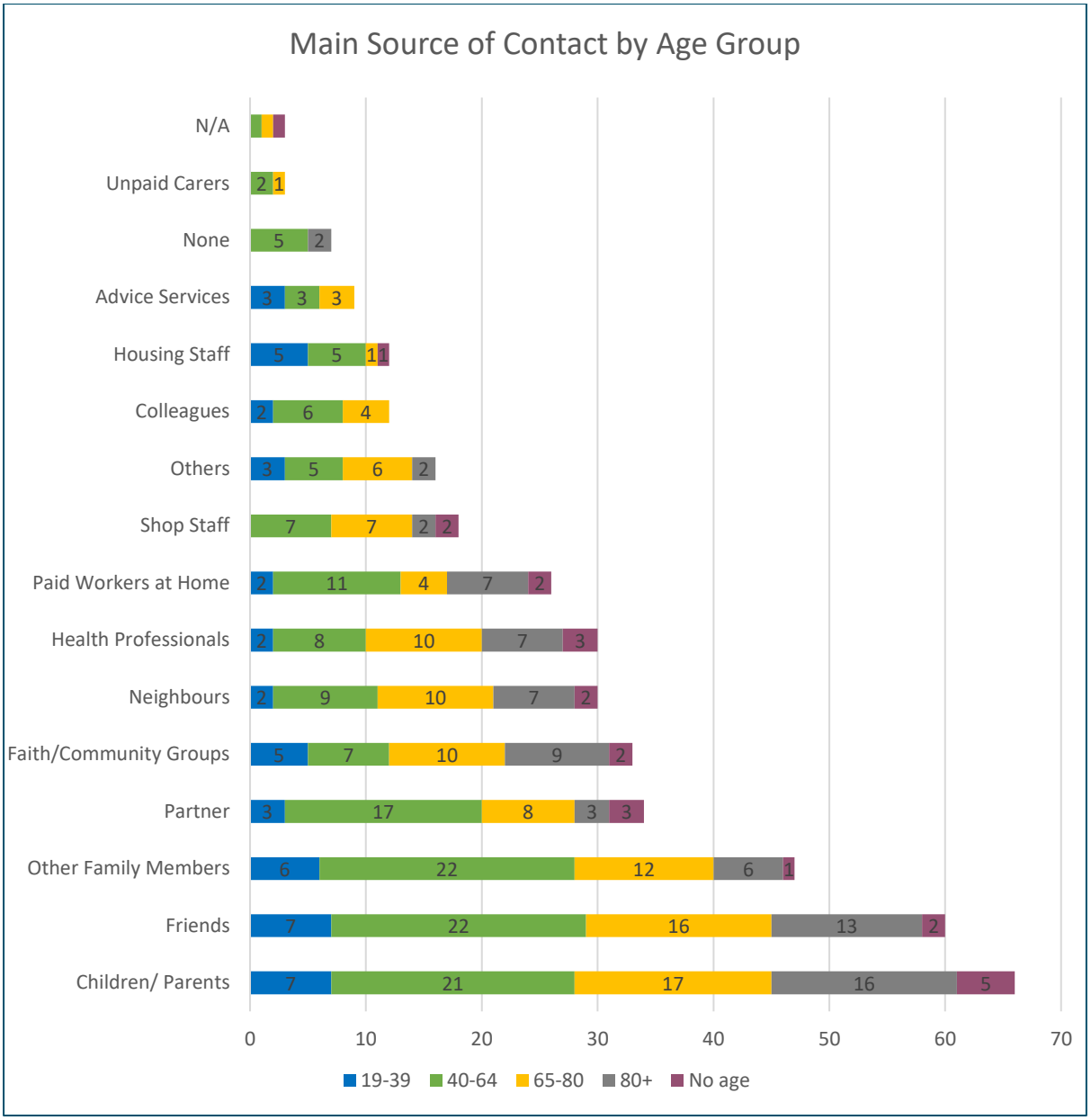
As the respondents were attending events/groups at voluntary services at the time they completed the questionnaire, it is important to acknowledge that all participants had some form of social contact. Although, these responses only give information about the quantity of contact, not the quality of it. The following section begins to offer an insight into people's perceptions of their satisfaction with their level of social contact and any barriers they may face to maintaining or increasing it.

Theme 2: Differences in quantity and quality of contact

To identify the scale of need in the borough, it was not sufficient to ask how much social contact respondents were receiving. It was important to highlight who they were most frequently in contact with and whether they were satisfied with their contact. The findings indicate that there is a difference between the quantity and quality of social contact. Although it is suggested that most people were having contact of some form at least three days a week, the following section details the discrepancy between the frequency of, and satisfaction with, respondent's level of social contact. Only a relatively small percentage of respondents were happy with their social contact.

To highlight who the respondents were most frequently in contact with, the questionnaire provided a selection of options respondents could tick. Graph 8 presents the main groups that respondents reported to have the most contact with. It is evident that family members are a major source of social contact for people along with friends and their children/parents. Respondents under the age of 80 had varied responses, with the majority of their contact falling under friends, family (inclusive of parents and children) and faith community groups. Those over the age of 80, however, tended to report having contact with fewer groups and were therefore more reliant on the three main categories for their social contact. Analysis of open-ended questions revealed an understanding of the importance of working to maintain their level of social contact with these groups:

> "could do with meeting family more as I only see people on the weekend"



Graph 8. Respondent's main source of social contact by age group (by number of respondents)

Using a series of open questions, respondents were asked how they felt about their social contact. Their responses were coded into three categories; 'happy', 'unhappy' and 'neutral/not clear'. 28 respondents did not answer this question and were coded in the 'not clear' category. While most respondents have some form of social contact, it is evident from Chart 1 that not all are satisfied with it. 23% of respondents' answers were coded as unhappy. Examples of the respondents' comments about their social contact are detailed on page 35.
The data were triangulated with respondents' characteristics such as type of contact, age group and living arrangements to gather a comprehensive picture of those at risk of social isolation.

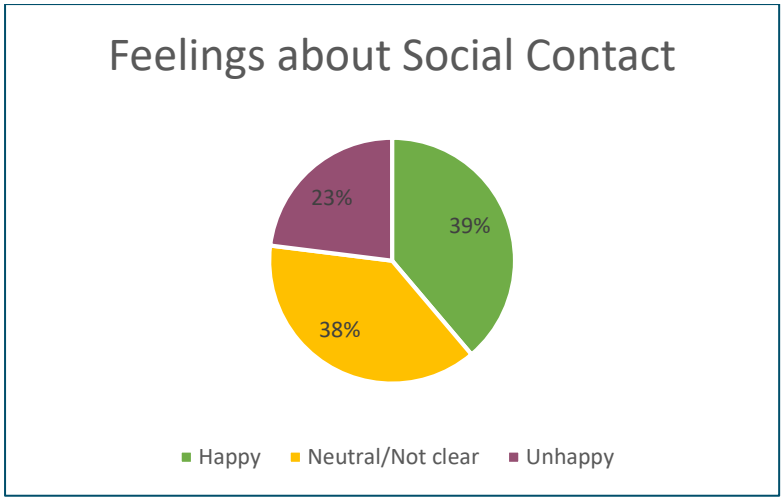
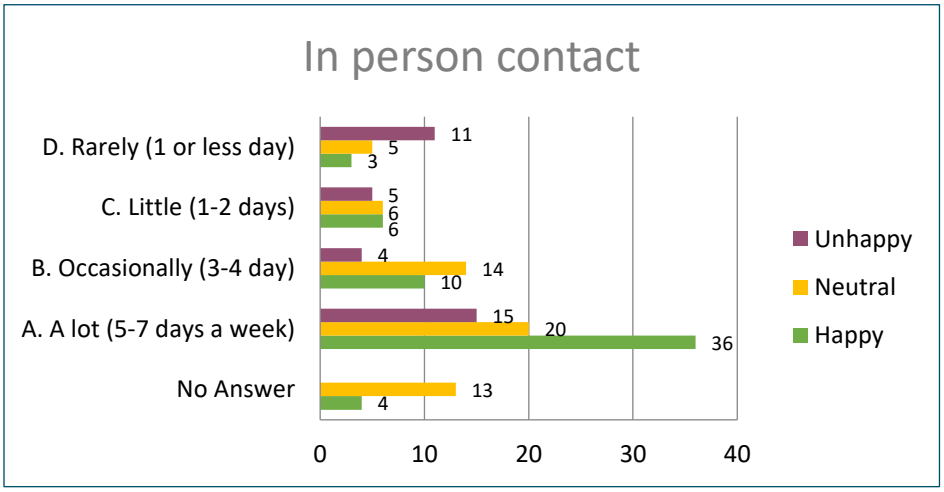


Chart 1. Respondents' feelings about their level of social contact (by percentage of respondents)

Examining the amount of contact and feelings towards their contact, a positive correlation emerged. Respondents who reported to have more than 3 days per week of face-to-face contact were more likely to report positive feelings about their social contact. Similarly, those with lower levels of social contact were more likely to report negative or neutral feelings about their contact (Graph 9). Having online contact appeared to have less of an impact on a respondent's feelings. The respondents who rarely used social media as a form of social contact reported similar numbers of both negative and positive statements about their feelings.



Graph 9. Respondents' feelings about the amount of social contact by the amount of face-to-face contact (by number of respondents)

A breakdown of respondents' feelings compared to their amount of face-to-face, phone and social media contact is available in Appendix II.

Responses to *"How do you feel about how much contact you have?"*

Happy

"Happy, very lucky" (80+)

"I consider myself to be very lucky" (65-80)

"Quite happy, however would like to be able to go out in a social setting i.e. swimming and yoga" (65-80)

"At the moment I'm happy as I have a friend/carer who brings me to activities but from mid Feb she will be going to new employment" (80+)

"Interacting with others boost my feelings of wellbeing decreases feelings of depression" (40-60)

Unhappy

"Very unhappy, not enough clubs for the elderly" (65-80)

"Don't feel like interacting, have been down" (19-39)

"Feel tired and ill, I like people to visit me" (40-64)

"I feel that the contact I have with family has decreased simply because some of my family members doesn't live local and some has left the country, so I feel slightly abandoned" (19-39)

"I would like more but my disability prevents me going out as much as I want" (80+)

"No I am not happy, I am getting more angry & miserable" (65-80)

"I'm used to it, however I miss being able to have a good chat with people" (65-80)

"Attending senior citizen centres is too expensive, it is a place I would meet more people in my age group. That would broaden my social contact as currently it is with family and my church" (80+)

"It is not enough, and my children are busy I would like to have a friend" (no age given)

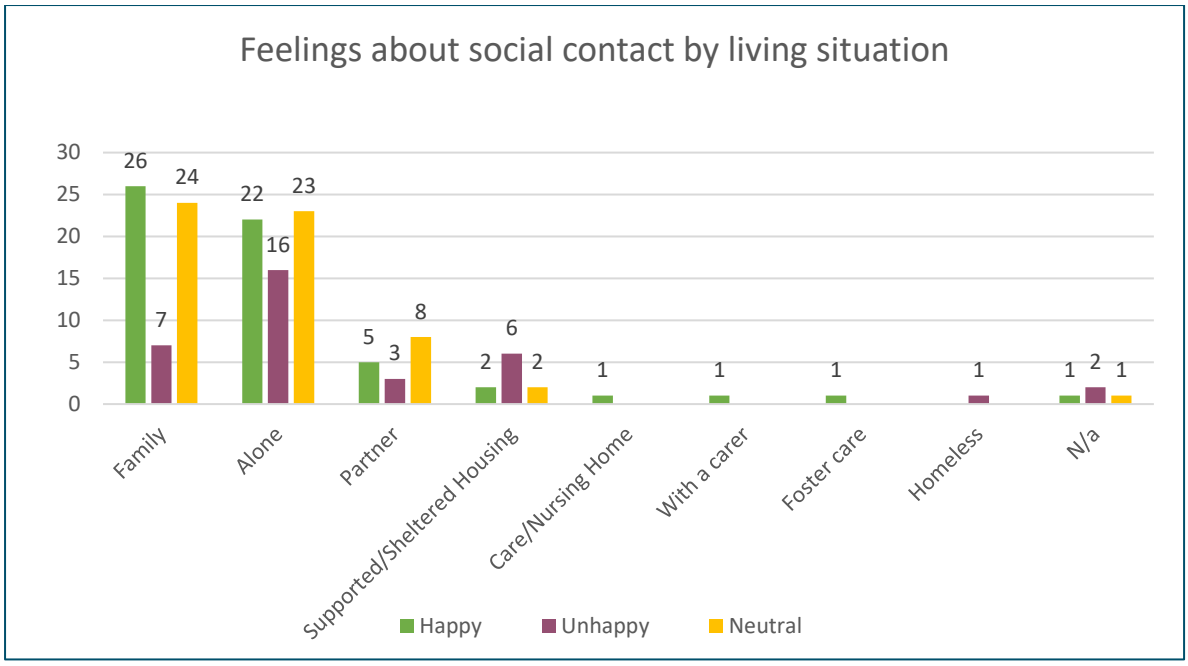
"See one of my daughters a little, but don't have enough contact" (65-80)

"Not much. Feel depressed, it's my situation (homeless)" (40-64)

"Feel alienated, out of place. Like no one wants to communicate" (40-60)

Graph 10 presents respondents' feelings about their social contact examined by their living situation. In existing research, those who live alone are more likely to feel lonely and suffer from isolation[49]. The findings from the questionnaire concur to some extent. Those living alone in our sample were more unhappy compared to those in other situations, such as those living with family. Therefore, continued support for those who do not live with others is needed as they are, arguably, at greater risk of isolation and loneliness.

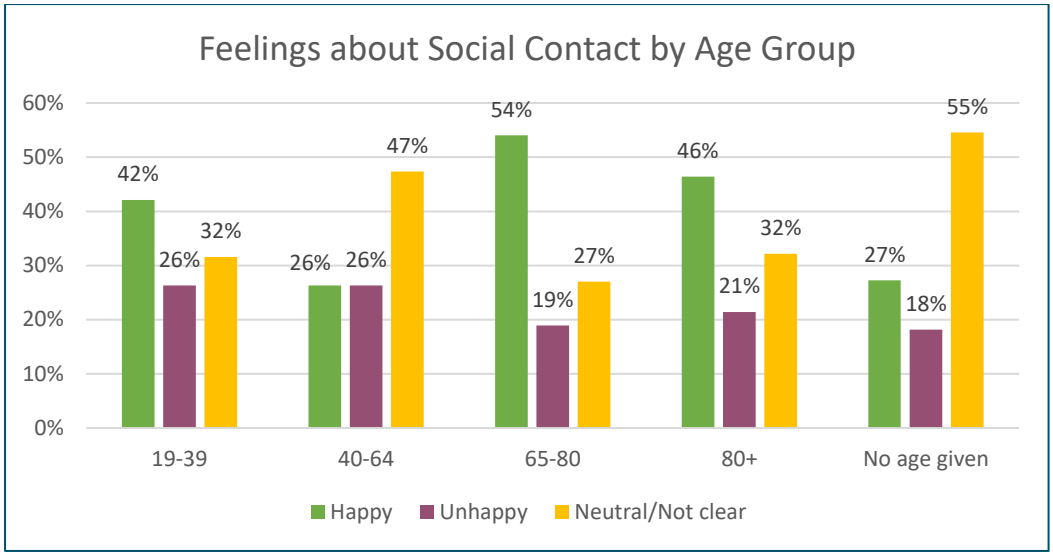
Though it only accounts for a small percentage of the total sample, the spike in negative feelings from those in supported and sheltered housing warrants further research.



Graph 10. Respondents' feelings about amount of social contact by living situation (by number of respondents)

The age group with the most positive comments about their social contact were those aged 65-80; 54% of this age group reported feeling happy with their social contact (as displayed in Graph 11). This is followed by those over 80; 46% of the groups reported to feel happy. Those of working age had the largest percentage of respondents reporting negatively about their social contact; 26% of both the 19-39 and 40-64 age groups reported to be unhappy. This is consistent with the previous finding that more respondents within the working age bracket had limited contact (0-2 days) than those over 64. This is a deviation from the consensus that older people are generally lonelier and unhappy with their social contact, as well as a confirmation that further investigation into the cause of these negative reports in all age groups is necessary.

[49] Holt-Lunstad (2010) Loneliness and Social Isolation as Risk Factors for Mortality: A meta-analytic review

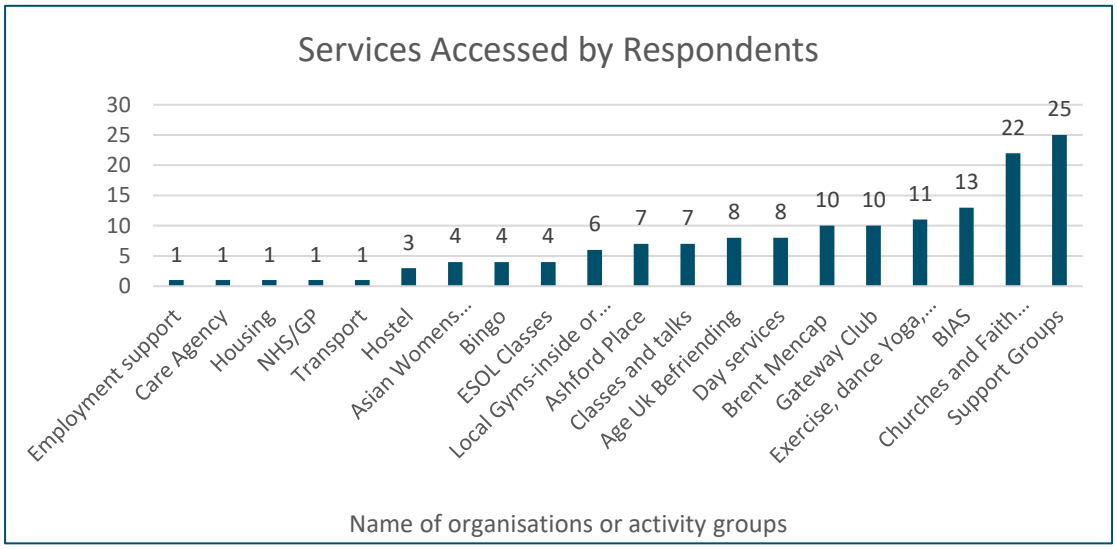


Graph 11. Respondents' feelings about amount of social contact by age group (by percentage of respondents in each age group)

Theme 3: Sectors to work in partnership to meet the needs of the community

In addition to asking respondents about their quantity and quality of social contact, it was important to identify the different services that Brent residents are aware of and currently using. Brent's Health and Wellbeing board has committed to developing a network of activities and support services to tackle social isolation. This section is a partial mapping exercise to contribute to the existing knowledge of such services and identify gaps in the local community. It will identify the ways different types of services help to reduce resident experiences of social isolation and improve both the quantity and quality of social contact.

Brent has a wide range of services and activities offered by both statutory and voluntary services that, directly or indirectly, tackle social isolation. The findings suggest a range of services are accessed, however, there are some improvements to be made. A key task is to ensure that these groups offer support to as many residents as possible. This includes ensuring these services are known to a wide range of partners to facilitate access to the greatest number of people through the widest channels. A key objective of this report was to address the concerns that both residents and service providers were not aware of what is available within the borough. Arguably, the Brent Community Directory, designed to facilitate this, is not adequately addressing the issue.

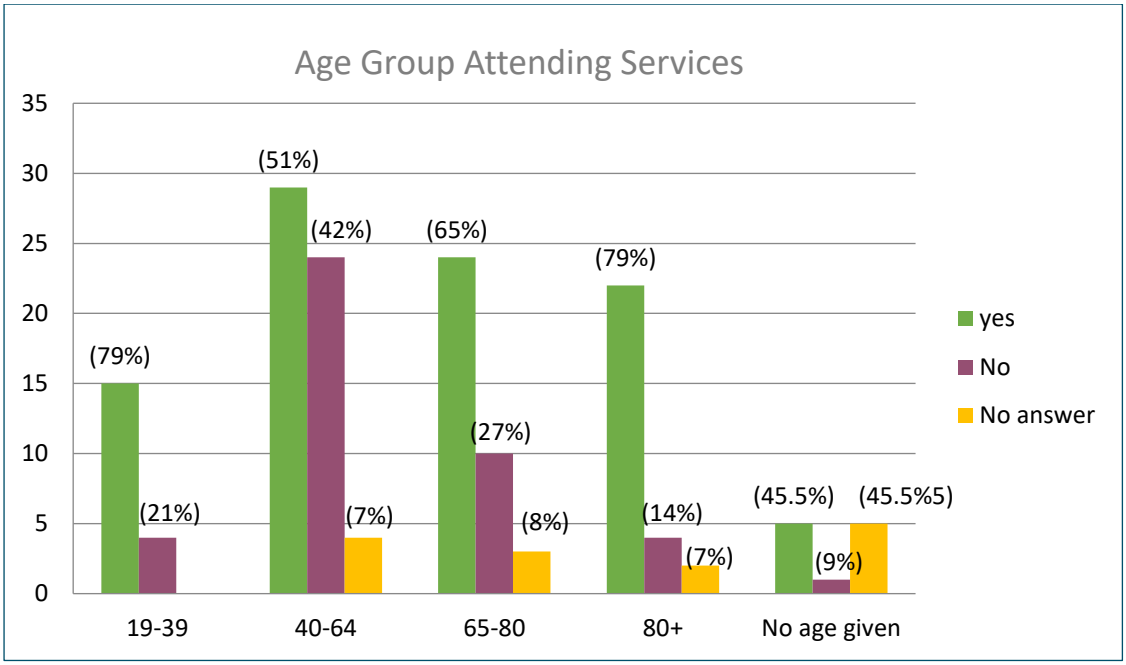


Graph 12. Grouped services that respondents reported to attend (by number of respondents)

The second section of the questionnaire examined the services respondents attend, what they offer and how they benefit residents. A total of 95 respondents (63% of all respondents) reported that they attend services which helped improve or maintain social contact. 147 activities and organisations were identified and grouped into categories presented in Graph 12. The services most frequently referred to were support groups (26% of responses), followed by faith groups (23% of responses). It should be noted that there is some correlation between the responses and the organisations who distributed and supported users' response to the questionnaire.

The main groups accessed by respondents corresponds to previous research undertaken by Healthwatch Brent. We asked 104 people at an Iraqi Welfare event about how they keep well and the health services that they are in contact with. When asked what services help people keep well, family and friends, faith groups, community groups and activities related to self-care such as sport and exercise were mentioned. It is evident, then, that services offering these forms of contact are vital for keeping the community well and, linked to the current findings, preventing social isolation.

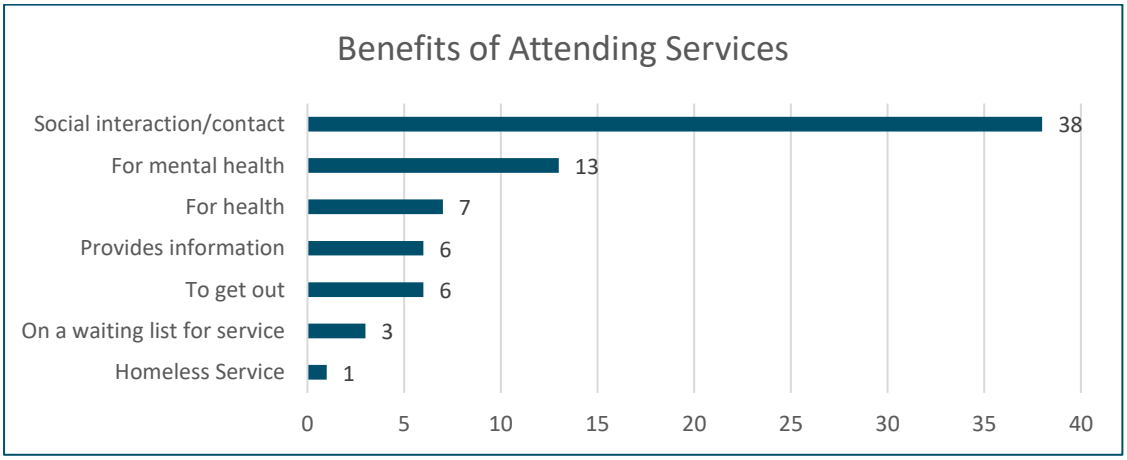
In the current questionnaire, 43 respondents said that they did not attend services. There is a note of caution to highlight for this section as all respondents had completed the questionnaire while attending a voluntary service event or activity. However, the findings are of interest as even those who were attending services stated in the questionnaire that they are not. Arguably, this inconsistency may be a result of those respondents not perceiving the services they attend as a means of increasing social contact (for example, language or exercise classes). Nonetheless, such assumptions cannot be conclusive.



Graph 13. Percentage of each age group who attend services to aid social contact

Graph 13 presents the percentage of each age group who were accessing services. 42% of those aged between 40 and 64 reported to not attend services. While this may suggest they did not perceive the service they were attending as a form of social contact, this group reported a relatively high amount of social contact in person and over the phone, which arguably suggests that they may not have needed to access services to have social contact.

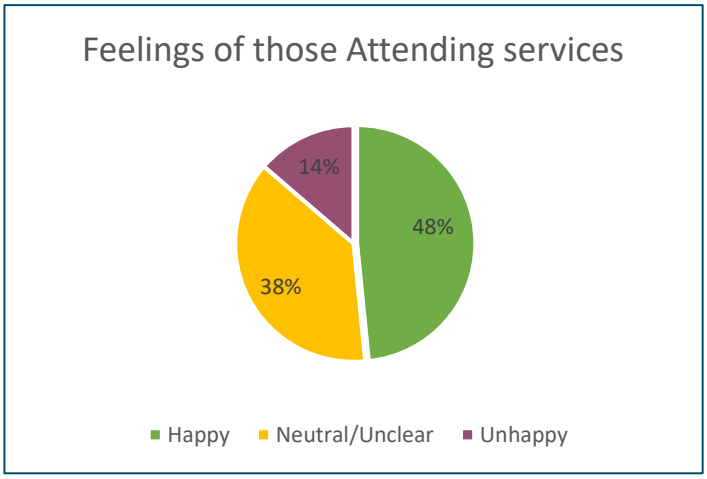
Satisfaction of social contact by those attending services



Graph 14. Ways in which attending services helped respondents (by number of respondents)

The services respondents attended were predominately identified as being effective at creating and maintaining social contact and interactions. This useful finding corroborates with the argument that services are beneficial to promoting social contact, and thus, effective in reducing and preventing social isolation. This

evidence, supported by wider national research, could support commissioners in the setting of KPI's for providers of services.



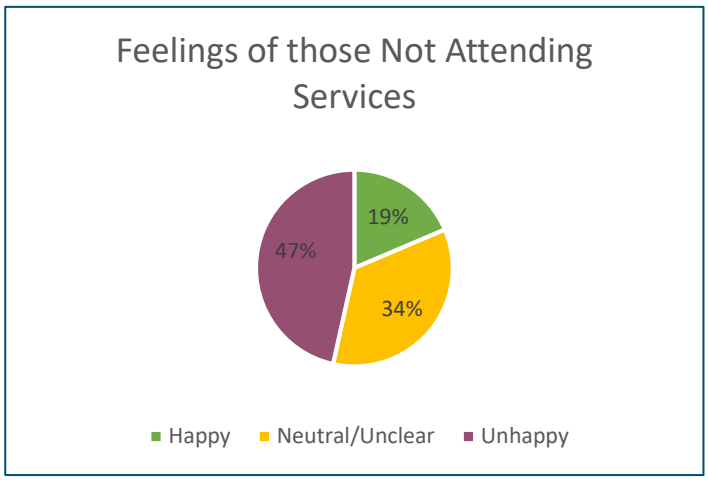


Chart 2. Respondents feelings about the amount of social contact by service response (by percentage of respondents)

There was a positive correlation between attending services and feeling happy among respondents. Approximately half of those who attended services were happy with their social contact (48%). However, 14% were not happy with their contact suggesting that perhaps the services that are currently accessed, while effective for some, are not sufficient in improving and maintaining social contact.

Of those who reported to not access services, only 19% respondents (8 respondents) were happy with their social contact and nearly half (47%) suggested that they were unhappy. It can therefore be inferred that accessing services has a positive impact on people's feelings about their social contact.

Barriers to attending services

It is evident that some respondents were not satisfied with their social contact. It is crucial to understand the reasons behind this dissatisfaction, particularly when services that are aimed to address this are available. One way to do so is to identify the barriers to having more contact. Respondents were asked to tick all the barriers from a list of 18 which applied to them. They were able to choose as many as they wished and /or choose "other" and describe it in their own words.

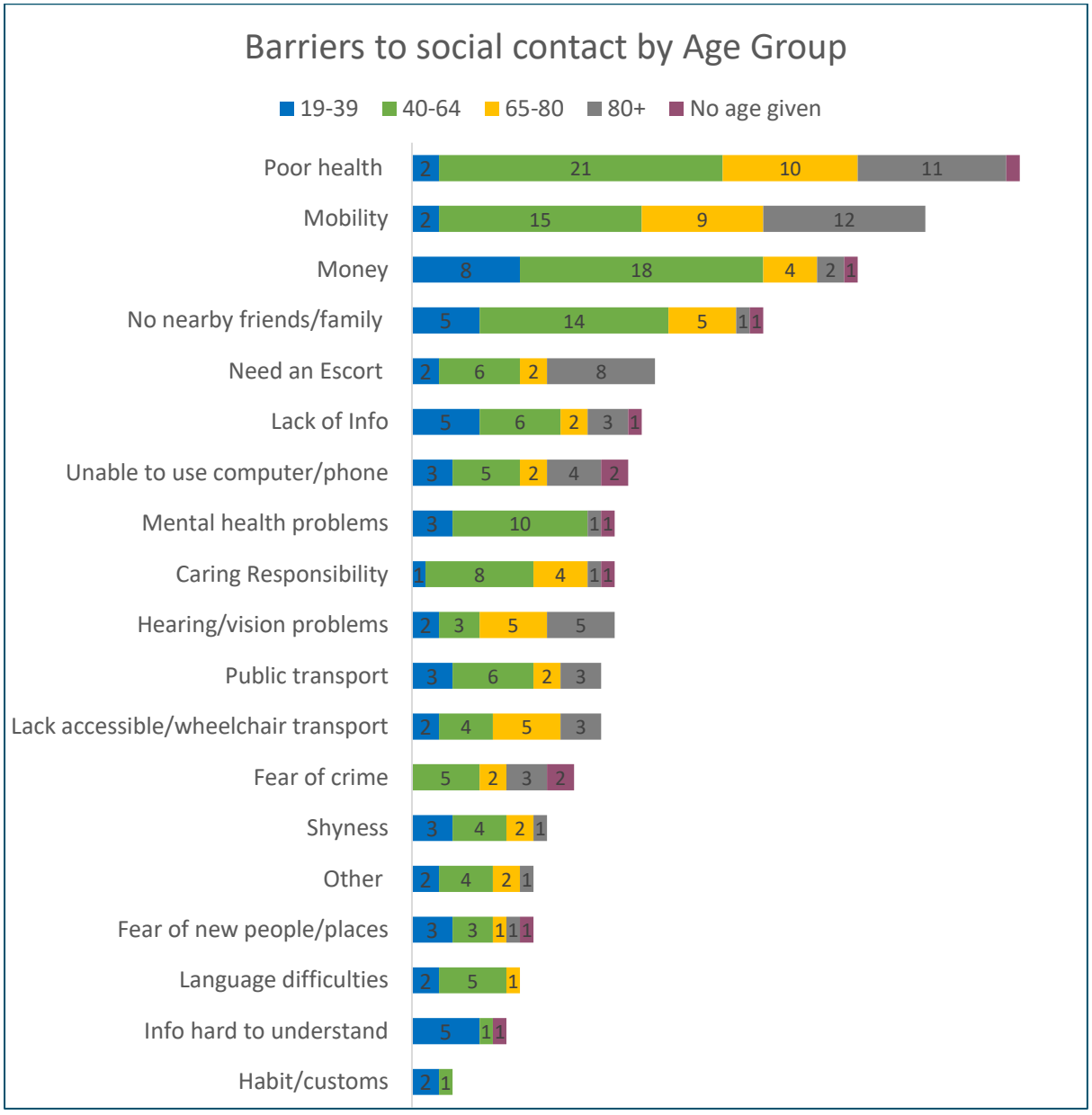
151 people responded to this question with 324 responses, an average of 2.2 responses per person. The findings are presented by age group in Graph 15.

The main barriers to having more social contact were poor health, mobility, money, and no friends or family nearby, constituting 44% of responses.

Another 11% of responses identified needing an escort and public transport as a barrier to having more social contact. 5% of respondents reported that not being able to use a computer or a phone acted as a barrier; a quarter of whom were over

80 years old. This may reinforce the finding of the lower level of contact of email/social media in this age group:

"Poor IT skills to go online, also my smart phone is broken. Also because of my condition it's difficult"



Graph 15. Reported barriers to social contact by age group (by number of respondents)

Respondents identified 9 'other' barriers that were not included in the categories. Some of these include:

"Husband-Domestic violence- sees him rarely"

"My sickness I am a dementia person"

"Homeless"

"Mild Depression"

Some respondents reported to have no barriers to their social contact. Of the 34 who reported this, examples included:

"I'm not very sociable I like being by myself"

Improvements to Services

The respondents were asked about services they had previously attended (whether services had closed down or respondents attending for their own reasons) to identify gaps in service provision. In addition, respondents were asked what improvements to services in Brent they would like to see to help address these gaps.

Respondents reported a sense of loss for services that no longer exist. Over the past 8 years, Brent Council has experienced significant financial constraints due to the reduction of central government funding.

Past Service Access

A total of 74 responses were collected, identifying 62 activities and services. Table 3 presents a summary of the different categories that respondents used to attend.

Type of Past Service/Activity	Responses
Services/ Organisations	42
Activity	16
Support Groups	4

Table 3. The number of services and activities that respondents had previously accessed

Within the services that were reported, respondents may have included services that they no longer attend but still exist (for example, BIAS and Brent Mind). Changes to personal circumstances is noted in wider research as a trigger of social isolation. Within the data, there are some examples where respondents no longer attend services due to a change in life routine, such as "children's school trips" and "English writing lessons, can't get to them now". It is also evident that the closure of services stopped respondents attending them, therefore reducing their social contact. For example, the closure of Wembley St Josephs was mentioned 8 times; "Wembley saint Josephs, closed, great loss, tea dances".

Comments from respondents about accessing services in the past include:

"Care service has been reduced, social outlets for mobility service have been reduced"

"most social clubs have been shut"

"unable to get much now"

"Seamus Moors, Collingdale"

Services identified to improve social contact

Respondents were asked to identify what they would like to see in the local community to improve their social contact.

The majority of responses (49) reported to want more varied activities available, followed by more supported services (12). A breakdown of these grouped services is presented in Table 4. It is evident, from the wealth of services identified in Table 1, that a variety of community resources are available to residents. However, respondents suggested more varied activities would be beneficial. Arguably, this is a reflection not on the amount of services available, but rather, the awareness of what exists locally. Partnered effort among both statutory and voluntary organisations is necessary to raise awareness about the different services and activities available.

Services for more social contact	Responses
Varied Activities	**49**
Social Groups	*16*
Specific activities (e.g. bingo)	*14*
Learning based	*8*
Health based	*7*
Organised trips	*6*
Community based	*3*
Supported Services	**12**
Improved Transport	**8**
Cheaper Activities	**5**
Area Specific Activities	**3**
Improved Advertising	**3**

Table 4. Services and activities identified by respondents that would improve their social contact

Examples of what respondents would like in the community:

"Days out at seaside, outings to the theatre, craft group-sewing, flower arranging, makeup things and being creative"

"More social clubs, leaflets with information time and place"

"More in the Kingsbury area"

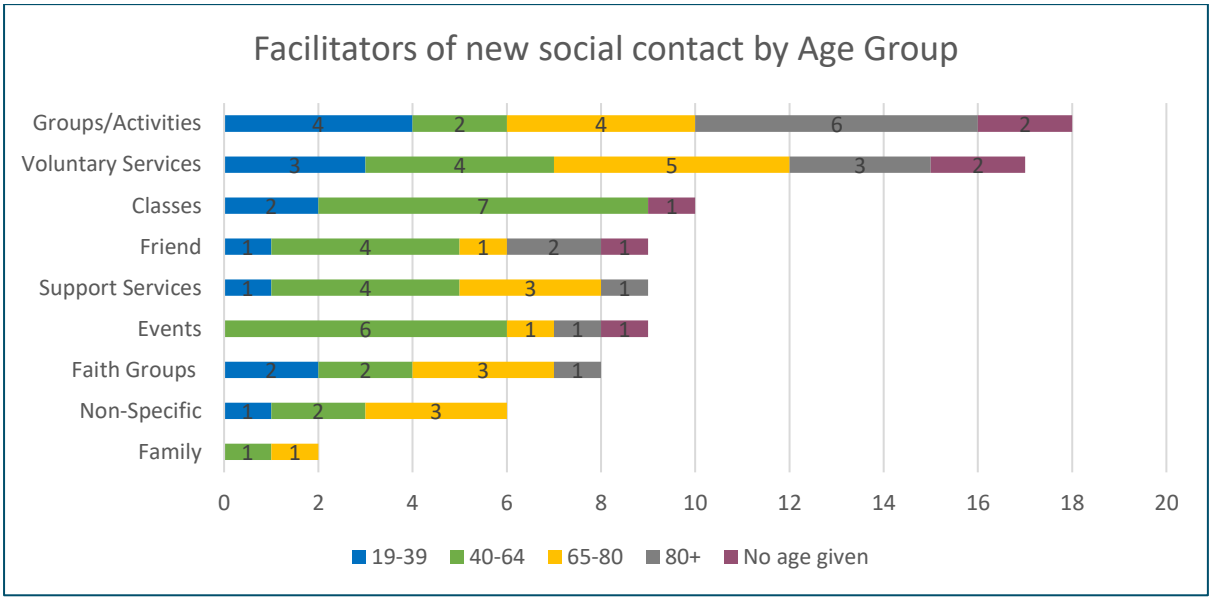
"More community centres where people could meet and have activities and fellowship"

"Dedicated support groups"

"Transport to some of the service/daycentre someone to escort"

Facilitators of new social contact

Thus far, the barriers to social contact, access and improvements to services have been identified. It has predominantly focused on structural barriers respondents may encounter, such as not being able to attend services or services that are no longer operating. Therefore, it is important to identify what motivates Brent residents to have more social contact on an individual level. The questionnaire included a three-part question about an occasion when respondents had tried something, or met someone, new and what helped them to do so.



Graph 16. Facilitators of new contact as reported by respondents (by number of respondents)

Of the 82 respondents who had participated in a new activity or met someone new (54% of the total respondents), most new interactions were with a voluntary group. Whilst family was identified as a key source of social contact for most respondents, it is the voluntary sector that was identified as the main facilitator for new forms of social contact. It is, therefore, concerning that some in the voluntary sector have reported they are not confident about where to signpost people who are at risk of isolation. Evidently, they play an important role in creating social contact.

Examples of new forms of contact include:

"The most recently my computer classes met new people and very happy to learn computer. Feeling thankful"

"I visited a temple in Harlesden, it was a lovely building. It was the first time in a while that I have been out"

"IT Course-new area for her to start, enjoying it enthusiastic about it. Heard about it through Brent carers. They gave details, went to Stonebridge centre to fill out form to register, assessed, had to do English test first. Quite a procedure

to enrol so may need someone to help a person who is confident or unsure of what to do"

46% of respondents reported that they had not tried new activities or met anyone new. There is a need to ensure that awareness is raised not only to maintain social connectedness, but to initiate new contact for people who may want to feel socially included. This can be achieved, in part, by increasing awareness of these services to service users and providers.

"haven't met anyone for a while, would like to meet new people"

"Can't remember meeting anyone new"

"Did not experience that"

"Haven't met new people in a long time"

Voluntary services play a vital role in facilitating social contact. It is particularly important to highlight this role in preventing and reducing isolation in groups where family and friends were not a main source of contact. The majority of referrals to statutory services come through GPs, although recently SIBI has advertised through the voluntary sector. These findings suggest better partnership between the statutory and voluntary sector is required to reach the greatest number of Brent residents with support that works for the community.

CONCLUSIONS

Social isolation has been identified as a public health challenge locally and nationally. The impacts of isolation are detrimental to suffering individuals' mental and physical health, and to the broader health system. Recent reports claim that the physical cost is similar to that of smoking 15 cigarettes a day[50]. Interventions which prevent and reduce social isolation are focused on facilitating and maintaining social contact. In Brent, a wealth of statutory and community resources exist that promote social contact and, thereby, are effective means of preventing social isolation. However, concerns have arisen that these resources, such as the Brent Community Directory and SIBI, are not reaching their potential. Therefore, Healthwatch Brent has examined the landscape of social isolation in the borough to gather a clearer understanding of the scale of need, service provision and gaps and, in addition, what could be done better in the borough from the resident's perspective.

The questionnaire which gathered 152 responses and consultations with statutory partners reveals a complex picture. Capturing the number of socially isolated people in Brent is a challenge. Therefore, the findings of this report offer a snapshot of the landscape while accepting that those suffering severe isolation were unlikely to be included in the sample. Most people who completed the questionnaire had regular contact (3-7 days) each week, with the main source being family members. However, there are variations in type of contact and respondents' satisfaction with their contact. In contrast to public discourse, the age group who reported to have irregular contact most were within working ages (19-64). Those aged over 65, although having regular contact, reported to have the most contact over the phone. Brent's trend of isolation reflects that of recent research whereby younger age groups are increasingly feeling isolated.

Despite most respondents having regular social contact, around a quarter are not satisfied. Certain groups were identified to report feeling unhappy more than others. This included those living alone and in supported/sheltered accommodation, who arguably have less contact with family members which may explain their dissatisfaction. Those in supported/sheltered accommodation, however, consisted only a small percentage of the sample and therefore this group warrants further exploration. In parallel with percentage of 19 to 64-year olds reporting irregular contact, around a quarter of this group reported to be unhappy with their social contact. Those who reported to have irregular contact and those who do not attend activities or community services also were likely to report feeling unhappy with their contact.

The benefits of accessing community resources for improving social contact are clear. However, when examining the barriers to social contact identified in the questionnaire, it is evident that these barriers act as obstacles to accessing community resources too. The main barriers reported included poor health, mobility, and money suggesting that those who already have less social contact are

[50] Campaign to End Loneliness (2018) Hidden Citizens: how can we identify the most lonely older adults

unlikely to attend activities and services for the same reasons. These findings highlight an opportunity to remain mindful of such risk groups when promoting services aimed at tackling social isolation and to ensure that community resources are accessible to all. This does not necessarily entail creating new resources but rather raising awareness for all groups of people (for example, for those who are unable to travel due to health reasons, there are free befriending services offered in Brent).

A further finding of the questionnaire highlights the importance of the voluntary sector in facilitating new activities and relationships. Respondents reported a sense of loss of services in the borough over recent years, which has affected their social contact. Moreover, the consensus among respondents for improving social contact was to have a greater variety of community services. It is evident that community resources have a significant role in reducing social isolation in the borough. However, due to the plethora of services and activities that are available to Brent residents, the need does not lie solely with developing more services to address concerns but rather improving the awareness about the existing services to ensure that the greatest number of people are receiving the support needed to reduce and prevent social isolation.

Brent has a great catalogue of community resources that is currently not being used effectively to address social isolation. Preventing social isolation is achievable through good partnership between statutory and community service providers by ensuring awareness of these resources is increased. Brent CCG have a number of significant priorities and limited commissioning personnel. Brent Council have limited funding and the voluntary sector need access to and cooperation from the statutory panel to fully respond. No one part of the system holds the solution to this issue.

RECOMMENDATIONS

Overall, the findings of this report suggest that there is need for increased awareness and access to the community resources residents have available to them. This can be achieved through integrated working between Brent CCG, Brent Council and Brent's Voluntary Sector to co-create a solution making best use of the existing community resources, both statutory and voluntary.

Healthwatch Brent recommends the following:

1. **Coordinate the roles** of SIBI, Care Coordinators, Care Navigators, Link Workers, Social Prescribers, GPs, Adult Social Care and Mental Health Services to proactively support their clients who are at risk of isolation to access community opportunities to improve their social contact.

    a. Consider the development of a **Wellbeing Hub in Brent** as a continuation of the work conducted by the previous Community Hub at Central Middlesex Hospital. To provide a space where statutory and voluntary partners can coordinate to provide wellbeing, social and emotional support for residents; inclusive of emotional health checks and a co-produced Wellbeing Plan to compliment the offer from SIBI.

2. Service providers and statutory partners to **collaboratively raise awareness** of existing statutory and voluntary resources in Brent.

    a. **Improve the Brent Community Directory** following good practice examples in other locations whereby there are more targeted approaches for searching for services and activities (for example, searching by age group, location, type of service) for easier access to information.

    b. Consider making the **SIBI directory a shared resource** for statutory and voluntary partners to access and signpost residents whilst continuing the personalised and supported use offered through SIBI. Potential partners who could benefit from a shared directory include Care Navigators, Link Workers, GP staff, local voluntary sector groups who engage with groups at risk of isolation.

    c. **Increase advertising for services and for directories** for residents to signpost themselves to activities promoting social contact. Advertising could be considered in GP surgeries, pharmacies, cafés for example to encourage people not in contact with services to attend, particularly groups at risk of social isolation such as residents with poor health and young adults (19-35).

    d. **Develop good practice standards in community groups** in identifying residents at risk, supporting and raising awareness through harnessing the skills of Together in Brent and the Campaign to End Loneliness frameworks.

3. **Address barriers to social contact** that residents experience (poor health, mobility, money) through raising awareness of the existing services in Brent that offer accessibility support and actively promote different means of social contact (online and by phone) for those who health conditions are deteriorating to help ensure they continue social contacts when they are less mobile. Furthermore, commissioners and voluntary partners to remain mindful of these, and other potential barriers, when developing new services and activities to not exclude groups of residents.

4. Brent CCG and Brent Council to support the community **through locally based solutions by co-funding long-term projects** such as 'Brent Jo Cox Great Get Together Day' to welcome and retain residents in need to services. The voluntary sector to consider seeking other funding sources and coordinate this work in partnership with statutory partners.

5. Commissioners to hold open discussions through the **Integrated Care Partnership Board** and relevant working groups or the Health and Care Transformation Programme as a forum for progressing collaboration for genuine partnership between statutory and voluntary sectors. Use this forum to measure performance, reflect on the benefits inherent to social contact to improve the general wellbeing of their beneficiaries and the opportunities offered through the new Link Workers/Social Prescriber role.

6. In light of the rise in respondents living in **supported and sheltered housing** reporting dissatisfaction with their social contact, **increased support** to encourage these residents to engage with community services to improve their feelings of social inclusion is recommended.

    a. Further examination into the relationship between tenancy status and social isolation would be advantageous.

7. Following progress on these recommendations, **gap analysis and market shaping** would be more feasible.

APPENDICES

Appendix I.

Social Contact Questionnaire 2019

Healthwatch Brent have asked Together in Brent (a coalition of Brent Charities) to find out how Brent people feel about the social contact they have-e.g. who they see or talk to, what activities they take part in, what helps or stops them taking part. Your answers are confidential and will be combined with other peoples' answers to develop a report. It might include some of your comments. We won't share your personal data. We won't ring you about this survey.

How old are you?..... What is your post-code in Brent? .....

1. **Do you live:**

☐ Alone ☐ With a partner

☐ With family ☐ In Supported/ Sheltered Housing

☐ In a care/nursing home ☐ Somewhere else? .....

☐ I'm homeless or don't live in one place

2. **Who do you have the most social contact with (tick all that apply)**

☐ Husband/wife/partner ☐ Unpaid carers

☐ Children/parents ☐ Other family members

☐ Neighbours ☐ Friends/people you share interests with

☐ GP practice staff or NHS staff ☐ People you work/ study/ volunteer with

☐ Shop/post office/ bank staff ☐ Local community staff/ Faith groups

☐ Advice services or foodbanks

☐ Paid workers/carers who come to your home

☐ Housing association/ sheltered scheme staff/ managers

☐ Others-please specify here .....

☐ I don't have any social contact at all

3. **I have contact with friends, family, neighbours or other people important to me either in person, over the telephone, email or social media:**

	A lot (5 to 7 days a week)	**Occasionally** (3 to 4 days)	**Little** (1 to 2 days)	**Rarely** (1 or less days)
In person	☐	☐	☐	☐
Over telephone	☐	☐	☐	☐
Over email/social media	☐	☐	☐	☐

4. **How do you feel about how much social contact you have?**

.....

.....

.....

5. **What things make it difficult for you to have social contact with others? (Tick all that apply)**

☐ Poor health

☐ Money

☐ Lack of information about what's on

☐ No family/friends nearby

☐ Shyness

☐ Fear of new places or people

☐ Language difficulties

☐ Habit/custom

☐ Mobility

☐ Need an escort

☐ Hearing or vision problems

☐ Caring responsibilities

☐ Fear of crime

☐ Public transport

☐ Information is hard to understand

☐ Unable to use computer or phone

☐ Lack of accessible/wheelchair transport ☐ Mental Health problems

☐ Other (please tell us below)

.....

6. **What would help you to have more social contact?**

.....

.....

.....

7. **Do you take part in groups or other services in the community that give you social contact or help you feel more included?**

☐ Yes ☐ No

8. **What type of groups/services are they? How do they help you and others have more social contact or feel more included?**

Name of Organisation/ Location	What it offers	How does it help?

9. **Have you used services or attended groups in the past (that may no longer exist) that helped you and others have more social contact or feel more included** If yes, what were they and how did they help?

.....

.....

.....

10. **What other services or groups in the community do you think would help people have more social contact?**

.....

.....

.....

11. **Can you tell us about a time recently when you met new people or did something new. What made that possible?**

.....

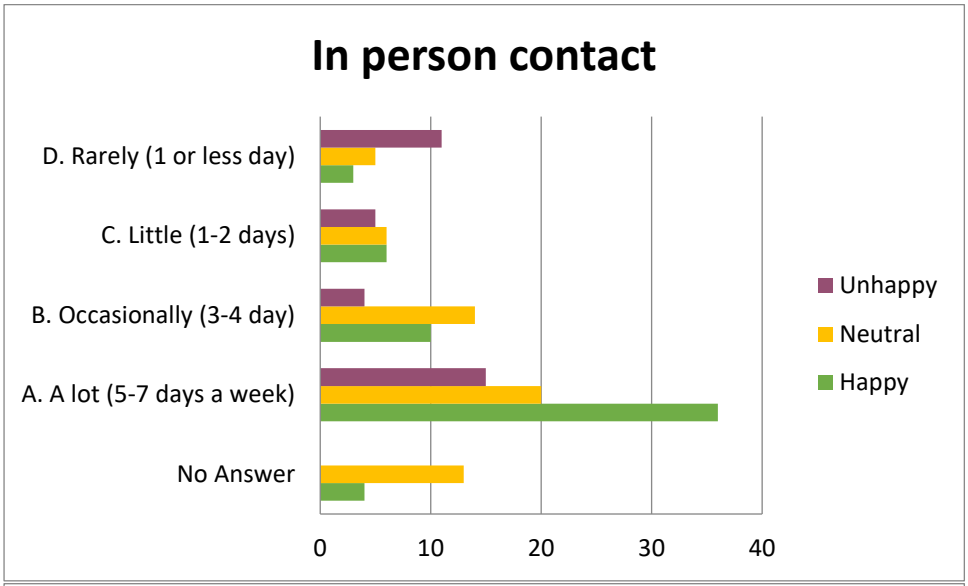
.....

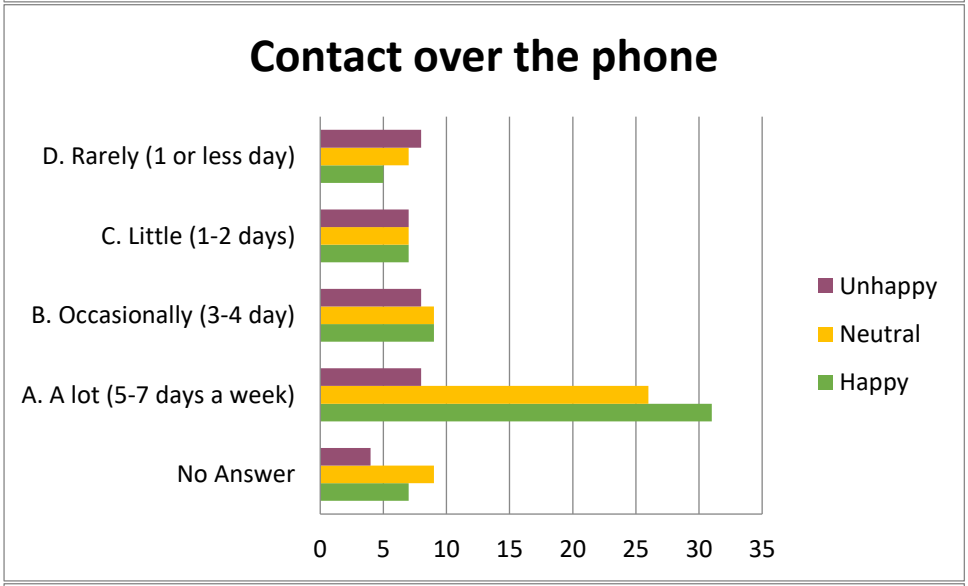
.....

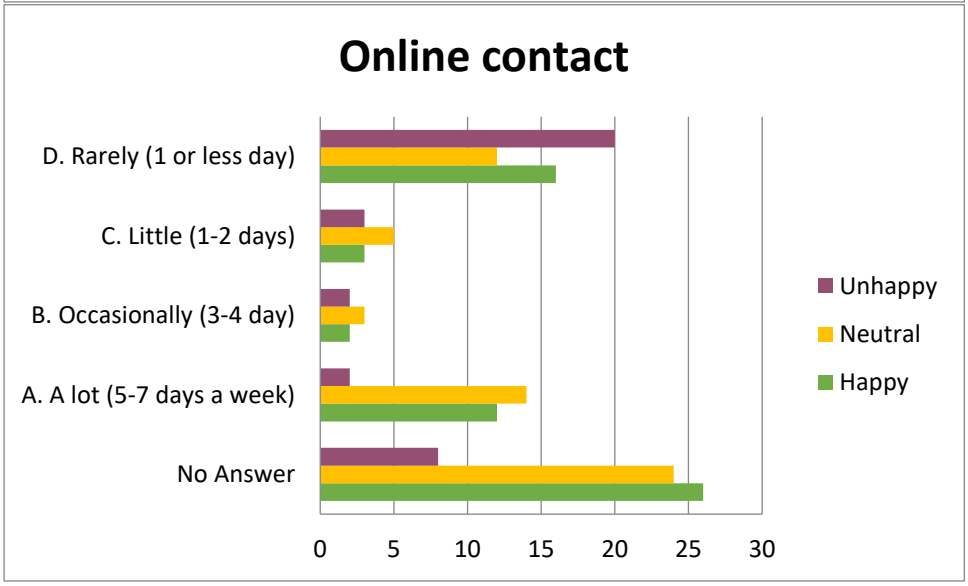
Thank you for your time. We will put all the responses together and produce a report with them. The report will help Healthwatch Brent tell Brent Council and Brent NHS services what local people's views are about social isolation and staying well in the community.

You can find out more about Healthwatch Brent at www.healthwatchbrent.co.uk

Appendix II.


In person contact
D. Rarely (1 or less day)
C. Little (1-2 days)
B. Occasionally (3-4 day)
A. A lot (5-7 days a week)
No Answer
0
10
20
30
40
Unhappy
Neutral
Happy


Contact over the phone
D. Rarely (1 or less day)
C. Little (1-2 days)
B. Occasionally (3-4 day)
A. A lot (5-7 days a week)
No Answer
0
5
10
15
20
25
30
35
Unhappy
Neutral
Happy


Online contact
D. Rarely (1 or less day)
C. Little (1-2 days)
B. Occasionally (3-4 day)
A. A lot (5-7 days a week)
No Answer
0
5
10
15
20
25
30
Unhappy
Neutral
Happy

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