

Social isolation and its impacts on health and wellbeing in Mid Hampshire



Summary

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SUMMARY

Background

Action Hampshire was commissioned by Mid Hampshire Better Local Care to investigate social isolation in Mid Hampshire. The study was carried out in two parts: a literature review, and a series of qualitative interviews with expert not-for-profit organisations and individuals.

What is social isolation?

Social isolation occurs when a person is separated from social contact, community involvement or access to services. It also includes having poor quality social contacts.

Impact of social isolation on health and wellbeing

Academic literature tells us that there is a clear correlation between social isolation and relatively poorer health and wellbeing. Impacts include:

- higher mortality;
- effect is comparable to obesity;
- greater risk of breast cancer recurrence;
- increase in likelihood of developing coronary heart disease and stroke;
- earlier admission to residential or nursing care;
- greater risk of emergency hospital admission and readmission.

Who might experience social isolation?

People can be affected by social isolation at any age or stage of their lives. Those particularly at risk of social isolation include:

- Older old (those over 80 years old)
- New, young or lone parents
- Parents of young children (particularly mothers with postnatal depression)
- Informal carers (young & old)

- People experiencing domestic abuse
- Lesbian, gay, bisexual or transgender people
- Long-term unemployed
- People with autism, a learning disability or a behavioural problem (and their families)
- People with a physical disability or long-term condition (and their families)
- People with a mental health condition (and their families)
- Men living alone
- Recent migrants or those with few English language skills
- People experiencing significant poverty
- Young people who do not conform to peer norms of appearance, language, behaviour
- Homeless people
- People with substance misuse problems
- Veterans
- Ex-offenders

Risk factors

There are a number of factors that can contribute to people feeling socially isolated:



Individual factors

eg. sexuality, ethnicity, age, personality



Health, wellbeing, disability

eg. sensory impairment, physical or mental ill health



Life transitions

eg. new parenthood, school experiences, becoming a carer, bereavement, acquiring a disability, moving to a new area



Social issues

eg. domestic violence, unemployment, poverty, transport, housing

Factors contributing to social isolation in Mid Hampshire

Interviewees identified a range of issues that they felt were contributors to social isolation in Mid Hampshire. These were categorised into five broad themes:

External Circumstances

- Major transitional life events that can lead to social isolation include moving away from friends, family and social networks; a change in role and identity because of retirement, informal caring responsibilities or bereavement; and acquiring a disability in later life.
- Whilst isolation is “more about situation than location”, living in an intimidating neighbourhood, having a shortage of social spaces, and experiencing difficulty negotiating the built environment can all contribute to becoming socially isolated.
- Mental illness and stigma are two major contributory factors to social isolation.
- Social isolation can also affect family and friends “by association”.

Rurality

- Transport and thus access to support and services are big challenges in rural Mid Hampshire.
- Although the risk of becoming socially isolated is probably reduced if you live in a village, for some people being “visible” in a small community can be problematic.

Transport / Mobility

- Loss of private transport is a big factor in terms of the risk of social isolation.
- Accessing public transport is particularly challenging for some individuals eg. those with a learning disability, visual impairment, or anxiety.

Barriers to benefitting from existing provision / networks

- Social and cultural norms and society’s unwritten rules influence whether a person’s behaviour is deemed acceptable or not by others.
- The impact of disability on communication can be a huge barrier.

Not accessing what is available

A number of reasons were identified as to why people at risk of becoming isolated do not access the support that is available:

- they didn’t know about it;
- pride and independence;
- low mood, anxiety, lack of confidence or lethargy;
- worry about repercussions;
- secrecy and lack of trust;
- technological barriers;
- language or cultural barriers;
- not recognising own need;
- unsuitable or inappropriate services;
- gender barriers (particularly for men);
- practical difficulties.

Summary

Social isolation can occur at any age, life-stage or social situation. However, some clear themes emerged about people who are particularly vulnerable to social isolation.

Men. Men (of any age) who live alone can be particularly vulnerable to ongoing social isolation. They can be more susceptible to becoming isolated due to established gender roles and norms, and then less likely to address the problem.

Worry. Many people appear to live in a state of almost constant worry, which can be both a cause and a consequence of social isolation. This worry may cause their lives to become quite ‘small’, cutting down their opportunities for interaction with others and leading to isolation. People’s worries include fear of falling, being judged by others, using public transport and leaving a dependent alone. Conversely, a socially isolated life may lead people to ‘brood’, significantly increasing their levels of anxiety and worry.

Mental health. Social isolation can be both a cause and a consequence of poor mental health. Mental health issues may affect a person's ability to make or maintain relationships, leading to withdrawal from everyday human contact. Conversely, someone who finds themselves becoming isolated, perhaps because of the practical challenges of age or infirmity, may find themselves becoming depressed or susceptible to harmful behaviours.

Informal carers. Informal carers can become very vulnerable to social isolation. Their changing role, and the challenges of their day-to-day responsibilities can reduce opportunities to maintain social contact. Informal carers frequently do not identify themselves as such, and therefore don't seek the support that they need. Pride; fear

of being seen as 'not coping' and the possible repercussions; the loneliness of no longer being able to communicate with the cared-for individual can all contribute to an informal carer becoming increasingly isolated and withdrawing from the outside world.

Rurality. Our research suggests that social isolation may be less prevalent in rural areas, due in large part to the support networks often present in villages. However, it is possible that isolation is just more hidden in rural areas, with people guarding their privacy more fiercely. It is also important to recognise the changing nature of some rural areas in Mid Hampshire, as they become less 'communities' and more wealthy commuter enclaves.

Some points for consideration

- 01 Proven correlation between social isolation (and/or loneliness) and health & wellbeing. Direction of correlation is less clear. Poor mobility can stop you getting out and about, leading to social isolation. Conversely, if you feel alone and isolated for some reason, you may remain at home and your mobility suffers. The same holds true for isolation and mental health.
- 02 Few of the organisations interviewed undertake work focussing specifically on social isolation. It may be helpful to encourage and support organisations to make social isolation an overt part of their remit.
- 03 Appears to be less social isolation in rural areas, as there are often strong informal support networks. This needs to be balanced with the view that people in small communities often feel a need to protect their privacy. Perhaps social isolation in rural areas is equally prevalent but more hidden.
- 04 Agencies need to be cautious of over-depending on digital services as a substitute for face-to-face contact. Barriers are not just about IT literacy but also include income, access, slow broadband, literacy levels.
- 05 Men are often more reluctant to recognise and admit that they are isolated. New thinking is needed to engage with and support men specifically.
- 06 Private business could be part of the solution eg. accessible fly fishing for older men.
- 07 Understanding why BME communities are often not accessing mainstream services
- 08 Shortage of volunteers, particularly younger volunteers (eg. many lunchclub volunteers are older than attendees). Major impact on future service provision, particularly in the voluntary sector.
- 09 Short term thinking and funding often means that interventions and projects don't have a chance to succeed or prove their efficacy.
- 10 Cheap and innovative solutions being introduced elsewhere eg. casserole clubs. We can learn from them.
- 11 It is not necessarily the people who are most at risk of social isolation who are being reached by current services.

To download the full report, please go to actionhampshire.org/mid-hampshire-health

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