Lonely?
Get connected

Annual Public Health Report for Stockton-on-Tees

2018-2019

Stockton-on-Tees
BOROUGH COUNCIL

Acknowledgements

Tanja Braun	Consultant in Public Health, Stockton-on-Tees Borough Council
Sara Dalton	Project Officer, Catalyst
Mandy MacKinnon	Strategic Health & Wellbeing Manager, Stockton-on-Tees Borough Council
James O'Donnell	Public Health Intelligence Specialist, Stockton-on-Tees Borough Council
Katie Slack	Health Improvement Specialist, Stockton-on-Tees Borough Council
Glyn Smith	Partnership & Projects Officer, Stockton-on-Tees Borough Council

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Councillor Jim Beall
Chair, Stockton-on-Tees Health and Wellbeing Board

Foreword

I am very pleased to welcome our Director of Public Health's (DPH) Annual Report for 2018-19 which draws attention to the important local public health issue of loneliness.

As a Council and as a lead partner of Stockton-on-Tees Health and Wellbeing Board, we have a system leadership role to ensure that the collective efforts of all our partners are focused on improving health for everyone. To effectively address loneliness requires us all to work together as individuals, communities, voluntary sector businesses and service providers.

Across our communities there are people who may go for days, weeks or even months without seeing a friend or family member. Even when surrounded by people and friends, some people can still experience feelings of loneliness. It is estimated that around 7500 adults in our Borough may be experiencing loneliness.

It's not just elderly people that are affected – loneliness can affect any of our residents at any time. It can even impact on children and young people (particularly young carers). If we act early and support people at vulnerable points in their lives, we can reduce the impact on the individual's health and this will also help to reduce demand on our services. As such, identifying and supporting people early will help reduce the cost of loneliness to our Borough. As a Council we are committed to protecting the vulnerable and recognise the importance of our own culture and infrastructure to help build a more socially connected society. We are also committed to tackling loneliness in our communities given the growing evidence of the significant detrimental impact it can have on people's health and wellbeing. Underpinning all our Council's policy decisions are four key policy principles: protect the vulnerable; create economic prosperity, tackle inequality; and help people to be healthier.

Together we can make a difference by the way in which we interact and connect within our communities both as individuals and as organisations. I welcome the recommendations within this report and look forward to working with partners across the system to end loneliness in our communities.

Steve Rose
Chief Executive, Catalyst

Foreword

Nobody likes the idea of people being lonely, being so isolated that their health suffers, creating pressure on public services simply because they are on their own. We all know that we must all do what we can with those we know and love especially our neighbours and families.

But why then is it necessary for this report by the Stockton-on-Tees Director of Public Health to focus on loneliness and isolation? Because, quite simply, we are not doing enough and we must all do better.

In my position working with the voluntary, community and social enterprise sector I see many examples of the public sector, especially the local authorities social care teams alongside health service partners, working in the community to support people at home to reduce loneliness and isolation.

I see the wider voluntary and community sector working to help people in communities, to provide social spaces and necessary physical support in many different ways. There are volunteers giving of their time and expertise to help those who need it and respond when they can to provide care and support within the resources they have.

But, there is still more to do and we at Catalyst and the VCSE as a whole welcome this report and the call for better coordination and dialogue in our communities in Stockton-on-Tees. We will stand alongside our public sector partners to provide those who are feeling isolated and lonely a better, brighter future living in our borough.

Katie Needham
Interim Director of Public Health, Stockton-on-Tees Borough Council

Introduction

Loneliness is a universal human experience and some would argue that it is the very essence of being human. Loneliness is a complex and usually unpleasant emotional response to isolation. It typically includes anxious feelings about a lack of connection or communication with others, both in the present and extending into the future. It is an experience that most of us will encounter at some point in our lives either as a momentary short term experience or a more protracted experience resulting for example from the loss of a loved one.

Until recently a stereotype has persisted that loneliness is something that accompanies ageing. However, loneliness is a factor that impacts wellbeing across the life course and can affect anyone of any age, gender and background – from a young person who has moved to a new area or started a new school, to an adult who is coming to terms with the diagnosis of a long term condition or to an older person recently bereaved.

As our society continues to change, so otherwise welcome advances can also increase the risk of loneliness by gradually reducing important human contact from our lives. For example, although technology has many great benefits such as enabling us to work more flexibly from home, doing our shopping and banking online, socially interact with friends, receive telecare in our living rooms we must however also consider its potential negative knock-on to the quality and quantity of social interactions.

Where does responsibility lie to tackle this issue? In reality it lies with all of us. As individuals we need to have a level of self-awareness of our personal trigger points and make active and deliberate choices about changing the state in which we find ourselves recognising we all have varying levels of resourcefulness and resilience to do this. At a community level, family and friends, local organisations and front-line practitioners from all services can all play a part in preventing and supporting lonely individuals by taking notice and creating opportunities for social contact. Simple acts of kindness from taking a moment to talk to a friend or help someone in need can make a real difference. The expansion of local social prescribing services will have the potential to change the way that patients experience loneliness by helping to connect people with community support that can restore social interactions in their lives. At a societal level, policy makers such as the Local Authority and businesses who influence urban design and planning, housing, transport, employment and facilities also play an important role in these shaping factors to maximise the use and access of local assets and improve connectivity.

Chapter 1 of my report provides an overview of the health and wellbeing of Stockton-on-Tees residents with a particular focus on health inequalities. Chapter 2 explores what it means to be lonely and the language of loneliness. Chapter 3 looks at the impact of loneliness on health and wellbeing and Chapter 4 considers what we know around 'who is lonely' and we share some local Stockton-on-Tees insights. Chapter 5 showcases a number of case studies of work going on around the Borough to address loneliness. Chapter 6 explores a range of solutions to address the issues moving forward and the final Chapter 7 outlines progress on the last annual public health report's recommendations.

What has become clear from producing this report is that we should not presume we all have a shared consistent understanding of loneliness. Asking ourselves "what kind of community do we want to live in?" may be a better way to help us to develop a shared understanding of this issue and ultimately what will make a difference are the quality of everyday connections and the kindness of individuals towards each other.

Chapter 1

Health and Wellbeing of Stockton-on-Tees

Stockton-on-Tees is home to over 195,000 people and comprises of 6 townships (Stockton, Billingham, Thornaby, Yarm, Ingleby Barwick and Norton). Each township has their own distinct characteristics influenced by industrial & historical legacies, the built and natural environment and the diversity of the communities that reside within them. There is a strong sense of community in Stockton-on-Tees and there are many valuable assets within the Borough, including community leaders and organisations who know their area well and understand its strengths and challenges.

Stockton-on-Tees has some of the highest health inequalities in the country, where residents from the most deprived areas have significantly worse health than those from the least deprived areas.

Key indicators taken from the Stockton-on-Tees health profile below shows how the health of people in Stockton-on-Tees compares with the rest of England. A red circle means that this indicator is significantly worse than England and a green circle mean that indicator is significantly better than England. However, a green circle may still indicate an important public health problem.

The chart shows that:

- **13 indicators are significantly worse than the national average;**
- **9 indicators are similar to the national average; and**
- **1 indicator is significantly better than the national average.**

Fig 1.1: Public Health England Local Authority Health Profile, selected indicators, Stockton-on-Tees, 2018

Indicator	Stockton -on-Tees	England
Life expectancy at birth (Male) - years	78.1	79.6
Life expectancy at birth (Female) - years	81.4	83.1
Under 75 mortality rate: all causes - DSR* per 100,000	396	332
Under 75 mortality rate: cardiovascular - DSR per 100,000	77.2	72.5
Under 75 mortality rate: cancer - DSR per 100,000	159.4	134.6
Suicide rate - rate per 100,000	9.2	9.6
Emergency hospital admissions for intentional self-harm - DSR per 100,000	247.8	185.5
Hospital admissions: unintentional & deliberate injuries in children (0-14 yrs) - rate per 10,000	96.9	96.4
Admission episodes for alcohol-specific conditions (Under 18s) - rate per 100,000	71.3	32.9
Admission episodes for alcohol-related conditions (Narrow) - DSR per 100,000	913	632
Smoking Prevalence in adults (18+)	16.4%	14.4%
% Physically active adults (19+)	61.9%	66.3%
% Adults classified as overweight or obese (18+)	68%	62%
Under 18s conception rate - rate per 1,000	28.3	17.8
Smoking status at time of delivery (all ages)	17%	10.8%
Breastfeeding initiation (all ages)	48.7%	74.5%
Infant mortality (<1) - rate per 1,000	3.7	3.9
Prevalence of obesity (10-11 yrs)	21.5%	20.1%
Deprivation score - IMD 2015	24.6	21.8
Children in low income families (under 16s)	21.3%	17%
% Children achieving a good level of development at the end of reception (5 yrs)	70.5%	71.5%
5+ GCSEs at grade A*-C inlcuding English and Maths	58.4%	75.2%
New STI diagnoses (exc chlamydia aged <25) - rate per 100,000	486	851
Not in education, employment or training (19-24 yrs)	72.2%	75.2%

Significantly worse than England average
Not significantly different from England average
Significantly better than England average
Not compared

*Directly standardised rate

Source: *Public Health England Local Authority Health Profile 2018*

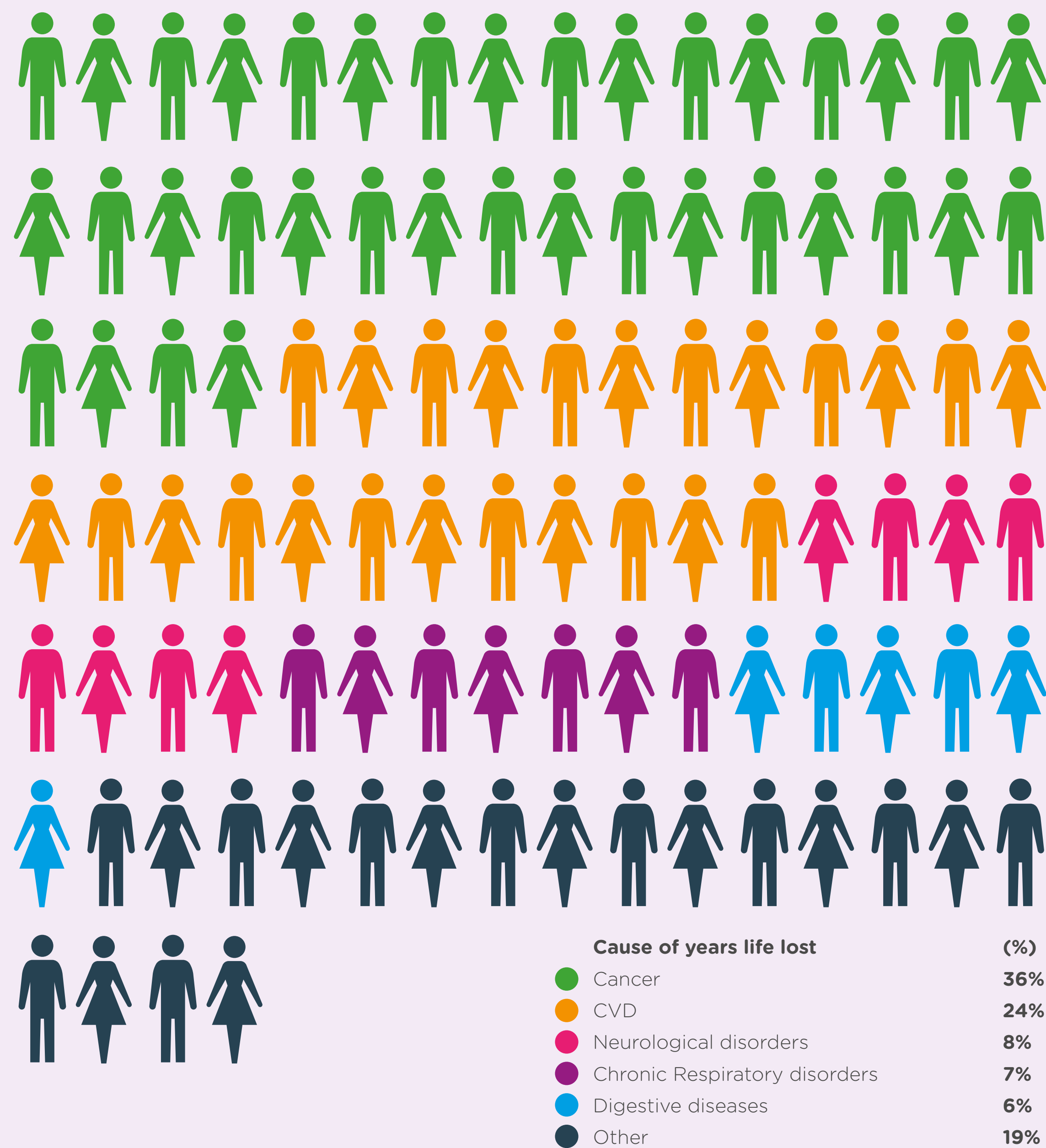
Burden of disease in Stockton-on-Tees

Burden of Disease is a globally recognised way to quantify the difference between the ideal of living to old age in good health, and the situation where healthy life is shortened by illness, injury, disability and early death.

Understanding the burden of disease is the first step in identifying the areas of prevention which could have the biggest impact on health outcomes and to help inform future investment decisions.

The most common causes of premature mortality in Stockton-on-Tees are from cardiovascular disease, cancer, neurological disorders, chronic respiratory disease and digestive diseases. These contribute more than 80% of all years of life lost in the Borough. Therefore, these are key areas to prioritise for preventative action in order to improve the health and wellbeing of Stockton-on-Tees residents and to reduce health inequalities across the Borough.

Fig 1.2: Global Burden of Disease, Stockton-on-Tees, both sexes, all ages, years of life lost, 2017



Source: *Global Burden of Disease Study 2017 (GBD 2017). Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2017.*

Health inequalities within Stockton-on-Tees

Fig 1.3a: Life expectancy at birth, Stockton-on-Tees wards, Males, 2011-15

Males

Life expectancy (years)

Whilst Stockton-on-Tees as a whole scores similar to the England average on a range of health indicators, this hides the great diversity and disparities which exist within, and between our local communities.

When comparing electoral wards in Stockton-on-Tees, life expectancy for males is 21.2 years less in Stockton Town Centre ward (64.0 years) compared to Billingham West ward (85.2 years). This is the highest difference between two wards within any local authority in the country.

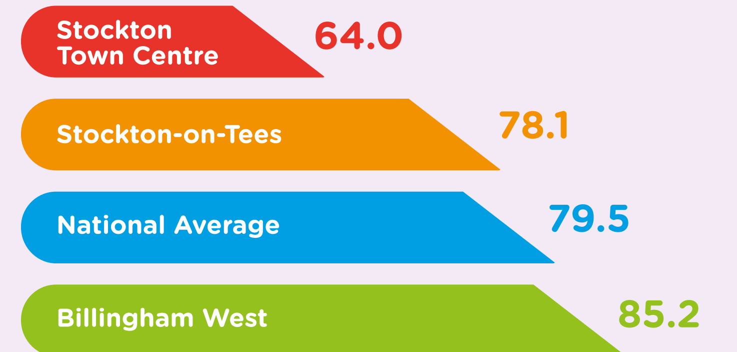
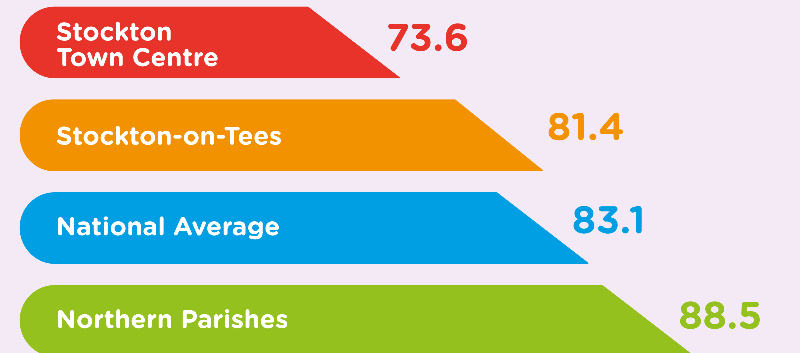


Fig 1.3b: Life expectancy at birth, Stockton-on-Tees wards, Females, 2011-15

Females

Life expectancy (years)

Life expectancy for females is 14.9 years less in Stockton Town Centre ward (73.6 years) compared to Northern Parishes ward (88.5 years).



Source: *: Office for National Statistics*
Index of Multiple Deprivation 2010 and 2015 (IMD 2010 / IMD 2015) scores from the Department for Communities and Local Government.

One of the major roads in England, the A19, travels through Stockton-on-Tees, entering at Wolviston, and exiting towards Crathorne. The image below has been used to illustrate the changing life expectancy of residents in each of the wards that the A19 passes.

The chart below shows that the closer you are to the centre of Stockton-on-Tees, the lower the resident's life expectancy.

Fig 1.4: Life expectancy at birth, Stockton-on-Tees selected wards, Males, 2011-15

Source: *Public Health England (PHE) Local Health 2019, available at: http://www.localhealth.org.uk/*

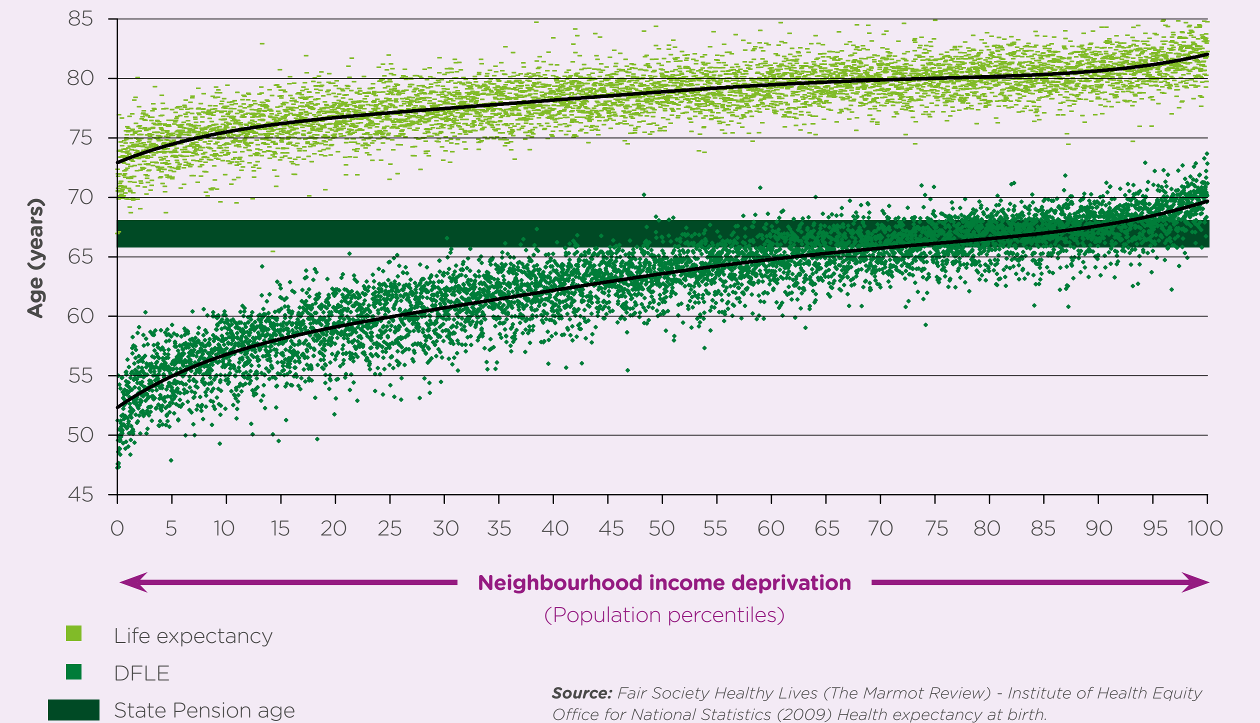
Healthy life expectancy and disability free life expectancy

Healthy life expectancy (HLE) is an estimate of how many years a person might live in "good" or "very good" general health.

Disability-free life expectancy (DFLE) is an estimate of the number of years lived without a long-lasting physical or mental health condition that limits daily activities.

The chart below shows that the majority of residents from the most deprived areas are predicted to have a disability before they reach the state pension age (67 years old) and therefore may be required to work whilst suffering from a long-lasting physical or mental health condition. Poor physical and mental health, along with low socioeconomic status are key risk factors to loneliness and social isolation.

Fig 1.5: Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



Source: Fair Society Healthy Lives (The Marmot Review) - Institute of Health Equity Office for National Statistics (2009) Health expectancy at birth.

Fig 1.6a: Healthy life expectancy **for males is 20.8 years less** **in some areas of Stockton-on-Tees compared to the other areas.**

Fig 1.6b: Healthy life expectancy **for females is 17.7 years less** **in some areas of Stockton-on-Tees compared to the other areas.**

Source: Office for National Statistics. Index of Multiple Deprivation 2010 and 2015 (IMD 2010 / IMD 2015) scores from the Department for Communities and Local Government.

This chapter highlights the avoidable and unfair differences in health status between groups of people and communities across Stockton-on-Tees. There is now an opportunity to translate this need into an agreed local ambitious target to help prioritise actions identified through the Joint Health and Wellbeing Strategy 2019-2023.

Chapter 2

The language of loneliness

Sharing, caring and kindness have long been understood as fundamental to being sociable and to the development of relationships. Being understood, having a connection, a bit of give and take, are all commonly identified as being why relationships work. So, what if there isn't the opportunity to develop a relationship that includes these factors? What happens to the quality of interaction? When do a series of interactions meet the threshold of a relationship? And when does the lack of social interaction result in loneliness?

Loneliness should not be confused with social isolation. These are two different terms, with different meanings which are all too often used interchangeably. It is possible to be isolated without feeling lonely and conversely, to feel lonely whilst surrounded by people – feeling lonely in a crowd. Loneliness and social isolation are different but related concepts. Social isolation can lead to loneliness and loneliness can lead to social isolation. Both may also occur at the same time.

Terms and terminology are especially important when developing an understanding of loneliness and how to address it. This chapter briefly defines other discrete but related concepts that are used when talking about loneliness.

Loneliness is a complex and usually unpleasant emotional response. 'A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want' [1]. Loneliness can be viewed as either temporary which may be caused by something in the environment and easily addressed or chronic or long-term which is not so easily relieved.

It typically includes anxious feelings about a lack of connection or communication with others, both in the present and extending into the future. As such, loneliness can be felt even when surrounded by other people.

Social isolation is a lack of contact or support. This can be at any or all of the different levels where human interaction takes place. Social isolation is an objective measure of the number of contacts that people have [2]. It is about the quantity and not quality of those relationships. Social isolation can occur for a variety of reasons:

- Choice: people may choose to have a small number of contacts
- Circumstance: for example, a carer without respite support
- Feeling unwelcome and misunderstood: for example, feeling withdrawn due to a lack of self-confidence and self-worth
- Perceived or actual social exclusion: e.g. individuals who belong to a minority social group including those who identify with a protected characteristic
- Barriers: physical, psychological or economic barriers

Solitude is the state of being alone without feeling lonely. Solitude is something you can choose. Loneliness is generally not a choice.

While human beings need time alone to allow their brains to rest and rejuvenate, too much time alone or a lack of social connections can be harmful to our mental and physical health [3]. It is important to distinguish between healthy time alone, where we are being productive, creative and introspective, versus negative time alone, where we are being self-critical or feeling lonely.

Social exclusion is exclusion from the prevailing social system and its rights and privileges, typically as a result of poverty or the fact of belonging to a minority social group.

Social connection is the experience of feeling close and connected to others, this may include spending time with family and friends, taking part in a group activity, having a sense of community. The quantity and quality of those connections are both important. Social connectivity plays a valuable role in positively supporting an individual's physical and mental health [4].

Kindness. There is a growing body of evidence that shows that positive relationships and kindness are at the heart of our wellbeing. There is evidence that a low-level interaction (a chat with a known member of staff in the supermarket or a greeting in the street) can make a difference to the quality of daily life for those that may be socially isolated or lonely. This low-level interaction contributes to social connectivity and a sense of community.

Resilience is the capacity to recover quickly from difficulties. Adapting well in the face of change, adversity, trauma, threats or significant sources of stress. Being resilient does not mean that a person does not experience difficulty or distress, it is how they respond to difficulties and distressing events and/or situations.

Resourcefulness is the ability to overcome difficulties by being able to access and make use of resources. Resources can include individual knowledge, skills or coping strategies; finance; social networks; services etc. Being resourceful can be about knowing where and how to get help.

Chapter 3

Impact of loneliness on health and wellbeing

Feeling lonely can pose a bigger risk for premature death than smoking or obesity [5]. Social isolation and loneliness are harmful to physical and mental health and increase the risk of morbidity and mortality.

Source: *Public Health England: Tackling social isolation & loneliness (2018)*

Links to depression may not be surprising but the idea that loneliness can be associated with poorer cardiovascular health and in old age a faster rate of cognitive decline and dementia, is repositioning loneliness as a public health issue.

Social isolation and feelings of loneliness can also be physical or psychosocial stress or resulting in behaviour that is damaging to health. What's more, feeling lonely can make a person more likely to perceive, expect and remember others' behaviour to be unfriendly. This can increase social anxiety and cause them to withdraw further, creating a vicious cycle [6].

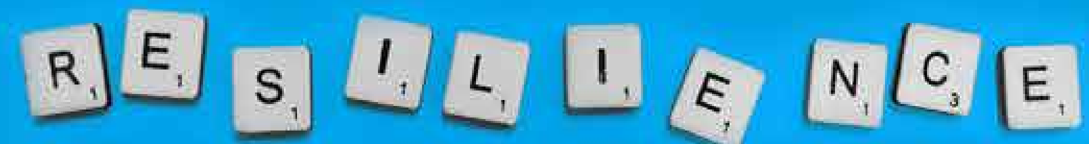
Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill [7].

What we know about what works for tackling loneliness is still developing but in terms of preventing loneliness we know that people who have a more positive view of later life report less loneliness and those who are more socially active and engaged with networks are more likely to be protected from loneliness. Positive healthy relationships matter as does building our social support and our physical and psychological resources.

Loneliness not only impacts on the individual, it impacts on our services and our employers. Lonely people are more likely to visit their GP, mental health services, A&E and more likely to enter adult social care resulting in increased levels of demands on their services as a direct result of loneliness [8]. National surveys report that three quarters of GPs see between one and five people a day suffering with loneliness [9]. Early intervention reduces the impact on an individual's health and reduces the demand and intensity of demand on services. Addressing loneliness has been recognised within guidance for the Government's Care Act as a means of reducing demand on adult social care.

At work, higher loneliness among employees is associated with poorer performance on tasks and in a team [10], while social interaction at work has been linked to increased productivity (11).

Research in conjunction with the National Commission on Loneliness found that loneliness experienced in the UK represents a £2.5 billion cost to UK employers in terms of reduced staff wellbeing, sickness absence, loss of time due to care responsibilities, reduced productivity and staff (voluntary) turnover [12].



Factors influencing loneliness

Loneliness, fundamentally is the result of disconnect between the desired quality and frequency of social interaction and that which is experienced [2&3].

Loneliness and social isolation are often triggered, exacerbated and maintained by the social and economic circumstances in which we live. The inequalities faced by individuals can lead to social isolation which further compounds loneliness. Those within our society who are already at-risk of being marginalised have a greater likelihood of experiencing chronic loneliness and isolation, as their ability to positively impact their lifestyle and immediate environment are further constrained.

There are numerous factors which influence whether or not an individual is able to participate in social activities and networks which provide social interaction. Many of these factors fall outside the control of an individual, yet they serve to heighten the risk of loneliness. These factors are experienced across the life course, few of which discriminate by age and many of which compound the effects of loneliness.

The following model has been developed locally (utilising the Dahlgren and Whithead 1991 Social model of health) to help illustrate how people's experience of loneliness is determined by a range of influencing factors. These range from our own individual characteristics (who we are), our behaviours (what we do), key triggers across the lifecourse (what we experience), to the direct and indirect influences of our social and community networks (what we are surrounded by), and the wider physical, social and economic contexts in which we live.

The experience of loneliness differs from person to person and as illustrated in fig 3.1, multiple factors may be involved. These may act as protective factors or risk factors for loneliness depending on their combination and the individual's experience of them. For example, happy positive friendships can protect form the damaging effects of social isolation however unsupportive relationships/friendships can exacerbate negative feelings and isolation. The figure highlights the need for a whole system approach working at individual, community and organisation level. Understanding these influencing factors is key in helping to identify key opportunities particularly at vulnerable points in people's lives to promote and encourage social connectivity which impacts on people's experience of loneliness.

Fig 3.1: Factors that influence the experience of loneliness.

Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. [7]

Chapter 4

Who is lonely?

In this chapter, we consider national and local data as well as insights gained from three workshops held in our communities to gain an understanding of who is more at risk of loneliness in Stockton-on-Tees. However, establishing the scale of loneliness as an issue can be problematic for a number of reasons:

- **much of the research and evidence focuses on older individuals**
- **there is a stigma attached to being lonely, which could be felt particularly strongly by those already feeling marginalised** (such as people with mental health problems)
- **as a highly private and intimate feeling, loneliness can be difficult to articulate**
- **loneliness is subjective and can be difficult to measure and compare.**

Loneliness risk factors

It is a common misconception that loneliness is an issue which only affects people in later life.

The following infographics were created using data collected for the Community Life Survey [13] between August 2016 and March 2017. The survey asked people living in England: "How often do you feel lonely?" with the following response categories: "often/always", "sometimes", "occasionally", "hardly ever" and "never".

Fig 4.1: National context

5% of adults in England reported feeling lonely "often" or "always".

10% of people aged 16 to 24 were "always or often" lonely - the highest proportion of any age group.

Women are consistently more likely than men to report feelings of loneliness.

Older women who had been widowed and were living alone were particularly likely to be lonely, especially if this was exacerbated by illness

Factors of illness and unemployment made loneliness much more likely.

JOBLESS

Carers were more vulnerable to loneliness and to be cut off from friends.

Renters reported feeling lonely more often than homeowners.

People who feel that they belong less strongly to their neighbourhood reported feeling lonely more often.

People who have little trust of others in their local area reported feeling lonely more often.

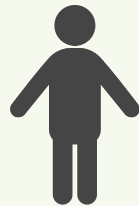
Individuals suffering from mental health e.g. depression, anxiety and self-harm, and lonely individuals are more likely to seek help for mental health problems.

People who are not lonely were more likely to be older, male, living with a partner, working, homeowners, well-connected with their local area and in good health.

Source: *Office for National Statistics, Loneliness - What characteristics and circumstances are associated with feeling lonely? (2018)*

The Office for National Statistics [14] identified the following three profiles of people at particular risk from loneliness:

1. **Widowed, older homeowners, living alone with long-term health conditions.** Upon further examination, people in this group were predominantly: female; not in paid work and economically inactive; better off than the sample average; and personal wellbeing scores similar to but marginally worse than the average.



2. **Unmarried, middle-agers with long-term health conditions.** Upon further examination they tended to be: less likely to be in paid work; more likely to be unemployed or economically inactive; more likely to report a long-term illness or disability; worse off financially; and substantially worse reporting of wellbeing score.

3. **Younger renters with little trust and sense of belonging** to their area. Further examination revealed: likely to be in paid work; living as a couple; without a strong sense of belonging; little trust in the neighbourhood; worse off.

Source: *Office for National Statistics, Loneliness - What characteristics and circumstances are associated with feeling lonely? (2018)*

We don't currently routinely measure loneliness in our general population. However, the Community Life Survey [13], identified that **5% of adults in England reported feeling lonely "often" or "always" [14].Applied to the local population this would equates to over 7,500 adults in Stockton-on-Tees who may be experiencing loneliness.**

The same report tells us that there were **10% of 16-24 year olds in England who reported feeling lonely "often" or "always". This equates to over 2,000 young adults in Stockton-on-Tees [14].**

This picture is further reinforced by local data which suggests that one-in-three 15-year-old girls and one-in-four 15 year old boys do not have an adult they trust to talk about their worries [15].

Source: *Office for National Statistics, Loneliness - What characteristics and circumstances are associated with feeling lonely? (2018)*

Population segmentation

MOSAIC is a population segmentation tool that uses a wealth of data and analytical methods to help us understand the needs of our local population. It allows us to group our local population into categories to give us an insight into their characteristics and behaviours and enriches our knowledge of local residents.

When applying the MOSAIC tool to the 3 profiles of loneliness identified by the Office of National Statistics (14) we can identify the Stockton-on-Tees residents who are most at-risk of loneliness.

1. Widowed, older homeowners, living alone with long term health conditions.

The mosaic group that most closely matches this profile is "Senior Security". There are 18,000 people in Stockton-on-Tees who fall into this group and are predominantly located in the following wards:

- **Hartburn**
- **Billingham West**
- **Eaglescliffe**

2. Unmarried, middle-agers with long-term health conditions

The mosaic group that most closely matches this profile is "Municipal Challenge". There are 15,500 people in Stockton-on-Tees who fall into this group and are predominantly located in the following wards:

- **Stockton Town Centre**
- **Hardwick and Salters Lane**
- **Mandale and Victoria**
- **Billingham East**

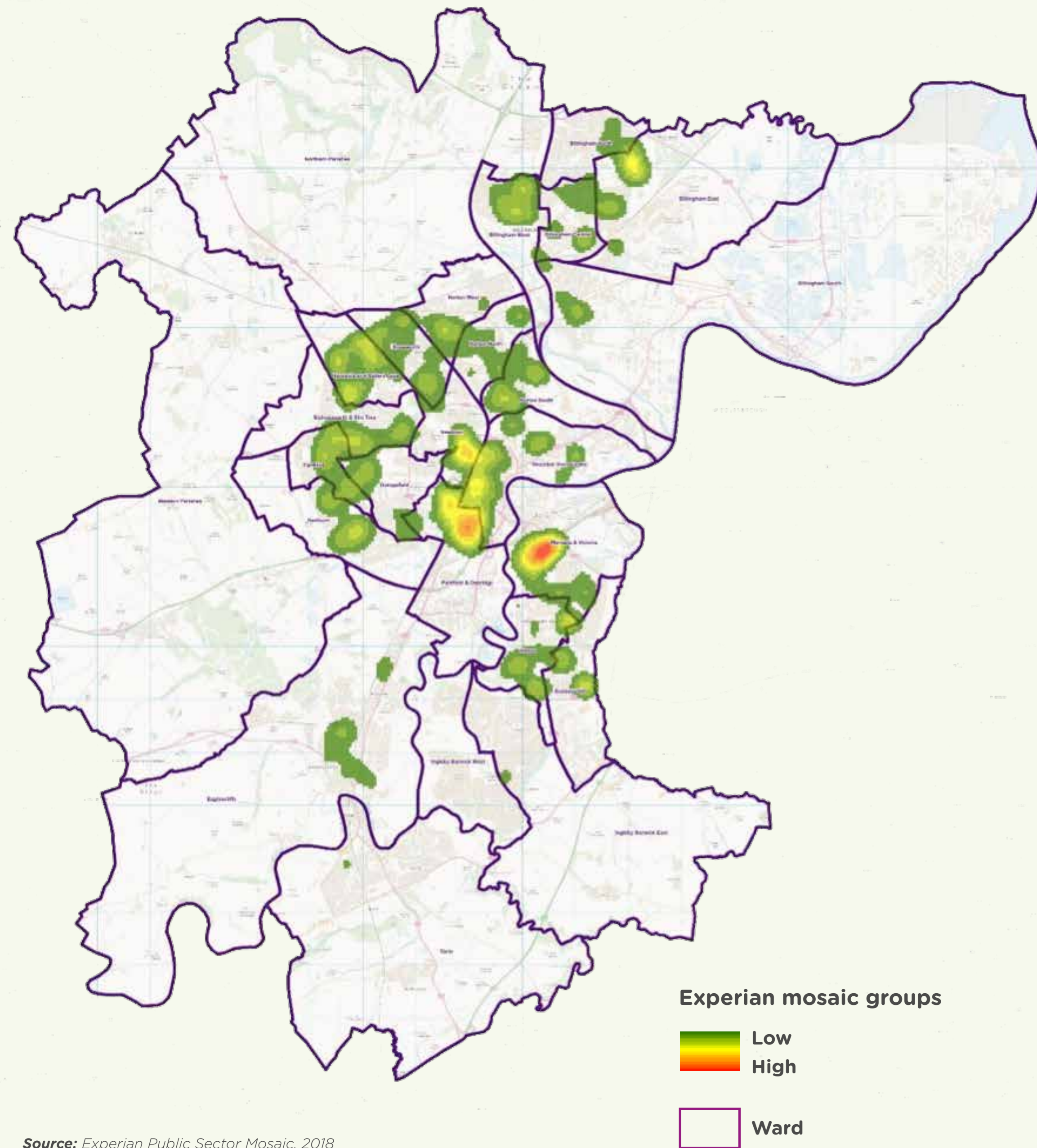
3. Young renters with little trust and sense of belonging.

The mosaic group that most closely matches this profile is "Transient Renters". There are 16,000 people in Stockton-on-Tees who fall into this group and are predominantly located in the following wards:

- **Parkfield and Oxbridge**
- **Stockton Town Centre**
- **Mandale and Victoria**

Source: *Experian Public Sector Mosaic, 2018*

Fig 4.2: Heat map to illustrate the distribution of loneliness across Stockton-on-Tees



Source: *Experian Public Sector Mosaic, 2018*

The heat map above shows the distribution of loneliness across Stockton-on-Tees, of those residents who have been allocated one of the three identified Mosaic groups. Those residents that Mosaic defines as most likely to be lonely are scattered across the Borough, however, there is a high concentrations of residents living in parts of Mandale & Victoria (Thornaby), Parkfield & Oxbridge and Newtown wards.

Local insights into loneliness from Stockton-on-Tees residents

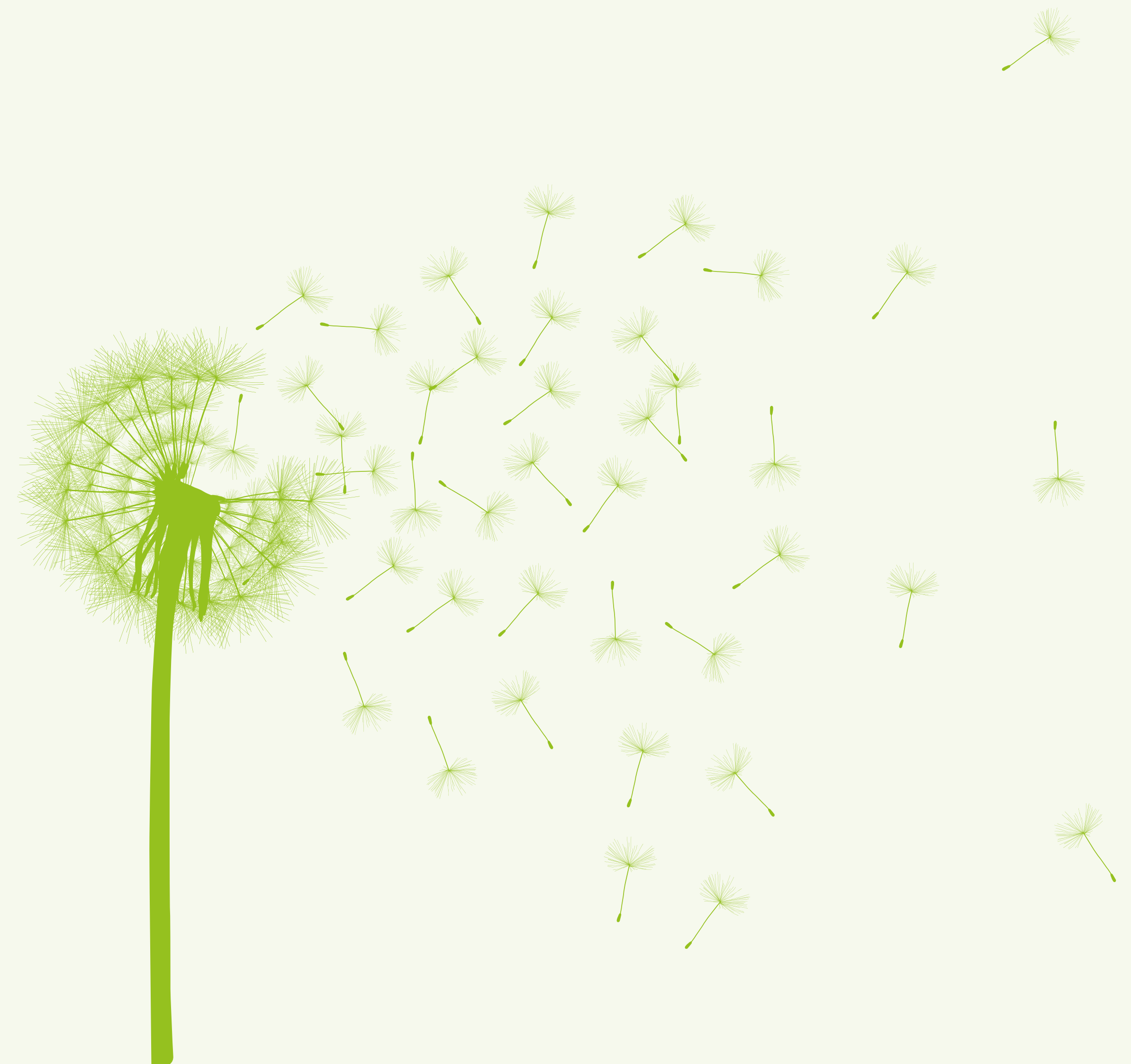
At the heart of addressing any issue is understanding the views of local communities.

Stockton-on-Tees Borough Council engaged in conversation with representatives from local communities through three workshops run during March and April 2019. Attendees of these workshops included service providers, members of the VCSE sector and local residents. A total of 62 people were involved and were from the:

- **Over 50s Forum**
- **Disability Forum**
- **Health & Wellbeing Forum** (local service providers from the Voluntary Community Social Enterprise sectors).

At these workshops the following questions were asked:

1. **What causes loneliness?**
2. **What does loneliness mean to you?**
3. **Who does loneliness affect?**
4. **What does support for loneliness look like?**
5. **What can we do locally to tackle loneliness?**
6. **What are the barriers that individual's experience to overcoming loneliness?**



Responses to question 1 'what causes loneliness?'

are illustrated in the word cloud

The word cloud (fig 4.3) illustrates which causes of loneliness our respondents were most concerned about, with more frequent responses appearing larger than those which were less frequent. Subsequently, physical disabilities, transitions, bereavement and financial issues were the most frequently cited causes of loneliness.

Fig 4.3 "What causes loneliness?"

A collation of responses to questions 2-5 are presented below.

Question 2. What does loneliness mean to you?

When asked 'what does loneliness mean to you?', the most common responses were:

- **Bereavement**
- **Isolation**
- **Small social circle**
- **No sense of belonging**

Question 3. Who does loneliness affect?

Common themes from the groups were:

- **People of all ages but particularly older people**
- **People with mental health issues**
- **People with financial issues**

Question 4. What does support for loneliness look like?

The support local people would like to see is:

- **Sports groups**
- **Free activities**
- **Pets**

Question 5. What can we do locally to tackle loneliness?

Local people want to see:

- **Awareness raising around preventing loneliness**
- **The stigma of loneliness being challenged**
- **More intergenerational work**

Question 6. What are the barriers that individual's experience to overcoming loneliness?

Local people identified the following as barriers to success:

- **Poverty/finance**
- **Awareness**
- **Rurality**
- **Public transport**
- **Stigma**
- **Physical health**

These workshops provide some insight into local perceptions and understanding of the nature of cause and effects of loneliness, although it is recognised that is limited to those represented at the workshops. It is clear from the responses that these members of our communities recognise loneliness as a significant local health and wellbeing issue. Some of these findings were also reflected in a survey completed by Stockton-on-Tees Borough Council in 2012 which explored loneliness specifically in the over 50s [16].

Chapter 5

Local Case Studies

Examples of local initiatives which address loneliness

In this chapter, we have documented a range of case studies to showcase community initiatives, services and infrastructure across the Borough that seek to have a positive impact on preventing and supporting individuals experiencing loneliness. We have considered the importance of practical measures in reducing isolation, with a view to tackling loneliness. It is important to understand that communities need spaces where they can connect with each other, to build networks and develop relationships. As a community we should seek to provide multiple opportunities for socialisation, encouraging the development of strong and integrated communities.

Case Study 1

Stockton Service Navigators Project delivered by Pioneering Care Partnership

The Stockton Service Navigator Project (SSNP) is for anyone living in Stockton aged 16 plus with common mental health problems such as stress, depression, anxiety or those with long term health conditions such as diabetes. SSNP can support individuals to improve their health and wellbeing by helping them to access activities and services, with the aim of increasing confidence, control, independence, reducing stress and isolation.

Pam's (51) loneliness developed when her lack of self-confidence prevented her from participating in social activities.

Pam was experiencing feelings of loneliness linked to low self-confidence relating to her weight. Pam's confidence issues were affecting her ability to integrate with the social networks around her.

Pam was referred by her GP practice to SSNP. She took part in a 4 week Health and Wellbeing Programme, focusing on healthy eating, physical activity, confidence building and loneliness and isolation. Pam was matched with participants who had similar confidence issues. Pam found it easy to socialise with other members of the group and before long they were motivating each other to live more healthy and active lives. As a result of the programme, Pam changed her diet significantly and regularly attends swimming classes.

Pam now has increased self-confidence feeling healthier and happier. She has also reported improved physical health and decreased feelings of loneliness. SSNP measure the effectiveness of the programme using pre and post-intervention evaluation, in addition to gathering verbal feedback in relation to confidence, self-esteem etc. and this is then recorded on the post evaluation.

Pam is keen to attend further health and wellbeing programmes, for the health benefits and to make new friends.

Case Study 2

Sporting Chance delivered by Volunteering Matters

Sporting Chance is an initiative working with men aged 50 and over. Their aim is to support men to increase the amount of physical exercise they undertake, improve their mood and social interaction, and decrease loneliness. To achieve this they engage men in organised physical activity groups, reminiscence sessions, events and outings. The project works to ensure that activities are supportive, open to all and sustainable over the long term.

W, 57
W is a full-time carer for his wife. He suffers from depression, anxiety and post-traumatic stress. Prior to attending Sporting Chance, W rarely interacted with anyone other than his wife and often felt lonely. W contacted Sporting Chance after visiting their stall at the Stockton-on-Tees Volunteering Market.

When W first went along to Sporting Chance he wasn't sure if he would feel comfortable integrating with other men. W was encouraged to stay for a cup of tea and to observe initially.

Since that first visit, W has become an active member of the group. He now cycles to the sessions and takes part every week. In just 6 months, W has taken up a volunteer role at Sporting Chance, has lost two stone and finds caring for his wife much easier than in the past. He enjoys the social aspect of the group and has built a new network of friends.

VOLUNTEERING MATTERS FOR OUR COMMUNITY

Case Study 3

Happy Talk is a local support group based in Stockton-on-Tees

Happy Talk is run by a local volunteer who wanted to help people who have experienced stroke. The group meet once a week in Stockton-on-Tees. Participants are invited to take part in a variety of activities, designed to support improved health and wellbeing.

Claire's (35) loneliness developed as a result of a stroke. A local support group welcomed her with open arms…

Claire suffered a stroke and having no close family, was experiencing feelings of loneliness. She felt like a burden to her existing social networks and gradually became more reclusive and isolated.

Her physical health prevented her from accessing opportunities around her.

A friend told Claire about the Happy Talk Stroke Group. Everyone welcomed Claire with open arms from the very first session. Claire takes part in all the group's activities, indicating her increased ability to integrate with people around her. She has developed a network of new friends and says the group 'is like the family I never had'. As a result of Happy Talk, Claire has improved resourcefulness, confidence and social skills. This is demonstrated by her ability and willingness to help organise social events for the rest of the group.

Case Study 4

Family Action

Family Action are part of the 0-19 Health Child Programme, providing a Stockton Family Outreach and Volunteering service. They help children, young people and families to gain life skills and confidence. They work holistically across the extended family to support stable, positive family networks for the benefit of all family members.

Diane (24) became lonely as a new Mum

As a new mother, Diane began to experience feelings of prolonged loneliness when her daughter was 6 months old. Diane felt her loneliness was associated with her transition into motherhood. Historically, she had struggled with depression and anxiety.

Diane was unaware of the range of support available and she lacked the confidence to do anything about her emotional wellbeing.

Diane's struggles were identified by her Health Visitor and she was referred to Family Action. Diane was able to be honest about her feelings of fear and loneliness for the first time.

Family Action supported Diane in finding suitable mother and toddler groups and she now attends the groups on a weekly basis. As a result of regularly attending the groups, her anxiety and feelings of loneliness have decreased. It is essential that individuals have a network where they can feel safe in sharing their thoughts and feelings, is important for everybody and can be an essential protective factor against chronic loneliness.

Case Study 5

Wag and Company

Wag & Company are a registered charity working across the north east including Stockton-on-Tees. They enable professionally trained volunteers and their special dogs to befriend older animal lovers. This can take place in an individual's own home or in care/medical establishments. They work with individuals who miss the friendship and company of a dog. Wag & Co. would like everyone who misses the friendship of a dog to be able to benefit from a visiting dog team.

Dot and Cushie visit Aggie, a widow who lives alone.

Aggie has always loved dogs and even when she didn't have a dog of her own she used to walk her friends dogs on a daily basis. Unfortunately, Aggie has found herself house bound. Despite a close relationship with her daughter, Aggie missed contact with a dog and contact with other dog owners.

Aggie has been receiving visits from Dot and her dog Cushie, provided by Wag & Co. Aggie and Dot gelled immediately and Aggie really looks forward to her visits.

They have a lot in common and have become very good friends. Aggie's daughter is delighted with the service 'Mam really looks forward to the visits, they've made such a difference. It lightens Mam's Tuesdays. I am so grateful to Dot and Wag & Co.'

Case Study 6

Stockton HenPower

The HenPower project aims to empower care home residents to build positive relationships through hen-keeping and creativity. It supports relationship centred care between older people, staff, families, visitors and the wider community. Mandale House Care Home is the first care home to start the project which was set up April 2019.

Mr A

Mr A has advanced dementia and prior to HenPower he spent most of his time in his bedroom, not participating in any activities or interacting with anyone. Mr A watched as HenPower built the hen house and let the hens out in the garden.

Mr A immediately showed an interest in the hens. He is happy to hold and talk to the hens.

Following the arrival of the hens, Mr A is now starting to interact with the staff through the one to one sessions.

Mrs B

For Mrs B, the hens are a happy reminder of her time as a land army girl.

She talks about how she used to chase the hens on the farm.

As a result of HenPower, Mrs. B's grandson is now helping two residents to build a wooden shelter for the hens. The hens are also a hit with Mrs B's great granddaughter, who enjoys visiting her great grandmother and the hens.

Case Study 7

Befriending Service delivered by Age UK Teesside

Age UK provide a wide range of services to help over 50's in Stockton-on-Tees. They run projects to encourage social inclusion and create opportunities to develop new social networks. Age UK offer a befriending service, which matches a local volunteer befriender to individuals that are experiencing loneliness.

Anonymous
One of Age UK's clients were experiencing significant feelings of loneliness following bereavement. They were referred into the befriending service and matched with a volunteer. The befriender offers emotional and physical support to access the community and services, whether it be grocery shopping, community groups or activities or taking them out for a coffee. This can be a catalyst for increased independence, increased confidence and improved social skills.

The befriender visits the client on a weekly basis and together they have visited a variety of social groups. As a result, the client feels that they have slowly regained their independence.

Case Study 8

Vison25

Vision 25 are an independent training and social care provider based in Stockton-on-Tees. They provide tailored support to young adults (18+) with learning disabilities. The 18-24 age group are particularly susceptible to loneliness and that is further magnified by long-term disability. Vision 25 operates for 50 weeks of the year and can provide support for up to 6 days a week.

Joel, Steven, Conner, Christopher and **Liam** are all regular attendees of Vision25 and have benefitted greatly from the specialist support provided by the staff. Through the organisation these young people have been able to develop strong friendships with one another whilst participating in activities such as group reading, computer skills, arts and crafts, cooking and hula-hooping! When asked how Vision25 makes them feel, Joel, Steven, Conner, Christopher and Liam said they feel 'happy', 'safe' and 'excited'.

They especially look forward to their residential trips to Peat Rigg Outdoor Centre where they can partake in outdoor activities such as kayaking and archery.

Case Study 9

Place-making in Stockton Town Centre and its 'Living Room'

In 2011, Stockton-on-Tees Borough Council set out a vision to transform its town centres' public spaces, built on an ethos that 'people make places'. The modern high street should encourage opportunities for social interaction, within a high quality environment. As part of this vision, there was a proposal to create a new central garden or 'Living Room', building on the town's heritage to provide a heart and focal point to Stockton town centre.

The completed Central Gardens are part of a network of 'Creative and Connected' spaces designed to provide a festival feel, whilst enhancing the traditional roles of the town centre. The Central Gardens provide a hub of activity during the day and into the evening, linking the two main shopping centres, cultural venues and independent retail. The space has been designed to encourage social and interactive activities, with curved planters, soft landscaping and raised grass pods around a state of the art interactive water feature.

The scheme was designed in collaboration with local disability groups and specialist accessibility consultants, to ensure the design and materials support the less able and those who are visually impaired. The scheme has also been designed with flexibility in mind, to provide a platform for both formal and pop-up activities as part of the town's annual programme of events.

The inward facing arrangement of the space provides opportunities for people to sit and dwell for a period of time. This is a significant improvement on the previous layout and design. The water feature provides a platform for people of all ages to interact, both physically with the water and appreciating the visual performance of the water feature. This interaction stimulates conversations between all groups of people, often resulting in laughter and positive social conversations between families, friends and strangers a like.

The success of the Central Gardens has provided a model for the development of future public spaces within the Borough, built on the principal that 'people make places'.

Case Study 10

Bike Donation to Asylum Seekers and Job Seekers via The Hub

The Hub recycle donated bikes for distribution to vulnerable members of Stockton's community, including asylum seekers and job seekers. Trained volunteers and staff members bring the bikes back into use for the benefit of others. Since the beginning of their partnership with the arrival Practice, the Hub have given away over 200 reconditioned bikes. Eligible individuals are referred by their doctor to the scheme.

Following refurbishment, the bikes are measured for size and matched to an individual. They visit the hub to check the sizing and the bike is set for their individual requirements. The staff/Volunteers at the Hub take the time to explain how the bike works, how to keep it safe and well maintained.

Individuals leave with a bike and a cycle map of Stockton-on-Tees. Many of those receiving the bikes return to the Hub to use the bike storage service. A few also take part in the guided bike rides and bike maintenance classes offered by the Hub.

A bike can make a massive positive difference to somebody who finds themselves in transport poverty or living on a tiny budget each week. They are able to save money on bus fares. A bike can help an individual to create social connections via improved access to activities and opportunities within the Borough. There is the added benefit of exercise being good for an individual's physical and mental health.

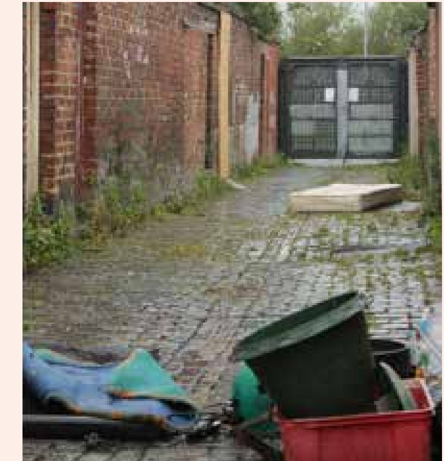
Case Study 11

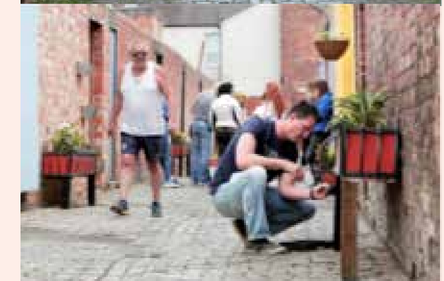
Greening Alleyways

Under-utilised and/or neglected spaces can be valuable assets in bringing people together and providing opportunities for lonely people to connect with their immediate surroundings. Some such spaces are alleyways. Alleyways connect people to their neighbours in adjacent streets but are often neglected, dingy and used as waste refuse spaces. However, in Stockton-on-Tees an initiative has seen the coming together of local people to revitalise their alleyways, making them a safer, more welcoming place for people to meet and interact.

Residents in one alleyway in Stockton Town Centre have hosted a community BBQ and have even appeared on local radio to celebrate the success of their alleyway regeneration. Their once dirty, unsafe and unused alleyway is now a pillar of their own little community.

Local projects such as this showcase the power of community assets, whether they be physical (an alleyway) or personal (the residents). Utilising local assets can remove barriers to social inclusion which in turn reduces the individual risk of social isolation.





Chapter 6

Moving Forward - Recommendations

Key points

Loneliness is a multi-faceted issue and may not be simply resolved by tackling one aspect alone. It requires a whole system approach. The model (fig 3.1) in chapter 3 has attempted to capture these complexities and highlights the need to target and tailor support and interventions across the life course and at different levels. Action should be at an individual, community and organisational level and be both proactive and reactive to address factors affecting social connectivity and promote social interactions. No-one size fits all when considering interventions to tackle loneliness.

At the individual level, people struggling with loneliness should have access to support to help them develop their own resilience and resourcefulness.

At the community level, family, friends, neighbours, local organisations including VCSE and frontline practitioners can all play a part in supporting lonely individuals and creating opportunities for social contact.

At the societal level: policymakers and the media all have a role to play in shaping the wider landscape.

Recommendation

The Health and Wellbeing board to support the development of a whole system approach to addressing loneliness and ensures there a range of interventions which:

- ***address the needs of particular at-risk groups such as young carers;***
- ***prepares and supports individuals during life changing events and transitions where they may be most vulnerable to loneliness (for example, bereavement).***

The Campaign to End Loneliness and Age UK have helpfully developed a framework (17) for action against loneliness. The framework features four distinct categories of intervention that could be in place to provide a comprehensive local system of services to prevent and alleviate loneliness. The framework can usefully be applied when thinking through what local action to take to address loneliness with different 'at risk' groups such as young carers. Consideration would need to be given to tailoring the different interventions to the particular need of the 'at risk' group at each of the 4 levels.

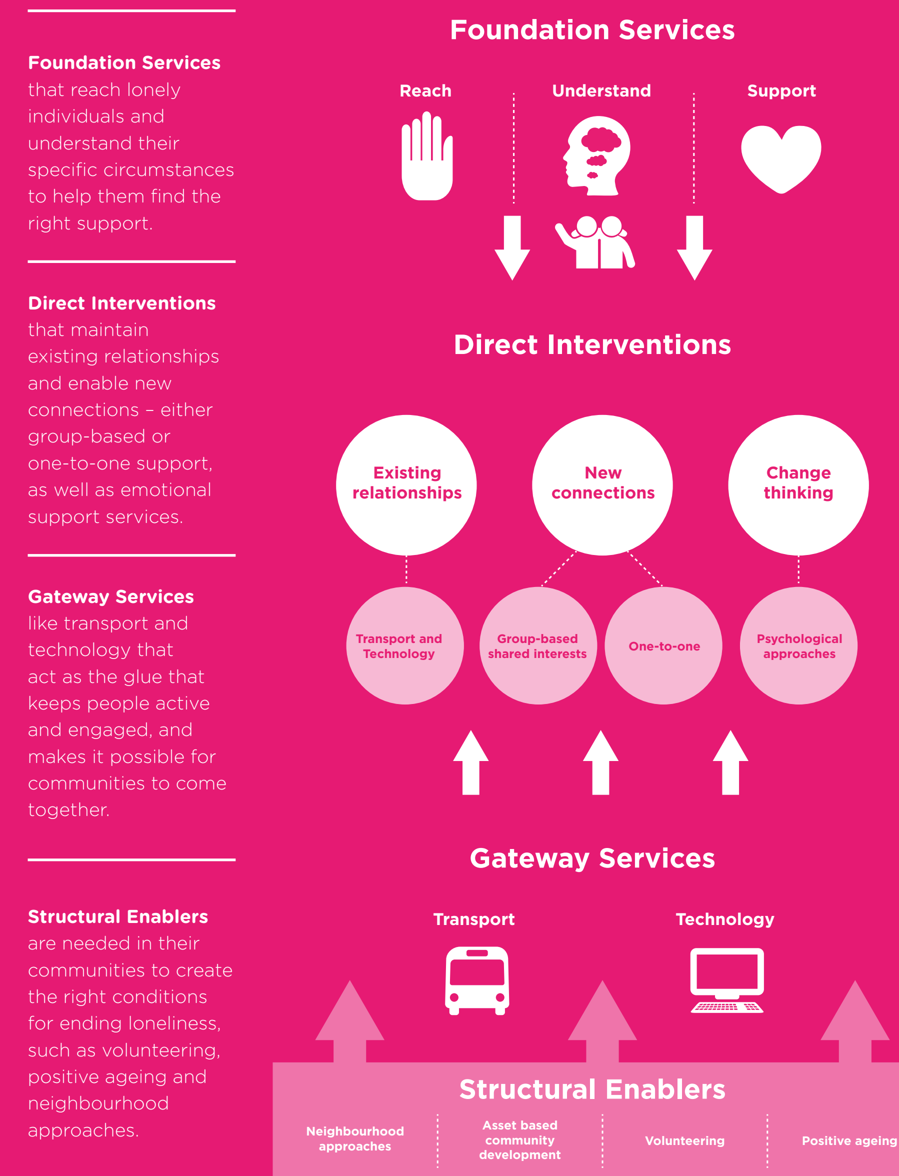
Fig 6.1: Loneliness Framework – Campaign to end Loneliness

Foundation Services that reach lonely individuals and understand their specific circumstances to help them find the right support.

Direct Interventions that maintain existing relationships and enable new connections – either group-based or one-to-one support, as well as emotional support services.

Gateway Services like transport and technology that act as the glue that keeps people active and engaged, and makes it possible for communities to come together.

Structural Enablers are needed in their communities to create the right conditions for ending loneliness, such as volunteering, positive ageing and neighbourhood approaches.



Source: Campaign to End Loneliness and Age UK: Promising Approaches to reducing loneliness and isolation in later life (2015)

Key points

Successful implementation of any framework and associated interventions will ultimately depend on our ability to identify people who are, or who are at-risk of being, socially isolated or lonely in our Borough.

The existing data and information provided in chapter 4 helps to classify people who are more at-risk due to certain characteristics and the population segmentation tool then enabled us to apply this profile at ward level. This is useful in helping to identify specific localities to target work as well as helping us to consider what specific approaches may work with these different populations. However, there is a need to further improve our understanding about the size and experiences of loneliness as an issue across other risk groups other than older people across Stockton Borough.

Recommendation

The Health and Wellbeing Board to support the production of a loneliness Joint Strategic Needs Assessment (JSNA) to further inform local understanding of the nature of the problem and who is most at risk from loneliness across Stockton-on-Tees.

Key points

Nationally the evidence base around loneliness is limited, with published interventions tending to be small scale, not offering evidence of effectiveness over the long-term and predominantly focused on older people [18]. As can be seen in our local case studies animals and pets are being more commonly used to promote wellbeing. However few studies have been explored on the effects of the presence of a pet or animal-assisted therapy on loneliness per se although small scale studies indicate a decrease in depression [28].

Technology is increasingly used to help people build and maintain social connections. Whilst there is emerging use of technology as a tool to address loneliness and it can be beneficial, conversely it may have a negative consequence of limiting social interaction [17].

Social media is often highlighted as a cause of loneliness, particularly among young people, but research implies that the picture is more nuanced. The extent to which it increases or reduces loneliness could depend on which platform is used [25 & 26] and whether it is used as a substitute for real life interaction or as a complement to it [27].

Recommendation

Local services/initiatives that aim to reduce loneliness should evaluate the effectiveness of their interventions on preventing and reducing loneliness to further improve the local evidence base and inform local action on what works to tackle it.

Key points

Illustrated in some of our local case studies we can see that our local community navigator services and GPs can help to identify socially isolated people and connect them to local services.

Housing officers, fire services and other professionals who visit people's homes also have opportunities to identify issues early on through local initiatives such as the Warm Homes Healthy People Programme. Once identified we need to ensure there is accessible information available about the range of activities/services that are available so that people can easily be signposted or referred.

Recommendation

All key partners to contribute to the ongoing mapping of local community assets/services and ensure these are widely publicised/promoted to increase awareness of what's available, working in partnership with the voluntary sector to identify and address gaps where appropriate

Key points

The renewed focus on social prescribing in primary care and the introduction of social prescribing link workers as part of the new Primary Care Networks provides an ideal opportunity for further supporting people to connect to community-based activities.

We know that resilient individuals have at least one strong emotional attachment and access to wider support and positive community experiences. Whilst there is a need to raise awareness of the community assets/services that are available, the quality of the relationships and interactions in all the contexts in which people operate are also important [19]. Increasing the number of social contacts is not an end in itself to combating loneliness.

Recommendation

Key partners such as the Clinical Commissioning Group need to ensure that solutions such as social prescribing services are not focussed simply on increasing opportunities for people to meet or speak, but on helping build, maintain and re-establish meaningful relationships. The quality of relationships should be measured as part of the delivery of these services.

Key points

Preventing and addressing loneliness is not always in the gift of an individual. Our communities have a role in preventing loneliness. Offering a source of connection, ethos, kindness and neighbourliness, as well as a sense of belonging, our communities can promote wellbeing.

As we have seen in some of our case studies community initiatives that bring people together with a common hobby (e.g. gardening), an area of interest or reminiscence of (e.g. art), sharing a common experience or spending time constructively (e.g. reading to children) may help to alleviate loneliness, even if this isn't their primary goal. Evidence suggests that group-based activities and support that provide opportunities for social interaction appear to show some promise in addressing isolation and loneliness [18]. One-to-one interventions are less effective in reducing loneliness particularly those that take place in the individuals own home [21&22]. Home visiting programmes improve social support and activity for the duration of the visiting programme only. Whilst community navigator programmes are effective in establishing links between individuals and services or activities, further research is required to examine the effectiveness of combining the two approaches [23].

Maximising the potential of existing community assets and current place-based initiatives could help scale up a greater local response to loneliness. Activities within communities such as the Alleyway Greening project "Our Space" being delivered through targeted action areas across the Borough are a great example where initiatives begin with a seemingly unrelated outcome for example addressing community safety concerns, but because they bring people together with a common purpose they also improve connectivity and impact on loneliness. There is potential to shape other initiatives across the Borough to include the explicit aim of tackling loneliness.

Recommendation

All partners to explore the potential for including specific outcomes to address loneliness into current or new place-based community initiatives in order to maximise the opportunity to scale up local work to address loneliness.

Key points

The design of the community infrastructure and spatial planning impact on social interaction. Providing transport infrastructure to ease access; including shared spaces and 'bumping zones' in neighbourhood design or adding a 'living room' to a high street [24] all facilitate interaction within a community.

Recommendation

Partners such as the Local Authority and local businesses responsible for designing community infrastructure and spatial planning should consider how their designs can best facilitate social connectivity.

Five ways to wellbeing

Connect

There is strong evidence that indicates that feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world.

It's clear that social relationships are critical for promoting wellbeing and for acting as a buffer against mental ill health for people of all ages.

With this in mind, try to do something different today and make a connection.

- Talk to someone instead of sending an email
- Speak to someone new
- Ask how someone's weekend was and really listen when they tell you
- Put five minutes aside to find out how someone really is
- Give a colleague a lift to work or share the journey home with them.

Be active

Regular physical activity is associated with lower rates of depression and anxiety across all age groups.

Exercise is essential for slowing age-related cognitive decline and for promoting well-being. But it doesn't need to be particularly intense for you to feel good - slower-paced activities, such as walking, can have the benefit of encouraging social interactions as well providing some level of exercise.

Today, why not get physical? Here are a few ideas:

- Take the stairs not the lift
- Go for a walk at lunchtime
- Walk into work - perhaps with a colleague – so you can 'connect' as well
- Get off the bus one stop earlier than usual and walk the final part of your journey to work
- Organise a work sporting activity
- Have a kick-about in a local park
- Do some 'easy exercise', like stretching, before you leave for work in the morning
- Walk to someone's desk instead of calling or emailing.

Take notice

Reminding yourself to 'take notice' can strengthen and broaden awareness.

Studies have shown that being aware of what is taking place in the present directly enhances your well-being and savouring 'the moment' can help to reaffirm your life priorities.

Heightened awareness also enhances your self-understanding and allows you to make positive choices based on your own values and motivations.

Take some time to enjoy the moment and the environment around you. Here are a few ideas:

- Get a plant for your workspace
- Have a 'clear the clutter' day
- Take notice of how your colleagues are feeling or acting
- Take a different route on your journey to or from work
- Visit a new place for lunch.

Learn

Continued learning through life enhances self-esteem and encourages social interaction and a more active life.

Anecdotal evidence suggests that the opportunity to engage in work or educational activities particularly helps to lift older people out of depression.

The practice of setting goals, which is related to adult learning in particular, has been strongly associated with higher levels of wellbeing.

Why not learn something new today? Here are a few more ideas:

- Find out something about your colleagues
- Sign up for a class
- Read the news or a book
- Set up a book club
- Do a crossword or Sudoku
- Research something you've always wondered about
- Learn a new word.

Give

Participation in social and community life has attracted a lot of attention in the field of wellbeing research.

Individuals who report a greater interest in helping others are more likely to rate themselves as happy.

Research into actions for promoting happiness has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing.

Key points

The proactive approach to loneliness looks at resilience building and resourcefulness in the individual, so that when negative experiences do occur, the individual has the capacity to remain engaged with their existing networks and seek out new ones if required. Where an individual's resilience and circumstances enable them to seek opportunities to introduce new roles and new social networks, the risk of loneliness is reduced. Therefore, there is a need to have a range of local initiatives in place that help individuals to build their resilience and resourcefulness.

The Five Ways to Wellbeing are a set of evidence-based actions which promote people's wellbeing (20) - Connect, Be Active, Take Notice, Keep Learning, Give. Each of the five actions align to what we know about social interaction, connectivity and the development and maintenance of these relationships. Promoting the Five Ways to Wellbeing can also help prevent loneliness.

Recommendation

All partners to explore more ways to promote the Five Ways to Wellbeing both within the workplace and to their service users/clients.

Key points

Last, we know that stigma and a sense of shame in disclosing loneliness are significant barriers to self-help. There is a need to raise awareness and reduce the stigma around loneliness. It is the responsibility of all of us as individuals, communities and organisations to reach out with kindness so all feel welcomed within our communities and valued as an important part of society.

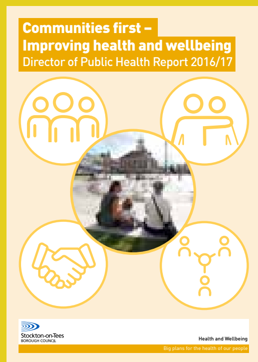
Kindness is a necessary ingredient of successful communities.

Recommendation

Partners to invest in programmes which encourage and develop the role and understanding of effective ways in which organisations can encourage kinder communities so it is part of the everyday culture. The Better Health at Work Award may provide a platform to explore this further.

Chapter 7

Update on the last APHR's recommendations



The previous Annual Public Health Report [29] focused on how we are working together with communities to generate good health and wellbeing, based on the strengths built into every community and the individuals that comprise them. It recognised that communities are at the heart of health and wellbeing; and healthy communities thrive and prosper.

We have been seeking ways to build more and more on the strengths and assets within our Borough as well as understanding the needs; and to think with our communities and partners about how we can address the short, medium and long-term health and wellbeing challenges we have in creative and innovative ways and to empower our communities to lead the work and develop the solutions.

The following page details the recommendations made in the previous report and the actions we have taken to address them.

Strengthening communities

We said that we will address mental health stigma & discrimination by providing residents with resources that enables and empowers them to identify key messages and programmes to deal with anti-stigma within their community.

We did offer training to local communities and organisations through the mental health training hub as well as access to grassroots community grants to improve mental health and reduce the risk of suicide.

We said that school holidays are a difficult time for families on a low income and the absence of free school meal provision during school holidays can create additional pressure. We are also aware that during school holidays, children's physical activity and educational attainment levels can reduce.

We did pilot and evaluate a holiday enrichment programme which supported over 900 children during summer and other holiday periods through offering activities and healthy food. The programme was coordinated by Catalyst and delivered a wide range of enriching activities and a healthy meal.

Volunteer and Peer Roles

We said that we will embed the principles and learning from the A Fairer Start community champion programme within the re-design of 0-19 services for children, young people and families.

We did launch a new 0-19 service based on learning from the A Fairer Start Programme in April 2018, which incorporates a vision of integrated service provision offering seamless support whilst promoting self-care and a strengths led, community focused approach. An innovative model has been commissioned which is delivered through a partnership between an NHS trust and a voluntary and community sector provider and working collaboratively with Children's Services to improve outcomes for families in the Borough.

We said that we will implement a community champion approach to promote smoking cessation and encourage smokers to quit and maintain quitting by using the local stop smoking services.

We did pilot stop smoking service with local VCSE organisations to offer support and services to higher risk groups such as people with mental health and drug and alcohol users. The service also trained community members up to become stop smoking champions and to promote the service.

We said that we will work alongside Cleveland Fire Service to encourage residents to take part in a volunteering programme to teach and engage communities to learn vital lifesaving skills (CPR) and to have better understanding of how to use defibrillators.

We did fund several heart start training kits for the fire service to use in training pupils in year 8 in CPR and defibrillator use across schools in Stockton-on-Tees.

Collaboration and partnerships

We said that we will establish a network as part of our ambition to further reduce teenage conceptions. This will enable practitioners to come together to share good practice and access peer support about any emerging issues.

We did work with the sexual health service, Brook and Youth Service providers to build a shared understanding how to support young people and to prevent teenage pregnancies.

We said that our weight management service will use existing assets in neighbourhoods to achieve a healthier lifestyle.

We did commission a weight management service at community leisure services and promoted the reduction of fast food outlets.

Access to community resource

We said that we will install defibrillators to improve access to defibrillators for the public and the local community when required and acquire CPR training kits for local communities to use as part of the 'Heart Start' train the trainer scheme.

We did install 3 defibrillators across Stockton-on-Tees and trained local councillors and council staff in CPR. We encouraged local communities, work places and organisations to use the CPR training kits available through the Public Health Resource Library.

We said that we will encourage the most vulnerable residents such as isolated elderly and people with autism, to access community resources and engage in local activities.

We did commission the Stockton Service Navigation Project to support their awareness of community resources and overcome the barriers or issues that prevent them from accessing these.

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