

An
independent
inquiry
report



Help tackle loneliness in Devon
#takethetime

About Healthwatch Devon

Healthwatch Devon is the local, independent consumer champion for health and social care services.

One of the key functions of Healthwatch Devon is to obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.

Since Healthwatch Devon began in 2013, thousands of people have shared their views and experiences with us in relation to their local health and social care services.

The experiences we gather are entered (anonymously) into our evidence bank. A summary of this information is then shared with those who commission, provide, regulate and monitor healthcare services in Devon.

About this report

This report is based on:

Unprompted feedback from Devon's residents

Healthwatch Devon independent inquiry

Commissioners' request for service user feedback

This report has been produced in line with our remit under s221 of the Local Government and Public Involvement in Health Act 2007.

This confers statutory powers and duties on local Healthwatch organisations to write reports and make recommendations to commissioners and providers concerning the quality of local health and social care provision and how it could be improved.

Responses received will be published in due course.

Healthwatch Devon would like to thank everyone who took the time to share their experiences and respond to this project.

Registered Charity Number: 1155202
Healthwatch Devon CIO

Contents

Introduction [here](#)

Key Findings [here](#)

Recommendations [here](#)

Tackle loneliness **p.2**

Survey findings

Focus groups & workshops **p.8**

Findings

Campaign to End Loneliness **p.10**

Workshop themes & suggestions

Diocese of Exeter **p.12**

Conference focus & responses

Photo Competition **p.14**

Judging & winners

Why this work is important **p.16**

Key drivers

Appendix 1: Comments **p.18**

Appendix 2: References & **19**

further reading

Appendix 3: Workshop notes **20**

Front cover: photo was taken by Ken Holland, winner of our Loneliness project photo competition, title *Ignored*. In November 2017, The Right Worshipful the Lord Mayor of Exeter and Healthwatch Devon Trustee Rosemary Whitehurst judged the entries and selected the winner.

With thanks to

People in Devon

Clarity CIC

Citizens Advice Devon

DEVA

Diocese of Exeter

EXETER CVS

Both NHS Clinical Commissioning Groups

Devon Libraries Unlimited

Public Health Devon

GP services in Devon

Executive Summary

The Devon Joint Strategic Needs Assessment (JSNA) *“looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, wellbeing and social care services within a local authority area.”* (i)

Intelligence from the JSNA underpins the Devon Joint Strategy for Health and Wellbeing which in turn sets the priorities and overall approach for the Devon Health and Wellbeing Board. The strategy is a statutory document and Healthwatch Devon (HWD) has representation on the Health and Wellbeing Board.

Information from the Adult Social Care Survey and Carers Survey, National Adult Social Care Intelligence Service, and Devon County Council Management Information Team outcome, reporting in the strategy, shows that Devon has a less

favourable performance in social connectedness / contentedness when compared to “like” authorities, (13th out of 16 at the time of publication) across England - and has been decreasing since 2013.

Although a small increase in percentage was reported in December 2017, Devon’s comparator group rank fell one place as authorities appear to have improved overall.

The aim of this project was to help public understanding of the causes of loneliness and through joint working find out how public services and community organisations can help those feeling lonely.

The stories and feedback people have shared with us will help inform planners and decision-makers regarding commissioning plans to improve this measure.

About this report

HWD invited representatives from local government and the voluntary and community sector (VCS), as well as our members and supporters to contribute to this work around social isolation and loneliness. This is with a view to help frame the debate about how people can be empowered to help themselves, give space for discussion and help people prevent this problem occurring in their own lives and in those around them.

Methodology

We used several methods to connect with people in Devon: face-to-face, online and in print format.

- + **5,500** surveys were placed with 220 different organisations, along with feedback boxes
- + We participated in **37** community events
- + **45** people, representing **42** voluntary groups attended focus groups organised with Clarity CIC
- + Over **50** people attended our Devon Campaign to End Loneliness Conference
- + **25** people representing various church groups and organisations attended our Loneliness Conference, organised with Diocese of Exeter
- + **22** people entered our photo competition
- + **2,402** people visited our Loneliness web pages

Key findings

The top 3 factors respondents felt caused loneliness in themselves or others:

- + **212** - life events and trauma
- + **105** - personal circumstance
- + **75** - psychological responses

Key areas respondents felt would help people feel less lonely:

- + **386 - Foundation Services** to understand the specific needs of those experiencing loneliness
- + **169 - Direct Interventions** to provide a menu of services that directly improve the number or quality of relationships older people have
- + **115 - Structural Enablers** to create the right structures and conditions in a local environment to reduce those affected by, or at risk of, loneliness
- + **28 - Gateway Services** to improve transport and technology provision to help retain connections and independence in later life.

The top 3 interventions that help people feel less lonely were:

- + Spaces where people can be with others
- + One off community events and opportunities
- + Social group drop ins e.g. coffee mornings

Tackle loneliness

Survey results: what people in Devon said about causes of loneliness and what would help people feel less lonely.

In order to explore what people think are the causes of social isolation and loneliness and what they thought could be done, we conducted an online survey and engaged with GP surgeries, Clinical Commissioning Groups, libraries and community groups.

We created a questionnaire for people and provided the opportunity for involvement by locating leaflets around Devon and online using links posted on our social media platforms and on our website.



477 people
completed our
loneliness survey

We received completed forms from nearly a third of the organisations and groups that we sent them to. We were very pleased with how everyone supported this project and the number of responses we received.



Community suggestion box

220 different organisations

took part by displaying our feedback boxes and surveys:



133 GP practices & medical centres

54 libraries

20 to Diocese of Exeter

13 to other community groups

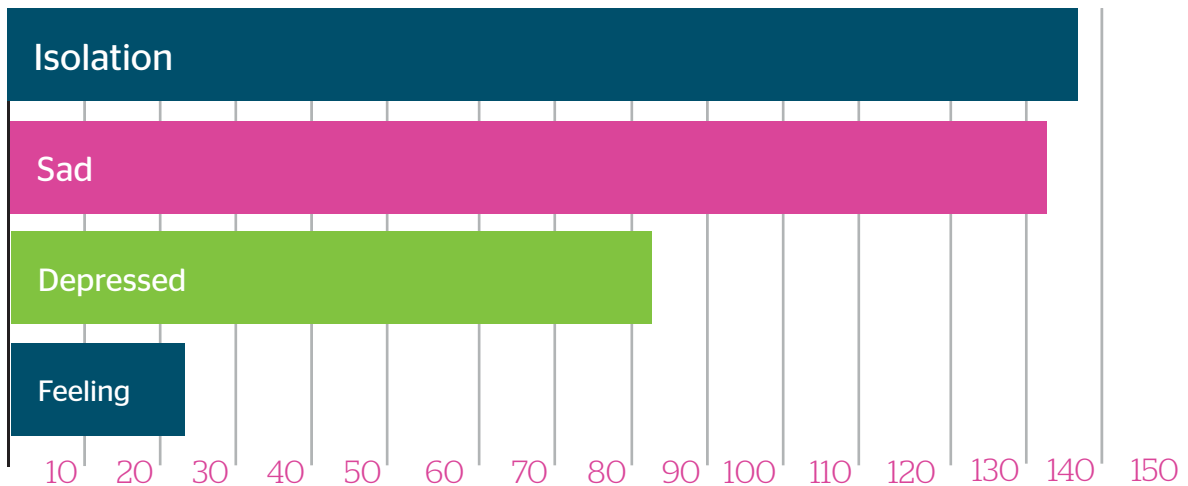


Transgender Isolation - Connor While

Question 1

We asked people to share their views and remember a time when they were lonely or to think about someone who is lonely. These are the words that people said spring to mind.

Top 4 words used to describe loneliness



You told us

“Extreme stress isolates people and exhausts them, making a cycle of despair and hitting rock bottom, isolation - not having control over incidents or feeling guilty for not being able to be in control of incidences in order to cope”

“When I was younger I had recurring bouts of depression. I failed to share my problem or experiences and isolated myself from friends and family”.

“Emptiness. Isolation. Sadness. Unvalued”.

“Feel isolated as you have no one with whom to share personal thoughts or to tell deep seated desires e.g. I would love to walk on a beach again before I die”.

“All mothers left to raise children alone”.

“I have suffered from loneliness myself and still spend long hours of the day alone while my children are at school and my husband is at work. At 47 you may wonder why I don’t get out and do more things to meet with people but there are many reasons why not”.



An easy way out - Joss Copeman

Question 2

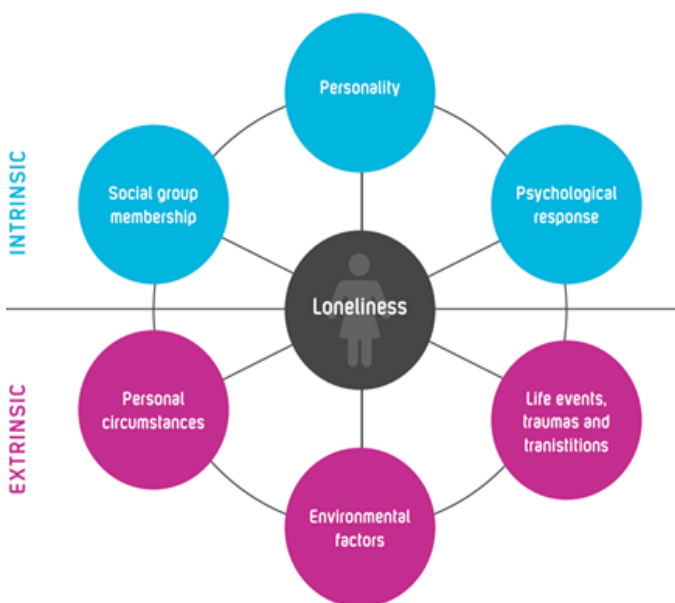
We asked people to tell us what led to them or someone they know feeling lonely.

Using the Campaign to End Loneliness (ii) typology outlined below, we analysed the answers to question 2 as follows:

Social group membership

302 people's answers mentioned the loss of social networks such as family, friends, workmates etc as a factor that led to themselves or others feeling lonely. People had "outlived their contemporaries", children had flown the nest, and the death of a spouse or partner was frequently cited.

Also, people with caring responsibilities, often sandwiched between children and parents, or caring for more than one person, simply had no time for themselves. Single parenthood was also a cited as a factor. Family life when both parents were working often means little time or resource for socialising and making friends.



"As a working parent life is pretty busy and despite working we rarely have enough money to do things as a family or a couple. As the children are getting older (12 and 15) it is harder to spend cheap family time together and so to have something to look forward to. Not only that, with being busy I do not always take the time to spend with friends that I should due to being tired or tied up elsewhere. Making time for friends/each other is really important to tackling loneliness I know as when I do take the time out to spend with friends I always feel much better for it."

212 factors that led to feeling lonely were life events & trauma

The top three themes were...



Whilst the loneliness and isolation associated with old age and living with long term conditions and disabilities was well represented in the answers, some people spoke of the problems that young people face in rural areas.

"Young and living in a rural area. Great if you're an adult and have a car, or there is a regular bus service but if you are a young person and live in a remote area you can be completely cut off from peers and any kind of social life. I work with young people that travel in from all over the area. Many come on one of the many buses provided but many have to be brought in by car. As the catchment area is so large, they may make friends in school that live a considerable distance away which makes it very difficult for them to keep in touch (other than social media and all the negatives that also come with that). It can be even worse if the young person does not have any siblings and/or only lives with one parent. Young people that lived in these rural settings in the past were likely to have been part of a farming community. Many young people now live very remotely and in what is perceived to be a beautiful setting but for some it is like a prison."

The answers we received from people in the social group membership category in the main stressed particular incidents and episodes that caused a loss of social group membership.

Family and friends are the foundation of our social belonging but long term caring and parenthood for family members, particularly for working people or single carers/parents often caused isolation and loneliness as people felt unable to care for their own social and emotional needs.

Personality

21 answers reflected personality as a factor in becoming lonely. It was felt that feeling unhappy about oneself and low self esteem impacted on mental health, wellbeing and feeling connected with the community.

Psychological response

75 of our respondents felt that no one cared about them, that no one understood them and that they didn't have anything in common with other people.

"It just sort of gradually happened, one thing lead to another. Can't really pin point anything. A feeling of agoraphobia."

Bereavement was an overwhelming life event. Words like "trapped" "unworthy" and "depressed" recurred throughout these answers.

"domestic violence abuse in childhood, feeling different, self-blaming and self-hating, shame hard to make friends when feel different from other people finding it hard to trust other human beings due to bad experiences in the past not being believed or helped by a professional in childhood made it hard to trust professionals..."

Life events and Trauma

There were **212** instances which represented *life events and traumas* as a route into loneliness. By far the most prevalent event in our data was a bereavement of a close loved one, "my wife who was an absolute gem" followed by moving into a new district. Mental health i.e. anxiety and depression is a common issue, particularly associated with long-term illness and physical disabilities. Divorce and debt created a sense of shame or rejection in some people who then found it difficult to seek help. Sensory loss, e.g. sight or hearing resulted in an increased sense of isolation for many people.

"I am an only child. I have withdrawn from society since 2004 when I got hearing loss at age 38. I cannot cope with busy buzzy areas. Do not cope with crowds...withdrawn to communicating online"

Life events were one thing that led to another; for example the role played by the onset of dementia was talked about by some people:

"..behaviour leading from vascular dementia meant he alienated himself from the family and got divorced; now I worry about him.."

Environmental factors

22 answers covered this area. Moving to, or living in a rural or remote area, not knowing where social networks were, finding the world unfriendly and nothing to go to like pottery or art classes "like there used to be". One person mentioned that houses are generally too small to accommodate an older relative which might be a factor for many in making decisions about care.

One person recounted the story of a person who lived in a shed and sadly died of carbon monoxide poisoning.

Personal circumstances

105 responses were in this category. The sorts of situations that could lead to loneliness were lack of money, long term illness, new employment, relationship breakdown, living and working alone, difficulty accessing education or social care, including having support hours cut.

The Campaign to End Loneliness typology leans towards adopting an overall strategy for service provision. Many of the responses emphasised the importance of personal motivation and individual action: what an individual could do to create an inner resilience.

The approach known as asset based community development can help communities to create their own solutions and the award winning Wellbeing Exeter (iii) project is a good example of how individuals and communities can help each other to stay well in their neighbourhoods.



Question 3

We asked what helps people feel less lonely?

77% said foundation services such as **telephone calls & IT** help people to stay in touch

386 **Foundation services** to reach and understand the specific needs of those experiencing loneliness.

169 **Direct interventions** to provide a menu of services that directly improves the number or quality of relationships older people have.

Foundation services

386 answers were in this category.

- + **Telephone calls and help with access to IT** to help people stay in touch with family or friends.
- + **Being with like-minded people**, including faith and religious groups, clubs and interest groups - in a non judgemental space were important considerations.
- + **Services** that went *to* the people i.e. home visits, *"Someone to bring you out of yourself"* There was sentiment that people contact and conversations are at the centre of the solution.
- + **Pets** also featured strongly in this category.

Direct interventions

169 answers fell into this category.

- + **Being** involved in and by the community, as a beneficiary or volunteer can decrease the likelihood of loneliness.
- + **Community spaces** that bring people together i.e. libraries, community centres, village halls and sports clubs
- + **Businesses** can also respond to the challenge *"friendly shopkeepers"* for example with good customer service helping people feel more included.

115 **Structural Enablers** to create the right structures and conditions in a local environment to reduce those affected by, or at risk of, loneliness.

28 **Gateway Services** to improve transport and technology provision to help retain connections and independence in later life.

Structural Enablers

115 answers in this category mentioned ensuring:

- + **A vibrant community** that was welcoming and accessible. One person thought GP surgeries could *"club together"* to help out. Making the world more friendly and empathic through *"public education"* and more ways to stay in touch with people were seen as important goals.

"..having a sense of purpose, having meaning in life, being connected to something bigger than myself, faith including non-religious faith, e.g. faith in other people e.g. - that most people want to be friendly and helpful if they can"

Gateway Services

28 responses directly mentioned:

- + **Transport and technology**; including accessible public transport routes, mobile libraries and information to help increase *"local knowledge"*.
- + A respondent with hearing loss uses the internet to *"chat with people with anxiety and hearing loss"*. Devon is a large county and technology and transport are essential to help people bridge these gaps.

The Devon Joint Strategic Needs Assessment for Devon with regard to social connectedness has a link to our loneliness page [here](#) so that commissioners and providers will be able to access our findings and links to other reports. This is designed to help planning and encourage more dialogue about loneliness across Devon.

Community Events

Out and about

We attended 37 events including Mid Devon Show, Exeter Pride, Devon Girls Can and Totnes Show.

At these events we handed out over 500 loneliness forms and photo competition flyers. We spoke to people of all ages, genders and backgrounds about their experiences of loneliness.

Several people were moved to tears when they were telling us their stories and how loneliness had hit them.

You told us

“Loneliness hits us all darling, even the loudest of us sometimes just hide behind our mask, it’s just some masks are better than others.”

“I’m in a bubble because I have been ill its hard trying to break it and get back out there but I really want to most of the time.”

“People look at me and think I’m really confident, but I hate being alone when the door shuts and if my boyfriend is out I hate it and can’t stay there.”

“I used to go out a lot but since I have been ill I don’t have money to go out and see my friends, so I don’t get out like I used to.”

“I got bullied at school and don’t have many friends I use social media a lot but it’s not like real friends.”

“I know I shouldn’t because I have family and friends, but I do feel lonely quite a bit of the time to be honest.”



Webpage visits

For the duration of this project there were several 'loneliness' pages representing information and events.



2,402

Number of page views;
Repeated views of a single
page are counted.

The following figures represent page views and unique page views for the top 10 pages



1,913

Number of unique page views;
visited at least once

Focus groups

Summary

Between February and April 2017, four focus group sessions took place. The purpose of these sessions was to gather information and views from front line voluntary and community groups supporting people who may experience loneliness or isolation.

The sessions, facilitated by Clarity CIC, took place in Barnstaple, Ivybridge, Cullompton and Exeter and had 45 attendees representing 42 voluntary and community organisations. The sessions focussed on 6 questions and this is the summary of the feedback from the events.

1. How does loneliness come about?

It was felt that loneliness and isolation often occurs when there are changes in circumstances in people's lives which result in lost networks. e.g. bereavement, divorce / separation, changes in health, moving into a new area or have a baby etc.

'New' communities, rural isolation and the anonymity of urban environments can impact on people's loneliness. Also changes in work patterns, zero hour contracts, increased social media and home working may be affecting relationships (particularlry for young people).

People who had experienced crime or domestic violence and abuse were also considered more vulberable to being lonely as were those people coming out of prison.

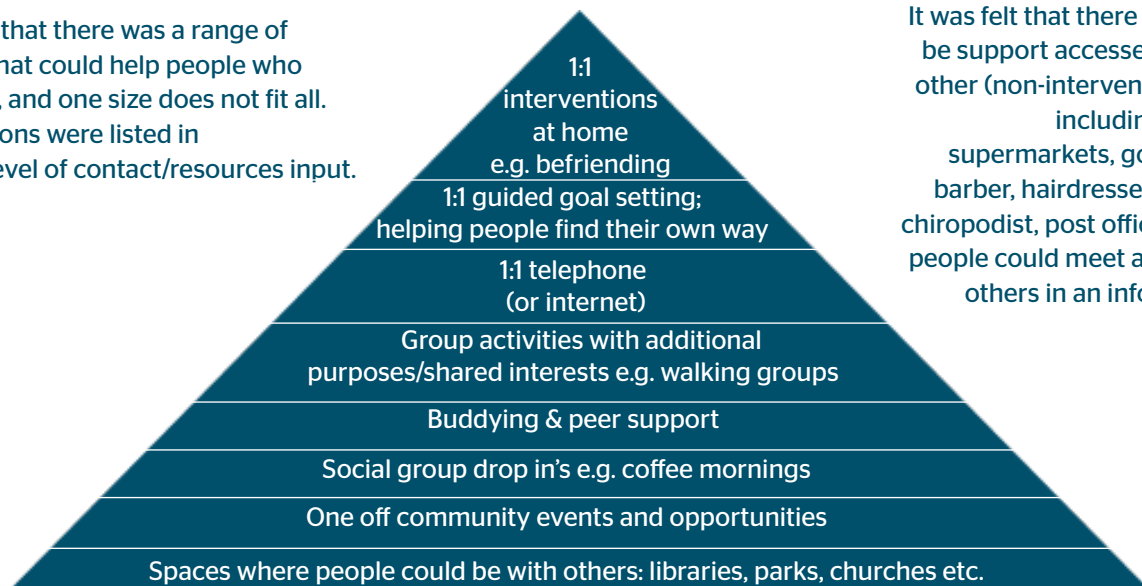
A shift in traditional social/family structures may mean people lack regular family contact - this can occur even when families were not necessarily distant. It was also considered that where services have closed, people had less opportunity to meet or be with others.

It was also felt that a number of factors may lead to an increased vulnerability to loneliness including age, disability, sensory loss being a carer, having poor mental health, belonging to a minority group, sexuality and homelessness.

It was felt that loneliness and isolation does not occur at one point in time but may happen at different times of the day/week e.g. evenings or weekends and at different imes of the year e.g. Christmas and anniversaries.

2. What kinds of intervention help people feel less lonely?

It was felt that there was a range of services that could help people who are lonely, and one size does not fit all. Interventions were listed in order of level of contact/resources input.



It was felt that there was/could be support accessed through other (non-intervention) ways including utilising supermarkets, going to the barber, hairdresser, optician, chiropodist, post office - where people could meet and chat to others in an informal way.

Responses also included attributes or things that could help people feel less lonely and isolated:

- Friends
- Human Contact
- Pets/Animals
- Community hubs/engagement
- Online communities- (could be a downside though)
- Health and fitness clubs
- People keeping an eye out for each other
- Opportunities to connect with like-minded people
- Phone calls and visits
- Advocacy

3. It was considered that the barriers to seeking support were:

Internal	External
<ul style="list-style-type: none"> • A sense of shame or embarrassment at needing help. • Fear of rejection. • Not wanting to bother others. • Denial. Not realising they are lonely until a crisis occurs • Lack of confidence to ask for or seek help. • Fear of intimacy. 	<ul style="list-style-type: none"> • Lack of knowledge of where help might be found. • Lack of support. • Financial issues • Lack of access. transport, communication, lack of IT skills. • Language difficulties.. • Lack of 'others' understanding.

4. Health and wellbeing outcomes

For people experiencing loneliness

Not valued / Don't go out / Unhappy
 Low confidence / Low self esteem
 Excluded / Don't feed themselves
 Hopeless / Depression
 Fear of trying / Self-harm
 Self-neglect / Mis-medication
 Reduced mental acuity
 Suicide Death
 Can't manage finance
 Substance abuse
 Can lead to homelessness
 Relationship breakdown

For people that have taken part in interventions

Look forward / Building relationships
 Improved wellbeing / Happier
 Improved self confidence
 Feeling valued / Able to give to others
 Improved mental health
 Feel included / Hopeful / Better sleep
 Neglect reduced / Increased activity
 Better coping skills
 Appropriate weight loss / gain
 Reduced visit to GP / Maintain relationships
 Regain purpose / Recognise skills
 Increased self-esteem

5. Effective services for lonely and isolated people

When describing **effective interventions** that helped people feel less lonely common themes were:

- + **Accessible** in terms of local or with transport, open to a mix of people and meets communication needs.
- + **Co-ordinated** - through collaboration and partnership working.
- + **Enabling** - helping people to be valued and to contribute. Skills share etc.
- + **Evidence based** - services based on outcomes.
- + **Sustainable** - groups wanted to ensure that people empowered to use services without their support.
- + **Timely** and right amount of time to build relationships i.e. not just day time or limited e.g. a 6-week group.
- + **Value for money** - well designed and good value but also recognise that there was a cost to providing services.
- + **Variety** - a range of services available with a choice. Meeting individuals' needs.

Notes compiled by



6. Notes for commissioners

The following are some comments from the VCS's to commissioners



Campaign to End Loneliness

Event in Devon

“The Campaign [to end Loneliness] recommends developing a collaborative strategy to address loneliness in the County, developed and implemented by a key group of stakeholders. We recommend this group is comprised of stakeholders from across the community such as local businesses, fire and rescue officers, representatives from across the local authority and health (including transport, planning and housing), as well as representatives from local older people’s forums. A key task of this strategy group should be to drive forward a project to map the most at-risk of loneliness in the County. This group would also take responsibility for identifying existing resources and gaps.” (i)

In June 2016, the Partnership Officer and a volunteer participated in an event hosted by the Campaign to End Loneliness (CTEL) where we were introduced to the work of the campaign which comprises a great body of research.

Over 50 people attended a workshop to explore how to reduce and prevent loneliness and create connections in later life.

Participants were from a range of organisations including the local authority and a good mix of local voluntary and community organisations. The event was designed to help Devon County Council develop its strategy for addressing loneliness and isolation in older age in Devon.

Much of the report from the event refers to the Loneliness Framework developed by Age UK and the Campaign to End Loneliness .

It is envisaged that the report from the workshop will represent the first step in putting in place an action plan to tackle loneliness, albeit in older age, based on local circumstances.

We gave participants the opportunity to stay involved after the event and 68 people were entered on to a loneliness distribution list which formed the basis for a network of people with whom we could share news and updates of the project.

This activity aimed to help more individuals and groups across Devon to contribute to:

- + Enabling health and social care services achieve their outcomes regarding social connectedness.
- + Helping people understand more about loneliness in Devon.
- + Enabling more people to have their say in a way that suits them.
- + Increasing participation in Healthwatch Devon.

The Loneliness Framework recommended by CTCL was used to demonstrate local asset-based community mapping starting with what participants from the day knew.

Whilst our focus was not solely on older people the advice here could be broadened out to other groups using the recommendations from the CTCL workshops and the existing mapping we created.

Thank you to our speakers for their valuable contribution:

Cllr Andrew Leadbetter, Chair of the Devon Health and Wellbeing Board, Devon County Council

Simon Chant, Locum Consultant in Public Health, Devon County Council

Jacqui Wolstenholme, Co-founder, Clarity CIC

Colin Bray, Service Development Manager, Libraries Unlimited

Presentations from the event are available to view [here](#)

Full event report available [here](#)





Hands of time - Sue Smith

Workshop themes and ideas suggested

Using a participatory process, the following ideas were developed in the workshops which have helped inform the recommendations of this report.

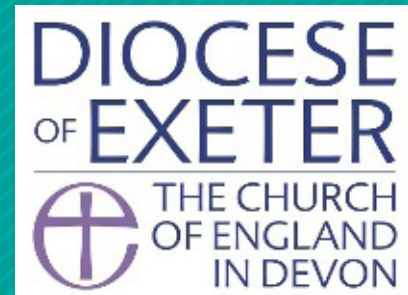
- + **Using data to identify those at risk**
- + Community driven dataset that can be used to plan, design, and deliver (and analyse).
- + **Eyes and feet on the ground**
- + Assessment, referral, solution.
- + **Working with businesses**
- + Target funeral directors and related bereavement organisations with sources of advice and activities about social contact.
- + **Links to the health service**
- + GPs, hospital discharge, opticians, audiologists, and local hospitals refer on to local charities.
- + **Understanding and responding**
- + Befriending and community connectors county-wide/ local charities. Need to pool resources and more time for front line workers.
- + **Creating new connections**
- + Music and remembering. Shared activities and intergenerational groups. Breaking down silence, bringing generations together.
- + **Gateway servies: technology**
- + To bridge social and generational gaps and health and wellbeing needs. Applying technology to interest and developing it.
- + **Gateway Services: transport**
- + Increase awareness of transport options.
- + **Structural enablers: building community capacity**
- + Local place-based initiative to build community capacity.
- + **Structural enablers: creating age friendly communities**
- + Stakeholders: everyone. What are the resources?: Linked to dementia friendly communities. Community commitment to up-keep of services and equipment.

Diocese of Exeter

Loneliness Conference

In June 2017 Healthwatch Devon worked with the Diocese of Exeter to hold a loneliness conference with church groups.

The event was facilitated by HWD and 25 people representing various church groups and organisations attended.



Diocese of Exeter and Healthwatch Devon Loneliness Conference

Event focus and responses

In order to provide comparable data, the event focused on the questions raised during the previous sessions attended by voluntary and community sector organisations.

- + **How does loneliness come about?**
- + Lack of communication - Retirement - Change of circumstances - Becoming a carer - Not being a carer anymore - Lack of integration - Moving to be near children - Lack of networking - Children moved worldwide - TV equal family - Social media - Mothers'/fathers' days - Happy Families Church - Redundancy - Bereavement - Flowers.
- + **What kinds of intervention help people feel less lonely?**
- + Gaining control - Being taken seriously - Being listened to and valued - Relationships - Give people a role to do whatever it is, a purpose - Make them feel useful, worthwhile, not worthless - Mental health pack for churches full of information - Make tasks manageable small chunks timebound - increase volunteers - Providing opportunities to build long term relationships e.g. seeing the same people each week breaks down barriers and people open up. More access to dealing with underlying issues.
- + **What are the health and wellbeing outcomes of people experiencing loneliness?**
- + Loss of ability to communicate - Knowing who to turn to - Insecurity - Mistrust in others - Told "*you're too old*" - Lack of motivation - Self-harm - Suicide - Depression - Attention seeking - Problems becoming out of proportion - Unhealthy interest in medical attention.
- + **If you were commissioning a service to help with the impact of loneliness what would this look like?**
- + Is the budget realistic? - Being part of a larger consortium? - Safety and insurance - Sharing resources - getting best value - Regular monitoring and engaging with real people - To commission a service that guides the worried well to support - How do you go about getting grants for transport? - Cost of vehicles, hardware, staff and running costs.
- + **What should services look like?**
- + Flexible and tailored to the individual - Provide good local transport - Being simple to access - Keep community local hospitals - Are commissioners honest about budgets? - Are people's mobility needs catered for? - How do you get mutual support from care at home? - Do you get enough stimulation if you're not in a group? - A service should cater for social connection, stimulation e.g. help with physical care hygiene that was offered at a day centre - Run some small experimental projects, at least seed-corn funding.



Photo Competition

Events Summary

During the Summer of 2017 we ran a photo competition asking members of the public to send in images of what loneliness meant to them along with any supportive text they felt explained the images.

We received 22 amazing images from all over Devon from camera clubs to people capturing images on their mobile phones.



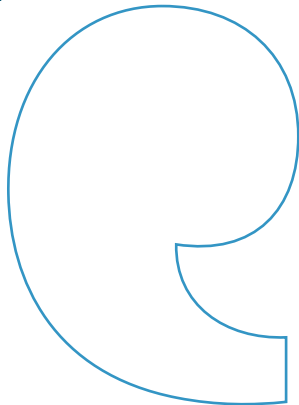
Winner

Ignored - Ken Holland



Runner up

Despair - John Ward



3rd place

Lonely in the Crowd - Rachel Bolt



Judging

Focus Group Summary

On 21 November 2017, The Right Worshipful the Lord Mayor of Exeter (pictured) visited to judge our photo competition, along with one of our volunteers Helen Imber and Healthwatch Trustee Rosemary Whitehurst. They were overwhelmed by the thought provoking images. The winning submission, by Ken Holland, is used as the cover of this report.

The prizes were £100, £50 and £25.00 Love to Shop voucher for the 1st, 2nd and 3rd places.



All entries

- + *Ignored* - Ken Holland **Winner**
- + *Despair* - John Ward **Runner up**
- + *Lonely in the crowd* - Rachel Bolt **3rd Place**
- + *A mist descends* by Sarah Bradley
- + *An easy way out* by Joss Copeman
- + *Alone on the moors* by Jenna Brookman
- + *A ghost from the past* by Joss Copeman
- + *Soul alight* by Joss Copeman
- + *Only person who can help you is you* by Kyle Hughes
- + *Coming together to exercise and feel great* by Paul Mousland
- + *Pets* by Zoe Osborne
- + *One glass* by Kate Phiminster
- + *Gone* by Kate Phiminster
- + *Dinner for one* by Kate Phiminster
- + *Hands of time* by Sue Smith
- + *Grief - the void - my side* by Sue Smith
- + *Broken.....different* by Sue Smith
- + *Alone in a crowd* by Sue Smith
- + *Lee* by Joseph Uttley
- + *Lee again* by Joseph Uttley
- + *Rita* by Joseph Uttley
- + *Transgender Isolation* by Connor While

Photographers told us

"You can feel more lonely in a busy place. All you can see is other people's feet passing."

Ken Holland

"Loneliness brings with it all sorts of difficulties, one of which is having no-one to listen. This old man, perhaps bereaved some time back, maybe struggling physically, has reached a point of total despair. He just needs to share with somebody how he feels and then maybe, he'll be able to pick himself up and start to make his way through life again."

John Ward

"Sometimes being lonely isn't the same as being alone. You can be surrounded by people and still feel isolated. I also believe that it's not the same as feeling sad. Sometimes you can feel lonely when enjoying something because you wish that there was someone there to share it with."

Rachel Bolt

Why this work is important

Key drivers

In compiling this report, we have looked at key national drivers which are those national strategies, research and learning that promote the need for collaboration and co-production to help address this complex issue.

"[A] London School of Economics (LSE) study of older people says for every £1 spent in preventing loneliness there are £3 of savings." (BBC news (iv))

The economic case

An LSA research briefing on the *cost-effectiveness of loneliness interventions* resulted in a reduction of before and after health service use following intervention to reduce isolation, inferring but not quantifying, an economic return on investment.

The LSE Research Online abstract said:

"Baseline findings indicate that there is likely to be a positive return on investment, but that this is highly dependent on the quality of volunteer - participant relationship and on the sustainability of new social connections beyond the duration of the program." (McDaid and Park 2017)

The LSE report has been published on the CTCL website [here](#) (v)

Health inequalities and avoidable negative health outcomes

In 2010 the Marmot review (vi) was published which proposed an evidence strategy to

"address the social determinants of health, the conditions in which people are born, grow, live, work and age, and which can lead to health inequalities." (Marmot Review cited Local Government Association 2018 (vii))

The complex interaction of factors which lead to health inequalities includes social isolation, which is of itself dependent on prevailing factors such as housing, income, education, disability and overlaid by social and economic status which is a strong influence on all health outcomes.

In solving any health inequality

"Key to Marmot's approach to addressing health inequalities is to create the conditions for people to take control of their own lives. This requires action across the social determinants of health and beyond the reach of the NHS. This places renewed emphasis on the role of local government who along with national government departments, the voluntary and private sector, have a key role to play." (Local Government Association 2018 (vii))

As a result of the Marmot Review, a new indicator was added to the Public Health Outcomes framework in 2012/13. The national Adult Social Care Outcomes Frameworks now also includes a measure entitled *Social Connectedness*. This measure shows the percentage of social care users and carers who have as much social contact as they would like. Given the huge impact social isolation has on mental and physical health and wellbeing, this was also included as a core measure in the national Public Health Outcomes Framework. Within Devon, this measure is also included in the Health and Wellbeing Board outcomes report and is recognised as priority in the Joint Health and Wellbeing Strategy.

The Jo Cox Commission

Perhaps the most publicly known development is the Jo Cox Commission started by the MP Jo Cox in response to some of the issues laid out above. Despite her untimely death the Commission has continued in her name to promote and support involvement in preventing loneliness - which can *"affect anyone at any stage of their life."*

(Jo Cox Loneliness (viii))

Sustainability and Transformation Partnership (STP)

The Devon NHS has *"a comprehensive five-year plan to transform health and care services for local people so they are fit for the future. [The] aim is to create a clinically, socially and financially sustainable health and care system that will improve the health, wellbeing and care of the populations served by (our local NHS). The organisations involved in the STP have, among a list of 7 priorities, pledged to "improve social connectedness and combat loneliness." (ix)*

To increase the whole breadth of understanding in the sector, and closely linked to the work carried out by Professor Marmot, an evidence review was commissioned by the Health Foundation. Developed in collaboration with New Philanthropy Capital (NPC November 2017) it provides.

“a wide range of evidence demonstrating the impact of social determinants on health and [identif]ying clear system levers that can be utilised by the voluntary sector to highlight the need for action, to approach potential new partners, and to work collaboratively across sectors.” (x)

The resulting guide recognises the role of the voluntary and community sector as “non-health” providers in helping to end loneliness and isolation as part of a holistic role. Creating a sense of well-being in a holistic way, complementing highly specialised services provided by the statutory health system.

For more information and toolkits on how “non-health” charities can contribute to an individual’s well-being please click [here](#) (xi)

Building on research presented in the RSA’s 2010 report, *Connected Communities: How social networks power and sustain the Big Society*, Power Lines (xii) recommends that:

- + **Agencies** seeking to develop empowered communities should measure success based on the extent to which they have contributed to the creation of richer, stronger, more interconnected social networks.
- + **Local and national initiatives** aimed at empowering communities should give extra attention and support to those who are most at risk of being isolated.
- + **Public policy** has much to gain in helping to foster broad sociability and connections, whilst leaving specific details to the people and communities involved.

Recommendations

In summary, our community has voiced a strong urge to help tackle loneliness in Devon and has expressed what they believe are the causes and what can be done to prevent isolation.

We recommend a cultural and organisational response to loneliness at a strategic level, with the aim of promoting the benefits of *place-based community and friendship* to support people in Devon.

1. To establish an open and public Devon-wide **Loneliness Alliance** tasked to audit, develop and sustain VCS, local groups, charities and associations already operating at a neighbourhood level and building on their work.
2. To design and deliver a combined service Community Outreach Engagement programme with VCS who will facilitate solution focused conversations with vulnerable people and those identified as being in a high risk group.

The **Loneliness Alliance** could help to:

- + **Educate** people about the effects of isolation and loneliness to health and wellbeing. Develop social prescribing services that will help people empowered to help themselves.
- + **Design** an integrated communications strategy promoting ‘*community, friendship, resilience*’ in partnership with Clinical Commissioning Groups, NHS hospital trusts, GP surgeries, Dentists, Health and Wellbeing Hubs, Patient Participation Groups, VCS and local businesses such as supermarkets, coffee shops, schools etc.
- + **Create** a review site with a non-medical directory of resources and services or develop one already available e.g. Devon County Council’s **Pinpoint**.
- + **Carry out** a needs assessment, develop and sustain local groups and associations operating at a neighbourhood level.
- + **Seek** regular funding for services within the Alliance to make them more effective and sustainable.



Appendix 1

References

- (i) **Devon Joint Strategic Needs Assessment**
About [Read more](#)
A Joint Health and Wellbeing Strategy for 2016-2019, p.10 [Download](#)
- (ii) **Campaign to End Loneliness**
About the campaign [Read more](#)
Hidden People Report [Read more](#)
Making the economic case for investing in actions to prevent and/or tackle loneliness:
a systematic review [Read more](#)
- (ii) **Wellbeing Exeter**
About [Read more](#)
Community Building [Read more](#)
- (iv) **BBC News** [Read more](#)
- (v) **London School of Economics Research** *Making economic case for tackling loneliness in
later life* [Read more](#)
- (vi) **Marmot Review** *Fair Society Healthy Lives* [Read more](#)
- (vii) **Local Government Association** [Read more](#)
- (viii) **The Jo Cox Commission**
Loneliness [Read more](#)
Minister for Loneliness appointed to continue Jo Cox's work BBC News [Read more](#)
- (ix) **Sustainability and Transformation Partnership** [Read more](#)
Home [Read more](#)
Priorities [Read more](#)
- (x) **Institute of Health Equity**, *Voluntary sector action on the social determinants of health.*
[Read more](#)
- (xi) **Think Publications** *Keeping us well* [Read more](#)
- (xii) **RSA report** *Power Lines* [Read more](#)

Further reading

Age UK *Loneliness Maps* [Read more](#)


Institute of Health and Inequality *Voluntary Sector Action on the Social Determinants of Health - evidence
review* [Download](#)


Missing Millions [Read more](#)

Strategy development good practice [Read more](#)

Social Care Institute for Excellence *Research briefing 39: Preventing loneliness and social isolation:
interventions and outcomes* [Download](#)

DEVON HEALTH AND WELLBEING OUTCOMES REPORT	
INDICATOR SPECIFICATION	
<p>Priority 5: Life Long Mental Health Indicator: Social Contentedness Period: 2016-17</p>	
Description	Proportion of people who use services who reported that they had as much social contact as they would like.
Source	Adult Social Care Survey and Carers Survey, National Adult Social Care Intelligence Service (SW Benchmarking, Trend and Comparator Group) DCC Management Information Team (District, Inequalities and CCG / Locality Comparison)
Update Frequency	Annually around seven months in arrears, 2017-18 due in October 2018.
Outcomes Framework	Adult Social Care Outcomes Framework Indicator 1i, Public Health Outcomes Framework Indicator 1.18
Detailed Specification	The percentage of users responding "I have as much contact as I want with people I like" and carers choosing "I have as much contact as I want" to questions based on their social situation in the Adult Social Care Survey and Carers Survey. Currently just measuring social care users. Measures for users and carers will be presented separately
Chart Notes South West	Compares Upper Tier / Unitary Local Authorities in the South West Region. Error bar is 95% confidence interval.
Chart Notes Local Authority	Compares Local Authority Districts in the Devon County Council area. Error bar is 95% confidence interval.
Chart Notes Comparator	Compares Devon to similar upper tier / unitary local authorities using the 15 closest comparator councils from the Institute of Public Finance (IPF) statistical neighbours for 2015. Error bar is 95% confidence interval.
Chart Notes CCG Locality	Displays nearest and two closest commissioning groups in the most Devon areas, their localities, and their sub-localities. This is based on the geographic areas defined at Lower Super Output Area level www.devonhealthandwellbeing.org.uk/library/maps Error bar is 95% confidence interval
Chart Notes Trend	Compares Devon rate with South West region and England over time
Chart Notes Inequalities	Compares areas within Devon based on area deprivation. National deprivation quintiles from the 2015 Indices of Deprivation (Index of Multiple Deprivation) used.



Health and Wellbeing 

Committed to promoting health equality

Appendix 3

Workshop notes - 22nd February 2018

Campaign to End Loneliness

Detailed notes

Short Term:

- Bring the information to the public by holding “fairs” each month in the Guildhall Shopping Centre and other prominent public areas where people can enquire and find out about services/possibilities. As people just encounter the “fair” in a public place there is no stigma attached to the individual
- Health and Local Food for Families - www.half.org.uk
- Timing - “it’s a good time now”
- Access to info - internet, events, advertising e.g. buses, in and out of buildings, TV, radio

Medium Term:

- Joined up services - health and social care
- For everyone - places offering a “community” lunch at fixed times and no choice menu (this would keep the cost down and please the business community - no competition). It would provide a meeting place, a nourishing meal, possibly improve physical / mental health
- Give easy to care for plants away to people - it can be just as good a way to help some people as owning a pet might be
- People need to know where to go to access services
- More emphasis on emotional education at a young age
- Educate organisations and groups to ensure that there are no boundaries excluding certain groups from participating in society
- Better identification of people who are feeling lonely (part of health and social care assessments)
- Tinnitus therapy for all
- Old and young street parties
- Agent for town / village / ward of Exeter paid for by parish present
- Employers be encouraged to support community time; corporate / social responsibility; improved employee well-being
- Village halls / community centres with regular events / activities; organisers/instigators in communities to make happen

Long Term:

- Start with schools “buddy benches”
- Education
- Co-ordinated community transport service funded so that the community vol orgs can run it
- No one on the streets - all basic need to be met and everyone has a chance to be creative (Maslow)
- Education to change the culture into a more neighbourly, connected and accessible community way of living
- More befriending - needs to be sustainable integration; model to introduce people to groups, neighbours leading to long term change
- Reduce parking / bus fees - another barrier
- Prevention, prevention, prevention - get on with it

- Goal - everyone in community feels part of the “whole” and able to give, receive, feel valued and cared for
- Real people help other real people; anti-virtual lifestyles
- Less promotion of “me” society, reality TV nonsense, more group and societal based things, examples of joined up lifestyles
- Community champions rally round
- Say hello to someone new every day
- Fund community venues - build groups and engagement
- Create cultural shift
- Refresh some parish / town councillors - some are out of date
- I was told that one town councillor did not believe deprivation exists because she did not see it on her street
- Take every opportunity to encourage contact with those who might be isolated - spread the word about the loneliness campaign
- Information and activity hubs
- We must all take responsibility

Our thought for the day:

- Knock on door and say “hello, I live at ... let me know if I can help with anything”
- Make prevention a strategic priority of the commissioners
- Smile at someone you don’t know

Workshop 2 - Tablecloth notes

Environmental Factors

- What does the local area look like.... Overgrown car park / not a nice place
- Social isolation and anxiety
- Access to services, i.e. community transport and mobile library
- Crime in your area, high crime area
- Experience anxiety in high crime areas
- Co-ordinated community transport services
- Community transport does not exist
- Appointment of voluntary community transport co-ordinator to run single point access
- Losing ability to drive, loss of transport
- Family moving away for jobs
- Retirement
- Hospital closures
- Crime, fear and anxiety
- Public transport management... Sensible bus times
- Loss of public transport
- Dementia...signs of, perceptions of and clinic availability
- Hospital discharge
- Heating and environmental facts
- Promotion of Pinpoint
- Ring and Ride
- Rural locality

Personal Circumstances

- Family values
- Family fragmented - move away, abroad - pride, stigma and generation differences
- Animals, walking, interacting, listening, art of listening and empathy
- Friendship, lifelong or young age
- Businesses have a responsibility to society, involve the young
- Doctors opening hours
- Couple Doctors, church and open tea mornings
- Bullying
- Bereavement counselling
- Property
- Children - what are they hoping for?
- Being aware of feelings
- Taking ownership - interest
- Fear of rejection
- Re location
- Managing risk
- Friendship bench, robot, library chair, schools, second friend, primary friend
- Reduce stigma, mental health and loneliness.
- How we provide information, engaging, coffee shop and local businesses
- Talking groups, sensory groups (sensory loss)
- Introductions
- Internet- lack of talking, over use, lack of knowledge, alienation, bullying, harassment or not connected
- Where you live, rural vs city. Lack of connectivity
- Identification of vulnerable groups
- Talking groups - ie., sensory group
- Marry up services
- Dementia friends
- Individuals versus collective

Life events - Traumas and Transitions

- Bereavement, churches, friends + befriending, logistic issues and geography
- Becoming a young carer
- Gain - children, partners, jobs, money, health, pets and homes
- Loss - bereavement, health, ageing, driving, pets and moving
- Strategic sector where you are, can't function without funding
- Community groups (unmet need), link to CV's to fill gap. Make sure funding is there.
- Transport, geography - rural farming community
- Social anxiety
- Use Pinpoint as a resource and publicise it to groups/ organisations

Personality

- Social prescribing plus community building & networking / signposting of activities
- Community noticeboards
- Bring a friend to social groups / activity
- Use of social media positively. To smile at someone new every day, "say hello to someone new every day"
- Start the conversation early
- Ice breakers. Encouraging groups to be more welcoming to new people / members. Neighbourliness
- Valuing the individual - transition times, raising awareness and understanding of impacts
- Lose the stigma - proactive approach, personal responsibility
- Wonford Community Forum
- Community building, social prescribing

- Friendship bench - ask people how they are
- Cultural shifting to approach people in public
- Collaborative approach - communities/individuals (buddy up, introduce people to things - not just signpost)
- Private sector - training to including speaking to customers
- Voluntary sector - make things easy and accessible
- Statutory sector - community police

Psychological Response

- Conversation clubs (non-English speaking)
- Share passions
- Different name for loneliness support
- Time - banking skills exchange
- Crib list for neighbours - how to speak to someone in your neighbourhood
- PINPOINT - as a source of information about what is available
- Learning new skills to cope with changing circumstances.
- Removing barriers, enabling change - ice breakers
- Education awareness groups
- Mix young and old - reduce stigma
- Breaks for carers
- Don't rely on digital platforms, we still need basic human interaction (522 Facebook friends but still lonely)
- Comprehensive stock
- take up of LOOP SYSTEMS in buildings, churches etc, to help the hard of hearing. Funding to fit them everywhere
- Keep hearing aids free
- Community funds to set up groups - hold events, simple but engaging
- Needing community catalysts - set up groups to organise events, make socialising the NORM.
- Unusual circumstances can lead to anxiety
- More community venues/groups. Groups in own home to meet informally
- Funding organisations that prevent long term loneliness causes
- Community champions and enablers by default, reducing loneliness
- Free services to help
- Self confidence leads to life skills and interaction
- Take away labels
- Community skill courses like (doing) tea cakes and mechanics
- Doctor referrals for lifestyle issues

Social Group Membership

- Lack of transport prevents people getting together
- Use care-workers to connect between isolated people
- Putting clients together to form a friendship group - carers can do this
- Social structure - put back to how it used to be (start in schools)
- Problems surrounding legislation and data protection - preventing volunteering etc
- Funding - interests - relevant activity - personal ongoing reliance and support.
- DEVON TIME - Give an hour, community led, community based groups to exchange skills, share interests and meet others. Volunteering in a different way
- JOLLY DOLLIES - A national group with local social connections - www.thejollydollies.com
- REPAIR CAFES - St Sidwells and other location across Devon. Volunteers who can fix or repair things for others - skills, share opportunities. www.recycledevon.org



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