

Section 1

Overview of the session

The Inner East Community Committee, as a result of feedback from a previous Committee around identifying local priorities, has made a commitment to tackle poor mental health and social isolation. On 22nd January 2015, the Committee provided a forum and workshops, to bring together key stakeholders, including Elected Members, individuals, with lived experience of social isolation, professionals working in the field of social isolation, front line workers from each community and community members themselves.

Social isolation can be defined as:

“The virtual absence of interaction with others, outside of that required to perform basic life functions, such as food shopping, transportation, work and entertainment. Social isolation is common in the disabled, divorced and elderly, as well as in those with mental disorders and alcoholism, and is a risk factor for both suicide and deaths from all cause” (Segan’s Medical Dictionary 2012).

The session began with a number of personal accounts from testifiers, describing how social isolation has affected their lives, and other people’s lives. This set the scene and helped participants understand the complexity of this issue and the challenges for everyone in terms of making progress in addressing it. Participants then engaged in a number of workshops, designed to identify:

- Who are the socially isolated people?
- How can we reach them
- What can we do to help?

Section 2

Background information

Community Committees provide an opportunity for local people to have their say about what happens in their community and as such, are an important part of the council’s decision making process. Each committee holds five public meetings per year, where local people and councillors can come together to discuss key issues of concern, and help influence decisions on matters of local interest.

Social isolation is a key area to consider in Inner East Leeds because:

“Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks have a larger impact on the risk of mortality than on the risk of developing disease, that is, it is not so much that social networks stop you from getting ill, but that they help you to recover when you do get ill.” (Marmot (2010) Fair Society Healthy Lives, Final Report).

Social isolation can affect people on many levels. Although older people are often considered most likely to be socially isolated, it was recognised that social isolation can affect all groups, at different times of life and especially in more marginalised and culturally diverse groups such as ethnic groups,

the lesbian, gay, bisexual and trans community. Some individuals may share a number of features e.g. disability, older and gay/lesbian, that serves to exacerbate their social isolation.

Lack of access to adequate income and resources that help build future resilience and enable participation in mainstream activities can also be factors which increase social isolation. All of the Inner East Medium Super Output Areas (MSOAs) are amongst the least wealthy in Leeds. Taken on a series of measures, this means fewer people in work, lower educational attainment for children, lower income levels for adults and fewer people in stable housing. This can create an on-going cycle of poverty, deprivation and inequity, all of which lead to poor physical and mental health experience and earlier deaths for many of our community members, compared to the rest of Leeds (Leeds Mental Health Framework 2014-2017).

Poor mental health, resulting from worklessness, is well known. Being in work has positive effects on self-esteem. It is a highly valued activity, producing many more outcomes, than those of financial reward, including security of housing and sufficient money to live. This in turn enables an individual/family to eat healthily and take part in mainstream social activities, all of which protect and promote mental health and wellbeing.

Poor mental health also affects the likelihood of gaining and keeping employment. In Lincoln Green/Ebor Gardens, in the first quarter of 2014, 160 people had been claiming Employment Support Allowance (ESA) for 1 year and up to 2 yrs. 280 people (50% of the proportion of all ESA claimants in the area) had mental health issues.

In Cross Green/ East End Park, 155 people had been claiming ESA between 1 and 2 years and 260 people had a coding of mental health (54% of the total). In Harehills and the Compton's 150 people were claiming ESA between 1 and 2 years, 265 people with mental health issues (52% of the total) and in Gipton South there were 135 people claiming between 1 and 2 years and 235 people with mental health issues (53% of the total).

Poor mental health is also often identified as a reason for tenancy breakdown, which then impacts on security of income. Gaining and keeping employment is more difficult for people who do not have settled accommodation.

Joseph Rowntree found that social isolation often takes us by surprise, or can follow naturally in the wake of one of life's transitions, for instance bereavement, redundancy, illness, or some other change of circumstance, such as moving house, starting school or university.

This means that people are likely to experience a number of stresses and strains throughout life and efforts to strengthen social networks, to support people holistically, to build community capacity and resilience into everyday life, and especially in times of crisis, would be an appropriate public health intervention

Section 3

Events Findings

A number of issues were raised in the table discussions, which can be grouped into several emerging themes. The intention is to start to address these through a locality social isolation action plan.

Theme 1: Building Community Capacity to ‘Look out for each other’

The Inner East workshop accepted that the fact that people are socially isolated makes the initial reach out more challenging. This is more challenging because demographics have changed, there are mobile and expanding populations, a work based culture, car ownership, explosion in technology and weakened kinship ties, which mean strong traditional neighbourly values, have disappeared:

- Many don’t talk to neighbours, get support when ill/in need/rally round. People become invisible and don’t like/feel like they can ask for help

However, it was still felt important to utilise people on the ground, who could look out for vulnerable people:

- Need to develop a network of local “eyes and ears” – Shopkeepers, publicans, religious leaders, carers, frontline staff, youth workers, teachers etc. Be creative and look outside of the usual access points to identify those suffering from social isolation
- Need to build up capacity in neighbourhoods so we can re-create ‘neighbourliness’
- Start by recruiting local people who ‘can listen’ working through neighbourhood gatekeepers and providing proper support to make this happen
- A cadre of local people, who can get to know people, good at relating to issues and can support people in their first steps

Theme 2: Mapping Socially Isolated People and Community Skills

There was very much a focus on mapping, both in terms of where the vulnerable, socially isolated people are because ‘We need to understand this picture, before we can target a response,’ but also in terms of identifying existing, and building skills from within communities. This could be the socially isolated themselves, who could gain from:

- More volunteering opportunities to help build confidence in those who struggle to interact, or are marginalised from society

Also, having a clear idea of the skills present in the community could benefit other vulnerable people:

- Do a skills audit of our local communities; what skills are out there; who is close to someone who needs help and could receive it from a neighbour? An Inner East Skills Bank could be developed
- “Pay It Forward” – A concept of a good deed being done for a neighbour and passing it on. Could be backed by a campaign and branded under the neighbourhoods of Inner East Leeds.
- Need to create a ‘critical yeast’ i.e a combination of the right people, with the emphasis on co-producing solutions, with the people who are experiencing social isolation

Whatever the age of the socially isolated person, advocates and befriending schemes, were seen to be useful. However, it is essential to link a socially isolated individual with another who ‘has been there’ as they have to have credibility and understanding, if they are to deal with the issue effectively.

Theme 3: Transport:

Poor transport was also raised in that there is a need for:

- Better transport for people to access provision
- Also think about building reduced/free travel for isolated/low income groups into funding bids- enables young people/gay people who may prefer to travel to activities, but can't afford to do so
- Access Bus

Theme 4: Emerging vulnerable groups

Young people were seen to be particularly vulnerable, as they may not have good role models on which to develop their own behaviour and resilience. Also, although they have been raised in an era of social media, it can be divisive and lead to bullying:

- Look to develop and fund mentors for young people, role models are key when many young people don't have one
- Activities that are marketed as 'Support and Challenge' and provide fun will attract a wide range of young people

Men were also identified as needing targeted approaches:

- Although we know that men are bad at seeking help for health problems early enough, social prescribing can play a part
- Men have particular issues around confidence to join what they perceive as support groups- may interfere with their/other's ideas of masculinity
- Ghettoising vulnerable single people-housing situation. Unsuitable accommodation-at what point do we intervene?

There were several issues raised around cultural and language barriers and the difficulties this causes, both for the isolated individual and services trying to help:

- LGBT very isolated
- Muslim women
- Dedicated language places
- Language remains a major barrier-need a bank of locally accessible interpreters
- How do we make better use of mosques, churches and temples?

Theme 5: Improving Access to Services

The community felt that there were not enough accessible venues to meet, that signposting to existing services could be improved and that language barriers were evident.

- Need to investigate pop-up venues such as the ToastLoveCoffee café at Hovingham Hub, accessible local spaces for people to socialise
- Community activity and a local base to get people out of the house
- Promoting integrated community activity between different cultural communities

- Migrant populations have expanded and we haven't responded quickly enough so we can meet their needs. Are not enough services, provided in the right way, with staff to deliver them and buildings to deliver out of

There were thought to be issues around people not knowing where Health Services are and barriers to accessing those services were evident. Having services all together in one place was seen as helpful, as was having wrap around services in GP surgeries. Without this, 'people may turn to GPs for medical solutions to social problems, but walk out of the surgery, still carrying the burden'.

- Social prescribing terminology not good, but if the person doesn't get their pressing issue addressed after leaving the consultation, the GP will not have helped
- Older people having a named doctor but slow to take place
- Appointments in a GP surgery are a problem
 - Telephone consultation
 - How do we get to know what's going?
- Dedicated language places
- Muslim women
- How do we use:
 - Mosques
 - Churches
 - Temples

Theme 6: Stimulating Engagement and Participation

It was recognised that it takes a lot of hard work to stimulate engagement and retain interest. The following ideas were put forward:

- Use an appealing 'hook' to entice isolated people into activities-providing/preparing/sharing food is a great attraction, particularly if person has little/no money to buy food. People will often open up thereafter
- More lunch schemes and gardening projects that have been funded by LCC and others
- Cooking clubs are an excellent way of people socialising but also learning a skill and also get healthy
- Develop more opportunities for people to come together to share food and conversation e.g. luncheon clubs (being sensitive to cultural needs and preferences)

Section 4

Summary of the key issues and recommendation:

Recommendation 1

Whilst the workshop started to identify affected groups, mapping patterns of social isolation, down to street level is necessary to ensure appropriate targeting. Hold focus groups/gather more intelligence to develop bespoke responses to the needs of groups with particular requirements e.g. young people, men, migrant GLBT and BME communities.

Recommendation 2

Recommendation 3

Recommendation 4

Recommendation 5

Recommendation 6

Recommendation 7

Recommendation 8

Section 5

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