Section 1- Overview of the session

The Inner North East Community Committee, as a result of feedback from a previous committee around improving health, has made a commitment to tackle poor mental health and social isolation. On 19th 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 about 4 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 North 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. Two of the Inner North East medium super output areas (Meanwood 6 Estates and Chapeltown), 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 Chapeltown, in the first quarter of 2014, 165 people had been claiming Employment Support Allowance for between1 year and up to 2 years and 255 people (49% of the proportion of all ESA claimants in the area) had mental health issues.

In Meanwood 6 Estates, 130 people had been claiming ESA between 1 and 2 years and 210 people (52% of the proportion of all ESA claimants in the area) had mental health issues.

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 and restoring 'Neighbourliness'

This was a strong and recurring theme across the committee and for most groups. Many people felt that neighbourly support, that used to be a feature of traditional communities, was no longer there. Migration, language and cultural barriers, the trend for both parents to work and be absent from the community during the day, or because whole families are out of work and unable to participate in many activities, were seen as issues. Additionally, the explosion of personal, rather than community, or active transport and the gap between young and old, BME and indigenous communities and the small numbers of GLBT and disabled/learning disabled people amongst the general population, meant that many people could be isolated. This could be because there may be few activities locally to meet others from their community, or that they feel are accessible to them.

It was clear that many thought the resources were already present in the community, but work was needed to maximise these resources:

- Identify/develop a network of community connectors-they exist. Need to bring together!
- Activities aimed at building community connections, linking people at local level and not over professionalising things-talking to neighbours and organising street or locality socials-not bussing people to support groups!
- 'Need to keep the community sector networked
- Need cohesive communities with shared sense of values, where everyone feels safe to play a part and 'involve communities in meaningful conversations

There was also a sense that encouraging skill sharing, between different groups and between generations, would pay dividends:

- Inter- generational work can help to build understanding + intergenerational work around social media
- Building cohesion and community resilience around activities. Sharing stories
- Self-worth, comes from sharing skills
- Volunteering models
- Neighbourhood networks-too much invested. How do we diversify?

It was also clear that whilst new communities bring with them a rich cultural mix and many benefits to local areas, if individuals didn't have permission to work, or faced language and cultural barriers, they were likely to be socially isolated. In terms of the wider community, the pace of change had also led to, perhaps unforeseen challenges, in that:

- Rapid influx of migrants has eroded community trust and can lead to dampening of community spirit-this needs to be addressed as a priority

Theme 2- Those who have particular vulnerability, through age, health issues, or because they are carers

Having health problems was seen to be a key feature of vulnerability to social isolation, at several levels. This included:

- Those with failing health who avoid going out through fear of falling
- Those with dementia, or Alzheimers who face additional problems

It was also recognised that 'young people, whose parents or guardians were struggling with mental ill health, or substance misuse, were likely to have poorer outcomes in education' and the world of work beyond.

Caring, it was felt, is very likely to lead to social isolation. This could affect parents of children, or adults with learning difficulties, young single mums, as well as people who suddenly leave the world of work and a busy social life, to very few opportunities for leaving the home.

Theme 3- Mapping available services

Mapping services, gathering local intelligence and ensuring frontline professionals and the community are aware of services, was seen as an important task. It was recognised that there are services currently available, which can help reduce social isolation. However, knowing of these, and having someone to support people to access them e.g. by having someone to hand hold, was currently a barrier. It was felt that:

- There is an element of support missing-helping the client walk over the threshold of the organisation they have been signposted to. Agencies do not have enough time and resources to support customers with this

Language barriers, it was suggested, often isolate the migrant community and initially it is difficult for them to find out about services

- More support is needed in school to help migrant communities with language barriers, as this can impact on a child's ability to learn, and parents ability to engage in the child's educational welfare

Men again, were seen to have particular needs in that 'men may not access GP services-tend not to want to bother GP, procrastinate, bottle things up or see services as female orientated'. Female orientated services were also seen as an issue for men who might want to engage with family activities i.e. 'single parent dads-activities and wording tailored to mums'.

There was a general agreement that communities are changing, new population groups are forming and 'services are not flexible/nimble enough to pick up changes quickly enough'.

Theme 4- Worklessness and jobs

It was accepted that getting people into work and helping them to retain work, was an important thing to do and 'motivates people'. Social isolation was thought relevant to those in work, out of work and those who have suddenly found themselves redundant or retired, as their once strong social networks may be taken away very suddenly. Carers, who have left work to care for a family member, may be especially hard hit, as they lose their work status, networks and are further restricted by caring duties.

Again, there was a distinct desire to keep things local, particularly:

- A need to create a job/infrastructure/community locally

- Deliver a number of 'How to' workshops
- Utilise skills and talents of migrants, who often have talents/qualifications from home countries'.

Empowering people, by helping them to develop skills in a 'Community College' type non- accredited system was also seen as helpful.

Theme 5- Few suitable/accessible places for the community to meet up

This was also of increasing concern as traditional places of meeting are no longer available and in particular:

- WMCs and community facilities are closing down, leading to people staying in/meeting at home

Some participants felt that Chapeltown, Moortown and Scott Hall were particularly lacking meeting places, but it was felt that developing locality hubs or spaces, which encourage interaction between all community members would be more helpful. Developing the potential for more social venues, working closely with housing associations was seen as a way forward, as was developing community capacity to 'do their own thing' and use this as a fulcrum into other activities, beyond the local community.

Men were seen to have particular issues in that they 'can become socially isolated and depressed and it can be difficult dealing with this culturally'. Suggestions for progressing were:

- Creating 'places where men can have contact, rather than needing to attend men's groups/activities
- More 'men in sheds' type work

It was recognised that some ethnic minority groups may prefer to access services outside their immediate neighbourhood, where others from their cultural group can help meet their needs. Similarly, people from the LGBT community may find local services inaccessible, or may experience homophobia and stigma in their local area but equally:

- Lesbians with children may need childcare to get out and socialise, rather than information about LGBT groups!

Asylum seekers, who come to this country having escaped persecution because of/lack of acceptance of sexuality, were also recognised as being particularly vulnerable and would need a tailored approach to reducing their social isolation.

Theme 6 – Transport

Lack of, or affordability of transport was also a common theme, with the young, old and disabled groups thought to be most affected. However it was suggested that 'transport issues can be avoided, by developing local responses'.

Theme 7- Commissioning services

The way services are commissioned was seen as important, both in lining up the statutory and Third Sector, providing the right conditions for the Third Sector to be creative and by asking:

- How do we create a sense of co-production, that creates a cohesive programme'?
- How can we create a more transparent commissioning process? At the moment it is generating panic and adverse competition'.

Theme 8 -Social media/Digital divide

Social media was seen both as a potential tool to reduce social isolation e,g. in teaching older people to keep in touch with distant family and friends through Skype, but also often a source of subjecting young people to bullying and intimidation, which can lead to/increase their social isolation. There were also concerns of the divide between the 'haves' and 'have nots':

- Digital divide-no access to internet-impacts on information and services received and also on poverty-best deals are often online

Section 4- Recommendations.

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. GLBT, carers, migrant and BME communities

Recommendation 2.

Utilise existing community assets by mapping community skills base and explore the notion of a Time Bank/Skills Bank. Link this to developing a network of community connectors/good neighbours type volunteer workforce and developing work-based skills

Recommendation 3.

Utilise existing good neighbour schemes e.g Neighbourhood Networks, to pass on key skills to volunteers/staff, who can then work up best practice models with other age groups. Perhaps commission NHNs to develop a 'Train the trainers' training programme

Recommendation 4.

Encourage and support 'Men in sheds' type work and work towards incorporating food growing/cooking/ sharing as a tool for engagement /reward

Recommendation 5.

Consider how using social media can be used as a tool to reach and help reduce social isolation for all groups, young, old and culturally isolated

Recommendation 6

GPs to encourage patients, including those with dementia to join activities, but avoid medicalising**.** Perhaps a link person inside room to refer the person to a whole host of activities/help form fill, sort ESA queries etc.

Recommendation 7

Ensure all the ideas above are considered and build into developing commissioning models

Recommendation 8

Ensure that all of the above are considered and built into the Time to Shine project