

Cadwyn Housing Association's view's on The Health, Social Care and Sport Committee's Consultation: Inquiry into loneliness and Isolation.

1. Loneliness and social isolation are widely recognised as amongst the most significant and entrenched issues facing our ageing society. Wales has a higher proportion of people of state pensionable age than other nations in the UK and the UK as a whole. The proportion of people over the age of 80 is also higher and within rural areas the ratio is generally higher and will increase significantly. Around 80,000 pensioners in Wales rely entirely on the state pension and other benefits as their only source of income. With Wales already having an older population than any other part of the UK (a trend that is set to intensify), the Older People's Commissioner for Wales has said that 'loneliness amongst older people is reaching epidemic proportions'.
2. Main causes of loneliness:
 - Retirement: people might miss day-to-day contact with work colleagues, plus the routine of getting ready and going out to work
 - Bereavement: chronic loneliness can unfortunately set in after the loss of a partner. Similar feelings of loneliness can arise if one relative moves to a care home and the other is left alone at home
 - Lack of friends and companions: friends may have passed away, no longer live in the same area or have restricted mobility that stops them from getting out and about
 - Poor physical health: ill health or loss of mobility can make it more difficult to socialise
 - Location: your relative may not live near family and friends, particularly if they are living in a residential care home where choices of location might be limited. Modern life means that families are often more 'geographically scattered' – living further apart due to jobs or family break ups.
 - Lack of transport: your relative may no longer be able to drive for health reasons, or no longer own a car. If they live in a rural area public transport might be limited.
 - Financial problems can also limit travel. Not being able to leave the house as often as they'd like reduces opportunities for social contact and can lead to feelings of social isolation.
 - Financial difficulties: in addition to causing stress, financial problems can also limit travel. Not being able to leave the house as often as they'd like reduces opportunities for social contact and can lead to feelings of social

isolation. Depression can also be both a cause and a consequence of loneliness.

3. For many years, housing associations have quietly played a role in building homes designed to tackle loneliness, encourage social interaction and boost wellbeing. From sheltered housing and extra care schemes to whole retirement villages, these homes may have different names but the overarching aim of them is the same: to help older people remain independent and socially engaged. We know older people want to stay active and engaged in their own homes and within their local communities for as long as possible. We welcome the Government's commitment to working with communities to protect local facilities that bring people together, including libraries, leisure centres and museums.

We would ask that The Government recognises the critical role housing associations' play in improving the health and wellbeing of their tenants. In the last government you brought forward legislation that places the well-being of all people, including older people, at the heart of everything you do. May we please suggest in going forward that the Minister for Social Services and Public Health ensures that housing associations' are recognised as having a pivotal and equal role with health, social care and third sector colleagues as a major contributor on this key priority area.

4. It is clear that transport is vital in keeping older people connected. Lack of appropriate transport can be a major barrier not just to the maintenance of existing social connections, but can also impact on primary care and hospital appointments resulting in far-reaching implications of this gap in provision in terms of older people's health and wellbeing.
5. Loneliness is a bigger problem than simply an emotional experience. Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death, as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity. Loneliness has been linked to a 30% rise in the risk of stroke or coronary artery disease already among the biggest killers in the UK.

Loneliness puts individuals at greater risk of cognitive decline, and one study concluded that lonely people have a 64 per cent increased chance of developing clinical dementia.

6. Older people are high consumers of health and social care. The pattern of demand on primary care services has intensified: the number of times an older person visits a GP practice has increased from seven to thirteen on average in just 13 years. (Age UK November 2015).
7. Research evidence for what works and the outcomes for older people in terms of health and wellbeing: Social Care Institute for Excellence Research briefing 39: Preventing loneliness and social isolation: interventions and outcomes. For this research briefing, the focus had been narrowed to the effectiveness and cost-effectiveness of services aimed at preventing social isolation and loneliness. The review question was 'To what extent does investment in services that prevent social isolation improve people's wellbeing and reduce the need for ongoing care and support?'

Key Messages 'Social isolation and loneliness impact upon individuals' quality of life and wellbeing, adversely affecting health and increasing their use of health and social care services. People who use Community Navigator services reported that they were less lonely and socially isolated following the intervention'.

Users (in the research) argued for flexibility and adaptation of services. One-to-one services could be more flexible. 'We need to invest in proven projects. Community Navigator interventions have been shown to be effective in identifying those individuals who are socially isolated'.

8. Kings Fund June 2016: Supporting integration through new roles and working across boundaries: 'The health and social care system has recognised a need to change considerably to respond to changing needs and demands. National policy has highlighted three necessary changes: a shift in care from hospitals to the community; new care models that support the integration of health and social care; and a focus on preventing illness and promoting health and wellbeing. These changes aim to put the individual at the heart of health and social care - to create an integrated system able to deliver holistic and person-centred care to meet people's changing needs, while empowering individuals to actively

maintain their health and wellbeing within the community. It is hoped these changes will support greater efficiency and effectiveness, improve the outcomes of people accessing those services, and deliver cost savings’.

Key Message: ‘Our review of the evidence found few examples of truly innovative roles. The most notable examples are care navigators and community facilitators, enablers or link workers. These roles seek to enable individuals and, in some cases, professionals to access and navigate the range of support available from health, social care and the wider community’.

9. Friends of the Elderly: The future of loneliness 2013

‘The use of technology for social contact: The past half-century has seen successive waves of communications technologies steadily adding to total volumes of contact; face-to-face contact and call minutes continue to grow, while text messaging, email, instant messaging and social networking all just add more communication to the mix. The proportion of 65+ who use the internet at home is set to rise to 71% in 2020 and 85-90 % by 2030 as costs fall and increasingly user friendly devices and software developed. Many older users already enjoy online social networking and participation will continue to grow rapidly’.

10. Cadwyn Housing Association has developed a unique programme to help address this growing ageing population problem facing society: Citizen Driven Health. It is about putting older people in the centre, and works to prevent loneliness and isolation.

This innovative project is delivered by trained community navigators who provide regular visits to the older person in their own homes; with a holistic and preventative approach, the navigators build up a trusted relationship and are able to identify any early signs of deterioration. By spotting risks early and notifying the most appropriate person to take action, improving safety, enabling early intervention will help avoid unnecessary hospital admissions or inappropriate admission to residential care: improving citizens’ outcomes. Through the ‘guided conversation’ principle it helps the older person make best use of all that is available from all sources within their community to meet their personal health, wellness and life goals, supporting improved socialisation and independent living in their own home.

The navigator helps the older person develop their own personal support network and the aim is to eventually combine this network in the delivery of a technological support system. The technology platform called Shared Well was conceived and designed specifically to support citizen-driven initiatives, where the citizen is the hub of their own support network.

A recent external evaluation of Citizen Driven Health (CDH) reported: 'Many respondents highlighted strong value in the CDH ways of working, with a list of components perceived as being very beneficial to working with frail older people. These included the holistic approach, building on motivations rather than a transactional approach; use of an informal yet semi-structured 'guided conversation' around what matters, building a relationship over time, especially with a named worker; case identification with primary care – reaching older people who formal preventative services might not necessarily have access to; the flexibility of access without eligibility criteria; and the brokering of a range of services and community support that might not always traditionally be seen as helping older people stay independent at home. The evaluation also concluded that CDH has clear and proven benefits, not only to the older person but has resulted in a reduction of health and social care costs'.

The programme meets the key objectives set out in Ageing Well in Wales: Overarching aim: to reduce levels of loneliness and isolation and their negative impact on health and wellbeing as experienced by older people in Wales. It also provides the key elements set out in the Social Services and Wellbeing (Wales) Act and the Wellbeing of Future Generations (Wales) Act 2015: Citizen Driven Health is patient centric, it focuses on person activation and self-management the impact for the older person is greater health and wellness, confidence from being better informed being more in control of their lives and what is important to them to maintain their independence and remain within their own homes and communities for longer.

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