

Why is this issue important?

Community life, social connections and having a voice in local decisions are all factors that underpin good health. In particular, the quality and quantity of a person's social relationships affect their physical and mental health and risk of mortality.¹ Strong, positive social connections are associated with better psychological and physical health as well as positive health and other behaviours.² Conversely, social isolation has a negative impact on people's health and wellbeing across the life course. A recent meta-analysis of nine longitudinal studies found that social isolation and loneliness are associated with 50% excess risk of coronary heart disease.³

Social isolation and loneliness may affect anyone, but some groups are more at risk at particular stages of life. A number of factors including socioeconomic status, age, gender, ethnicity, physical and mental disability and long-term health conditions can reduce an individual's ability to create and maintain supportive social networks.⁴

There has been growing public attention to loneliness in our communities and a shift in our understanding of its impact – in particular its implications for mental and physical health.

Efforts to promote social connectedness include helping people to develop and maintain good quality social relationships and integrating them into supportive social networks. Interventions that build community based social networks and promote shared values and trust within the community have been shown to benefit both individuals and communities. Participation in local decision-making processes is also beneficial and has been shown to increase wellbeing and trust. Broader interventions in areas such as transport, housing and the built and natural environment also help forge and foster good relationships within society.⁵

¹ Umberson D, Montez J K. Social Relationships and Health: A Flashpoint for Health Policy. *J Health Soc Behav* 2010;51:12.

² <https://www.understandingsociety.ac.uk/research>

³ Steptoe A, Kivimaki M. Stress and cardiovascular disease. *Nature reviews Cardiology* 2012;9(6):10.

⁴ Durcan D, Bell R. Reducing social isolation across the lifecourse. IHE. 2015.

⁵ Anciaes P, Jones P, Mindell JS. Quantifying community severance - A literature review, Street Mobility and Network Accessibility Series Working Paper 02 November 2014

Given that the factors influencing social connectedness operate at individual, community and at wider societal levels, efforts to reduce social isolation and increase social connectedness require a multi-dimensional, multi-agency approach.

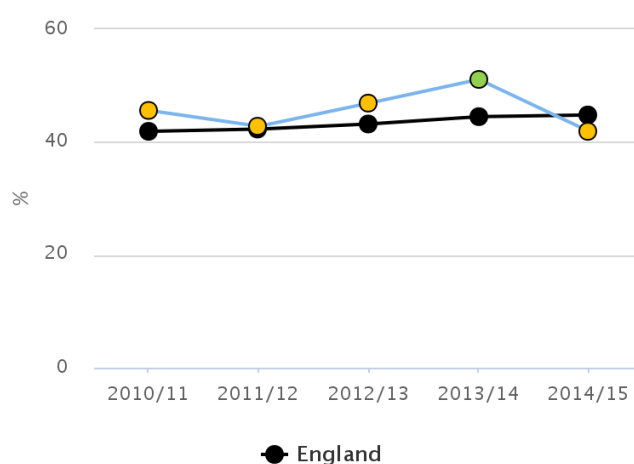
Key outcomes

- **Social isolation – the percentage of adult social care users who have as much social contact as they would like (Public Health Outcomes Framework, Adult Social Care Outcomes Framework)**
- **Social isolation – the percentage of adult carers who have as much social contact as they would like (Public Health Outcomes Framework, Adult Social Care Outcomes Framework)**

Impact in Brighton & Hove

In 2014/15 42% of adult social care users in Brighton & Hove said that they have as much social contact as they would like (Figure 1).⁶ This is similar to England (45%) and the South East (47%) but fourth lowest of our similar local authorities.⁷

Figure 1: Social isolation: the percentage of adult social care users who have as much social contact as they would like, Brighton & Hove and England, 2010/11 to 2014/15



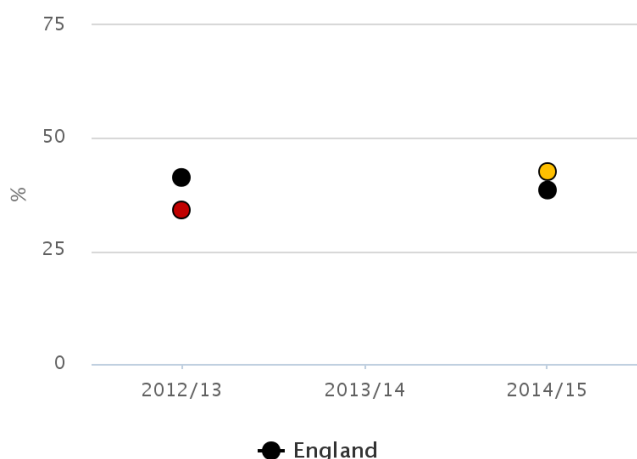
Source: Public Health England

⁶ Public Health England. Public Health Outcomes Framework data tool. Available at: www.phoutcomes.info [Accessed 13/10/2016]

⁷ Brighton & Hove City Council comparator local authorities are provided by CIPFA and are areas with similar population characteristics. They are: Portsmouth, Bristol, Southampton, Bournemouth, Southend-on-Sea, Plymouth, York, North Tyneside, Sheffield, Medway, Newcastle upon Tyne, Coventry, Swindon, Reading, Stockport

Also in 2014/15, 43% of adult carers in Brighton & Hove have as much social contact as they would like (Figure 2) – similar to England (39%) and the South East (47%).⁶

Figure 2: Social isolation: the percentage of adult carers who have as much social contact as they would like, Brighton & Hove and England, 2010/11 to 2014/15



Source: Public Health England

The Neighbourhood Care Scheme supports older people and people with physical disabilities and carers. Its 2015 member and volunteer survey identified loneliness and isolation as two of the most difficult aspects of life for scheme members.⁸

The rest of the evidence presented in this section is drawn mainly from the Health Counts Survey 2012⁹ and the Brighton & Hove City Tracker Survey,¹⁰ and the Safe and Well at School Survey¹¹ of which included a number of items relevant to the concept of social connectedness.

A sense of belonging to one's surroundings is fostered by strong connections with other individuals in the community and in the City Tracker Survey 2015, 70% of respondents felt that they belong very or fairly strongly to their immediate neighbourhood. This is similar to the national comparator, where 72% of adults felt that

they belong very or fairly strongly to their immediate neighbourhood.¹⁰

Another important factor related to social connectedness is the feeling that someone would be able to help during times of difficulty. Three quarters of respondents (76%) in the Health Counts Survey⁹ felt they could call for help from a friend or neighbour at home if needed which can be compared to just over 90% of adults in the British Household Panel Survey¹² in 2007/08 who reported that there was someone who they could depend upon to help them in a crisis. Although caution is required when comparing these two figures directly, this could be explained partly by the fact that the 2011 Census showed that Brighton & Hove has above the national average of single person households: 36% compared to 30% for England.¹³

The frequency with which an individual sees their neighbours is also a good indicator of social connectedness and over two-thirds of residents in Brighton & Hove see or speak to their neighbours at least once or twice a week, with 15% of these people seeing or speaking to neighbours on a daily basis.⁹

Analysis of the Health Counts survey data showed that there were consistently strong associations between each of these three factors (people feeling they belong to their immediate neighbourhood, how often they see or speak to their neighbours and confidence that they can ask for help if they need it) and whether people feel satisfied with their lives and have a belief that things they do in their lives are worthwhile.⁹

Where we are doing well

Many people choose to come and study, live and work in Brighton & Hove, and satisfaction rates with living here are high. The city scores highly on a number of key aspects of social connectedness across a range of surveys.

For example, in the 2015 City Tracker survey¹⁰:

- 15% of respondents indicated they have had involvement as a member of a group that makes decisions in their local community compared with 8% for national comparators.

⁸ Impetus. NCS annual member and volunteer survey 2015.

⁹ NHS Brighton & Hove and Brighton & Hove City Council. Health Counts. 2012. Available at <http://www.bhconnected.org.uk/content/surveys> [Accessed 13/10/2016]

¹⁰ Brighton & Hove Strategic Partnership. City Tracker. 2015. Available at <http://www.bhconnected.org.uk/content/surveys> [Accessed 13/10/2016]

¹¹ Brighton & Hove City Council. Safe and Well at School Survey. 2015. Available at: <http://www.bhconnected.org.uk/content/surveys> [Accessed 13/10/2016]

¹² British Household Panel Survey 2007/2008

¹³ Office for National Statistics. Census. 2011.

- Almost three quarters of respondents agree that people pull together to improve their neighbourhood compared with 63% nationally.
- 39% of residents indicated that they volunteer and give their time on an unpaid basis to a local group, club or organisation which is an important means of connecting with the community.
- 91% of people agreed that people from different backgrounds get on well together in the local area, which is higher than a national figure of 86%.

Health Counts data shows that older people in the City have a particularly strong sense of belonging with 78% of those aged 75 years or over feeling very or fairly strongly that they belong to their neighbourhood compared to 46% in 18-24 year olds. Those aged 75 years or over are also more likely to speak to their neighbours regularly although less likely to feel able to ask someone for help at home if needed.⁹

Poor social connectedness can often be a problem for minority groups in a community who may find it harder to integrate into the local community and face real or perceived discrimination and racism. However, Black and Minority Ethnic residents in Brighton & Hove are no less likely to feel fairly or very strongly that they belong to their neighbourhood compared to White British residents.⁹

Good friendships foster belonging in children and young people. According to the Brighton & Hove Safe and Well at School Survey 2015, 97% of primary pupils (ages 8-11) and secondary pupils (ages 11-16) agreed or strongly agreed that they have one or more good friends at school. Additionally 88% of primary school pupils and 83% of secondary school pupils agreed or strongly agreed that their school helps them get on with others, including those from different cultural and religious backgrounds. 90% of primary school pupils and 82% of secondary school pupils agreed or strongly agreed that they felt like they belonged in their school.¹¹

The LifeLines programme has been running since 2007. With a core coordinating staff team and a team of dedicated volunteers who lead activities, the programme seeks to improve the health and

wellbeing of isolated and vulnerable older people in the Brighton & Hove area, and increase their participation in the local community. The programme is based on the premise that physical and social inactivity among older people has a negative impact on health and wellbeing leading to pressure on healthcare services.

An evaluation of LifeLines in 2014/15¹⁴ included four major components: A database populated by membership and registration forms collected from volunteers and beneficiaries at the start of the project; A combination of comprehensive follow-up surveys of over 95 beneficiaries attending 12 different Volunteer-led Activities; A series of case studies involving in depth interviews with beneficiaries, volunteers, partners and other stakeholders; An external evaluation.

Since the project was established, 235 volunteers have been trained providing support to 475 beneficiaries. The majority (62%) of volunteers and beneficiaries were aged 65 or over and a third (34%) were aged between 50 and 64 years. Just under a third (31%) were male while over two thirds (69%) were female. A smaller proportion (6%) identified as Lesbian, Gay, Bisexual or Transgender (LGBT). LifeLines targets volunteers and beneficiaries who are in most need, as illustrated by the 41% who reported a health condition or disability. Well over a third (38%) reported a health condition limiting day-to-day activities, and 4% were carers looking after family members with a long-term illness or disability.

Key findings from the evaluation included:

- The project is rated very highly among volunteers, beneficiaries and other stakeholders. Volunteers appreciated the support they receive from the team and beneficiaries praised the volunteers and the team highly.
- A significant proportion of beneficiaries and volunteers report reduced social isolation and loneliness as a result of participating in the programme. Several volunteers also mentioned liking meeting and being greeted by participants in the city or watching participants talk together while waiting at the bus stop for

¹⁴ Lifelines evaluation report. Provided by Lifelines in the 2016 JSNA call for evidence

example. A total of 78% beneficiaries said they felt less isolated and 71% of volunteers also felt less isolated. In all, 93% of volunteers and 82% of beneficiaries said they had made new friends.

- All beneficiaries reported feeling more cheerful, with 53% strongly agreeing. Among volunteers, 96% agreed they 'felt better in myself'.
- Other benefits of the project include enhanced skills and confidence among both volunteers and beneficiaries.
- All beneficiaries taking part in volunteer-led activities working to enhance physical fitness said the activity improved their physical fitness and health. Furthermore, 86% of beneficiaries said they got out more and 82% that they felt more involved in their communities.

Local inequalities

There was evidence in the Health Counts Survey that people living in the most deprived wards in Brighton and Hove have poorer social connectedness than the rest of the city. For example, people who are in the most deprived quintile are significantly less likely than the population as a whole to feel that they belong to their immediate neighbourhood (50% compared to 58%). They are also less likely to feel able to ask someone for help when ill and needing help at home (69% compared to 76%). Conversely, people in the most affluent quintile are significantly more likely than the population as a whole to feel that they belong to their immediate neighbourhood (70% compared to 58%) and also to feel they are able to ask for help when ill at home (83% compared to 76%).⁹

Although the 2002 Health Counts Survey showed an overall trend between deprivation and being less likely to have regular contact with neighbours, this was not the case in the most recent survey. However, residents living in Withdean, one of the least deprived wards reported significantly higher confidence that they could ask for help if they were ill and needed help at home while those in Brunswick and Adelaide, East Brighton and Queens Park were significantly less confident.⁹

Secondary school students identifying as lesbian, gay and bisexual were less to agree or strongly agree that they felt like they belonged in their

school (67%) compared to the population as a whole (82%). Similarly secondary school students from Mixed heritage (77%) and any other White (78%) ethnic backgrounds were less likely to agree or strongly agree, as were young carers (68%) and those who receive extra help (72%).¹¹

Predicted future need

The current economic situation is testing the resilience of individuals and communities as the number of people whose jobs are being threatened or lost has increased. The UK as a whole is also experiencing its' highest level of youth unemployment and changes to benefits have started to hit the vulnerable hard. These factors are likely to impact on individual and community resilience and community cohesion.

Levels of loneliness in the UK have remained relatively consistent over recent decades, however, as the population of older people grows, the absolute number of individuals experiencing loneliness often, or all of the time is likely to increase.¹⁵

What we don't know

The evidence base for social connectedness is still relatively new as is evidence on how to measure it, although there is a growing emphasis on issues of social isolation and loneliness. A wide range of factors needs to be considered. Some factors may be unknown, unmeasured or difficult to measure and there is debate as to what constitutes suitable outcome/s. Current tools all have issues around definition, measurement and mapping. Assets and vulnerabilities of groups other than age, lesbian, gay, bisexual and trans and carers have not been mapped.

Key evidence and policy

Recent evidence indicates that initiatives to improve social connectedness will be most effective if undertaken within a place-based approach to neighbourhood challenges, bringing together all local actors and making the best use of existing capacity within the community. This means breaking down silos between different agencies

¹⁵ Broome S. The Missing Million: a practical guide to identifying and talking about loneliness. Campaign to End Loneliness. 2016

6.5.2 Social connectedness

and looking at how to do things differently, in partnership.¹⁵

Initiatives which help communities to embrace diversity by establishing links within and between communities have been shown to create a sense of belonging.

Digital inclusion enables people to stay connected inside and outside the home and to access services. A recent review¹⁵ found that technology based initiatives were among the most effective of all studied interventions in tackling loneliness. Technology can also offer a cost-effective way of providing wider services and support, even though face-to-face provision may be preferred.

The 2012 Health Counts Survey provides the most comprehensive and up-to-date source of information on social connectedness in the Brighton & Hove population and was discussed in the Annual Report of the Director of Public Health 2012/13. The Annual Report of the Director of Public Health 2010 brought together the key evidence and policy around community resilience. The 2015 Annual Report of the Director of Public Health focused on the role of social media.

Recommended future local priorities

There is a need for more focus on this area. Approaches should include:

1. Taking a place based approach to developing social connectedness and reducing social isolation, encouraging partnership working and building on existing capacity within the community.
2. Developing ways of engaging local populations, in particular young people, to foster a sense of belonging to the community, including volunteering via local universities and third sector organisations.
3. Technology-based provision may sometimes represent the 'best case scenario' in a time of limited resources - Ensure widespread access to internet / broadband across the city to enable people to stay connected with their lives.
4. Tackling barriers to participation by children, young and older people such as lack of local activities and the expense of taking part.

5. Helping carers to have time to themselves, time to socialise and practical support from others.
6. Enabling LGBT communities to address equality and public health issues.

Key links to other sections

- Community resilience and assets
- Volunteering and the voluntary and community sector
- Happiness and wellbeing
- Transport and active travel
- Green and open space

Further information

Health Counts Survey 2012.

<http://www.bhconnected.org.uk/content/surveys>

City Tracker Survey 2015

<http://www.bhconnected.org.uk/content/surveys>

Brighton & Hove. Annual Report of the Director of Public Health 2010: Resilience and 2012/13 Happiness: The Eternal Pursuit.

<http://www.bhconnected.org.uk/content/reports>

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