For General Release

REPORT TO:	**CABINET 19th September 2016**
AGENDA ITEM:	**7**
SUBJECT:	**Report on the 10th meeting of Croydon Congress held on 21 June 2016 on 'Social Isolation and loneliness'**
LEAD OFFICER:	**Richard Simpson, Executive Director of Resources** **Sharon Godman, Head of Strategy and Communities**
CABINET MEMBER:	**Councillor Tony Newman** **Leader of the Council**
WARDS:	**All**

CORPORATE PRIORITY/POLICY CONTEXT:

Social isolation has been highlighted as a key theme by the Croydon Opportunity and Fairness Commission and its final report identifies a number of areas for action. The Health and Well-being Board is responsible for preparing the Joint Strategic Needs Assessment (JSNA) and for developing the Joint Health and Wellbeing Strategy (JHWS) to address its priorities. Social isolation has been identified as one of the key topics for 2016/17. The 2016 Croydon Director of Public Health report, will focus on social isolation and loneliness. The Council's Corporate Plan sets out a number of related work priorities within two of its three key themes: independence and liveability.

AMBITIOUS FOR CROYDON & WHY ARE WE DOING THIS:

The intention of the Council is to raise awareness of social isolation and loneliness and the adverse impact it can have on people's physical and mental health. There are also economic advantages which suggest early intervention and prevention can reduce the impact on, and cost of service provision. Our ambition is to work with partners in the statutory, voluntary and private sectors to support actions that prevent and reduce social isolation.

FINANCIAL IMPACT
There is no financial impact arising directly from this report.

KEY DECISION REFERENCE NO.: This is not a key decision

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below.

1.   RECOMMENDATIONS

The Cabinet is recommended to:

1.1   Note the theme and draft recommendations arising from the 10th meeting of Croydon Congress.

1.2   Invite the Health and Well-being Board to take the lead in considering how the recommendations arising from the 10th meeting of the Croydon Congress can be addressed including by working with the Local Strategic Partnership, other partners and local stakeholders and if appropriate incorporating these considerations as part of the future development of the Joint Health Wellbeing Strategy.

1.3   Note the next Congress will be an economic summit on 23rd November with key note speaker the Mayor of London, Sadiq Khan.

2.   EXECUTIVE SUMMARY

2.1   This report provides feedback on the 10th meeting of Croydon Congress, held on 21 June 2016. The theme of the Congress was Social Isolation and Loneliness. The aim was to raise awareness and change attitudes and behaviours of people and organisations in the borough, and to better equip the community to take an active role to address the issue. A crucial element now to be developed, is understanding the extent to which local agencies in the public and voluntary sector are able to facilitate and enable these aims. This outcome is aligned with key priorities identified by the Health and Well-being Board and the Opportunity and Fairness Commission, and supports the Independence and Liveability themes within the Corporate Plan.

2.2   The purpose of each Congress is to bring together the key stakeholders to discuss particular issues of paramount significance. Importantly, the event offers an opportunity for attendees to influence the future development of policy related to the topic and to implement the recommendations made at Congress.

2.3   Recommendations from Congress will be considered by the LSP and Chief Executives' Group, the Health and Well-Being Board, and the Council Leadership Team. Other LSP Boards will also be asked to consider the report in relation to their own roles and responsibilities, e.g. the Stronger

Communities Board, through its support for activity that helps increase involvement, participation and resilience, and the Children and Families Partnership, through its promotion of health, enjoyment and activity and making a positive contribution.

3.   DETAIL

Background

3.1   Croydon Congress is the over-arching consultative stakeholder group for Croydon's LSP and has a key role in informing the future direction of its work, particularly on cross-cutting issues. Croydon Congress brings together key local leaders, representatives from local businesses and the public, voluntary and faith sectors.

3.2   The 10th Croydon Congress was held on 21 June 2016, and was attended by nearly 200 delegates (unfortunately a rail strike that day prevented more people from attending). There was good representation from across the public, private and voluntary and community sectors, including health services, faith groups, probation and the police, organisations representing children and young people, families, carers, people with mental health problems and older people. The theme was 'Social Isolation and Loneliness'.

3.3   An introduction to the issue was provided within the Background Information Booklet produced for the Congress, and which set out the rationale, objectives, initial analysis and examples of good practice. There is well-established evidence for treating social isolation and loneliness as key priorities due to their adverse effects on wellbeing and links to health inequalities and social exclusion. This has been highlighted by the Opportunity and Fairness Commission:

Too many local residents live isolated and empty lives […] This takes a huge toll on their mental and physical health but it also increases costs on local services […]. Increased [hospital] admissions and patients in beds unable to return home because they have no one to support them are the inevitable consequence of social isolation (page 7).

3.4   There are strong economic as well as social arguments for taking action to reduce and prevent social isolation and loneliness. A wide range of preventable health problems and wider social problems are known to arise out of loneliness:

- Increased visits to GPs and use of medication.
- Greater incidence of falls and need for long-term residential or nursing case.
- Use of accident and emergency services.
- Increased likelihood of youth offending, especially through membership of gangs and unemployment.
- Higher incidence of obesity, smoking, substance and alcohol abuse.

- More likely to develop mental health problems and depression and require hospital admissions; and

- Reduced social capital and cohesion, resulting in fragmentation of communities and reduced resilience.

3.5   Early intervention to tackle loneliness and social isolation can considerably reduce the cost to the public purse of tackling these more complex health and social problems. One study estimated that chronic loneliness among older people cost commissioners £12,000 per person over 15 years (Report by Social Finance, Investing to tackle loneliness, a discussion paper, 2015). Projects such as the Hub, run by MIND in Croydon, which provide a friendly and supportive meeting place, shared activities and help with problems, can have a positive impact on mental health and social isolation and reduce the use of costly statutory services. MIND in Croydon estimated the average cost saving to statutory services per person attending the Hub per year is £3,971.

3.6   Congress was chaired by the Cabinet Member for Communities, Safety and Justice and the background information booklet is at appendix two of theis report. The keynote speaker was Elaine Rashbrook, National Lead Older People, Health and Wellbeing, Public Health England. The meeting was addressed by the Leader of Croydon Council, the Croydon Director of Public Health, and an expert panel including representatives from:

- Campaign to End Loneliness

- Association of Chief Executives of Voluntary Organisations

- Home-Start Croydon

- Mind in Croydon

- Age UK Croydon

- Croydon Voluntary Action; and

- Croydon Safeguarding Boards (Adults and Children).

3.7   In the keynote speaker's presentation, delegates received a summary of key statistics relating to social isolation in the borough and about the impact of socio-economic inequality on social isolation. Social isolation is an important public health issue due to its potential impact in areas such as sexual health, educational attainment and debt. The difference between social isolation and loneliness was also explained.

- **Social isolation** is the lack of a support system and relates to the size of a person's social network.

- **Loneliness** is a qualitative and subjective state marked by the experience of negative feelings due to a lack of existing relationships.

3.8   In addition to the presentations and question and answer sessions, two short films were shown that presented the perceptions of individuals based on their experience of social isolation. This was followed by two workshops sessions, across 20 tables, which discussed the range of issues, protective factors and interventions that can impact on social isolation at different stages of the life

course, and for particular at-risk groups. This recognised that certain individuals and groups are more vulnerable than others, depending on factors such as physical and mental health. Four life-cycle stages were considered:

- pregnancy and early years
- children and young people
- working age people; and
- retirement and later life.

3.9 The purpose of this Congress was to provide an opportunity for a wide range of stakeholders to share their views and experiences on this issue and to influence the way in which future policy on social isolation and loneliness is developed. This feedback has been captured and analysed and the emerging issues and findings are set out below. Overall, the evidence provided by presenters and participants confirmed that social isolation and loneliness should be treated as a key strategic priority due to its adverse effects on wellbeing and its links to health inequalities and social exclusion.

3.10 The Health and Wellbeing Board is invited to take the lead role, working with the LSP, other partners and local stakeholders, on taking forward the feedback from Congress and developing a strategic response based on the initial recommendations that have emerged, including through incorporation into the JHWS where appropriate. In particular, the Congress has highlighted that there is a borough wide need to raise awareness of the issue and its impact on people, to develop a multi-agency strategic approach, to build local networks of support, outreach and befriending, to support community action and initiatives that can engage people and to equip professionals and the community to take an active role to protect people from social isolation.

Emerging issues

3.11 A number of overarching issues were highlighted at Congress by delegates, these are summarised below.

- There are wide ranging causes of social isolation and loneliness, suggesting a need for diverse approaches to addressing these issues locally.

- Prevention and early intervention are crucial.

- Raising awareness is an important step in mitigating its impact.

- Gathering and sharing information on local activities, organisations and services, including signposting, is a priority.

- Multi-agency responses are essential to coordinate efforts and pull resources together, though every individual, group and organisation should be encouraged to look at how to embed good practice within its service delivery.

- Multi-generational activities, improving access to services, neighbourhood based one to one approaches, volunteering and close working with the voluntary and community sector, as the main delivery partner, are

important elements in tackling isolation at an individual and community level.

- The role and impact of other service areas such as employment, health, and housing can have an indirect positive impact on tackling isolation.

3.12 Some specific examples of issues were identified in relation to each of the four life-cycle groups:

Pregnancy and early years
- Parents and family carers with small children or children with special needs or disabilities may need greater support.

- People leaving work to become full time parents, single dads, refugees and asylum seekers (who may experience language barriers), were considered to be at risk.

Children and young people
- Socially isolated parents may contribute to their children's isolation, e.g. parents with mental health issues.

- School pressures and bullying, including cyber bullying, can alienate and isolate young people from social activities and impact on educational attainment and opportunities.

- Young people who are lonely are more susceptible to gang cultures, youth offending and long-term alienation and unemployment, which are a social cost.

Working age people
- Working age adults appear to be the most difficult group to engage and there are limited activities for this group.

- Unemployment, poverty, homelessness and disability are key factors that can result in lack of engagement and the loss of friends or partner.

- Isolated and lonely working age people are less able to take up employment and other opportunities, and are more likely to develop complex health and social problems in the long-term.

Retirement and later life
- Transitioning between work and retirement, including maintaining relationships following retirement, especially for older men.

- Health issues and caring for disabled family members in old age can reduce independence and engagement.

- Lonely older people are more likely to visit their GP, have higher use of medication, require hospital admission and long-term care, much of which could be prevented through earlier intervention.

Emerging recommendations

3.13 The Council has already started to position the reduction of social isolation as a key area in its support for community capacity building. In its approach to the community fund, small grants and community budgets, two of the themes for funding applications support this – 'Vibrant, responsible, connected communities' and 'a connected borough where no one is isolated'. Asset-based community development work, underway in Broad Green, Selhurst and Thornton Heath, also provides a strong platform to identify the skills, knowledge and potential of local people to build active and inclusive communities. Community days of action and events such as big lunches provide opportunities for people to engage with others.

3.14 In terms of taking the recommendations forward, the Health and Well-being Board should be considered to lead the development of a strategic response for Croydon. This could include producing and monitoring a Croydon social inclusion strategy and plan.

3.15 Based on the issues discussed, some initial recommendations to emerge from discussions at Congress are set out below:

- **Development of a co-ordinated strategic approach**. It is proposed that a strategy to tackle social isolation and loneliness is informed by the 2016 Director of Public Health Report. The Health and Well Being Board in particular has an important role to play in ensuring that a multi-agency approach is developed, organisations are joining resources and sharing knowledge, and diversified solutions are being embedded across the borough. It is also important this includes the development of measures that will enable a regular evaluation of outcomes.

- **Raise public awareness of the issue**. More work needs to be done to raise the profile of social isolation and its associated health risks among the population and front-line professions, and to reduce the stigma that prevents people from seeking help. The Council, along with other statutory and voluntary agencies, should consider how it can use existing communication channels and publications to promote the issue. Consideration should be given to the possibility of launching a media campaign and events.

  As part of this recommendation, delegates identified a particular need to address preconceptions and stigma faced by teenage parents, older people and people with disabilities or long-term health needs, and to raise awareness around groups that are often 'invisible' such as carers.

- **Improve information on support and activities available through the council, voluntary sector and community organisations.** There are many services already operating in the borough which provide supportive services. This includes befriending services, lunch clubs, sports and leisure activities, support groups and arts group. However,

there is a low level of awareness of them. This information could be co-ordinated into a single online directory available to individuals and front-line professionals, with all partner organisations sharing responsibility for updating and promoting it. The potential to incorporate this within existing support, advice and information directories should be considered.

It was noted that some older people, and people with no access to the internet, may miss out on online information. Other ways of promoting services should also be used, e.g. community notice boards, booklets, posters and leaflets in supermarkets, pharmacies, surgeries, and the tramlink.

- **Development of outreach and befriending services to identify and support individuals.** Many of those affected by social isolation are not in contact with or known to any organisations. Faith groups, local community and neighbourhood organisations, and support services can play a key role in identifying lonely individuals, and helping them find the right support. It is important to map the current availability of resources and options for befriending and supporting people across the borough. Work should focus on identifying where there are gaps, both in terms of geographical areas and in relation to particular groups and needs within the population, and where there is potential to build on existing successful schemes. The provision of small community grants and community capacity building through asset based community development work, can help realise these opportunities. The proposal for community champions in each neighbourhood, to act as community way-finders and provide an interface between community and public services, could facilitate more appropriate interventions for socially isolated individuals.

  Within this recommendation, it was recognised that some specific groups would benefit from targeted services such as mentoring, buddying and access to community transport, e.g. those with dementia, children with autism, and those who do not 'mix' easily, and older or disabled people who may have less opportunities to meet and engage in social activities.

- **Development of a local community approach** building on services and activities provided by a range of local/neighbourhood community organisations. As cited above, information on relevant clubs and activities needs to be collated and made more widely available. The development of area regeneration plans and asset-based community development models both provide opportunities to support community approaches to tackle social isolation by encouraging the development of local clubs, new ways of engaging people. For example, street parties and big lunches, volunteering activity, and group-based activities such as gardening projects. The development of local community activities could be supported by enabling greater access to public and community facilities such as parks, leisure centres, schools, community halls, and libraries.

In addition, some specific proposals were made to address the needs of particular groups, including support for multi-generational activities and opportunities that bring younger and older people together to share experiences; ideas and skills; men in sheds groups for older single men; and local support groups for young mums and carers.

- **Develop and embed an early intervention approach to social isolation within a wide range of frontline services.** Many organisations not directly involved in providing social care or emotional support services nevertheless recognised the role they could play in identifying and assisting social isolated individuals to seek help. Recognising and embedding approaches to social isolation within the work of many organisations providing employment and training, health services, digital inclusion, education, including adult education is an important part of the solution. The Council, for example, can promote this through current initiatives such as Go On Croydon, Visbuzz, Value Croydon, and community transport. There is also scope to build social isolation into the commissioning process, e.g. as an explicit requirement within outcomes based commissioning of services for older people and the recommissioning of the sports and leisure management contract to target inactive groups. Other statutory providers, including GP surgeries and clinical commissioning groups, midwives, community safety and probation services, could be encouraged to develop a 'whole person' or 'whole family' approach that builds social isolation into the development of integrated care, support and health pathways. There is also scope to develop an 'eyes and ears' role for services such as 'meals on wheels' and Council heating and repairs services, linked to new referral processes.

  Further examples of how this could benefit certain groups are: schools providing opportunities for students to engage in community activities; businesses holding office based big lunches; employers sharing awareness and highlighting initiatives during team meetings; expanding targeted inclusion programmes within the sports and community development programme for less active people and referrals from GPs.

3.15 A full summary of the issues raised by delegates at Congress, including proposals for action, can be found in Appendix 1.

Pledges

3.16 During the course of the event, delegates were encouraged to complete pledge cards highlighting the opportunities and gaps that they saw. It also enabled them to make their own specific pledges to help reduce social isolation and loneliness in Croydon. This was either in personal terms or on behalf of the organisation they represented. In total 62 pledge cards were completed, and the detail from these has been used to inform the recommendations. Examples of the main areas highlighted in the pledges include:

- Giving greater emphasis to organising activities and raising awareness of social isolation within my current workplace, including schools, colleges, housing officer teams, employers.

- Developing a more effective understanding and knowledge of what services are out there to enable me to assist people.

- Broadening my focus to ensure I am more aware of and engage more closely with the issue of social isolation.

- Greater involvement in and encouragement of opportunities for voluntary work including action focusing on social isolation and loneliness.

- Promoting greater outreach activity in my work to provide opportunities to reach and bring people together, e.g. by targeting isolated tenants on estates.

Feedback

3.17 The evaluation forms showed a high level of satisfaction with the event, in common with previous Congress events. Of those delegates who completed their evaluation forms:

- 88% rated the keynote speaker as 'excellent' or 'good' (Nov 2015: 93%, June 2015: 100%).

- 98% rated the table facilitation as 'excellent' or 'good' (Nov 2015: 89%, June 2015: 99%).

- 98% rated the overall quality of table discussions as 'excellent' or 'good' (Nov 2015: 90%, June 2015: 99%).

- 76% rated the short films as 'excellent' or 'good'.

- Overall, 98% of delegates feeding back rated the event overall as 'excellent' or 'good'. The most common words used by delegates to describe the event were 'worthwhile', 'informative', 'thought provoking', and 'relevant'.

Next steps

3.18 Next steps from 10th Congress on Social Isolation and Loneliness will be as follows:

- This report will be circulated to the LSP Chief Executives' Group for endorsement.

- The Health and Wellbeing Board will be asked to set out the development of a strategic approach taking note of the recommendations in this report.

- The Health and Wellbeing Board will provide feedback on implementation, in December 2016.

- The Croydon Director of Public Health's annual report will provide updated

analysis on social isolation and loneliness.

- A Social Inclusion Strategy is expected by Spring 2017.

The next Croydon Congress - Croydon 2020 Economic Summit

3.19 Croydon is on the cusp of unprecedented growth and regeneration happening and we want to ensure this investment continues to flow into our borough and residents get an opportunity shape its delivery. This month it was confirmed that Croydon has the fastest growing UK economy, with major names having recently decided to move offices to the borough, such as HM Revenues and Customs, EDF Energy, Superdrug and The Body Shop. This builds on the Borough's success in gaining the opportunity to create a £350m Growth Zone fund. This places Croydon with the opportunity to secure regeneration and employment opportunities for the communties of Croydon and to be a economic power house of South East England.

3.20 The 11th Croydon Congress is planned for 23rd November 2016 with key note speak the Mayor of London Sadiq Khan. The theme Croydon 2020 Economic Summit. With over 200 borough's key businesses and community leaders in attendance, it's set to be our most exciting congress giving Croydon the ability to shape and plan its own economic future.

4. CONSULTATION

4.1 Croydon Congress is a consultative meeting, comprising leaders and stakeholders from the business, public, voluntary, faith and community sectors.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 There are no financial considerations arising directly from this report.

Approved by: Lisa Taylor, Assistant Director of Finance and Deputy S151 Officer

6. COMMENTS OF THE BOROUGH SOLICITOR AND MONITORING OFFICER

6.1 There are no legal considerations arising directly as a result of recommendations in this report.

Approved for and on behalf of Jacqueline Harris – Baker the Acting Council Solicitor and Acting Monitoring Officer

7. HUMAN RESOURCES IMPACT

7.1 There are no immediate HR considerations that arise from the recommendations of this report for HR staff.

Approved by Michael Pichamuthu on behalf of the Director of Human Resources

8. EQUALITIES IMPACT

8.1 Croydon Congress is part of a multi-agency approach to understand the scale and nature of social isolation and loneliness in the borough, to raise awareness of the issue and promote early identification and intervention by a range of agencies.

8.2 Social isolation affects and cuts across a wide range of groups of the population and different life-cycle stages. There are strong associations between social isolation and social inequality, vulnerability, disability and age. Older people, disabled people, single parent households, teenage parents, and BME households newly settled in the country, especially those who may experience difficulty communicating in English, are all at greater risk of social isolation.

8.3 The workshop discussions were designed specifically to identify the causes and impact of social isolation on these groups through its focus on life-cycle stages. These issues have been captured in the summary documents at by following the links below. The development of an overall strategic and multi-agency approach, as proposed in this report, will recognise the importance of mapping provision, identifying gaps and issues and developing specific actions, forms of support and in relation to each of these groups.

9. ENVIRONMENTAL IMPACT

9.1 There is no environmental impact arising directly from this report.

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 There is no crime and disorder reduction impact arising directly from this report.

11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

11.1 To raise awareness of social isolation and loneliness. To develop a strategic and joined up approach, in order to change attitudes, behaviours. To better equip professionals and the community to take an active role in addressing the issue and its impact on the promotion of health and well-being.

12. OPTIONS CONSIDERED AND REJECTED

12.1 Not applicable.

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BACKGROUND PAPERS

Croydon Congress background information booklet (via the Council website)
https://secure.croydon.gov.uk/akscroydon/users/public/admin/kabmenu.pl?cmte=CAB

APPENDICES

Appendix 1: Summary of issues discussed at congress

Appendix 1: Summary of issues discussed

Discussions and findings from the 10th Congress held on 21st June 2016
Theme: Social Isolation and Loneliness

Key findings:

➤ Wide ranging causes of social isolation and loneliness identified by delegates suggest a need for diverse approaches to addressing these issues locally
➤ Raising awareness of the issue is an important step in mitigating its impact
➤ Gathering and sharing information on local activities, organisations and services, including signposting, is required
➤ Multi-agency response is key in order to coordinate efforts and pull resources together, though every individual, group and organisation can positively contribute by considering and embedding different ideas and good practice
➤ Prevention and early intervention are crucial as it is more difficult to engage with people who have been isolated for a prolonged period of time
➤ Multi-generational activities, improving access to services, neighbourhood based and one to one approaches, volunteering and close working with VCS as the main delivery partner, were recognised as important elements when tackling isolation
➤ Wider range of services designed to address other local priorities such as employment, health, housing, have an indirect positive impact on tackling isolation and their role and impact should be considered to see if additional benefits can be delivered through those services

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1. Introduction

This is a themed summary of discussions recorded by table facilitators during the two Congress workshop sessions. There were 20 tables; facilitator notes from 18 tables were received. The discussions across tables varied with four different focus groups:

- pregnancy and early years,
- children and young people,
- working age people,
- retirement and later life.

For a summary of the top three answers recorded on the A3 workshop papers, including specific points on different focus groups, please see appendix 1.

2. **Causes of loneliness and social isolation identified by delegates**

- **Falling into isolation at a point of transition and change in circumstance** was widely regarded as a high risk factor. For example:
  o transitioning between work and retirement, including maintaining relationships following retirement
  o becoming disabled in adulthood, potentially causing loss of friends / partner and a need to 'reinvent' yourself

- **Certain groups were identified as being at greater risk;** those frequently mentioned included:
  o parents and family carers with small children, disabled dependants (people caring for children with SEN, or partner/family member with Alzheimer or dementia)
  o men especially older men and single dads
  o DV victims
  o Refugees, asylum seekers, unaccompanied minors

- **Wider causes discussed included:**
  o unemployment as it cuts peoples regular daily interactions
  o poverty, debt and lack of disposable income limits ability to travel, socialise
  o wide ranging health issues – can potentially reduce independence
  o housing pressures, homelessness – might result in dispersed families
  o language barrier preventing people from finding employment, connecting with communities
  o school / work pressures alienating people from social activities
  o lack of personal resilience and confidence, comparing yourself to peers
  o bullying and cyber bullying

- **Working age adults seem to be the most difficult group to engage and there are limited activities for this group** - while young and older people may go to organised events, working aged people, and especially those who are not economically active, are less likely to; lack of places to socialise beyond pubs and bars was also mentioned as an issue; working age adults are also exposed to isolation due to extent of their commitments and lack of time; their only interactions might be at work which may cause issues when retiring
- **Socially isolated parents can lead to socially isolated children** – e.g. parents with mental health issues may contribute to their children's isolation; there is also a knock on effect of working adults spending less time with children as well as their elderly parents

- **It is not just single people living alone that experience isolation; people can feel isolated within family units,** e.g. issues with partner or parents, cultural differences that divide families, family alienation, DV
- **People attending social events can be isolated, e.g.** cliques exist amongst lunch clubs, PTAs in schools can be exclusive
- **Social media** might create a false impression that young people have lots of social contact, but real face to face, meaningful interactions are important to build resilience and support young people through tough times
- **Feeling that society is moving on without you,** not feeling relevant, feeling under-skilled, detached from modern technology were also frequently mentioned
- **Fear was stated as a personal reason for isolation** e.g. fear of doing something new/meeting new people, fear of crime, accidents, spending money, fear of being different
- Delegates also discussed **difficulties in reaching socially isolated people** stating that many of those who are truly vulnerable and isolated are unlikely to access services; people are also not sure if they should 'interfere' even when they notice a neighbour who seems isolated
- Points were made regarding **families and individuals that do not want to engage** stating that some people do not realise that they are isolated and that not everybody is able to (or wants to) go out and look for new opportunities, with some people not trusting statutory services such as social workers

3. Main actions required - as discussed by delegates

Awareness, information sharing and collaboration allowing for multi-agency responses, were the most commonly discussed themes when asked about main actions required. The key points from the discussions are summarised below.

3.1 Awareness raising and challenging preconceptions

In broad terms the delegated focused on two areas:

- **Noting that stigma and preconceptions can contribute to the cycle of loneliness and isolation.** Delegates stated that assumptions are most commonly made in regards to:
  o Teenage parents
  o Fulltime mums
  o Older people
  o People with disabilities or long term health issues

- **Acknowledging the importance of raising awareness**, being aware that social isolation can affect any of us; raising awareness around groups that are often 'invisible' such as for example carers. Delegates noted the importance of:

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o Needing to raise awareness amongst everybody, but especially family and friends of people that may be isolated
o Creating methods / arenas for people to share their stories and talk about the problems associated with loneliness
o Creating a culture of tolerance

3.2 Information gathering, information sharing and signposting

Main points from delegates' discussions around information gathering and sharing included:

- **Many services, groups, and opportunities exist within Croydon but are not visible enough -** limited number of residents know that they exists, and socially isolated people are less likely to be aware of them; knowing what's available in the local area is very important, especially for people who are new arrivals to Croydon
- **Mapping and addressing gaps** - existing activities and organisations need to be joined up; geo-tagging could be used: geo-locating is used by PH; there is a need to review coverage and impact of the services that are being provided, certain groups such as those with dementia may have less opportunities; better understanding of people behind the numbers and demographics of Croydon can help design appropriate responses
- **Signposting** to available activities and support groups by e.g. midwives, GPs, social workers could be utilised to introduce new opportunities to people; issues in regards to consistency in information provided and referral mechanism should be also addressed, it has been noted that for example many parents or DV victims receive inconsistent information with some being given comprehensive advice and others hardly knowing anything; organisations that have transactional relationships with people, postmen, Ocado delivery, could also do more (is there a role for them to play in signposting people or referring people they worry about?)
- **A single place to access information –** delegates suggested a website, 'one place to go', a comprehensive directory where individuals could search for activities and services in their areas; with all partner organisations owning the website and responsible for updating it; website could signpost to other websites and relevant resources
- **Versatile ways of promoting / advertising** with everything moving online there is a real issue that older people / people with no access to the internet are missing out on information; different ways of advertising could be utilised better: community notice boards, booklets, posters and leaflet in supermarkets, pharmacies, surgeries, A&E, tramlink, emails / texts, local papers or local radio/tv (would it be possible to work with local businesses to sponsor posters and leaflets, if they could advertised their services on the same leaflet that gives information about free activates?)
- **Creating and sharing good practice resources and advice guides** to encourage self-help, give people ideas about choices they have; one table

asked that all of the ideas from the congress are circulated so that people can follow up on some of the ideas themselves / think them through more

3.3 Collaboration and joining up

In regards to collaboration and joining up the delegates discussed:

- Looking at what's available and what's needed through Local Strategic boards. There was a suggestion that if there are similar 'boards' on a ward lever, e.g. 'ward panels' – they could help LSP to map activities in neighbourhoods
- Developing a coordinated strategy with linked resources. Joined up investment is needed, principles of total place funding could be used; neighbourhood planning approach might be beneficial to join up existing services
- Introducing better multi-agency training
- Council could lead a set of themed workshops focused on addressing individual aspects of social isolation with specialists/professionals working in the areas to better understand the needs
- Linking businesses to schools and community groups

4. Comments on other actions considered by delegates

In addition to the above delegates discussed other ideas that were grouped and summarised below.

- **Prevention:**
  o Recognising and intervening early as one way of mitigating isolation, which includes introducing activities before people get lonely, before it is hard to reach them, e.g. plan for retirement
  o Preventing loneliness with help of employers e.g. by subscribing to 5 ways to wellbeing
  o Thinking about peripheral issues e.g. winter, being unwell and looking out for people at risk; e.g. through activates involving parents and children, young carer groups
  o Looking at the whole person e.g. during NHS health checks
  o Local authorities planning for public open space, places to sit, stop, engage
  o Developing risk models to predict who might need support

- **Multi-generational projects:**
  o Better integration between different age groups
  o Bringing younger people and older people together, to share experience, ideas and skills e.g. Seniors could read to young children, children could teach older people digital skills.
  o Multi-generational activates are opportunities for children with no extended family in the area to interact with more adults and give them positive role

models and mentors   Schools are multi-generational hubs – should be utilised more

- **Small area / neighbourhood based approaches:**
  o Importance of initiatives grounded in neighbourhoods such as play streets, street parties and big lunches
  o neighbourhood watch / resident associations could be responsible for a small patch, few streets
  o community ward budgets could be used to organise events that bring neighbours together
  o personal invitation ('knock on the door')to a small scale, local event can help to engage with people that feel 'trapped in their homes'; this encourages neighbours to look out for each other
  o summer events could be themed around reducing loneliness to bring additional benefit of awareness raising

- **One to one approaches**
  o some people would greatly benefit from 1 to 1 interaction before being introduced to groups e.g. some children do not 'mix' easily and would benefit from mentoring and befriending; initiatives including individuals (friendly neighbour / work colleague, community connector and champion) visiting their neighbours might have a wider positive effect on crime and exploitation
  o buddies could also take people to specific services (to address the fear of going alone)

- **More volunteering:**
  o Investment in volunteers is needed, successful volunteering initiatives require robust staff to co-ordinate and manage volunteers
  o Filling in paperwork puts people off volunteering, there is a need to be more creative at encouraging volunteering
  o More emphasis should be given to linking young people and those who retired with volunteering opportunities
  o Volunteers can help identify people that need help, but they need to be trained and confident that they are ready to engage with lonely and isolated people

- **Crucial role of VCS:**
  o Strong ABCD model should be developed and community assets such as school buildings, parks and leisure facilities should be used more strategically; collective community resource, resource bank could be considered
  o Faith sector and VCS could work more closely with businesses and public sector to increase promotion of what they offer
  o VCS best placed to support people to find opportunities that suit them
  o VCS should lead growing local assets, training people to provide help, using communities of interest – linking people from diverse background through common interests

- o Faith organisations play an important role – being able to reach people attending places of worship but also through outreach work

- **Improved access:**
  - o some services are not accessible enough, services should be more inclusive and sensitive to culture, language and digital skills
  - o free and inexpensive activities and classes are needed to widen access
  - o access to services for certain groups is more difficult e.g. autistic kids
  - o activities could be held in places that people already visit: libraries, schools, GPs, parks, leisure centres (e.g. 8 GP practices have access to 50,000 people in Croydon)

- **The role and impact of wider range of services designed to address other local proprieties**
  - o A variety of initiatives and services designed to address some of the biggest priorities in the borough (including employment, growth, health, housing, community cohesion) have been identified as potential outlets by which the social isolation is currently being tackled. Operation of those initiatives alone often produces a positive 'side effect' of tackling isolation through offering opportunities and supporting people; Gardening projects, Parental support groups, improving transport links, inexpensive exercise classes, services aimed at supporting people into employment (including emphasis on LLW, flexible employment options and advertising locally), community events: fairs, open days, educational opportunities, suitable accommodation – might not necessarily link directly with the agenda to tackle social isolation but contribute to tackling the issue in an indirect way
  - o Those services could also do more, by introducing additional outcomes, e.g.:
    - o Schools encouraging students to engage in activities beyond studies through community events
    - o Businesses holding office based big lunches
    - o Developing social links through groups in pubs (pubs provide an environment for many older men to avoid isolation)
    - o Employers sharing awareness and highlighting initiatives during team meetings; using corporate social responsibility strategy to address isolation

5. **Comments on current issues relating to delivering services that could reduce social isolation**

- Issues around Voluntary sector funding and cooperation require addressing to make it viable
- There is an issue around the expectation to provide long term outcomes with short term grants – long term investment rather than short term services are needed

- Council's current commissioning model is potentially divisive as VCS organisations are now competing against each other; organisations are more wary to share information as other organisations might use it for their own bids
- Do current Service level agreements require organisations to work together if they are funded?
- Couple of tables mentioned the need to explore alternative methods of commissioning including identifying qualitative KPIs / outcomes linked to people's experiences or how their skills and assets have been grown
- There seem to be an expectation that organisations not recommissioned through Outcome Based commissioning will continue delivering services, but those organisations are not sure how that will work
- Capacity was recognised as an issue e.g. carers association tries to help but demand is too great there is a need to prioritise and think of different ways of reducing isolation; this is made worse by reduced family capacity to care for relative due to how dispersed families are
- There are issues around recruitment and retention of volunteers and the fact that volunteers cannot always offer a solution; volunteering opportunities also seem to be too formal
- Council and other public services such as NHS are not accessible enough

6. Conclusions

Most discussions noted that transitions and challenging circumstances can disrupt people's sense of belonging and identity, thus increasing the likelihood of becoming isolated. Challenging times may be compounded by additional, personal vulnerabilities. Delegates noted that in some cases personal factors such as lack of confidence can stop people from exploring available services even if their neighbourhoods have an active VCS, in other cases it is the lack of VCS presence, including lack of diversified or accessible services and opportunities that lead to isolation. This suggests that different approaches might be required to reach people who isolate themselves and those excluded by lack of opportunities. The solutions may need to focus on different approaches. For example it might be necessary not only to focus on developing communities and localised services but also on making those communities inclusive, supportive, accessible and trained to notice and respond to signs of isolation.

Awareness rising is an important part of addressing social isolation and loneliness. Stigma might lead to isolation but at the same time admitting to being lonely or isolated might be stigmatising especially amongst groups that are expected to or feel that they should be able to cope without help or support.

Tackling loneliness and isolation goes beyond initiatives targeting the issue directly. Wider agendas addressing health and wellbeing, community cohesion, employment etc. play an important role in addressing social isolation and loneliness. VCS is crucial in reaching people and creating an environment that provides people with information and opportunities. Individuals can also make a difference in their local areas through neighbourhood based events and one to

one interactions.

Part of the response to tackling loneliness and isolation seems to be allowing individuals, groups and organisations to consider the issue and embed parts of good practice into their structures, using ideas and approaches that fit with their work best.

Even though certain discussions pointed to the important roles that specific organisations or sectors may play in alleviating and mitigating loneliness amongst certain groups (e.g. schools, local businesses, the Council, GPs) there was a general sense of consensus that a multiagency response is needed to coordinate the efforts and successfully tackle issues across different groups and ages. There seemed to be an acknowledgement that the most successful projects were multi-agency led.

With limited budgets and capacity there is a need for creativity in commissioning, service delivery and working with volunteers.

The LSP has an important role to play in ensuring that a multiagency approach is developed, existing services are mapped, organisations are joining resource and sharing knowledge and diversified solutions are being embedded across in the borough.

Appendix 1 – top 3 answers summary

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
ISSUES, BARRIERS AND CHALLENGES	• Lack of localised services / limited access / lack of information • Language barrier • Change in circumstances e.g. moving area, becoming a parent, loss of employment, retirement • Stigma e.g. being a teenage or single parent, unemployed, elderly • Isolation of carers of any age • Financial pressures, poverty, debt • Difficulty with recognising loneliness/isolation early on or identifying people that want social interaction • Personal confidence • Physical disability, limited mobility • Depression	• Lack of whole family approach • Families resits when offered help • Lack of support to male parents • Housing pressures • Family alienation • Loss of status when leaving work or stigma attached to being a full time mum	• Isolation of unaccompanied minors • Inattentive or overprotective parents, unrealistic parental expectations • Parental mental health issues • Overuse of social media, (cyber) bullying • Gang culture	• People's commitments: being parents, poor work life balance – lack of time / money to socialise • Work pressure and stress • Comparisons to others with perceived better careers, family, house	• Not meeting people of different ages • Stigma of going to day centres • Preconceptions of old age

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
PROTECTIVE FACTORS MITIGATE ISOLATION	• Accessibility of information and services ; approaches that take under consideration varied needs e.g. different cultures, languages, digital skills • Community cohesion, connections to local people, networks, groups, forums; layers of support: wide circle of friends, interest groups, colleagues • Active voluntary sectors helping to find opportunities • Good physical and mental health • Financial stability and status	• Parenting classes and support networks for young parents • Secure housing • Workplace crèches	• Supportive adults, positive role models and safe spaces • Tolerance, understanding and ability to express yourself • Resources enabling children and young people to achieve their goals • Projects that involve parents and kids	• Being employed or having a purposeful routine • Having disposable income and access to social activities • Businesses/employers linking with communities	• Keeping active / working after retirement • Places to meet with purposeful outcomes • Feeling valued / needed by others • Having network of family and friends and good amenities in the area • Preparation and planning for retirement

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
MAIN ACTIONS REQUIRED	• Develop greater awareness of the issue & projects available, map gaps and connect local networks; collaborate & plan • Create a single place to get information; encourage greater signposting; promote activities using wide range of media • Use ABCD and communities of interest, grow 'street party' 'events in parks' culture, big lunches • Encourage intergenerational opportunities • Explore alternative ways of commissioning • Enable easy access for people with disabilities • Invest in initiatives to prevent loneliness and connect with people who do not use services	• Improve perception of statutory services e.g. social work • Deliver services using whole family approach • Multi-agency training focused on mothers' health • Tackle stigma of teenage pregnancy through PSHE • DV support	• Young carer groups • Use publically owned school buildings to offer free / low cost activities for families • Create safe spaces to play e.g. play streets • Mentoring and befriending opportunities for kids as well as parents • Engage and ask children and young people what best solutions are • Create small, interest based groups	• Initiatives targeting employability skills and access to employment • Flexible working opportunities	• Provide advice and guidance on retirement planning

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
WHO IS BEST PLACED TO TACKLE THE ISSUE AND HOW CAN THEY HELP	• LSP to drive strategic dialog, multi-agency approach: localised groups and knowledge, GP surgeries, NHS, employers, schools, youth clubs, developing community networks, • Combine resources of partners with a coordinated strategy • Information and advice strategy created by the Council • Advertise in places and services that people already use e.g. GP, pharmacy, schools, workplace • Grow volunteering / mentoring through voluntary and community sectors	• Midwives to give information , signpost new parents • Identify community champions through alliances, to support new parents	• Train adults to help children • Schools to champion meet ups	• Employers to buy into 5 ways to wellbeing • Voluntary sector to work with Businesses e.g. through corporate social responsibility	• Not only ask older people, but also people around them who may have noticed isolation e.g. family, friends, social workers • Organisations working with young people, linking young people to older people who can become role models