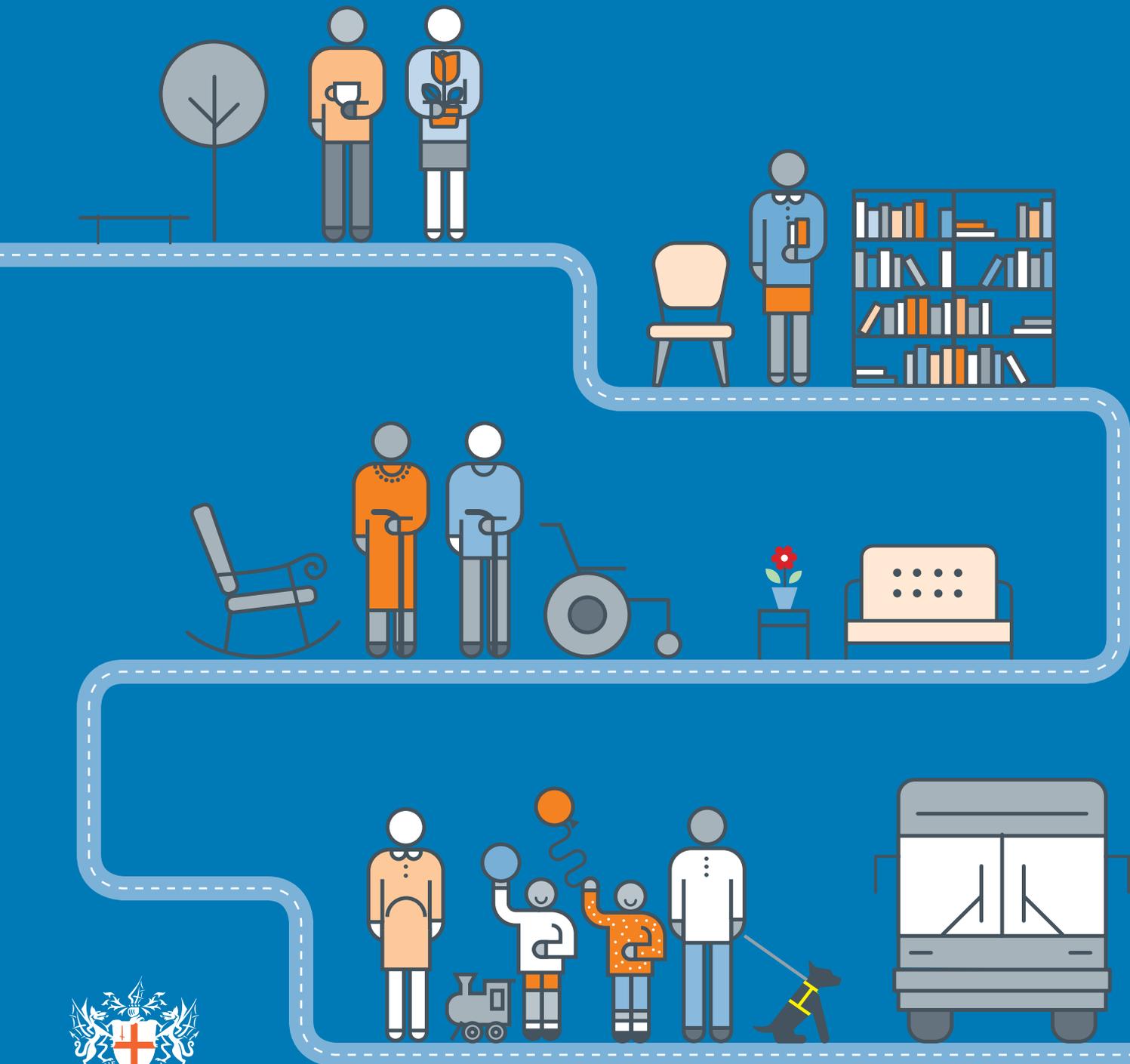
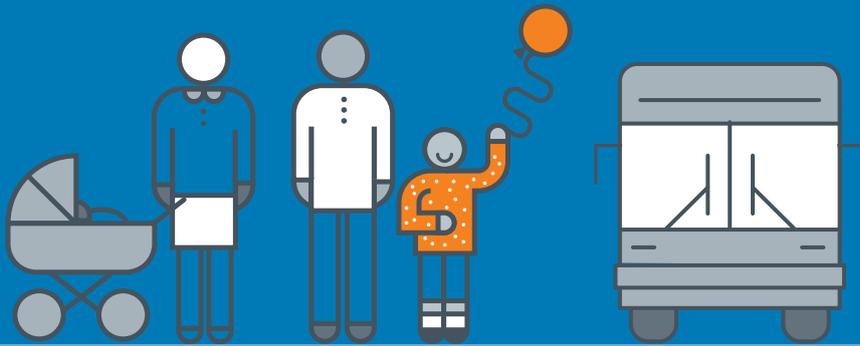


Improving Social Wellbeing in the City of London

Reducing loneliness and building communities





Foreword

There is growing recognition that loneliness is a serious public health issue and that feeling lonely can have consequences for physical and mental health. Chronic loneliness has been found to be more harmful than smoking 15 cigarettes a day, can double the risk of developing Alzheimer's and can increase the risk of premature death by 30 per cent.¹ There is a clear imperative for health and social care services to take action.

Social wellbeing is a continuing priority for the City of London Corporation. Over the past year, we have relaunched our Reach Out Network of support for older people, carers and people with a diagnosis of dementia.

We are also working with Age Concern City of London to offer an improved befriending and shopping service to isolated older residents and people with mild to moderate mental health problems. Together with Opening Doors London, we are piloting a new project to reduce isolation amongst older lesbian, gay, bisexual and transgender residents.

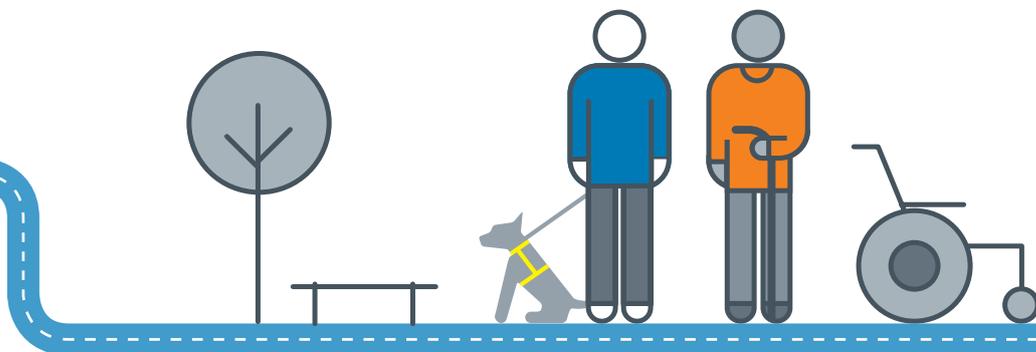
However, we know there is much more to do. The Social Wellbeing Panel was established in September 2016 to investigate how the City Corporation could further reduce loneliness and isolation. I am delighted to introduce the Panel's first set of findings. This report sets out evidence the Panel heard, draws out some common themes and makes recommendations for action.

I would like to take this opportunity to thank my fellow Panel members for their contribution to this work and to thank our witnesses for taking the time to share their valuable experience, knowledge and insight with us.



Dhruv Patel

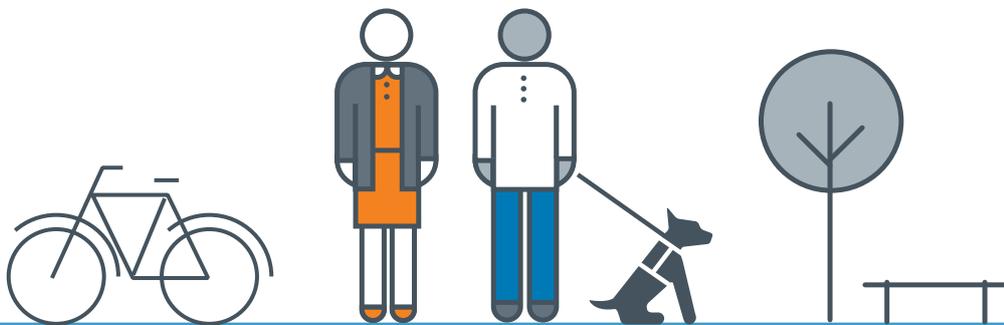
Chairman of the Community and Children's Services Grand Committee



1. Julianne Holt-Lunstad, Timothy B Smith, and J Bradley Layton (2010), 'Social Relationships and Mortality Risk: A Meta-analytic Review', PLOS Medicine 7 (p. 7).

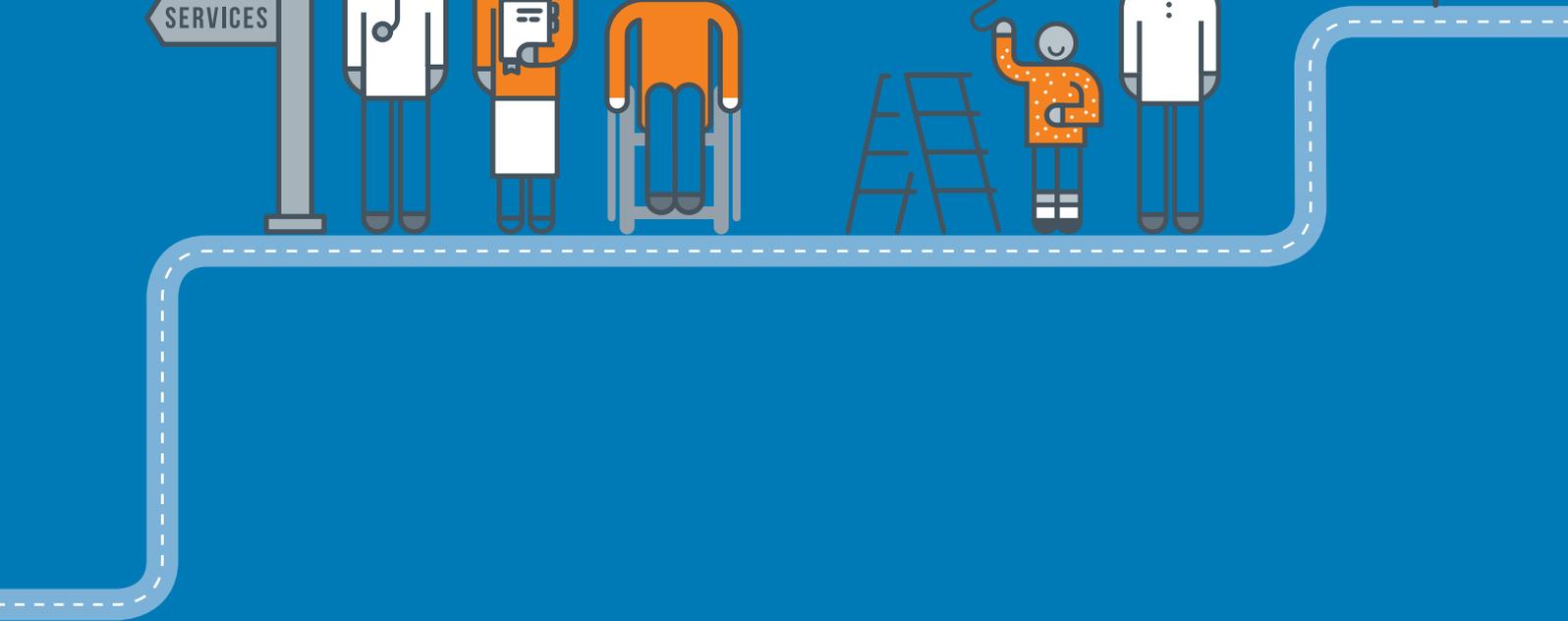
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SERVICES



1. Executive Summary

The Social Wellbeing Panel was established to learn more about how to reduce loneliness in the City of London and to hear about successful interventions implemented elsewhere.

The panel heard from experts on social isolation amongst new parents, Black and Minority Ethnic older people, dispersed communities and people with health issues.

These groups were chosen after analysing feedback from a public consultation and carrying out research within our communities.

Despite these groups having different circumstances, shared themes emerged from each evidence session. These themes will be the building blocks of any intervention to reduce loneliness:

- **Theme One – An Asset Based Approach**

An asset based approach makes the most of the skills and talents already present in the community. This recognises that local people know what is best for their community, that peer support is the most effective way of helping people through difficulties and that volunteering is a way to wellbeing in its own right.

- **Theme Two – Shared Spaces**

Shared spaces are essential if relationships are to develop naturally and if community building is to take place. Spaces should be welcoming, informal and host activities with a wide appeal, while services should seek to engage with people in the places where they naturally go.

- **Theme Three – Early Intervention**

Timely support can limit the effects of loneliness. Light-touch interventions in relaxed settings can encourage people to open up and seek help for more serious issues. Sustained and consistent communication is needed to reach the most isolated.

- **Theme Four – Building Skills**

Increasing the ways in which people can communicate, either through improving language skills or by getting online, means there is a greater chance to enjoy social opportunities that were not available to them before. Developing interpersonal skills can also help people form and maintain relationships.

Based on this evidence, the Social Wellbeing Panel recommended a number of ideas for further investigation and possible inclusion in the City Corporation's Social Wellbeing Strategy.



2. Introduction

Loneliness is an important public health issue. A report from Age UK found that 7 per cent of people aged 65 or over in England said they always or often felt lonely. Including those who say they are sometimes lonely, the figure rose to one in three older people.²

There are reasons to believe that the City of London may be particularly affected, due to its older population and the prevalence of single person households. Together with Healthwatch, the City Corporation held a series of Ageing Well in the City events at which residents consistently raised tackling social isolation and loneliness as a priority.

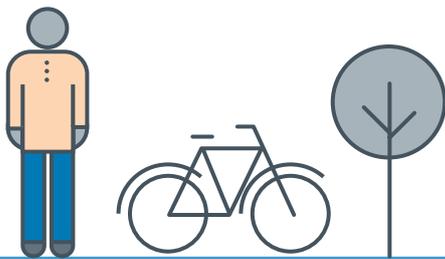
In response, the City Corporation commissioned Dr Roger Green from Goldsmiths, University of London, to investigate the extent, causes and possible solutions to loneliness for older people in the City of London.³ His research underpinned the initial development of our draft Social Wellbeing Strategy.

The Social Wellbeing Panel was then established to learn more about what could be done to reduce loneliness in the City of London, building on our earlier work and recognising loneliness was not limited to older people, but could be an issue throughout people's lives. As such, specific evidence sessions were held on the problems encountered by new parents and people with physical or mental health conditions.

The Panel is comprised of City Corporation elected Members and senior officers including the Chairman of the Community and Children's Services Grand Committee and the Health and Wellbeing Board (for the full membership, see section 9). It heard about interventions that have successfully reduced loneliness elsewhere.

The Panel heard from a range of charities, academics and local authority officers, and learnt about work that is making a real contribution to reducing loneliness (for the full list of witnesses, see section 10). Their evidence on the social wellbeing of new parents, Black and Minority Ethnic older people, dispersed communities and people with health issues is presented over the next four sections of this report.

The seventh section draws this evidence together and identifies the themes and ideas that ran through every evidence session. Finally, the eighth section of the report briefly outlines how the City Corporation intends to take the Panel's work forward.



2. Susan Davidson and Phil Rossall (2014), 'Age UK Evidence Review: Loneliness in Later Life.'

3. Roger Green and Tim Stacey (2015), 'The Voices of Older People: Exploring Social Isolation and Loneliness in the City of London.'

3. Evidence for New Parents

Loneliness can be an issue for all parents. While circumstances such as poverty, mental health problems and having few other parents in existing social networks can place a parent at greater risk, parents from all walks and stages of life can find themselves isolated.

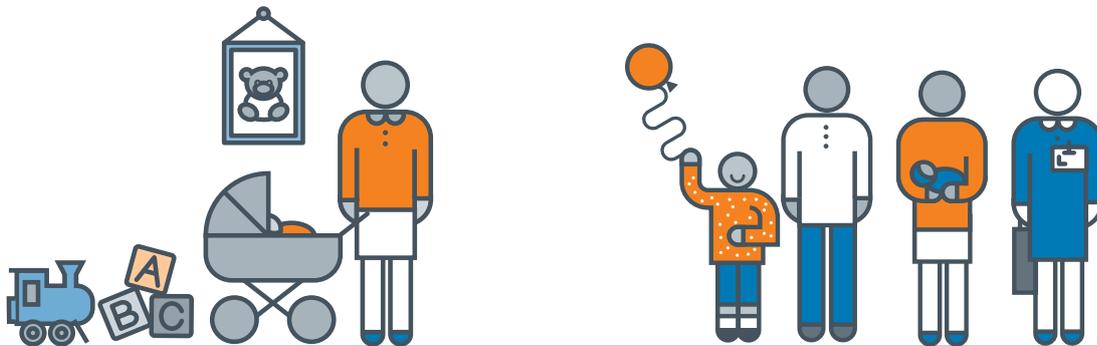
The reality of parenting does not always match expectations and parents who feel that they are struggling, or are in some way different from others, are more likely to withdraw socially.

According to our speaker from the National Childbirth Trust (NCT), one in five parents will suffer from anxiety, depression or another mental health condition. A survey for Family Action found 20 per cent of new parents lacked social support, rising to 30 per cent in low income households.⁴

In the City, the problem cuts across demographic groups. Many high income professionals move to the Square Mile for employment from other parts of the UK or abroad. In doing so, they leave behind the friends and family on whom they might otherwise have been able to rely for support.

3.1: Early Intervention

A central challenge in the City is identifying isolated or struggling families earlier in order to offer support before problems can escalate. Interventions should take place as early as possible and ideally during pregnancy, as building social networks at this stage will not only provide parents with support when their baby arrives, but will also reduce stress and isolation during pregnancy which has been shown to lead to improved outcomes for the child.



4. Janaki Mahadevan (2012), 'New mums lack support to cope with isolation and depression', Children and Young People Now.

Earlier interventions can be achieved in a number of ways. It is essential people know that support is available. Otherwise support will only be accessed by those who are already well connected and are confident to approach services and seek information for themselves. Champions within the community can link expectant mothers in their own networks to services and can vouch for the fact that services are good.

Linking with health services such as GPs, Health Visitors and midwives, as happens with Family Action's Perinatal Support and WellFamily Services, can be another way to reach large numbers of expectant parents. However, this approach will not work for all. Women worried about their immigration status, or concerned that another aspect of their life may be judged by health professionals, may not attend appointments or discuss all of their concerns with those seen to be in a position of authority.

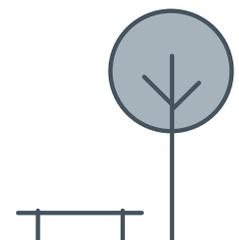
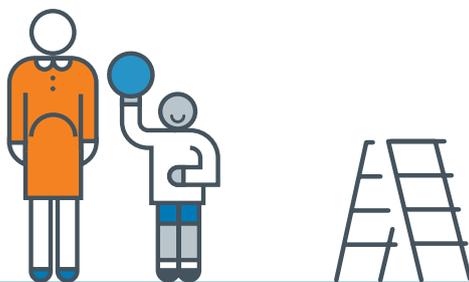
When seeking to engage with expectant mothers, it is important to note that working women can struggle to get extra time off to access social as well as medical support. This has implications for the timing of sessions but also means that offering advice on employment rights can help to engage some expectant mothers with social groups.

3.2: Diverse Parents, Shared Experiences

The City has a low number of new parents with around ten births per month. However, City parents are from a diverse range of cultural backgrounds and socio-economic groups. Nevertheless, it is still practical to run a group aiming to provide a universal service to these parents.

All of our expert witnesses agreed that, in their experience, people will come together around the shared experience of parenthood and two new parents from opposite backgrounds will still share much common ground and will face many of same issues, especially in the early stages.

Age, of both parents and children, emerges as a much more important factor than background. A parent of a one week old baby may not be able to discuss the issues encountered by parents of a four week old baby. Similarly, younger mums may not want to attend a group with women who could be their own mothers. The NCT has had success running groups targeted at younger mothers, where much greater emphasis is placed on providing information digitally.



3.3: Asset Based Approaches

The interventions for new parents discussed at the Social Wellbeing Panel, including projects from Family Action, the NCT and the Paddington Development Trust (PDT), all placed volunteers and peer support at the centre of their offer.

The PDT's 'Maternity Champions' project trains local mothers to support other new parents from pregnancy into the first year of their child's life. The volunteers are ideally placed to fulfil this role as they have recently experienced the same issues themselves, have pre-established networks in the community and can more easily gain the trust of nervous or sceptical mothers and support them to access statutory services and additional help as and when needed.

The model is informal and fluid, with Maternity Champions offering advice and making introductions, encouraging parents to create their own networks outside the drop in sessions.

An independent evaluation of the programme has identified significant health benefits, particularly around reducing isolation and mental health issues, and attributes this in large part to the informal delivery model and the central role of well trained volunteers.

The NCT and Family Action operate similar peer support programmes, both of which have a significant evaluated impact on isolation and health. The volunteer befrienders gain from the programme as well, realising they have something important to offer others, building self-esteem and developing new skills.

3.4: Shared Spaces

The Maternity Champions project chose not to operate solely within the Children's Centre, as they realised that the parents most in need of help did not feel a sense of belonging there and had reservations about seeking help from paid staff. There was a sense that asking for help would lead to being seen as 'a bad mum' with a risk of social services involvement ever present in the background.

In response, Maternity Champions carried out outreach work in other community venues where women naturally went, building trust and gradually drawing parents into their drop-in at the centre, where introductions to the available staff and services available could very cautiously be made.



4. Evidence for Black and Minority Ethnic Older People

Loneliness can be particularly prevalent in Black and Minority Ethnic (BAME) communities.

Around 10 per cent of all over 65s in the UK report feeling lonely, while this figure rises to between 24 and 50 per cent for over 65s of Chinese, African, Caribbean, Pakistani or Bangladeshi origin.⁵

Several reasons have been put forward to explain this disparity. BAME older people are more likely to be living in poverty or to have experienced long periods of unemployment, both of which are linked to loneliness. Those born overseas may have always had difficulties communicating in English, or may have lost their second language as a consequence of dementia.

The BAME population as a whole is also younger than the average, which can mean there are fewer opportunities for BAME older people to socialise with their peers. This is seen in the City, where 21 per cent of the population is from a BAME background, falling to six per cent of over 65s.⁶

Relatively little evidence is available on what interventions work to reduce loneliness for BAME people. It is also unclear whether targeted intervention at BAME people or ensuring that universal services are culturally competent offers the most effective results. However, it may be that language skills dictate a preference for the former.



5. Christina Victor, Vanessa Burholt and Wendy Martin (2012), 'Loneliness and ethnic minority elders in Great Britain: an exploratory study', *Journal of Cross Cultural Gerontology* Mar 2012; 27(1) (p. 65-78).

6. Census 2011.

4.1: Building Skills

Without a shared language, it can be hard for two people to form more than the most superficial bond. Research into loneliness carried out for the London Borough of Tower Hamlets found that older Bangladeshi women frequently identified language barriers as a reason why they felt isolated. Research participants also criticised a tendency amongst all ethnic groups to come together amongst themselves, leading to a lack of integration.⁷ While a shared language alone will not overcome this, it is a prerequisite.

Language can also be a barrier between different generations of the same ethnicity. As second or third generation immigrants, younger BAME people may not speak the language of their country of ethnic origin, or may not speak it well, while older people are more likely to have difficulties with English. In some circumstances, teaching community languages to the younger generation can be an effective way to help build relationships with grandparents.

4.2: Asset Based Approaches

BAME people are often viewed as 'hard to reach' by public services. Barriers to engagement, arising from difficulties accessing community networks, a lack of trust in statutory services and language barriers, can all be overcome by valuing BAME older people as experts in their own lives and making extensive use of volunteers. Volunteers from the community will already be embedded in local networks, will have the trust of their neighbours and will share a common language with them.

As with the general population, BAME older people are not a homogenous group and a one size fits all approach is unlikely to be effective. Any interventions need to be person-centred and address individual barriers to social participation on a case by case basis.

An asset based approach, identifying the social resources the community already has and values, and looking to build on these, is most likely to yield effective results as it will deliver a range of services around what older people want, that will genuinely involve them and will be sustainable in the longer term.

4.3: Challenging Assumptions

Before loneliness amongst BAME older people can be effectively addressed, some widely held beliefs about this group need to be reconsidered. The idea that BAME older people tend to live in multi-generational households, where care and support is readily available from younger family members, is far from universally true. Around ten per cent of South Asian households are multi-generational and, while this is much higher than the figure for White households, it still means the vast majority of South Asian older people do not live this way.

In Tower Hamlets, the researchers found frequent examples of change underway. Many community members reported that the tradition of older people living with their children is decreasing, as society changes and economic demands take priority. Older people, particularly those in early older age, said they were more independent now and did not want or expect to live with their children.

7. Shortwork, Community Perspectives on Loneliness, Year 1 Pilot 2015-16.

Even when BAME older people do have close links with family or the wider community, there can be pressures within the household or expectations from the community, that can mean people still feel lonely in that environment.

Maslaha, an organisation working to tackle long-standing issues affecting Muslim communities, investigated the barriers limiting access to mental health care for BAME people. They found that a fear of what others in the community might think held some Bangladeshi people back from discussing mental health issues and accessing appropriate support.⁸

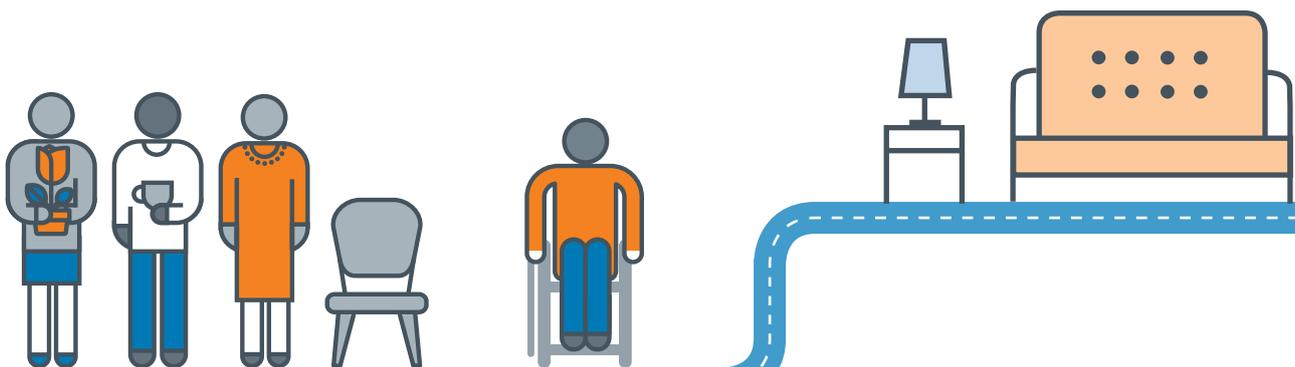
An inability to be open because of the risk of community censure can both enhance an individual's sense of loneliness and prevent them from seeking support.

4.4: Shared Spaces

Many people in the Tower Hamlets research spoke of faith venues as places where they felt less lonely. People had a strong sense of belonging and being accepted in their church or mosque and, as a result, faith venues provide an opportunity to reach those who might lack trust in public services.

The research also highlighted a need for shared spaces that were accessible to people of different backgrounds. A wide range of respondents commented on the tendency of every ethnic group, including their own, to group together. This was also commonly viewed negatively, with a widespread desire for greater social mixing.

That this is yet to be achieved as fully as respondents would like demonstrates a need for shared venues that both provide a place for and actively encourage mixed activities and groups.



8. 'Talking from the Heart': <http://www.talkingfromtheheart.org/--bengalisyIheti.html>

5: Evidence for ‘Busy Neighbourhoods with Few Neighbours’

The City of London’s residential population is concentrated on four large housing estates.

It is here where most residents’ associations are based, community venues are established and community development work takes place.

A considerable minority, 32 per cent, of City residents do not live on one of the estates and instead live in smaller residential developments dispersed throughout the commercial areas of the City. These are busy neighbourhoods (454,700 people work in the Square Mile⁹), yet isolated City residents risk being lost in the crowd as community venues are scarce and workers may be disinclined to stop and chat.

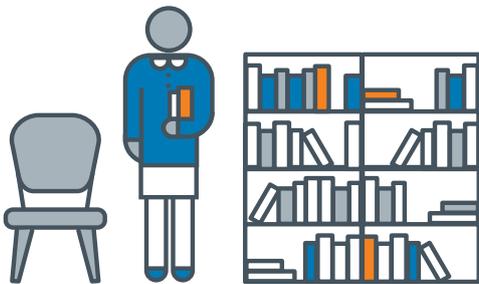
The commercial areas of the City also have a greater proportion of second homes than the estates, which further reduces the potential for relationships to form between neighbours.¹⁰

5.1: Shared Spaces

As the commercial areas of the City lack an abundance of community venues, the degree to which the urban environment lends itself to casual social interaction becomes all the more important. The provision of safe, clean open spaces with adequate seating and lighting will encourage social interaction.

Provision of this social infrastructure encourages people to stop and chat to an acquaintance, or strike up a conversation with another passer-by. This is not limited to local authority managed spaces. For-profit venues like supermarkets and cafes also form part of the backdrop to urban life and are equally important.

The difference the right social infrastructure can make to a public space is illustrated by the transformation of the Prince of Wales Junction in Westminster into the Maida Hill Market. The junction, at the busy confluence of five roads, was historically a magnet for anti-social behaviour and an area locals hurried through. The City Council diverted some of the traffic away to make room for a larger paved area, complete with lighting, water and power points, which allowed for a market, selling goods tailored to local needs,



9. Office for National Statistics, Business Register and Employment Survey (September 2016).

10. City of London Resident Estimates and Projections (December 2015), City of London Corporation.

and occasional events and entertainments. This has created a public space which encourages people to socialise and which has become a focal point for community life.¹¹

This is not a one size fits all solution, and any attempt to breathe new life into a public space must be tailored to the priorities of local people. The space must offer things people want to use, feel safe and be homely and inviting. While this can appear a large task in an urban area such as the Square Mile, it is not necessary to redesign every street. By clustering together the things residents use and value, a focal point could be created and a small part of the commercial City re-purposed as a residents' hub.

Currently, Shoe Lane Library stands out as the main community space in the west of the City. The library is a safe, neutral, shared space, in which people feel they belong and to which people feel they can visit with neither an invitation nor a companion. A recent report on the future of libraries in England found that social wellbeing can be improved with the availability of a free, supportive and accessible community space, where people can choose to spend time and where there are opportunities to interact with others.¹²

5.2: Early Intervention

Because of its reputation as an open and inviting shared space, Shoe Lane Library has been highly successful with engaging local parents living in the west of the City, where there are few other community assets. The library's 'Stay and Play' sessions are also an ideal example of how a fun activity with a universal appeal (at least to those with small children) can bring people in. Those who attend the sessions often go on to access more specialist support from library staff or Early Years workers as they feel safe and comfortable doing so.

Social prescribing offers another way in which people at risk of loneliness can be found and supported at an earlier stage. Residents of the City's business districts with an NHS GP will be registered at the Neaman Practice, where the City and Hackney Clinical Commissioning Group is piloting a Social Prescribing scheme. If the GP thinks a person might benefit from taking part in activities or joining social groups, they will refer them to the scheme. The surgery's Wellbeing Coordinator will then meet with the person to talk through the options available and work with them to find local activities, services or advice that suit their needs and interests.¹³

5.3: Asset Based Approaches

The tri-borough area of West London shares some similarities with the City, with a mostly affluent population, a high rate of second homes and a large daytime population of workers and visitors.

Their approach to reducing loneliness recognises the importance of community hubs, offering appealing and non-stigmatising activities co-produced by participants. However, their strategy also relies on a strong outreach service, with Community Connectors seeking to work with people on an individual basis, often in their own homes. This work is essential in helping isolated people to recover their confidence and rediscover their personal assets, before going on to access services and make new friendships.

The contributions of volunteers are highly valued and the strength of peer support is recognised. Services aim for 'virtuous circles of volunteering' where people start by attending activities, but later become volunteers.

11. Regan Koch and Alan Latham (2012), 'Rethinking urban public space: accounts from a junction in West London', *Transactions of the Institute of British Geographers*, 37 (4) (p. 515-529).

12. Department of Culture, Media and Sport, 'Libraries Deliver: Ambition for Public Libraries in England 2016 to 2021.'

6: Evidence for People with Physical and Mental Health Problems

A range of characteristics have been found to make loneliness more likely and include having a mobility, cognitive or sensory impairment.¹⁴ Loneliness and mental health are also strongly linked.

Having a mental health problem increases a person's chances of feeling lonely which, in turn, can have a negative impact on their mental health.

Research by Sense has found that one in four disabled people feel lonely on a typical day. Barriers around mobility and transport, income and communication and understanding all contribute to this increased likelihood of isolation.

The problem is particularly evident among younger disabled adults, with 38 per cent of disabled people aged 18 to 34 saying they feel lonely on a typical day. This is partially a result of people who have disabilities from an early stage of life having fewer opportunities to develop friendships. Sense found that one in five young people would not speak to someone with a visible disability, as they felt they did not know how to communicate with them.¹⁵

6.1: Asset Based Approaches

While traditional befriending schemes have had a focus on older people, both Sense and Mind have developed buddying schemes that have a greater focus on the assets of the disabled person. The schemes link people to volunteers who work with the disabled person to help them access a hobby, sport or class that they were unable to do before. Over time, the volunteer will provide a reducing amount of support, leaving the disabled person able to participate in the activity on their own and with greater personal independence as a result.

The relationship with a volunteer is different to that of a paid worker. It is more reciprocal and offers the volunteer significant benefits for their own wellbeing. Where there is a peer support element, with a volunteer who has lived experience of the issues at hand, this has been found to be extremely effective at supporting people with mental health problems through difficulties.



14. Campaign to End Loneliness Risk Factors: <http://campaigntoendloneliness.org/guidance/wp-content/uploads/2015/06/Risk-factorsGFLA.pdf>

15. Sense, 'A right to friendship? Challenging the barriers to friendship for people with disabilities': <https://www.sense.org.uk/sites/default/files/11636-FriendshipReport-Sngl-MR.pdf>

6.2: Shared Spaces

Inclusive design is an important part of reducing social isolation for people with physical disabilities. Poorly designed public spaces and inaccessible public transport can make it difficult or impossible for those with mobility and sensory problems to participate in community life.

Ensuring people's homes, their community venues and the transport between the two is accessible and easy to navigate can make it possible for people with mobility problems to be involved.

6.3: Early Intervention

Shared spaces also enable effective early intervention work to take place. There are many reasons why people may not seek the mental health support necessary to help tackle some of the root causes of their isolation. Anxiety and depression may inhibit help seeking behaviour as much as it can inhibit a social life, people may worry about the stigma and discrimination that can accompany mental health problems, or they may have already rejected other offers of help.

In these cases, going to the places where people already are, such as a community centre on their housing estate, and having a light-touch, non-stigmatising offer like free food or a chance to try a therapy like massage or reiki can draw people in without seeming too overwhelming. Once people feel comfortable and at ease, more sensitive issues can be discussed.

Building up the capacity of health and social care workers can also help to find those members of the community who are more hidden from view, who can then be signposted to appropriate sources of help.

This approach has been especially successful with health services, with many GP practices offering social prescribing to refer patients dealing with issues of isolation or loneliness to community activities, voluntary groups and tailored social support.

6.4: Building Skills

While modern technology is often blamed for an increasing sense of isolation, teaching digital beginners to engage with the internet, something others take for granted, can help reduce loneliness and isolation. This could involve keeping in closer contact with friends and family who live some distance away, accessing online services or making new connections around a shared interest.

Using technology in this way is especially relevant to those whose capacity to make new face to face connections is limited by their physical mobility or mental health. The Good Things Foundation has found that using peer support, from volunteers who have experienced similar challenges to their trainees, and lending people devices to use in their homes, has been particularly effective.

The Recovery College Model involves offering people with mental health problems the knowledge and skills to take more control over the management of their conditions, becoming an expert in their own wellbeing and thereby being better placed to get on with life despite mental health challenges. The courses taught in a Recovery College can also have relevance for those without mental health issues.

Building self-confidence, a positive self-image and the attitudes and skills needed to maintain healthy relationships are important for everyone. Developing these assets can help people both make new connections and get the most from the relationships they already have.

7: Interpreting the Evidence

The City Corporation's Social Wellbeing Panel sought evidence on the theory and practice of reducing social isolation for several distinct demographic groups.

Despite these groups having different circumstances, a number of common themes emerged during the course of each evidence session. These shared themes should be the building blocks of any intervention that seeks to reduce loneliness.

7.1: Asset Based Approaches

In every evidence session witnesses spoke of the strength of volunteers, the effectiveness of peer support and the benefits of placing trust in communities. Local people are experts in their own lives and know what community assets they value and what further support they need to thrive. Local people already have the trust of their neighbours, the networks to reach people seen as 'hard to reach' and the life experiences and language necessary to build relationships.

As well as providing valued support to others, volunteering can be transformative for the volunteer, building skills, confidence and social capital, instilling a sense of purpose and having a significant impact on personal wellbeing.

Witnesses from the Maternity Champions project spoke of their volunteers going on to train as midwives and doulas, while Shortwork saw their Community Researchers grow in confidence and independence during the life of the project, becoming agents of change in their own communities.

Taken together, these guiding principles lead to an asset based approach, which moves from seeing communities as a repository of needs (such as loneliness and isolation) to the source of opportunities and strengths (volunteers and neighbours with lived experience). Instead of seeing people as clients receiving a service, commissioners and service providers should move to treating people as citizens, with something to offer and with the capacity to develop their own potential.



A word of caution was sounded that an asset based approach can take time to show results. Some communities will need an initial investment to strengthen and support local associations and it will take time to build up confidence and a sense of empowerment, as well as to build trust and assure local people that there is a genuine intention to share power with them. Finding enough suitable volunteers who can commit sufficient time to a project and sustain their involvement in the long term can also be a challenge.

In the City of London, this approach is most developed in the Portsoken Ward on the City's eastern edge. Here the ward's elected Members act as facilitators for community activity, securing funding and asking local people to decide what is most needed. While residents have the final say, Members have a preference for activity with a clear purpose, such as gardening or social trips, as this has proven to be most effective at bringing people together.

Regular and keen attendees are seen to be the most effective means of promoting events. They are asked to reach out to friends and neighbours who may be more isolated and to bring them along. This kind of low commitment activity may also be a good way of recruiting new volunteers and act as a catalyst for more involvement.

7.2: Shared Spaces

Another common theme to emerge was the need for shared spaces where relationships can develop naturally and where community building can take place. This can include some public sector places such as libraries, other inclusive spaces like cafes or venues run by community groups or simply areas of the streetscape that are welcoming, safe and encourage people to socialise.

To be effective assets for enhancing social wellbeing, shared spaces must be welcoming and informal. They must not appear to be, and should not be, the front door of statutory services. Many people will be unwilling to engage in venues where they fear judgement or where they may be given more help than they are ready to receive. Trust must be built up gradually on neutral ground, with contact moving at a pace set by each individual. Referrals to formal support, while important, can only be made once relationships are established and myths are dispelled.

Shared spaces should also have a broad appeal, offering activities and events that a wide variety of people want to participate in. Not only will a wide appeal enable more relationships to form, it is also an essential part of engaging with isolated people, as it prevents an intervention from becoming stigmatised.

While venues are important, those delivering loneliness interventions should not feel tied to their own bricks and mortar. Taking opportunities to engage with people in the informal spaces where they normally are is equally important. Venues such as housing estates, supermarkets and faith buildings should not be ignored.

7.3: Early Intervention

All of the speakers at the Social Wellbeing Panel stressed the importance, but also the challenge, of early intervention. If loneliness leads to lower personal wellbeing and risks to physical and mental health, providing support sooner is clearly preferable. It is also easier to deal with problems at an earlier stage, before the psychosocial effects of loneliness, such as lower confidence and a reluctance to engage with others, become entrenched.

The shared spaces discussed above play a crucial role in early intervention. People may not be comfortable approaching statutory services for help, but important issues can come out in informal and comfortable spaces once trusted relationships have been built up. Food or entertainment can draw people into venues and often more serious issues are raised. Other people participate when they realise there are people willing to listen and help is available.

There is also a need to work hard to let people know that support is available. Poorly advertised support will only be accessed by those who would have found support anyway, those who are already well connected or who have the skills required to easily find and access help. Providing written information, in the right places and in the right format, as well as keeping health and community professionals briefed on the support available is a starting point. However, the best method of reaching the most isolated is to have advocates within the community who will vouch for services and actively promote them to a wide network of contacts.

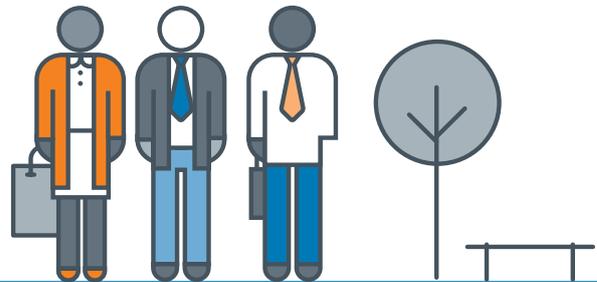
A culture change across services can also play a part in early intervention and every service provider should be encouraged to ask themselves what they can do to improve social wellbeing. GP practices have developed this approach well, with social prescribing schemes enabling doctors to refer patients at risk of loneliness to social support.

7.4: Building Skills

A final theme to emerge from some of the evidence sessions was the potential to reduce people's risk of loneliness by building their skills. This could be about enabling people to have more ways to communicate, either through learning a shared language or by getting online and learning how to make new connections and keep in touch with friends and family on social media and Skype.

It could also look to the Recovery College Model and involve increasing people's ability to manage their own health conditions, thereby being better able to focus on other aspects of life such as social wellbeing. This is relevant beyond mental health, and includes helping everyone to develop the skills needed to make new connections and ensure their current relationships are healthy and mutually beneficial.

The effectiveness of skills development interventions can be enhanced by using asset based approaches and delivering sessions in shared spaces. Recovery colleges use a co-production approach between a professional tutor and a peer supporter who is an 'expert by experience'. Languages and IT classes will have the best reach with their target audiences if they are supported by volunteers from those communities and if they are delivered in a local and welcoming venue.



8: Social Wellbeing Panel – Recommended Actions

Having heard the evidence from our expert witnesses, the Panel identified a number of common themes.

For each theme, the Panel has recommended a range of actions for further investigation and possible inclusion in the City Corporation's Social Wellbeing Strategy.

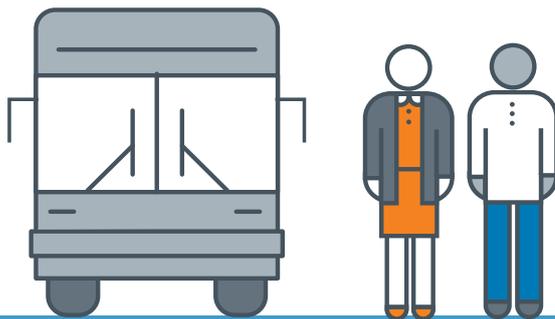
As well as being based on the principles put forward by our speakers, these recommendations draw heavily on the research carried out in the Square Mile by Dr Roger Green, on Cattan and White's systematic review of the evidence on loneliness reduction and on the Campaign to End Loneliness' compilation of case studies on successful interventions.^{16,17}

The recommendations are specific to the City of London, building on existing assets, addressing gaps in service provision and looking to cater to our unique resident population. There is far from a one size fits all solution to improving social wellbeing and the recommendations we have made for the Square Mile may not be the most appropriate for other areas. However, we include them here to explain how the work of the Panel will be taken forward and to give a flavour of the types of intervention that others may wish to consider.

8.1: Asset Based Approaches

8.1.1: Community Connectors

Community Connector volunteers will help people affected by loneliness to reconnect with their community. They will offer positive encouragement and emotional support, as well as practical help to identify activities tailored to the person's needs and skills.



16. Cattan, M. White, J. Bond and A. Learmouth (2005), 'Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions', *Ageing and Society* 25:1. (p.41-67).

17. Campaign to End Loneliness, 'Promising approaches to reducing loneliness and isolation in later life': <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

8.1.2: Neighbourhood Development

Neighbourhood Development work aims to support strong and inclusive groups that enable people to feel more connected to their community. This work will tackle social isolation directly when people attend events or groups, and indirectly as, when the community builds, people are more likely to look out for their neighbours.

8.1.3: Perinatal Support

A new perinatal support service will aim to develop a trained group of volunteers with the skills to identify and approach isolated new parents. They will encourage parents to form social groups with each other to provide mutual support, as well as signpost them to other services as trust is built up.

8.2: Shared Spaces

8.2.1: Libraries First

Public libraries provide a shared space where people feel they belong and where people feel comfortable visiting on their own. This provides an accessible, safe and relaxed space where people can access help at their own pace. Our efforts to improve social wellbeing will therefore take a 'libraries first' approach.

8.2.2: Providing Community Space in City Libraries

More can be done to fully utilise the City's public libraries as focal points for the community. By repurposing some areas within the existing footprints of the libraries, new community spaces can be provided. These spaces will then enable a variety of community activities to take place in local and accessible settings.

8.2.3: Improving Community Spaces

Proposals to refurbish one community centre and to replace another will mean these spaces can better facilitate relationship building. This will be achieved by co-locating services to overcome issues of access and opening hours and turning a temporary building into a more effective and inviting community space for its area.

8.2.4: Using Other Community Spaces

We will also offer support to people in the venues they naturally frequent. This will enable interventions to take place earlier and increase the chances of reaching those who are most isolated. Potential venues could include GP surgeries, pharmacies, supermarkets, estate offices, cafés, places of worship and local cultural venues.

8.3: Early Intervention

8.3.1: Social Prescribing

Social Prescribing is a service based in GP surgeries, aimed at increasing patients' wellbeing by offering referrals to tailored support and community and leisure activities. The social prescribing service in the City can be improved by increasing patient awareness of the resource and building partnerships with other services.

8.3.2: Improving Information

We can improve our communication by providing a one-stop website and a City 'Over 50s' guide to list the most popular community groups. We can also make more use of new technology such as Meetup and interests.me to enable people to find out about activities and make new connections.

8.3.3: Assertive Outreach

Existing services with a social dimension, like the Golden Lane leisure centre, the libraries and the Adult Skills and Education Service, should be asked to follow up with people who stop attending events or classes. Looking at those who have recently dropped out of attending may help identify those affected by social isolation.

8.3.4: Financial Safeguarding

Financial abuse accounts for the second highest number of safeguarding alerts in the City. It has a complex relationship with social wellbeing. Those who are already isolated are more likely to become victims, while those who are targeted can feel a significant emotional impact which risks leading to social withdrawal.

8.4: Building Skills

8.4.1: Language Skills

Additional ESOL (English for Speakers of Other Languages) classes will enable more of our residents to share a common language. This increases the likelihood of chance encounters leading to friendships and makes gaining employment or joining a community group easier.

8.4.2: Technology Tuition

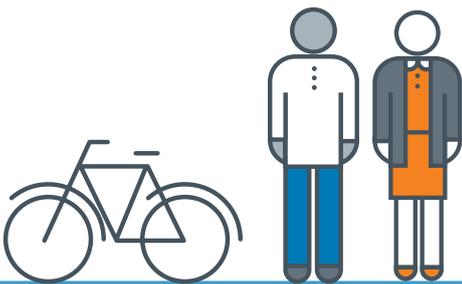
Providing further IT training will enable more people to get online and connect with friends and family or with those who share their interests. The training should be volunteer-led, made accessible for those with limited mobility or no prior experience and with a focus on using social media and keeping in touch.



9. About the Social Wellbeing Panel

The Social Wellbeing Panel is comprised of City Corporation elected Members and senior officers with leading roles in the Department of Community and Children's Services (DCCS).

The DCCS is responsible for all the people, housing, education, social care and community services of the 8,760-strong residential community in the Square Mile. It also delivers public health, leisure and adult education for residents and the 454,700 people who work in the City.



The Panel members are:



Dhruv Patel (Chairman)

Dhruv is the Chairman of the Community and Children's Services Grand Committee and a Common Councilman for Aldgate Ward. He has business interests in community pharmacy and property investment, is a Member of the Clothworkers Livery Company and is a founding member of the City Hindus Network.



Deputy Joyce Nash, OBE

Joyce is the Chairman of the Health and Wellbeing Board. A retired Headteacher, she has held seven Chairmanships in her thirty four years as a Common Councilman for Aldersgate Ward. She is a member of the Feltmakers' Livery Company and was appointed an OBE in 2000 for services to the Arts and the City of London.



Sir Paul Judge

Sir Paul is the Alderman for Tower Ward. He has extensive business experience and is the President of the Association of MBAs and Chairman of the British-Serbian Chamber of Commerce. He has also worked as Director General of the Conservative Party and as a Ministerial Adviser at the Cabinet Office.

**Emma Price**

Emma is a Common Councilman for Farringdon Without Ward and a barrister in Chambers in the Temple. She regularly acts for central government departments, local authorities and NHS trusts in judicial reviews, inquests and inquiries. Emma is an active member of Gray's Inn, mentoring student members and providing ethics training. She also volunteers at law clinics around London and undertakes pro bono work.

**Dr Penny Bevan, CBE**

Penny is the Director of Public Health for the City of London and Hackney. She has previously been the Director of Emergency Preparedness for the Department of Health, Deputy Regional Director of Public Health for London and Acting Director of the Health Protection Agency in London.

**Professor John Lumley**

John is a Common Councilman for Aldersgate Ward. He is a retired Professor of Vascular Surgery and has been President of the International College of Surgeons for twelve years. An author or editor of more than 60 textbooks, he is developing the U4U programme, training older people to look after themselves and each other.

**Dr Adi Cooper, OBE**

Adi is the Independent Chair of the City and Hackney Safeguarding Adults Board. She was the Strategic Director of Adult Social Services, Housing and Health at Sutton Council for nine years. She is now the co-Chair of the ADASS Safeguarding Adults Policy Network and a Visiting Professor at the University of Bedfordshire.

**Neal Hounsell**

Neal is the Interim Director of Community and Children's Services. He was previously the Assistant Director of Commissioning and Partnerships and played a key role in the transfer of public health responsibilities to the City Corporation. He has previously been the Head of Leisure Services at Tower Hamlets Council.

10: Our Expert Witnesses

The Social Wellbeing Panel heard testimony from a range of expert witnesses on the experience of new parents, Black and Minority Ethnic older people, dispersed communities and people with physical and mental health issues. The Panel also heard about what Members in one of the City's wards are already doing to bring neighbours together and about work on financial safeguarding, designed to protect isolated and at risk adults from abuse.

Speakers included academics, charities and local authority officers and were chosen to provide both insight into the drivers of loneliness for people in the above groups and examples of successful projects making practical contributions to reducing loneliness. We are grateful to all our speakers for their contributions and for sharing their expertise with us. All errors and omissions in this report remain the City Corporation's. The speakers to address the Panel were:

David Holmes, Family Action

David is the Chief Executive of Family Action, a charity providing practical and emotional support to those who are experiencing poverty, disadvantage and social isolation. Their services aim to support an individual's sense of wellbeing and prevent escalation to more serious mental health issues.

Elizabeth Duff, National Childbirth Trust (NCT)

Elizabeth is a Senior Policy Officer at the NCT, a charity working for a world in which no parent is isolated and all parents are supported to build a stronger society. The NCT is well known for offering antenatal courses, local social groups and peer support for mothers who are experiencing difficulties.

Ted Flanagan and Emma Sweeney, Paddington Development Trust (PDT)

Ted is the Community Projects Manager at PDT and Emma is the Project Leader for the Maternity Champions programme. Maternity Champions are trained local volunteers who support vulnerable communities, link parents to local health and maternity services and reduce social isolation.

Dr Kellie Payne, Campaign to End Loneliness

Kellie is the Learning and Research Manager for the Campaign to End Loneliness, a network of organisations and people working together through community action, good practice, research and policy to ensure that loneliness is acted upon as a public health priority at national and local levels.

Nicola Donnelly, LB Tower Hamlets and Susie Hay, Shortwork

Nicola is a Public Health Advisor for Tower Hamlets, an ethnically diverse borough that has much in common with the City's eastern estates. Tower Hamlets has recently commissioned Susie Hay from Shortwork to carry out a piece of community research, which asked 600 local older people about their experience of loneliness.

Raheel Mohammed, Maslaha

Raheel is the Director of Maslaha, an organisation working to tackle long-standing issues affecting Muslim communities. A recent report highlighted the issues leading to a reduced likelihood of people from minority communities from accessing and receiving appropriate mental health support.



Dr Alan Latham, UCL Department of Geography

Alan has conducted research projects in Berlin, London and Auckland to explore how a range of distinctive urban cultures emerge and are maintained. He says, "I am interested in the everyday patterns of sociality through which urban dwellers go about making a world".

Carol Boswarthack and Geraldine Pote, City of London Corporation

Carol manages the City's lending libraries and Geraldine is the service's lead officer for health and wellbeing issues. All of the City's lending libraries offer a wide range of social activities and Shoe Lane library is a focal point for the residential community living in the commercial areas of the City.

Steven Falvey, Royal Borough of Kensington and Chelsea

Steven is an Adult Social Care Commissioner working in the Royal Borough of Kensington and Chelsea. The area shares some similarities to the City, with a mostly affluent population, a high rate of second homes and a large daytime population of workers and visitors.

Richard Kramer and Kate Fitch, Sense

Richard is the Deputy Chief Executive of Sense, the charity for people with sensory impairments. Kate is the Head of Public Policy and Campaigns. Their 'We All Need Friends' campaign highlighted the problems of social isolation and loneliness often faced by people with disabilities.

Rob Oakley, City of London Corporation

Rob manages the City Corporation's Access Team, which works to promote inclusive design and ensure that the built environment meets the needs of everyone. The team also facilitates the City of London Corporation's Access Group of volunteers, which meets bi-monthly to discuss national and local access issues.

Anne Thomas, City and Hackney Mind

Anne is the Director of Business Development and Employability for the City's local branch of Mind, a national charity aiming to empower people with experience of mental ill health, through the delivery of innovative, collaborative services, developing mental wellbeing, resilience and recovery.

John Fletcher, City of London Corporation

John is a Common Councilman representing Portsoken, a residential ward in the east of the City of London. Together with the other ward members, he facilitates a popular programme of community events, bringing neighbours together for coach trips, fun days and a range of social events suggested by local residents.

Chris Pelham, City of London Corporation

Chris is the City Corporation's Assistant Director for People's Services and has responsibility for Adults and Children's Social Care, early years, homelessness and rough sleeping. He chairs the City of London Safeguarding Adults Sub Group and the Financial Abuse Task and Finish Group.



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