Warwickshire County Council

Loneliness and Social Isolation in Warwickshire

Needs Analysis Summary

The full version of this report is available on the Public Health Warwickshire website, as are different versions of the loneliness and social isolation risk maps:

http://publichealth.warwickshire.gov.uk/loneliness-and-social-isolation/

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Loneliness and Social Isolation Plan on a Page

What

'Loneliness' = psychological state. A subjective, negative feeling associated with lack or loss of companionship. If you feel lonely, you are lonely.
'Social isolation' = sociological category relating to imposed isolation from social networks. Can lead to loneliness and can be caused by loss of

Risk Factors

Intrapersonal Factors (personality/cognitive, identity), **Engagement** (family, friends, neighbours), **Life Stage** (retirement, widowhood, sensory impairments, physical health), **Social Environment** (living arrangements, community, hobbies/interests, pets, housing, car, holidays/seasons, technology), **Social Structures** (poverty, quality of care, ageism, transport, crime, population turnover, demographics).

Why

Over-eating, smoking, alcohol, stress, self-imposed isolation, immune system, cardiovascular systems, impact on metabolic, neural and hormonal regulations, physical health, depression, blood pressure, sleep, immune stress responses, cognition, cardiovascular disease, diabetes, stroke,

A comparable risk factor for early death as smoking 15 cigarettes a day for Mortality &

Recommendations

Ensure tackling loneliness & social isolation is considered in all relevant policy areas

Support local organisations and partnerships to raise awareness of and tackle loneliness and social isolation

Target interventions at a range of vulnerable groups in the community, particularly older people, including:

- **older people with other issues including alcohol issues & mental health problems**
- **carers**
- **ethnic minorities**
- **LGBT groups**

Develop and support effective loneliness evidence based interventions, including an evaluation component in all proposals for local

Provide frontline staff within relevant organisations with the skills and knowledge to identify potentially

How

1. Needs Assessment & Index
2. Warwickshire Cares, Better Together programme
3. Stakeholder & public
4. Upskilling organisations & frontline
5. Develop projects aimed at tackling loneliness & social

Outcomes/Outputs

- Increased numbers in people reporting they feel that they belong to their immediate neighbourhood
- % of adult social care users and adult carers who have as much social contact as they would like
- Health related quality of life for older people
- Increase in WEMWBS score

Links to corporate plans

One Organisational Plan:

- Our communities and individuals are safe and protected from harm and able to remain independent for longer.'
- 'The health and wellbeing of all in Warwickshire is protected.'

Health and Wellbeing Strategy

- Promoting Independence
- Community Resilience
- Integration & Working Together

Contents

Executive Summary

Loneliness and social isolation is now more recognised as being a public health issue. It is associated with harm to mental and physical health, as well as having broader social, financial and community implications. Because of this, there has been a local, national and international consensus that support needs to be provided to individuals and communities in order to tackle loneliness and social isolation.

Whilst loneliness and social isolation is a problem present across all age groups in society, it is a significant and growing issue for older people in particular; it is estimated that approximately 25% of the population will be aged 60 or above within the next 20 to 40 years.

Almost half of adults in England say they experience feelings of loneliness. On average, 10% of the population aged over 65 are often or always lonely and this is increasing over time. The reasons for this are complex, to do with changing family relationships, people living at greater distances from their relatives, and often an altogether less strong desire to be the mainstay of frail older relatives.

The 2014 Living in Warwickshire survey revealed that in Warwickshire, when compared to the population as a whole, those aged 65+ are:

- more likely to know people in their immediate neighbourhood
- more likely to feel that they ‘belong’ to their immediate neighbourhood
- slightly more likely to volunteer
- less likely to report ‘very good’ or ‘good’ health and much more likely to report ‘fair’ health

This suggests a real difference in perceptions of community, community perception and health across the life course.

Loneliness and social isolation harm physical and mental health by increasing the risk of depression, high blood pressure, sleep problems, reduced immunity and dementia[1]. It has a greater impact than other risk factors such as physical inactivity and obesity. A recent study found that loneliness and social isolation has an equivalent risk factor for early mortality to smoking 15 cigarettes per day[2].

On a positive front, people are able to ‘recover’ from loneliness, which means that there is scope for interventions to improve the situation for individuals. Loneliness is responsive to a number of effective

interventions, which are often low cost, particularly when voluntary effort is harnessed and taking action to address loneliness can reduce the need for health and care services in future.

Interventions to tackle loneliness include one-to-one interventions, such as befriending, Community Navigators and mentoring; and also social group schemes (e.g. art, discussion or writing groups); and wider community engagement. There is evidence that all of these schemes can help to reduce loneliness and improve health and wellbeing. It would appear that overall, group interventions are more effective than one-to-one support.

With reducing budgets and projected increasing demand for services, identifying successful and cost effective early interventions, particularly involving sustainable community and volunteering approaches and initiatives, will present good opportunities for improved outcomes to combat loneliness and social isolation in the future.

This document sets out the evidence base around loneliness and social isolation in relation to causes, risk factors, distribution across Warwickshire and the effectiveness of interventions. The document also serves to set the context for the emerging loneliness and social isolation workstream, setting the direction of travel for the county council, and raising awareness of some of the key issues of the topic.

It is hoped that partner organisations across the county will be able to utilise this report to inform the commissioning of initiatives and to support and inform funding bids for projects that aim to tackle loneliness and social isolation.

What are we going to do?

An action plan outlining how Warwickshire County Council will tackle loneliness and social isolation in the county has been developed, to be delivered via the Loneliness and Social Isolation Working Group, and can be found on the Public Health website.

However, to effectively tackle loneliness and social isolation, an integrated approach to working must be adopted by all partners in Warwickshire, delivering on the following:

1. Develop and support effective loneliness evidence based interventions, including an evaluation component in all proposals for local interventions;
2. Target interventions at a range of vulnerable groups in the community, particularly older people
3. Ensure that tackling loneliness is a consideration in all relevant policy areas;
4. Support local organisations and partnerships to raise awareness of and tackle loneliness and social isolation;
5. Provide frontline staff within relevant organisations with the skills and knowledge to identify potentially lonely and socially isolated individuals and the confidence and tools to offer solutions.

1.0 What is Loneliness and Social Isolation?

The terms ‘loneliness’ and ‘social isolation’ are often used interchangeably, and whilst there are clear links between the two experiences they are distinct concepts. People can be socially isolated without feeling lonely, or feel lonely whilst being amongst others. The literature stresses the distinction between loneliness and isolation. Although the terms have slightly different meanings, the experience of both is generally negative and the resulting impacts are undesirable at the individual, community and societal levels.

1.1 Loneliness

Loneliness can be defined as *a subjective, unwelcome feeling of lack or loss of companionship*. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want (Perlman and Peplau, 1981)[3].

There are different types of loneliness:

- Emotional loneliness is felt when we miss the companionship of one particular person; often a spouse, sibling or best friend.
- Social loneliness is experienced when we lack a wider social network or group of friends.

Loneliness can be a transient feeling that comes and goes. It can be situational; for example only occurring at certain times like Sundays, bank holidays or Christmas. Loneliness can also be chronic; meaning that it is experienced all or most of the time.

1.2 Social Isolation

Loneliness is linked to social isolation but it is not the same thing. Isolation is an objective state whereby the number of social contacts or interactions a person has can be counted. One way of describing this distinction is that you can be lonely in a crowded room, but you will not be socially isolated[4].

2.0 Background

2.1 Policy

2.1.1 National

Loneliness and social isolation are emerging issues in the national health and social care agenda. Nationally, 51% of **Health and Wellbeing Boards** are tackling loneliness as a priority area, highlighting the scale of the issue across the UK. **Marmot**'s 2011 Review: Fair Society, Healthy Lives[5]**Error! Bookmark not defined.**, included 'reduc[ing] social isolation across the social gradient' as a priority objective. Furthermore, the recent **Care and Support White Paper** recognises loneliness and social isolation as large problem for society as a whole[6].

2.1.2 Warwickshire

- The **Warwickshire Health and Wellbeing Strategy**[7] has specific outcome measures related to loneliness and social isolation.
- **Warwickshire's Joint Strategic Needs Assessment** (JSNA) has priorities around mental health, dementia, carers and maintaining independence, which are all issues and groups associated with being impacted by loneliness and social isolation.
- **Warwickshire Cares, Better Together** incorporates Warwickshire's **Better Care Fund** plans, including work streams around promoting independence and community resilience, which both have outcome measures around reducing loneliness and social isolation. It also includes work streams in relation to the **Care Act**; focusing on prevention and wellbeing, in terms of preventing and delaying needs for care and support in vulnerable and older people.

2.2 Impact on health

2.2.1 Mental health

Evidence suggests that loneliness has strong associations with depression and may be an independent risk factor for depression[1]. It has also been found to be linked to reduced day to day happiness and excitement experienced day to day by older people[8].

2.2.2 Physical health

Research has identified that the impact of social relationships on the risk of mortality is comparable with major established health risk factors such as smoking and alcohol and exceeds that of physical inactivity and obesity [9].. Research suggests that being lonely or socially isolated can result in higher blood pressure, worse sleep, immune stress responses. worse cognition over time in the elderly[10] and the metabolic syndrome (cardiovascular disease, diabetes, stroke, and mortality). Alongside this, being lonely or socially isolated is associated with a greater risk of being inactive as well as a range of other negative health behaviours including smoking and as such increases risk of premature morbidity and mortality[11], as there is a 50% increased likelihood of survival for people who had stronger social relationships compared to those who had weaker relationships.

2.3 Risk factors

As shown in figure 1, research has identified a number of predictors of loneliness and social isolation relating to personal circumstances (e.g. widowhood), life events (e.g. bereavement, moving into residential care), poor physical and mental health, or perceptions such as the expectation of declining health and dependency, low socio-economic status and physical isolation[12]. Loneliness and social isolation can be felt by people of all ages, but as we get older, risk factors that might lead to loneliness begin to increase and converge.[13].

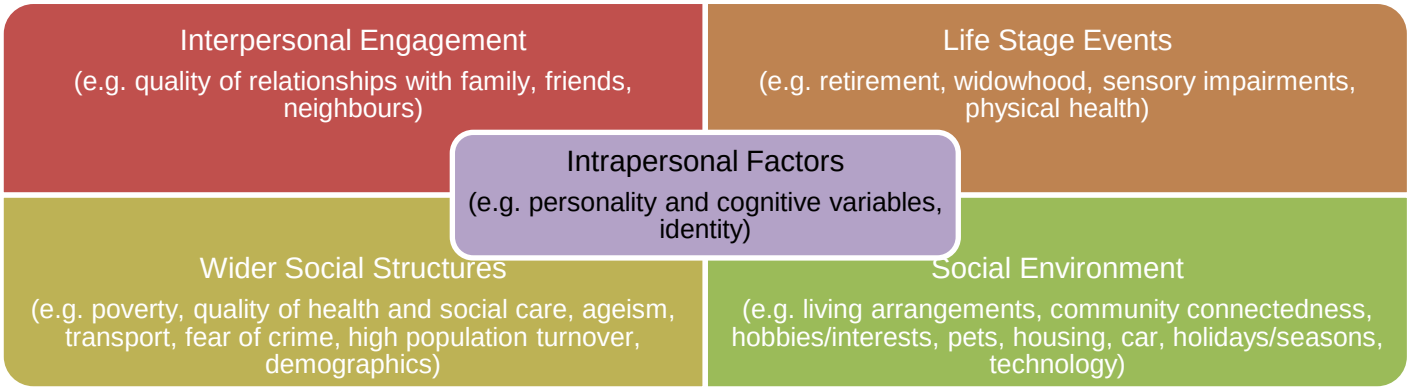


Figure 1: Risk factors for loneliness Source: Sullivan & Victor, 2012

In addition to these tangible risk factors, there are a series of other more holistic risk factors:

- **Expectation of loneliness** can be a predictor of becoming lonely; people who expect to become lonely do go on to experience loneliness
- **Seasons:** the highest levels are in the spring and summer when the days are longer and family members may be on holiday
- There are variations by **ethnicity**. All BME communities have been found to have a higher rating of self-reported loneliness than the White British ethnic group, with the exception of the Indian group who report similar levels of loneliness
- **Lesbians and gay men** suffer disproportionately from loneliness and isolation as they age[14, 15]
- **Carers** are a group that at particular risk

4.0 Need: The Scale of the Issue

4.1 Measuring Loneliness and Social Isolation

Unlike other physical or mental health conditions, data on the prevalence and incidence of loneliness and social isolation are not routinely collected. Therefore, identifying individuals who are lonely or socially isolated, or are at risk of being so, is a challenge. A range of national and local surveys including questions around loneliness and social isolation have been carried out and the results can be used to give an

indication of the incidence and prevalence locally. Alternatively, a range of indicators and measures that are collected for other purposes can be combined and used to give a proxy indication of the situation locally.

4.1.1 The development of an Index

Public Health Warwickshire have developed a 'Loneliness and Social Isolation Index' using Mosaic customer profiling data, based on work undertaken by Essex County Council. The aim of this is to ascertain an estimate of the number of households in Warwickshire that are at an above average risk of experiencing loneliness and social isolation.

The index identifies a number of groups who are at a higher than average risk of being lonely or socially isolated. These groups vary in age, ethnicity, and family and social status but all have a level of deprivation across various domains (e.g. income, housing, health, employment).

4.2 Incidence and prevalence

4.2.1 National

Loneliness is a common experience with those aged under 25 years and those aged over 55 years demonstrating the highest levels of loneliness. A 2005 study examined the prevalence of loneliness amongst older people in Great Britain, finding the following:

- 61% of people aged 65 and over reported 'never' being lonely
- 31% rated themselves as being 'sometimes' lonely
- 7% reported feeling lonely 'often' or 'always'[16]

Applying these percentages to ONS population data, it can be suggested that in 2001 there may have been 2,329,650 people living in England who would rate themselves as being 'sometimes' lonely and 526,050 people who reported being lonely 'often' or 'always'.

Living alone is one of the factors contributing to a sense of social isolation; higher numbers of people aged 45 – 65 are living alone than ever before. There is the suggestion that loneliness tends to be higher amongst older people who live in socially disadvantaged urban communities. A study of deprived neighbourhoods of three English cities identified 16% of older people as being severely lonely (Scharf et al., 2002)[17].

4.2.2 Warwickshire

The highest rates of projected population growth in Warwickshire are in the groups aged 65 years and over[18]. In terms of the proportion of the population who are at risk of being lonely or socially isolated, using the figures indicated in Victor's 2005 survey, mentioned above, the figures in table 3 could be suggested for the scale of the issue in Warwickshire:

	Total population aged 65+	Lonely 'all of the time' or 'often'	Lonely 'some of the time'
North Warwickshire	9,000	630	2,790
Nuneaton & Bedworth	17,200	1,204	5,332
Rugby	13,500	945	4,185
Stratford-on-Avon	19,300	1,351	5,983
Warwick	19,700	1,379	6,107
Warwickshire	**78,900**	**5,523**	**24,459**

Table 3: Varying degrees of loneliness, Warwickshire

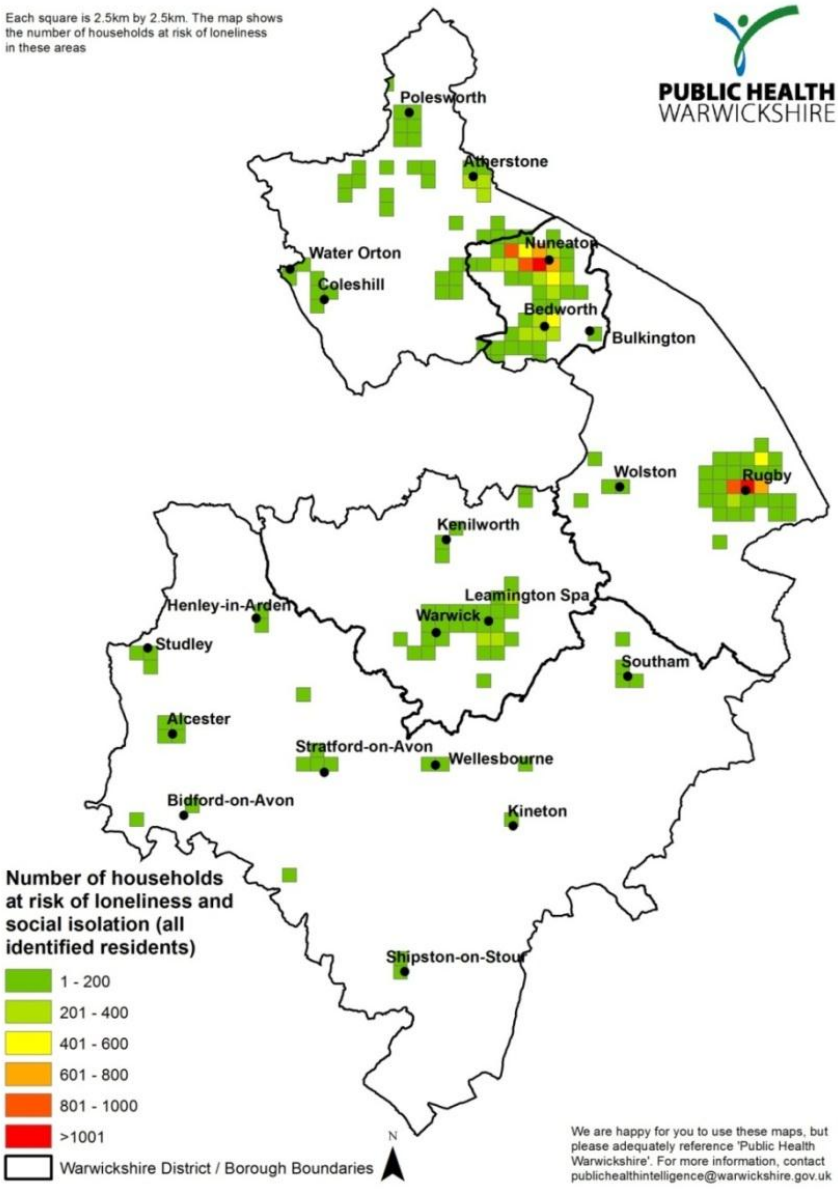
4.2.3 Data limitations

The national and local data cited in this report is almost exclusively prevalence data (i.e. reporting on existing cases of loneliness and social isolation). The lack of available incidence data, which would allow identification of 'new' cases, indicates a data gap. The benefits of obtaining incidence data would include validating the risk factors analysis carried out so far and aid further understanding of the topic. This will be addressed in the action plan.

The ELSA goes some way to address this data gap by using its longitudinal design to identify new cases of loneliness and social isolation amongst its cohorts alongside identified risk factors.

4.2.3 The Index of Loneliness and Social Isolation

The index has allowed the identification of small areas of Warwickshire where individuals are at a higher than average risk of being lonely or socially isolated (see Maps 1 to 7).



Map 1: Number of households at risk of loneliness and social isolation, Warwickshire

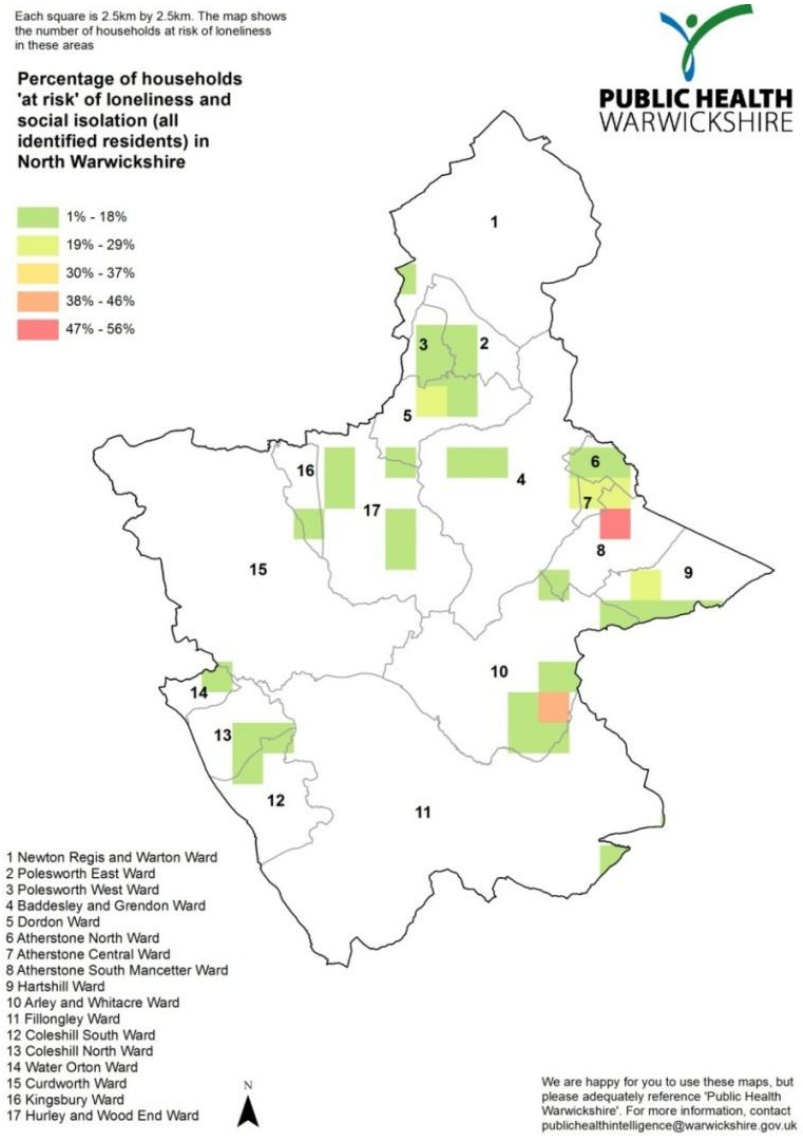
4.2.3.1 Warwickshire

Map 1 shows that, in terms of gross numbers, households at 'above average' (Level 1-2) or 'high' (Level 3-4) risk of loneliness and social isolation according to the Mosaic Types are clustered around the more densely populated urbanised areas of the county. The greatest number of households at risk of loneliness are located in Nuneaton and Rugby, with significant numbers also seen in Warwick, Leamington and Bedworth. There are also clusters in Stratford-on-Avon, Polesworth, Atherstone, Coleshill, Studley, Alcester, Kenilworth and Henley-in-Arden. The distribution is similar for those at above average risk and high risk.

4.2.3.2 North Warwickshire

Map 2 for North Warwickshire Borough highlights a hotspot of households at risk of loneliness and social isolation in Atherstone South Mancetter Ward, where there is one small area in which 47-56% of

households are at risk. The neighbouring areas of the Atherstone North and Atherstone Central Wards also appear as being high risk, although the percentage of households at risk in these areas is lower, ranging from 1-18% or 19-28%. There is also an area in the south-east of Arley and Whitacre Ward in which 38-46% of households are at risk of loneliness and social isolation, with some of the neighbouring areas in this ward containing households of which 1-18% are at risk.

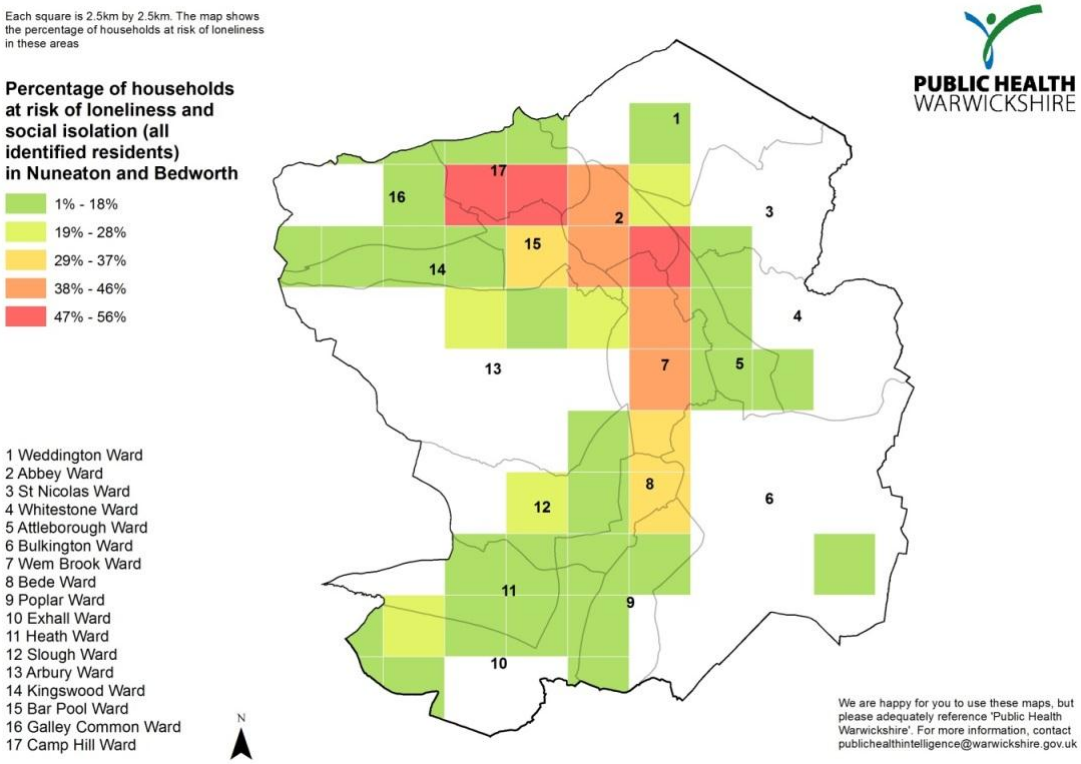


Map 2: Number of households at risk of loneliness and social isolation, North Warwickshire Borough

4.2.3.3 Nuneaton and Bedworth Borough

There are several main areas of high risk of loneliness and social isolation in Nuneaton and Bedworth Borough (see map 3). In particular, there are two neighbouring areas where the percentage of households at risk is 47-56% which lie largely in the Camp Hill Ward but also overlap slightly into the Bar Pool and Galley Common Wards. There is also another high density area that straddles the Wards of Abbey, Wem Brook, Attleborough and St Nicolas. In addition, there are areas other areas within Abbey, Camp Hill, Bar Pool and Wem Brook Wards in which 38-46% of households are at risk. This large combined area all seems to fall in and the most densely populated area of the borough. Whilst it is unsurprising that Nuneaton Town and its immediate surroundings rank highly in terms of gross numbers of households at risk of loneliness and social isolation (given that it is the most densely populated area in the borough and therefore the areas highlighted will have a higher number of households within them than other areas), it is interesting to see that these areas remain as hotspots for risk of loneliness and social isolation when the proportion of households at risk within these areas is considered. One might have thought that living in a well-populated area with close access to amenities and public services might have reduced the risk,

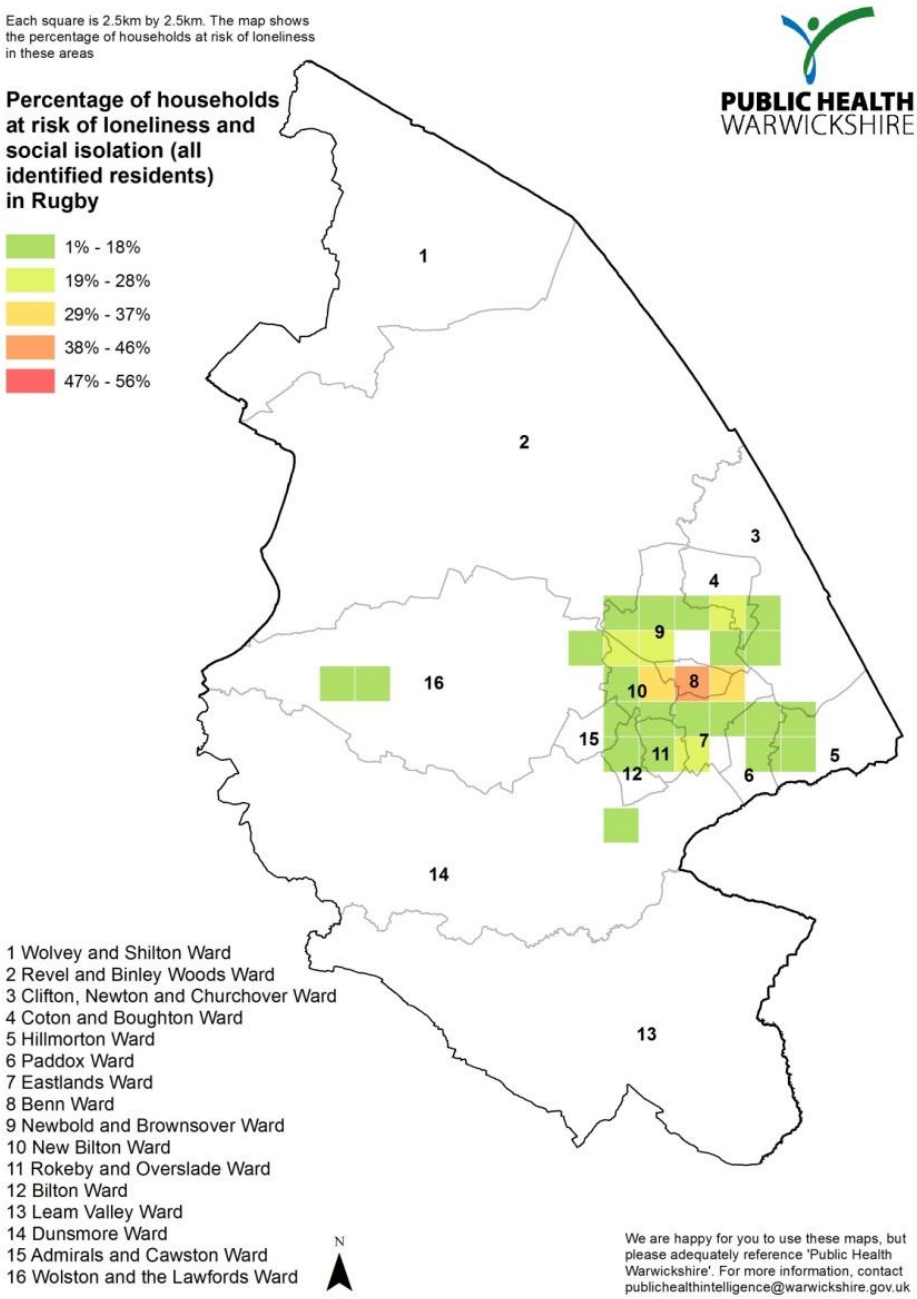
however this may not be the case or there may be other factors that outweigh this. There are numerous other areas throughout the borough that have areas containing households at risk of loneliness and social isolation ranging in proportion from 1-18% through to 29-37%.



Map 3: Number of households at risk of loneliness and social isolation, Nuneaton and Bedworth Borough

4.2.3.4 Rugby Borough

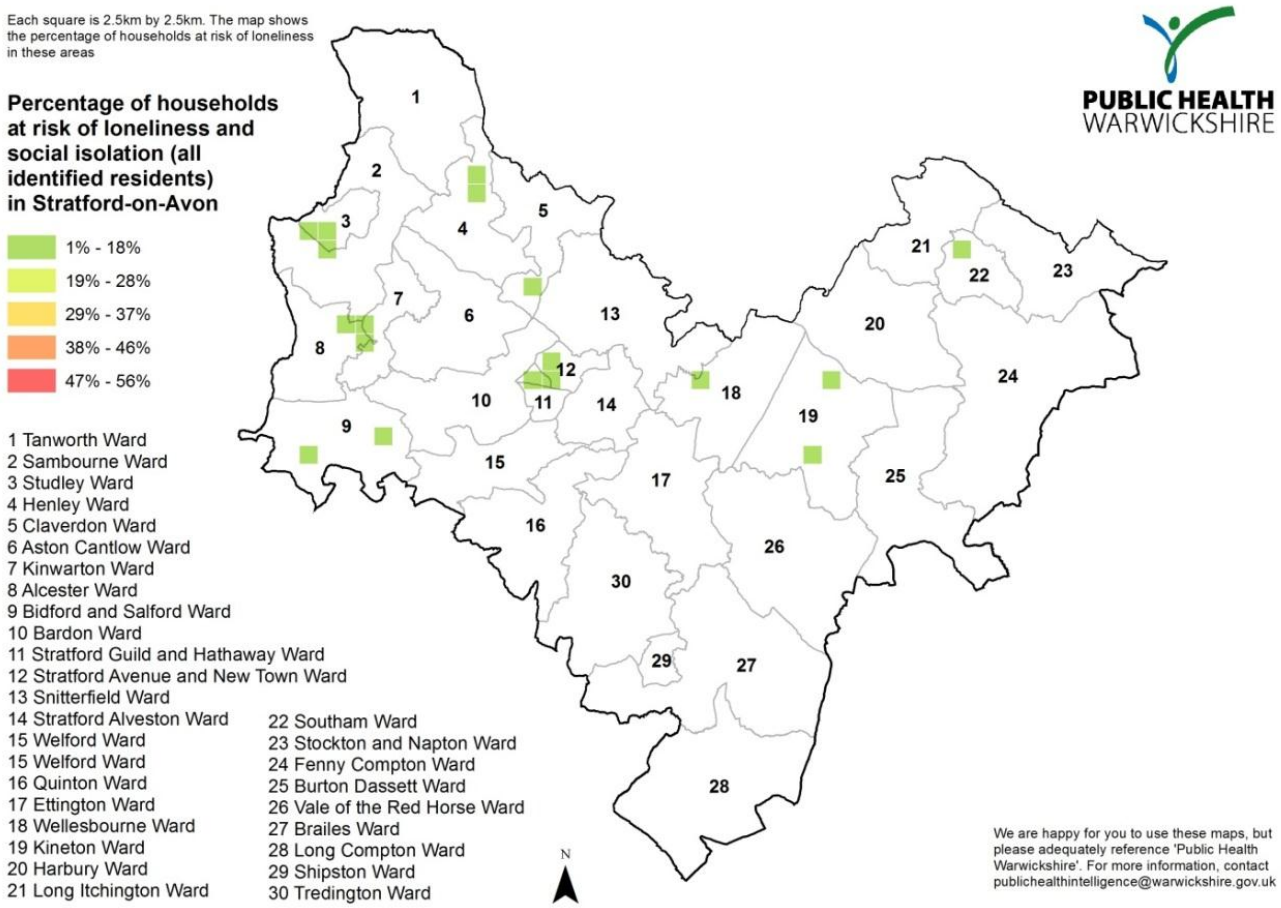
The areas at highest risk of loneliness and social isolation in Rugby Borough are largely centred around the most densely populated area of the borough (see map 4). Most prominent is Benn Ward, which is largely taken up by an area in which 47-56% of households are at risk of loneliness and social isolation. There are two areas neighbouring on either side that lie partially within Benn Ward but also in New Bilton Ward to the west and Eastlands Ward to the east where the proportion of households at risk is 38-46%. Other wards in and immediately surrounding Rugby mostly contain areas where 1-18% of households are at risk of loneliness and social isolation, with a few areas where 19-28% of households are at risk. These wards include Newbold and Brownsover Ward, Coton and Boughton Ward, Rokeby and Overslade Ward, Bilton Ward, Paddox Ward, Hillmorton Ward, Admirals and Cawston Ward and Wolston and the Lawfords Ward. Wolston and the Lawfords Ward also contains two neighbouring areas further to the west in which 1-18% of households are at risk of loneliness and social isolation, and Dunsmore Ward, to the south, also contains one such area. Once again, the main areas at risk of loneliness and social isolation are within the most urbanised parts of the borough.



Map 4: Number of households at risk of loneliness and social isolation, Rugby Borough

4.2.3.5 Stratford-on-Avon District

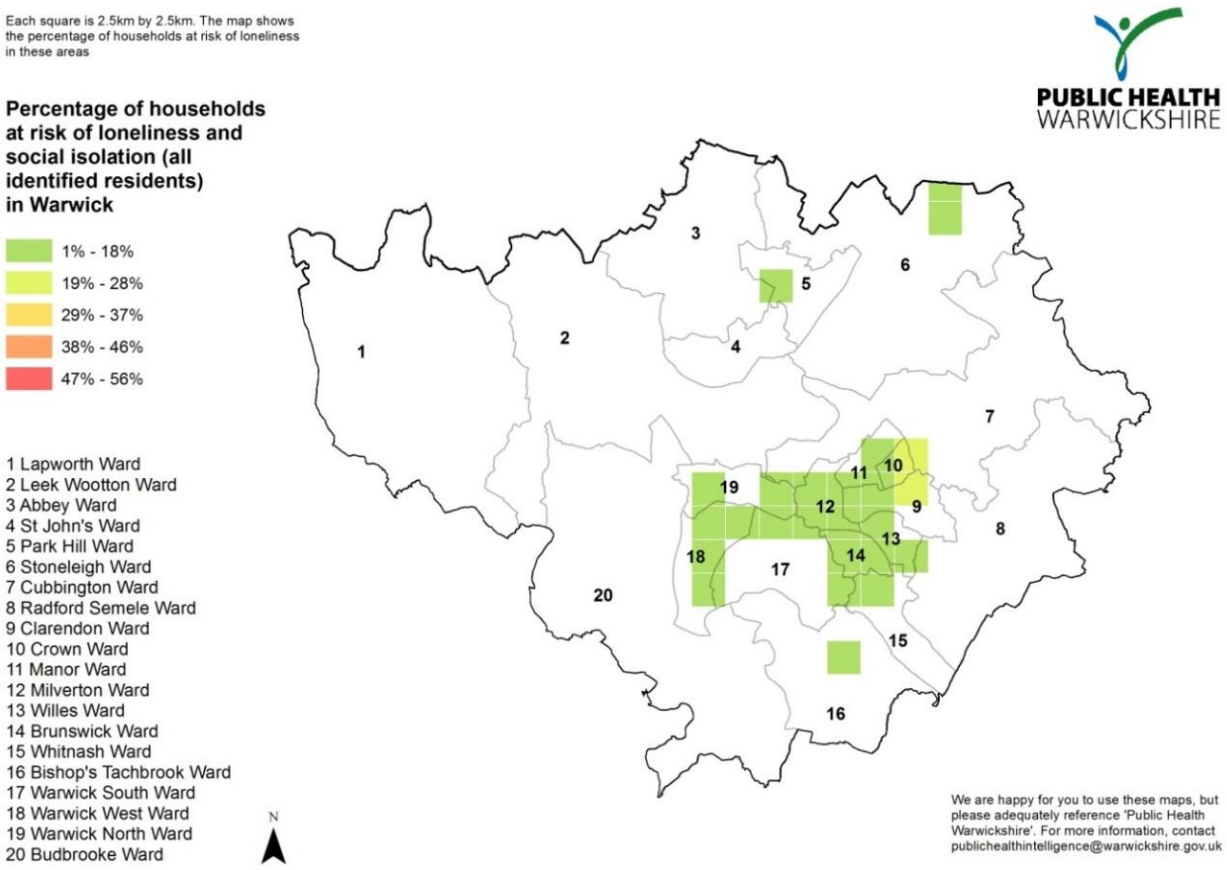
As shown in map 5, Stratford-on-Avon District contains the fewest areas containing households at risk of loneliness and social isolation of any of the boroughs in Warwickshire. This seems to be in keeping with the general pattern in that this borough is comprised of smaller towns and villages compared to other boroughs, where risk of loneliness and social isolations is mainly centred around the larger towns. There are small areas of high risk in the towns of Stratford (Stratford Guild and Hathaway, Stratford Avenue and New Town Wards), Alcester (Kinwarton and Alcester Wards), Studley (Sambourne and Studley Wards) and Henley-in-Arden (Henley Ward) where 1-18% of households are at risk. There are other isolated areas throughout the borough containing households of which 1-18% of households are at risk; these are in Claverdon Ward, Bidford and Salford Ward, Wellesbourne Ward, Kineton Ward and Southam Ward. There are no areas in which the households are at the 'higher risk' of loneliness and social isolation. However, when compared to the other districts/boroughs, the identified areas are more spread out, indicating a more disparate population which could present challenges for interventions.



Map 5: Number of households at risk of loneliness and social isolation, Stratford-on-Avon District

4.2.3.6 Warwick District

The risk of loneliness and social isolation Warwick District (see map 6) lies in and around the town areas of Warwick and Leamington Spa, which once again are the more densely populated areas of the district. There are areas in which 1-18% of households are at risk in Clarendon, Crown, Manor, Milverton, Willes, Brunswick, Warwick South, Warwick West and Warwick North Wards. All of these lie either in or close to the towns of Warwick and Leamington Spa. There are also neighbouring areas slightly towards the east of Leamington Spa where there is a slightly higher risk of loneliness and social isolation, with 19-28% of households being at risk. In addition, there is also an area in Bishop's Tachbrook Ward where 1-18% of households are at risk, along with another area in Park Hill Ward that overlaps slightly into Abbey Ward (this area lies in the town of Kenilworth). Finally, there are neighbouring areas in the north part of Stoneleigh Ward that represent a section of the southern border of Coventry with Warwickshire where 1-18% of households are at risk of loneliness and social isolation.



Map 6: Number of households at risk of loneliness and social isolation, Warwick District

4.4 Interventions

Historically, the evidence base around interventions designed to tackle and/or prevent loneliness and social isolation has been relatively limited. This has meant that the effectiveness of many interventions has been questioned due to a lack of supporting evidence. However, over the past few years a number of reports and systematic reviews have been published which is helping to establish a bank of knowledge around what works in tackling loneliness and social isolation.

Preventive services represent a continuum of support ranging from the most intensive, 'tertiary services' such as intermediate care or reablement, down to 'secondary' or early intervention, and finally, 'primary prevention' aimed at promoting wellbeing. Primary prevention is generally designed for people with few social care needs or symptoms of illness. The focus therefore is on maintaining independence and good health and promoting wellbeing. The range of these 'wellbeing' interventions includes activities to reduce social isolation, practical help with tasks like shopping or gardening, healthy living advice, intergenerational activities and transport, and other ways of helping people get out and about. All of these interventions can help alleviate loneliness and social isolation.

Loneliness and social isolation are complex issues and practical steps to tackle the problem need to be taken at different levels:

- **Strategic** level across the authority;
- **Neighbourhood** action; and
- **Individual** intervention.

4.4.1 Effectiveness of Interventions

A variety of interventions can be used to tackle loneliness and social isolation:

- befriending

- volunteering
- mentoring
- navigators
- group schemes
- wider community engagement
- internet access
- informal interventions
- social prescribing

The full version of this report includes an evidence review assessing the interventions above on to their effectiveness in reducing loneliness, improving mental and physical health and wellbeing and reducing usage or demand on health services.

4.4.1.1 Summary of research

The evidence around interventions aimed at tackling loneliness and social isolation is mixed, even at specific intervention level.

- The evidence around **befriending** is particularly mixed; whilst some users reported feeling less lonely and socially isolated following usage of the service, one systematic review concluded that effectiveness in terms of impact on wellbeing was unclear;
- People who use **Community Navigator** services reported that they were less lonely and socially isolated following the intervention;
- The outcomes from evaluating **mentoring** services is less clear; one study reported improvements in mental and physical health, another that no difference was found;
- Where longitudinal studies recorded survival rates, older people who were part of a **social group intervention** had a greater chance of survival than those who had not received such a service; the evidence also suggests that usage of social group interventions also yields positive results in terms of lessening demand on services. Furthermore, increase social interaction and community involvement.
- Limited evidence to support that increasing **internet** access can reduce loneliness and social isolation, although some small scale studies have suggested that it can.
- **Volunteering** is shown to positively impact on loneliness and social isolation.
- There is very limited evidence around **informal interventions**; however this does not mean that they are not effective;
- **Social prescribing** has been found to result in reduced loneliness and social isolation – although the socially prescribed services must be tailored to this purpose.

4.4.1.3 Implications from the evidence

Having a range of interventions available is useful, as it means that they can be targeted to the characteristics of an individual. However, the wide variety of interventions and their different outcome measures make it difficult to be certain what will work for each individual.

Effective and favourable interventions tend to be:

- Either group interventions with an education focus or provide targeted support activities;
- Targeted towards specific groups (e.g. women, care-givers, the widowed, the physically inactive, people with serious mental health problems). E.g., lonely men are best engaged through specific activities related to long-standing interests and respond less well to loosely-defined social gatherings, which are of more interest to women.
- Flexible and adaptable.
- Involving partners: strong partnership arrangements need to be in place to ensure developed services can be sustained. Key facilitatory actions could include appropriate tendering and longer-term funding;

- Loneliness and isolation may also require different responses. Older people experiencing isolation may require practical support such as the provision of transport. Older people experiencing loneliness may require social support;
- Involving users in the planning, implementation and evaluation of programmes improves outcomes and ensures that services are matched with needs;
- In the planning stage of any service or intervention, there should be an awareness of the existing community resources in order to build on community capacity.

Ineffective interventions tended to be those offered on a one-to-one basis, conducted in people's own homes.

4.4.1.4 Evaluation

Evaluating the impact of services is important to:

- demonstrate impact on target areas
- help identify and disseminate good practice
- justify any additional investment needed[19]

A measurement strategy should put in place for any activity, to ensure that relevant data are captured from the outset. However, it's also important to consider wider implications and unintended outcomes.

Public Health Warwickshire have two preferred methods of evaluation for projects tackling loneliness and social isolation, as outlined in table 4.

Method	Further information
Companionship Scale[20]	Developed by Health Psychologists from the Coventry University, alongside support from Public Health Warwickshire, designed to measure the level of loneliness and social isolation that a person feels. It can be used by anyone of any age. It is a short scale designed to be quick and easy to use.
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)[21]	The Warwick-Edinburgh Mental Wellbeing (WEMWBS) scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing.

Table 4: Preferred evaluative methods for services aimed at tackling loneliness and social isolation

4.4.1.5 Issues to consider

- Different studies use different measures; some measure self-esteem, depression and social networks known to affect loneliness rather than loneliness per se.
- Self-selection may lead to recruitment of the 'socially active lonely', rather than the 'socially isolated lonely'.
- People may be reluctant to report feelings of loneliness due to the attached stigma. Therefore there may be a significant under reporting at play.
- Lack of evidence for the consideration of different types of loneliness across the lifespan – e.g adolescence, when children leave home, chronic illness and following bereavement.

4.5 Value for money assessment

There is limited evaluation or research that includes an analysis of cost-effectiveness of interventions designed to tackle loneliness and social isolation. However, some smaller studies have investigated the financial aspects of interventions designed to tackle loneliness and social isolation[22],[23],[24].

- An £80 investment in befriending services would provide £35 in savings, which would continue in subsequent years. When factoring in quality of life improvements through reductions in wellbeing aspects such as depression, the savings could reach £300 per year in terms of reduced need for treatment and quality of life improvements;

- Economic benefits from Community Navigators would seem to be greater. It is estimated that the intervention cost per person would be a little under £300. When additional costs such as a visit to a Citizen's Advice Bureau or Job Centre Plus, the total cost would be £480 per person per year. However, it is estimated that the economic benefits (e.g. move into employment, fewer services used) would amount to approximately £900 in the first year in terms of employment and reduced demand on services;
- For group activity interventions, in one study, the total cost of health service use (hospital bed days, physician visits and outpatient appointments) was £1,117 per person per year in the intervention group, compared with £1,809 in the control group. This statistically significant difference between the groups of £692 was greater by £45 than the costs of the intervention – £647 per person.
- Evidence around the cost-effectiveness of community engagement interventions suggests that cost benefits can be yielded. For example, volunteer and peer health programmes may see a proportion of volunteers gain paid employment, which generates savings to the public purse but may not be picked up in an evaluation about health behaviours. Using 2011 figures, the Cabinet Office calculated the monetary value of volunteering to the wellbeing of the volunteers as £13,500 per person per year**Error! Bookmark not defined.**.
- Currently there is considerable interest in developing practical methods to estimate the return on investment of community and volunteer programmes. The London School of Economics undertook an economic analysis of community capacity building using three interventions: time banking, community navigators and befriending. All three were found to deliver a net economic benefit when costs and value were calculated. For example, time banking had an estimated net value of £667 per person per year, extending to £1,312 if improvements in quality of life were included in the analysis**Error! Bookmark not defined.**.
- Using social return on investment (SROI) methodology, an analysis of community development in local authorities reported a return of £2.16 for each pound invested, and the value of volunteers running activities was almost £6 to a pound invested to employ a community development worker. This recognises that whilst some types of intervention can be costly in the first instance, the cost of not investing in local provision, that can help improve health and wellbeing outcomes for local populations, could be much higher for health and social care services in the long term.

5.0 Supply: the services available

5.1 What services are there?

5.1.1 Warwickshire County Council Commissioned Services

A number of services are commissioned by Warwickshire County Council which seek to address loneliness and social isolation, see table 5:

Service	Details	Location
Befriending and Community Support Service	For individuals with a mental health diagnosis, aged over 55.	Warwickshire
Dementia Befriending Pilot	For individuals who have a diagnosis of dementia or who are seeking a diagnosis, any age, living in Rugby. A pilot project until September 2015.	Rugby

Table 5: Services commissioned by Warwickshire County Council to tackle loneliness and social isolation

5.1.2 Services provided across the county

There are many services, projects and initiatives across Warwickshire that address (either directly or indirectly) loneliness and social isolation. These can be specific e.g. befriending services or indirect e.g. book clubs.

The identification and mapping all of these services will be considerably time and resource intensive and is therefore being addressed as part of an organisation-wide workstream around information and advice.

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