IPPR

SOCIAL ISOLATION AMONG OLDER LONDONERS

REPORT

Jonathan Clifton

October 2011

Institute for Public Policy Research

ABOUT THE AUTHOR

Jonathan Clifton is a research fellow at IPPR.

ACKNOWLEDGMENTS

With thanks to members of the Older Londoners project team and advisory group for their comments on earlier drafts. In particular, thanks to Chloe Peacock and Amna Silim for their help with background research for this paper.

IPPR would like to thank the City of London's City Bridge Trust for their generous support of the Older Londoners project.

ABOUT IPPR

IPPR, the Institute for Public Policy Research, is the UK's leading progressive thinktank. We produce rigorous research and innovative policy ideas for a fair, democratic and sustainable world.

We are open and independent in how we work, and with offices in London and the North of England, IPPR spans a full range of local and national policy debates. Our international partnerships extend IPPR's influence and reputation across the world.

IPPR
4th Floor
14 Buckingham Street
London WC2N 6DF
T: +44 (0)20 7470 6100
E: info@ippr.org
www.ippr.org
Registered charity no. 800065

POSITIVE IDEAS
for CHANGE

CONTENTS

EXECUTIVE SUMMARY

Too many people face later life cut off from society, lacking the friendships and access to basic services that so many of us take for granted. Social networks enable people to enjoy each other's company and navigate life's events, and can provide access to practical help such as transport, informal care and information about services. More fundamentally, social contacts matter for building an inclusive society.

This paper charts the rise of a 'transactional mindset' in family life, society and government that has left a significant number of older people detached from the communities in which they live. Surveys of ageing in England show that at least 10 per cent of older people are isolated and a similar number report being lonely. There is a big difference between 'early retirement' and those over the age of 75, with the latter group being at a far greater risk of living alone, not having access to transport and being lonely than 65–74-year-olds.

London faces a particular challenge in addressing social isolation among older people. The city has higher rates of population churn and pensioner poverty and less intergenerational contact than other areas of England. Its social care system is under pressure, with higher staff turnover and a greater reliance on migrant workers than other parts of the country. Given these challenges, how can public policy help to reduce social isolation among older people in London?

This paper argues that while the state is good at tackling many problems, it is not currently equipped to tackle the issue of social isolation, which has its roots in wider changes to the way we live our lives. Based on primary research with older service users and service providers in London, it identifies four conditions that enable social ties to flourish and sets out what policymakers can do to promote them.

- **Support the development of places in which people can interact.** One million older people report feeling trapped in their own home, especially when services such as shops, banks and pubs are withdrawn from local high streets.
- **Design services around relationships, rather than fixed institutions and procedures.** Social care in particular relies too heavily on hospitals and impersonal home care, rather than effective services in the community.
- **Create a community information infrastructure, based on face-to-face contacts, peer support, web technology and a single point of access.** Older people are unable to connect with those around them, or make decisions about which services to use, without an effective flow of information about what is available.
- **Make sure that the first point of contact a person has with any service results in their wider needs being assessed and provided for.** An improved system of assessment and referrals needs to be put in place to ensure that people who are currently isolated do not 'fall through the cracks' between different service providers.

INTRODUCTION

On a damp autumn morning last October, a volunteer from the charity 'Contact the Elderly' went to visit a 91-year-old lady who lives on her own in a flat in south London. Concerned at the prospect of her riding a mobility scooter with poor eyesight, he made a point of talking to her about it. Her response was strict and angry: 'If I stop riding my scooter, then I might as well die!'

For too many people, growing older is a journey of loss – losing work, mobility and friendships. Surveys of ageing in England show that at least 10 per cent of older people are isolated and a similar proportion report being lonely. These figures increase among the oldest age groups, with 30 per cent of over-80s having limited access to services such as shops and GPs and 25 per cent being cut off from family and friends (ODPM 2006).

This highlights the fact that too many people face later life cut off from society, lacking friendships and the sort of everyday social contact that so many of us take for granted. Social networks enable people to enjoy each other's company and navigate life's events, and can provide access to practical help such as transport, informal care and information about services. More fundamentally, social contacts matter for building an inclusive society. Policymakers should be concerned about social networks because they help people to lead a good life.

This paper explores the issue of social isolation among older people in London. Older people living in cities are at a greater risk of social isolation, and London's complex service infrastructure and high levels of population churn present a unique context. The paper explores the scale and nature of social exclusion among older people, and identifies ways it can be reduced.

Methods

IPPR conducted primary research with 50 service providers, carers and older service users across different boroughs in London. Our interviews focused primarily on older people living in the community, rather than in residential care settings. This paper also draws on analysis of data from the English Longitudinal Study of Ageing (ELSA), an opinion poll conducted for IPPR in 2009, and the latest academic literature and policy reports.

1. THE NATURE OF SOCIAL ISOLATION

Why social ties matter

Social ties enable people to enjoy life – sharing in each other's company and supporting each other in times of difficulty. Without positive social interactions, it is impossible to build a society that includes people of all ages and from all walks of life. Social ties are important for three main reasons:

- They are good for wellbeing, and provide an intrinsic psychological benefit. They also provide a sense of security – a feeling that 'there is someone to turn to' if necessary.
- They can provide access to practical help such as transport, informal care and information. Social networks are a precursor to receiving this sort of informal support.
- They provide a way that people can contribute to society, such as by volunteering, helping friends and caring for family members.

Unsurprisingly, research from psychology and other disciplines has linked social isolation to a number of negative outcomes including depression, poor mental health and cognition, nursing home admission and mortality (Hawkley et al 2008).

On the other side of the coin, social ties can help improve physical and mental health (Cohen 2004, Litwin and Shiovitz-Ezra 2006). Social relations can also be important in wider measures of wellbeing, even in the presence of other barriers to it. For example, the quality of life of those with serious health conditions such as dementia and heart disease has been shown to have been improved by the building of social ties (James 2008, Janz et al 2001).

Social isolation can also exclude people from services and amenities. Isolated people suffer from a lack of information about what services are available and can find it hard to get access to them. This can be exacerbated by the closure of local services such as post offices, banks, community hospitals, libraries, shops, pubs and churches. This is a particular problem for older people who tend to spend more time in their immediate residential setting than younger groups, and who are more likely to have restricted mobility (Sharf et al 2005, Walker 2004).

How socially isolated are older people?

Social isolation is not an issue that only affects older people – people at all stages of life can suffer from a lack of social ties and an inability to access services. Representative samples of the English population, however, show that the risk of exclusion does increase in later life.

Table 1 gives the extent of different forms of exclusion for anyone aged 50+. It shows that the risk of exclusion increases quite sharply after the age of 80. There are particular problems with 'social exclusion' (a lack of contact with family and friends), 'services exclusion' (limited access to basic services such as shops and GPs) and 'material exclusion' (a lack of material goods such as consumer durables and heating). Older people fare better on other measures, such as access to cultural and civic activities, financial services and feeling at ease in their neighbourhood.

While table 1 measures different forms of exclusion, it cannot give a sense of how these different forms interact with each other. Some people may be excluded in several ways – others may not be excluded in any. Further analysis of this data showed that 51 per cent of older people are not excluded on any dimension, 29 per cent are excluded on one dimension, 13 per cent on two dimensions and 7 per cent on three or more dimensions

(ODPM 2006). This last group – who face multiple forms of exclusion – will clearly require extra support.

Table 1
Different forms of exclusion among older age groups (%)

Age	Social	Cultural	Civic	Services	Neighb.	Financial	Material
50–59	9	12	13	5	12	9	5
60–69	11	10	10	6	14	9	6
70–79	14	11	10	11	15	11	15
80+	25	14	12	29	14	14	33
All older people	**12**	**11**	**12**	**9**	**13**	**10**	**11**

Source: ODPM 2006 (ELSA data)

A more recent survey of older people calculated social isolation in a different way. It asked people over the age of 65 where they could go for 'informal help' in a range of situations. It found a similar sized group of about 10 per cent of older people who were unable to get practical help from family, friends or neighbours. Table 2 shows the results in more detail, and highlights the particular importance that family members play in providing practical support.

Table 2
Where can older people go for informal practical support? (%)

Where could you get help if you…	Help provided by					Prefer not to ask for help	Total help available
	Spouse/ partner	Relative	Friends	Neighbours	Other		
Needed a lift	33	58	45	48	4	1	91
Were ill in bed	52	62	29	32	4	1	96
Had financial difficulties	33	79	17	4	0	8	78
Needed help with daily chores	39	55	33	38	3	1	91

Source: Victor et al 2009: 101
Sample of 1,000 people over age 65. Multiple responses permitted.

Social isolation is closely linked to the issue of loneliness. While social isolation is an empirical statement about the level of contact a person has with the outside world, loneliness is a more qualitative judgment about the social contact that somebody desires. As the old adage goes, it is possible to be 'lonely in a crowded room'.

Where loneliness is concerned, the quality and nature of social ties is crucial. One close confidant may be more important than several less-intimate contacts. While it is possible to quantify levels of isolation using surveys, it is harder to measure loneliness. A number of survey questions have been designed to try and capture loneliness – table 3 shows the results of the European Social Survey, which asks people in the UK specifically whether they *feel* lonely. A similar pattern to the research into social isolation emerges. While those in early retirement report similar levels of loneliness to the rest of the population, there is a marked increase beyond the age of 75. It also shows that rates of loneliness do not increase steadily throughout life. Rather, they are high for the youngest and oldest age groups.

Table 3
How much of the time in the last week did you feel lonely?

Age	All or most of the time	Most of the time	Some of the time	None or almost none of the time
Under 25	2.3	5.7	28.8	63.3
25–34	0.9	3.8	26.6	68.8
35–44	2.3	4.3	22.1	71.4
45–54	2.8	2.5	21.7	73.0
55–64	3.1	6.4	21.1	69.5
65–74	5.3	3.6	19.7	71.4
75+	5.7	6.5	28.3	57.5

Source: Victor 2009: 27
Data: 2006/07 European Social Survey, UK sample (2,386 respondents aged 15+)

Surveys into levels of isolation and loneliness provide useful snapshots of the extent of the problem, and of which age groups are most at risk. However, they present a static picture and fail to capture the fluidity of loneliness – a person's experience of loneliness may grow and reduce over time. Victor et al (2009) conducted a longitudinal survey and found that between 10 and 20 per cent of people experienced a different level of loneliness compared with 10 years earlier. It is not always the same people who feel lonely throughout later life. This has important implications for policymakers, who need to understand they are tackling a dynamic problem. One-off interventions to shift people from 'isolated' to 'not isolated' will not be sufficient.

Perhaps the greatest challenge facing older people is not their actual levels of isolation but the fact it is 'normalised' to a far greater extent than it is for younger groups. Being cut-off and lonely are often seen as 'normal' in later life, as natural parts of the ageing process. Older people can therefore find it harder to ask for – and receive – help to tackle isolation. On the other hand, there are a larger number of programmes targeted at social exclusion among younger age groups, particularly to help them find work. Services and programmes must not be designed with the assumption that older people will not take part – indeed, they should be designed to enable their full participation.

Who is at risk of social isolation?

Isolation is not spread evenly across the older population, and surveys allow us to see which groups are more likely to be isolated. Unsurprisingly, the key factors associated with isolation are poor health and mobility, living alone, not having children, being on a low income, and living in rented accommodation (ODPM 2006).

A number of other factors are also associated with social isolation, although to a lesser degree. These include living in a city and undertaking no physical exercise (ibid). An interesting debate has recently opened up about the extent of isolation among older BME groups. While some claim that BME families are 'more likely to look after their own elderly' than white British groups, analysis of the citizenship survey[1] reveals that older people from all ethnic groups receive similar levels of support from within their household, even when household size has been controlled for (Willis 2010).

1 For details of the citizenship survey, see http://www.communities.gov.uk/communities/research/citizenshipsurvey/

The risk of social isolation: is 75 the new 65?
The standard discourse about ageing tends to include anyone over the age of 65 as an 'older person'. This rhetoric has not kept pace with the enormous changes to the way people experience growing older. IPPR's original analysis of data from ELSA shows that there is a big difference between 'early retirement' and those over the age of 75. Our analysis shows that people aged 75+ are at greater risk of living alone, not having access to transport and being lonely than those in the 65–74 age group:

- 25.6 per cent of 65–74-years-olds live alone, but that figure rises to 44.5 per cent for the over-75 age group
- 2.3 per cent of 65–74-year-olds never use public transport and do not have access to a car, but for the over-75s that figure rises to 13.3 per cent
- 11.8 per cent of 65–74-year-olds 'felt lonely much of the time during the past week' – that figures rises to 18 per cent for the over-75 age group.

For policymakers keen to target interventions in an age of austerity, a simple but blunt way of targeting those most at risk could be to focus on the over-75 age group, rather than the over-65s as many programmes and benefits currently do.

Data: Fourth wave of the ELSA, 2008

What causes social isolation?

The causes of social isolation lie beyond the traditional realm of 'ageing policy', which has generally been concerned with issues such as pensions and healthcare. Instead, the causes of isolation can be found in wider changes to family, society, technology, culture and economy over the past 50 years. It is these changes that have prevented a significant number of older people from building meaningful relationships with those around them.

Factors that have affected the way we build social relationships include:

Kinship patterns: More families are made up of multiple generations at once, with fewer people in each generation. Members of the family are more likely to be geographically dispersed and there are a variety of family forms – with single parent families, divorce and remarriage all more likely. The expanding housing market has also enabled families to live in different houses rather than under the same roof (Harper 2006, Jerome 1993).

Communications: The growth of ICT has affected the way we engage with other people. The expansion of ICT means we are able to keep in touch with more people over greater distances, but often without face-to-face contact. A growing reliance on the car – although this has levelled off in recent years – means the way people travel and contact others has also changed (Victor et al 2009).

Service delivery: There has been a shift towards more individual and personalised services delivered by agencies of the state. Some services are now delivered in the home or by technology – for example, many benefits payments are transferred directly into bank accounts. Many non-state services have gone down a similar route, such as telephone banking and home delivery of foodstuffs and other goods (ibid).

Institutions: There has been a decline in formal membership institutions such as churches and trade unions (Giddens 1991). There has also been a decline in local institutions such as pubs and local shops, as their functions are taken over by larger providers, often in 'out-of-town' locations. This can amount to a withdrawal of service for those who are not able to travel to access these relocated institutions (Muir 2009, Living Streets 2011a).

Lying behind these changes is a shift to what Marc Stears calls a 'transactional mindset' in the way we live our lives (Stears 2011). He charts the rise of commodification and efficiency in a range of spheres – including the workplace, public services and family life – that have undermined a sense of mutual responsibility. So, in the case of family life, caring for family members is seen as a commodity to be bought and sold, rather than a responsibility stemming from a personal bond. In public services, home care for the elderly is reduced to a set of tasks to be delivered as quickly as possible, rather than something that requires time for interactions between an older person and their carer. And in work, managers restrict the autonomy and responsibility of their workforce through constant checks, targets and reports.

These underlying social trends shape how individuals in society relate to each other. But it is important to recognise that it often takes a particular event to trigger isolation – many people are engaged in society until a particular point in later life, such as when they fall ill or a spouse dies. The importance of life events in triggering social isolation cannot be underestimated – our interviews suggested three in particular could be associated with becoming isolated:

- A spouse dying or going into care
- Falling ill and becoming less mobile
- Retirement and losing connection with colleagues

Given that these things can act to trigger isolation, policymakers should target interventions around these life events.

Are older Londoners more at risk of social isolation?

Like the rest of the UK, London faces an ageing population. There are currently around a quarter of a million Londoners aged over 80, and this figure is set to rise by 40 per cent over the next 30 years, to 353,000 by 2031. The size of the over-90 population is growing at a particularly fast rate, as is the proportion of older people from ethnic minority backgrounds. By 2031, ethnic minorities are expected to make up around a quarter of the over-80 population in London, compared to just 12 per cent today. These demographic changes are significant, given that the risk of social isolation increases after the age of 80 and BME groups are less likely to access services for older people (Sachrajda 2010).

London appears to fare badly when it comes to social exclusion and loneliness in later life. Analysis of the ELSA found that living in cities increases the risk of exclusion among older age groups (ODPM 2006), while detailed case studies of deprived urban neighbourhoods, such as Hackney in east London, found that rates of loneliness among older people were twice the national average (Scharf 2011: 32).

These findings are supported by a national opinion poll conducted for IPPR in 2009. That survey asked respondents how regularly they spent time with people aged over 65 they know, including family, friends and people from work. Out of all the regions, the level of contact with older people was lowest in London. Only 54 per cent of Londoners reported

having frequent contact with an older person, compared to the national average of 67 per cent (McCormick et al 2009).

The latest wave of the ELSA found that 18 per cent of people over the age of 75 'felt lonely much of the time during the past week'. It is currently estimated that there are 422,000 people living in London who are aged 75 or over. While the ELSA does not provide a regional breakdown of data, if the national average were applied to London it would suggest that the capital has 75,960 people aged 75+ that feel lonely most of the time.

There are a number of reasons why older Londoners could be at a greater risk of social isolation. Research by Thomas Scharf (2011, Scharf et al 2005) suggests that it can be hard to build stable relationships in cities like London due to high rates of population churn, higher levels of crime and antisocial behaviour, and greater anonymity. One service provider we interviewed suggested that 'people are drawn to the city for the anonymity, but that also creates its own sense of isolation'. The services and infrastructure of cities also tend to be designed for younger and more mobile groups.

2. REDUCING SOCIAL ISOLATION

The first section of this paper examined the extent of social isolation among older Londoners and what is causing it. It identified the growth of a 'transactional mindset' in society and a number of factors that mean older people are more at risk of isolation from family, friends and basic services. Shifting away from this transactional culture, towards one built on mutual relationships, will not be simple. While the state is good at tackling many problems, there is a limit to what government policy can do to tackle these cultural issues (Stears 2011). A different approach will be needed from government than the usual array of technical and managerial policies.

A fruitful starting point is to look at what is required to foster social networks and help people to bond. Our research with older service users and service providers suggests there are four key factors:

- places for social interaction
- services built on relationships not transactions
- flows of information about what services are available
- a way of initiating contact with isolated people.

Having identified these factors, we can ask how policy can promote these 'conditions' under which social relationships can be forged.

A place for social interactions

A prerequisite for forging common social relationships is having places to interact. This includes everyday contact in settings such as shops as well as more 'structured' contacts in places where people have to talk and negotiate with each other. Having a shared commitment to a physical location helps to create a sense of community and bond people together.

There has been a welcome shift within ageing policy towards ensuring older people can 'age in place', in the houses and communities where they live. Recognising that it is both expensive and counterproductive to house the elderly in care homes and hospitals, government is now focusing on services that are supplied to the home, such as home-based care (Bradley 2011). Older people will account for half of the increase in households between now and 2026, meaning there will be 2.4 million more 'older households' in the UK than there are today (CLG 2008).

This desire to ensure older people remain in their own homes brings with it a tension, as those who are less mobile or unable to access public transport can be left feeling trapped or isolated in their houses. A common refrain throughout our interviews was the importance of access to local places, amenities and services. Many of our older interviewees spoke of the difficult they had walking to the shops, and the lack of interaction they had with other people when out of the home:

> **'Before you had a lot more people walking, whereas [now] people leap in their car and pick their children up from school and things like that, driving here and there. I am not sure how we are ever going to change it round but [we need] more of a community spirit.'**

This reflects national surveys which have found that more than 1 million older people feel trapped in their own home and 20 per cent find accessing their local hospital difficult (NESTA 2009). A separate national survey found that just under half of those aged over 55 in Britain cannot walk to their nearest GP surgery, while 58 per cent cannot walk to their nearest bank (Living Streets 2011a). This is partly a result of the withdrawal of amenities

such as banks, post offices, shops and pubs from local high streets, as they rationalise their operations or are forced out by competitors in out-of-town locations. This represents an effective withdrawal of the places in which everyday social interactions can take place: a drink in the pub, a coffee in a café, a meeting in a church, a function in a community hall or a chat in the doctor's waiting room.

The way that housing and services are designed in England must reflect the reality that many older residents live on their own and are not very mobile. Planning rules tend to neglect this, particularly when they allow the withdrawal of key shops and services from a neighbourhood. Under current rules, the use of many buildings can be changed so long as it is within the same 'use class' – the most common example of this is the transformation of banks into betting shops. Any change of use that falls within the same 'class' does not require planning permission, and as such many essential shops and services can be taken over or removed without consultation or consideration of the impact that change will have on local residents (Living Streets 2011b). Similar problems have been identified with a number of other community 'hubs', such as local pubs (Muir 2009).

The government is currently reviewing planning rules. As part of this process it should close loopholes that allow essential local services to change use without planning permission. These services should be given their own category within the 'A' use class, and it should not be possible to automatically change use outside of this class. Any change of use would therefore be subject to planning permission (Living Streets 2011b).

As well as criticising the design of high streets and public spaces, our interviewees talked about the difficulty they had getting from their houses to local amenities. As one service provider told us:

> **'Transport is a big problem … if each borough had their own community transport it would make life a lot easier.'**

While the introduction of the Freedom Pass in London has made travel affordable for many, it does not solve the problems facing those who are frail. Many older people are afraid to travel on buses and the underground due to sharp braking speeds and the bumpy ride. Others need transport that can collect them from their door, because they cannot walk between transport connections.

London needs to improve its transport infrastructure in order to link these more vulnerable groups to essential services. This is currently provided by Transport for London's 'Dial a Ride' scheme, which allows disabled older people to call for free door-to-door transport. Our interviewees regarded this as an important service, but it was criticised by one respondent for keeping people on the road for long periods: 'when you get older you can't always wait that long before you go to the bathroom [and] that makes people a bit wary'. The major problem reported with Dial a Ride was that few people know about it: while people are aware that transport is available for specific services, such as to visit the hospital, they are not aware that door-to-door transport is available for other activities, such as visiting the shops.

Recommendations

- Close planning loopholes that allow essential local services to change use without planning permission. Essential services such as banks and post offices should be given their own category within the 'A' use class, and it should not be possible to automatically change use outside of this class. Any change of use would therefore be subject to planning permission.

- Within London, promote the 'Dial-A-Ride' scheme to ensure people are aware it is available.

Services built on relationships not transactions

The problem of social isolation identified in this paper lies beyond the reach of traditional public services. Many of today's service institutions, largely built up in the post-war period, were designed to tackle acute problems that required one-off 'transactional' solutions: providing a house, prescribing medication, and so on. This is what Hilary Cottam terms the 'mass industrial model of service delivery' (Cottam 2011).

This transactional approach has continued in the way services have been delivered over the past 30 years. A focus on efficiency, accountability and targets has reduced many services to a series of standardised tasks to be delivered for as little cost as possible.

Nowhere is this approach more obvious than in the area of home care for the elderly. Care has been reduced to a series of basic tasks such as feeding and bathing, often to be delivered in less than 15 minutes and at a time of day that suits the care provider rather than the person being cared for. Many of the people we interviewed spoke of the limited time allocated to care workers for each older person and the lack of flexibility in their job descriptions. The result is a dehumanised service in which there is no sense of control for the older person, and no time for meaningful contact between them and their carer.

It is clear that the challenges associated with ageing cannot be tackled using this transactional approach. The onset of chronic conditions, disability and social isolation cannot be solved by a person visiting a hospital or government department to receive a one-off intervention. Rather, they require people to change the way they live, constant levels of small support and regular social contact. There is therefore a disconnection between our existing institutions and the needs of an ageing population. Too many resources are locked up in large institutions such as hospitals and we rely too heavily on transactional services. These services cannot tackle the problems many older people face, except by treating them at crisis point.

There are two ways public services can be reformed. First, they must change their delivery structures. Just as firms are moving away from centralised 'command and control' operations, so services need to be delivered through more diffuse networks (Murray 2009). Rather than investing money in large institutions that deliver transactional services at a time of crisis, resources should be spent on improving the delivery of services in the community. In some areas of the country, for example, the health service is putting money into community care delivered in partnership with the local authority. This enables better-quality home care, with improved training and more time for staff to do their job, and ultimately reduces the need for more expensive treatment further down the line (PSSRU 2009). Home care providers can also do a lot to make the service they deliver more human – for example, by providing better training for their staff, moving away from a 'task-based' management system and giving more responsibility to frontline staff (Bradley 2011).

Second, public services can be designed to enable social interactions in the wider community. As Charlie Leadbeater (2009) argues, if a service can help build relationships between older people, they can then use those relationships to access wider support. If people enjoy strong relationships and connections they can get informal help with care, transport, shopping and other aspects of daily living. Advocates of this approach stress that this is not about 'withdrawing the state' but changing how the state provides services. In the case study of Southwark Circle (in the boxed text below) Hilary

Cottam notes that 'the reality is that Circle came into being through a significant state investment' (Cottam 2011). There are a number of ways services can be designed to foster interactions – for example, by delivering group interventions, building peer support networks, or creating organisations like time banks that provide a structure in which relationships can develop and mature.

Case study: Southwark Circle

Southwark Circle describes itself as a 'membership organisation that provides on-demand help with life's practical tasks through local reliable neighbourhood helpers and a social network for teaching, learning and sharing'. Older people can join the scheme and buy tokens for £10. Each token is worth an hour of a helper's time. The helpers are a mixture of local volunteers and paid professionals who give practical help with everything from gardening to plumbing. Paying £10 an hour means the scheme is financially sustainable but is considerably cheaper than buying in private services. Using local helpers means social connections are built up between members of the community and people can draw on these connections over time, and the preventative services they receive lead to fewer GP visits (Cottam 2011). Southwark Circle is more than just a handyman service, as members also have access to a calendar of social and cultural events. The state had to play a role in setting up the infrastructure and formalising the connections between people – in this case, Southwark Council invested in an office and computer system – but its role was to facilitate social connections rather than delivering a fixed set of tasks.

For more, see http://www.southwarkcircle.org.uk

Recommendations

- There needs to be a reduced reliance on big institutions such as hospitals and care homes to support older people, and greater focus on improving the delivery of services in the community. This will require the health service to pool its resources with local authorities, for example to deliver better-quality home care.
- The day-to-day delivery of services needs to be less transactional. For example, home care providers could move away from a task-based management system, give more responsibility to frontline staff, and involve older people in the design of their own care packages.
- Public services can be designed to enable social interactions in the wider community, for example by delivering group interventions, building peer support networks, or creating organisations like time banks that provide a structure in which relationships can develop and mature.

Flows of information

Recent developments in ageing policy have placed more power in the hands of individual older people. The introduction of personal budgets puts money directly into the hands of older people, assuming they are best placed to decide which services it should be spent on. This has been accompanied by a choice of service providers, in the belief that older people should be able to chose which provider best serves their needs. The so-called 'choice and personalisation' agenda was a hallmark of the New Labour government and is being extended by the current government, which aims to extend personal budgets to more than 1 million people by 2013 (DoH 2010).

These policies are a welcome move away from the institutionalised care of the past. But they will only be effective if older people are aware of the options available to them. Placing the power to choose and pay for services in the hands of older people is dependent upon an adequate supply of information about what is available. People cannot make good decisions about which services to use without the right information, and may end up being cut off from basic services and other amenities in the community. Flows of information are therefore a prerequisite for people to be included in society.

Sadly, our interviews suggest that the development of personalisation and choice in social care has not been accompanied by an adequate supply of information.

> **'The worst thing is information, as far as I am concerned, most people don't know about what is available.'**
> Service provider

> **'I did a survey of my clients – it was amazing actually. I sent out 400 questionnaires and got 125 back, which was absolutely amazing, and what I discovered is that most people don't even know of the existence of Dial a Ride or Taxi Card'**
> Service provider

A lack of information is one of the factors that lead to the isolation of older people from public services. If choice and personalisation are to deliver on their promise, this needs to be tackled. A 'community information infrastructure' needs to be built that reflects the way people currently lead their lives. This infrastructure should have three features.

First, it should be based on personal contacts. Davis and Ritters (2009) found that 'older people preferred to receive information face-to-face, within their own communities and from people with whom they had a pre-existing relationship and could trust'. Research from behavioural economics supports this finding, showing that people do not generally access factual information and make rational decisions about the options available to them. Instead, they are more likely to observe and copy others (Ormerod 2010). More emphasis needs to be placed on bringing people together in forums where they can exchange information and on ensuring it cascades through networks. In Leeds, for example, the Free to Live network was set up for people using personal budgets (Bradley 2011).[2] This sort of peer support enables older people to learn from each other's experiences. Charities or local authorities should coordinate peer support networks for people who have shared conditions or experiences.

Second, the information infrastructure should use technology more effectively. While people might prefer face-to-face contact, for many this is not always possible, and the internet clearly has an important role to play for this group in particular. Although the number of older people who use the internet to access information about services is currently low, other groups (such as voluntary organisations, service providers and family members) can use it and pass on information by word of mouth. And the numbers of older people using the internet will surely increase as younger generations age. Many areas are piloting innovative approaches to using the internet, such as the Infostore in Leeds, which provides a broad range of information which is searchable by area.[3] In another example, Newcastle has developed a 'portal' approach, which allows participating organisations

2 See http://www.freetoliveleeds.org/
3 See http://www.olderpeopleleeds.info/

to log on for up-to-date information about the services that they refer older people to.[4] It is used by a range of staff including hospital matrons, district nurses, social workers, librarians, care home activity coordinators, customer service centre staff, sheltered housing officers and Citizens Advice volunteers (Horton 2009).

Third, the infrastructure needs a clear single point of access. Having a vast array of providers may help in the personalisation of services, but it can also be bewildering for would-be service users. In one response to this problem, Tower Hamlets in east London has developed a set of five Linkage Plus centres, which older people can drop into for advice on everything from health to housing.[5] The centres also host many activities and are becoming 'hubs' for their communities to such an extent that the health service now uses them to deliver the majority of their campaigns for healthy ageing. Having a single point of delivery has proved to be an effective way to embed the sharing of information into the community, and to ensure it reaches a larger number of people as a result. Under the government's health and social care bill, local authorities will be given a greater role to play in public health. They could take this opportunity to pool budgets with the health service in order to expand a network of 'one-stop shop' service centres across London.

Recommendations

- Charities or local authorities should facilitate peer support networks for people who have shared conditions or experiences, such as those using personal budgets.
- Third sector providers should support the development of web portals to bring information about their services into one place.
- Local authorities could use their new role for promoting public health to provide 'single points' for older people to access a variety of services. This approach has been trialled with the Linkage Plus centres in Tower Hamlets. This may require local authorities to pool their budgets with other service areas such as health.

Making contact

The task of identifying those people who are socially isolated, who by definition will be 'hard to reach', presents a major challenge. Those who are isolated lack social networks and regular contact with public services. All of the service providers we interviewed agreed that this was a problem:

> **'We might be struggling a little bit to find older people to join the groups because of the very nature of the fact that they are often on their own … so often we don't necessarily know that they're there … We're not the only charity that has trouble finding these older people.'**

Identifying those who are cut off is therefore the first step to tackling social isolation. The key is to make sure that the few times when people *do* come into contact with services, that contact is made to count. The most effective systems ensure that at the first point of contact a person has with any service, their wider needs are assessed and they are referred to other relevant services. This can require very unusual partnerships between different services. In the case study below, it involved the fire and rescue service using data supplied by the primary care trust (PCT) to target certain households. The fire service in turn used their position as a 'point of contact' to connect older people with the charity Age UK and the local authority.

4 See http://www.informationnow.co.uk/

5 See http://www.towerhamlets.gov.uk/lgsl/601-650/640_activities_for_older_peopl.aspx

Case study: Springboard, Cheshire

In 2007, the Cheshire Fire and Rescue Service introduced a simple yet effective scheme to overcome the problem of identifying older people at risk of isolation. Part of their duty as fire officers is to visit the homes of older people to conduct a fire safety assessment and fit free smoke detectors. They realised that they could dramatically increase the number of older people they visited if they had access to the databases kept by the PCT, since these databases included information about potentially vulnerable older people. They therefore developed a data-sharing agreement, whereby the PCT sent them clients' ages and addresses. This required the fire service to sign a legally binding agreement governing how the data was to be used. Using this extra information, the fire service was able to visit older people in 120,000 homes in 2009–10, many of whom would have missed out on a visit if this data-sharing agreement had not been in place.

The fire officers then took the opportunity of being in older people's homes to raise awareness of other services available in the area. They developed a simple 'contact assessment form' in conjunction with Age UK Cheshire, which asks residents whether they would like help or information with a range of activities from claiming benefits to home repairs. The aim is to ensure that everyone is assessed for needs before they reach a critical condition. Now, 50 per cent of referrals to Cheshire Council's 'Supporting You' service come from home visits by the fire service. The council is able to provide help with everything from completing benefit claims to advising them on places to socialise, which in turn helps to reduce the pressure on acute health and care services.[6]

A similar approach has been piloted in other areas. Nottingham's 'First Contact' scheme[7] and Newcastle's 'Quality of Life Partnership'[8] both involve frontline professionals – such as librarians, GPs and welfare advisors – carrying out short tick-box questionnaires with older people, who can then be referred on to a range of participating service providers. In Nottingham, First Contact generates an average of just over two referrals for each checklist completed (Davis and Ritters 2009).

There is clearly no single fix for identifying older people who are isolated in London. As the case studies show, it requires those who are on the frontline to carry out short 'checklist' assessments that go beyond their own remit, and to then share this information with other agencies. London boroughs should initiate information-sharing agreements between a wide variety of services – employment, housing, health, care, benefits and leisure – in order to facilitate the exchange of this information.

While it is important to identify people who are isolated, an ideal system would prevent people from becoming cut off in the first place. As research highlighted earlier in this paper showed, there are certain life events which 'trigger' social isolation and certain groups who are at a greater risk of becoming isolated than others. The two most significant trigger points for the over-80 age group are the loss of a spouse and the onset of disability. This provides a helpful focus for service commissioners and providers interested

6 See Cheshire Fire and Rescue Service 2010

7 See http://www3.nottinghamshire.gov.uk/caring/adultsocialcare/supporttoliveathome/communitysupport/#firstcontact

8 See http://www.healthycity.org.uk/pages/qol.php

in preventing the onset of social isolation. A process of checklists and referrals, similar to the one identified in the case studies above, could be targeted around these events, provided they were timed and delivered in a sensitive way. Data-sharing agreements could be put in place with hospitals and funeral directors to ensure that people experiencing these events are referred to services that can prevent or mitigate isolation.

Recommendations

- Checklists and questionnaires should be used by a wide range of frontline professionals – including housing officers, GPs and the fire service – in order to ensure that the first point of contact results in referrals to other services. These should be targeted around the onset of disability and loss of a spouse, when people are at a greater risk of isolation.
- London boroughs should initiate information-sharing agreements between a wide variety of services – employment, housing, health, care, benefits and leisure – in order to ensure older people are referred between different services.

Targeted programmes for tackling social isolation

This paper has argued that social isolation is ultimately a statement about the way we live. It will therefore require a cultural shift away from the transactional mindset that has permeated family life, society, services and the world of work. But targeted programmes to reduce levels of social isolation also have their role to play, and can help to connect people to social networks and basic services.

A number of interventions already exist to try to tackle social isolation. It is important to understand which of these programmes have worked, so we can pinpoint the key to their success. It is also important to understand which approaches have failed, in order to flag up potential pitfalls when designing new services.

Sadly, few interventions to tackle social isolation have been properly evaluated. This is partly because social isolation is often not the primary aim of a programme, and so adequate data is not collected. Cattan et al (2005) conducted a review of the available published studies, and a number of other academics have conducted research into the sort of social contact which is useful for accessing practical and emotional support (Gray 2009, de Jong Gierveld et al 2011). The findings from these studies are summarised in table 4.

Table 4
Interventions to tackle social isolation – dos and don'ts

Do Common features of successful interventions	**Don't** Common features of unsuccessful interventions
Involve several people: group interventions work best.	Focus on one-to-one interventions: individual befriending schemes are less successful than group activities.
Build informal social networks: these are generally more beneficial than belonging to formal membership organisations.	Rely on joining formal membership organisations, such as social clubs and residents' groups. These generally have less effect on social support than informal contacts (with the notable exception of religious and sporting organisations).

Target a particular group, such as men, women, care-givers or the widowed. This allows interventions to be designed with specific needs in mind.	Provide generic activities for 'all older people'.
Involve participants: enable participants to deliver or design the intervention themselves.	Design the intervention without consulting the intended participants or allowing them to help deliver it.
Develop within an existing service. Build on the service infrastructure and social networks that are already in place.	Try to create social networks without taking into account what is already in place.

These findings were also supported by our interviews with service providers. Many of the successful initiatives that we visited across London had similar hallmarks. The case study of Contact the Elderly, below, describes how these features can be put into practice.

Case study: Contact the Elderly, London

Contact the Elderly arranges tea parties for about half a dozen older people at a time. The tea parties take place once a month in the home of a volunteer. A driver collects the participants and also stays for tea. The result is that a series of informal connections builds up in a local area that persists long after the tea party finishes:

> **'About 30 per cent of our members say that they've started doing more things since joining our organisation, so they go to a day centre or lunch clubs during the week because they get to know people, but also because they've become more confident about going out. So, it's about giving them access to that community that they've become isolated from.'**
>
> Service provider, Contact the Elderly

These connections not only help reduce isolation and loneliness, they can provide practical help as well. One of the key benefits is being able to spot emerging problems before they become critical:

> **'If there are problems that [volunteers] see starting with that older person they will talk to us. Quite often it is that somebody's health seems to be deteriorating, or maybe their memory's going, and a driver is slightly worried about that person. We get regular calls from drivers who say, I'm just a bit worried about Mrs X, what should I do?'**
>
> Service provider, Contact the Elderly

Contact the Elderly is a national charity, and runs 70 groups across the 32 London boroughs. It is primarily funded by charitable grants.[9]

9 See http://www.contact-the-elderly.org.uk/

BOXED TEXT CONTINUED

How does Contact the Elderly meet the criteria for a successful intervention, as identified in table 4?

Involve several people: Unlike many befriending schemes, Contact the Elderly takes place in a group environment. There are usually 6–12 participants, including the host and the drivers. This removes the pressure that can build up in one-to-one meetings and enables wider friendships and networks to develop.

Build informal social networks: The programme is not centered around a formal institution but simply brings people together for afternoon tea. There is no obligation for the participants or volunteers to do anything else. A manager described how 'friendships will arise from these meetings … it happens naturally … it is not something we are asking them to do'.

Target a particular group: People can only attend the events if they are over 75, live alone, and have few family or friends living nearby.

Involve participants: The tea parties run for 2–3 hours, once a month. This means that there is no set 'programme' of events and the participants do not feel as though they are receiving a service. The power is in their hands to build relationships with the other people attending. Several of the people who host tea parties are themselves retired.

Develop within an existing service: The majority of people who participate are referred to Contact the Elderly by other service providers, including social services, GPs, hospitals or other charities such as Age UK and churches. Contact the Elderly spends a lot of time and effort making sure that these other service providers are aware of their work and are able to refer people, as this helps them to identify isolated older people. It also ensures that the service Contact the Elderly provides complements those that are already being provided.

In summary, it is possible to identify the features of successful interventions to tackle social isolation. While these cannot compensate for the wider conditions in society that lead to people becoming cut off, they can be useful in providing targeted support to individuals. Service commissioners and grant makers should consider whether the initiatives they support include these features.

CONCLUSION

For too many people, growing older is accompanied by the deterioration of connections with services and social networks. Data for England shows that at least 10 per cent of people over the age of 65 are isolated, and this figure increases rapidly after the age of 75. London provides a unique context for ageing, with high rates of population churn and a complex service infrastructure. If the average rates of loneliness from across England were applied to London, it would suggest that more than 75,000 people aged 75+ living in London feel lonely most of the time.

The high rates of social isolation among older people should be of concern to policymakers. Social networks enable people to enjoy each other's company and navigate life's events, and can provide access to practical help such as transport, informal care and information about services. More fundamentally, social contacts matter for building an inclusive society.

Social isolation among older people is an indictment of the transactional culture in which we live. Promoting social ties will require the state to work in new ways, by promoting the conditions in which social ties can flourish. This can be done in four ways.

1. **The state must support the development of places in which people can interact**
   While building and planning regulations have been adapted over the past few years to try to accommodate an older population, 1 million older people still report feeling trapped in their own home. This is partly a result of essential services withdrawing from neighbourhoods, as they move online or are rationalised into bigger centres. The forthcoming review of planning laws should close the loopholes that make it easy for essential local high street services to be withdrawn.
2. **Services must be built on relationships not transactions**
   Policymakers are beginning to understand the importance of shifting services into the community, but they are prevented from doing this by an outdated model of delivery based on fixed institutions and procedures. The health service needs to pool budgets with local authorities in order to unlock resources from large institutions, moving towards community services that help to build relationships between people.
3. **An improved community information infrastructure must be created**
   The choice and personalisation agenda has the potential to give power to older people over their own services, but this potential has not been realised due to a lack of effective information about the services that are available. An effective information infrastructure needs to be based on face-to-face contacts, peer support, web technology and a single point of access.
4. **An improved system of assessment and referrals needs to be put in place**
   This would mean that the first point of contact a person has with any service results in their wider needs being assessed and provided for, to ensure that people who are currently isolated do not 'fall through the cracks' between different service providers. An effective scheme requires services to put in place data-sharing agreements and frontline professionals to conduct short 'tick box' surveys.

Reducing social isolation will ultimately require society to shift away from the transactional mindset that has developed over the last 50 years. But targeted programmes to reduce levels of social isolation also have a role to play, and can help to connect people with social networks and basic services. Our research identified five key principles of successful interventions:

1. Involve groups of people – avoid one-to-one interventions where possible
2. Promote informal networks, not formal membership organisations
3. Target particular groups
4. Involve service users in the design and delivery of the service
5. Develop within an existing service.

The analysis presented in this paper shows that social isolation is not a normal or inevitable part of the ageing process – it is something that we can and should change.

References

Bradley L (2011) *Home care in London*, London: IPPR. http://www.ippr.org/publications/55/7688/home-care-in-london

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

Cheshire Fire and Rescue Service (2010) *Springboard*, November 2010. http://www.cheshirefire.gov.uk/Assets/springboard%20newsletter%20nov10%204pg%20p2.pdf

Cohen S (2004) 'Social relationships and health', *American Psychologist* 59(8): 676–684

Department of Communities and Local Government [CLG] (2008) *Delivering lifetime homes, lifetime neighbourhoods: a national strategy in an ageing society*, London: CLG. http://www.communities.gov.uk/publications/housing/housingageingsociety

Cottam H (2011) 'Relational welfare', *Soundings* 48

Davis H and Ritters K (2009) *Linkage Plus national evaluation: end of project report*, Department for Work and Pensions research report no 572, London: DWP

De Jong Gierveld J, Fokkema T and Van Tilburg T (2011) 'Alleviating loneliness among older adults: possibilities and constraints of interventions' in *Safeguarding the convoy: a call to action from the campaign to end loneliness*, Abingdon: Age UK Oxfordshire

Department of Health [DoH] (2010) *A vision for adult social care: capable communities and active citizens*, London: DoH. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508

Giddens A (1991) *Modernity and self-identity*,Cambridge: Polity Press

Grey A (2009) 'The social capital of older people', *Ageing and Society* 29: 5–31

Harper S (2006) *Ageing societies: myths, challenges and opportunities* London: Hodder Arnold

Hawkley L, Hughes M, Waite L, Masi C, Thisted R and Cacioppo J (2008) 'From social structural factors to perceptions of relationship quality and loneliness: the Chicago Health, Ageing and Social Relations Study', *Journal of Gerontology: Social Sciences* 63B(6): 375–384

Horton C (2009) *Creating a stronger information, advice and advocacy system for older people*, York: Joseph Rowntree Foundation

James O (2008) *Contented dementia*, London: Vermilion

Janz N, Janevic M, Dodge J, Fingerlin T, Schork M, Mosca L and Clark N (2001) 'Factors influencing quality of life in older women with heart disease', *Medical Care* 39(6): 588–598

Jerome D (1993) 'Intimate relationships' in Bond J, Coleman P and Peace S (eds) *Ageing in society*, London: Sage.

Leadbeater C (2009) 'State of loneliness', *Guardian*, 1 July 2009. http://www.guardian.co.uk/society/2009/jul/01/public-services-reforms

Litwin and Shiovitz-Ezra (2006) 'The association between activity and wellbeing in later life: what really matters?' *Ageing and Society* 26: 225–242

Living Streets (2011a) *Stand up for your neighbourhood: campaign briefing*, London: Living Streets

Living Streets (2011b) *CLG issues paper – 'How change of use is handled in the planning system', response on behalf of Living Streets*, September 2011. London: Living Streets. http://www.livingstreets.org.uk/index.php/tools/download.php?file=resources/departmentofcommunitiesandlocalgovernment-howchangeofuseishandledintheplanningsystem-issuespaperresponse.pdf

McCormick J with Cherti M, Clifton J, McDowell E and Sachrajda A (2009) *Getting on: Wellbeing in later life*, London: IPPR. http://www.ippr.org/publications/55/1744/getting-on-well-being-in-later-life

Muir R (2009) *Pubs and places: the social value of community pubs*, London: IPPR. http://www.ippr.org/publications/55/1682/pubs-and-placesthe-social-value-of-community-pubs

Murray R (2009) *Danger and opportunity: crisis and the new social economy*, London: NESTA. http://www.nesta.org.uk/publications/reports/assets/features/danger_and_opportunity_crisis_and_the_new_social_economy

NESTA (2009) *Preparing for ageing: research summary*, London: NESTA. http://www.nesta.org.uk/publications/reports/assets/features/preparing_for_ageing

Office of the Deputy Prime Minister [ODPM] (2006) *The social exclusion of older people: evidence from the first wave of the English Longitudinal Study of ELSA*, London: ODPM

Ormerod P (2010) *N squared: public policy and the power of networks*, London: RSA

Personal Social Services Research Unit [PSSRU] (2009) *National Evaluation of Partnerships for Older People Projects*, London: PSSRU. http://www.pssru.ac.uk/pdf/dp2700.pdf

Sachrajda A (2010) *Dementia care in London*, London: IPPR. http://www.ippr.org/publications/55/1830/dementia-care-in-london

Scharf T (2011) 'Loneliness: an urban perspective' in *Safeguarding the convoy: a call to action from the campaign to end loneliness* Abingdon: Age UK Oxfordshire

Scharf T, Phillipson C and Smith A (2005) 'Social exclusion of older people in deprived urban communities of England', *European Journal of Ageing* 2: 76–87

Stears M (2011) *Everyday democracy: Taking centre-left politics beyond state and market*, London: IPPR. http://www.ippr.org/publications/55/7993/everyday-democracy-taking-centre-left-politics-beyond-state-and-market

Victor C, Scambler S and Bond J (2009) *The social world of older people: understanding loneliness and social isolation in later life*, Maidenhead: Open University Press

Walker A (2004) 'Quality of life in old age in Europe' in Walker A (ed) *Growing older in Europe*, Buckingham: Open University Press

Willis R (2010) 'Does ethnicity matter? Determinants of informal support in later life', unpublished thesis, King's College London