



**RURAL AND SOCIAL ISOLATION IN  
UTTLESFORD – INITIAL REPORT ON THE  
IMPACT ON INDIVIDUALS HEALTH,  
WELLBEING AND MENTAL HEALTH.**

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## INTRODUCTION

The Uttlesford Health and Wellbeing Group have created a task group, working with local partners to understand the effects of social and rural isolation on individual's health and wellbeing and identify and meet local community need around this issue.

## WHO'S CURRENTLY INVOLVED IN THE TASK GROUP?

Partners included in this task group are drawn from local befriending service providers and referral agencies, voluntary sector infrastructure support and the statutory sector:

- Mind in West Essex
- Alzheimers Society
- Support4Sight
- Uttlesford Citizens Advice Bureau
- Council for Voluntary Service Uttlesford (CVSU)
- Volunteer Uttlesford
- Age UK Essex
- Uttlesford District Council – supported by Sue Locke and Kerry Vinton

The task group have decided to focus on reviewing current befriending services in our district and how we can support and develop existing or new services in Uttlesford.

## 9 AREAS OF FOLLOW UP WORK WERE IDENTIFIED BY THE TASK GROUP:

1. Mapping overview of what is currently being delivered.
2. Map geographical areas of need identified using the Age UK Essex isolation index at "high risk of loneliness" and other resources such as the 2011 Census data.
3. Raising awareness through use of the UDC Communications team, parish councils, members and the Frontline online referral service and all our other networks to advertise what is going on and linking this to the volunteer network; thereby bringing the two elements together.
4. Understand how best to recruit, support, encourage befriending volunteers and the barriers preventing individuals volunteering.
5. How to resource the cost of training and finance DBS checks (when appropriate) for befriending volunteers – understanding the cost to organisations.
6. To use our Public Health Specialist to support the project with statistical analysis and evidence to support any funding opportunities that might be available.
7. To host a cross sector/partner event centred on the theme of loneliness and isolation and its effects on health, wellbeing and mental health.
8. How to work effectively with younger adults (<65 yrs) experiencing loneliness and isolation.
9. Understand how we can link in with key statutory partners such as Health and Social Care Services, Essex Police and Essex County Fire and Rescue Service and their priorities with respect to vulnerable people.

## A GENERAL OVERVIEW OF BEFRIENDING SERVICES CURRENTLY AVAILABLE IN UTTLESFORD:

There are a number of telephone befriending support services in Uttlesford which are well used; the task groups is also looking at ways to provide befriending in the home environment and linking individuals with social networks in their community.

### **Befriending Service providers in the voluntary sector identified so far are:**

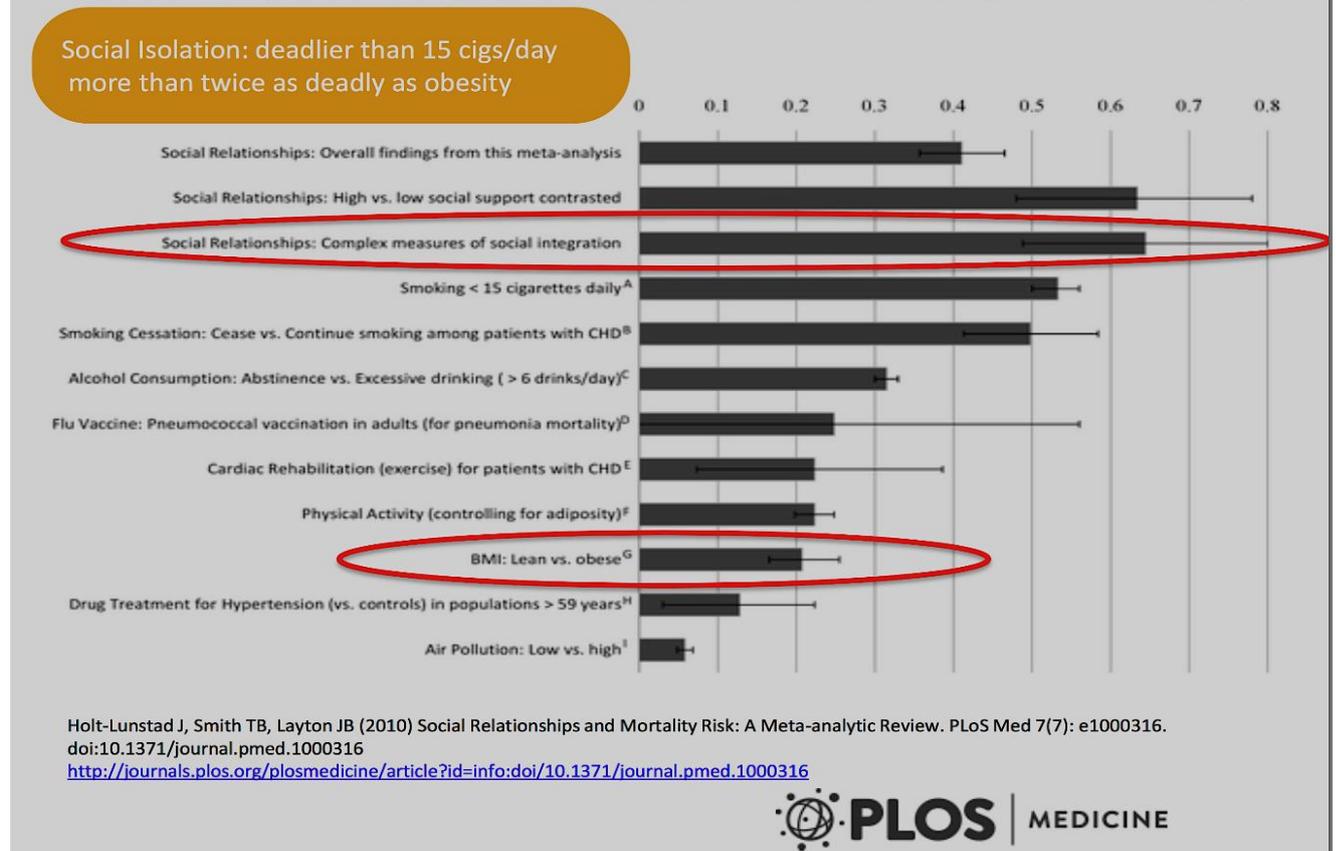
- Mind in West Essex (volunteer befriending service)
- Age UK Essex (volunteer befriending service)
- SEPT Macmillan (befriending and respite support in your own home)
- Silverline- (telephone befriending)
- Deaf Blind Organisation – (volunteer befriending and home visits)
- Elefriends – (online community support).
- Homestart- (support service for lonely and isolated parents)
- Accuro Adult Friendship Scheme- (one to one befriending scheme volunteers with similar interests).
- Alzheimers Society- Dementia Connections and other support services (“Side by Side” project will commence in 2017).
- Action for Family Carers (provide carers support groups and advice)
- Support4Sight (provide a range of support and advice to service users and anyone who cares for a loved one with a visual impairment or sight loss).
- Volunteer Uttlesford – (Timebank Uttlesford - befriending exchanges and social circles)
- CVSU Community Sheds (a service helping local people tackle feelings of isolation, regain a sense of purpose and self-worth and build new social networks).

There are many good examples of community friendship schemes (for example, Churches Together Friendship Scheme working in Uttlesford but they do not cover all local parishes).

Some parishes already have informal support arrangements for local people provided by friends and neighbours and feel that their community are well supported. However we know that this is not the experience for all vulnerable individuals in our district, as reported by key local services, referral partners and advice agencies.

The Public Library of Science (PLOS) has researched various indicators across several conditions associated with mortality and identified that social isolation is “*deadlier than 15 cigs/day more than twice as deadly as obesity*”

**Figure 6. Comparison of odds (lnOR) of decreased mortality across several conditions associated with mortality.**



The voluntary sector are getting more calls from local partners to assist vulnerable individuals; for example, social services are turning to the voluntary sector to identify possible volunteer befrienders to work with vulnerable adults who are isolated and still need help and need social contact, but no longer meet the case worker’s criteria for support.

***We have to consider that demographically, 3688 people over the age of 65 are living alone in Uttlesford according to the Census in 2011.***

This figure will certainly have risen in the intervening years and per capita we have a high density of older people resident in Uttlesford than some areas in Essex, including a growing number of older people with complex needs aged 85+.

Measuring and quantifying the “risk of loneliness” and identifying areas of potential need in the district is a difficult task; especially as some individuals most in need are often not interacting with local services and therefore their needs are not visible to those planning future services.

However Age UK has undertaken an analysis of key risk factors (Using the English Longitudinal Study of Aging- ELSA) which contribute to individuals feelings of loneliness and isolation. They have also identified where to look for the highest risk individuals geographically.

By using these significant risk factors to weight risk and overlaying these with 2011 census data Age UK have been able to identify areas of concern nationally and this research can also be broken down by district and parish. We can now view where in Uttlesford an area or parish is

deemed “at high risk of loneliness” for local residents- please visit the Age UK website to view the data: <http://data.ageuk.org.uk/loneliness-maps/england-2016/uttlesford/> and select the map for Uttlesford for more detailed information.

The detrimental effects of isolation on health and mental health of local people in nationally is steadily being recognised as a real issue of concern. We must therefore plan effectively for the evolving need in our community and ensure that support is provided to help parish councils, local organisations, community groups and statutory sector partners meet this growing challenge.

#### ADDITIONAL SUPPORTING INFORMATION- UPDATE ON THE JSNA UTTLESFORD PROFILE FEEDBACK FROM THE LOCAL VCS-

##### ***Addendum regarding sight loss among Uttlesford residents prepared by Madeleine Cassidy ( Director of Support4Sight)***

Uttlesford appears to have a high proportion of elderly (mostly women aged over 75 yrs) living on their own (widowed) who have declining sight linked to ageing sight conditions (Macular Degeneration, retinal damage from diabetes, untreated cataracts and glaucoma). The key issues they face are social isolation, loss of hobbies, declining emotional & mental wellbeing, inability to manage practically at home, fear of moving outdoors and loss of control over their circumstances & private affairs (banking etc).

One factor we have noticed in Uttlesford is that social services do not seem very prevalent in our District – it seems that local people with sight loss have come to rely on our charity and decline accessing formal social care services.

Another is the lack of provision of low vision services. Low vision aids are magnifiers etc. and are used by blind and partially sighted people to keep reading and using their remaining sight. Access to Low Vision Clinics is therefore really important. There are none in Uttlesford and currently the closest Low Vision Clinics are in PAH or Addenbrook’s Hospitals. This is a long way to travel and consequently many elderly people with sight loss don’t bother; meaning many people do not access magnifiers and other equipment that could enhance their independence.

#### SIGHT LOSS FACTS:

**Commonplace:** Sight loss is one of the severest disabilities and also one of the most common. One in 30 people are likely to experience visual impairment problems throughout their life, a figure that rises to one in 12 in the over sixties.

**Linked to Ageing:** “Sight loss affects people of all ages. As we get older we are increasingly likely to experience sight loss.”(Access Economics, 2009) In the UK:

- 1 in 5 people aged 75 and over are living with sight loss and 1 in 2 people aged 90 and over are living with sight loss
- 63 per cent of people with sight loss are female, 37 per cent are male

**Increasing:** It is predicted that from 2010 to 2020 the number of people with sight loss will rise by 30% and by 2050, the number of people with sight loss in the UK will double.

Prevention of sight loss reduces the burden on social care funding, as people need less support to continue living independently and on secondary care as fewer patients would require costly operations following falls or accidents.

(RNIB ‘Key information and statistics’ and Reading Sight. Understanding the issues: Demographics).

**Linked to Social Isolation:** *"Nearly half of blind and partially sighted people feel 'moderately' or 'completely' cut off from people and things around them." (Pey, Nzegwu and Dooley, 2006)*

In the year after registration, only 23% of people who lost their sight say they were offered mobility training to help them get around independently. (Douglas et al, 2008)

**Linked to poor Mental Health:** Older people with sight loss are almost three times more likely to experience depression than people with good vision. (Evans, Fletcher and Wormald, 2007)

**Linked to Falls:** *Falls can devastate the lives of individuals, their families and carers. Falls also create costs for the NHS and social care. Older people with sight loss are more likely to fall than their sighted peers and the risk of injury from falls and the rate of hip fracture is nearly twice as high. ('Linking falls and sight loss' Thomas Pocklington 2013).*

8% of falls that result in hospital admissions occur in people with visual impairment and cost 21% of the local NHS cost of treating accidental falls.

3.8% of falls that result in hospital admissions could be directly attributed to visual impairment and cost 10% of local NHS cost of treating accidental falls

**Linked to Learning Disability:** *People with learning disabilities are 10 times more likely to have serious sight problems than other people. People with severe or profound learning disabilities are most likely to have sight problems (Emerson and Robertson, 2011).*