Background

The existence of Social isolation in Scottish communities is a significant issue in relation to health and wellbeing. Understanding of the impact of social isolation as a health and wellbeing issue is steadily increasing. The causes of social isolation are complex but population dynamics are likely to lead to increase the impact of social isolation. East Ayrshire has a population of 122,440 and a population density of 97 people per square kilometre (UK=263) and is an area with a significant rural population outwith the main town of Kilmarnock. Over 36 per cent of the population of East Ayrshire live in settlements that are classified as remote small towns, accessible rural or remote rural. A further 22 per cent of people live in accessible small towns with 42 per cent in other urban areas and none in large urban settlements. Social isolation is not solely an issue for rural communities or older people. Social isolation can be linked to factors affecting community cohesion and deprivation. The Equal Opportunities Committee Call for View is opportune as partners work to develop effective interventions.

Prevalence of social isolation in urban and rural settings

Recent research suggests that between 11% and 17% of the aged 65 and over population in the United Kingdom are socially isolated. In regards to the potential prevalence of social isolation within East Ayrshire localities, it is important to acknowledge that 21% of the East Ayrshire population is comprised of pensionable aged individuals whom can be particularly vulnerable to social isolation for a number of reasons. There are around 7,000 households occupied by lone older people in East Ayrshire (around 6% of all households). Social isolation linked to an increased likelihood of living alone with age is expected to increase as the 75 and over age group is projected to increase almost twofold from 9,677 (2012) to 18,187 in 2037. Five percent of the 16-24 years of age population also live in lone person households. An ICM survey found that 41% of 6-13 year olds had felt lonely.

In East Ayrshire populations in rural localities are generally comprised of a higher percentage of older aged individuals compared to urban area populations. A considerable proportion of the population aged 65 lives alone, as older small / single pensioner residence types account for 30% of urban households and 20% of accessible rural households in East Ayrshire. Recent research (Leisure Futures, 2011, Pavis, et.al, 2000) has identified younger aged individuals who reside in rural areas to be particularly vulnerable to social isolation due to numerous factors which exist within geographically isolated locations. Social isolation among young people links to a range of life stage and social circumstance factors. A lack of employment opportunities in rural localities is another factor which can contribute towards an individual becoming socially isolated in terms of social interaction opportunities in the workplace and financial capability to participate in a range of social activities to the extent as desired. Access to transport can also be a significant factor contributing to social isolation among young people in rural areas (Storey and Brannen, 2000).
The health of the older aged population in East Ayrshire is a particular concern and a factor which can influence the mobility, quality of life and therefore the social life experienced by an individual. Research links health and wellbeing to social isolation (Steptoe, et al., 2013, Cattan, et al., 2005, Collins, 2014). There are higher levels of limiting long-standing ill health or disability in East Ayrshire which places individuals at a considerably higher risk of experiencing feelings of social isolation and loneliness. This is borne out by higher rates of emergency hospital admission in rural areas in East Ayrshire. There are also significant concentrations of deprivation in rural areas linked to the decline in ‘traditional’ industries.

**Impacts of social isolation**

Social isolation is a particular issue for older aged groups due to a number of factors which reflect later life circumstances. These include a lack of: employment, mobility / transport, mental and physical stimulation, social peers and health issues (commonly multiple conditions), which can individually and cumulatively contribute towards a person experiencing feelings of social isolation and loneliness. Research has identified a correlation between the experience of social isolation and a range of physical and mental health problems.

Social isolation correlates with physical health issues such as: high blood pressure, heart disease, lowered immune system capacity, longer recovery times and a shorter life expectancy. Social isolation also links directly to mental health and wellbeing: loneliness, depression and stress. Social isolation can therefore be linked to increase use of formal supports and is an important area of focus in upstream, preventative interventions.

**Best practice and ideas for preventing and reducing social isolation**

In terms tackling social isolation within East Ayrshire, a number of interventions can be identified. These include one-to-one interventions, group services and community engagement schemes.

A number of one-to-one interventions such as befriending, mentoring, rehabilitation which provide social, emotional, practical and motivational support. This can be delivered by volunteers – in turn providing benefits for the volunteer – and includes home visits or telephone support. Befriending schemes are in place across localities in East Ayrshire through Vibrant Communities and Third Sector. Intergenerational initiatives can provide skills and employability opportunities for young people alongside practical and social support for older people.

Group based supports also prevent or reduce social isolation within local communities. These provide socialisation opportunities and community linkages. Group-based support can also be more structured, e.g., a range of group projects such as ‘Invigor8’ and ‘Motiv8’ in East Ayrshire which are designed address falls alongside health improvement work with a range of long-term conditions.

Wider community engagement interventions can also be employed to prevent and reduce the prevalence of social isolation in communities. The aim of such community programmes is to connect socially vulnerable individuals to the community in which they reside to maintain and expand social relationships. Examples of community
engagement schemes are broad and can include participation in various activity groups such as social activity clubs, organised lunches and group visits to places of interest which are regularly implemented within East Ayrshire localities though Vibrant Community schemes and Older People’s Hubs. For young people these can include initiatives such as StreetSport.

Windle, et.al (2011) found evidence to suggest that one-to-one and group interventions can achieve positive outcomes for the health of targeted populations. Pitkala et.al (2009) also found community wellbeing interventions to have an impact on life expectancy. Pitkala, et.al (2009) and Cohen, et.al (2006) concluded that individuals who participate in social isolation interventions use a range of healthcare services “significantly less” compared to those that did not. These studies also point to the long-term cost effectiveness of interventions addressing social isolation. Bulter (2006) recorded the following quote from an individual who received one-to-one interventions: “It has meant everything to me. It has helped me so much. With my mind, I mean, it’s taken so much loneliness away and worrying”.

In East Ayrshire,’Vibrant Communities’ provides a range of services in local communities which prevent social isolation. There is a central focus on prevention and early intervention across the age spectrum. Vibrant Communities also promote local and national health and wellbeing campaigns as well as outreach through the Community Health Improvement Project mobile unit.

In East Ayrshire there are also strong partnership relationships between public and third sector organisations to provide a range of preventative supports. For example, The Zone delivers various services in both urban and rural areas (within Kilmarnock and Doon Valley) to provide practical and social support (including Home buddies and Garden buddies schemes). Two quotes illustrate the importance of these interventions:

“I don’t know what I would do without the service I couldn’t manage week-to-week without them”.

“They sit and have a wee chat with me. That’s the bit I love the best just talking to them”.

Potential ideas for improvement and influencing policies to reduce social isolation

Social isolation should be regarded as a priority. There are two aspects to effectively reducing social isolation – i) identification of potentially isolated and ii) organisational reach to provide effective support. Greater use of ‘Wayfinder’ or ‘Community navigator’ approaches could support this alongside consistent promotion and awareness raising. Capacity building is another critical factor in addressing social isolation. This involves working across sectors to recognise, map and develop assets within localities to support capacity to deliver the range of interventions required to tackle social isolation. Principles of co-production, co-design and delivery apply.
Effective awareness-raising within communities

This is a critical aspect of building community capacity. Raising public awareness about social isolation at local and national levels could be achieved through a number of potential mechanisms. The utilization of social media is undoubtedly a key resource for communicating with members of the public and should therefore be regarded as a core route for raising public awareness. Social networking, local authority and purpose designed websites can be employed to promote awareness of social isolation.

Awareness-raising needs to be sensitive to the potential for digital exclusion. Other avenues for effective awareness raising include public events and activities, school based events and publicity materials in a range of media.

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