Prevalence of social isolation in urban and rural settings

The 2011 Census provides a wealth of data on household types which can provide a detailed picture of the relative clustering of single households across Census output areas. These geographies average 50 households but can be as low as 20 households or 50 residents across urban and rural areas providing some indication of where there are higher or lower concentrations of single person households.

Unfortunately Census questions tend to be designed in favour of maximising response levels which meant that detailed questions were limited in case they were perceived as intrusive. For example the question on household income was not included in the 2001 and 2011 Census.

Nonetheless the 2011 Census did include some broader questions on general well-being, including listing household members with physical disabilities, learning disabilities, mental health issues or other long term physical health conditions. Other proxy data such as age, ethnicity, tenure, number of rooms in household might be also used to identify clusters of more vulnerable households which may be more susceptible to feelings of loneliness or isolation.

Impacts of social isolation, for instance loneliness, ill-health

It is recognised that the emerging evidence base is suggesting that there is an increased risk of mortality associated with social isolation and loneliness, with corresponding increases in poor morbidity. This makes tackling social isolation a key priority for change.

By using in-house geographic information systems (GIS), North Ayrshire Council can combine variables such as ‘single households’ with 'households with limiting long term illness' or ‘mental health issues’ – and plot these spatially across our six neighbourhoods. Additionally, North Ayrshire Council has recently purchased the ACORN dataset. This is a geodemographic segmentation tool which classifies all UK households into one of 62 types and five financial categories ranging from ‘affluent achievers’ to ‘financially stretched’. Certain types for example include:

- Pensioners & singles in social rented flats
- Elderly singles in purpose-built accommodation
- Pensioners in social housing, semis & terraces

Plotting ACORN categories on top of regular Census data will allow us to identify clusters of households which may be more vulnerable. Rurally isolated households (e.g. Arran, Garnock Valley, North Coast and Cumbrae) face further challenges including higher petrol costs, distances to services, and fuel poverty. ACORN also identifies rural households which are financially struggling (e.g. Kilmory area in Arran) where isolation may be compounded by lack of access to welfare advice,
distances to GP surgeries and the higher impact of adverse weather conditions on the island.

Best practice and ideas that could be shared across Scotland, including examples of targeted support or initiatives (including housing, health, third sector).

Continuing to build on befriending services and initiatives like the Dementia Cafes would offer proven services capable of targeting social isolation and loneliness within North Ayrshire. At the same time, there would be benefit in establish a national networking / peer support approach to identifying, sharing and deploying good practice.

Potential ideas for improvement and influencing policy

In recent Neighbourhood Planning workshop events, residents were asked to prioritise the main issues to be addressed in their local area. In the Kilwinning Neighbourhood, some issues were highlighted around the theme of ‘social connectedness’. Residents identified a need for improved signposting of community wide events to improve opportunities for local people to meet and break down barriers within Kilwinning. Residents at the North Coast workshop identified a lack of community facilities (halls, meeting rooms) as a constraint for fledgling local groups and clubs to get started.

North Ayrshire Community Planning Partnership is currently engaging local communities around the shaping of six Neighbourhood Partnerships. A co-production approach has been adopted in terms of how these new bodies are constituted and what powers can be effectively delegated in terms of the design and delivery of local services.

Six new Partnerships offer an opportunity to re-engage with local communities by bringing decision making closer to service users and providers. A focus on ‘total place’ will be reflected in each of the six Neighbourhood Plans and Partnerships may wish to develop their own local community health & wellbeing measures via commissioned survey work. This could include a question rating how lonely respondents feel, how often they leave the house to engage the local community and how regular their contact is with family, friends and neighbours etc. A wellbeing indicator spanning e.g. older affluent communities like West Kilbride to younger but more financially challenged neighbourhoods like Kilwinning Blacklands might also generate a useful comparative loneliness index between neighbourhoods and communities.

Linked to this, the development of virtual community hubs, using electronic systems to engage individuals in rural and isolated communities would offer an effective means of reducing the impact of social isolation.

Further, to avoid any detrimental impact on individuals’ mental health and wellbeing, the placement of Community Connectors in local GP Practice will offer appropriate early intervention to signpost individuals to local community-based support networks. In developing such networks going forward, it will be important to build on the advice
from the recent Strategic Plan consultation event where participants expressed a desire to see the creation of inter-generational networks of mutual benefit, designed to remove traditional barriers.

**Effective awareness-raising within communities**

As there are no age, gender, location or socio-economic distinctions to isolation, community leaders might have ideas on the best approach within individual communities. In Largs North and Largs South there is a high level of equity and under-occupation of households can be identified from the Census. Likewise Cumbrae has a much higher rate of residents aged 75 years and over and in need of ground floor accommodation to meet their needs. Different communities may require different solutions and approaches to identifying loneliness and shaping the most appropriate responses to tackling the problem.

In some rural areas for example, informal social networks (especially Arran) may already be in place to monitor households at risk. However we would also need to be careful on how we define ‘loneliness’ in some communities - i.e. what may be perceived as a ‘vulnerable household’ in one neighbourhood might be seen (for example on Arran) more as a long established, self-sufficient single household who maintains general contact with friends, family and neighbours but places a high premium on privacy.

Some neighbourhoods (for example Garnock Valley) have identified a lack of volunteers locally and the increase in community capacity is a central theme of the current Community Empowerment Bill going through its final stages in the Scottish Parliament. Increasing community capacity would be one of the first steps in increasing community awareness of households experiencing loneliness.

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