Where we live - and call home - matters hugely to our health and wellbeing.

A suitable, supportive home is critical to our sense of self and wellbeing and is a firm foundation from which people can flourish and live in better health, and with greater independence, for longer.

Those of us who work in housing know and understand its central importance to people’s lives. Our national ambition to live healthy lives can only be achieved if people live in homes and communities that are right for them.

As a community based housing association we are uniquely placed to know and understand individuals where they feel most at ease, their home. Through the engagement we have on a day to day basis with our tenants we understand the importance that social networks and human contact have in people’s lives and would like to provide the Committee with our experience in identifying and addressing social isolation.

1.0 Background

We are a community-based housing association providing nearly 4,500 homes that stretch north-west from Glasgow city centre along the Forth and Clyde Canal. We run a wide range of community projects, events and activities that bring people of all ages and backgrounds together.

We offer sheltered homes for older people, along with help and accommodation for young people who have experienced homelessness. We support people experiencing mental health related issues to live independently in the community.

We’re run by a board of management made up of local people who volunteer their time. Two thirds of our board seats are reserved for tenants and service users. The other third is for people with specialist skills such as financial and commercial experience.

Within Queens Cross we have four distinct neighbourhoods: Woodside, Hamiltonhill & Westercommon, Queens Cross and Dundasvale.

1.1 Housing Support for Older People

At Queens Cross we provide direct support to around 450 older tenants, providing supported housing and services to help them live more independently, including provision of alarm systems, adaptations to their home and social and neighbourhood activities.
Our housing support services include:

- Sheltered housing accommodation.
- Low level housing support to enable people to access other public services, as well as providing direct financial and benefits advice.
- Low intensity practical support services such as handyperson schemes.
- Adaptations to allow people to remain at home and reduce the demand for health and social care and enhance quality of life.
- A range of initiatives aimed at reducing social isolation and improving health and wellbeing.

Many of the services aimed at reducing social isolation and improving health and wellbeing are open to any of our older tenants living in mainstream housing.

## 2.0 The prevalence of social isolation in urban and rural settings

### 2.1 Getting to Know You

In 2012 Queens Cross Housing Association ran the *Getting to Know You* campaign to increase our knowledge of people living in our houses.

A tenant profiling survey was carried out as part of this campaign to collect the factual and behavioural information needed. The aims were to:

- understand community demographics
- identify barriers or obstacles tenants may experience in accessing services
- ensure services provided meet their needs
- prepare for the impact of Welfare Reform.

*Getting to Know You* is the most comprehensive research ever undertaken by Queens Cross Housing Association into its tenant base. It achieved a high response rate of 74%. It provides comparisons with those living elsewhere in Glasgow and Scotland and an indication of the differences between the Association’s area and the rest of Scotland.

We were supported by Scottish Government’s Communities Analytical Services Division. They compared the information collected through the tenant profiling survey with that collected routinely for national surveys.

### 2.2 Living Alone - one person households

*Getting to Know You* research showed us that the Association has more households made up of just one person (61%) than seen across Glasgow (38%) and Scotland (32%). Figures from the Scottish Household Survey (SHS) show that over half (51%) of all housing associations or co-operatives in Glasgow are made up of one person.

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1 Copy of summary report *Getting to Know You* at: [http://www.qcha.org.uk/about/corporate/publications](http://www.qcha.org.uk/about/corporate/publications)
Our tenants are generally slightly older than the wider population across Glasgow and Scotland. For example, just over one-third (34%) are aged 55 or over, compared to 29% of people in Glasgow and 23% across Scotland.

Household size is strongly related to age. Figures produced by National Records of Scotland (NRS) in 2011’s census\(^2\) show that 35% of households in Scotland are made up of just one person but that this increases as the age of the main householder increases.

Queens Cross tenants tend to be a bit older than those elsewhere in Glasgow or Scotland which might partially explain the large number of one-person households. For example, four-fifths (80%) of households where the tenant was aged 75+ had no one else living in them compared to under two-thirds (65%) across Scotland as a whole.

While Queens Cross tenants are generally slightly older than the wider population of Glasgow and Scotland, in our Dundasvale neighbourhood tenants are significantly older with 22% aged over 75. In this neighbourhood, tenants are:

- More likely to be older and living alone
- Have the smallest households with 84% made up of just one person, mostly retired or not working due to ill health
- Most likely to have a health condition or illness (two-thirds)
- Have a pension provide the main source of income
- Have the lowest incomes (about 56% have an income of £150 per week or less), however this may be due to the higher number of one-person households
- Need extra time to answer the door and like larger print formats
- Least likely to have access to the internet or to use it.

### 2.2 Ageing and Social Isolation

The *Getting to Know You* study gave us a valuable insight into our older tenants and the issues they face. We are very much aware that the population in Scotland is ageing and, with an eye to the impact of Health and Social Care Integration and the key role that housing will play, we recently developed an Older Persons’ Housing Strategy.

Around one fifth of our tenants are over 60 (c. 900 people) of whom currently 300 tenants are over 80 and 42 are over 90. This has meant a much sharper focus on the needs and aspirations of our older tenants and we already have self-reported evidence of how our activities aimed at reducing social isolation are having a positive impact on the lives of our older tenants living alone.

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\(^2\) [http://www.scotlandscensus.gov.uk/housing-and-accommodation](http://www.scotlandscensus.gov.uk/housing-and-accommodation)
This has been through projects such as our lunch club and digital inclusion programme - which has linked families up so that more frequent contact has reduced the loneliness of some individuals - and our Stag group which was created for and by older men living alone to reduce social isolation.

2.4 The impacts of social isolation such as loneliness and ill-health/ Best practice and ideas that can be shared across Scotland

2.4.1 Case Study 1: The Stag Group

Before this group my best friend was the telly.

Through Getting To Know You, we discovered that at least 755 single men indicated that they showed two or more vulnerabilities including social exclusion and not engaging with services in the area.

To address this we began a pilot project within our sheltered housing service specifically targeting men over 60 who were socially isolated. We then received funding through the Change Fund to expand this to all men over 60 within our areas.

We currently have three groups for men over 60 within our local areas. This has helped us reach over 50 local men who do not normally engage with other services in the community. Around a third of these men stated they were socially isolated before attending the groups with most saying they feel less isolated now.

In addition to the regular meeting of the groups, we support members by organising activities that the men have agreed an interest in including visits to local museums and football matches. The individuals who attend the groups are now staying socially active or re-engaging in social activities and have described a number of positive effects this has had.

Comments from group members include:

“Before this group my best friend was the telly.”

“It gives me a reason to get up on a Wednesday morning.”

The difference has also been noticed by other people. One member’s family stated that he has “really come out of his shell” and when not attending the group that it’s his favourite topic of conversation.

A Housing Support Worker in our sheltered housing service also commented “I can’t believe the difference in Mr G. His mobility has really improved. It must be because he’s eager to get out more now rather than sitting watching TV.”

A number of members have commented that the only time they leave their house is to attend the group, especially during poor weather. Within the groups a number of outcomes have been observed including:
• The development of a peer support network where individuals are now asking each other advice or helping each other attend appointments when the weather is poor.

• Members attending an ICT class to develop their computer skills.

• Improved health awareness through accessibility to information and health professionals.

2.4.2 Case study 2: Sheltered Housing Support

*My family now say that they have to book an appointment with me to visit as I’m never in.*

Our Queens Cross sheltered housing service promotes independence for older people to be part of the local community and maintain links with family and friends.

The aim of the service is to promote hobbies and arrange social activities for older people to attend. When new tenants enter the service housing support staff spend time getting to know tenants asking what activities and hobbies they enjoy.

Older people can become socially isolated for a number of reasons: family members not living nearby, losing their partner and/or friends and not having opportunities to meet new people. The service aims to support older people to make new friends and to maintain hobbies or interests or develop new ones.

We have tenants who volunteer to maintain the communal gardens at our sheltered housing complexes. One tenant’s efforts were recognised with an award at our recent Pride of Queens Cross celebrations. Housing support staff will escort a new tenant to activities and introduce them to other members of the social activity groups.

Sheltered housing tenants have volunteered to buddy a new tenant and bring them to an activity, sitting with them and making them feel welcome.

Some of the activities that go on within our sheltered housing complexes are: keep fit classes, arts and crafts, bingo, knitting bees, tea dances, fish supper nights, film shows, theatre productions, lunch clubs, monthly outings. All activities/trips are led by the tenants who meet regularly at tenant meetings to discuss what activities they want to be arranged.

The activities are extended out to all our tenants who can attend activities that go on within individual complexes and get the chance to meet new friends and enjoy the social contact.

A monthly newsletter is issued to advise tenants of the activities available.

Quotes from sheltered housing tenants
I really love that I now have new friends as I was really lonely before I moved to sheltered housing.

My family now say that they have to book an appointment with me to visit as I’m never in. I have something different to do each day.

2.4.3 Case Study 3 – Youth Homelessness Housing Support

When I first got my flat I was so looking forward to it, but when I moved in it felt so lonely.

Our Housing Support service supports 53 young people aged 16-25 in a residential and outreach setting.

Many of the young people that the service supports disclose that they often feel isolated and lonely. Many have gone through the transition from being in their family home to being homeless or the transition from being in care to independent living.

Young people often have no contact from their family and have very few positive people in their lives. Because of this young people often put up barriers that compound their isolation.

The social isolation and loneliness that young people face often leads to declining mental health, increase in self-harm, poor physical health in relation to diet and sleeping pattern, increase in alcohol and drug use and often drawn back into contact with people who have had a negative influence on their life. The service aims to combat young people’s isolation through direct support.

The service supports young people to build social networks with other young people, many of who have shared the same experiences. The service supports young people to become more involved in the community including volunteering and involvement in community environmental projects.

The service also supports young people to engage in a variety of personal development opportunities including supporting young people to access training, education and employment through our "Finding our Way" group.

Young person supported by the service, age 19

When I first got my flat I was so looking forward to it, but when I moved in I felt so lonely as I realised that I had no family or friends. I felt so low that often I would not get out of bed for days. But through taking part in activities that were arranged through my support I started to get out more. By meeting other people I realised that I wasn’t the only one who felt like this.

2.6 Ideas for potentially improving and influencing policy
There are around 160 housing associations in Scotland providing homes to 1 in 10 of all households 5,000 of whom are in supported housing.

Around half of the 100,000 housing association tenancies in Glasgow are held by people who are 60 or over. As well as contributing to the built environment, housing associations provide a range of care and support services and other initiatives that have a direct impact on the health needs people. These most often include the kind of social activities which bring people together and are key to addressing social isolation.

Recognising the central role of housing providers in identifying individuals, issues and our ability to be key partners in response should be central to any policies being developed to address social isolation.

Ensuring that the 3rd sector and housing associations are engaged early on in the development of policy will allow the essential joined up thinking and understanding of the contribution in terms of financial, physical and social assets which they could bring.

The People and Communities Fund is an ideal vehicle to disburse monies directly to community organisations which are on the front line in tackling social isolation and more funding should be directed through this as it would deliver quickly and effectively.

Margaret Brannan
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Queens Cross Housing Association
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