



**CONNECT
HACKNEY**
ageing better

Profile of social isolation among older people in Hackney



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Background

Connect Hackney is a programme aimed at improving the wellbeing of people aged over 50 by preventing loneliness and isolation. It is one of 14 schemes funded through the Big Lottery Fund's Ageing Better programme and will receive £5.8m over six years.

The findings of this report are based on desk research, local statistics data including the 2011 census, insights from a variety of stakeholders working with older people and the views of over 300 local older people who took part in a series of community conversations which we commissioned local providers to deliver¹.

Executive Summary

Ageing is a multifaceted phenomenon and responses to some of its challenges are conditioned by social, cultural and psychological factors. Just as the causes of isolation vary so do people's responses. Making and maintaining friendships and social networks takes time and effort – and this is true whether you are twenty five or eighty five. However for older people facing the particular difficulties presented by ageing even higher levels of confidence, optimism and motivation are required.

Staying active and sociable while experiencing ill health, being disabled or coping with bereavement requires not only adequate support systems but also a great deal of determination. The provision of high quality, well designed activities as well as the means to access these activities is key, but attitudinal factors such as a positive or negative cognitive bias (low expectations of ageing, pessimism regarding the future), mental health problems, generational attitudes (such as a tendency to 'make do') and an unwillingness to accept help are also factors which may need to be addressed.

Cultural norms and experiences of migration also configure experiences of ageing and need to be taken into account when designing services for older people. Additionally a history of encountering different forms of discrimination including homophobia, racism, sexism and classism also play a role in shaping an individual's relationship to society. People from marginalised communities including people living in poverty, BME communities and the LGBT community are at increased risk of isolation.

¹ . A report of the findings of our Community Conversations can be found on our website www.connecthackney.org.uk

Gender norms also play a role with men being at higher risk of isolation than women, though women more strongly identify as lonely. Being disabled, having a long term health condition and being a carer all increase the chance of someone becoming socially isolated.

A lack of information regarding available support is also a significant barrier to staying socially engaged which is compounded by older people's digital exclusion.

Cultural and demographic changes in the ageing population require us to update our conception of ageing. The older population of the future will be more ethnically diverse, have a greater proportion of men and will be less informed by Victorian social norms. As baby boomers and people who migrated here in the mid century or later grow older a new concept of ageing and a new approach to working with older people is required.

Given the range of factors that relate to this topic we have developed our conception of social isolation through engagement with a broad cross section of older people as well as with a variety of stakeholders. The relationship between ethnicity and isolation in later life is particularly relevant to our borough and is an area of research which we are uniquely well placed to deliver within the national Ageing Better partnership. However our understanding of ageing within BME communities requires further work and this is an area which we are keen to take forward.

We are also keen to increase our understanding around the issue of transport. While 'transport' is frequently cited as a barrier to getting out and about the term is used to refer to a variety of different issues including physical access, navigation of transport systems, usability of vehicles and seasonal barriers such as wet weather. We will be undertaking further work in this area to get greater clarity on the specific issues that need to be addressed and to identify approaches to overcome them.

1. An Ageing City in an Ageing Society

Nationally the older population is growing and in London the number of residents aged over 60 is expected to increase to almost two million by 2035 (a 48 per cent increase, compared to only a 12 per cent increase in the numbers of those aged under 60 during this period²). It's possible that for the first time there could be more people aged over 60 than under 16 in the capital.

The demographics of the older population are changing as well. The decline of industrial labour is thought to be one factor behind the dramatic increase in men's life expectancy. England and Wales will see a particularly steep increase in the number of men aged 85 which is set to grow by 146% between 2011-2030³.

In Hackney, which currently has one of the lowest proportions of older people, the growth of the older population is even higher than the Londonwide trend. By 2025 it is expected

² Barnes, J. et al, *Ageing London*, (Mayor's Design Advisory Group, 2016), p.1

³ Beach, B., & Bamford, S.M, *Isolation: the emerging crisis for older men*, (Independent Age and The International Longevity Centre-UK, 2014), p16

that there will be 24,154 residents aged 65 and over (an increase of 27% from 2015 compared to a citywide average of 20%)⁴. There are currently approximately 51,674 residents aged 50 plus in the borough⁵.

2. Social isolation and loneliness

There is currently no agreed definition of social isolation used by the Big Lottery Fund or within the academic community; isolation and loneliness are usually measured together despite being different conditions which require different interventions.

The Ageing Better programme use the Common Measurement Framework (CMF) which incorporates the De Jong scale and the UCLA scale though these scales measure loneliness rather than the amount of social contact someone has (isolation)⁶. However, there are a number of other measures within the CMF that are designed to measure social contact.

Loneliness and social isolation are interrelated but they are distinct. Loneliness can be understood as a subjective state, an unwelcome feeling of a lack or loss of companionship, while isolation can be conceptualised as an objective circumstance: someone is isolated who has few social interactions, regardless of how the quality of these interactions are perceived. Both loneliness and social isolation have a negative impact on health, however social isolation is more dangerous and can lead to safeguarding issues. Connect Hackney defines social isolation in quantitative terms; someone is isolated if they see friends and family in person once a week or less (this doesn't include seeing paid carers or people they live with).

3. Risk factors for social isolation

Anyone can become socially isolated and the risk increases with every year that someone ages. During major life events such as bereavement and retirement an individual's risk of isolation increases, while demographic and sociological factors (gender, ethnicity, sexual orientation and income) place specific groups at increased risk.

Attitudinal factors also play a key role in whether or not people have the ability to adapt to life changes and the confidence and motivation to maintain social networks and create new friendships in later life. Poverty is correlated with isolation up to the age of 75, after which wealth does not protect against isolation. Additionally wealth does not protect people from feeling lonely.

⁴ The Propensity for Social Exclusion of Older People in London (Greater London Authority, 2015), p.23

⁵ Facts and Figures Leaflet (London Borough Hackney, June 2017)

⁶ <https://www.campaigntoendloneliness.org/frequently-asked-questions/measuring-loneliness/> (accessed September, 2017)

- **Age:** The risk of becoming lonely or socially isolated increases with age⁷. One UK study found that people aged 75 and over were the least likely of any age group to have at least one close friend⁸.
- **Poverty:** Living on a low income increases the risk of being isolated, however the relationship between poverty and isolation is complex. While it is clear that having limited or no disposable income directly affects someone's ability to access paid for services and activities, poverty also correlates with other risk factors such as ill health, disability and lack of confidence (due to stigmatization of poverty and experiences of classism) and it's not clear which of these factors is the more significant⁹. Additionally, although wealth is an important determinant of people's life satisfaction, its effect declines over the age of 75 when it no longer protects people from becoming isolated¹⁰. Wealth does not protect people from feeling lonely.
- **Living alone:** Household size is a good predictor of loneliness; The Campaign to End Loneliness found that those who live alone are more likely to be lonely¹¹.
- **Bereavement:** The loss of a partner is one of the most stressful life events people face. In addition to losing this primary relationship the death of a partner can also entail a loss of a wider social network. For heterosexual men bereavement can also mean the loss of the organisational and social labour which women are conditioned to provide¹².
- **Retirement:** Leaving work reduces an individual's social network and if sufficient interests and networks aren't established prior to retirement it can lead to isolation and loneliness, especially for those without a partner¹³.
- **Caring responsibilities:** Being a carer limits access to social activities and creates barriers to making and maintaining friendships. 8 in 10 (83%) carers responding to Carers UK's State of Caring Survey 2014 have felt lonely or socially isolated because

⁷ Bolton, M. (2012) Loneliness: the state we're in: a report of evidence compiled for the Campaign to End Loneliness. Abingdon: Age UK Oxfordshire.

⁸ Siegler, V. et al, Measuring national well-being: An analysis of social capital in the UK2015 (Office for National Statistics, 2015)

⁹ Ibid

¹⁰ Loneliness and Isolation Evidence Review, (Age UK, 2012),p.10

¹¹ Loneliness: the state we're in, p6

¹² Beach, B., & Bamford, S.M, Isolation: the emerging crisis for older men, (Independent Age and The International Longevity Centre-UK, 2014), p.23

¹³ Victor, .C., Scambler, .S. & Bond, .J. *The Social World Of Older People: Understanding Loneliness And Socia Isolation* (McGraw-Hill Education, 2008), p120

of their caring role¹⁴.

- **Ill health and disability:** Poor health, reduced mobility and cognitive and sensory impairment all increase older people's chances of being lonely, in addition to which disability also correlates with poverty¹⁵. A 2015 survey carried out by UK disability charity Sense found that almost one in four disabled adults said changes to welfare benefits have made their social lives more isolated. Some 29% reported only being able to meet up with friends once a month or less, while 6% said they had no friends at all¹⁶.
- **Ethnicity:** There is limited research on older BME people and isolation but studies suggest that they are at an increased risk of isolation, though this could be due to the correlation of minority ethnic status with other risk factors such as poverty and disability¹⁷.
- **Gender:** Men are at increased risk of isolation, being less likely than women to regularly see friends and family. A study found that almost 1 in 4 older men (23%) had less than monthly contact with their children, and close to 1 in 3 (31%) had less than monthly contact with other family members¹⁸. Studies often report that men are less lonely than women though this could be due to a disinclination to self-identify as lonely.
- **Sexual Orientation:** Older LGBT people are more likely than older heterosexual people to be single and live alone and are less likely to see biological family members regularly (more than half of straight older people see family member once a week - less than a quarter of older gay people). One in four (25 per cent) lesbian, gay and bisexual people over 55 regularly access community groups for lesbian, gay and bisexual people (weekly or monthly)¹⁹.

4. Hackney's older population and prevalence of risk factors

Statistical data suggests Hackney's older population are at a high risk of social isolation given the high rates of poverty and disability in the borough. Older people are also a minority given the young population in Hackney, meaning that older BME people have double minority status.

¹⁴ Carers UK's State of Caring Survey 2014

¹⁵ Evidence Review: Loneliness in Later Life (Age UK, 2014) p7

¹⁶ A Right to Friendship? (Sense, 2015)

¹⁷ Victor, C., Burholt, V., and Martin, W. (2012) 'Loneliness and Ethnic Minority Elders in Great Britain: An exploratory study', *J Cross Cult Gerontol*, 27, pp. 65–78

¹⁸ Manchester University report – citing Beach and Bamford (2014) study based on ELSA data

¹⁹ Guasp, A., *Lesbian, Gay and Bisexual People in Later Life* (Stonewall. 2011)

In a recent adult social care survey (2015) 11.4% of users of adult social care services in Hackney said they have little social contact with other people and feel socially isolated - the highest rate for any council in England²⁰. In this survey men, lesbian, gay and bisexual, disabled and black and minority ethnic respondents aged 75 plus were generally more likely to feel socially isolated.

Recent data from the Ageing Better evaluator ECORYS supports this view. Their analysis of interviews with 354 residents aged 63 and over revealed that compared to older people in other Ageing Better areas Hackney's older residents were less likely to see someone other than a family member on every or most days and were more likely to be lonely.

Unlike other cohorts Hackney's older population are spread out fairly evenly across the borough, however ward level data means we can identify areas with proportionally higher numbers of older people. The Age UK Loneliness Heat map and the Income Deprivation Affecting Older People map can also be used to identify older people particularly at risk.

Prevalence of risk factors in Hackney (based on data from the 2011 census):

- **Living alone:** 7,421 people aged over 65 live alone (42%)
- **Social housing:** Nearly two thirds of older people in Hackney live in social housing
- **Caring:** Older people in Hackney are more likely to be carers, 11% provided some unpaid care, compared with 7% of the population overall. There are approx. 17,385 carers in the borough
- **Disability:** Over 60% of Hackney's residents aged 65 plus describe themselves as disabled, rising to 85% of those aged 85 plus.
- **Poverty:** Hackney has the second highest score for income deprivation of older people in England (2015, excl. city). Hackney Wick, Kings Park and Woodberry Down are the most deprived areas
- **BME communities:** Just over a third (36%) of respondents to the 2011 Census in Hackney described themselves as White British. The remainder is made up of black and minority ethnic groups, with the largest group Other White, 16.3% followed by Black African, and 11.4%. The number of Black Caribbean people has fallen slightly in the past 10 years. They now make up 7.8% of Hackney's population compared with 10.3% in 2001. BME people aged 50+ will make up 22% of the total 50+ population in England and Wales in 2051
- **LGBT:** Around 8% of Hackney's adult population (around 16,500 people) are currently likely to identify themselves as Lesbian, Gay, Bisexual or Trans-gender. The

²⁰ Profiling the needs of older people in Hackney (London Borough Hackney, 2015)

proportion of people identifying as lesbian, gay, bisexual or other tends to decline with age²¹.

5. Key Findings from our Community Conversations

Our commissioned focus groups present a mixed picture of older people's experiences of ageing in Hackney with some people well plugged in and engaged, while others are disconnected and pessimistic about the future. The conversations confirm that attitudinal factors as well as physical constraints play a crucial role in whether someone is able to maintain their social connections and interests as they age. While the nature of the exercise means we did not hear from highly isolated people, however one topic of discussion focused on whether participants knew anyone who was isolated and what they believed the causes were.

- **Demographic profile of respondents:** Through a combination of focus groups, 1-1 interviews and an online survey we heard from 337 older people, of whom 243 were women, 93 were men and 1 was a trans woman. For those respondents for whom we have demographic information the majority were aged between 70-79, with the next highest age group being 50-59. Half of the respondents consider themselves to have a disability. Respondents were predominantly white, with Caribbean second and then Jewish being the third most common ethnicities. Almost all were heterosexual and had English as their first language. 63 participants were carers
- **Degree of isolation:** Respondent's experience of social isolation varied widely – some were very engaged and active socially, others were dependent on a single relationship and had little social contact
- **Participation and engagement in structured activities:** The most commonly attended activity was exercise.
- **Barriers to socialising:** Transport, lack of information, ill health (including physical vulnerability, general aches and pains) and disability were the most prominent barriers.
- **Space:** Respondents felt there weren't physical places for older people, and that pubs and cafes were for young people and weren't welcoming for older people anymore. A recurring theme is that society is less friendly than it used to be and that the borough has changed, being less welcoming generally.
- **Attitudinal factors:** Some people have always been actively engaged in society and had large social networks, seeking out new activities and roles, and this continued into later life, albeit in a different fashion. Other people were pessimistic about what was on offer, were not on the lookout for new opportunities and were reluctant to attend new activities alone.

²¹ Profiling the needs of LGBT people in Hackney (London Borough Hackney, 2015) p15

People's responses to retirement varied significantly. Some found it liberating and felt more able to have a social life, while others had lost the social network and structure provided by work. Feeling weak, vulnerable and self-conscious prohibited people from going out more.

- **Isolated individuals:** Where people knew of isolated people the reasons given were disability, lack of confidence, refusing support and language barriers.
- **Demand for leisure activities:** There was a high demand for better 'transport' and all it entails, as well as for arts and creative activities (music, dance, painting, crafts). Trips to London attractions such as museums and away days outside of the city were also popular. Some people were put off by volunteering and wanted to have fun and enjoy themselves in a group rather than feel they had to keep working, while others enjoyed volunteering and felt it helped them maintain a social network and a sense of purpose. Activities with a shared focus such as creative activities, talks or religious and intellectual themes were slightly preferred over purely social gatherings such as coffee mornings. Street parties were largely felt to be geared toward families and young people.
- **Information:** Hackney Today, word of mouth, signposting by VCS/public sector staff including health professionals and leaflets/posters were the most common means of finding out about activities.
- **Digital Exclusion:** There is fairly widespread resistance to learning how to use the internet. Lack of confidence, suspicion of digital technology and lack of money put people off learning and few respondents had a computer to use at home. Responses suggest that the younger-older age group and LGBT older people are better skilled at using the internet.
- **Almost friends:** Respondents who attended regular group activities (e.g. weekly exercise class) formed social ties with the other participants and for some this is the only form of socialising they do each week. However these groups rarely generate autonomous relationships that continue outside of the activity. Staff can be unaware of the significant social function of the service or activity they provide.

6. Services for older people in Hackney and gaps in provision

Our mapping of services across the borough relies on providers being engaged with voluntary sector networks and publicising their services on icare or online. While we are able to create a snapshot of provision we acknowledge there will be many activities taking place that we are unaware of. Our mapping also excludes clinical services.

Despite these limitations we have identified clear gaps in provision, notably creative and leisure activities, bereavement support, intergenerational activities, opportunities for older LGBT people and frameworks for accessing local and citywide assets including museums and

galleries. Light touch, flexible, asset based projects which build on the skills, interests and organisational abilities of older people are also absent.

There are geographic 'cold spots' in the borough with limited activities for older people such as Woodberry Down, Hackney Wick, King's Park and Clapton. There are a large number of health and exercise programmes for older people and a good spread of community centres. There is also a significant amount of befriending and signposting activity provided by both large providers such as housing associations and also smaller community centres.

- **Befriending:** Community Supporters (VCH), Buddy Hub, Goodgym, London Befriending Scheme, Contact the Elderly
- **Signposting:** Outward, Health and Social Care Forum community signposting, Macmillan Cancer Research, Family Action, Age UK, Carers Centre, Health Coaches, Hackney Shine

Despite the prevalence of these services our community conversations evidence the fact that a lack of information about services and activities for older people is a significant barrier to staying socially connected.

Our digital map of services can be found here:

<https://www.easymapmaker.com/map/5104b8ae27b67bffa1d798480dc0100b>

7. Research on effective interventions:

While the effects of social isolation and loneliness are well documented there is a lack of evidence on what interventions work best to overcome social isolation and reduce loneliness, which is why the Big Lottery Fund's Ageing Better funding programme exists.

There is particularly scant evidence on how to engage the middle cohort of people who are not engaged with either health services or the third sector and how to create sustainable social networks for people who face physical, practical or psychological barriers to social engagement.

Initial findings from The Campaign to End Loneliness report The Missing Million suggest that effective interventions share the following characteristics:

Structural elements:

- Involve older people
- Asset based

- Ask people what they want
- Use data as well as community insight
- Partner with health services, fire service, registrar
- Neighbourhood approach
- Positive approach to ageing
- Frontline staff trained in engaging isolated/lonely people
- Use Age UK model of identifying foundation services etc.

Services/activities:

- Social prescribing
- Bereavement support
- Group activities with a creative, discussion or therapeutic element (men prefer activities built around their interests than general socialising)
- Befriending
- Community navigators and/or local connectors (training local people to signpost and support people to access services)

8. Factors that encourage social bonding:

In order to deliver interventions that will enable older people to develop self-sustaining social networks, we believe that it's crucial to understand how positive relationships between people are developed. Our initial research found the following:

- Playing is a key component of forming social bonds as well as lowering stress and improving mental wellbeing²²
- Exercise and other forms of coordinated group movement creates group bonds²³
- Laughing helps people to open up and confide in others as well as reducing pain²⁴
- Shared interests help create friendships and talking about TV shows or other mutually known figures can create and reinforce group bonds²⁵
- Music also encourages group bonding and opening up to others²⁶

²² <https://psychcentral.com/blog/archives/2012/11/15/the-importance-of-play-for-adults/> (accessed October 2017)

²³ Wiltermuth SS, Heath C. Synchrony and cooperation. *Psychological Science*. 2009; Valdesolo P, Ouyang J, DeSteno D. The rhythm of joint action: Synchrony promotes cooperative ability. *Journal of Experimental Social Psychology*. 2010;46(4):693–695

²⁴ Gray, A. et al., *Laughter's Influence on the Intimacy of Self-Disclosure*, *Human Nature*, March 2015. Vol. 26, Issue 1, pp28 - 43

²⁵ Riegel, Henriette (1996), "Soap Operas and Gossip," *Journal of Popular Culture*, 29 (4), 201-207;

²⁶ Tarr, B. et al, *Music and social bonding: "self-other" merging and neurohormonal mechanisms*, *Frontiers in Psychology*, Published online 2014 Sep 30.

Projects and interventions which aim to reduce isolation need to be aware of the psycho-social relationships they encourage between participants and how to maximise the positive effects of their work.

9. Recommendations:

The following recommendations are made based on the information outlined above:

Outreach and engagement

- We should provide multiple and various opportunities for engagement. Our target group are a middle cohort who do not have complex needs and may not respond to light touch communications (e.g. leaflets, online publicity) to enable them to maintain or grow their social networks. This group will likely not be in receipt of personal care and they may or may not be in regular contact with health professionals. Therefore identifying the points of contact that outreach providers can draw on, and providing multiple routes for engagement will be key. Working with partners including health professionals and sheltered housing providers will also be crucial to reaching this group.
- Learning from the successes and challenges of current and past befriending services operating in the borough will enable us to develop a more effective, innovative and attractive model.
- Evaluation of befriending schemes is scarce, we should be sure our local evaluation includes an analysis of which elements enable befriendees to create sustained social networks, which exist independent of the befriender relationship.
- Dynamic communications should be used which present different conceptions of ageing and reach new audiences.

Adding value to current provision and the current workforce

- A large number of older people are engaged in exercise classes and other activities at which they form loose social networks which could be easily strengthened into self-sustaining friendship groups with a small investment. Providing time and space or facilitation for people to meet socially after an activity could enable these budding relationships to grow into autonomous friendships.
- Encouraging staff to recognise and seize upon opportunities to foster social networks between their service users could lessen dependency on VCS provision. Rather than seeing the provision of an activity as an end in itself providers should seek to create shared experiences and bonds between participants which can grow into autonomous relationships.
- Staff should seek to generate conversations between people around shared interests and skills in order to strengthen social bonds between people already in contact with one another (research suggests older people watch a significant amount of TV –

agreeing a particular film or TV show to watch and discuss together could be an easy way of generating topics of conversation which would bond the group further).

Skills and Social Activities

- Given the correlation of disability with isolation accessibility of activities and events is key.
- Providing space for older people to laugh, play, be creative and have good shared experiences will increase the likelihood of friendships developing between them.
- New activities which may attract a different clientele including men or older LGBT people should be encouraged.
- Activities based on skills and shared interests are both in demand and proven to be more successful at creating social bonds compared to amorphous social time.
- London's free and low cost attractions should be viewed as an asset which a small group of older people could access with only a small amount of support.
- Resistance to learning IT skills means digital training needs to be delivered creatively or integrated into other provision. Using a peer education model or intergenerational video games clubs to entice people to use computers.
- Intergenerational activities would increase the sustainability of social bonds, projects could utilise games and play to draw both older and younger people together possibly including both offline as well as digital games.

Attitudes

- We should seek to counter the negative idea of ageing amongst some of the older age group who may have a 'make do' attitude and accept loneliness and isolation as inevitable.
- A new concept of ageing should be fostered by the programme including considering what later life will look like for people currently in their 50s and 60s.
- Emotional support should be provided to help overcome a negative cognitive bias and encourage a more positive attitude and greater self-confidence.
- Provision should be culturally appropriate given that ageing is conceptualised differently in different cultures.