Working together to reduce social isolation and loneliness for residents of St Helens

Update on the discussions so far

March 2024

Commissioned by:

COMMUNITY FUND

CONNECTING HEALTH COMMUNITIES *with* **IVAR**

in **St Helens**

Connecting Health Communities in St Helens

The focus is on reducing social isolation and loneliness

- Loneliness is associated with higher rates of depression, high blood pressure and dementia and is one of the priorities of the St Helens Place-based Partnership and the Health Inequalities Commission under the overall focus on mental health & well-being

- Social isolation and loneliness is the umbrella term that covers – self-harm, increasing anxiety levels, poor mental health, poor attendance at work or lack of productivity etc.

Why is this the focus?

- ONS data from 2021 has highlighted that 11% of people in St Helens felt lonely often or always, compared to 7% nationally.

- Hospital admissions for self-harm are almost double the national average in the 10-to-24-year age group (OHID 2022).

- 9% of children in St Helens had low happiness levels with their lives as a whole, compared to a national average of 5% (Good Childhood Inquiry, 2020).

- Rates of under-18 hospital admissions and adult admissions for alcohol-specific reasons are also nearly double the national average.

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The Steering Group

Claire Glover, Operations Manager, St Helens Wellbeing Service, City Health Care Partnership CIC

Helen Cibinda Ntale, Head of Health & Wellbeing, Torus Foundation

Jayne Parkinson-Loftus, Heathwatch

Justin Hill, Independent chair of Health Inequalities Commission

Ruth du Plessis, Director of Public Health, Integrated Health & Social Care, St Helens Borough Council

Sally Yeoman, CEO; and Ann-Marie Lawrenson, Capacity Lead; Halton and St Helens Voluntary and Community Action

Susan Hayden, Consultant Nurse and Clinical Lead for Mental Health, St. Helens Place, Haydock Medical centre

Wayne Longshaw, Director of Integration, Strategy and Partnerships, St Helens & Knowsley Hospital Trust

Starting point for this work:

1. **'*Get under the data and understand the barriers'*:**

- ONS data for the borough doesn't provide information on who is disproportionately affected and more likely to be isolated or lonely compared to others and the reasons

- We need to hear from communities, local leaders, and health professionals to understand the barriers and which population groups are affected more than others to determine priority groups for this work.

2. **'*We want to be solution-focused*:**

- Explore practical solutions or suggestions on activities and/or services that would help reduce social isolation and explore and test these solutions out.

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'We just don't know what is causing that loneliness and isolation, and who the groups are or what age group they belong to.'

Getting started…

'…*Everyone [stakeholders] has their own ideas, and nobody knows the best way to tackle them, which is why a co-produced plan would be helpful.*'

1

We need to understand the size & root of the problem using data available

2

We need to have meaningful conversations with communities to triangulate data

3

We need to know what is out there to not duplicate and know what is missing i.e. gaps

4

We need to develop solutions with lived experience at the very heart of interventions

'*Everyone wants to do something about loneliness and social isolation and is looking for a stir…*'

The focus of the work

The group is working together to improve the quality of life for people experiencing loneliness and isolation in St Helens looking at:

1. **Adapting systems and services provided by both the voluntary and statutory sectors** by listening to what residents and communities need, ensuring they are delivered in a way which actively reduce the barriers faced when accessing and engaging with those services.

2. **Prevention i.e. building capacity within the local community and empowering people** with ways to support their own health outcomes and quality of life in terms of loneliness and isolation.

'Across all services, not just around loneliness and social isolation, but generally, to ensure that community voices are louder and inform what we do'.

And finally, the group wish to develop and capture an approach that can be expanded to other areas to help with similar inequalities, with all partners involved – statutory, voluntary sector, residents, and communities.

Aspiration/ Outcome from this work

1. **Co-produced plan**: To develop a joined-up approach with the ICB, Public Health and VCS organisations that listens to community voices and provides a framework for solutions or/and interventions that respond to community needs.

2. **Develop better structures to centre lived experience of communities and residents**: how to use that experience in solution and action-focused interventions and approaches.

3. **Learn '*how to make it all stick together'*****: Explore how to sustain the work, evidencing and measuring change while ensuring it does not duplicate existing work when it doesn't need to.

4. **Highlight the potential of the VCSE sector in St Helens to influence commissioning** via its grass roots community understanding and connections

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What have we heard so far… (from the October 2023 workshop and community conversations in February 2024)

Research questions for resident engagement

- *When you hear or think about the term 'loneliness or being lonely or socially isolated', what does it mean to you?*

- *Do you think this is a problem in St Helens?*

- *What kinds of things do you think are causing loneliness and feelings of isolation?*

- *What are the problems and barriers tbeing faced?*

- *What helps reduce feelings of loneliness? What sorts of things that take place locally to make things better?*

- *What would change things?*

- *What needs to happen to make a difference to what people are experiencing and their quality of life?*

What does social isolation and loneliness look like?

What does social isolation and loneliness look like?

- Not having someone to talk to, laugh with, share with, get support from

- Lack of connection with other people leading to unhappiness and sadness

- A feeling of sadness and a needing of company and friendship

- Loneliness is a negative emotional state that can have a negative impact on an individual's mental and physical health.

"*Loneliness and isolation is about the connection with the person not about a service they pay for such as hairdressers or gardeners etc. Being able to have conversations with peers and people with similar experiences or hobbies.*"

There is an 'isolation valve' , i.e., something is cut off, preventing communities to access activities that help them feel connected."

One of the participants

Reasons for social isolation and loneliness

Impact of Covid: Physical impacts like reduced mobility and forgetting bus routes, social impacts like reduced or loss of social connections, less interactions between neighbours and psychological impacts like being less confident.

Working and living patterns: hybridisation of work i.e., home-based working means no opportunities for social interactions; and families tending to live apart for work impacting older parents.

Accessibility: inaccessible or available public transport; digital accessibility – fearful of digital services and not wanting to engage digitally.

Social media: has an impact on social interactions especially with other generations and impacts young people's mental health due to cyber bullying, a platform to express aggression, exaggerated lifestyles, unattainable images, phone addiction etc.

Lack of sense of community and information: Not knowing who their neighbour is or who to trust to ask for help or where to go (what community places or groups are there?).

Stigma around '*admitting loneliness or isolation*': Need to make it okay/ giving people permission to say 'I am lonely' reduce stigma. *'Just because they have a busy household doesn't mean they aren't lonely.'*

Perception that St Helens have higher rate of Anti-Social Behaviour: Increase in homelessness and lack of Child Youth Programmes has made older people fearful of going out later in the day.

Lack of services like social prescribing. *'Money needs to follow the person to the interaction that makes the difference.'*

Reasons for social isolation and loneliness

- Covid (and returning to normal) continues to be tricky for older people and a factor causing loneliness. Many people got out of the habit of going out, lost social contacts and lost confidence to go out to meet new people.

- Increase in stuff going online and people not having the skills to access and also shops being relocated on retail parks with not transport links.

- Due to cost-of living crisis, people have had to give up social activities like bingo and older people experience fewer visits from family who need to work more hours

- Loneliness can also be caused by increasing age, lack of physical mobility, lack of money, relationship breakdowns, caring responsibilities, bereavement, moving to a new area, lack of knowledge of local groups and activities etc.

- Previous experiences of stigma, bullying or judgment

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> *The common denominator is to join people up to services, so they feel more connected. For example, a young person came to the library wanting to play chess in person after playing it online and there was no one around to play with, but there is a community centre next the library which has a group. This shows there is lot here that could be joined up better and well!"*

Reasons for social isolation and loneliness

- Not seeing people 'like me' – stigma about who I am and my identity.

- Emotional aspects of loneliness – depression, sadness, 'feeling unloved' no visitors to share challenges with

- Lack of connection to groups and networks

- Lack of confidence and low self-esteem, feeling demotivated leading to poor mental health.

- Physical aspects – not being sure of which places to attend, people with disabilities finding it harder to be social, transportation being an issue and difficulty engaging online.

- Financial aspects – poverty, joblessness or being in-between jobs, debt issues etc.

- Anti-social behaviour causes people (particularly older people) to be afraid of going out

Some things within the system can't be changed. We need to find how we navigate around them and identify what can be changed through different ways/ support."

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Focus in two places and community groups

The steering group has decided to work in two areas through a placed-based approach using the ASPIRE model – Assess, Plan, Intervene, Review, and Evaluate.

1. Town Centre (Central PCN): One of the places where deprivation and poverty is high. The focus is on young people and a prevention strand to tackle social isolation and loneliness by exploring the problem

2. Fouracre (South PCN): '*Community feels more desperate than others as there is a lack of optimism and dearth of physical community assets.*' The focus will be on residents, understanding what causes them to feel lonely or isolated.

What have we heard in Fouracre?

- It was a happy and friendly place, but now people are not as happy and safe as they used to be.

- Various skills in the community need to be utilised better. This is harder to do with no jobs or employment opportunities in the area.

- Great facilities like the library, potential allotment opportunity at the back of St Michael's Church and other spaces but they can be utilised better.

- Spaces for walking and green spaces exist but need to be used well or looked after.

- There is community spirit, but we need to talk to neighbours more often and learn from each other through intergenerational activities.

- When sunny, there are parks for children, but when it is rainy and wet, there are no indoor spaces or activities, particularly during holidays.

What have we heard in Fouracre?

- Lack of accessible information and knowing what services/ spaces are available.

- Transport needs to be more reliable and affordable, and problems with navigating traffic and cyclists on pavements. '*Too many bikes in the area, making it feel unsafe to walk.*'

- There is a need for activities for families to connect and get to know their communities.

- There's a particular lack of accessible activities for older children/young adults.

'I feel we are often forgotten as a community, making us isolated. We are unseen and uncared for, given the state of the estate in Fouracre, without any activities or jobs, with litter thrown around and not cleared for months. Don't ignore us, I apologise on behalf of the Fouracre community if we have done anything to upset the support organisations.'

Joining up the dots: Moving to action in Fouracre

Bring (back) and promote diverse, consistent and affordable activities into local communities (*strong sense that things have been taken away and the local area has been 'forgotten about'*)

Activities for every age group in Fouracre, including families, children, young people and older people. *Suggestions around groups based on interests like cooking, arts & crafts, gardening, community walks, swimming & exercise, activities for mothers and babies, first-aid training for parents, family film nights. community trips, using Virtual Reality for those with accessibility needs etc.*

Idea for action: Intergenerational activities for young and older people to interact, e.g. young people teach older people how to access internet and online services; older people talk about their life experiences and share practical experiences.

Idea for action: For older people have a support group for health issues like cancer, coping with stroke and bereavement.

Focus on free or affordable and accessible activities that are consistent to help build trust.

Build on what works for the community E.g., men's groups do not work, preference for family/ older people's groups.

Idea for action: Increase in Holiday Activities and Food (HAF) activities such as board/ card games, and spaces to access these made better.

Increasing confidence among residents to access services (fear is causing isolation for those who don't feel safe e.g. older people) e.g. ways to build confidence in people to access activities in the first place, possibly through community champions/ volunteers from the community

Anti-social behaviour, littering and maintaining community spaces

Main cause for ASB: Youth boredom, not much to do for young people especially since youth clubs and after school activities have been shut down. Covid had an impact as well, with no activities for young people and children.

For ASB: Police presence to increase in the evening hours to check on drug activities and ASB.

Idea: Police conversations in community spaces to get to know the community and vice versa (promoting safety).

Ideas for action: Activities for young people: photography clubs, coding, computer skills, career officers in schools, supporting young people with opportunities of their interest and having practical skills courses for young people will help (noted a lack of aspirational opportunities)

For littering and taking care of community spaces
Idea for action: Signs to create awareness would be helpful. Council in general to collect waste regularly and skips to be made accessible and affordable. Community volunteers to support this work.

Joining up the dots: Moving to action in Fouracre

Better use of existing resources (infrastructure)

Use halls for activities, all library rooms to be available for use, spaces at St Michael's church to be used better, spaces at transport and glass museum to be used for young people events like photography or virtual reality (VR) events.

Better information/ knowledge sharing about existing groups and activities

Idea for action: Widen communication approach to include digital information via FB pages and WhatsApp groups

Idea for action: Keep traditional forms of information sharing through leaflets, word of mouth, using shops, library and other commonly accessed spaces' noticeboards to share information.

Transport concerns: Fouracre is isolated as it is away from town - can transport be more accessible and affordable with increased bus frequency?

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What have we heard from young people in Town Centre?

Challenges in making connections or feeling connected

- Bullying leading to social anxiety and lack of confidence to make connections.
- Drugs, alcohol, crime/ violence, homophobia and feeling unsafe
- No friendships, having no one to talk to and lack of community spaces that feel safe
- Low self-esteem and body image issues
- Limited or no access to activities due to cost.
- Lack of care towards Town Centre *'Its rubbish with crackheads on the roads, making us feel unsafe*'
- Language use that promotes the feeling of deprivation and disadvantage: This can exacerbate how people feel about where they live.
- Lack of aspiration and opportunity

Possible actions

- More places to hang out, including safe meeting spaces for various activities and one to one meetings (some of them mentioned a Trampoline park and some others are keen for a leisure centre with a swimming pool for example).
- Keeping social spaces well maintained: ensuring quality of the spaces such as leisure centre is important as it showing how young people are valued and cared for
- Youth clubs to talk about issues that are hard for young people to speak about or express
- Making the Town Centre safer, some young people mentioned they like the charity shops and antique shops here but don't always find the area safe
- Places for young people to make meaningful friendships and having someone to talk to.
- More services like the Listening Service, that is *in a pivotal position to support young people to connect with others.*

Some suggestions from workshop on what would help to reduce social isolation and loneliness?

Information sharing: One door directory for all services and information made available to all.

More collaboration: St Helens not good *at 'true collaboration'*. *'There are too many problems to fix so better to not have egos'*.

Wider, cross-sector partnership working: *'We need to be braver, working to tackle complex needs for the person at the centre and put resources in to support this work.'*

Making connections: Building more connections that can make the difference through community champions

Showcasing the work of the VCFSE sector: Explore the idea of a community week that brings various groups and small organisations together.

Influencing and encouraging people to support others and join groups, sharing their experience of how they felt when they joined a group *'What and how can we share what works to help feeling less lonely.'*

We need to use better language around asking for support so people can ask for it. How support is written and publicised needs to change to reduce stigma around asking for help."

Possible next steps (discussed at steering group meetings)

Barrier one: People who are experiencing loneliness and social isolation and are not accessing services available
What can be done?
Rethink service provision: Understand from communities and residents 1. Are the services being provided the right ones ? 2. Are they being provided in the right way? 3. Are there some gaps within the service? 4. Do the right people know about these services? Could communication about the services available (and that they can access) be made clearer (e.g. more accessible language)?
Ask existing service providers if they have the **capacity to reach out to more or different residents.**
Explore the theme of 'confidence' – sometimes individuals know of a group down the road that they'd like to be a part of but aren't confident enough to get there. Particularly vulnerable individuals, those going through some life changes – bereavement, divorce, young mothers, carers, etc.
What does good engagement look like? Need to think differently about how people connect together reaching out to the individuals who need the support through relational approaches. *'We can have all the services and engagement but if it's not reaching people, then we have a problem.'* Question: Would befriending services, growing neighbourliness, and having community champions and peer support help individuals develop the confidence they need to access these services?
For the steering group: Make changes in our own organisations, responding to the barriers we've heard from the communities and their experiences of loneliness. Share what we find.

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Possible next steps (discussed at steering group meetings)

Barrier two: Stigma attached to being socially isolated and lonely and therefore (potentially) on services offered

What can be done?

Offering services that are too targeted around loneliness and isolation can be stigmatising. Can we offer services on connection building, with any individual and or groups coming together rather than saying this is targeted for lonely and isolated people? *Individuals don't always want to be in places where they are identified as isolated, and we need to think more about how we connect people without labelling them.'*

Activities to create better connections in communities and build networks include **volunteering**. People are invited to help out rather than being offered help. It is about using people's skills and strengths in ways that they build connections without being badged in a certain way. *'You're the asset, you have got something to give rather than a deficit that we'll fix for you.'*

Understanding stigma and its types (see the figure below).
The solution could be to focus on the structural stigma, such as language in materials used around loneliness.
For example, we create a pathway for people to be more connected with their communities without announcing the focus is on reducing social isolation and loneliness, but we develop a local offering to tackle this health inequality.
Externally, it focuses on connections and developing networks.

Public Stigma	Self-stigma	Stigma by association	Structural Stigma
• Reactions of 'perceivers' • Openly expressed in public or not, while equally as harmful	• Effect of external stigmatisation on personal wellbeing of 'targets' • Discrepancy between perceived self and actual self	• Those associated with or assisting those already stigmatised • Not necessarily exhibiting stigmatised factors and characteristics	• "Institutional" stigma • Structural inequalities in society, barriers to accessing support

Figure 6: Four types of stigma, adapted from Pryor and Reeder, *Stigma: Advances in theory and research*, 2011

Changing mindsets and nudging: To support people in communities to be more neighbourly. Explore ways to nudge people to check on their neighbours and build on the community spirit in St Helens through:

- Promote this idea of neighbourliness, possibly through a local celeb or rugby player.

- Having posters around key locations in town that highlight how a conversation with their neighbour can help reduce isolation.

- Involving young people in social action projects that highlight the need to look after each other.

   'Perhaps what we need is to move away from an intervention focus and start to think about the way everyone behaves, which could be our solution and an answer to this. Explore how to shift mindsets using relational approaches, changing our language and systems to be more effective.'

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sonakshi@ivar.org.uk

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