RESHAPING CARE
for
OLDER PEOPLE:
Social Isolation

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ADDITIONAL INFORMATION
BOOKLET

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"The magnitude of risk associated with social isolation is comparable with that of cigarette smoking and other major biomedical and psychosocial risk factors. However, our understanding of how and why social isolation is risky for health—or conversely—how and why social ties and relationships are protective of health, still remains quite limited."

- James House ("Social Isolation Kills, But How and Why?")

Our Definition of Social Isolation

Through anecdotal research we set out to understand what it means for people to be socially isolated, and what causes social isolation in the over 65 age-bracket in the South Side of Glasgow. We've established that social isolation is the result of changes in circumstances. Injuries, death of a significant other, and loss of support systems are some of the most common isolating changes. Our goal has been to develop ways for people to connect to the life they had before or a way to make new connections.

Life Before → **Change of Circumstance** → **Life After**

Fear
Lack of:
Community
Confidence
Identification
Information
Trust

→ **Social Isolation**

Who is Isolated?

We approached concept development through understanding the six different personas of socially isolated people, and started developing solutions specific to their individual needs. The personas include the self-managed, physical, psychological, fear based, care induced, and knowledge isolation.

Self-Managed isolation are cases where people actively choose to not become socially engaged.
Physical isolation is caused by lack of confidence and/or mobility due to an injury or illness.
Psychological isolation is found in cases where someone is responsible for caring for a significant other, and they put the other person first.
Fear-Based isolation is due to primary social ties having moved or passed away.
Care-Induced isolation is loss of connections due to a move to care or sheltered home.
Knowledge based isolation cases exist because people do not know support is avalible due to cultural factors.

Everyone we talked to had a story to share of someone they knew that was socially isolated. Practitioners, carers, and community members all had anecdotes to share about who they knew and what their story was. From listening to many of these stories we noticed trends, and used them to understand what different types of social isolation exist.

"Researchers define social isolation both objectively, or in ways that can be determined by onlookers, such as living alone or lacking social contacts, and subjectively, in ways that only the older adult can report from his or her internal experience such as feeling lonely or isolated.Objectively, social isolation is the lack of contact and interaction with other people. Subjectively, it is the feeling of loneliness or lack of companionship or close and genuine communication with others. Loneliness is the perception of being alone and can be experienced even when one is in contact with others.Although older persons can live alone without being socially isolated or feeling lonely, living alone is a leading indicator of the potential for social isolation. Seniors are the age group most likely to live alone."

http://www.citra.org/wordpress/wp-content/uploads/Social-Isolation.pdf

Who is in the Southside

North-West 33.8%

North-East 28.8%

37.4%

South

South Side

White Scottish, British and Irish

85.6%

14.4%

Glasgow

88.6%

11.4%

BME (Black Minority Ethnic) + Other White

Over 65

13.7%
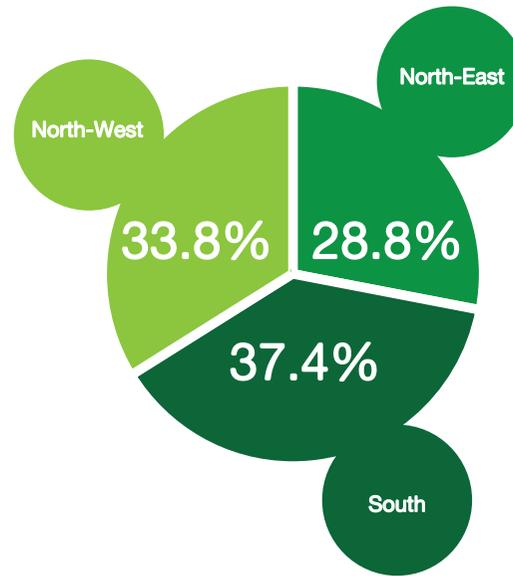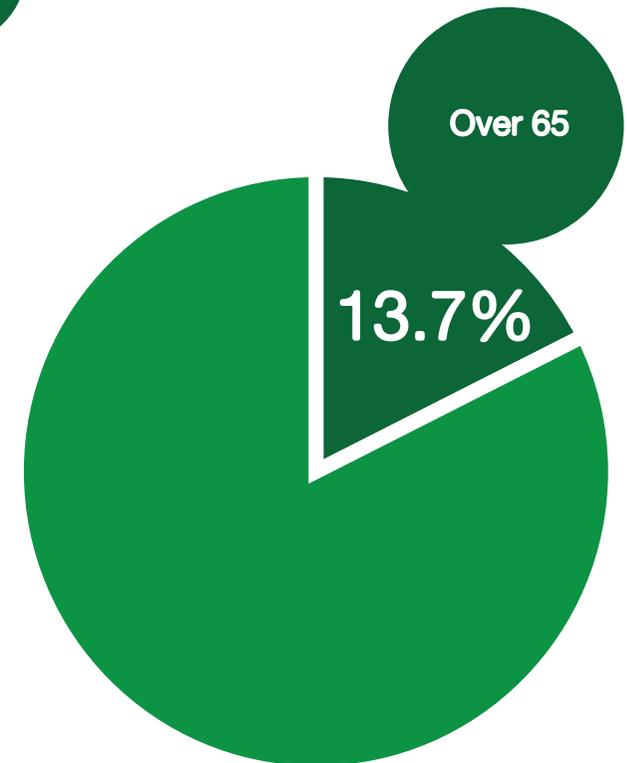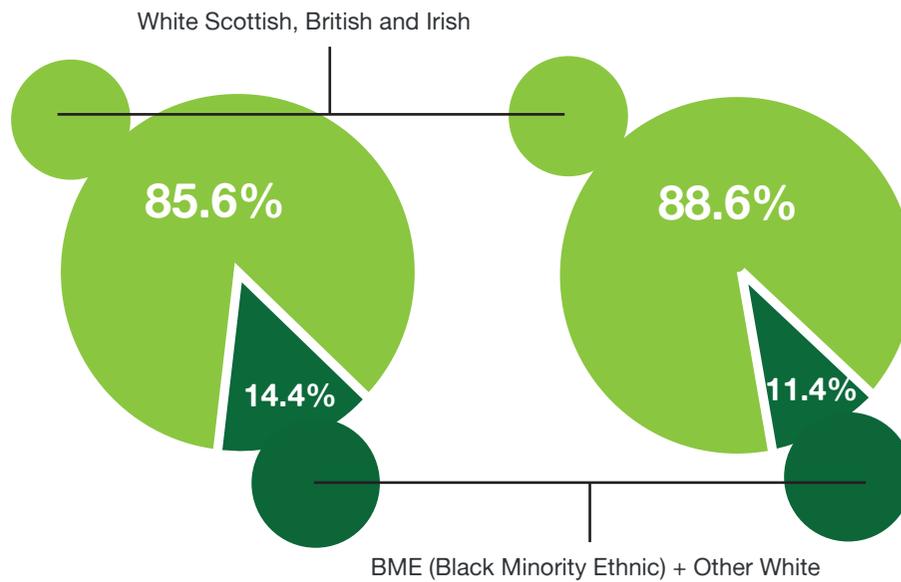
What happens when people are socially isolated?

Through talking to social workers from the south side of Glasgow we found out that social services get most of their referrals from family, neighbors, and occupational therapists, although General Practitioners (GP) are depended on as the first point of contact into the system.

The original General Practitioner we spoke to explained that the cause of low mood as a symptom is not a diagnosis; therefore Social isolation is not diagnosed. The GP expanded on this by explaining that it is easier to do blood work and cognitive screenings than identifying that a person is socially isolated. The time and money pressures on GPs also make it difficult to spend enough time with a patient to clearly understand their situation if it is not explicitly stated.

Another one of the General Practitioners we spoke to explained that GPs only involve social services if the patient's isolation interferes with their treatment. This often means recommending home help, which is allocated through social services. The GP also noted that it is a sensitive matter when recommending this service, because many of his patients have a stigma about social services, and they are afraid that that this referral means that they will be placed into a care home.
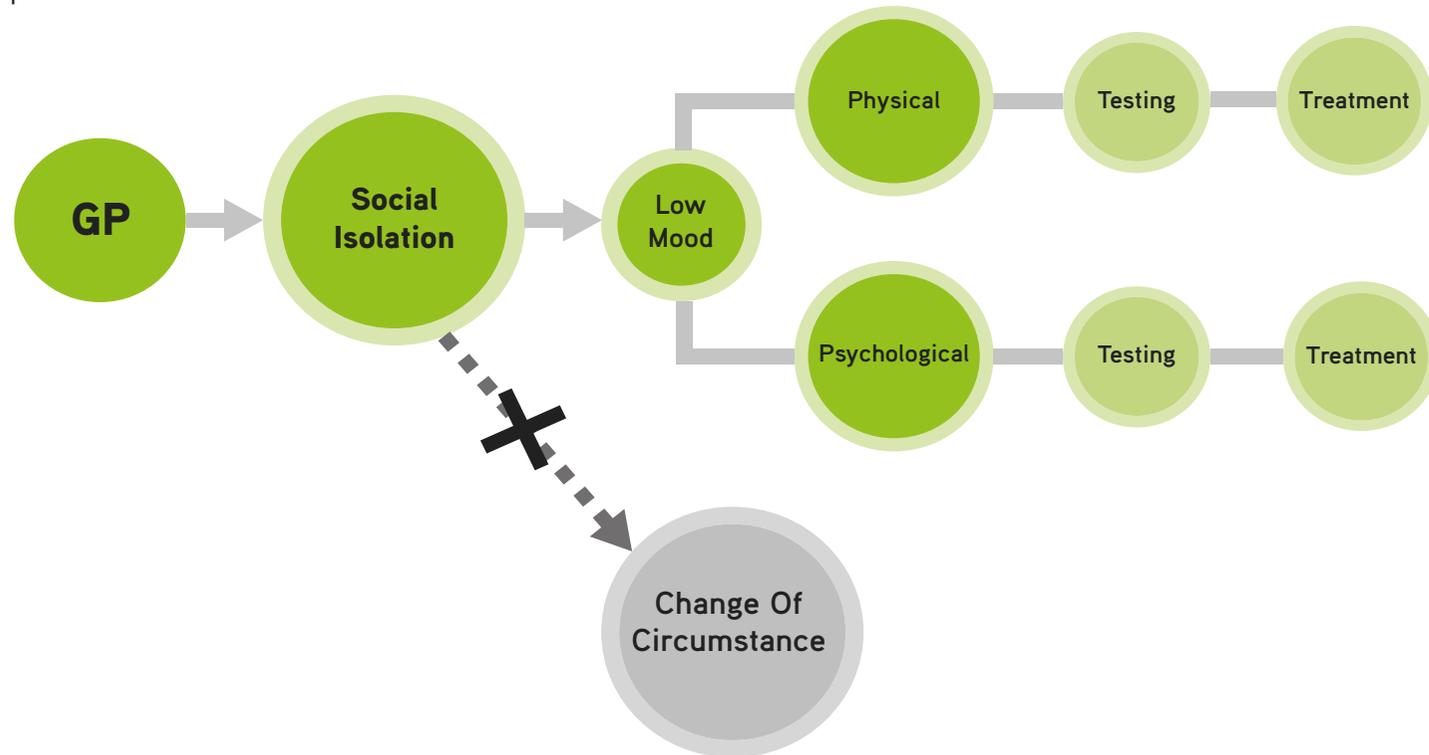
Through the original conversation with representatives from social work, Health, and Private sectors our group heard from practitioners a clear understanding that older people want to stay at home, they don't want to be passed among systems, they want more options in care, and that they want to. Unfortunately the stigma
surrounding services still exists, and according to practitioners, people don't remain independent coming into contact with services until they are in extreme cases of social isolation.

In addition everyone is entitled to a Social Services assessment, however
everyone is not entitled to services. This means that even if social services comes into contact with an older person that is socially isolated but mentally and physically well by the assessments standards, then social services ability to support them. This highlights the need for community engagement, since the system can not help everyone.

Another observation we had was that people are noticing those around them that are socially isolated, but they don't know what to do with them. The General Practitioners admitted that they don't know many local supports or services to recommend to a patient if they noted signs of loneliness. Social Services seemed to be recommending people to day centers, but explained that the centers were often full. Community members weren't getting involved because they didn't feel that it was their place to get involved or they simply didn't know what resources were available.
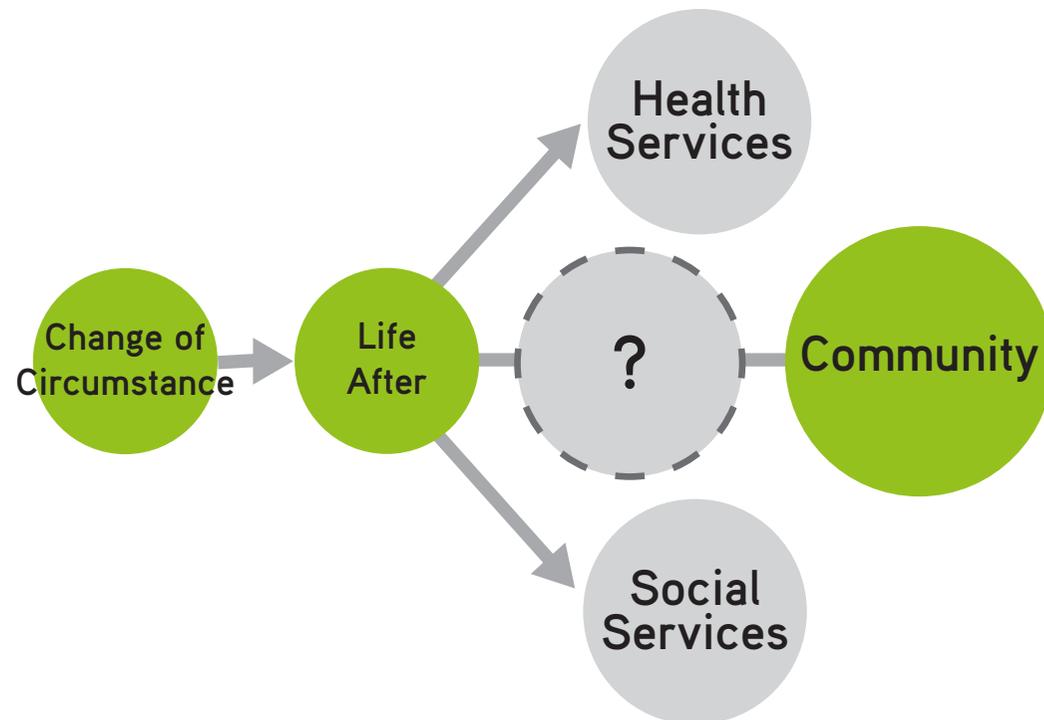
Community Champion: How we want to Help

As stated before, we learned of Socially Isolated people through anecdotes from people we spoke to in the community, and the people they knew. We further explored this form of identification, defined two embedded roles already existing in communities, and wish to further develop a professional role.

Types of Community Champions (who notices)

There is the *soft role*, which includes the people that you have to interact with in common encounters. The man in the corner shop, the postman, the Tesco delivery man. They are short minute long encounters that serve as some of the few cherished moments of people who experience isolation.

There is also what we call the *Active Community Champion*. This is an individual who is activley engaged in the community, and have a certain level of concern for others wellbeing. They know many people, and know what's going on with people in the community by word of mouth.
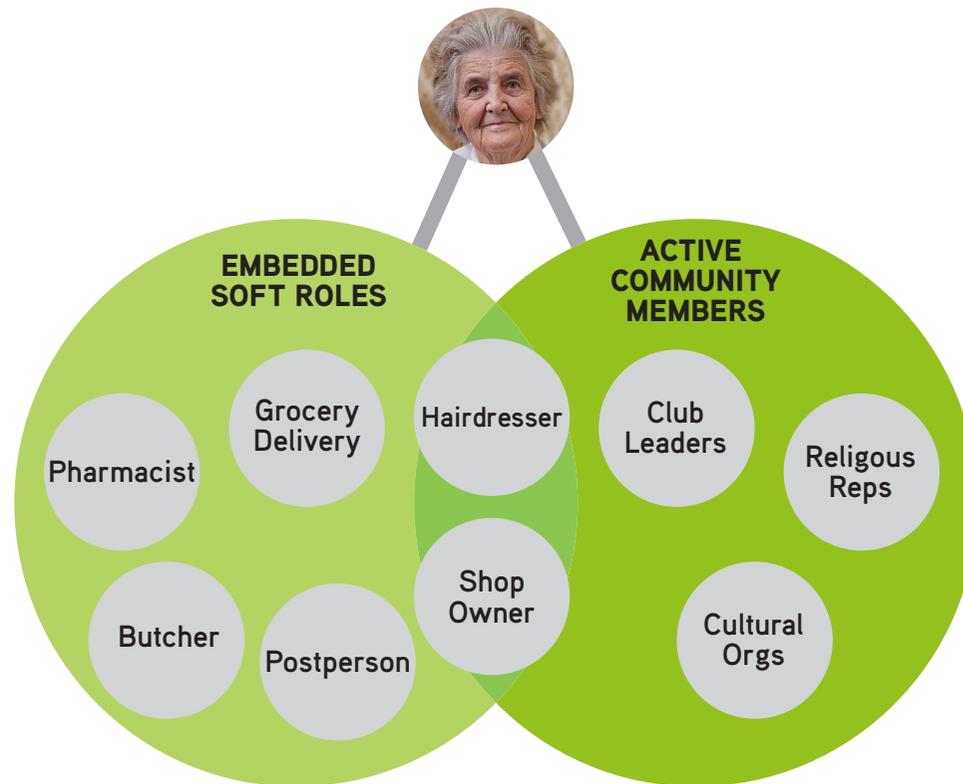
We want to engage these *Active Community Champions* in a formalised way, so that they have the knowledge and resources to help the people they come into contact with. In developing this existing embedded role into a volunteer role these people become a link between the Socially Isolated and appropriate activities, clubs, and services.

In order to involve social services before there are extreme cases of Social Isolation, we believe that it is necessary to develop a Professionalised role of *Community Champion*. This role will provide support for *Volunteer Community Champions*, as well as managing cases of Social Isolation and the resources that they need. Through developing a stepped progression from *Volunteer Community Champion* to *Professionalised Community Champion* there is certain engagement and knowledge provided by the experience of the Professionals years of experience. Also in having a Professionalised role, social services can manage the socially isolated as well as the current activities, clubs, and services that can be offered to them.

EMBEDDED SOFT ROLES

VOLUNTEER COMMUNITY CHAMPION

PROFESSIONAL COMMUNITY CHAMPION

Momentary Conversations

Nudge & Invitation to Engage

Sustained, Regular Interactions

Additional Help or Care Required

Local Business

Local People, Activities Resources

Additional Support for Keeping Engaged

Gov't, Health & Social Services

Justification for these Roles

Through speaking to people who use services we understood that they feel classified by their conditions. People are grouped in categories based on their conditions, and assessed from there. This allows for organisation within the social care system, however it is less personal for users who are at risk of being misunderstood. Therefore, having concerned community members that can integrate older people into the community based on their interests and individual needs, solves the problem of impersonalised misunderstandings.

The soft roles are influenced by what exists in group-members home countries. In Italy, the neighbourhood is a wider family, and relatives/family friends traditionally support older people. Even in the biggest cities, older people usually create a sort of local network with people like the baker or the grocer. In Romania, there are huge family bonds and relatives to help the older members of the family. Pensioners' clubs and elderly neighbourhoods make connections among older people easier. The priests often know people personally and will do whatever they can to help. It's also the neighbours' duty to inform the local authorities about cases of social isolation. In suburban America neighbours often keep in contact, and keep each other updated on what's happening with each other especially concerning the older neighbours. The postman also notifies authorities when he knows an older person has stopped picking up their mail for longer than a week. Similarly as in many countries, religious organisations look after their members and often keep them involved in the community.

It is necessary to encourage active community members to become as engaged as possible, because as Malcom Gladwell explains in his book The Tipping Point urban life often has a "dehumanising effect" on people. He further explains that there is a bystander complex caused by people expecting others to act. The point to really consider is that people wait for others to take the lead, and when no one does they dismiss the matter as unimportant. This point justifies the need to encourage people to take action, and not sit by and observe things. With training to become a volunteer community champion, people will have the knowledge on how to help someone that's socially isolated, and will be more likely to act.

The need for a professional role comes from the limitations of the active/volunteer community champion. The active role is a concerned community member that is un-paid, and concerned for those around them. The professional community champion becomes involved if the volunteer's effort in community engagement of the older person isn't quite working. The professional becomes involved when the older person needs a more sensitive, continued approach that is also sensitive to confidential matters. We have noted the need for a balance between identification of social isolation, the point in which services become involved, and the management of chronic cases of social isolation. This balance is kept between the relationship of active community champions and professional community champions.
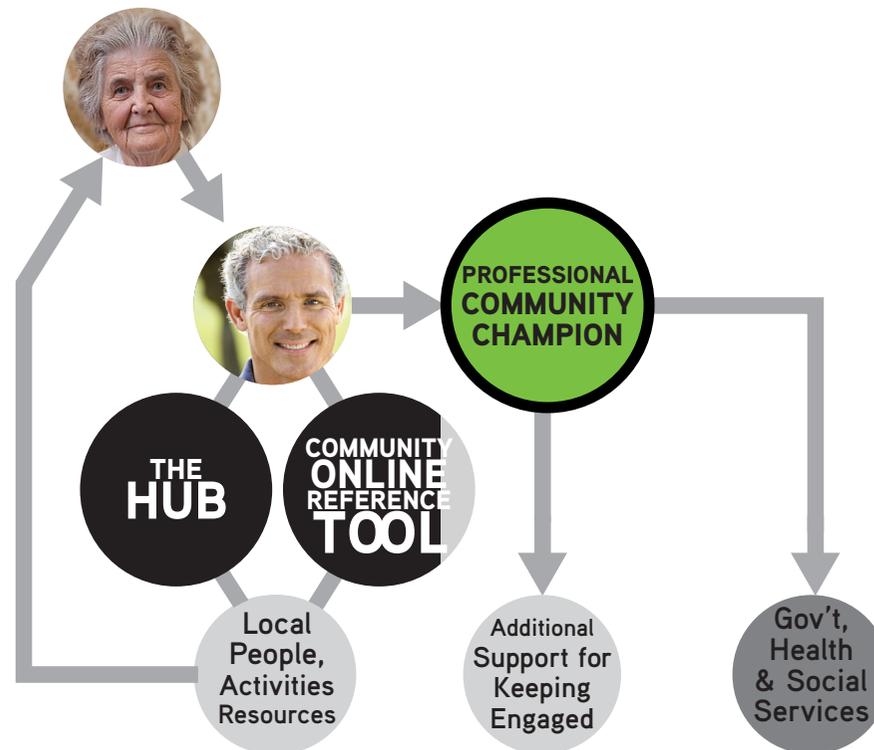
Resources for the Champions

Through talking to the General Practitioners and social workers we have learned that there is not a centralised place that references the activities, clubs, and services are offered in the area. These same conversations revealed that there were previous attempts to compile the data, but were unsuccessful because information changes readily. This culmination of information about community activities, clubs, and services is vital to the community engagement of people whoare socially isolated. If active community members have access to this information, then they are more likely to be able to help socially isolated people that they notice. In understanding how information is passed along, we recognized that in today's society people get their information by word of mouth or constantly updated resources.

The first resource that would be beneficial is the Partnership Working and Communication's concept of The Hub. The Hub primarily serves as a way to connect older people and carers to the community and existing services. To fulfill this intention it creates an environment for older people to come together to exchange information, while simultaneously providing access to services and other necessary resources. This resource proves useful for the community champion because it provides many opportunities for the socially isolated to experience community engagement. It also provides the socially isolated with a variety of practical justifications for involvement in this communal resource with engagements such as pharmacies and benefit collections. It allows people to feel apart of the community without the obligation to interact in the community. It also provides people with a place where they know they can go to find out about activities and clubs they may be interested in.

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Another resource for active/volunteer community champions is the community online reference tool, which is a constantly updated information system that allows people to find out what clubs, events, activities, and services are offered weekly in the south side of Glasgow. It is a tool that is accessible by anyone, but relied on by the volunteer and professional community champions. The professional community champion would have the most in depth understanding of this resource, because of their engagement with the people in the activities, clubs, and services listed on the community online reference tool. It is important for the professional to understand the dynamics of each listing, so that people with more sensitive needs are better fit with appropriate engagements.

"I've been trying to think of something to do, but my mind's gone blank." This is the most memorable quote from the older people we spoke to in Glasgow. We feel that with our encouragement we can help the people that want be engaged, but don't know how.
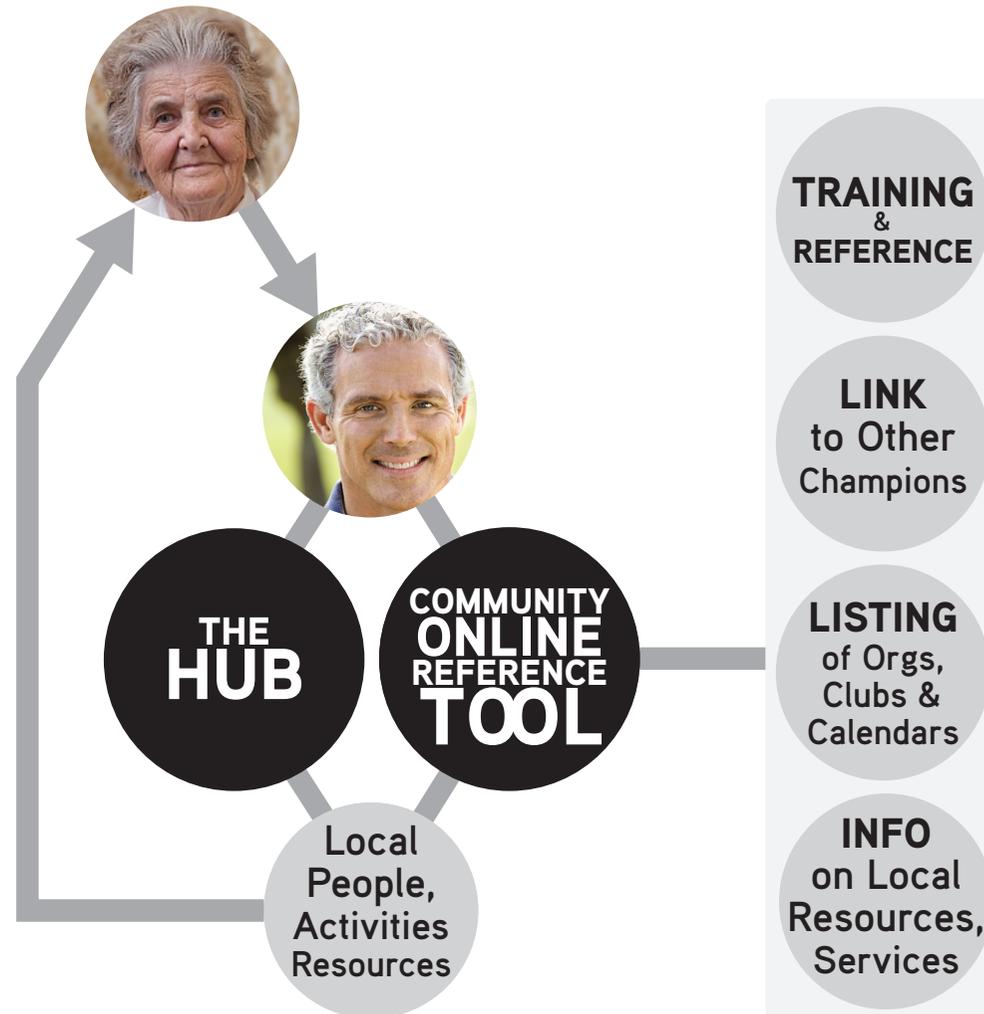
The Overall Benefits

Through engaging people who are socially isolated with the community, the NHS will save a lot of time and money diagnosing and treating the repercussions of Social Isolation. One of the General Practitioners we spoke to admitted that physical signs of social isolation are easier to diagnose. This trend results in many expenses for testing, treatments, and prescriptions that don't diagnose the situation that causes the symptoms. Also, with this early diagnosis of Social Isolation there will be less of a burden and time commitment on Social Services to assist people in extreme cases of Social Isolation. The most important benefit is the prevention of Isolation in people that can't personally prevent it.

Assists

PROFESSIONAL COMMUNITY CHAMPION

Gov't, Health & Social Services

VOLUNTEER COMMUNITY CHAMPION

Supports

VOLUNTEER COMMUNITY CHAMPION

Manages

COMMUNITY ONLINE REFERENCE TOOL