Why are social relations important?

Health & Wellbeing Board   **14 January 2015**

Healthwatch Lambeth priorities

Understanding loneliness

Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.

- Emotional loneliness
- Social loneliness

- *Even temporarily being alone can result in poorer care outcomes*

Impact of Loneliness

Loneliness can be linked to cognitive decline and dementia in older people. There is evidence that socially engaged older people experience less cognitive decline and are less prone to dementia.

James BD, Wilson RS, Barnes LL, Bennett DA (2011). Late-life social activity and cognitive decline in old age. J Int Neuropsychol Soc 17(6)

Lonely middle aged and older adults have a higher risk of hypertension and higher levels of loneliness are associated with greater increases in systolic blood pressure over time.

Hawkley LC, Thisted RA, Masi CM, Cacioppo JT (2010) Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. Psychol Aging 25(1)

Public Health view

1. The quality and quantity of social relationships has been linked to mental wellbeing, ill health and premature death. Social relationships are therefore determinants of health that can result in health inequalities.

2. Good social relationships are as beneficial to health as quitting smoking and resilient communities do better in the face of adversity and austerity.

3. People on lower incomes are more likely to be affected by low levels of social participation.

We all have a role to play in strengthening social networks.

How can we do this?

Who is less likely to have good relationships?

- Retired and unemployed people
- People living in poverty
- Men
- People with mental health problems, learning disabilities, ex offenders, new migrants, BME communities, people with disabilities, **high users of social care**

Risk factors in older age

Personal

Poor health
sensory loss
loss of mobility
lower income
Bereavement
retirement
becoming a carer

Wider Society

Lack of public transport
physical environment (eg no
public toilets or benches)
housing
fear of crime
high population turn over

Cultural and economic trends

- population mobility
- long working hours
- distance from immediate family
- perceptions of safety
- culture of self reliance
- fast paced city living
- 'gentrification' inequalities between different social groups and tensions between others.

2014 Residents Survey says:

Residents not in employment or training and those who have lived in the borough for more than ten years are more likely to get involved in befriending and mental health support while Black and residents in Norwood are users of benefit services are more likely to want to work with vulnerable adults.

Adult care users and loneliness

39.8% report having as much social contact as they would like (39.8% in London, 43.2% in England).

'We still have personal problems. We have no one to talk to about the things that worry and upset us'.

Extra Care Tenant's thoughts on friendship

'I have been very unhappy since I moved in two years ago – I found the change very upsetting. I moved in with four other friends – we all lived in W Norwood together, but that home was closed.

I still see them but I don't knock on their doors because if something went missing I would be blamed'.

Carers and loneliness

39.4% of adult carers in Lambeth report having as much social contact as they would like (36.5% in London, 41.3% in England).

- 6 out of ten carers expressed difficulty in maintaining friendships

- 42% said they had had a breakdown

- Carers also reported loneliness when the person they cared for died

Southwark Early Action Commission

'Early research points to three areas where early action is needed: education and employment; well-being, isolation and socialisation; and housing, social spaces and networks.'

Community Action Southwark

Questions – please choose one or more of the following:

1. All of us, at some point, will either be a carer or need the help of a carer. What can we do to make caring less lonely?

2. Choosing another 'at risk group', how do you think we could reduce the risk of loneliness and increase opportunities for good social relationships?

3. What do resilient communities need to grow?