SOCIAL ISOLATION

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH FOR WIRRAL

2012-2013

✴WIRRAL

Contents

Introduction

When we think of those most likely to suffer from social isolation or loneliness, perhaps it is helpful to acknowledge that we can all experience periods of feeling socially isolated at particular points in our lives. For most of us, this is thankfully a temporary situation. This report focuses upon those for whom social isolation has a longer-lasting and potentially more damaging impact.

Social isolation is a significant problem within our society and one that we should all be concerned about. Whilst most of us are fortunate enough to have family, friends and neighbours to provide us with a reliable social network, there are some for whom regular social interaction is non-existent.

Changing patterns within our society e.g. older people living longer without adequate support, the financial impacts of recession, and vulnerable groups within society not having access to appropriate services or support mechanisms, all create the conditions for feeling cut off from society.

As this report will outline, being socially isolated can lead to a wide variety of health and social care issues and simply cannot afford to be ignored if we are to continue to avoid extra pressures on our already stretched services, address the needs of the most vulnerable within our society and generally keep people healthy and happy.

In Wirral, we have some very good examples of initiatives, notably within the voluntary and community sector, which attempt to build, draw on or maintain social networks at all levels. Some of these are described further in this report.

Wirral's statutory health and social care services certainly play a vital part in ensuring that vulnerable people get the support they need. However, we must acknowledge that those who are receiving help through statutory services are merely the tip of the iceberg. Times of austerity only serve to make the problem of social isolation worse.

All of this means that we must look to alternative ways of reaching and supporting those within our local communities that are socially isolated. It is part of building resilience within communities, about taking time to know our neighbours, and being prepared to reach out where there is need.

There is now firm commitment to tackling social isolation, both at a national and local level. The 'Care and Support' white paper, which sets out the government's vision for social care, clearly sets out the aim of tackling loneliness and social isolation, supporting people to remain connected to their communities, friends and family. With the inclusion of a new indictor for social isolation within both the Adult Social Care Outcomes Framework and the Public Health Outcomes Framework, local councils will now be judged on how well they perform in this area.

Wirral's own Health and Wellbeing Board* has also committed to address this issue through its strategy and the specific objectives to tackle social isolation within older people and people with mental health problems.

I hope that this report will reinforce the view that the responsibility for tackling this important issue lies with all of us and we can each play a part.

I hope you find this report both thought-provoking and a prompt to action - whether as an individual, or in whatever ways you feel your organisation can help.

Fiona Johnstone
Director of Public Health
Wirral Council

* Wirral's Health and Wellbeing Board is a statutory committee of Wirral Council. The Board provides the opportunity for elected members, the NHS, Local Authority officers, and voluntary and community representatives to agree how to work together to achieve better health and wellbeing for all residents of Wirral.

What is meant by 'social isolation' and why should we be concerned about it?

Social relationships and networks are the building blocks of home, family and community. They provide us with a crucial part of our identity and promote individual, group and community wellbeing.

Social relationships are central to our wellbeing and are critical in keeping us mentally and physically healthy so we can reach our full potential. They are also important in helping us cope with hardship, helping us to build inner strength and resilience. The importance of our individual networks was reinforced in the Five Ways to Wellbeing (2020 Decade of Health & Wellbeing), where 'Connect' was one of the five evidenced-based cornerstones for adding years to life expectancy.

The concept of social isolation has been defined in various ways in academic literature. However, at its most basic, we are referring to the lack of meaningful social interaction and relationships. While 'social isolation' and 'loneliness' are often used interchangeably, various academic papers have examined the distinct meanings that people attach to each concept. Although the terms might have slightly different meanings, this report will not focus on a distinction between the two. For the purposes of this report, the terms will be rolled together under the umbrella of 'social isolation', representing the negative and undesired effects of having little or no social networks.

Social isolation occurs when the opportunities that an individual has for contact with other people are either severely restricted or even non-existent. That person can then feel as 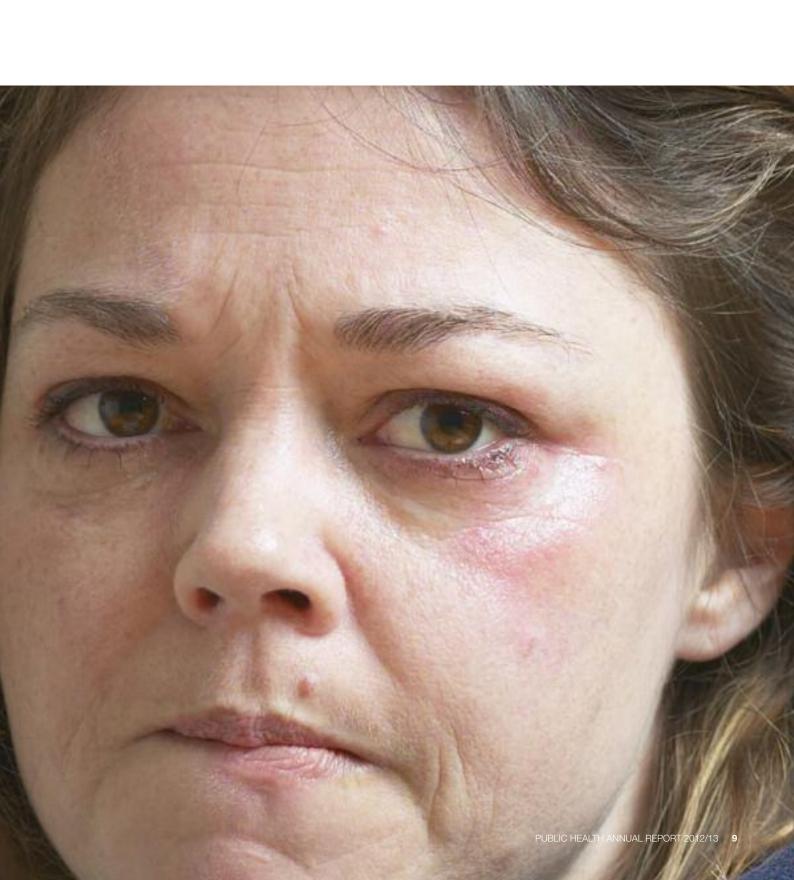though they are 'cut off' from society. Some people actively choose to live this way. For many others though, the impact of social isolation can be profound, causing both physical and mental health problems.

Whilst it has been acknowledged for some time that being socially isolated can often lead to people feeling depressed, there is also now a growing amount of evidence to support the link between social isolation and physical illness.

In a study by Holt-Lunstad et al in 2010, the authors observed that the impact of social relationships on the risk of mortality was comparable with major, well-established risk factors such as smoking and alcohol consumption, and exceeds that of physical inactivity and obesity *(Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. Public Library of Science Medicine. 2010; 7:e1000316).*

This was further supported in 2012 when a study from the University College of London ran a study of 6,500 UK men and women aged over 52 years and found that being isolated from family and friends was linked with a 26% higher death risk over seven years. They also concluded that mortality was higher among more socially isolated and more lonely participants *(National Academy of Science, 2012 vol. 110 no. 15, Andrew Steptoe, 5797–5801 'Social isolation, loneliness, and all-cause mortality in older men and women').*

Fig 1: The impact of social isolation.

The diagram shows a central circle labelled "SOCIAL ISOLATION CAN LEAD TO" surrounded by segments:

- Dying earlier
- Loneliness
- Readmissions into hospital
- Feelings of uselessness
- Early admission into residential or nursing care
- Lack of identity
- Increased risk of high blood pressure and heart disease
- Loss of confidence
- Using health and social care services more
- Depression
- Drinking more, not eating healthily, exercising less
- Dementia

Who does social isolation affect?

Social isolation can affect anybody at any point in their lives. Certain events in our lives can increase the risk of us feeling disconnected; for example if we have recently moved to a different area and do not know anyone or if we are going through a relationship break-up. However, most of us are able to move beyond this temporary state without suffering any longer term effects owing to our connections with friends and family, our ability to create new societal connections and having suitable avenues for social support available to us.

However, there are individuals and groups within our society for whom the above does not apply. Their particular circumstances mean that they are more likely to spend significant amounts of time on their own and will have fewer opportunities to change that.

Groups that may be at higher risk of social isolation

- **Older people***
- **People from black and ethnic minorities***
- **People who have substance misuse problems***
- **Carers***
- **Unemployed**
- **Young people:**
  In care
  Being bullied
  Struggling with sexual identity
- **Those suffering with mental health problems**
- **People with physical disability or limiting long-term conditions**
- **Homeless people**
- **Mothers suffering with postnatal depression**

* These groups have been explored in further detail in pages 12 - 19

Older People

When thinking about social isolation, the population group that often springs most readily to mind is that of older people. Whilst there are many older people who enjoy a full and active life, ageing can be accompanied by increasing isolation and loneliness.

Factors that increase the likelihood of social isolation in later life include:

- the loss of partners or close relatives and friends through bereavement
- reduced mobility and generally poorer health leading to fewer opportunities to engage in social activities and hence interact with other people
- family members moving away
- lack of accessible transport options
- reduced income

In older people, such factors have been linked to higher incidence of emotional distress, depression, high blood pressure, heart disease, dementia and early death.

The existence of social isolation and its impact in older people has been well documented. Of great concern, figures recently reported by Age UK state that:

- 1 out of every 2 people over the age of 75 in the UK live alone - with about one in ten reporting suffering 'intense' loneliness;
- Almost 1 in 5 older people are in contact with family, friends and neighbours less than once a week, and 1 in 10 are in contact less than once a month.

- 12% of over 65s say that they never spend time with their family.
- 36% of people aged 65 and over in the UK feel out of touch with the pace of modern life and 9% say they feel cut off from society
- 50% of all older people consider the television as their main form of company
- 5% of people aged 65 and over in the UK say they spend Christmas Day alone

In Wirral, people aged 65 and over currently make up approximately 19% of the local population and it is estimated that by 2032, 27% of the Wirral population will be aged 65 or above *(Wirral JSNA, 2013)*. If we applied the Age UK statistics above, this would mean that we currently have almost 5,700 people aged 65 or above who are currently feeling cut off from society.

Given that the population aged over 85 years is growing even faster (projected to double by 2030) and that problems relating to age and social isolation will be even further compounded, this is an issue that cannot be ignored.

Wirral Council and VCAW *(Voluntary and Community Action Wirral)* have recently submitted an expression of interest to the 'Fulfilling Lives: Ageing Better' strand of the Big Lottery Fund. This programme is specifically about reducing social isolation among older people in England.

Wirral's submission included the following, taken from extensive consultation with local older people:

- Older people felt that loneliness and social isolation was particularly relevant after a bereavement or loss of a caring role

- That social isolation may be contributing to the lower life expectancy in Wirral's more deprived areas

- That there is a lack of variety in activities that stimulate interaction

- That older people with limiting long term illnesses were more at risk of isolation owing to limited mobility.

Carers

A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help.

One in every eight people living in Wirral provide support to a family member or friend because they have ill health, a disability (physical, learning, mental health), drugs or alcohol problem or are amongst the growing numbers of older people who are frail *(Caring for our Carers: Wirral's Strategy for Carers 2013-16)*.

Unfortunately, only a very small proportion of these carers are known to local services. For example, we know that in 2012, local GP systems were only able to identify around 3,200 carers in Wirral *(JSNA, 2013)*. Given what we already know about the pressures that carers face, this leaves a large number as potentially vulnerable.

Carers are particularly vulnerable to the effects of social isolation as they can typically find that the demands of caring for another person severely restrict their options for other social engagement. It is thought that around 1 in 3 carers are caring for over 50 hours a week. Beyond attempting to sleep and eat, this leaves little or no time to remain socially connected. If the carer is a young person, they could additionally face time away from school and restricted time to play/socialise with friends at a crucial stage in their development of self identity.

Given that the value of the care provided by unpaid carers in Wirral is estimated to be £755m per annum *(Carers UK, 2011)*, we cannot afford to ignore the potentially damaging impact of social isolation on this group of people.

In September 2012, Wirral held a carers event which provided an opportunity for Wirral carers to identify their key issues. Loneliness and isolation was consistently identified, which then informed the council's new strategy for carers. Through this strategy, Wirral Council has provided a commitment to improve the overall health and wellbeing of local carers and has acknowledged that they must be supported to "maintain a life outside their caring role".

People abusing drugs and/or alcohol

Along with the well-acknowledged health problems that prolonged substance misuse can bring, people who live a life that is inextricably linked to an often all-consuming use of drugs and/or alcohol are likely to also suffer the impact of social isolation. This can happen for a variety of reasons including:

- Cutting off any previous social networks for fear of people finding out about the substance misuse

- Being more prone to aggressive behaviour and mood swings

- Feeling lethargic and tired

- Developing low self esteem

- Experiencing anxiety in situations where they would normally feel comfortable.

- Having little or no money to engage in social activity

A client's story:

When I first stopped using (Heroin) I realised that in order to stay drug free I needed to disassociate myself from all other users, so basically I purposely alienated myself from all of my previous 'friends'. My partner had passed away so I was pretty much on my own. I stayed in the house on a daily basis, only venturing out to go to the shops or doctors' appointments. I tried to stay positive but I found that the lack of social interaction inhibited my self-confidence which led to isolating myself even further. This made me question the whole ethos of being drug free and wondering why I bothered going through this entire trauma only to be sat in the house on my own day after day.

It was at this point that my keyworker at St Catherine's Hospital suggested that I might benefit from accessing aftercare through Arch Initiatives*. This helped my recovery immensely. Not only did it get me out of the house, it also gave me a purpose and a routine which I found invaluable. The staff were very empathetic and treated me with dignity and respect which helped my self-esteem and self-worth a lot.

After six months my time at Arch was up and I was anxious about what was going to happen next, I didn't want to undo all the progress that I had achieved. The 'Spider Project' was brought to my attention, where people recovering from addiction can access various activities including photography, creative writing, outward bounds, film production, reading group and also supports carers family and friends. The atmosphere at Spider is relaxed and welcoming, mutual respect amongst clients is infectious and the camaraderie is second to none.

On a personal level, I I feel that without services like Arch and Spider then recovery would be a lot more difficult to attain. At this moment I have taken a great step towards cementing my future with the help of the services mentioned and have now started to get involved as a volunteer at Spider Project.

* ARCH Initiatives is a registered charity that provides a range of substance misuse services in Wirral.

Along with the majority of neighbouring authorities, Wirral has a high level of problematic alcohol consumption and consequently a high rate of early death from liver disease. Over the past three years nearly 55,000 people have received alcohol-related information and advice on how to manage their alcohol consumption and reduce the risk of harming their health and there has been a sustained reduction in the number of alcohol related hospital admissions. However, the damaging effects of social isolation brought on by prolonged and significant alcohol consumption usually begin a long time before reaching hospital admission.

Recent figures from the National Drug Treatment Monitoring System show that Wirral has a high treatment penetration level of 84% of problematic drug users compared to the national (69%) and regional (70%) levels. Based on these figures, Wirral's drug treatment services have had a significant amount of success in encouraging people to engage and then keeping them in treatment once they have started. However, a needs assessment conducted by Glasgow University in 2011 estimated that there could be as many as 793 crack/opiate users who had not been in contact with local services over the previous two years. Even if this figure is a drastic over-estimate, there will clearly be many problematic drug users in Wirral who are not in contact with any services.

People from black and ethnic minorities

In general, people from black and minority ethnic (BME) groups living in the UK are more likely to:

- **Be diagnosed with mental health problems**

- **Be admitted to hospital as an emergency**

- **Experience a poor outcome from treatment**

- **Have a lower uptake of mainstream services**

The higher risk of social isolation and subsequent poor health for this population has been consistently identified within both national/international and local research. For example, Schofield et al (2010) conducted a study that examined the link between pychosis rates and the proportion of black people within in a neighbourhood. They concluded that where black people were less well represented in a neighbourhood, their relative risk of developing pychosis increased nearly threefold, but in areas where black people comprised more than 25% of the population, there was no longer a significant ethnic difference in psychosis rates *(P. Schofield, M. Ashworth and R. Jones (2011). Ethnic isolation and psychosis: re-examining the ethnic density effect. Psychological Medicine, pp 1263-1269)*.

More locally, Wirral's 'Black and Minority Ethnic Health Needs Assessment' in 2010 identified that social isolation was viewed as a particular problem faced by many BME individuals, who could feel ignored and sometimes 'not wanted' within local communities. This was seen as a particular concern with regard to young Muslim men and women who were thought to be more susceptible to a sense of alienation or feelings of not belonging. The report also identified the higher risk of social isolation amongst migrant workers.

The reality of the social isolation that many of the BME population experience was consistently identified during last year's BME community engagement workshop which was jointly hosted by WEHAG and NHS Wirral. This event, along with several other local engagement activities resulted in 'Isolated and ageing communities' being one of six key strategic areas within the WEHAG *(Wirral Ethnic Health Advisory Group)* strategy for 2012-15.

The most commonly acknowledged reasons leading to isolation in people from BME communities tend to relate to communication problems caused by language and culture. These issues are generally raised in connection with access to mainstream services (often health and social care). This was highlighted in the WEHAG Strategy 2012-15 which reported that 'poor knowledge, underlying health and cultural beliefs, attitudes, language and attitudes of health professionals have been reported by BME communities as important barriers to people accessing health services'.

Whilst addressing these service barriers is a central and crucial way of ensuring that vulnerable individuals receive the care, treatment and support they need, it should be acknowledged that access to services is only one part of a person's life.

There are many reasons behind social isolation in people from BME communities. Cultural barriers can mean that people have significant difficulties accessing wider social networks within their community. This may be due to any or all of the following:
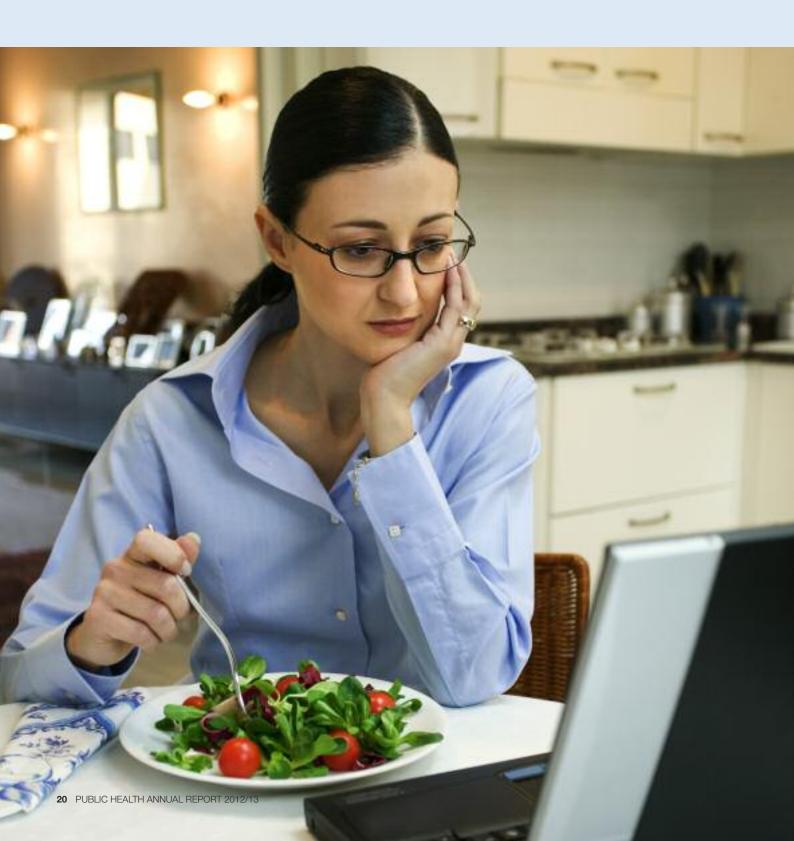
- Stereotyping, ignorance, misunderstanding and general lack of awareness of other cultures leading to

- Women from BME communities becoming isolated owing to religious, cultural and gender-role pressures

- Young people facing social isolation within their school environment if the school is not equipped to meet the needs of a diverse learning community

- Older people experiencing the combined effects of racism and ageism

- Local leisure and transport facilities not taking into account cultural diversity

Wirral BME population is now estimated to constitute up to 10% of the local population. This population is increasing and is also becoming more diverse.

Interventions to tackle social isolation

The notion of 'doing something about' social isolation in any specific way has become more prominent in recent years. As this report has highlighted, whilst statutory health and social care services have a key part to play in terms of providing vital support services to those in need, they will not provide a longer-term solution to the problems associated with social isolation.

It is often within the voluntary and community sector that we see some of the most innovative and successful attempts to address loneliness and social isolation amongst vulnerable community members. Some examples of such projects are highlighted on pages 26-31.

Interventions to address social isolation can be split into three broad groups; One to One interventions, Group Interventions and Wider Community engagement. The table on page 22 gives examples under each of the three headings, along with associated 'pros and cons'.

Use of technology to reduce social isolation

Technology is playing an increasingly significant role in today's society and often defines how particularly young people think about and classify their social relationships e.g. through Facebook and Twitter. Its role in reducing the impact of social isolation therefore, cannot be ignored.

In some situations, technology has been used to specifically reach out to potentially vulnerable people by providing a telephone befriending service or through projects that seek to support older people's digital engagement. In other ways, technology is helping people (often those who would have no other means of conversing with others) to maintain contact with family and friends, through email or 'Skype'. Whilst there is no conclusive empirical evidence that computer and/or internet usage impacts on loneliness and social isolation, there are many examples of anecdotal evidence of benefit and hence this avenue of support must be considered in any discussion about social isolation.

Table 1: Interventions to address social isolation.

Adapted from "SCIE Research briefing 39: Preventing loneliness and social isolation: interventions and outcomes" 2011

ONE TO ONE			
Type of intervention	**Description**	**Positives**	**Potential issues**
Befriending	Introduces the client to one or more individuals, whose main aim is to provide the client with additional social support	Compared with usual care or no treatment, befriending appears to have a modest but significant effect on depressive symptoms in the short and long term Can be relatively inexpensive May also involve provision of transport and the completion of small errands	Often involves volunteers which can be difficult to recruit Generally short-term
Mentoring	A relationship between someone offering support (often a volunteer) and the individual, based on meeting an agreed objective (e.g. to stop smoking)	Individuals have reported an improvement in self esteem, increased social interaction and engagement in other community activities	If a social relationship is achieved, this is usually incidental to the original goal and hence can be withdrawn once the goal has been achieved. Evidence presents a mixed picture in terms of impact on loneliness and social isolation There is often a shortage of skilled mentors
Community 'Navigators' or 'Connectors'	Usually volunteers from within the local community who can provide links to 'hard-to-reach' or vulnerable people.	Can act as an interface between the community and public services, helping individuals to find appropriate interventions Can offer practical options for re-engaging with local neighbourhood Some evidence to suggest that people became less lonely and socially isolated following such contact Can help to build overall wellbeing and resilience within the wider community	Identification of 'connectors' A lack of appropriate support options may lead to an unfair amount of responsibility resting with the connector.

GROUP			
Type of intervention	**Description**	**Positives**	**Potential issues**
Day centre-type services e.g. lunch clubs	Day support, activity and personal care for a wide range of vulnerable people, according to individual need	Can prevent social isolation and the feeling of loneliness	Subject to funding cuts, so cannot be relied upon for longer-term solutions
Social group schemes e.g. self-help groups and special interest groups	Groups set up to meet the needs of the population to whom the intervention is addressed	Some evidence that these can lead to reductions in loneliness and re-engagement with the wider community Like-minded individuals with common aims/goals Can be highly structured to achieve specific aims or more 'organic', developing activities dependent on the interests of the group members	Restricted to those pursuing a particular line of support or interest Evidence presents a mixed picture in terms of impact on loneliness and social isolation Some evidence to suggest lower usage of health services after intervention

WIDER COMMUNITY ENGAGEMENT			
Type of intervention	**Description**	**Positives**	**Potential issues**
Community activities e.g. libraries, museums **Volunteering schemes**	Programmes that support individuals to increase their participation in existing activities Programmes that support individuals to give their time, skills, resources to help other individuals/causes	Some evidence that well-managed schemes can 'reverse the deteriorating effects of social isolation and loneliness'. Volunteers themselves can increase their health and wellbeing	Often involves volunteers which can be difficult to recruit Generally short-term
Neighbourhood 'committees'	Groups that encourage members of the community to work jointly with leaders of local services to develop the local community	Can increase individuals self esteem, feelings of worth and social networks Can help to identify other vulnerable community members and reach out to them	Meetings often held during 'unsociable' hours Require individuals to make the first contact/approach

Everyone's responsibility?

As this report has attempted to highlight, the responsibility for tackling social isolation lies with all of us. Whilst some of us may be in a position to influence public spending to provide interventions to address social isolation, there are things that we can all do to make a difference.

Here are a few 'top tips' for avoiding social isolation; either for ourselves or others (adapted from 'How to cope with loneliness', MIND):

Helping others:

- Make every effort to keep in touch with friends and family. If someone lives far away or you are too busy to visit, make whatever contact you can. Phone, email, text or Skype to let them know you are thinking of them

- Make contact with your neighbours. If you think that someone is lonely, even just saying hello can make them feel less alone.

- Support someone in building a social network. Be encouraging about opportunities for social contact and find out what activities or groups there are in their area. Go with them to a class or group for the first time if they feel nervous. If transport is an issue, you could help your friend or family member get a bus pass or work out their local transport network.

Helping ourselves:

- Making contact with people you know can be a useful first step in helping you feel less alone. If you have friends or family, phoning someone, or sending a text or email, can help make you feel more grounded and remind you that there are people in your life.

- Sometimes just going outside for a walk and seeing other people in the street, perhaps saying hello to someone you know, can make you feel more positive.

- Make links with people with shared experiences, values or interests. Think about something that interests you. This could be anything from walking or watching films to making model cars. If you join a social group to do with something that genuinely interests you, you should find that you meet people who share your interests and get to do something you enjoy. You can find information about local groups, clubs or classes at your local library, in local newspapers or magazines, or online.

- For many people, the internet is a good way to connect with people and make friends. There are a huge number of forums and social network sites that can put you in touch with people you share interests with.

- Doing something for someone else, such as helping a friend or relative or volunteering for a charity has been shown to have a positive impact on mental wellbeing. It can help you improve your self-confidence and meet new people, and makes you feel that you are making a positive contribution to your community.

Examples of local projects to tackle social isolation

Friends in Action

Coordinated by Wirral Age UK, 'Friends in Action' provides a range of support to isolated older people from volunteer befrienders. The service aims to reduce isolation and vulnerability that can occur due to old age by providing company, decreasing isolation and providing practical support to sustain independent living.

There are three different types of support available - practical befriending supported transport and companionship befriending. The supported transport enables older people to get to medical appointments and activities with a volunteer accompanying them throughout. Practical befriending helps service users with small odd jobs and occasional gardening services.

Companionship befriending provides a volunteer befriender who will visit a service user on a regular basis. Befrienders and service users are assessed and matched based on their location, interests and personality. This ensures that they have things in common and can form a long term and meaningful friendship.

Service users often report that the service has been life changing for them and in some cases; they see their befriender as an extended part of their family.

Betty has weekly visits from her befriender Jim. They were matched in 2010 and enjoy regular outings. Betty is partially sighted and has difficulty walking so is unable to go out alone. As Betty's family live in Scotland and Australia she did not have many opportunities to go out, so Jim has given Betty the chance to get out of the house and socialise again.

Betty said *"Jim and I hit it off straight away. Having a befriender is the best thing since sliced bread! I never used to go out, but now I get out once a week and I'm seeing parts of the Wirral I haven't seen for years. We chat for ages and I feel I talk more now than I ever have. Jim has met both of my sons and I am so thankful that he is part of my life."*

Wirral Pathfinders

Wirral Pathfinders is a self help group that provides support for anxiety and depression sufferers and their families in the community.

The group, which has been running since 1992, recognises that people with mental health problems are often amongst the most socially isolated people within a community, commonly suffering rejection and being avoided by others.

Group meetings run from various venues across Wirral and are led by volunteers who have themselves experienced problems with mental health.

Those attending the group can:

• share experiences with other people who understand the impact that suffering from a mental health problem can have

• engage in a variety of social activities e.g. theatre trips, bowling, dining out

• use the extensive library of self-help resources

• access therapies such as Cognitive Behavioural Therapy (CBT)

• pick up a variety of practical coping mechanisms for dealing with their mental health problems.

Above all, Wirral Pathfinders continuously reinforces the message that its members are 'not alone' and that they are a valued member of society.

Feedback from those who have attended Pathfinder group sessions has included the following comments:

"I felt this helped me to deal with my social problems. The interaction with group members who, through their own problems knowing how I feel, really does help and encourage me to reach my goals."

"After attending Wirral Pathfinders for around 20 months, I feel like I am finally beginning to live the life I have missed out on for far too long."

Phoenix Futures
(Town Centre Outreach Service)

The Town Centre Outreach Service provided by Phoenix Futures was set up to engage with any individuals frequenting the town centre who have identified substance misuse problems and to signpost/support such individuals to engage with local specialist treatment services to achieve abstinence/sobriety.

Primarily commissioned as a substance misuse service, the Outreach Service deals with a full range of secondary issues (such as accommodation and/or homelessness, access to mental health service, GP/Dentist registration, health checks, flu vaccinations and distribution of winter clothing) which could affect the primary purpose of the service.

Individuals who are served by the Town Centre Outreach Service are hardest-to-reach, often with complex, intertwined problems (physical/mental health, substance misuse, accommodation, and criminality) which are difficult to disaggregate from each other and often have the effect of exacerbating and magnifying the symptoms of individual components. Such problems make it extremely difficult for this group to engage with conventional treatment services, so the support offered by the Outreach Service acts as a stabilising influence, allowing the individual to re-connect with the wider community.

Work it Out

Led by Wirral Brook, this group provides a safe and supportive space for young people to be themselves, to develop positive relationships with peers and to share their experiences and hopes.
It was established 6 years ago to address a gap in Lesbian, Gay, Bisexual and Transgender youth provision for under 18s. The age range was deliberately set to 14-18 year olds as young people in this age group experience similar issues around school and family life. In addition, many are starting their journey into sexual relationships, night life and the gay scene.

The majority start the group without knowing anyone else and in doing so they take a massive step into an unknown environment. They take this step because until this point they have felt alone or scared or judged. They are likely to be the only openly LGBT pupil in their school year, the only LGBT person in their family or the only LGBT person in their friendships groups. The need to feel included and accepted becomes the catalyst for change.

Often young people in the group say that it is the first time they have talked about their sexuality openly and without fear. By increasing young people's confidence about sexuality and working towards dispelling the negative stereotypical views that are constructed within society, the group enables young people to feel proud of who they are and in turn to achieve and succeed.

Gardening for the Community

The Woodchurch Tenants and Residents United Strategy Team (TRUST) organisation was formed in 2007 around the need to create new opportunities and improve the lives of local residents. The organisation aims to provide projects and services that benefit local people.

The Ford Way Project aims to bring a former private garage site into use. The site had become overgrown and was regularly used by young people as a place to hang out and drink. Anti-social behaviour occurred on a regular basis.

A group of volunteers cleared the site, and with funding from various sources, installed a portacabin and a polytunnel. Funding enabled the group to buy plug plants, soil, an eco-pond, bird boxes and sustainable fruit trees. Volunteers have worked hard to grow the plants and have held successful sales of hanging baskets and tubs (for Mother's Day) and the summer plants, including fruit and vegetables have also sold well.

This project has resulted in:

- Improving self-esteem and confidence as volunteers can see their efforts are making a difference

- Improving community cohesion

- providing meaningful volunteering roles for local people

- Providing training for volunteers and increasing the opportunity for returning to employment (including courses in gardening; developing a community gardening project; developing a social enterprise; engaging your community with your environmental project; and bee-keeping.

It is hoped the Ford Way Project will also become a recycling centre in the future and develop into a Community Social Enterprise which will be self-sustaining.

Beating the Blues

Developed by Advocacy in Wirral, this project provides the psychological tools to help clients deal with depression by using cognitive behavioural therapy techniques. During the process, clients identify activities that help them maintain good mental health, including exercise, tackling social isolation and volunteering. Recognising that there were very few activities that combined volunteering, exercise and socialising, Advocacy in Wirral secured £9,920 from NHS Wirral's Innovations Fund to establish a pilot project that aimed to meet this need.

The project included clearing public rights of way then unwinding over a hot drink, allowing group members to get to know each other socially. This proved very popular with participants, allowing new friendships to be created and old ones to be re-kindled. It also allowed participants to talk about what they enjoyed about the project and to agree future locations for subsequent weeks' activities.

17 men participated in one or more of the weekly events. Activities were not strenuous, amounting to two to three hours a week, clearing weeds, brambles and general overgrowth from public footpaths or street locations (depending on numbers attending and the weather). The work could be undertaken with minimal guidance and, because it was voluntary was conceivably more enjoyable than it might be if it had been compulsory - participants could choose their rate of activity and decide when to take a break - and this led to greater participation.

Comments from participants show that the project led not only to environmental improvements, but also enhanced physical and mental health:

"I've been on benefits for years. This makes me feel like I'm giving something back - that I've got a worth."

"I loved being outdoors with other people. No pressure to talk if I didn't want to, but someone there if I did."

"I not only made a few new friends, I met someone I hadn't seen in years who was also in the group."

"I'd only be watching telly so I'm glad to be out."

Recommendations

1. Individuals within local communities should be encouraged to take some responsibility for identifying, 'reaching out' and supporting potentially isolated people within their own communities.

2. The newly-emerging constituency committees should play a crucial role in identifying 'Community Connectors' who could identify potentially isolated/vulnerable individuals within their neighbourhoods.

3. All frontline health and social care workers should, as part of their daily work, become aware of the dangers of social isolation and find ways to connect people to activities or organisations that can help.

4. Health Impact Assessments should be carried out by all commissioning organisations on any proposed service development, in order to assess the potential impact on social isolation for vulnerable groups

5. Statutory, voluntary and community organisations/groups must work together to ensure the building of community capacity through programmes such as Asset Based Community Development

6. Wirral's Health & Wellbeing Board should ensure that the recommended actions to address social isolation contained within separate local strategies (e.g. Wirral carers strategy and the WEHAG strategy) are joined up where it is sensible and practical to do so.

Sources of further help and information

Advocacy in Wirral
www.aiw.org.uk
0151 649 0138
Offers advice, support and representation to people in
Wirral with mental health problems

Age UK Wirral
www.ageuk.org.uk
Advice hotline: 0151 482 3456
Provides advice, services and support to
make life easier for older people

Campaign to End Loneliness
www.campaigntoendloneliness.org.uk
020 7012 1409
Draws on research and inspiration from
across the UK to offer ideas to both individuals
and those working with older people

Carers Trust
www.carers.org.uk
0844 800 4361
Information, advice and practical support for carers

Childrens Centres
www.wirral.gov.uk
0151 606 2000
Local centres providing childcare, family support
and a range of parent and toddler activities

Connexions
www.connexionslive.com
0800 0126 606
Independent information, advice, guidance and
support service for all young people aged 13 to 19

Contact a Family
www.cafamily.org.uk
Helpline: 0808 808 3555
Support for the families of disabled children

Cruse
helpline@cruse.org.uk
0844 477 9400
Offers information and support to people after
the death of someone close

Home-Start Wirral
www.homestartwirral.co.uk
0151 647 8369
Home-based friendship and support to families on
Wirral as part of a wider network of Home-Start
schemes nationally and internationally

Joint Strategic Needs Assessment (JSNA)
http://info.wirral.nhs.uk/ourjsna/
The source of evidence that underpins the report

Merseyside Society for Deaf People
Support to help deaf, deafened and deaf/blind people to live more independently

www.msdp.org.uk
0151 649 8194

Samaritans
A 24-hour confidential telephone helpline

www.samaritans.org
08457 90 90 90

Support Line
Confidential emotional support to children, young adults and adults

www.supportline.org.uk
Helpline: 01708 765 200

Teen Wirral
Website that brings together a variety of information and advice for teenagers

www.teenwirral.com

Time bank
A national charity that supports individuals and businesses with volunteering

info@timebank.org.uk
0845 456 1668

University of the Third Age
Lifelong learning co-operatives for older people no longer in full time work, providing opportunities for shared learning experiences in a wide range of interest groups and to pursue learning not for qualifications, but for fun

www.u3a.org.uk
020 8466 6139

VCAW (Voluntary Community Action Wirral)
Offers a wide range of support to all voluntary, community and faith organisations working in Wirral

info@vcawirral.org.uk
0151 353 9700

Wirral Carers
A source of information about organisations and services that can support carers

www.wirralcarers.co.uk
Helpline: 0151 670 0777

Wirral Change
A black and racial minorities outreach service

www.wirralchange.org.uk
0151 649 8177

Wirral Drugs Service
Offers a broad range of treatment options/interventions for people whose drug use is problematic

www.talktofrank.com
0151 604 7330

Wirral Help and Alcohol Treatment (WHAT?)
Information and advice to help with cutting-down or stopping drinking

www.wirralalcohol.co.uk
0800 988 1421

Wirral Information Resource for Equality and Disability (WIRED)
An organisation of and for disabled people and carers that provides a range of services to people, acts as an umbrella organisation for other local disability groups and promotes the inclusion of disabled people into society

www.wired.me.uk

Wirral libraries

www.wirral.gov.uk

Wirral leisure centres

www.wirral.gov.uk

Wirral MIND
Advice and support for anyone with a mental health problem

www.wirralmind.org.uk
0151 512 2200

Wirral Multicultural Organisation
Advice, information and support to members of Wirral's BME communities

www.wmo.org.uk
0151 666 4547

Wirral Society for Blind and partially sighted
Offers help, support and advice to those with serious sight problems in Wirral

www.wirralsociety.org.uk
0151 652 8877

Wirral Pathfinders
A self help group, providing support for anxiety and depression sufferers and their families

enquiry@wirralpathfinders.com
0151 334 0496

Wirral Women and Children's Aid
A refuge for women and their children who need a place of safety

www.wirralwomensrefuge.co.uk
Helpline: 0151 643 9766