Improving health outcomes through reducing social isolation and loneliness

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Introduction

Enhance is funded by Leeds Community Healthcare NHS Trust (LCH) and managed by Leeds Older People's Forum on behalf of Forum Central. Enhance brings together 13 third sector delivery partners with LCH teams across the city. Enhance provides person-centred, community-based support to individuals to help avoid delayed hospital discharges and readmissions, and to enhance capacity throughout the health system. This short thematic report draws on learning from the second year of Enhance delivery.

The effect of social isolation and loneliness on health

Based on interviews and questionnaire responses from 402 Enhance participants, many people referred to Enhance felt lonely or were socially isolated, with nearly four fifths (78.9%) rating their social activities and relationships as fair or poor.

Loneliness and social isolation are consistently linked to negative health outcomes. For example people who feel lonely are 6 times more likely to experience poor mental health. This has a socioeconomic gradient, with low income households most at risk of experiencing loneliness (The Health Foundation). The English Longitudinal Study of Ageing found an association between loneliness and frailty (Gale et al., 2018).

Social inclusion is classed by the World Health Organization as a determinant of health, with a Marmot report highlighting how social networks and participation act as a protective factor against cognitive decline and premature death and help people recover quicker from illness.

What approach is being taken by Enhance?

The holistic approach adopted through Enhance means that people are encouraged to increase meaningful social participation through a range of avenues. Some participants felt self-conscious due to what they perceived as visible manifestations of ill health, others were afraid of falling. Yet for others – they needed a push to get back out or reconnect after a period of illness. A valued aspect of Enhance is that delivery partners have the time to build trust and provide emotional and practical support to help people build their confidence and motivation. Participants who are dealing with a number of issues or working with several services may not immediately recognise the benefits of social integration or prioritise it.

A theme that came up was the stigma that can be attached to loneliness – with a few initially reluctant to attend coffee mornings or community venues. The strength of Enhance is that the support goes beyond tackling loneliness and social isolation through set activities. Good examples of this are those who attended community-based hubs to meet their clinical needs in a convenient way. Other effective 'gateways' to support community integration included exercise classes or supporting people to go on shopping trips – observed by one delivery partner as a good stepping stone into other activities. For those who are housebound examples were provided of helping them to get online or access a befriender (if desired). Many Enhance staff accompanied less confident participants to activities.

Outcomes for participants

Questionnaire follow ups showed that satisfaction with social activities and relationships increased by 22%, with respondents 40% less likely to rate it as poor and 73% more likely to rate it as good to excellent when compared to the initial questionnaires. Other areas covered through Enhance, such as support around health and financial barriers, were frequently reported as reducing feelings of loneliness. For example, tackling physical functioning can impact on a participant's ability to carry out social activities. Based on questionnaire responses, following involvement with Enhance the ability to carry out social activities increased by 13.5%.

The evidence shows a relationship between social isolation, loneliness and poor mental health and wellbeing. Enhance led to reported improved mental wellbeing and reduced low mood through introducing purpose and tackling loneliness - with many attributing this to the emotional support aspect of Enhance.

Some participants reported that without a staff member taking the time to build their confidence, they would have been unlikely to give community activities a go.

Achieving long term impact

As a 12 week programme, achieving social impact beyond that provided through direct Enhance support is important, and there are many positive examples of Enhance achieving this. The evaluation examined longer term impact through speaking to people whose support had ended. Some confirmed that through building confidence and motivation they had continued to benefit from renewed social connections. This worked particularly well when people had built up connections in the past, but a health crisis had meant they needed to build confidence to get back into the community. Interviewees described making friendships, joining groups, and getting involved in volunteering. For some, maintaining connections beyond Enhance was facilitated by linking in with those who shared similar cultural interests:

"I was supported to get counselling for my mental health issues and [Enhance worker] also referred me to mindfulness sessions run by their service…I went to a group – I wasn't sure at first, I didn't know if it would be for me, but I have really enjoyed it. There are people who I can talk to about my background as we share a similar background, my English is good but we speak in [our native language] too, and talk about what is happening in our home country. It's nice to meet people who I can share this with."

For a few, the impact was significant – with one describing how they had wanted to take their own life due to the effect of isolation, but that Enhance support and encouragement to socially integrate had turned their life around. This impact had been maintained 9 months after Enhance support ended:

"I am now going to activities [offered by the delivery partner] twice a week, they do a friendship group and then I have a dinner, we play bingo, and I have joined a craft class and make cards. I really enjoy it and have met lots of new friends. I feel better health wise now…before I didn't go out and was really struggling with my mental health - now I am in a much better place. It was a godsend; I honestly can say I wouldn't be here if it [wasn't for the Enhance support] I have a more positive outlook – I wouldn't have come out of my house without it... people don't know what it is like to feel lonely or unsupported – it changed my life"

Based on feedback, longer term impact was more likely to be achieved where staff took action to move social support beyond a third-sector-led activity, through encouraging people to make friends and socialise beyond a set venue. A few delivery partners talked about how they took active steps to support people to build up friendships beyond set activities, such as encouraging like minded individuals to meet up for a coffee or meal or setting up a WhatsApp group. An additional advantage is that this can help ease capacity and reduce bottlenecks where services are in high demand.

It may be that some need a little encouragement to take that extra step, particularly as some were reluctant to leave time-limited activities where they had felt comfortable and did not want to lose the friendships they had made. A way to tackle this – which worked to positive effect in one activity – was to arrange outings or encourage people to swap details (if they wish to keep in contact). This can help people see that there are options to continue socialising without having the specific activity as a hook.

To note, the social support element can be difficult to maintain beyond Enhance for some, such as those recently bereaved, people who have prolonged mental illness or who are housebound. Follow up interviews identified participants who had struggled to maintain all outcomes achieved once the support ended. One felt they had not had enough time to build confidence to go outside unattended, another had initially maintained outcomes, but had lost the confidence built up due to a (health related) setback:

"I went on a couple of day trips [signposted through Enhance] and I enjoyed it, I had a good laugh with people…I didn't get out much and decided to push myself to get out of the house, I was so glad I made the effort as it helped me to relax, I wish the [Enhance] support had been for longer…I have been getting really breathless and haven't gone for a while. I do feel lonely as I am stuck in the house now."

Offering ongoing light touch 'check-ins' after Enhance support ended was reportedly helpful. Other routes to supporting a social need for those who are unable to get outside was through using digital tools to help people keep in touch (upskilling someone to use Zoom so they could chat with a family member) and setting someone up with a befriender. To note, some did not wish to benefit from digital or befrienders (there is also a shortage of befrienders in some areas). In these cases it was felt important to not push these options, as social interaction needs to be something meaningful and wanted.

Impact on LCH roles and wider health and social care services

The main reported reason for LCH staff referring into Enhance was to tackle the effects of social isolation and loneliness - they understood the connection between this and reducing the need for LCH services. Feedback suggested that at least some use of LCH and wider services stemmed from loneliness, with reports of people becoming anxious and concerned about their health, but not having anything in their life to distract them:

"When people don't have family or anyone to lean on – little things become big things – [and the] wound can hurt a bit more." (Matron)

Sometimes, it was not so much that Enhance reduced the number of tasks, but more that clinical tasks or visits could be completed quicker. Most LCH staff agreed that they spent additional time with those who were lonely, feeling conscious that they may be the only person the patients saw, although the extent to which this was the role of staff was debated. It also meant that patients contacted LCH less by telephone:

"[Enhance] does relieve pressure – I have repeat callers – it's loneliness and [the patient] has a relationship with us. One patient with mental health illness was ringing our office every other day, they were worried about [a benefit claim] and other things and wanted a nurse to help. The [Enhance] worker went out and sorted it all out, and the patient doesn't really call us anymore". (Coordinator)

It was also linked to closing long term cases where people did not really have a clinical need but were at risk of deterioration without support in this area:

"[When] patients no longer meet our service criteria and we cannot justify keeping them on our caseload just for confidence building…but we know they will benefit from extra sessions to build their confidence…This is where the Enhance service has been really useful to bridge that gap, I feel it makes it more likely for the patient to continue working towards their goals once discharged from the neighbourhood team and less likely to come back on the service in the future." (Physio)

Support to manage own health

Self-management staff at LCH linked the social aspect of Enhance to removing patients off their caseload due to self-managing elements of their care. Interviewees referred to people making friends with like minded peers who could share learning about how to manage a condition. Getting out into the community was itself positively linked to building motivation and loneliness being reduced:

"We were able to remove a long term patient who had a social need through [Enhance] supporting them to get [out into the community]. Getting people to do this seems to motivate them [and they are] more willing to learn how to - for example, take medication themselves through using a dosette or pill box with alarm. I feel previously they didn't feel motivated to do this as they wanted a nurse or other clinician to visit them as they were isolated."

"It definitely does [save time] – we had a number [of patients] that stayed on our caseload for many years simply because the only social aspect they have is through having a nurse or clinical support visiting, it was the only thing in their life – but now they are going to lunches, having outings once a week – some have come off of our caseload, suddenly they can do their own medication they didn't think they could."

"We've seen changes in patients that we didn't think would be possible before. With Enhance support they have so much more motivation and are doing things they never would have considered before."

Participants and staff provided several examples of social and emotional support leading to savings across the wider health system, such as through reducing the likelihood of people calling 111 or an ambulance. In some cases this was as a result of tackling direct triggers – such as embedding someone into community activities which they attend instead of the pub or drinking alcohol at home (a trigger for falls or calling emergency services due to panic) or having access to a staff member or peer to offer support and reassurance to prevent panic when alone.

Further reading

Please visit the resources section of the Leeds Older People's Forum website to read more short thematic reports sharing learning from the evaluation of the second year of Enhance delivery, and to access the full range of Enhance reports and briefings.