

3

FRIENDS AND COMMUNITIES

VOLUNTARY SECTOR ACTION ON THE
SOCIAL DETERMINANTS OF HEALTH

CONTENTS

| | |
|---|---|
| Navigating this document | 3 |
| 3.1 Friendship and health | 4 |
| 3.2 Communities and health | 6 |
| 3.3 Social determinants of social isolation and social exclusion | 6 |
| 3.4 Friends and communities - interventions | 7 |
| 3.5 Friends and community interventions - further reading and resources | 8 |
| References | 9 |

NAVIGATING THIS DOCUMENT

Throughout this document boxes are used to highlight specific information.

Key messages:

In the Executive Summary and at the beginning of each section on the social determinants of health these boxes are used to highlight key points from the research.

Strength of evidence:

At the beginning of Sections 2–9 these boxes are used to highlight the most recent research that examines the strength of evidence relating to links between the specific social determinants and health outcomes.

Example interventions:

A variety of case studies demonstrating action on the social determinants of health are presented in these boxes at the end of each section.

Key terms are identified and explained in these boxes throughout the document

Each section is followed by a number of evaluations and evidence reviews of interventions that address specific determinants of health.

3. FRIENDS AND COMMUNITIES

Friends and communities – key messages:

Strong friendship networks and participation in community, political, religious and social groups have a positive impact on physical and mental health.

A lack of good quality social relationships and resulting social isolation affect physiological and psychological functioning, health behaviours, and the risk of ill health and mortality.

Stress is the main mechanism through which social isolation impacts on health. Prolonged exposure to stress damages the biological systems of the body and has a clear impact on life expectancy and physical and mental health.

Social isolation and loneliness also increase the risk of poor health outcomes, mediated through poorer health behaviours.

A range of factors increase the risk of social isolation and loneliness including low income, poor-quality built and natural environments, cold housing and inadequate transport links, which can prevent people from developing and maintaining social ties.

Older people, people with disabilities, parents with young children and carers are more likely to encounter barriers to developing and maintaining social networks and relationships and as such have a higher risk than others of associated health outcomes.

Research has found that a sense of community can boost immune systems, lower blood pressure and guard against cognitive decline, while joining a community group can reduce a person's risk of dying.

Conversely, links have been found between civic distrust and poor social support and coronary heart disease and mortality.

Strength of evidence: strong

In 2010 a meta-analytic review was conducted to determine the extent to which social relationships influence the risk of mortality. Drawing on the results of 148 studies (308,849 participants) the review found that 'people with stronger social relationships had a 50 per cent increased likelihood of survival than those with weaker social relationships.'²

In 2016 the Institute of Health Equity published a report that reviewed the evidence relating to the association between social isolation and loneliness and cognitive decline, impairment and dementia. The review found that there are strong links between social isolation and loneliness and the increased risk of cognitive decline, cognitive impairment and dementia.³

3.1 Friendship and health

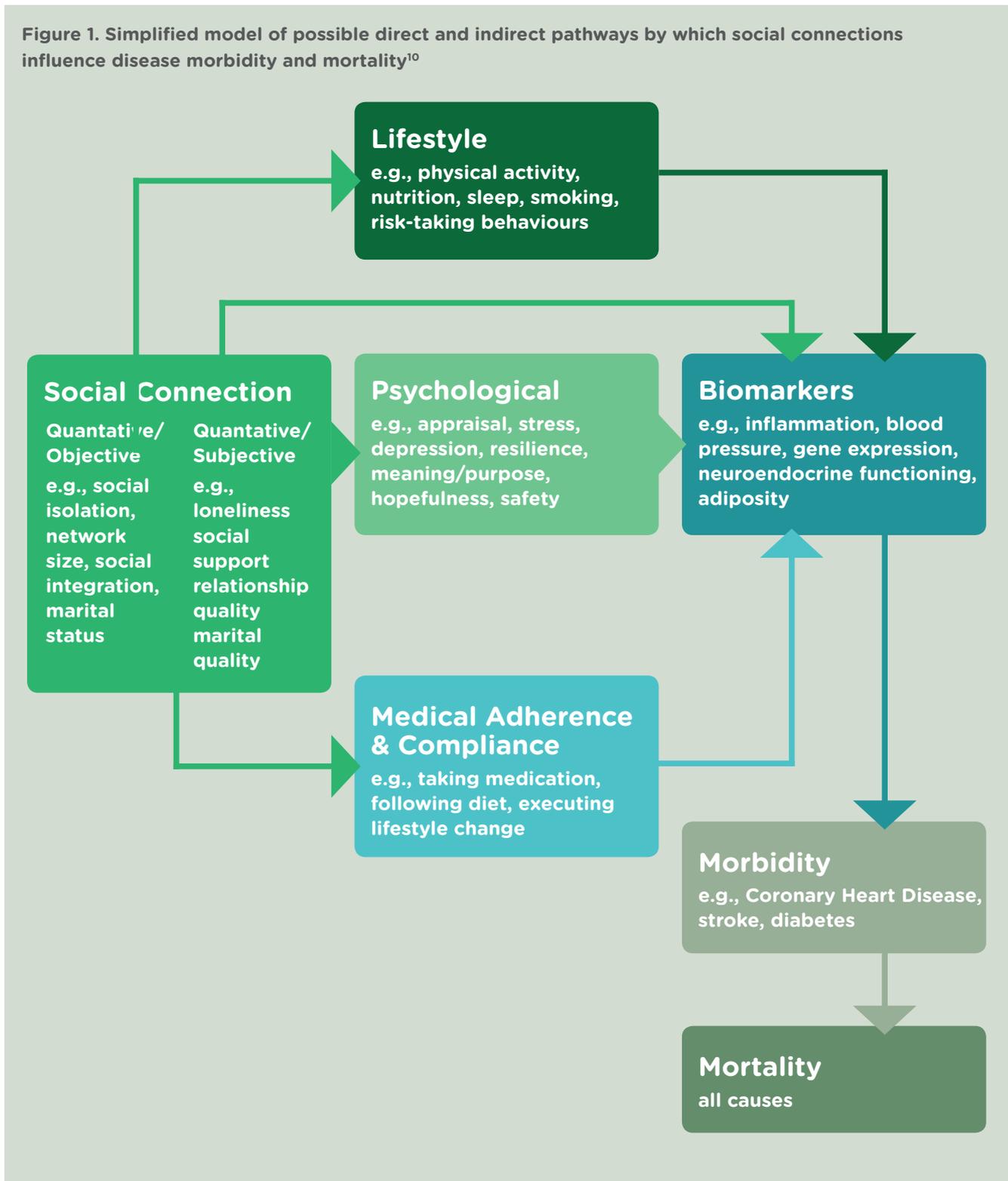
Strong friendship networks and participation in community, political, religious and social groups have a positive impact on physical and mental health.^{4,5} This is because social relationships affect the physiological and psychological functioning of the body^{6,7} and can also increase or decrease the likelihood of poor health behaviours.

Large-scale studies have found that social isolation and loneliness are associated with a 50 per cent excess risk of coronary heart disease, similar to the excess risk associated with work-related stress.⁸ Holt, Lundstad and Smith demonstrate the links between loneliness and isolation and morbidity in Figure 1 on page 5.

Social isolation: The inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place.²

Loneliness: An emotional perception that can be experienced by individuals regardless of the breadth of their social networks.¹

Figure 1. Simplified model of possible direct and indirect pathways by which social connections influence disease morbidity and mortality¹⁰



Stress is the main mechanism through which social isolation impacts on health and prolonged exposure to stress damages the biological systems of the body.^{7, 10} Social isolation, and in particular, loneliness, can also increase the risk of smoking and lack of physical exercise, in addition to increasing the risk for cognitive decline, mild cognitive impairment and dementia.¹¹⁻¹⁴

Although social isolation is often thought of as attributable to later life circumstances, anyone can experience social isolation and loneliness across the life course. Specific groups can be more vulnerable to social isolation and this is influenced by physical and mental health, level of education, employment status, wealth, income, ethnicity, gender and age or life stage¹⁵

3.2 Communities and health

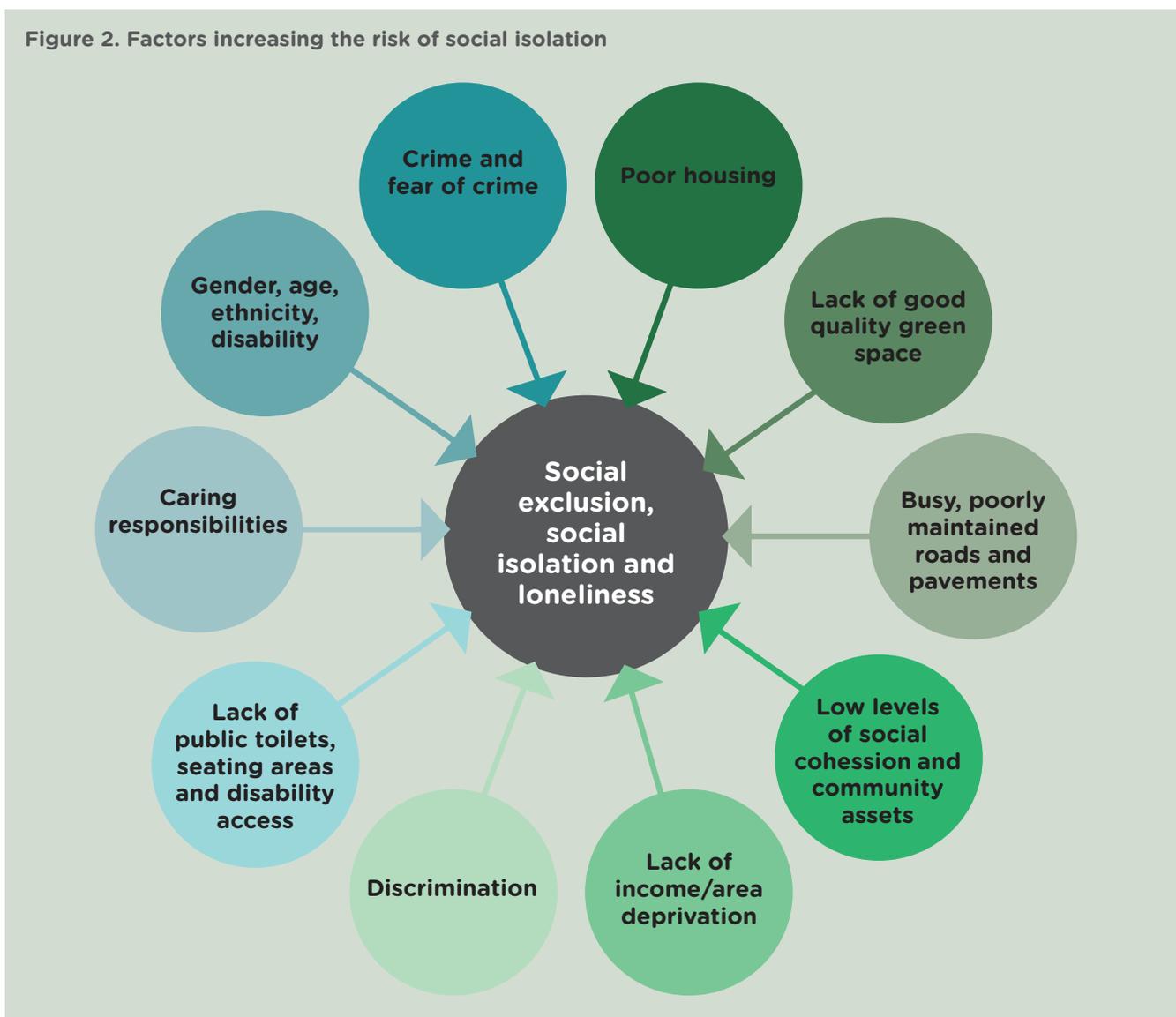
Participation in community, political, religious and wider social groups also has a positive impact on physical and mental health^{4, 5} and can affect the physiological and psychological functioning of the body^{6, 7} in the same way that closer friendship networks can. Research has found that a sense of community can boost immune systems, lower blood pressure and guard against ageing.¹⁷ Other research has found that joining a community group can reduce the risk of dying in the next year to the same extent that giving up smoking will.¹⁷⁻²⁰

Strong communities can enable local populations to maintain or enhance positive local outcomes, to be resilient against shocks and provide support to community members. Strong communities value collaboration and participation, trust and responsibility and have adequate levels of social and civic participation, social networks, support and reciprocity.²¹ Importantly, strong communities enable groups and individuals to feel part of and have influence over decisions that affect them.²² All of these factors have an impact on physical and mental health.

Conversely, social exclusion, defined as not having the means, materials or other factors needed to participate in social, economic and cultural life,²³ has been found to have a negative effect on health. Relationships have been found between civic distrust and poor social support, and coronary heart disease and mortality.^{24, 25}

3.3 Social determinants of social isolation and social exclusion

A wide range of evidence demonstrates clear links between social determinants and social isolation.^{15, 26-33} A number of factors increase the risk of becoming socially isolated, particularly for older people, parents, women, people with disabilities, and people on a low income. These risk factors are depicted in Figure 2 below.



3.4 Friends and communities – interventions

Metal Culture, Southend-on-Sea, Essex

The arts organisation Metal creates large-scale participatory projects that involve people of all ages and from all sectors of the local community. Founded in London in 2002 and active in Southend since 2007, Metal works through a wide range of partnerships, including Arts Council England, Southend local authority, local economic partnerships, Cycle Southend, and a wide range of other arts organisations, community groups, schools and higher and further education institutions.

Metal and Southend Borough Council public health team collaborated to create an 18-month project based at the Metal Art School. The project was developed as part of Southend Council's mental health strategy, which aimed to build community resilience and improve self-management and prevention, thus diverting people from hospitals and secondary care.

Working with people with dementia, young carers, and people with learning disabilities, the project aimed to provide opportunities for people at risk of isolation, or who experience common mental health conditions such as anxiety, loneliness or depression, to become more socially connected while experiencing art and learning new digital skills. The project is free and open to individuals or groups and aims to challenge traditional interventions, bringing about system efficiencies, and growing the infrastructure of local groups.

To date, the following outcomes have been achieved:

- 64 volunteers have taken part in the programme to date
- 38 of the 64 volunteers (59%) have a disclosed mental health condition
- 33 volunteers (51.6%) have gone on to higher education or employment after volunteering
- 25 participants (17%) have returned as volunteers

Participants were also asked to score their mental health and wellbeing on the Warwick Edinburgh Mental Health Scale and results demonstrated that mental health had been meaningfully improved:

- 84% stated their self-confidence had improved
- 50% said their use of the GP and crisis team had reduced
- 75% increased their physical exercise since undertaking project
- 81% stated that their symptoms of social isolation had improved
- 76% said they enjoyed meeting new people
- 72% said symptoms of anxiety, depression and stress had improved
- 85% said their confidence in using technology had improved
- 76% said they enjoyed learning something new

Springboard, Cheshire ²⁶

Springboard is a partnership between Age UK Cheshire and Cheshire Fire and Rescue Services (CFRS). The partnership uses advanced data-sharing to target home visits to older people by CFRS staff. These staff act as a gateway to a range of early intervention and support activities.

In 2005 CFRS, Age UK Cheshire, the local authority and NHS started to seek data sets that could identify older people most in need of support, due to a range of risk factors for poor wellbeing. A data-sharing protocol was established that allowed CFRS to use 'personal' NHS data. This was used in conjunction with information from the Index of Multiple Deprivation and other open data sets, such as details of households receiving assisted bin collections.

Using this data Springboard delivers around 30,000 'smart' home visits per year. As the CFRS and Age UK are trusted community brands, they have a 98 per cent success rate of being invited into people's homes. The approach focuses on older people's capacity, rather than deficits. Older people are connected with local resources, signposted to befriending services, tea/coffee clubs, social and leisure networks and Men's Sheds schemes. The work has resulted in more people who do not reach eligibility criteria for social care receiving help and support at home and becoming more involved with their local community.

Website: www.cheshirefire.gov.uk/partnerships/springboard

3.5 Friends and community interventions – further reading and resources

There is a range of evaluations and evidence reviews that examine interventions targeting social isolation in later life, and across the life course, in addition to reviews of local action implemented to improve social integration.

Interventions targeting social isolation in older people: a systematic review (2011), a study published in BMC Public Health, examined 32 studies for efficacy and provides evidence relating to participatory and non-participatory, targeted and non-targeted interventions, home visits, and internet training to address social isolation in older people.

Loneliness and isolation. Evidence review, by Age UK, provides evidence on the prevalence and effects of loneliness and isolation in later life, and evaluation of recent one-to-one, group and community involvement interventions.

Interventions to reduce social isolation and loneliness among older people: an integrative review (2016), a study by Gardiner et al., conducted an integrative review of interventions that target social isolation and loneliness for older people and examines why specific interventions are successful. Adaptability, community development approaches and productive engagement were factors associated with the most effective interventions. The review also argues for better research to provide more robust data in this area.

Reducing social isolation across the life course (2015), produced by the Institute of Health Equity on behalf of Public Health England, is a practice resource providing evidence of the risks of social isolation during pregnancy, in children and young people, throughout working life, and in retirement and later life. It provides evidence of effective interventions for each life stage.

Immigration and social cohesion in the UK. The rhythms and realities of everyday life (2008), published by the Joseph Rowntree Foundation, set out to improve the understanding of the relationship between new immigrants and social cohesion. The research explored the relationships between long-term residents and new arrivals and the impact of social and economic transformations in six sites across the UK.

If you could do one thing... Local actions to improve social integration is a British Academy policy project on interventions for local authority bodies, businesses and voluntary sector organisations to improve social integration.

Wellbeing and social cohesion (2008), published by the Economic and Social Research Council, is a policy briefing that analyses data from the European Social Survey and explores how policy can support wellbeing for all. The research demonstrates that there are significant differences in the wellbeing and levels of trust in government between different regions, ages and socioeconomic groups.

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