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Aim

The aim of this briefing is to provide analysis of some factors which may contribute to social isolation and/or loneliness. Those factors include: population; black and ethnic minority groups; health and disability; social contact; loss of spouse or partner; one person households; age; lone parent households; deprivation; barriers to housing and services; accessibility; low income households; and unemployment. Data has been drawn from various sources of which details can be found in the further information section at the end of the briefing.

Background

Social isolation has a negative impact on health and wellbeing. By tackling social isolation the burden on health and social care services may be reduced. Reducing social isolation is a priority for social care and public health which is reflected in the Public Health Outcomes Framework and the Adult Social Care Outcomes Framework (% of adult social care users, and adult carers, who have as much social contact as they would like). Although social isolation is more commonly considered in older people it can occur at any stage of life. Certain individuals or groups may be more vulnerable than others, particularly those with physical disabilities or poor mental health; low levels of education; poor or lack of employment; low levels of income; ethnicity; gender; and age. There are links between health and social inequality and social isolation. (Source: Public Health England: Local Action on health inequalities; Reducing social isolation across the life course).

Previous research suggests that people who have limited social contact are at increased risk of death due to the emotional effects of isolation (feeling lonely is bad for health). However, new research suggests that the relationship between social isolation, feeling lonely and risk of death is more complex particularly if demographic factors and initial health are considered. Loneliness is not significantly associated with risk of death but there is a significant link between social isolation and risk of death. Reducing social isolation is likely to have positive outcomes for wellbeing and mortality rates.

Some of the key messages following a national report produced by Age UK “Loneliness and Isolation Evidence Review” are that loneliness and isolation are not the same thing; and that loneliness isn’t just physical isolation or lack of companionship but can be the lack of a useful role in society. Loneliness is subjective, influenced by different circumstances and

events, cultural and psychological factors. Befriending schemes and group activities have proved effective in helping older people out of loneliness and isolation, particularly hard to reach groups who may be physically isolated. Identifying people at risk of loneliness can be difficult but targeting lower socio-economic groups; widowed; physically isolated; people who have stopped driving; those with a sensory impairment and the very old has proved effective. Loss of services and unreliable services can make things worse.

In order to tackle and reduce social isolation, partners must work together; government departments, the NHS, professional bodies, adult social care and health providers all have a key role to play in preventing and reducing social isolation and loneliness, supporting people to maintain their independence but feel part of society by helping to tackle loneliness and isolation especially for older people, vulnerable people, and those caring for others.

Isolation, loneliness and poor social relations are major factors contributing to the exclusion of older people. It is estimated that social isolation affects about 1 million older people and has a severe impact on people's quality of life in older age. (Age UK "Loneliness and Isolation Evidence Review")

Social isolation and loneliness can affect an individual at different stages of life. Factors which may contribute to loneliness or social isolation include: age; living alone; health and disabilities; loss of spouse/partner; poverty and deprivation; geographical barriers - it is important to recognise that it is not only single person households which face social isolation, families who find it hard to access services can become or feel just as isolated. Loneliness is not just a rural issue, people in urban areas feel lonely, too. The analysis below will consider some of these factors and will identify areas/groups of people across the county which may be more vulnerable.

Population

The population of Cumbria is around 497,900 (mid-2014). Over the past 10 years Cumbria's population has increased (+3,000). Population increased across all of Cumbria's six districts with the exception of Barrow-in-Furness and South Lakeland where it has fallen.

When compared to England & Wales, Cumbria has an older population with lower proportions of residents in younger age groups (0-14, 15-29, 30-44) and higher proportions of residents in the older age groups (45-59, 60-74, 75-84, 85+).

Over the next 25 years (to 2037) Cumbria's population is projected to decrease. This is due to the projected fall in the number of young people aged 0-14 years; and a significant fall in

the working age population aged 15-64 years. In contrast, the number of those aged 65+ is projected to increase significantly, mirroring the national picture.

Cumbria's population is ageing rapidly. By 2037 the proportion of residents in Cumbria aged 65+ is projected to increase to 32.9%; compared to 24% in England. All of Cumbria's districts are projected to have greater proportions of residents aged 65+ than the national average, this is more apparent in the districts of South Lakeland and Eden.

Black and Minority Ethnic (BME) Groups

Proportions of Black and Minority Ethnic (BME) groups in Cumbria are low compared to the rest of England & Wales. In the 2011 Census, 17,734 Cumbrian residents reported that they were from BME groups, 3.5% of Cumbria's total population compared to 19.5% in England & Wales. Across the districts, the greatest proportion of residents from BME groups was in Carlisle at 5% compared to 2.4% in Allerdale. Proportions of BME groups varies across areas within the districts; the ward of Windermere Bowness South in South Lakeland has the greatest proportion of BME Groups at 13.3% compared to 0.5% in Hartside in Eden.

Health and disabilities

In Cumbria 19.8% of residents have a long-term health problem or disability, this is above the England average of 17.2%. Levels are greater than the national average in all Cumbrian districts, with the greatest levels being in Barrow-in-Furness where almost 1 in 4 people (24%) have a long-term health problem or disability. 36.5% of Cumbrian residents aged 50+ years have a long-term health problem or disability, in line with the national average; this increases to 46.2% in Barrow-in-Furness and 39.4% in Copeland. Just over half of all residents aged 65+ years have a long-term health problem, just under the national average. In Barrow-in-Furness this increases to 61.4%. There are more females than males who have a long-term health problem or disability, 20.9% compared to 18.7%. It is the same picture for older people, 52.8% of females aged 65+ compared to 48.7% of males. An area (lower super output area) within the Harbour ward in Copeland has the greatest proportion of residents who have a health problem or disability at 38.1%; in Allerdale it is an area within the Moss Bay ward (27.3%); in Barrow-in-Furness it is an area within the Hindpool ward (36.7%); in Carlisle it is in an area within the Morton ward (33.3%); in Eden Penrith Pategill (26.5%); and in South Lakeland in Grange (30.7%).

Adult Social Care Users Survey – social contact

The '% of adult social care users who have as much social contact as they would like' indicator is included in both the Public Health Outcomes Framework and the Adult Social

Care Outcomes Framework. During 2014-15, in Cumbria, 48.2% of people who used adult social care services reported that they had as much social contact as they would like, this is greater than the England average of 44.8%. 43.2% of adult carers reported they had as much social contact as they would like, this is also greater than the national average of 38.5%.

Loss of spouse or partner (widowed)

In Cumbria, there are 29,862 widows or surviving partners of same sex civil partnerships, accounting for 13.4% of all households; this is above the England average of 11.3%. In South Lakeland this increases to 14.1% reflecting the older population. 97.4% of widows or surviving partners are aged 50+ years while 84.4% are aged 65+ years. The ward with the greatest proportion of widows or surviving partners is Penrith Pategill in Eden at 16.1%; followed by the ward of Grange North in South Lakeland at 15.9%. In Allerdale the ward of Silloth has the greatest proportion at 13.3%; in Barrow-in-Furness it is the ward of Hawcoat at 12.8%; in Carlisle it is the Morton ward at 11.6%; and in Copeland it is the Harbour ward at 10.5%.

One person households

There are more than 71,700 one person households in Cumbria, equating to 14.6% of all households across the county. Barrow-in-Furness has the greatest proportion of one person households at 15.8%; followed by the district of Carlisle at 15.5%. There is significant variation in communities across the county. For example, in Barrow Island ward in Barrow-in-Furness more than half of all households are one person (53.7%) closely followed by the ward of Ulverston Town in South Lakeland (52.4%); compared to 17.8% in the Moresby ward in Copeland. The greatest levels of one person households are typically in urban areas. However, because of the county's rural nature there are rural wards such as Grange North and Windermere Applethwaite & Troutbeck in South Lakeland; Appleby and Alston Moor in Eden; where more than a third of all households are one person households.

Almost half (48.9%) of one person households in Cumbria are living in a rural area, compared to just 15.4% in England. In Allerdale this increases to 68.9% compared to 22.1% in Carlisle. Not all people living in a rural area will feel socially isolated. However, if there are geographical barriers to accessing services and community groups then they may be more vulnerable.

50+ one person households

There are more than 205,700 households across the county with residents aged 50+ years, accounting for 42% of all households in Cumbria. There are greater proportions of 50+ households in Cumbria than there are in England reflecting the county's older population. Of those households almost 1 in 4 are people living alone. There are greater proportions of older households in South Lakeland, accounting for almost half of all households (47.2%). There are more female single person households than there are male - this is more apparent in the districts of Barrow-in-Furness and Carlisle.

65+ one person households

There are 32,398 one person aged 65+ households in Cumbria, accounting for 14.6% of all households. There are greater proportions of 65+ one person households in Cumbria than in England reflecting the county's older population. South Lakeland has the greatest proportion of 65+ one person households at 16.3%, above both county and national averages. More than half (53.6%) of one person 65+ households are in rural areas across the county; in Allerdale this increases to 71.9%. The wards with the greatest proportions are Grange North (29.6%) and Windermere Applethwaite & Troutbeck (29.0%) in South Lakeland; Christchurch (20.3%) and Silloth (19.0%) in Allerdale; Hawcoat (21.8%) and Walney North (18.7%) in Barrow-in-Furness; Morton (21.3%) and Stanwix Urban (18.2%) in Carlisle; Harbour (19.3%) and Haverigg (17.4%) in Copeland; Appleby (22.0%) and Penrith Pategill (21.6%) in Eden.

Lone parent households

There are 19,752 lone parent households in Cumbria accounting for 8.9% of all households, below national levels of 10.6%. In Barrow-in-Furness this increases to 11.0%, compared to 6.6% in South Lakeland. The greatest proportion of lone parent households are in the ward of Moss Bay (18.5%) in Allerdale; Central (17.7%) and Risedale (16.7%) in Barrow-in-Furness; Upperby (15.6%) and Botcherby (14.3%) in Carlisle; Sandwith (17.7%) and Mirehouse (16.7%) in Copeland; Penrith West (10.4%) and Penrith East (10.3%) in Eden; and Ulverston East (13.7%) and Kendal Underley (13.6%) in South Lakeland.

Overall deprivation

Cumbria has 29 communities that rank within the 10% most deprived of areas in England, with 8.5% of the county's population living in the 29 communities. Furthermore, twelve communities rank within the 3% most deprived nationally, with 3.6% of the county's population living within these twelve communities. These communities are located in the

wards of Central; Hindpool; Barrow Island and Ormsgill in Barrow; Sandwith in Copeland; Upperby and Belle Vue in Carlisle; Ewanrigg and Moss Bay in Allerdale.

Health Deprivation and Disability

The Health Deprivation and Disability domain within the Indices of Deprivation measures the risk of premature death and the impairment of quality of life through poor physical or mental health. It measures morbidity, disability and premature mortality. There are 55 communities across the county which rank amongst the 10% most deprived in England for this domain, with 17 of these communities falling within the 3% most deprived in the country. These communities fall within the wards of Hindpool, Central, Newbarns, Ormsgill, Barrow Island and Walney North in Barrow; Harbour and Sandwith in Copeland; Moss Bay in Allerdale; and Upperby and Morton in Carlisle.

Income Deprivation Affecting Older People Index (IDAOPI)

The Income Deprivation Affecting Older People Index is a supplementary index within the Indices of Deprivation which represents the proportion of people aged 60 and over living in income deprived households. It considers a range of benefits including income based benefits; working tax credits; and pension credits. There are 8 communities in Cumbria that rank within the 10% most deprived of areas in England, these include areas that fall within the wards of Mossbay in Allerdale; Hindpool, Newbarns, Ormsgill and Walney North in Barrow; Belle Vue and Upperby in Carlisle; and Sandwith in Copeland.

Barriers to Housing and Services

The Barriers to Housing and Services domain within the Indices of Deprivation measures the physical and financial accessibility of housing and key local services. There are 40 communities across the county which fall in the 10% most deprived nationally ; these communities fall within the districts of Allerdale, Carlisle, Copeland, Eden and South Lakeland. This domain is broken down into two further domains: geographical barriers; and wider barriers.

The **Geographical Barriers to Services** sub-domain relates to the physical proximity of local services which include GP practices, primary schools and amenities (post office, general store or supermarket). 82 communities across the county rank amongst the 10% most deprived in England, with 38 of these communities falling within the 3% most deprived in the country. This includes areas in the wards of Lyne in Carlisle; Crummock in Allerdale; Skelton and Warcop in Eden; and Whinfell in South Lakes.

Accessibility

The Department for Transport (DfT) publishes accessibility statistics considering travel times to eight key services (employment centres, primary schools, secondary schools, further education institutions, GPs, hospitals, food stores and town centres) by three modes of transport (public transport / walking, cycling and car).

The average minimum travel time to reach key local services across Cumbria was 16 minutes by public transport / walking, 14 minutes by cycle and 7 minutes by car; these times were all longer than the national averages of 12, 9 and 6 minutes respectively.

Accessibility varies considerably across the districts; Eden has the longest average minimum travel times of 28 minutes by public transport / walking, 31 minutes by cycle and 10 minutes by car (the 2nd longest times for all three modes out of all local authorities nationally). In contrast, Barrow-in-Furness has the shortest travel times of 11 minutes by public transport / walking, 7 minutes by cycle and 5 minutes by car. Within smaller communities across the county travel times vary considerably, for example, for residents living within the ward of Long Marton in Eden it can take 37 minutes to access a hospital by car compared to 5 minutes in urban areas across the county. It can take 20 minutes for residents in Sedbergh and Kirkby Lonsdale in South Lakeland to access a food store by car, compared to 5 minutes in an urban area; and 17 minutes for residents in Seascale in Copeland to access employment by a car compared to 5 minutes in urban areas.

Low income households

The median household income in Cumbria is £25,300, lower than the national (GB) average of £28,700. Household income varies considerably across the districts from £22,700 in Barrow-in-Furness to £27,500 in South Lakeland. There are many households across the county with an annual income of less than £10k; more than 30,000 equating to 13.8% of all households compared to 12.2% nationally. Across the districts Barrow-in-Furness has the greatest proportion at 16.3% compared to 12.1% in South Lakeland. More than half of Cumbria's LSOAs have proportions of low income households greater than the national average. Within each district, areas with the greatest proportions fall within the wards of St. Michael's (28.2%) and Moss Bay (26.7%) in Allerdale; Hindpool (31.8%) and Central (29.6%) in Barrow; Morton (24.2%) and Botcherby (23.8%) in Carlisle; Harbour (26.6%) and Sandwith (26.3%) in Copeland; Penrith Pategill (21.7%) and Appleby (21.1%) in Eden; and Kendal Kirkland (19.3%) and Sedbergh (18.9%) in South Lakeland.

Unemployment

Levels of unemployment are relatively low in Cumbria. In August 2015 there were 4,720 people claiming either Jobseeker's Allowance or Universal Credit (those not in employment). The claimant rate in Cumbria in August 2015 was 1.6%, lower than the national rate of 1.9%. Across the districts, levels of unemployment are greatest in Barrow at 2.8%. Claimant rates are above the national average in the districts of Allerdale (2.0%), Barrow (2.8%) and Copeland (2.1%). Claimant rates for those aged 16-19 years, 20-24 years and 25-29 years are higher in Cumbria than the national average.

Further Information

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Public Health England, Reducing Social Isolation:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/460708/3b_Reducing_social_isolation-Briefing.pdf

NHS; Social isolation increases death in older people:

<http://www.nhs.uk/news/2013/03march/pages/social-isolation-increases-death-risk-in-older-people.aspx>

Age UK, Loneliness and Isolation Evidence Review: http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true

Public Health Outcomes Framework: <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/0/par/E12000002/are/E10000006>

Census, Office for National Statistics: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

Indices of Deprivation: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

Household Income (Paycheck):

<http://www.cumbriaobservatory.org.uk/economy/householdincome.asp>

Accessibility: <http://www.cumbriaobservatory.org.uk/economy/Transport.asp>

Unemployment: <http://www.cumbriaobservatory.org.uk/economy/unemployment.asp>

Population: <http://www.cumbriaobservatory.org.uk/Population/peopleandpopulation.asp>