



Newham London

**NHS**  
**Newham**

# **Joint Strategic Needs Assessment 2010**

## **The London Borough of Newham**

18<sup>th</sup> January 2011

## 12.0 Active and Connected Newham

### 12.1 Introduction

Research links social isolation to poor mental and physical health. Research also shows that social isolation can particularly affect people in marginalised groups such as older or disabled people, new migrants or the homeless. The Marmot Review states:

*"[social networks provide] a buffer against risks of poor health, through social support which is critical to physical and mental well-being, and through the networks that help people find work, or get through economic and other material difficulties<sup>1</sup>"*

Further research undertaken by Holt-Lunstad et al<sup>2</sup> which reviewed 148 studies into the impact of relationships on health found that people had a 50% better survival rate if they belonged to a wider social group. Being lonely and isolated was as bad for a person's health as smoking 15 cigarettes a day or being an alcoholic. It was as harmful as not exercising and twice as bad for health as being obese.

The impact of social connections on wellbeing has led researchers to call on health professionals to take loneliness as seriously as other health risks, such as alcoholism and smoking.

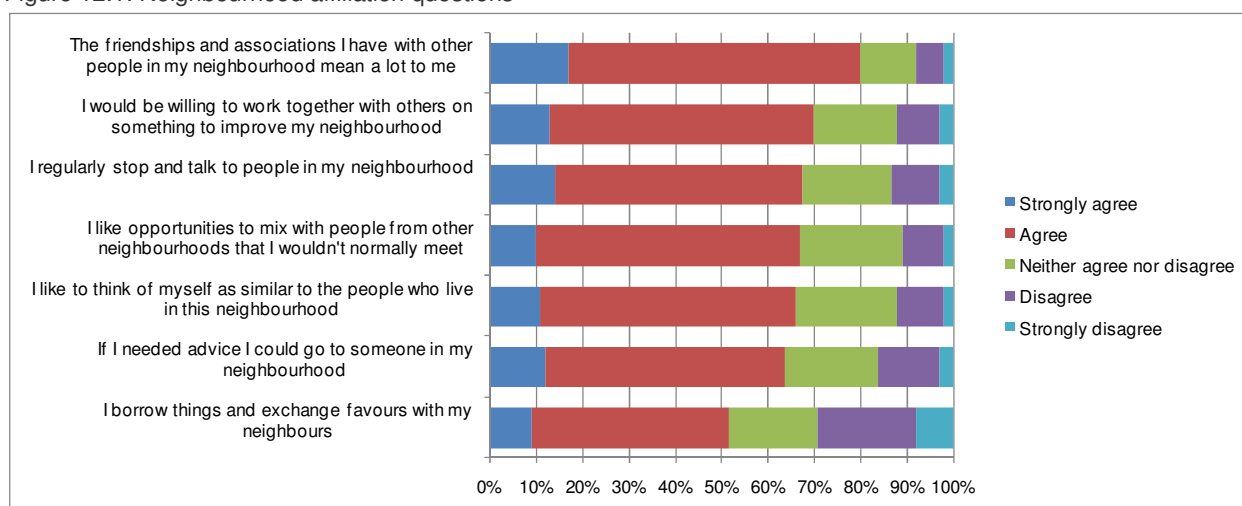
### 12.2 Neighbourhood cohesion

Data from the 2009 Liveability Survey carried out by London Borough of Newham found that more than four in every five respondents (82%) felt they belonged fairly or very strongly to their neighbourhood and just below that (78%) felt they belonged fairly or very strongly to Newham.

There was a difference by age in how strongly people felt they belonged to their neighbourhood with those aged 75 and over twice as likely to feel they belonged very strongly to their neighbourhood as those aged 25 to 44.

The liveability survey also asked a number of neighbourhood affiliation questions. 80% agreed that the friendships and associations they have in their neighbourhood meant a lot to them and 51% agreed that they could borrow things and exchange favours with their neighbours.

Figure 12.1: Neighbourhood affiliation questions



Source: Liveability Survey for Newham, 2009

<sup>1</sup> Marmot Review: Fair Society Healthy Lives: Strategic Review of Health Inequalities in England Post 2010, Pub. Feb 2010 by the Marmot Review; <http://www.marmotreview.org/>

<sup>2</sup> Holt-Lunstad et al; Social Relationships and Mortality Risk: A Meta-analytic Review (2010) In a meta-analysis, Julianne Holt-Lunstad and colleagues find that individuals' social relationships have as much influence on mortality risk as other well-established risk factors for mortality, such as smoking.

## 12.3 Social Isolation

Social isolation has been shown repeatedly to prospectively predict mortality and serious morbidity both in general population samples<sup>3</sup>. People are socially isolated or excluded when they do not have ready access to the networks which support most people in ordinary life, e.g. family, friends, community and employment. Social isolation can affect a number of people including, but not limited to:

- People living in poverty
- People with disabilities
- Ex-offenders
- People with HIV/AIDS
- People with mental health problems
- Homeless people
- Elderly people.

The impact on health and social care is well established. Social isolation, social exclusion and loneliness contribute to the incidence of mental illness, particularly depression, and presents a barrier to mental and emotional wellbeing.

Studies show that people with disabilities are more likely to suffer social isolation. People with disabilities are less likely to see friends and family on a regular basis<sup>4</sup>. People who become disabled through accident or injury are particularly likely to be socially isolated as they are cut off from easy access to many of their previous social networks<sup>5</sup>.

A national 2002 study found that 7% of older people are often or always lonely (although there is evidence that this may be underreported) and 32% report being sometimes lonely. Comparisons with a previous study in 1945 show that there has been very little change in the “often or always lonely” category (8% in 1945) but that there had been a large increase in the number reporting being sometimes lonely (from 13%). Looking at those who reported never being lonely there was a corresponding decrease from 79% in 1945 to 61% in 2002. This is believed to be due to the changes in living arrangements and societal networks over the second half of the 20<sup>th</sup> century<sup>6</sup>.

## 12.4 Key issues and gaps

Information in this edition of the JSNA does not include some examples of innovation and best practice in Newham including:

- Warm Centres and Summer Centres aimed at reducing isolation and providing activities and safe places for older / vulnerable people;
- Volunteering opportunities – Universal, aimed at encouraging those with disabilities to volunteer, aimed at supporting vulnerable people (such as befriending);
- Intergenerational projects and Reminiscence Centres
- Free Swims for older people.

Other measures to combat social isolation amongst older and disabled people include the Home Reader Service which allows members to receive deliveries of library services plus jigsaws, reminiscence materials and reading aids. Members also get a chance to spend time with a “book buddy” and talk about their favourite books, music and films. A mini-bus service is also available to take members to a library to choose books or attend an event. Data on service usage would be useful for future editions of the JSNA.

Investment in services that improve neighbourhood cohesion, reduce social isolation or exclusion and provide access to community events and services to people otherwise unable to attend can improve mental wellbeing and quality of life and have a preventative affect on health and social care need.

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<sup>3</sup> House, James P; *Social isolation kills, but how and why*; Psychosomatic Medicine, 63:273-274 (2001)

<sup>4</sup> European Commission; *People with disabilities: fighting poverty and social isolation*; European Commission, 2010

<sup>5</sup> Wassom, Bob; *Isolation prevalent in people with disabilities*; Disaboom: <http://www.disaboom.com/disability-health-and-wellness-general>

<sup>6</sup> Victor, C R; *Loneliness, Social Isolation and Living Alone in Later Life*; Economic and Social Research Council, 2002

