Leveraging Community Assets to Tackle Social Isolation and Loneliness: A Needs Assessment of the London Borough of Hammersmith & Fulham

Executive Summary

Dissertation by: Mr Hao Yang Pang, Master of Public Health (MPH)
Co-Supervisors: Drs Marize Bakhet & Shamini Gnani

Supervisor & Principal Investigator: Dr Austen El-Osta
(ICREC #19IC5385)

This study is an investigation of factors that influence the routine adoption and diffusion of evidence-based asset-based community development (ABCD) initiatives to combat social isolation and loneliness in the contemporary setting (using LBH&F as a case study)

INTRODUCTION

- Social isolation may affect people of all ages, but it does not equate to loneliness and vice versa. Although acknowledged to be different concepts, social isolation and loneliness (SI&L) are often considered together.
- SI&L is a rising problem in society and has negative impacts to individual health as well as wider economic and societal impacts. The public health implications of SI&L are well documented.
- There have been numerous attempts in the literature to identify predictors of loneliness, but this subjective phenomenon remains difficult to measure, and its prevalence is thought to be significantly under-represented.
- Known predictors of loneliness include living alone, living in rented accommodation (instead of being a homeowner), having poor health or poor functional status etc.,
- Successful interventions aimed at combatting SI&L include befriending schemes, skill development strategies and psychological therapies.
- The UK government published its first Loneliness Strategy in October 2018, signalling the first important step in the DH's long-term commitment to combat SI&L.

However, our pragmatic review of the literature also revealed several knowledge gaps:

- Little is known about the suitability, effectiveness and sustainability of the recommendations presented in the UK's Loneliness Strategy
- Little is known about the prevalence and state of SI&L in localities within the UK (beyond the modelling work undertaken by Age UK which only explored rates of SI&L in the elderly population)
- There are various examples of how community assets could be used to combat SI&L, but no recent enquiry as to how asset-based community development (ABCD) interventions could be applied to reduce SI&L in the contemporary setting

- We did not find any studies that sought to understand the knowledge, attitude and perceptions of key stakeholders from the social care, local authority, council and third sector workforce as regards the drivers and barriers for the routine adoption of ABCD interventions to combat SI&L

STUDY AIM

- Identify extant barriers and drivers for the routine adoption and diffusion of community-based interventions to combat social isolation and loneliness in the contemporary setting.
- LBH&F was used as a case study.

STUDY DESIGN AND METHODS

A mixed-methods research approach was used to conduct a needs assessment of LBH&F in the context of SI&L. This broadly involved 3 phases of investigation:

1. A **data-led evaluation of SI&L-relevant population statistics** of LBH&F and its sub-geographical regions (this involved determination of loneliness predictors from the literature and synthesis of population information from governmental sources)

2. **Compilation of physical community asset map** within LBH&F (this was based on the widely used ABCD methodology, and included the identification, characterisation and rating of assets to determine their usefulness in interventions to combat SI&L)

3. **Semi-structured qualitative interviews** with key stakeholders (including NHS, LBH&F LA, council, community and social care & Imperial College London staff) to capture perspectives and emergent themes concerning extant barriers and drivers for the commissioning and implementation of ABCD initiatives to combat SI&L. Ethical clearance from Imperial College Research Ethics Committee (ICREC reference 19IC5385) was sought to enable qualitative data collection form key stakeholders.

MAIN FINDINGS (abridged)

Predictors of loneliness in LBH&F

- We found 2 instances where LBH&F population demographics indicated a greater risk of SI&L when compared to demographic data from Greater London: 1) higher proportion of single, never-married people and non-elderly people who live alone, and 2) a lower proportion of homeowners. Conversely, higher education levels are associated with a lower risk of SI&L, and LBH&F had a higher proportion of residents with Level 4 (university degree level or above) qualifications

- LBH&F has 13 LSOAs that fall under the top 10% most deprived LSOAs in England for Income (n=12), Employment (n=2) and Health and disability deprivation (n=4).
- 3 LSOAs in the borough fell under 2 or more SI&L-relevant deprivation domains that placed them in the top 10% of the most deprived in England: College Park and Royal Oak (001C) had 2 domains, whereas Shepherd's Bush Green (004B) & Fulham Broadway (015A) had 3 domains each.

Asset Mapping

- 253 individual assets in LBH&F were compiled in the asset inventory. More than half (52%, n=132) of these assets were determined to be both useful for SI&L interventions and are readily accessible for mobilisation at little or no cost.
- Assets were illustrated on a map of LBH&F, which was superimposed on LSOA map of the borough. This analysis showed that the distribution of the of assets was uneven across the borough.
- There were large differences between some wards' asset number ranking and population density ranking across the borough. For example, Addison Ward ranked 11th (poor) in number of assets but had the second highest density of residents, whereas Shepherd's Bush Green ward had the highest (good) number of SI&L-relevant community assets in LBH&F but ranked only 13th (low) in population density.
- The juxtaposition of assets in relation to LSOAs resulted in a heat map showing the distribution of areas with higher risk of SI&L.
- Paradoxically, one of the most multi-deprived LSOAs that is most at risk of SI&L is adjacent to Europe's largest shopping centre (Westfield) and is co-terminus with one of England's most affluent boroughs (the Royal Borough of Kensington & Chelsea)

Contextual findings

- A number of key emergent themes were identified from interviews with a wide mix of stakeholders (n=19) in LBH&F.
- Participants were well-informed of the public health and societal challenges associated SI&L, the impact of deprivation, and the prevalence of vulnerable populations and groups within the borough.
- There was also a recognition that measuring SI&L remains difficult, with most participants expressing a lack of granular knowledge regarding prevalence of SI&L in LBH&F (as is the case elsewhere).
- Several practical recommendations for future SI&L interventions were made, including interventions using community assets.
- The main barriers for the commissioning and implementation of ABCD interventions to combat SI&L include: (1) agencies working in silos, (2) fragmented budgets, (3) insufficient funding, (4) interventions are one-time and not usually sustainable, (5) competing interests between various stakeholder groups, (6) no one-size-fits-all approach, and (7) SI&L could affect different age groups and individuals from different ethnic backgrounds and different walks of life.

LIMITATIONS

The study has a number of limitations including:

- LBH&F was considered in isolation without taking into account adjacent assets in neighbouring boroughs,
- The asset map did not include all third sector/charities, or any corporations, businesses, skilled individuals and informal social networks and organised groups (the so-called the 'gifts of individuals' asset according to ABCD methodology)
- Limited timeframe of the research (the qualitative arm of this study is still ongoing)
- Did not interview residents of the borough, but only stakeholders from the NHS, LA, CCG, the local council, & academia.

RECOMMENDATIONS

- LBH&F has populations that are deemed at higher risk of SI&L when compared to Greater London, and future intervention design should take these populations into consideration.
- Geographically deprived areas, particularly LSOAs which are deprived in one or more SI&L-relevant deprivation domains are areas of concern which necessitate a more granular investigation to inform development of interventions to combat rise in SI&L in the communities.
- The asset inventory and map can be used (as a starting point) for the planning of SI&L interventions by leveraging these already available physical community assets. Shortfalls in assets in certain wards can be addressed in future urban development plans of the borough.
- An updated and comprehensive asset map of LBH&F is indicated which could form the basis of a geographic information system (GIS) with added functionality. The GIS may then be made available to residents to serve a variety of functions.
- Stakeholder insights gleaned from this study are valuable and can inform new methods of collaborative working and future intervention design.
- A unified, cross-departmental and collaborative borough-wide approach is required to sustainably address SI&L in LBH&F. This requires the breakdown of manifold 'silos of activity' coupled to a dedicated/pooled budget for disbursement to realise strategic objectives over a longer period of time (3-5 years).

CONCLUSIONS

- SI&L is an important area of applied research, and this phenomenon will remain as one of the world's rising 'wicked' problems of society.
- Joined up working and a borough/region-wide decision and strategy to combat SI&L is indicated to ensure evidence-based interventions are sustainably introduced to raise awareness, mitigate risks and combat SI&L in people of all ages and from all walks of life.
- Existing community assets could be leveraged to support a wide range of lifestyle, social prescribing and other community interventions aimed at reducing SI&L.
- Further applied research and collaboration could help identify suitable options for mobilisation and deployment of ABCD to curb SI&L in LBH&F.
- The contextual findings of this study can be considered generalisable to a large extent.

DATA SNAPSHOTS

Table 12: Ratings and number of assets per asset type.

*RAG ratings for each asset type, alongside a brief description of the asset type's utility, is presented. Justifications for ratings can be found in full in **Appendix B**.*

Asset Class	Asset Types	Number of Assets	RAG	Summary Notes
Health Assets	GP Clinics	26		Often a first point of contact for lonely individuals. Access to social prescribing.
	Pharmacies	39		Acknowledged as part of the NHS social prescribing model.
	Hospitals	3		Reduction of SI&L-related burden on hospital services is an active priority.
	Urgent Care Services	3		Little relation to SI&L.
Local Institutions	Libraries	6		Hubs for social events that are relatively low cost.
	Parks and Green Spaces	9		Hubs for social events, with additional health benefits associated with green surroundings.
	Gyms and Leisure Centres	5		Opportunities for social interaction and regular group exercise classes.
	Social Services	1		Point of contact for social and housing needs.
	Charities and Non-Profits	19		Improved access to vulnerable populations, including people afflicted with SI&L.
	Schools	67		Runs regular school and after-school activities, but less mobile for regular community events.
	Fire Stations	2		Home visits might helpful as SI&L-interventions but have their own fire and rescue objectives.
	Shopping Centres	5		Good for social interactions, but less applicable for community interventions due to businesses.
	Police Stations	2		Little relation to SI&L.
Citizens' Associations	Places of Worship	27		Hubs for social interaction and hosts regular events for participants.
	Cultural Associations	NA		Especially valuable for minority ethnic groups in terms of providing a "sense of belonging".
	Athletic and Recreational Groups	NA		Adds value to community experience and provides a "sense of belonging".
	Residents' Associations	39		Run projects that benefit the community but have other infrastructure and neighbourhood objectives.
	Neighbourhood Watches	200 streets		Little relation to SI&L.

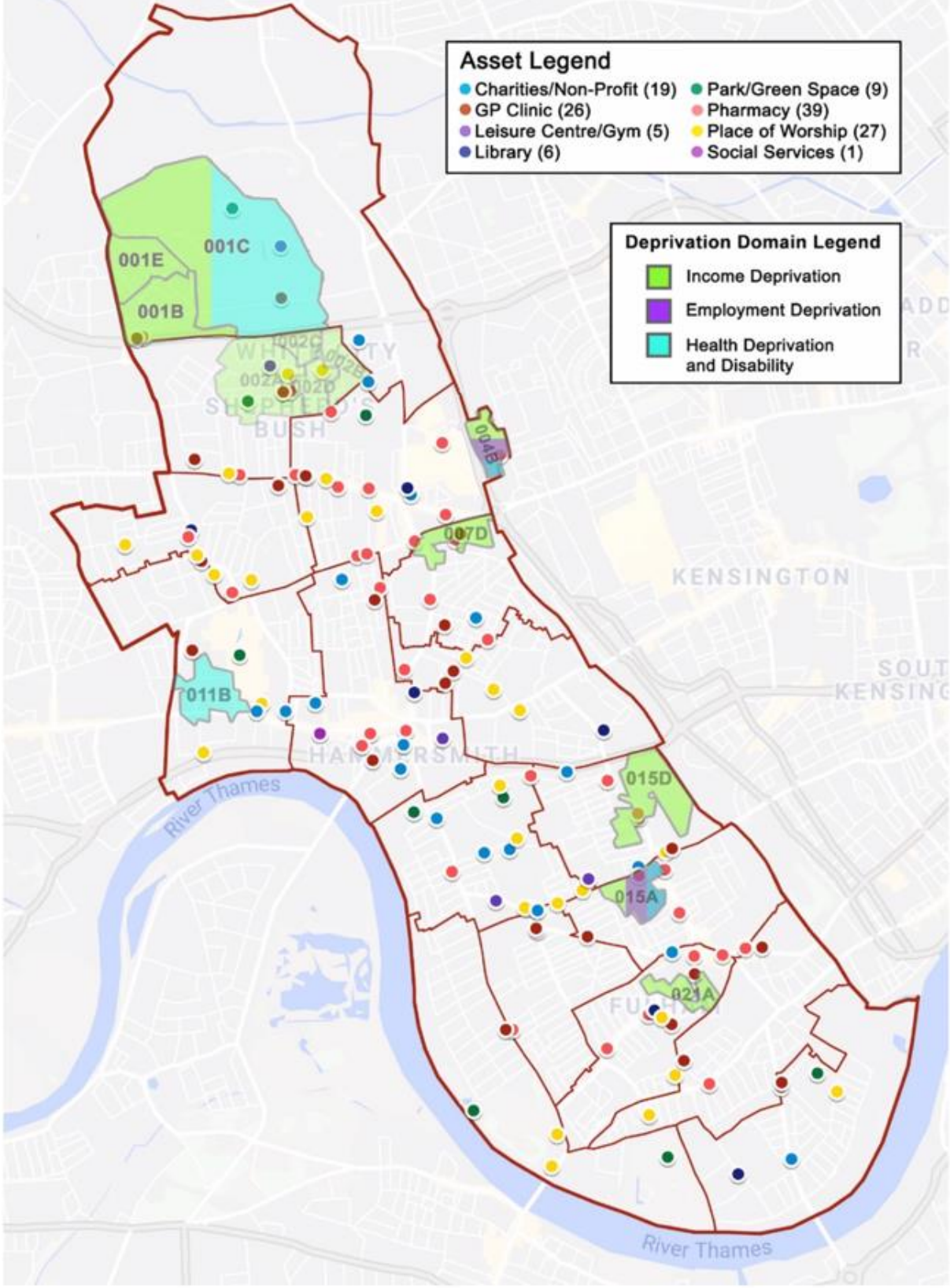

Figure 5: Composite Map of LBH&F Asset Map and Deprivation Map.
This shows the spread of physical community assets throughout the borough, and the proximity of assets to deprived LSOAs. Modified from Google My Maps output.

Table 13: Tabulation of "Green" assets in LBH&F arranged by ward and asset sub-type.

*Wards are ranked and arranged according to number of assets for comparison with population density (**Table 6**).*

Ward Name	Charities/ Non-profits	GP Clinics	Leisure Centres/ Gyms	Libraries	Parks/ Green Spaces	Pharmacies	Places of Worship	Social Services	Number of Green Assets	Asset Number Rank	Population Density Rank
Shepherds Bush Green	1	1	-	1	1	11	3	-	18	**1**	13
Hammersmith Broadway	4	2	1	1	-	4	-	1	13	**2**	12
Fulham Reach	3	1	1	-	2	1	4	-	12	**3**	8
Town	2	2	-	1	-	4	2	-	11	**4**	6
North End	2	2	1	-	-	3	1	-	9	**5**	5
Wormholt & White City	-	2	1	-	1	2	3	-	9	**5**	7
Askew	-	1	-	1	-	2	4	-	8	**7**	2
Avonmore and Brook Green	-	2	-	1	-	1	3	-	7	**8**	9
College Park & Royal Oak	2	2	1	-	1	1	-	-	7	**8**	16
Ravenscourt Park	2	2	-	-	1	-	2	-	7	**8**	14
Addison	1	2	-	-	-	3	-	-	6	**11**	1
Sands End	1	1	-	1	1	1	1	-	6	**11**	10
Fulham Broadway	-	2	-	-	-	3	-	-	5	**13**	3
Munster	1	1	-	-	-	2	1	-	5	**13**	4
Palace Riverside	-	1	-	-	2	-	2	-	5	**13**	15
Parsons Green & Waltham	-	2	-	-	-	1	1	-	4	**16**	11
Totals of Asset Sub-Types:	**19**	**26**	**5**	**6**	**9**	**39**	**27**	**1**	**132**	**Spearman's Rho (r_s):**	**-0.087**

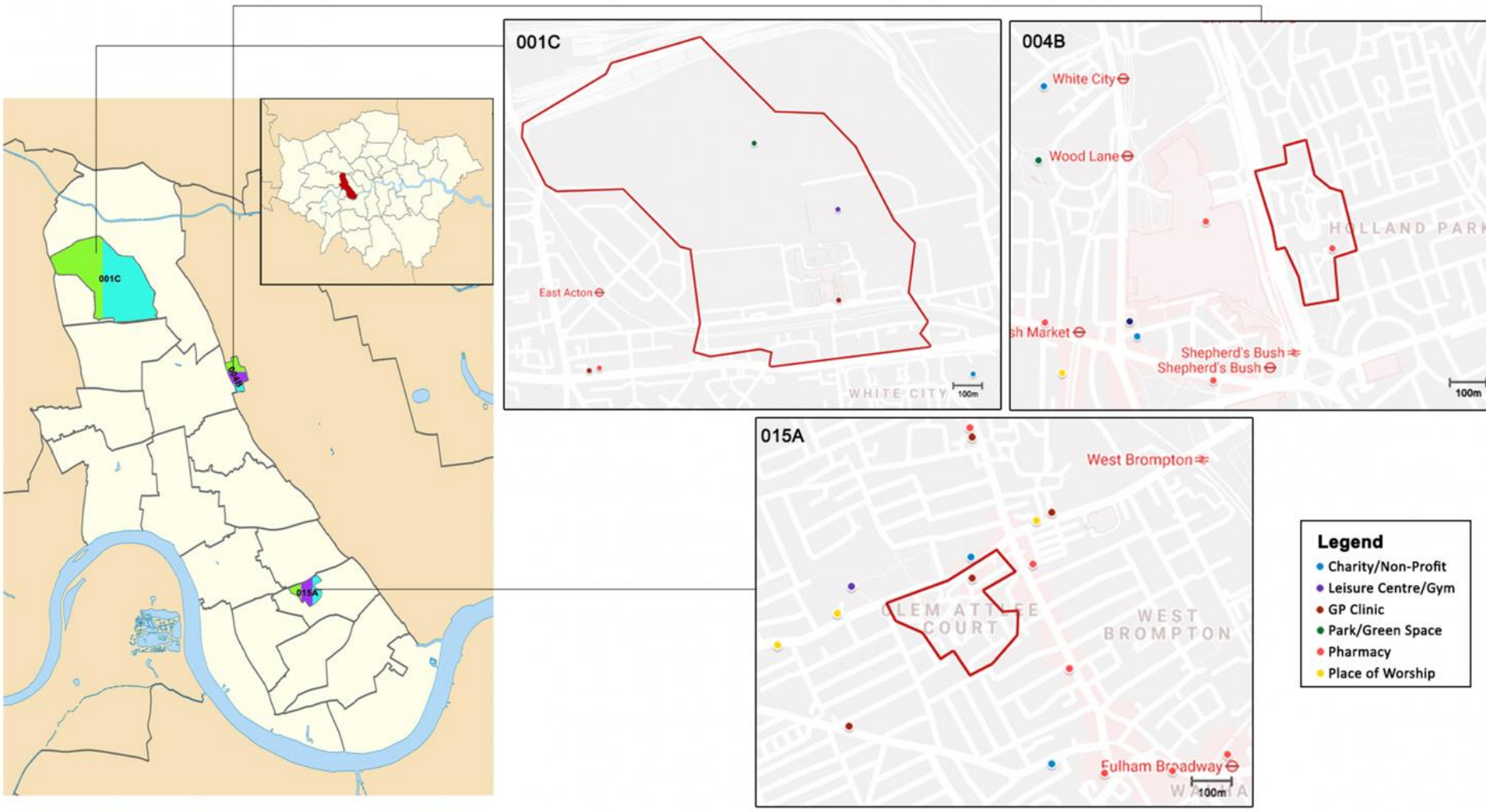

Figure 6: Geographical boundaries and assets of multi-deprived LSOAs.

Lines point from the LBH&F ward map to multi-deprived LSOAs. Legend indicates the types of assets within and in the vicinity of the LSOAs. Ward map modified from Wikimedia Commons (59). LSOA maps modified from Google My Maps output.

Table 17: Themes elucidated from qualitative interviews.

Topic Areas	Sub-topic Areas	Elucidated Themes
SI&L as an area of knowledge	General impressions of SI&L epidemic	• SI&L is a hot topic in public health, and a pressing issue • There are divergent opinions on the prevalence of SI&L
	Differences between social isolation and loneliness	• Social isolation and loneliness are largely considered separate phenomena • There is a collective national stance on the two as one phenomenon
	Deprivation as a SI&L contributing factor	• Deprivation worsens SI&L • Deprivation can bring people together
State of SI&L in LBH&F	Observations on SI&L in LBH&F	• General unawareness of the state of SI&L • Similarities between LBH&F and London's SI&L prevalence
	Higher-risk populations in LBH&F	A wide range of named populations, including: • Both old and young • People who live alone • Transient populations • People who do not speak English • Bereaved or divorced people • People with mental health problems • The poor • Homeless people • Night workers • New mothers • Unemployed • Residents of housing estates
Interventions and resources to mitigate SI&L	Available resources and infrastructure for reducing SI&L	• Usefulness of community assets described by ABCD • Social prescribing as a valuable community asset • A large voluntary sector available for use • Uncertainties regarding available resources
	Failings of existing resources and infrastructure	• Funding insufficiencies cripple interventions • Failures to reach out to community for input and advertisements • Stigma associated with SI&L leads to people not seeking help • Time needed for interventions to be established not granted • Agencies working in silos and local politics
	Next steps for improving what exists	• Creating a repository of resources • Leveraging social networks and knocking on doors • Identifying vulnerable people and improving evidence bases • Following a life course approach by reaching children first • Making better use of the built environment • Improving advertising • Involving GPs in the design and distribution of interventions
	Technology's role in mitigating SI&L	• Technology is an effective tool and holds vast potential • The value of word-of-mouth over digitisation • Divergent opinions on the impact of social media on SI&L

End.