



Community Research and Support Project 2020

Help on Your Doorstep

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1. Introduction

In autumn 2019 Help on Your Doorstep was one of the organisations commissioned by Islington Clinical Commissioning Group (CCG) to deliver the 18/19 Community Research and Support Project

The CCG's aim was to understand:

- The experience of our diverse communities when accessing health services in Islington.
- What barriers different communities face in accessing the help and support they need to maintain good health and wellbeing, and their views on how we might overcome these.
- The views of different communities on what they feel impacts their health and wellbeing.

In the invitation to tender the CCG signalled its intention to:

- **Act upon what we hear** to ensure services are planned and commissioned with local communities' views, to better meet their needs.
- **Assist local community organisations** to better support their clients in **providing information** on accessing health and council services, self-care and looking after their wellbeing.
- Enable local organisations to support and assist their clients to **access the health, wellbeing or other support** that they need.

The target groups that the project aimed to reach included those within the nine protected characteristics and inclusion health groups. This includes carers and those who experience high deprivation.

In delivering this project Help on your Doorstep spoke to 113 Islington residents using a semi- structured survey questionnaire which explored:

- Isolation
- Residents' experiences of navigation and social prescribing

This report contains the findings of Help on Your Doorstep's community research. Claremont has produced a separate report which shares the findings from its own respondents. A joint summary report has been produced to bring together the findings and recommendations from both organisations.

2. Executive Summary

HOYD interviewed 90 people in the first phase and an additional 23 in the second phase. 50% of interviews were conducted with residents who had accessed HOYD services in the past and the remaining 50% with first time users. In addition to the resident interviews feedback was gained from 18 GPs and other primary health professionals on their use and perspectives on social prescribing and navigation services

The HOYD research found that residents' feelings about their personal support networks can vary at different stages of their life. Younger people under 50 and those over 70 were stages were more likely to feel they had support they could rely on. People aged 50 – 69 were least likely to have people around them to provide support. many older people identified grown up offspring and grandchildren as an important source of support. Support from family and friends is very important to respondents. Where people reported complex needs support from family and friends often needs to be supplemented by more formal support.

HOYD also found that people with long term health conditions often have needs connected to these conditions and can feel reluctant to ask for support or participate in community based activities because of these health conditions. factors such as the proximity, accessibility and familiarity with services, activities and groups become even more important if these residents are to be successfully engaged.

Isolation affected all groups within the survey sample. Men, people with disabilities and those living with long term conditions experience higher levels of isolation. The support systems that people rely on are often not enough to prevent isolation. Social isolation can feel 'devastating' to those who experience it, with significant mental health implications. Respondents described feeling vulnerable, anxious, depressed, overwhelmed unable to self-care. There is often a 'don't ask, don't tell' attitude to social isolation. People often find it hard to talk about their feelings of isolation and get the right support.

Within the HOYD group people who reported feeling isolated were half as likely to regularly attend activities or groups that are happening in the local community. In some cases, this suggests a vicious circle of social isolation preventing participation and non-participation entrenching social isolation.

The features of activities that are most likely to engage residents include. those that are locally promoted and delivered; accessible and welcoming; informed by local residents' interests and needs and have the capacity and flexibility to support effective initial engagement.

HOYD found that the language used to describe the opportunities for residents to be connected to other beneficial wellbeing services is not understood by ordinary people, which may impact on their engagement in these schemes. Almost 9 out of 10 respondents were unfamiliar with the terms 'navigation scheme' or 'social prescribing service'. However, (once explained) 50% said that they had experienced these services. Half of respondents said that they had never been referred or told about a non-health related group/service/activity by a professional. GPs were the biggest single referrer into other services and activities. Residents will often react positively to referrals and signposting from a trusted professional and will give it a go. Over 90% of respondents referred to services went on to engage with those services. Of these 89% said that they had positive experiences

Residents' priorities when considering programmes were:

- friendly welcoming staff
- joining in with people they were familiar with
- activities locally available

Overall there appeared to be a good level of awareness amongst GPs responding to our survey ranging from reasonably or moderately confident to 'very confident'. But acknowledgement that this may be system wide. GPs think schemes and services could be better connected up and delivered more effectively through: -

- Better communication between GP practices and community providers
- Development of a Single point of Access/triage for practices to refer patients into
- It was felt that there should be clearer opportunities for patients to self-refer
- The locality arrangements were also seen as an opportunity for improved co-ordination

Factors contributing to the underuse of Social prescribing services were thought to be: -

- Whole team awareness lacking
- Pressured consultations and complex clinical issues leaving limited capacity to refer
- A confusing array of services and difficult access arrangements
- Patients not always interested in available services

We have made a number of recommendations these include:

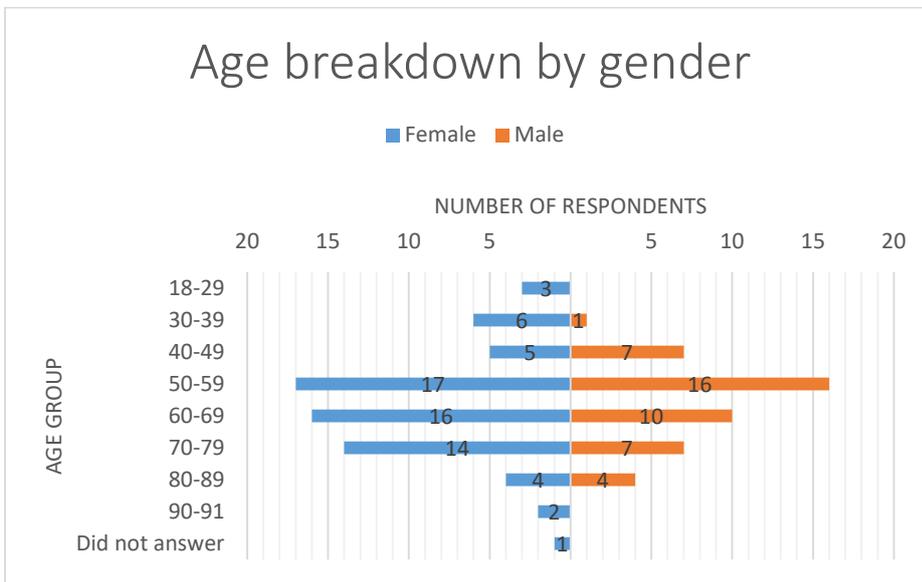
- Addressing the challenges that many residents face in understanding and dealing with feelings of isolation, by promoting wider awareness of 'social isolation' within the community - its causes, symptoms and solutions
- Working with communities to develop and deliver provision that is age, gender and culturally sensitive, considering the needs and preferences of the people who will use these services and activities. Though doing so funders commissioner's will be better able to 'design out', barriers, develop provision that people want and provide opportunities for a strengths based approach
- Support the development of and delivery of effective accessible, provision for people with long term conditions. This would include accessible, community based, local venues, better information that not only promotes activities and services but provides reassurances about accessibility and support for those with long term conditions. Other things that would help include developing approaches to supporting isolated people with volunteers, buddies or peer supporters that can accompany people to activities and facilitating support with transport for those activities that are not local.
- Recognising the role of family, friends and neighbours of isolated residents as the main source of trusted support for many people who experience isolation and providing information and support to these key groups.
- Promoting and supporting skills development and best practice in service delivery
- Raising public awareness of social prescribing and navigation services available and how they can be accessed
- Improving links between health services and social prescribing/ navigation services

3. Demographic Information

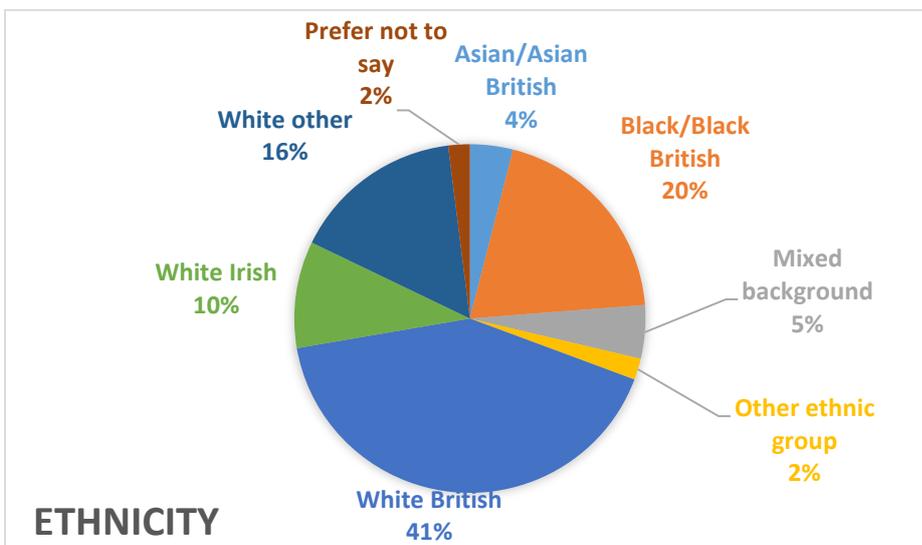
Help on Your Doorstep surveyed 113 Islington residents as part of the 2019 community research and support project. People were interviewed in a number of different service environments, including Connect offices, at Good Neighbour Scheme activities, and at other community activities. However, we were keen to include participants that had never previously used Help on Your Doorstep services in order to gain a more rounded understanding of community perspectives.

In all 68 women (60%) and 45 men (40%) were surveyed this represents a slightly higher proportion of men who regularly access our services. Our gender split, year to year tends to be 65% female and 35% male.

The majority of respondents were over 40 years old and under 80 years old and the largest groups for both men and women were those in the 50s and 60s age group



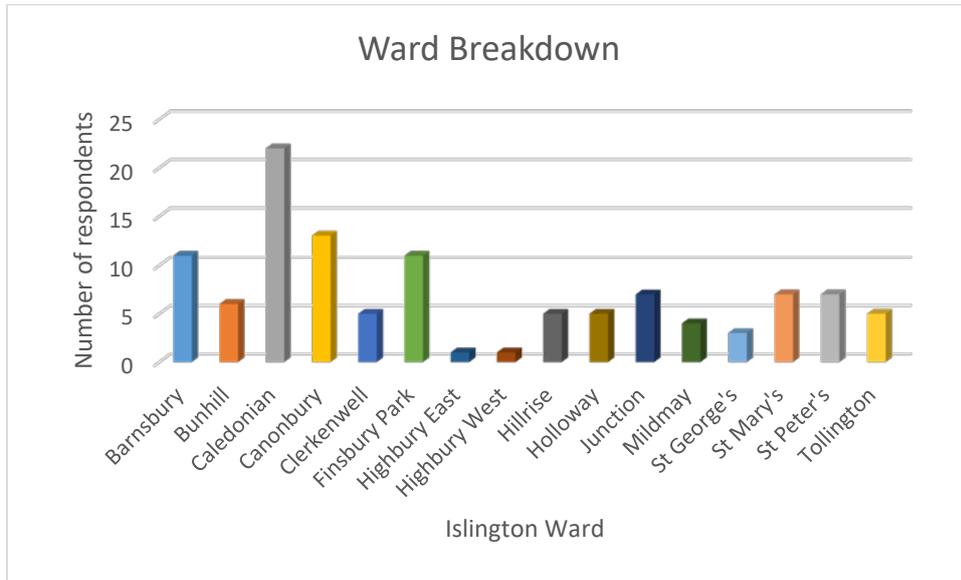
We interviewed a diverse group of residents as detailed in the pie chart below



The tables below provide a further breakdown of the profile of the 113 residents that we surveyed

| <table border="1"> <thead> <tr> <th>Sexual Orientation</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Heterosexual</td> <td>100</td> <td>87%</td> </tr> <tr> <td>LGBT</td> <td>5</td> <td>4.3%</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0%</td> </tr> <tr> <td>Prefer not to say</td> <td>10</td> <td>8.7%</td> </tr> </tbody> </table> | Sexual Orientation | Number | % | Heterosexual | 100 | 87% | LGBT | 5 | 4.3% | Other | 0 | 0% | Prefer not to say | 10 | 8.7% | <table border="1"> <thead> <tr> <th>Religion/Belief</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>58</td> <td>51%</td> </tr> <tr> <td>Muslim</td> <td>7</td> <td>6%</td> </tr> <tr> <td>No religion</td> <td>21</td> <td>19%</td> </tr> <tr> <td>Other</td> <td>20</td> <td>18%</td> </tr> <tr> <td>Prefer not to say</td> <td>7</td> <td>6%</td> </tr> </tbody> </table> | Religion/Belief | Number | % | Christian | 58 | 51% | Muslim | 7 | 6% | No religion | 21 | 19% | Other | 20 | 18% | Prefer not to say | 7 | 6% |
|---|---|--------|---|--------------|-----|-----|-----------------|-----|------|---|------------------|-----------------------|-------------------|----|-------------------------------------|--|-----------------|--------|----------|------------------|--------------------|-----|-------------------------------|----|------------------|-------------|-----------------|-----|--------------|----|-----------------------|-------------------|---------|----|
| Sexual Orientation | Number | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th>Do you have a long-term health condition?</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>8</td> <td>7%</td> </tr> <tr> <td>Yes</td> <td>105</td> <td>93%</td> </tr> </tbody> </table> | Do you have a long-term health condition? | Number | % | No | 8 | 7% | Yes | 105 | 93% | <table border="1"> <thead> <tr> <th>Health Condition</th> <th>Number of Respondents</th> </tr> </thead> <tbody> <tr> <td>Cancer</td> <td>2</td> </tr> <tr> <td>Heart condition/High blood pressure</td> <td>34</td> </tr> <tr> <td>Stroke/TIA</td> <td>3</td> </tr> <tr> <td>Diabetes</td> <td>21</td> </tr> <tr> <td>Chronic Depression</td> <td>19</td> </tr> <tr> <td>Other mental health condition</td> <td>28</td> </tr> <tr> <td>Kidney condition</td> <td>6</td> </tr> <tr> <td>Liver condition</td> <td>2</td> </tr> <tr> <td>Chronic pain</td> <td>49</td> </tr> <tr> <td>Respiratory condition</td> <td>26</td> </tr> <tr> <td>Other *</td> <td>67</td> </tr> </tbody> </table> | Health Condition | Number of Respondents | Cancer | 2 | Heart condition/High blood pressure | 34 | Stroke/TIA | 3 | Diabetes | 21 | Chronic Depression | 19 | Other mental health condition | 28 | Kidney condition | 6 | Liver condition | 2 | Chronic pain | 49 | Respiratory condition | 26 | Other * | 67 |
| Do you have a long-term health condition? | Number | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Diabetes | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic Depression | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other mental health condition | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kidney condition | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liver condition | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic pain | 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respiratory condition | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other * | 67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><i>*67 participants identified that they have health conditions 'other' than those on the list. These included: 9 identified arthritis, 3 of these were specified as rheumatoid arthritis, 5 with COPD and 46 people identified that they live with multiple long term health conditions.</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Residents living in all sixteen wards of the borough participated in the survey. The wards where HOYD has physical offices had the largest numbers of respondents.



4. Social Isolation

We asked respondents a number of questions about social isolation, exploring their experience; their support networks; their personal strategies to combat isolation and barriers to participation in activities that improve wellbeing.

Do residents feel that they have people around them who can support them when they need it?

- The majority 78% said 'yes' they felt that they had support networks that they could rely on when needed
- Women were more likely than men to identify people around them who could provide support. Only 18% of women said that they did not have a support network compared to 29% of men.
- White British (83%) and Black and Asian respondents (81%) were most likely to identify people around them who could provide support when needed.
- Only 66% of people identifying themselves as 'non-British white' ('White other' and 'White Irish') were able to identify people around them who could provide support when needed.
- Older residents over 70 were much more likely to say they had people around who could support than those in their 50s and 60s. (Positive responses from those between 50 and 59 (73%), 60 and 69 (73%), 70's (76%). For those over 80 the percentage of participants linked to informal support increased to 90%). A significant factor in the increased level of affirmative answers in older age groups is the role of settled, grown up offspring in supporting elderly parents.
- Most respondents under 50 also reported good support networks. 14% of those in their 30's and 17% in their 40's suggested that they did not have good support networks.

RESIDENTS FEELINGS ABOUT THEIR PERSONAL SUPPORT NETWORKS CAN VARY AT DIFFERENT STAGES OF THEIR LIFE. YOUNGER PEOPLE UNDER 50 AND THOSE OVER 70 WERE MORE LIKELY TO FEEL THEY HAD SUPPORT THEY COULD RELY ON. PEOPLE AGED 50 – 69 WERE LEAST LIKELY TO HAVE PEOPLE AROUND THEM TO PROVIDE SUPPORT. MANY OLDER PEOPLE IDENTIFIED GROWN UP OFFSPRING AND GRANDCHILDREN AS AN IMPORTANT SOURCE OF SUPPORT

Who are these people that provide support? What do respondents think about the support they get from them?

- Family and friends were the most frequently mentioned sources of support. Family was mentioned 46 times and friends were mentioned 29 times by the 113 respondents
- Participants also talked about neighbours as a source of valuable support, but also recognised that neighbours moving home could often lead to a loss of that support.
- Voluntary community organisations (39 mentions) are an important support system for respondents. These include community centres, floating support organisations and services such as those delivered by Help on Your Doorstep, Age UK and the Parent House.

- Whilst family, friends and neighbours are a primary source of support residents with health issues or complex support needs appeared to be acutely aware of the limitations of this support and often were concerned about being a burden to others.
- 11 people identified their GP as their main source of support

Quotes

'A good family base. My kids are really good to me.'

'Daughter - She listens to me and gives me advice. Sometimes I don't like to disturb her because she is a carer.'

'Family -they give good advice and help me keep a routine.'

'Friends. It's limited because they are friends. They try to help but they don't know much about my condition'

'Friends mainly, but this does depend on their own commitments.'

'Neighbours -They help me with my shopping and if I'm worried or scared I can go to them for support. i.e. if someone I don't know is knocking on my door.'

'Good Neighbours Scheme activities - acquaintances. Two close friends.

Three neighbours. They are reliable, 'un-intrusive'.'

SUPPORT FROM FAMILY AND FRIENDS IS VERY IMPORTANT TO RESPONDENTS. WHERE PEOPLE HAVE COMPLEX NEEDS SUPPORT FROM FAMILY AND FRIENDS OFTEN NEEDS TO BE SUPPLEMENTED BY MORE FORMAL SUPPORT.

For people who don't have people around you who can support you - why is this the case? Where do they go to when you need help and support?

- The main reason cited by respondents as to why they do not have support was that they did not have family/friends nearby or strained familial relationships.
- A quarter of respondents to this question talked about their wish to be independent or not to be a burden on others.
- GPs were cited as a source of support by 25% of respondents to this question (in addition to the 11 people who identified GPs in the previous question)

Quotes

'My family have their own restrictions and health problems. They have suggested that I contact social services if I need help. I manage my support needs myself.'

'I usually visit the hospital and also have a counsellor when I need it. My health conditions can be too much for others to deal with.'

'I do have friends, but they are sick themselves and my brother had 3 heart attacks, he can't support me. I come to Help on your Doorstep if I need any support.'

'I go to the GP and hospital if I need help and support. I used to have lovely neighbours upstairs but they moved out. I do not work at the moment and that made me feel more isolated. I do not go out a lot either as I do not really want to. My sister used to live here but she passed away, most of my friends moved outside of London.'

My family are not local. When I feel depressed I contact my GP or HOYD.'

'I have no family that live nearby. I know a couple of centres where I can go if I need support but when I need to go I may be in too much physical pain to go.'

PEOPLE WITH LONG TERM HEALTH CONDITIONS OFTEN HAVE NEEDS CONNECTED TO THESE CONDITIONS AND CAN FEEL RELUCTANT TO ASK FOR SUPPORT OR PARTICIPATE IN COMMUNITY BASED ACTIVITIES BECAUSE OF THESE HEALTH CONDITIONS. FACTORS SUCH AS THE PROXIMITY, ACCESSIBILITY AND FAMILIARITY WITH SERVICES, ACTIVITIES AND GROUPS BECOME EVEN MORE IMPORTANT IF THESE RESIDENTS ARE TO BE SUCCESSFULLY ENGAGED.

Do respondents ever feel isolated?

- All participants responded to this question, 62% of whom answered yes, they sometimes feel isolated. This was even though 78% had said that they had people who could support them when they needed it.
- Male respondents were more likely to feel isolated than female respondents. 76% of Men answered yes to this question compared to 53% of women
- We also found that the age groups most likely to say 'yes' to the question 'do you ever feel isolated?' were those in their 40s and 50s

Do you ever feel isolated? By 'yes' answers by age:

| Under 40 | 40-49 | 50-59 | 60-69 | over 70 |
|----------|-------|-------|-------|---------|
| 60% | 92% | 76% | 69% | 29% |

- 83% of disabled people and 92% of those with long term health conditions stated that they do feel isolated.
- In all ethnic groups 50% or more respondents answered yes to the question including 69% of white respondents, 52% of black respondents, 52% of White other, 50% Asian respondents and 75% of respondents of mixed ethnicity.

ISOLATION AFFECTS ALL GROUPS WITHIN THE SURVEY SAMPLE. MEN, PEOPLE WITH DISABILITIES AND THOSE LIVING WITH LONG TERM CONDITIONS EXPERIENCE HIGHER LEVELS OF ISOLATION. THE SUPPORT SYSTEMS THAT PEOPLE RELY ON ARE OFTEN NOT ENOUGH TO PREVENT ISOLATION.

What does feeling isolated mean to the survey respondents?

- 111 people responded to this question from their own experience describing the feeling of being alone, having little or no contact with others and shared with us the mental and emotional toll this can elicit.
- Many of the respondents described the feelings of anxiety and depression that accompany isolation and also the feeling of being misunderstood, helpless to change things and the impact that all this has on their self-esteem and ability to self-care

Quotes

'Everything is difficult as I have to do it all myself. Sometimes it is a bit overwhelming and hard to motivate myself.'

'Feelings of, devastation, feel down, can't go near people.'

'Being on your own. Scared to leave the house especially when it starts getting dark. Own thoughts.'

'It's a dark place, horrible, low level energy, exhausting - closed off from people.'

'I don't really tell people my problems I put on a front and pretend I'm ok. I feel really alone and cry all the time. Everyone thinks I'm ok and I'm not. I don't know how to explain how I feel to people or the doctors.'

'It feels like there is nobody there for me and if I want to seek help from someone I feel I am a burden.'

'You are stuck inside, it makes me angry and it surprises me. You have no connections at all.'

'Heart breaking, even the ambulance drivers refused to carry me downstairs. All these years of working and because of old age and my ailments I become a burden on Islington Council. I've always kept myself well the first time I went to see my GP was at the age of 74.'

'I go into myself and my mind goes overtime some days I wouldn't get up but coming here I feel safe.'

'It can be depressing at times as you feel very sad and sorry for yourself but I know sometimes it is my own fault as I do not like to socialise much.'

'It is a double edge sword. socializing means that I have to find an extra side of my personality. I am happy to be on my own. I can become agoraphobic when I stay on my own for a couple of days, it is daunting to step out and see people after a period of isolation.'

'It means feeling abandoned and ignored by people. feeling misunderstood. People lack understanding of what's going on in my head. People neglecting you. Depression and paranoid thoughts.'

'Madness, it brings me down a lot. I do not have friends around me as I do not trust anyone, sometimes I feel like I do not have anyone to talk to.'

'Being insecure, e.g. not having immediate family around, loneliness, lack of motivation, lack of communication, society is creating separation between parents and children because there are more demands re work, social lives etc. - e.g. in the olden days, there was no Sunday trading, now there are incentives to work on these days, creating division in families, priorities are changing.'

'When I get a panic attack I can't leave the house and this is pretty horrible.'

'You are vulnerable as you feel like that you are alone in the world.'

'You don't know where to turn to about problems, feeling alone. No one understands'

'You feel like nobody wants to talk to you, it feels like you are nobody, just a shadow.'

SOCIAL ISOLATION CAN FEEL 'DEVASTATING' TO THOSE WHO EXPERIENCE IT, WITH SIGNIFICANT MENTAL HEALTH IMPLICATIONS. RESPONDENTS DESCRIBED FEELING VULNERABLE, ANXIOUS, DEPRESSED, OVERWHELMED UNABLE TO SELF-CARE.

THERE IS OFTEN A 'DON'T ASK, DON'T TELL' ATTITUDE TO SOCIAL ISOLATION. PEOPLE OFTEN FIND IT HARD TO TALK ABOUT THEIR FEELINGS OF ISOLATION AND GET THE RIGHT SUPPORT.

For those who sometimes feel isolated. What have they have tried doing to feel less isolated?

- The main strategy used by respondents to feel less isolated is to occupy themselves with an activity either with others or on their own.
- Approaches used include involvement in locally organised activities (41%). Another common approach was to exercise or otherwise be active e.g. gardening, housework, shopping (38% of respondents mentioned this as a strategy).
- Others mentioned more sedentary activities such as watching TV, gaming, reading and listening to music as a diversion from their sense of isolation (17%). 14% said that they would phone friends and family.
- For those who say that they feel isolated engagement in community activities tends to be occasional rather than regular

Quotes

'I have attended a few community events recently. One was a health and wellbeing event. Other than this I don't feel like there's much I can

do to feel less isolated.'

'Try to do something, even if it's just around the house.'

'Sewing and making cards.'

'Have visited my GP to try and get help with my depression, substance misuse and to get my life back on track. Having my daughter say she 'couldn't deal with me' was a wakeup call.'

'Buy a paper. Do crosswords, keep busy, strike up a conversation with others.'

RESPONDENTS THAT REPORTED FEELINGS OF ISOLATION SHARED VARIOUS PERSONAL STRATEGIES FOR DEALING WITH THESE FEELINGS. OFTEN, THE STRATEGIES ARE BUILT AROUND ACTIVITIES THAT THEY DO WITH OTHERS OR ON THEIR OWN, TO DIVERT THEIR ATTENTION FROM THEIR FEELINGS. FOR MANY THIS WAS ABOUT GAINING TEMPORARY RESPITE RATHER THAN ADDRESSING UNDERLYING CAUSES.

For those who never feel isolated. What do they do to prevent themselves from feeling isolated?

- The role of friends and family in preventing isolation features significantly in the responses of the 43 people who answered this question. 58% said that it was these relationships that prevented them from feeling isolated.
- Others described a range of local community-based activities that they regularly participate in to keep them occupied.

Quotes

'I have family around me, they keep me busy and I never feel alone.'

'Making sure I remain active and get out of the house every day. I go to the gym and try to socialise as much as possible with friends and family. Because of the area I live in, I don't have to go far. Sometimes I just go for a walk.'

'I try to get out when I can. Friends and family come up to see me. I use social media. I have an 11-year-old.'

'Good Neighbours Scheme activities/trips. Peel Centre on a Tuesday. Cally Walkers Lunch Group. HOYD Connect, Killick Street GP.'

Do respondents ever feel like they can't go to things that are happening in their local community, or sign up to activities? Or can't use particular services (health, council run or community based)?

- 57% of respondents felt that there were barriers that prevent them from attending particular services or activities.
- 70% of those who said that they felt isolated felt that there were barriers to their involvement in health, council or community based activities/services. This is contrasted with 35% of those who said that they never feel isolated.
- 'Yes' and 'no' answers amongst women were split 50:50. Two thirds (65%) of men felt that there were barriers to them accessing services or local activities.
- All age groups under 70 were most likely to feel that there were barriers to accessing services than not. Those in their 40s and 50s were most affected. Over 70s were the only age groups less likely to experience barriers, although a significant number (38%) said that they did.
- The experience of encountering barriers to engagement in activities affects all ethnicities. White British participants were most likely to state that they experience barriers (65%).

If you do experience barriers – when have you felt like this, and why?

- The barriers that were identified were mainly personal barriers that prevent or make it difficult for people to access available provision
- Overwhelmingly, people cited their health issues as the main barrier to attending activities or accessing services. 64% of respondents to this question described how their health limited their opportunities for interaction with services and activities.
- Anxiety about meeting new people or participating in groups and lack of confidence was another commonly mentioned barrier (30%).
- A number of people said that they would find it easier to participate if they had someone to accompany them to activities and groups

Quotes

'There are exercise classes I'd like to go to, but I don't feel able to because I live with osteoarthritis in my feet so can't do anything too strenuous. I'd also like to join walking groups but can't for the same reason.'

'I need someone to go with me or sometimes my health will stop me going.'

'I get very panicky if I don't know the people or the area.'

'When I get paranoid at times, so I don't feel comfortable to go to places without having someone come with me.'

'I haven't socialized with people for so long and this makes it hard and because of my disability I feel like I can't manage and do these things.'

'Depends on my health at the time. I have good days and bad days.'

'Due to mobility issues and depression and anxiety I would need somebody to come with me and that isn't always possible also I suffer from agoraphobia'

'Having frequent seizures can be disruptive. to groups and meetings.'

'I can't go out due to my health as I'm scared I will fall over'

'I feel that there is a sort of nagging or pressure of blockage that stops me getting to these places. Not knowing people and wondering what they are thinking of me.'

MANY OF THOSE WHO WOULD MOST BENEFIT FROM COMMUNITY ACTIVITIES HAVE SIGNIFICANT PERSONAL BARRIERS THAT, WITHOUT SUPPORT OR ADAPTATIONS, PREVENT THEM FROM PARTICIPATING. THE MOST COMMON BARRIERS ARE HEALTH CONDITIONS AND CONFIDENCE

How often do respondents go to activities or groups that are happening in the local community that they think might improve your wellbeing?

- Most participants have attended activities regularly or some of the time. However, over a third never attend local activities. The table below shows the breakdown in patterns of attendance of the surveyed group.

How often do you go to activities or groups that are happening in the local community?

| Never | Sometimes | Regularly |
|--------------|------------------|------------------|
| 35% | 25% | 40% |

- 40% of people with health conditions regularly attend activities, 23% sometimes attend and 37% never attend activities.
- 40% of people with a disability never attend activities to improve wellbeing
- Those in their 70s (52%) and over 80s (70%) were most likely to regularly attend activities. In all other age groups less than 50% of people regularly attend groups.
- There is marked difference in the patterns of local community engagement of those who feel isolated and those that don't, as illustrated in this table:

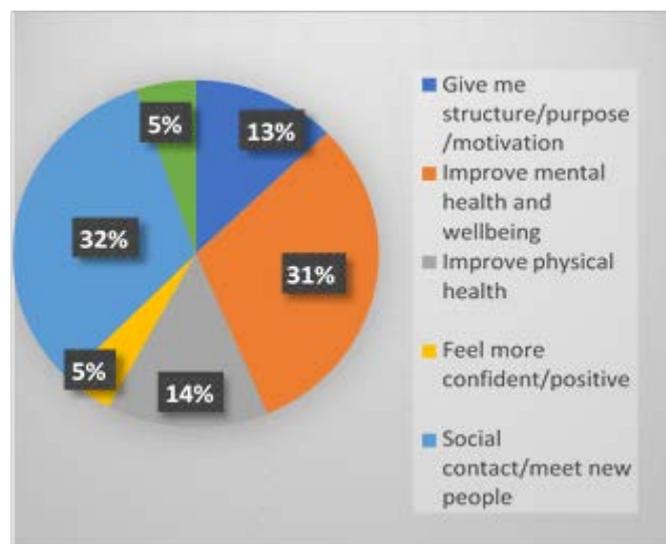
| Do You Ever Feel Isolated | Never attend | Sometimes attend | Regularly attend |
|----------------------------------|---------------------|-------------------------|-------------------------|
| No | 28% | 14% | 58% |
| Yes | 40% | 32% | 28% |

PEOPLE WHO REPORTED FEELING ISOLATED WERE HALF AS LIKELY TO REGULARLY ATTEND ACTIVITIES OR GROUPS THAT ARE HAPPENING IN THE LOCAL COMMUNITY. IN SOME CASES, THIS SUGGESTS A VICIOUS CIRCLE OF SOCIAL ISOLATION PREVENTING PARTICIPATION AND NON-PARTICIPATION ENTRENCHING SOCIAL ISOLATION

For those who do go to activities that could improve your wellbeing:
What sorts of activities are these?

- A wide range of activities were mentioned. Most of the people who do attend activities that improve well-being go to organised local activities that include exercise, such as free or subsidised yoga, Pilates, Zumba, exercise classes, walking groups.
- A smaller number mentioned exercise on their own or with friends through swimming or going to the gym
- Social activities at community venues, including coffee mornings, bingo and other games, arts and craft groups, gardening clubs, film clubs. Lunch clubs, quiz nights, were also popular options
- Other activities include various classes. meditation group, faith group activities and music events
- Five respondents said that they volunteered locally

What difference do these activities make to their wellbeing?



- The most commonly mentioned benefits (and reasons for participation) were
 - providing social contact and improving mental health.
 - benefits to physical health
 - participants feeling that they have a structure to their days.

Quotes

Just for the time I am there the social interaction distracts me from other problems and helps with social isolation.'

'A lot. Allows me to do things I feel passionate about. Ensures I'm out of the house and not concentrating on health.'

'They give me a better outlook and prevent me from feeling isolated. It helps me to socialise and feel connected.'

'Feel a lot better in myself, like meeting other people, learning about their experiences.'

'I don't like the group sessions but talking in to the 1.1 sessions makes me feel a little better.'

'Gives me structure. Learn new things - what's going on - exchanging information. Conversations help me feel connected - how I'm managing my wellbeing.'

'I feel less isolated and also fitter and more knowledgeable of others with similar problems and how they deal with it.'

'I feel less lonely - my husband died recently so I am still get used to not seeing him every day. I am trying to have a new routine.'

'I feel much better and able to cope with everything.'

'Meeting people makes me feel much better, connecting with others and being physically active improves my mood.'

WHEN RESIDENTS GO TO ACTIVITIES THEY DO SO TO IMPROVE THEIR MENTAL AND PHYSICAL HEALTH, MAKE SOCIAL CONTACT WITH OTHERS AND TO GET STRUCTURE IN THEIR LIVES. WHEN MANY OF THE RESPONDENTS DESCRIBED THE BENEFITS, THESE WERE MORE ABOUT PROVIDING TEMPORARY RESPITE FROM ISOLATION RATHER THAN ELIMINATING THEIR EXPERIENCE OF ISOLATION.

For residents that don't go to activities or groups: Why not? What stops them?

- 41 people responded to this question, some gave multiple reasons. By far the most prevalent reasons for not attending activities were health related. 40% cited health as a reason for not going, 35% said that mental health/fear and anxiety prevents them from going.
- 20% cited lack of information about what is available
- 15% said that they weren't interested in the activities that were available
- 18% said that their mobility issues were a barrier, some of whom also stated that they would not be able to attend without being accompanied

Quotes

'My mood. It's not something I've really thought about in the past. My depression is complicated, so I find things like that hard. It's very unpredictable.'

'I do not feel motivated, I used to go to day centres but I stopped.'

'I am scared that nobody would speak to me, I might feel rejected. I feel safe at home.'

'My mental and physical health stops me from joining activities, I find it very hard to trust people and I always think that there is trouble out there.'

What might encourage them to go?

- 47 people responded to this question, the thing that would most encourage people to attend activities is having someone they know there or attend with them.
- Also activities need to be relevant and meet the interests of individuals.
- About one fifth of responses related to being better informed about activities going on locally
- Other factors included activities being local, welcoming and accessible
- Respondents living with long term health conditions said that having relevant and suitable activities was the key to encouraging them to participate in local events (19%), followed by being accompanied to attend, and know about events, 17% and 15% respectively.

THE FEATURES OF ACTIVITIES THAT ARE MOST LIKELY TO ENGAGE RESIDENTS INCLUDE. THOSE THAT ARE LOCALLY PROMOTED AND DELIVERED; ACCESSIBLE AND WELCOMING; INFORMED BY LOCAL RESIDENTS INTERESTS' AND NEEDS AND HAVE THE CAPACITY AND FLEXIBILITY TO SUPPORT EFFECTIVE INITIAL ENGAGEMENT

5. Navigation Services and Social Prescribing

This section explores the experiences, level of awareness and understanding of navigation and social prescribing programmes.

Awareness of the terms “navigation services” or “social prescribing”

- We asked all respondents ‘Have you ever heard of the term navigation services or social prescribing?’. Only 16 (14%) were able to say yes. Of these seven were able to provide a broadly accurate description of social prescribing and only three were able to describe navigation services.
- Of the 97 (86%) who had not heard the terms previously only 13 were able to make a broadly accurate guess at one or both terms.

THE LANGUAGE USED TO DESCRIBE THE OPPORTUNITIES FOR RESIDENTS TO BE CONNECTED TO OTHER BENEFICIAL WELLBEING SERVICES IS NOT UNDERSTOOD BY ORDINARY PEOPLE, WHICH MAY IMPACT ON THEIR ENGAGEMENT IN THESE SCHEMES

Have participants ever been referred to a navigation scheme or social prescribing service, or been contacted directly about one? If not, have they ever been referred to or told about a non-health related group/service/activity?

- 28% said that they had been referred, 21% said that they had been told about services and 50% said that they had not been referred or told about these services
- 47% of male respondents had either been referred to or informed of services compared with 51% of women
- 51% of people with a disability have either been referred to or informed of navigation services and social prescribing, and 52% of those with long term health conditions
- 37% of Black and Asian respondents said that they had never been referred or told about these services. 41% of non-British White respondents and 60% of White British respondents had never been referred or told about services.
- 55% of people who say they feel isolated say they have never been informed or told about a non-health related group/service/activity compared to 42% of those who say that they do not feel isolated

THERE IS A SIGNIFICANT LACK OF COMMUNITY AWARENESS OF SOCIAL PRESCRIBING AND NAVIGATION SERVICES ACROSS THE BOARD. LESS THAN 3 IN 10 OF THE RESPONDENTS SAY THAT THEY HAVE BEEN REFERRED OR TOLD ABOUT OTHER SERVICES WHICH IS LOW CONSIDERING THE PROFILE OF NEEDS WITHIN THIS COHORT

What service were they referred to or told about?

- A wide range of services and activities were mentioned. As would be expected given that many of the residents were HOYD clients HOYD Connect and HOYD Good Neighbour Schemes featured prominently
- Exercise and condition management courses were also mentioned by a number of respondents
- Other services and activities mentioned included Age UK, Peel Centre, Claremont Project, Solace Women's Aid, St Luke's Community Centre, NHS Employment Trial, Meditation/mindfulness, Citizen's Advice, Families First, Islington Law Centre, Holloway Neighbourhood Group, Islington Bereavement Service, Food bank

Who made these referrals or told participants about these services?

- The majority of residents said that they had been informed or referred to services by their GPs (42%) followed by HOYD Connect (30.5%).
- Others had learned about these services through a range of other voluntary organisations or health professionals

ALMOST 9 OUT OF 10 RESPONDENTS WERE UNFAMILIAR WITH THE TERMS NAVIGATION SCHEME OR SOCIAL PRESCRIBING SERVICE. ALTHOUGH (ONCE EXPLAINED) 50% SAID THAT THEY HAD EXPERIENCED THESE SERVICES. HALF OF RESPONDENTS SAID THAT THEY HAD NEVER BEEN REFERRED OR TOLD ABOUT A NON-HEALTH RELATED GROUP/SERVICE/ACTIVITY BY A PROFESSIONAL.

GPs WERE THE BIGGEST SINGLE REFERRER INTO OTHER SERVICES AND ACTIVITIES.

How was it suggested that this programme/service/activity might be helpful for you? What sort of conversation was had about it, who with and where?

- Responses were very varied; a number of people were informed of services as alternatives or in addition to medical intervention. Usually this was at GP surgeries, home visits and doorstep conversations by outreach services etc.
- Social prescription referrals often arose out of conversations about wider wellbeing issues.

Quotes

'At a GP appointment I told my GP that I felt depressed and they did not want to give me any further medication. I felt comfortable speaking about it.'

'Had a home visit from GP who looked up what was available and then she printed out the information from Help on Your Doorstep website.'

'I went to a GP appointment to discuss my state of mind, depression and isolation. My GP said there's a member of the team who can talk to me about social prescribing after my GP appointment.'

'I had a conversation with the support workers at The Manna Project regarding my debt issues and they suggested that I contact Islington Law Centre. When I came for my debt appointment, I met Help on Your Doorstep.'

'It was a conversation on my doorstep whereby I said that I wanted to feel less lonely and wanted more contact with people. I was then told about different activities that I could get involved in.'

What did you feel when this was suggested?

- The majority of respondents had positive reactions to suggestions from referrers. They generally welcomed being connected to services and activities although some were initially nervous about engaging with them.
- 59% stated that they were 'happy', 'relieved' or 'excited'. 21% said that they were 'OK' or open to the suggestion
- Only 2 people (3%) said that they were reacted negatively. One was upset that she had to travel to different places to get the help needed. The other initially felt that the service that the referral was made to was for older people

Quotes

'I felt good about it when the suggestion was made. I previously felt frustrated as I felt they were not listening to my needs.'

'The first few times it didn't mean anything but then I thought I should try it. I felt that it was good to have somewhere I can go and get support.'

'I was pleased that it was suggested. I asked GP if there was anything else I could do to relieve the stress.'

'I had just moved to the area so I felt a bit isolated as I did not know anyone. But it was nice because then I got to know people.'

'A bit anxious about meeting new people, but thought it was a good idea and made sense.'

'I didn't want to go out at all. I wasn't sure about doing something I didn't know much about.'

'I wasn't very keen at first but later felt glad that I did get aimed in that direction.'

'I felt angry that I needed to travel to different places to get the help that I needed. I would have preferred that it could all be in the same place.'

'Insulted, I was in my 40s at the time. Then it was explained to me that it was for people of all ages.'

Did survey respondents end up using the service or joining the programme that was suggested or that they were referred to?

- 91% of people referred to activities or services said that they used/joined the service that was suggested to them.
- There was little difference in take up between men and women 83% & 84% respectively.

What made them choose to do so?

- The most commonly stated reasons that people took up the opportunity were that they saw the benefit and this aroused their interest.
- Physical and mental health were the most sought after benefits amongst the respondents.
- Key factors in engaging residents into programmes were:
 - friendly welcoming staff
 - joining in with groups/people they were familiar with
 - activities locally available

Quotes

'Because it's on my doorstep and knowing the staff at Connect made me feel comfortable.'

'I was at an all-time low.'

'I was given a tour of St Luke's Centre - there was a lot more on offer than I was aware of.'

'I saw other people enjoying activities and wanted to join in.'

'They had a gardening project as well, so I was interested. It was a very nice community, there was no pressure.'

'Friends had attended activities'

'I have a good relationship with my doctor. I already felt motivated so it was an easy decision.'

'I was referred 4 times in the last 10 years, and I wanted to give it a try. this would take me out and reduce isolation.'

'It looked interesting and when I started going, I understood how it worked and it got me out of the house.'

'Pain relief, distractions from issues in life.'

'The service came to my home, and supported me with issues I was facing with accommodation etc.'

RESIDENTS WILL OFTEN REACT POSITIVELY TO REFERRALS AND SIGNPOSTING FROM A TRUSTED PROFESSIONAL AND WILL GIVE IT A GO.

RESIDENTS' PRIORITIES WHEN CONSIDERING PROGRAMMES WERE:

- FRIENDLY WELCOMING STAFF
- JOINING IN WITH PEOPLE THEY WERE FAMILIAR WITH
- ACTIVITIES LOCALLY AVAILABLE

What was your experience of the programme/service/scheme? Was there anything that made it particularly easy to take part in the programme or use the service?

- Of the 56 people that responded to this question 50 cited positive experiences (89%) and 6 said that they had negative experiences.
- Positive experiences included:
 - connecting with others
 - gaining useful information
 - feeling that people cared about them
 - friendly staff
- The main factors that enabled people to join in were that staff were welcoming and services/ activities were local.
- Many residents stated other factors such as being accompanied to initial sessions, knowing people there, having small groups that were less daunting all made a difference
- The negative experiences related to individuals not feeling that the programmes were suitable for them, not getting as much advice or support as they had hoped for and cost.

Was the programme/service/scheme completed? If no, why not?

- 84% of respondents completed the programmes they were referred to and 16% did not complete the programme they were referred to
- Various reasons were given for non-completion. Some direct quotes are given below.

Quotes

'I found a cheaper place for a quarter of the price.'

'Didn't feel it was applicable.'

'Was not suitable for my needs.'

'Expert Patients Programme- too long.'

'After first attending I was impressed with what they offered the community, but I did not feel their programmes really suited me.'

'At that time, I didn't feel motivated and my energy level was very low.'

'Original flexibility with times was good, however, this changed with subsequent referrals and the times became restricted and slotted for service users on the programme. This made it inaccessible - classes were never accessible, or suitable. Therefore, this programme that was supposed to benefit me, was not beneficial.'

'Trainers were not adequately trained to support, and the Gym was to be used at my own risk. Too many barriers.'

For respondents that did not participate in programmes they were offered - What prevented them from taking up this offer?

10 of the participants responded to this question. The most common reason for people not participating was that it wasn't right for them at that time, either because of other commitments or health issues.

Quotes

'I liked the sound of it but I could not commit to the time or be able to attend due to hospital appointments for me and my husband plus being in for the carers.'

'Feeling scared and panic attacks.'

'I plan to take up the offer soon, but I have to return to my home country for a few weeks so will start when I return.'

'Was not aware of local services or activities available.'

'Normally I just go out with my wife for fresh air. Also I cannot take part in exercise due to my spinal injury.'

'I was under a lot of stress at the time. I had a lot of appointments and was trying to move.'

'I was not feeling well at the time.'

OVER 90% OF RESPONDENTS REFERRED TO SERVICES WENT ON TO ENGAGE WITH THOSE SERVICES. OF THESE 89% SAID THAT THEY HAD POSITIVE EXPERIENCES. FOR THOSE THAT DID NOT FOLLOW UP OR FEEL THAT SERVICE WORKED FOR THEM, HEALTH AND PERSONAL CIRCUMSTANCES WERE THE MAIN REASONS CITED

6. Feedback on Social Prescribing from GPs and other primary health professionals

In order to support us in developing recommendations in response to our findings from the community research. We sent out a short survey to health professionals to gain some insight on social prescribing arrangements from their perspective. We gained 18 responses and have summarised the feedback below.

How confident do you feel about your awareness of the range of navigation or social prescribing schemes (or other activities) you can refer Islington residents to?

Overall there appeared to be a good level of awareness with responses ranging from reasonably or moderately confident to very confident

| Respondent | Awareness level |
|-------------------|--|
| Respondent 1 | <i>Quite confident</i> |
| Respondent 2 | <i>Reasonable</i> |
| Respondent 3 | <i>MEDIUM</i> |
| Respondent 4 | <i>Somewhat confident</i> |
| Respondent 5 | <i>confident</i> |
| Respondent 6 | <i>Relatively</i> |
| Respondent 7 | <i>I use HOYD Connect for non-complex problems, for more complex (where a Care Plan would be indicated and helpful) I refer to our SPLWs, previously I would refer to the Age UK Navigators</i> |
| Respondent 8 | <i>fairly confident</i> |
| Respondent 9 | <i>Aware of HOYD but necessarily other providers they link up with</i> |
| Respondent 10 | <i>Reasonably good</i> |
| Respondent 11 | <i>Very strongly. We have no problem referring patients to the service, even during the Covid</i> |

| | |
|---------------|--|
| | <i>19 period.</i> |
| Respondent 12 | <i>Very</i> |
| Respondent 13 | <i>Quite confident</i> |
| Respondent 14 | <i>aware but would like feedback on patients referred</i> |
| Respondent 15 | <i>Moderately</i> |
| Respondent 16 | <i>Fairly confident</i> |
| Respondent 17 | <i>I know who we can refer to. I don't personally know the range.</i> |
| Respondent 18 | <i>Quite confident - there are different options for shielding vs non shielding patients, and people with different needs (social, physical, mental health - but all three are interlinked anyway)</i> |

What would help you to understand them better and their appropriateness for different groups?

- A third of the 18 respondents felt that clear web based information on services available was needed
- 4 respondents felt more feedback and interaction with SP services on individual patients and more generally on the services offered. Mechanisms suggested for achieving this included team sessions with SP services, recorded webinars and shared case examples
- Four others expected the PCN Social Prescribing Link workers to provide a single point of access and support practices in referring patients to community activities

How do you think these schemes and services could be better connected up and delivered more effectively?

- The most common responses here were better communication between GP practices and community providers
- Development of a Single point of Access/triage for practices to refer patients into
- It was felt that there should be clearer opportunities for patients to self-refer
- The locality arrangements were also seen as an opportunity for improved co-ordination

We think that currently, some of the commissioned navigation and social prescribing services in the borough are underused – why do you think that is?

- The suggested reasons given here were
 - Whole team awareness lacking
 - Pressured consultations and complex clinical issues leaving limited capacity to refer
 - A confusing array of services and difficult access arrangements
 - Patients not always interested in available services

7. Support that HOYD Provided to Respondents

During this survey we spoke to 113 Islington residents regarding their experiences of accessing health services and which barriers they face in accessing support. It was important for us to ensure that we supported people with the issues that they raised and that they received a positive experience through raising their issue.

61 out of the 113 participants were supported by HOYD with social issues that came to light as a result of the issues discussed. 57 of these were referred on to partner services. In total 117 referrals were made to 38 separate services.

Breakdown of presenting issues for participants referred to other services

| | |
|--------------------------|----|
| Debt | 5 |
| Disability/Mobility | 5 |
| Employment support | 2 |
| Financial hardship | 42 |
| Fuel costs | 7 |
| Home safety | 1 |
| Housing | 16 |
| Meeting people/Isolation | 14 |
| Mental health | 15 |
| Other legal problems | 2 |
| Physical health | 8 |
| Skills and learning | 2 |
| Welfare benefits | 55 |
| Other - | 3 |

Services referred to:

Citizens Advice Islington, 46, Islington Foodbank, 27, Islington Peoples Rights, 9, Resident Support Scheme, 9, The Choice and Control Peer Coaching Service, 7, Age UK Enablement Service, 6, Expert Patients & Diabetes self-management, 6, Islington Law Centre –Housing, 6, SHINE, 6 The Hive Foodbank, 6, Good Neighbours Scheme- Canonbury, 5, iWork navigator, 5, Choices, 4 HNG Old Fire Station, 3, Cloudesley Individual Grants, 3, Arsenal Red Zone (ACL), 2, Carers UK, 2, Healthwatch Islington, 2, Islington Mind, 2, LBI Income Maximisation, 2, LBI Residential Environmental Health, 2, Elfrida Society, 1, GNS Bemerton Over 55's Arts and Crafts group, 1, GNS Bemerton Coffee Morning, 1, GNS Kings Cross Coffee Morning, 1, GNS Kings Cross Lunch Club, 1, Hilldrop Area Community Association, 1, Islington Central Library (ACL), 1, Islington Law Centre - Debt Advice, 1, Kennedy Scott Ltd, 1, LBI Housing - Upper Street, 1, LBI Repairs, 1, North London Cares, 1, St Joseph's Hospice Islington Bereavement Service, 1, St Luke's Centre, 1, Talk for Health, 1, The Peel Centre, 1, Whittington Park Community Association, 1

Self-reported outcomes

Referrals were followed up with participants who were asked to feedback on the outcome from their point of view.

| | |
|---|-----|
| Issue has been resolved | 56% |
| Issue not resolved but has improved | 26% |
| No change but ongoing help being received | 11% |
| No change - no ongoing help | 7% |

8. Recommendations

1. Promote wider awareness of 'social isolation' within the community - its causes, symptoms and solutions

Many of our respondents described feelings of being overwhelmed by their own experience of social isolation. A number of them said that they found it difficult to talk about and feel that their situation was understood. Many feel that it is a condition that they have to deal with alone.

We recommend that there should be a targeted public health campaign focused on social isolation raising awareness of how it affects people and what they can do to address it. Such a campaign will encourage people to talk about it more openly and take positive steps to address it, with support from services where necessary.

Leaflets and posters should be targeted at surgeries, pharmacies, community groups, council offices, shops and other venues used the community.

2. Work with communities to develop and deliver provision that is age, gender and culturally sensitive, considering the needs and preferences of the people who will use these services and activities

62% of our respondents stated that they sometimes feel isolated and 50% said that they felt that there were barriers that prevent them from accessing services activities and groups.

We recommend that commissioners and service providers work locally with residents to develop solutions that 'design out' the barriers and develop provision that people want and need. As well creating relevant and accessible solutions a community led approach can be empowering, providing opportunities for residents to contribute and well as benefit from services

3. Support the development of and delivery of effective accessible, provision for people with long term conditions

Our survey showed that frailty and living with long term health conditions is a more significant factor than age in relation to isolation. People feel less confident about participating in activities that would benefit their wellbeing, due to their perceptions of the limitations that their conditions place on them.

We recommend that there should be comprehensive local plans to address the identified barriers these should include:

- Delivering activities in venues that are local to where people live
- Providing better information on local services to residents (including information about activities, facilities, support available, how risk is managed)
- Developing approaches to supporting isolated people with volunteers, buddies or peer supporters that can accompany people to activities.
- Transport
- Delivering in venues that are accessible to those with disabilities

In our view these issues are not necessarily about additional resource but through better and more focused collaborations between services working locally.

4. Provide information and support to family friends and neighbours of isolated residents

The research highlighted family and social networks as an important (and preferred) source of support for residents. Family, as a source of support, was mentioned more often than community organisations when we asked who the people were that they went to for support.

We also heard that people who felt that they did not have anyone to support them when they needed it, often cited their own or, their families, sometimes complex, health needs as a reason that they felt unable to ask for help. Most people do not want to burden loved ones and friends with their own challenges.

The survey evidence tells us that where this help is provided to people with health conditions by family and friends, the people providing support can feel ill equipped to provide adequate interventions on an ongoing basis. These are situations where it may be appropriate for community and statutory service to become involved.

There is an opportunity to increase the capacity of these vital informal support groups or 'connected people' to link those that they are supporting into services and to support initial contact and engagement.

We recommend that:

- 'Connected people' are provided support, information and advice to help navigate services on behalf of those that they support
- Support networks for 'connected people' are facilitated so that they have access to peers and professionals
- Activity and service providers are encouraged and supported to engage with 'connected people' as a means of working with them to reduce the anxieties that first time service users often have when they are referred to a new service.

5. Promote and support skills development and best practice in service delivery

Once residents take the step to access a service it is essential that they enjoy a positive experience. Our respondents shared what they felt constituted a good experience these factors included a sense of belonging, responsiveness to individual needs, informed and welcoming staff/volunteers and activities and services that felt appropriate to them.

We recommend that support is provided to help service providers and groups to continuously develop the key areas of workforce skills and knowledge that will underpin excellent service delivery. Some of these skills and knowledge should include

- A knowledge of isolation and how it affects people
- A knowledge of equality and inclusion including with respect to access needs
- The skills to establish positive relationships
- The skills to promote wellbeing

6. Raise public awareness of social prescribing and navigation services available and how they can be accessed.

Most residents surveyed had not heard of the terms 'social prescribing' and 'navigation services'. Only half of those who responded said that they had been referred or signposted on to other services.

We recommend that that these services are promoted more pro-actively so that residents are aware that they can ask for help with wider social issues and are clearer about how they can go about this how they can go about this. We would like

information to be displayed more prominently in health settings such as GP surgeries and pharmacies.

7. Improve links between health services and social prescribing/ navigation services.

We recommend that a range of measures are developed to increase social prescription from GP practices. These measures should include:

- Improving the information available to GPs and other practice staff on services available in the community and on how they can be accessed. GPs feel that this information is best provided online and should be complemented by various forms of briefings and updates
- GPs and other primary health staff are keen on having a single point of access through which referrals can be made so that patients can be appropriately triaged on the appropriate support service or activity. This will help to simplify the process for referrers who have significant time pressures due to the demands of meeting the clinical needs of their patients
- Improving feedback to referrers on progress and outcomes of individual referrals

Help on Your Doorstep Activity & Impact Map

Our goal is for people to thrive, have a good quality of life and live in happy and healthy communities



We focus on the following intermediate outcomes to achieve our overall goal...



We work with three main stakeholder groups to achieve our outcomes...



We organise our work into the following service areas...



And deliver a wide range of activities with, and for, individuals and families, communities and service providers throughout Islington including...



Informed by 10+ years' experience in Islington and by our values which shape everything we do...

