LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2018-2021

LONELINESS

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Public Health Intelligence

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FOREWORD

The purpose of the Joint Strategic Needs Assessment (JSNA) is:

- To improve the health and wellbeing of the local community and reduce inequalities for all ages.

- To determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.

- To provide a source of relevant reference to the Local Authority, Clinical Commissioning Groups (CCGs) and NHS England for the commissioning of any future services.

The Local Authority and CCGs have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Leicestershire, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.

The JSNA has reviewed the population health needs of the people of Leicestershire in relation to loneliness. This has involved looking at the determinants of the loneliness, the health needs of the population in Leicestershire, the impact of loneliness, the policy and guidance supporting loneliness, existing services and the breadth of services that are currently provided. The unmet needs and recommendations that have arisen from this needs assessment are discussed.

The JSNA offers an opportunity for the Local Authority, CCGs and NHS England's plans for commissioning services to be informed by up to date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, CCGs and NHS England must be able to explain why.

EXECUTIVE SUMMARY

National research was reviewed to identify groups at risk of loneliness. Over 40 publications were reviewed and categorised by strength of source as follows:

- Strong source: professionally conducted large scale survey with randomly selected sample commissioned by a neutral body such as the ONS
- Moderate source: professionally conducted large scale survey with randomly selected sample commissioned by a voluntary and community sector (VCS) body, think tank or similar
- Weak source: smaller scale survey or research with unclear methodology, possibly with a self-selecting sample with possible bias.

Further work was then undertaken to try to quantify these groups for Leicestershire, identify where they live and where possible to identify any geographical hotspots. Groups that have been identified as at particular risk of loneliness, and for which there may be unmet need or gaps in services are:

- Children and young people, with certain groups at particular risk.
- Young adults (aged 16-34 years), with certain groups at particular risk
- Adults with a learning disability, dementia or who are unemployed
- Older people from BME groups (but not older people of Indian origin), and from the LGBT community.

Key life transitions can also act as triggers for chronic loneliness, some of which are pertinent to the groups identified above.

Current services delivered by the County Council and its partners cover many of the groups identified but could provide additional benefit with an additional focus on the risk of loneliness. A number of strategic / policy recommendations were generated, including linking loneliness to the 'Great Communities' Strategic Outcome, Unified Prevention Board work plan and social prescribing model. A range of specific interventions are also recommended, including a focus on children, younger working age population and life transitions (see below).

Strategic / Policy Recommendations

a. Translate key loneliness work into actions as part of the 'Great Communities' strategic outcome and Unified Prevention Board work plan.

b. Consider the findings relevant to housing as part of the 'Affordable and Quality Homes' strategic outcome.

c. Ensure appropriate capacity and governance arrangements are in place to monitor and progress actions.

d. Link loneliness into the social prescribing model, focussing especially on those at risk with long term conditions, carers and younger age groups.

e. Consider how Voluntary Action Leicestershire / Shire Grants programme support the agenda / wider social prescribing work.

f. Support the voluntary and community sector to support development of a Leicestershire tackling loneliness toolkit, branding and communications campaign and to develop grant bids to support their loneliness work.

g. Link loneliness into the Carers Strategy.

h. Undertake further work locally to gain a better understanding of the nature and extent of loneliness in Leicestershire, for example, the addition of a question on loneliness to the Council's Community Insights Survey.

i. Consider universal vs. specific interventions.

j. Identify what is business as usual and what needs additional capacity.

k. Consider cost / value / benefit from interventions to assist identified groups.

Possible Specific Interventions

l. Children's focus: particularly children with poor health, disabilities, learning disabilities and those eligible for free school meals.

m. Development of the Healthy Schools approach to include a focus on loneliness, 0-19 and links to Free School Meals.

n. Transitions focus: particularly changing schools or leaving education, leaving care, becoming a parent and bereavement.

o. Prioritise embedding the Making Every Contact Count Plus (MECC Plus) approach in Trade (for LGBT cohorts) and the voluntary and community sector organisations to support professionals to deliver social prescribing to a wider range of prevention services to individuals at greatest risk of loneliness.

p. Targeting the younger working age population especially those with a disability or long term condition.

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## 1.	Introduction

We have taken as a starting point the concept of loneliness as defined by the Campaign to End Loneliness:

- _Loneliness_ is the mismatch between the quantity and quality of social relationships and interactions that we have, and those that we want.[1]
- _Social isolation_ is the absence of social interaction, contact, and relationships with family, friends, neighbours and the wider community.

This definition sets a distinction between loneliness, as a subjective experience, and social isolation, which is an objective state.

Loneliness impacts people at varying stages of life, affecting a significant minority at all stages of life. Nationally, 5.5% of adults say that they often or always feel lonely,[2] while some communities and groups may be particularly at risk of loneliness as a result of their life experiences. Transitions, including leaving care, becoming a parent, leaving work or being bereaved may increase our risk of becoming chronically lonely. The next section draws on national research to identify the factors that affect the risk of loneliness.

## 2.	Who is at risk?

### 1.1	Gender

Nationally, women report feeling lonely more often than men, with 6.2% of females and 4.9% of males saying that they often or always feel lonely.[3] These results are statistically similar, and some research indicates that men may be more reluctant to report feelings of loneliness than women. It is also recognised that there is a stigma attached to reporting loneliness, so these figures are likely to under-report the true situation.

### 1.2	Age

### 1.2.1	Adults (aged 16+)

Nationally, the DCMS (Digital, Culture, Media & Sports) Community Life Survey 2017-18 indicates that 7.7% of 16 to 24 year olds and 7.8% of 25-34 year olds report feeling lonely often or always. The percentages of people reporting loneliness often or always appears to decline with age,[4] as shown in Figure 1. The percentage of younger adults (aged 16-34 years) that feel lonely often or always is significantly higher in comparison to older adults (aged 65 or over). The percentage of men and women who say that they feel lonely often or always was similar across age groups.[5] These results broadly reflect the output of the 2016-17 Community Life Survey.

Figure 1: % of people feeling lonely often or always by age
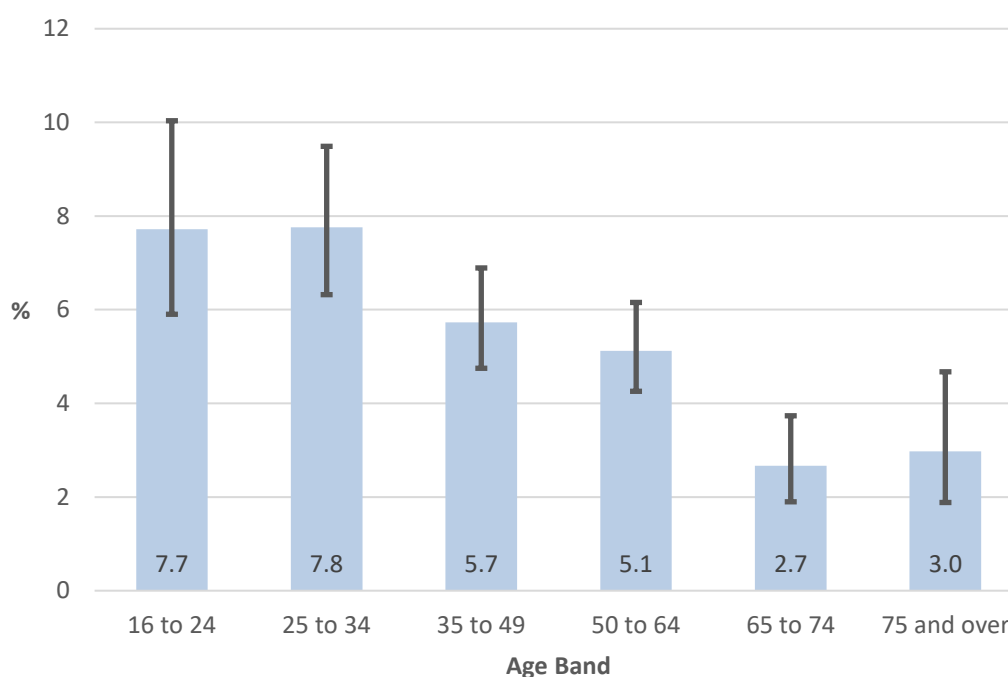
Source: Community Life Survey 2017-18, Department for Digital, Culture, Media & Sport

Being lonely can occur at any age and the risk of loneliness may be driven less by age than by people's circumstances and life events which can differ with age. Isolation and loneliness are not necessarily effects of the ageing process, but life events associated with older age such as leaving work, declining health and bereavement put people at greater risk.

Limitations

The Community Life Surveys 2016-17 and 2017-18 were carried out primarily online, whereas previous surveys were conducted using face-to-face interviews, and had higher response rates. Analysis by Age UK to replicate ONS (Office for National Statistics) analysis across the three previous waves of the Community Life Survey suggests that there are no significant differences in loneliness between age groups. Age UK's analysis suggests that the more recent findings may be due to those completing the online survey being less likely to be representative of the general population, which may be especially true for the older respondents.[6] Looking at the 10,000 respondents to the 2017-18 Community Life Surveys, just over 2,500 respondents were aged 65 years or more.

1.2.2 Children (aged 10-15 years)

The DCMS Community Life Survey 2016-17 indicates that nationally 14.0% of children aged 10 to 12 years were "often" lonely, while the result was 8.6% for those aged 13 to 15 years. Looking at children who received free school meals, 27.5% said they were "often" lonely, compared with 5.5% of those who did not. Children living in a city were more likely to report "often" feeling lonely (19.5%), compared with just over 5% of those living in either towns or rural areas. In terms of health, 28.3% of children who reported "low" satisfaction with their health said they "often" felt lonely, compared with 10% of those who had "medium, high or very high" satisfaction.[7]

Qualitative research found that a range of predictable transitions linked to schooling and the move on from secondary education can trigger loneliness in young people. Other characteristics or circumstances that were found to have a significant effect on children's loneliness were the number of children living in the household, with children who lived in a household that contained three or more children less likely to report often feeling lonely than children who lived in a household that contained one child or two children. Also, children who reported low life satisfaction, low happiness and low worthwhile scores were more likely to report often feeling lonely than other children.[8]

Other Factors

Analysis of children's reporting of loneliness and perception of their circumstances from The Children's Society Household Survey 2018 suggests that the likelihood of children reporting loneliness is significantly increased if they:

- have low happiness with their relationships with friends;
- have low happiness with the amount of choice they have;
- have a parent or guardian who doesn't have very high life satisfaction;
- live in a city; or
- live in a household that is in relative poverty.[9]

When taking other factors into account, the following are not significant in children's reporting of loneliness: age; gender; ethnicity; living in a single parent household; and living away from parents (such as with another relative).[10]

A large scale national survey of 8-12 year olds for Action for Children indicates that certain children may be particularly vulnerable to loneliness, including those who experience neglect, are in care, disabled, are young parents or have parents with mental health problems.[11] A small-scale survey of 100 care leavers, published in 2014, found that 77% said that feeling lonely or isolated was difficult when leaving care (43% said they found it very difficult).[12] Other studies have found similar results.

1.3 Health, Long Term Illness & Disability

There are correlations between loneliness and health and disability, with poor health, disability, reduced mobility, cognitive and sensory impairment, including dual sensory impairment all correlated with increased levels of loneliness.

1.3.1 Adults

Figure 2 shows that in 2016-17, nationally 25.8% of those who reported their general health to be 'very bad' and 17.7% of those who reported it to be 'bad' report feeling lonely often or always.[13]

Figure 2: % of people feeling lonely often or always by general health

Bar chart showing % of people feeling lonely often or always by general health:
- Very Good: 2.9
- Good: 4.2
- Fair: 8.5
- Bad: 17.7
- Very bad: 25.8

Y-axis: % (0 to 40)
X-axis: General Health
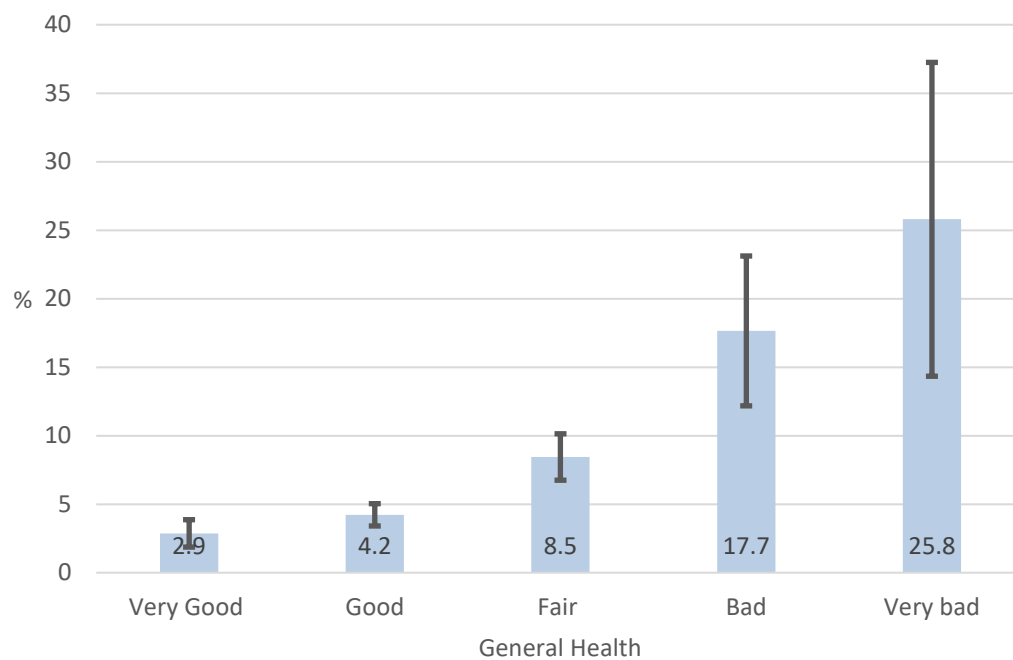
Source: Community Life Survey 2016-17, Department for Digital, Culture, Media & Sport

Nationally 13.3% of adults with a long-term illness or disability reported feeling lonely often or always, compared to 3.4% for those without a condition. Figure 3 shows that in 2017-18, the effect of a long-term illness or disability on reported loneliness is greatest for young adults (aged 16-24) and declines with age. The percentage of younger adults (aged 16-34) with a long-term illness of disability that feel lonely often or always is significantly higher in comparison to age bands of 50 and over. For those aged 75 or over with a long-term illness or disability, rates of feeling lonely often or always were similar to those without a long-term illness or disability.[14]

Figure 3: % of people with a long term illness or disability that report feeling lonely often or always by age
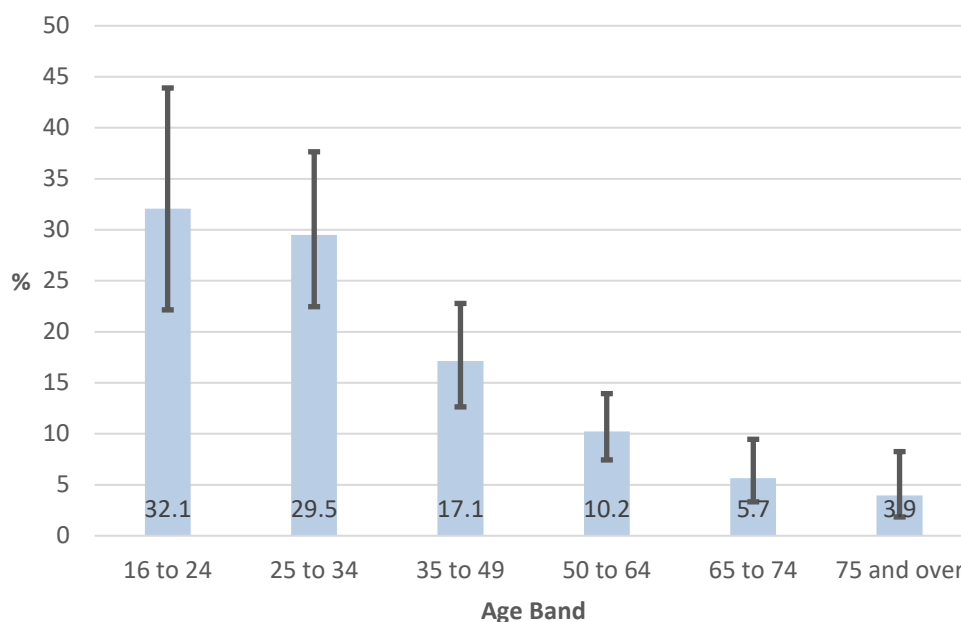
Source: Community Life Survey 2017-18, Department for Digital, Culture, Media & Sport

Research by the Alzheimer's Society found that 38% of people with dementia feel lonely, compared to 24% of over 55s among the general public [not necessarily often or always]. This rises to nearly two-thirds (62%) for people with dementia who live alone, while 33% of people with dementia said they have lost friends following their diagnosis.[15]

1.3.2   Children

While not offering direct evidence of perceptions of loneliness, analysis of ONS Surveys (1999 and 2004) of the mental health of children and young people indicates that 14% of children with a learning disability identify themselves as having no friends, compared to 1% of children without a learning disability.[16] Research by Mencap suggests that 17.8% of people with a learning disability aged 18-35 feel alone and cut off from other people.[17] Research commissioned by Sense suggests that 77% of young disabled adults felt greater barriers than non-disabled people in making and sustaining friendships, while 6% of respondents said they had no friends at all.[18]

1.4 Caring Responsibilities

Overall, no significant differences were found in the national Community Life Survey 2017-18 in the percentage of people who reported feeling lonely often or always between those who have a caring responsibility (6.6%) and those who do not (5.5%).[19]

A report for Carers Week in 2013 found that that 61% of the carers surveyed found it difficult to maintain friendships as a result of their caring responsibilities. This survey was not specific to older carers.[20] Carers UK's State of Caring 2017 Survey indicates that 81% of carers have felt lonely or isolated as a result of looking after a loved one [not necessarily always or often]. This rises to 86% for carers providing 50 hours or more of care a week. The longer people

have been caring for, the more likely they are to feel lonely or socially isolated, with 84% of those caring for 10 years having felt lonely or socially isolated.[21] The statutory Adult Social Carer's Survey conducted by Leicestershire County Council indicates that 68.6% of carers do not have as much social contact as they would like.[22]

1.5 Poverty

The Community Life Survey 2016-17 indicates that 12.6% of people who are unemployed (and seeking work) report feeling lonely often or always. This is significantly higher in comparison to 4.7% of those in employment.[23] The likelihood of children reporting loneliness is increased if their household is in relative poverty (See Section 1.2.2).[24] A review of existing studies by Age UK has noted a direct correlation between low income and loneliness and isolation among older people.[25]

1.6 Geography

Some studies indicate that living in a rural area correlates with loneliness, however, this is a complex issue, with various other studies suggesting the opposite. Research suggests that rurality presents its own barriers to connection, for example, potentially fewer and more expensive support and other services in rural communities, particularly transportation services.[26] Age UK's research suggests that older people are more likely to be lonely if they live in a deprived urban area or an area in which crime is an issue.[27]

1.7 Ethnicity

Only around 3% of those aged 65 or over are classified as belonging to ethnic minority groups, and as a result national surveys rarely include sufficient numbers of older people from minority communities to establish the prevalence of loneliness. The same factor precludes disaggregation into specific community groups to assess variability of experience of loneliness.

Research by Victor, Burholt & Martin (2012) involving interviews with 50 respondents aged 65 or over from each of six key ethnic minority groups whose migration took place in the post-war period (330 respondents) provides a useful source of information. Older people of Indian origin report levels of loneliness consistent with the general population, with 8% reporting that they were often or always lonely. This was much lower than the levels reported by all other minority groups. Looking at older people from Caribbean backgrounds, 24% reported that they are always or often lonely as did 40% of Chinese participants; 50% of African and Bangladeshi elders and 50% of Pakistani respondents aged 65 years and over.[28] The findings with regard to lower levels of loneliness among older Indian people are supported by data from the *Families and Migration: Older People from South Asia* study.[29]

1.8 Number of Adults in the Household

Research by Age UK found that household size is inversely related with prevalence of loneliness.[30] The Community Life Survey 2016-17 indicates that people who live alone are at greater risk of feeling lonely more often, with 11.4% of those living alone reporting feeling lonely often or always. This is significantly more in comparison to 4.7% of people who do not live alone.[31]

1.9 Marital Status

Looking at marital status, the Community Life Survey 2016-17 shows that 9.9% of those who were widowed reported experiencing loneliness often or always, which is similar to those who were separated or divorced (8.9%) or single (8.6%). Those people who were married or in a civil partnership experienced significantly lower levels of loneliness (2.5%), as illustrated in Figure 4. Similarly, 9.8% of people who were not living as a couple reported that they were lonely often or always, which was significantly higher in comparison to 2.9% of people who were living as a couple.[32]

Figure 4: % of people feeling lonely often or always by marital status
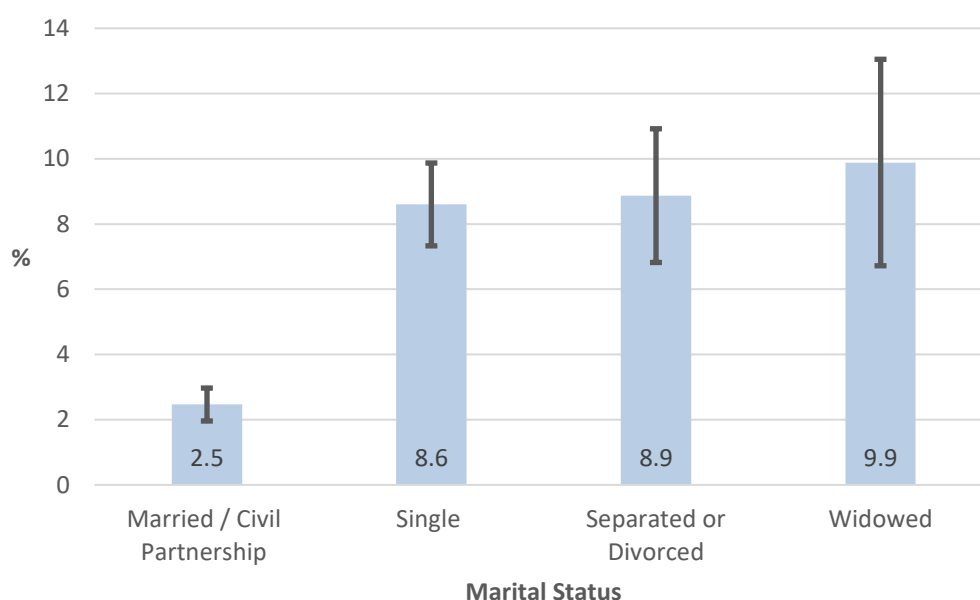
Source: Community Life Survey 2016-17, Department for Digital, Culture, Media & Sport

1.10   Housing Tenure

The Community Life Survey 2016-17 indicates that 9.5% of those renting their home report feeling lonely often or always, which is significantly higher than 3.6% of those who own their own home.[33]

A national survey by the Relatives & Residents Association and funded by the Department for Health found that 12% of older people living in residential care had no remaining family or no active family contact.[34]

A survey by Crisis of homeless service users across the UK found that 40% of homelessness service users reported feeling lonely often. When analysed by age, the highest rates were found among homeless people aged 25-34 and 35-44. Female homelessness service users were more likely to report feeling lonely often (48% versus 38% for males).[35]

1.11   Perceptions of the Local Area

Looking at reported frequency of loneliness by satisfaction with the local area as a place to live, analysis of the Community Life Survey 2016-17 found that those with lower levels of satisfaction were more likely to feel lonely. While 11.1% of those who were fairly or very dissatisfied reported feeling lonely often or always, for those who were very satisfied the figure was 2.9%, which is significantly lower.[36]

A similar link is evident in relation to people's sense of belonging to their immediate neighbourhood, with 8.9% of those whose sense of belonging was not very or not at all strong reporting feeling lonely often or always. The result for those whose sense of belonging was very or fairly strong was significantly lower in comparison at 3.5%.[37]

The Community Life Survey 2017-18 indicates that those who agree that their local area is a place where people from different backgrounds get on well together are less likely to feel lonely often or always (4.5% which is significantly lower in comparison to 10.2% for those who disagree).[38]

1.12   Sexual Orientation

Research by Kuyper and Fokkema found that lesbian, gay, bisexual and transgender people are at greater risk of becoming lonely and isolated as they age because they are more likely to live alone and have less contact with family.[39]

1.13   Life Transitions & Trigger Events

While most of us will be lonely at some stage, evidence suggests that some life transitions can act as triggers for chronic loneliness,[40] for example:

- moving home
- changing schools or leaving education
- leaving care
- becoming a parent, with young parents particularly at risk
- becoming a carer
- coming to the country seeking asylum
- leaving the armed forces
- developing a health condition
- changing jobs or leaving work
- experiencing family breakdown
- bereavement.

The circumstances which trigger loneliness can vary by age, as can the duration and impact of loneliness. The resilience of the individual is also relevant. For example, older people themselves say that they find it more difficult to create friendships in later life.[41]

3.   Level of need in Leicestershire

This section aims to identify the level of loneliness in Leicestershire overall, in specific communities and groups, and in relation to identified issues. Some individuals are likely to fall into multiple categories. Where possible, an attempt will be made to identify any geographical hotspots. There is very little actual data available to allow us to directly analyse the prevalence of loneliness in Leicestershire, which represents a gap in our ability to fully understand the scope of the issue. Most currently available information is modelled from national level surveys.

2.1   Gender

Table 1 takes the estimated percentages of people feeling lonely often or always from the national Community Life Survey 2017-18 and applies them to the estimated mid-year 2018 population figures for Leicestershire. The table shows that in Leicestershire, of the estimated 573,090 residents aged 16+, the number likely to feel lonely often or always is 31,878. The table shows this number by gender.

Table 1: Estimated number of adults who feel lonely often or always by gender

	Total no. in Leicestershire	% lonely often or always in England	No. lonely often or always in Leicestershire
Males	281,025	4.9%	13,770
Females	292,065	6.2%	18,108
Approx. Total	**573,090**		**31,878**

Source: Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2018[42]

2.2   Age

Table 2 takes the estimated percentages of children feeling lonely often (not necessarily always) by age from the national Community Life Survey 2016-17 and applies them to the estimated mid-year 2018 population figures for Leicestershire. The table shows that in Leicestershire, of the estimated 47,483 children aged 10-15, the number likely to feel lonely often is 5,403.

Table 3 takes the estimated percentages of people feeling lonely often or always by age from the national Community Life Survey 2017-18 and applies them to the estimated mid-year 2018 population figures for Leicestershire. The table shows that in Leicestershire, of the estimated 157,711 residents aged 16-34, the number likely to feel lonely often or always is 12,225.

Table 2: Estimated number of children (aged 10-15) who feel lonely often by age

Age Group	Total no. in Leicestershire	% lonely often in England	No. lonely often in Leicestershire
10-12 years	24,437	14.0%	3,421
13-15 years	23,046	8.6%	1,982
Approx. Total	**47,483**		**5,403**

Source: Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2018[43]

Table 3: Estimated number of adults who feel lonely often or always by age

Age Group	Total no. in Leicestershire	% lonely often or always in England	No. lonely often or always in Leicestershire
16-24 years	76,944	7.7%	5,925
25-34 years	80,767	7.8%	6,300
35-49 years	132,136	5.7%	7,532
50-64 years	140,953	5.1%	7,189
65-74 years	79,537	2.7%	2,147
75+ years	62,753	3.0%	1,883
Approx. Total	**573,090**		**30,975**

Source: Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2018[44]

Table 4 takes the estimated percentages of children receiving free school meals feeling lonely often (not necessarily always) from the national Community Life Survey 2016-17 and applies them to the number of pupils eligible for and receiving free school meals in Leicestershire. The figures are broken down by school phase. The table shows that in Leicestershire, of the 7,353 pupils eligible for and receiving free school meals, the number likely to feel lonely often is 2,022.

Table 4: Estimated number of children receiving free school meals who feel lonely often by school phase

School Type	No. pupils known to be eligible for and claiming free school meals in Leicestershire	% lonely often in England	No. lonely often or always in Leicestershire
State-Funded Nursery and Primary Schools	4070	27.5%	1119
State-Funded Secondary Schools	2,954	27.5%	812
Special Schools	329	27.5%	90
Approx. Total	**7,353**		**2,022**

Source: Schools, pupils and their characteristics: January 2018[45]

Table 5 takes the estimated percentages of care leavers who find being lonely or isolated very difficult when leaving care from survey work by the Centre for Social Justice and applies them to the number of care leavers in Leicestershire during 2017-18. The figures are broken down by care leaver age. The table shows that in Leicestershire, of the 245 care leavers aged 17-21, the number that find being lonely or isolated very difficult is projected to be 105. Looking at the total of 245 recorded care leavers, 109 were not education, employment or training (NEET), and research indicates that these young people would be at the highest risk of loneliness.

Table 5: Estimated number of care leavers (aged 17-21) who find being lonely or isolated very difficult when leaving care

Care Leaver Group	Total no. in Leicestershire	% stating that feeling lonely or isolated was very difficult when leaving care in England	No. stating that feeling lonely or isolated was very difficult when leaving care in Leicestershire
Care leavers now aged 19, 20 and 21	174	43%	75
Care leavers now aged 17 and 18	71	43%	31
Approx. Total	**245**		**105**

Source: Children looked after in England including adoption: 2017 to 2018[46]

2.3 Health, Long Term Illness & Disability

Table 6 takes the estimated percentages of people feeling lonely often or always by health status from the national Community Life Survey 2016-17 and applies them to the 2011 Census data on the health of the Leicestershire population. The table shows that in Leicestershire, of the 28,020 people with 'bad' or 'very bad' health, the number likely to feel lonely often or always is 5,450.

Table 6: Estimated number of people with bad or very bad health who feel lonely often or always

Health Status	Total no. in Leicestershire	% lonely often or always in England	No. lonely often or always in Leicestershire
Bad	21,967	17.7%	3,888
Very bad	6,053	25.8%	1,562
Approx. Total	**28,020**		**5,450**

Source: 2011 Census: Key Statistics for Local Authorities in England and Wales[47]

Table 7 takes the estimated percentage of people with a long-term illness or disability estimated to feel lonely often or always from the national Community Life Survey 2017-18 and applies it to the 2011 Census data on Leicestershire's population by self-reported limiting long term illness. The table shows that in Leicestershire, of the 97,534 people aged over 16 whose day to day activities are limited, the estimated number likely to feel lonely often or always is 9,239.

Table 7: Estimated number of people with a long-term illness or disability who feel lonely often or always

Day-to-day activities limited by age	Total no. in Leicestershire	% Lonely often/always in England	No. lonely often or always in Leicestershire
16 to 24	3,356	32.1%	1,077
25 to 34	3,859	29.5%	1,138
35 to 49	12,460	17.1%	2,131
50 to 64	23,468	10.2%	2,394
65 to 74	20,960	5.7%	1,195
75 and over	33,431	3.9%	1,304
Approx. Total	**97,534**		**9,239**

Source: 2011 Census: Key Statistics for Local Authorities in England and Wales[48]

Table 8 takes the estimated percentage of users of adult social care services who do not have as much social contact as they would like from the 2018 statutory Adult Social Care Users Survey conducted by Leicestershire County Council. It applies this percentage to the number of users of adult social care services as at 1 July 2019.

Table 8: Estimated number of adult social care service users that do not have as much social contact as they would like

	Total no. in Leicestershire	% that do not have as much social contact as they would like in Leicestershire	No. that do not have as much social contact as they would like in Leicestershire
Social care users	8,274	57.4%	4,749
Approx. Total	**8,274**		**4,749**

Source: Leicestershire Adult Social Care User Survey, 2018

2.1.1 Health, Long Term Illness & Disability - Children

Table 9 takes the estimated percentage of children with a learning disability that identify themselves as having no friends from analysis of ONS Surveys of the mental health of children and young people and applies it to the 2018 National Statistics on Special Educational Needs data covering children with a learning disability. Table 9 shows that in Leicestershire the estimated number of children with a learning disability that are likely to identify themselves as having no friends is 952.

Table 9: Estimated number of children with a learning disability that identify themselves as having no friends

	No. Primary	No. Secondary	No. Special Schools	Total No. in Leicestershire	% with no friends in England	No. with no friends in Leicestershire
Specific Learning Difficulty	705	1,063	14	1,782	14%	249
Moderate Learning Difficulty	2,426	1,640	181	4,247	14%	595
Severe Learning Difficulty	40	13	583	636	14%	89
Profound & Multiple Learning Difficulty	18	0	115	133	14%	19
Approx. Total	**3,189**	**2,716**	**893**	**6,798**		**952**

Source: Special Educational Needs in England: January 2018[49]

2.4 Poverty

Table 10 takes the estimated percentage of people who are unemployed (and seeking work) that report feeling lonely often or always from the national Community Life Survey 2016-17 and applies it to the December 2018 unemployment figures for Leicestershire. Table 10 shows that in Leicestershire the estimated number of people that are unemployed and are likely to feel lonely often or always is 2,104.

Table 10: Estimated number of people who are unemployed who feel lonely often or always

Unemployed Group	Total no. in Leicestershire	% Lonely often/always in England	No. lonely often or always in Leicestershire
Males	6,400	12.6%	806
Females	10,300	12.6%	1,298
Approx. Total	**16,700**		**2,104**

Source: Labour Market Profile – Leicestershire, NOMIS, December 2018[50]

2.5 Ethnicity

Table 11 takes the estimated percentage of people aged over 65 from six main ethnic minority groups that report feeling lonely often or always from research by Victor, Burholt & Martin, and applies it to the 2011 Census data on Leicestershire's population by age and ethnicity. Table 11 shows that in Leicestershire the estimated number of people aged 65 or over from the six main ethnic minority groups that are likely to feel lonely often or always is 362.

Table 11: Estimated number of people aged over 65 from ethnic monitory groups that report feeling lonely often or always by ethnic group

Ethnic group aged 65+	Total no. in Leicestershire	% Lonely often/always in England	No. lonely often or always in Leicestershire
Indian	2,211	8%	177
Caribbean	174	24%	42
Chinese	110	40%	44
African	15	50%	8
Bangladeshi	87	50%	44
Pakistani	94	50%	47
Approx. Total	**2,691**		**362**

Source: 2011 Census: Key Statistics for Local Authorities in England and Wales[51]

2.6 Number of Adults in the Household

Table 12 takes the estimated number of people who live alone who feel lonely often or always from the national Community Life Survey 2016-17 and applies it to the 2011 Census data on Leicestershire's household composition. Table 12 shows that in Leicestershire the estimated number of people that live alone that are likely to feel lonely often or always is 10,898.

Table 12: Estimated number of people who live alone who feel lonely often or always by household type

Group	Total no. in Leicestershire	% Lonely often/always in England	No. lonely often or always in Leicestershire
One person household: Aged 65 and over	33,126	11.4%	3,776
One person household: Other	39,370	11.4%	4,488
One family only: Lone parent: Dependent children	15,003	11.4%	1,710
One family only: Lone parent: All children non-dependent	8,097	11.4%	923
Approx. Total	**95,596**		**10,898**

Source: 2011 Census: Key Statistics for Local Authorities in England and Wales[52]

2.7 Marital Status

Table 13 takes the estimated number of people who are widowed, separated, divorced or single who feel lonely often or always from the National Community Life Survey 2016-17 and applies it to the 2011 Census data on Leicestershire's living arrangements. Table 13 shows that in Leicestershire the estimated number of people who are single, separated, divorced or widowed that are likely to feel lonely often or always is 16,236.

Table 13: Estimated number of people who feel lonely often or always that are single, separated, divorced or widowed

Marital Status	Total no. in Leicestershire	% Lonely often/always in England	No. lonely often or always in Leicestershire
Single (never married or in a same-sex civil partnership)	109,554	8.6%	9,422
Separated	9,730	8.9%	866
Divorced or formerly in a same-sex civil partnership	29,775	8.9%	2,650
Widowed or surviving partner from a same-sex civil partnership	33,314	9.9%	3,298
Approx. Total	**182,373**		**16,236**

Source: 2011 Census: Key Statistics for Local Authorities in England and Wales[53]

2.7 Housing Tenure

Table 14 takes the estimated number of people renting their home that report feeling lonely often or always from the national Community Life Survey 2016-17 and applies it to the 2011 Census data on housing tenure. It should be noted that the numbers shown are households rather than individuals. Table 14 shows that in Leicestershire the estimated number of people that are renting their homes that are likely to feel lonely often or always is 5,695.

Table 14: Estimated number of people who feel lonely often or always that rent their homes

Tenure – Household status	Total no. of households in Leicestershire	% Lonely often/always in England	No. households lonely often or always in Leicestershire
Social rented	28,017	9.5%	2,662
Private rented	31,932	9.5%	3,034
Approx. Total	**59,949**		**5,695**

Source: 2011 Census: Key Statistics for Local Authorities in England and Wales[54]

Table 15 takes the estimated number of people aged 65 or over living in residential care with no remaining family or no active family contact and applies it to the 2011 Census data on the number of people aged 65 or over living in residential care. The county population is known to be ageing rapidly, and the numbers in Table 15 are therefore likely to be an under-estimate. Table 14 shows that in Leicestershire the estimated number of people aged 65 or over living in residential care with no remaining family or no active family contact is likely to be at least 358.

Table 15: Estimated number of people living in residential care with no remaining family or no active family contact

Age Group in Residential Care	Total no. in Leicestershire	% of living in residential care with no remaining family or no active family contact in England	No. lonely often or always in Leicestershire
65 years or more	2982	12%	358

Source: Census 2011: Proportion of usual residents in care homes aged 65 and over[55]

2.8 Perceptions of the Local Area

Table 16 takes the estimated number of people that are fairly or very dissatisfied with the local area as a place to live that reported feeling lonely often or always from the national Community Life Survey 2016-17 and applies it to the estimated number of adult residents (aged 16+) that are dissatisfied or very dissatisfied with the area as a place to live. The latter figure is derived from Leicestershire County Council's long-standing Community Insights Survey. Table 16 shows that in Leicestershire the number of people who are fairly or very dissatisfied with the local area as a place to live that are likely to feel lonely often or always is 2,608.

Table 16: Estimated number of people that are dissatisfied with the local area as a place to live who feel lonely often or always

	Total no. in Leicestershire	% lonely often or always in Leicestershire	No. lonely often or always in Leicestershire
People dissatisfied with the local area as a place to live	23,497	11.1%	2,608
Approx. Total	**23,497**		**2,608**

Source: Leicestershire County Council Community Insight Survey, 2018/19

Table 17 takes the estimated number of people that disagree that their local area is a place where people from different backgrounds get on well together that reported feeling lonely often or always from the national Community Life Survey 2016-17 and applies it to the estimated number of adult residents (aged 16+) that disagree that their local area is a place where people from different backgrounds get on well together. The latter figure is derived from Leicestershire County Council's long-standing Community Insights Survey. Table 17 shows that in Leicestershire the number of people that disagree that their local area is a place where people from different backgrounds get on well together that are likely to feel lonely often or always is 1,461.

Table 17: Estimated number of people that disagree that their local area is a place where people from different backgrounds get on well together who feel lonely often or always

	Total no. in Leicestershire	% lonely often or always in England	No. lonely often or always in Leicestershire
People who disagree that their local area is a place where people from different backgrounds get on well together	14,327	10.2%	1,461
Approx. Total	**14,327**		**1,461**

Source: Leicestershire County Council Community Insight Survey, 2018/19

4.   How does this impact?

Loneliness impacts people differently and at varying stages of life, affecting a significant minority at all stages of life. Individuals who are lonely or socially isolated are between two and five times more likely than those who have strong social ties to die prematurely.[56]

Loneliness and social isolation harm physical and mental health by increasing the risk of depression, high blood pressure, sleep problems, reduced immunity and dementia.[57] Other research has identified that the impact of social relationships on the risk of mortality is comparable with major established health risk factors such as smoking and alcohol and exceeds that of physical inactivity and obesity.[58]

Research by *Social Finance* for the Calouste Gulbenkian Foundation, NESTA and the Cabinet Office has examined the costs associated with loneliness.[59] The study focussed on older people and considered how loneliness affects service usage, both directly (e.g. additional GP visits, A&E visits, hospital admissions, increased likelihood of entry into care) and indirectly (increased likelihood of developing health conditions). The conclusion reached was that the additional cost to the public sector is an average of c.£12,000 per older lonely person over a 15 year period.

This section aims to highlight the groups most significantly affected by loneliness, as identified in sections 1 and 2, and thereby indicate areas of unmet need for future delivery focus. The groups most significantly affected by loneliness, and for which loneliness is likely to be long-lasting are:

- Particular groups of children and young people, especially those:
    o aged 10-12;
    o receiving free school meals;
    o living in households with 2 or fewer children;
    o with low satisfaction with their health;
    o with low life satisfaction, low happiness, low worthwhile scores;
    o with a long-term illness or disability; or
    o with a learning disability;
- Young adults (aged 16-34), especially those with bad health, a long-term illness or disability, or a learning disability;
- Adults with a learning disability;
- Adults with dementia, especially those living alone;
- Adults that are unemployed;
- Older adults (aged 65 or over) from BME groups with the exception of people of Indian origin;

Key life transitions can act as triggers for chronic loneliness. Among those identified the following link directly to the groups identified above:

- Changing schools or leaving education;
- Leaving care;
- Becoming a parent, with young parents particularly at risk; and
- Experiencing family breakdown.

The following life transitions are particularly pertinent to older people:

- Leaving work;
- Becoming a carer; and
- Bereavement.

Therefore, the approach to tackling loneliness should take a life course approach, that is adapted to the specific stages and/or events that an individual is in. Services and approaches will therefore need a proportionate universal approach, with key services available to the whole population with targeted additional support to the specific stage or transition. The following sections review the latest policy guidance and current services to review what current services are in place and where additional focus is needed.

5.   Policy and Guidance

There is increasing evidence and awareness that loneliness and social isolation have an impact on people's physical and mental health, wellbeing and independence. This has led to concerns that loneliness and social isolation are having a negative impact on people, communities, and the demand for public services in Leicestershire. As a result, the Leicestershire County Council has established a cross-Council project to look at tackling loneliness and social isolation across the County. There has been a range of activities during phase one of the project. Highlights include:

- Identification and development of opportunities to work/join-up across the Council and with key partners.
- Co-hosting with the University of Leicester a *Leicestershire Tackling Loneliness Summit* on 30th November 2018 attended by over 90 people representing a range of public, voluntary, community and business sector organisations with a commitment from attendees to continue to be involved.
- Publication of a position statement on the County Council's commitment to tackling loneliness in Leicestershire by Mrs Posnett (Lead Member for Health) to the full County Council on 26th September 2018.[60]
- A social media communications campaign launched before Christmas and pushed again during April resulting in a good level of media coverage.
- Adding a question on loneliness to the County Council's Community Insights Survey, which surveys a representative sample of 1600 residents annually by telephone.

This issue is being taken seriously at national level. Key national initiatives on the loneliness agenda have been:

- Jo Cox Commission report on loneliness (December 2017).
- Government appointing Minister for Loneliness (January 2018) and allocating ~£18m of funding for the Voluntary & Community Sector (VCS) to tackle loneliness (spring 2018).
- Publication of Government Loneliness Strategy (October 2018)[61] and subsequent ongoing actions including by DCMS, DEFRA and LGA which are involving the Council.
- Ongoing All-Party Parliamentary Group on Loneliness with Harborough MP Neil O'Brien vice-chair.
- ONS issues guidance on measuring/indicators of loneliness including specific guidance for younger people (December 2018).
- Government strategy and guidance on social prescribing along with NHS England funding for CCGs to employ social prescribers (March 2019)

High level risks of loneliness in Leicestershire to the County Council were identified in terms

of:

- *Achieving strategic outcomes*: vision of what we want for individuals (in particular vulnerable people where we have particular responsibilities), communities, businesses and others in Leicestershire.
- *Demand on services* and therefore pressure on available funding.

6.   Current Services

Tackling loneliness is not a public sector statutory obligation. It is only recently that national and local awareness of the issues of loneliness and isolation have become more widespread and been considered a priority.

There are few services within the Council that have tackling loneliness and isolation as their primary aim and these are explained in some detail below. Other Council services that indirectly contribute to addressing loneliness and social isolation are listed at appendix A.

There are many more public sector services which have an impact on loneliness and social isolation, a number of which are listed in Appendix B. There are also a wide range of voluntary and community sector activities that directly and indirectly address loneliness and social isolation with a list of examples in Appendix C.

5.1   Prevention

Council and partner activities target early help and prevention (EHAP) of people coming into formal services due to escalation of health problems, providing multiple benefits for individuals, communities and reducing pressures on public services. The Target Operating Model for Early Help and Prevention (EHAP) services provides a tiered approach incorporating:

- A broad EHAP strategy setting out key priorities across the authority and Leicestershire;
- A focus on EHAP to reduce demand for services;
- A focus on using scarce resources on services that make the biggest impact;
- A focus on the customer/service user;
- Integration that reflects both an emphasis on the services provided by the County Council, rather than by each department, and the integration and co-ordination of services across partner organisations;
- More community involvement in the delivery of appropriate services;
- A streamlined, concentrated and coordinated support service function.

The aim is to reduce the need for people to come to the Council or partners for support, through to helping to increase the resilience and self-reliance of those already within services.

It is recognised that loneliness and social isolation are problems both in themselves and also leading to an escalation in physical and mental health problems which has a negative impact on the quality of people's lives, on the communities they live in and will lead to increased demand for (and therefore costs of) public services.

Partners come together through the Unified Prevention Board (UPB), a sub-group of the Leicestershire Health and Wellbeing Board. The UPB organises projects and coordinated campaigns including associated communications on priority issues such as self-care in winter and mental health. In winter 2018-19 into the spring the County Council led on a communications campaign on tackling loneliness and social isolation

The County Council has a number of projects and services that are focused on early help and prevention and make a direct contribution to addressing loneliness and social isolation. These include:

Local Area Coordination (LAC) is a community-based intervention shaped around Asset Based Community Development approaches, which works with vulnerable people who often have a range of complex challenges, to help them achieve their vision of 'a good life'. LAC's aim is to increase individual and community capacity and reduce demand for costly primary, acute, and other public services. LAC is designed to have an impact on individuals and communities.

First Contact Plus is a web and telephone-based service that forms the basis of the Leicestershire social prescribing model or prevention 'front door.' It helps and direct adults in Leicestershire to access information and a range of services all in one place. It allows residents who require help with one or a number of issues to access a catalogue of information, advice, help and support. Information and resources on housing, health, living independently, money advice, work, security and other topics that assist the County's residents can be found on this site. First Contact Plus is delivered by Leicestershire County Council in partnership with district and borough councils, GPs, the Police, health organisations, voluntary groups and social care departments.

Alongside First Contact Plus, the County Council (like many of its partners – e.g. 999 service for blue light services) has a frontline Customer Service Centre which is often the first port of call for people who are experiencing loneliness and isolation and is a key referral route into social prescribing and other appropriate support. The services accessed through the Council's Customer Service Centre are more Adult Social Care focussed than First Contact Plus.

Nationally, in 2019, the Government published a long term plan for the NHS. This included a key theme about embedding <u>Social Prescribing</u> across the system, recognising that around 20% of GP visits are for non-clinical reasons, many of whom are by people who are experiencing loneliness and isolation. To support this, NHS England is funding social prescription link workers in all primary care networks. This includes up to 13 additional social prescribing link workers in both West Leicestershire, and East Leicestershire and Rutland CCGs. Partners are working together to agree how these new posts will complement the current social prescribing model in the County.

5.2 Community services and facilities

Inclusive and resilient communities are recognised as being important to tackling loneliness and social isolation. The County Council and its partners have a range of community development programmes to support communities including help on asset-based community development and capacity through community spaces, workshops and activities and support for volunteering and direct funding.

County Council and community managed <u>libraries</u> are recognised as neutral and safe spaces which are successful in attracting a wide-range of people including those at risk of loneliness. They contribute to social prescribing, for example, with books on prescription and promoting prevention campaigns. A range of clubs and activities are run by and in our libraries, some directly aimed at inclusion, for example, shared reading groups, inter-generational wriggly readers (for older people to come together with pre-school children and their parents), home library service and carer groups.

Similarly, the County Council's <u>heritage and museum</u>, and <u>adult learning services</u> contribute by bringing together people, often those at risk of loneliness, for projects such as local history cafes, English for Speakers of Other Languages (ESOL) classes and family learning.

These and many other services are run and supported by volunteers. Volunteering is recognised as a positive way for people to avoid loneliness and isolation – providing them with connections, purpose and value. There are a number of ways that volunteering is supported and encouraged in the County including time banking (Time4 Leicestershire), the promotion of informal social action, 'good neighbourliness', and communities coming together (for example community roadshows) through the communities strategy and support for formal volunteering through a network of Volunteer Co-ordinators based in departments across the Authority, offering a wide range of opportunities to meet and foster varied interests and skill sets. Voluntary and community sector support is funded through a contract for community infrastructure services that is currently delivered by Voluntary Action

Leicestershire. This contract provides voluntary and community groups in Leicestershire with support related to input and responses to public sector policy and programmes and tendering support; assistance with group establishment and effective and sustainable operation; and help for individuals to volunteer and for groups to recruit and manage volunteers.

The County Council and partners also have some <u>funding programmes</u> to support people and organisations with projects that increase community capacity and inclusion, directly and indirectly helping to tackle loneliness and isolation. This includes the County Council's Shire Grants Fund which provides small (up to £3,000) and large (up to £10,000) grants for voluntary, community and social enterprise sector organisations to deliver activities which improve the lives, health and wellbeing of vulnerable and disadvantaged people and communities.

5.3 Social Care

The County Council, in partnership with other agencies, is responsible for providing support services to a number of cohorts of vulnerable adults and children including people with special educational needs and disabilities (SEND), children and young people in and transitioning from care, older people with and people with other mental and physical health challenges, dependencies and conditions. It is an objective of the Council to support Leicestershire communities to be diverse and inclusive and there is a legal duty on all public bodies to ensure that different groups (in particular those with protected characteristics as defined by the 2010 Equalities Act) are considered in the development and delivery of services. Inclusion, building resilience and tackling loneliness and isolation are therefore explicit and implicit outcomes for many of our social care services. This includes:

- Mental health reablement and other social worker visits.
- The range of adult social care services for working age adults with special education needs and disabilities and older people in need of support including assistive technology and memory support,
- Children's social care services for young people with SEND, children in care, children's centres and other early years and parental support
- SEND children inclusion and teaching support services e.g. autism outreach, vision, hearing, etc.

There is also support for carers including young carers including a commissioned service run by Voluntary Action South Leicestershire (VASL).

People whose safety is at risk are also at risk of loneliness and social isolation. The County Council and partners look to support these people, for example, victims of domestic abuse and sexual violence can access support through specialist service provider UAVA (United Against Violence and Abuse). The current offer comprises:

- A service for those aged 13+.
- Telephone Helpline for professionals and the public.
- Individual and group support for high and medium risk victims.
- Therapeutic Interventions.
- Awareness raising, training and education for professionals and the public.

Keep Safe Places are located across Leicestershire and will:

- give you somewhere safe to go if you're feeling upset, scared or need help; and
- call or help you call someone to assist you (e.g. a friend, carer, relative, police or emergency services).

5.4 Transport

The County Council recognises the importance of access to transport for people at risk of loneliness and isolation, for example, supporting home to school transport for eligible SEND children in line with its published policy.

The Council also provides funding to Community Transport providers covering the whole of Leicestershire who in-turn provide essential transport for those members of the community who are unable to use conventional private or public transport or who are rurally isolated.

7.   Unmet needs/Gaps

To understand unmet needs and gaps in provision to tackle need, it is helpful at this point to recap on the key findings from this assessment so far.

There is a growing awareness of the extent of loneliness and its impact on health and wellbeing at a national level, which is comparable with major established health risk factors. Estimates from national sources have been applied to local data to illustrate the likely scale of the problem across Leicestershire for the first time, however, significant gaps remain in our knowledge about the extent of loneliness in Leicestershire and its impact on the local population.

Groups that have been identified as at particular risk of loneliness, and for which there may be unmet need or gaps in services are:

- Children and young people, with certain groups at particular risk.
- Young adults (aged 16-34 years), with certain groups at particular risk
- Adults with a learning disability, dementia or who are unemployed
- Older people from BME groups (but not older people of Indian origin), and from the LGBT community.

Key life transitions can also act as triggers for chronic loneliness, some of which are pertinent to the groups identified above.

There is currently both a national and local policy focus on addressing loneliness and its negative health impacts. This means that the publication of this chapter is timely and necessary. Current services delivered by the County Council and its partners cover many of the groups identified but could provide additional benefit with an additional focus on the risk of loneliness.

8.   Recommendations

8.1.   Strategic / Policy Recommendations

a.   Translate key loneliness work into actions as part of the 'Great Communities' strategic outcome and Unified Prevention Board work plan.

b.   Consider the findings relevant to housing as part of the 'Affordable and Quality Homes' strategic outcome.

c.   Ensure appropriate capacity and governance arrangements are in place to monitor and progress actions.

d.   Link loneliness into the social prescribing model, focussing especially on those at risk with long term conditions, carers and younger age groups.

e.   Consider how Voluntary Action Leicestershire / Shire Grants programme support the agenda / wider social prescribing work.

f.   Support the voluntary and community sector to support development of a Leicestershire tackling loneliness toolkit, branding and communications campaign and to develop grant bids to support their loneliness work.

g.   Link loneliness into the Carers Strategy.

h.   Undertake further work locally to gain a better understanding of the nature and extent of loneliness in Leicestershire, for example, the addition of a question on loneliness to the Council's Community Insights Survey.

i.   Consider universal vs. specific interventions.

j.   Identify what is business as usual and what needs additional capacity.

k.   Consider cost / value / benefit from interventions to assist identified groups.

8.2.   Possible Specific Interventions

l.   Children's focus: particularly children with poor health, disabilities, learning disabilities and those eligible for free school meals.

m.   Development of the Healthy Schools approach to include a focus on loneliness, 0-19 and links to Free School Meals.

n.   Transitions focus: particularly changing schools or leaving education, leaving care, becoming a parent and bereavement.

o.   Prioritise embedding the Making Every Contact Count Plus (MECC Plus) approach in Trade (for LGBT cohorts) and the voluntary community sector organisations to support professionals to deliver social prescribing to a wider range of prevention services to individuals at greatest risk of loneliness.

p.   Targeting younger working age population especially those with a disability or long term condition.

GLOSSARY OF TERMS

CCG	Clinical Commissioning Group
DCMS	Digital, Culture, Media and Sports
EHAP	Early Help And Prevention
JSNA	Joint Strategic Needs Assessment
LAC	Local Area Coordination
NEET	Not in Education Employment or Training
NHS	National Health Service
ONS	Office of National Statistics
SEND	Special Educational Needs and Disabilities
UPB	Unified Prevention Board
VASL	Voluntary Action South Leicestershire
VCS	Voluntary Community Sector

APPENDICES

Appendix A: List of other services LCC

<u>Public Health</u>

- Health visiting and other health support services – alcohol, smoking, food, oral, sexual,
- Volunteering support – Time Banking, Master Gardeners,
- Health in schools
- Probation Health Trainers
- Teenage Mediation (Talk2Sort)
- Homelessness support and prevention

<u>Adults and Communities</u>

- SEND learning for independence, cookery, work-based/skills.
- Volunteering support.

<u>Children and Family Services</u>

- Youth Offending Service
- Supporting Leicestershire Families and other family support including new parents and early years
- 16-19 info and guidance (NEET prevention)
- Carer support
- Schools

<u>Environment and Transport</u>

- Specialist transport services – drivers, subsidies/payments
- Sustainable travel initiatives – walking, cycling
- Courses – cycling, driving (including for older people)
- Reduce waste courses – cooking, sewing, furniture
- Community waste champions

<u>Chief Executive's</u>

- Trading Standards – Friends Against Scams
- Support for parish/town councils
- Equalities awareness and initiatives
- Economic inclusion and targeted apprenticeships
- Voluntary Community & Social Enterprise (VCSE) sector infrastructure and business support (contract with VAL)
- Crisis financial and housing support - SCSS

- LCC staff support (e.g. EAP and MH)
- LCC staff equalities awareness and initiatives

Appendix B: List of examples of other Public Sector Services

- People Zones - Building on Braunstone Blues (PCC)
- Fire Safety Visits (FRS)
- Social and other forms of prescribing (GPs)
- Ambulance and other transport (EMAS, CCGs)
- Mental Health Recovery College
- Community development (DCs)
- Housing including lightbulb (DCs)
- Probation and prisoner re-settlement (Prison and Probation Service)

Appendix C: List of examples of VCS Services

- Good Neighbours (RCC)
- Befriending (Age-UK)
- Transport (VASL, RVS)
- Community Champions (VASL)
- Heritage, arts and other interest groups (Crafting Relationships, Alzheimer's Society).
- Advice and support (Citizen's Advice)
- Community Spaces (Village Halls, Friendly Bench, Rural Coffee Connect)

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જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા વ્યવસ્થા કરીશું.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

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Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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