

South Gloucestershire

# Equalities Conference

2016



## Understanding Isolation and Loneliness



Report of the Conference held on 2<sup>nd</sup> February 2016

Chipping Sodbury Town Hall

[www.southglos.gov.uk](http://www.southglos.gov.uk)

South Gloucestershire  
**EQUALITIES  
FORUM**

  
**South Gloucestershire**  
Council

## Background

South Gloucestershire Equality Forum (SGEF) works to challenge and eliminate discrimination, promote equality of opportunity, build up good relations between diverse individuals and equalities communities of interest, the Council and other partners operating in South Gloucestershire and be inclusive of all equalities communities. You can find out more about SGEF on its web-pages on the CVS-South Gloucestershire [website](#).

SGEF holds regular events to bring together members of the equality communities in South Gloucestershire. Following a successful conference on the subject of hate crime in 2014 the Partners Group which leads the work of the Forum identified isolation and loneliness as a topical theme which would be a suitable subject for the next conference.

As with the previous conference a planning group was set up to organise the conference. This group, made up of representatives of a number of the partners in the statutory and voluntary sectors (see Appendix 2 for full membership), identified that although generally seen as an issue for older people loneliness and isolation can affect many people from a range of equality communities.

- Black and Minority Ethnic people who feel that they don't fit into their local community may experience loneliness, particularly if they don't have work to help them build a social network.
- Disabled people, including those with mental health problems, have always been at risk of isolation because of the various problems they face getting out and about. Recent reductions to care packages combined with cuts to benefits are only likely to increase the barriers they face.
- Similarly carers risk finding themselves increasingly tied to the house and struggling to maintain a social life. For some this may only become obvious when their caring role ends and they realise that they have lost touch with their friends.
- For people who are gay, lesbian or bi-sexual and particularly those who are transsexual there can be a nervousness about coming out if they feel there is hostility towards them in their local community, workplace, or school. There may be no physical barriers to being out and about but

living a life where you hide a key part of your identity must make it difficult to make real friends.

The aims set for the conference were:

- To help organisations in South Gloucestershire understand the impact of loneliness and isolation and how it can affect members of equality communities
- To share examples of different approaches to helping people overcome isolation and loneliness
- To start to equip organisations to identify people at risk of isolation and give them information about steps they might take themselves to help, or agencies who can assist.

The conference was attended by 57 people from a wide range of statutory and voluntary organisations. Some of the voluntary organisations work with and represent equality communities while others work to reduce loneliness and isolation in their local communities.



The first part of the conference programme was designed to give everyone an understanding of the impact of loneliness and isolation on people's health and wellbeing and highlight how it impacts on the lives of the individuals affected.

In the second part of the conference the focus moved on to practical examples of projects to help reduce isolation and loneliness before closing with

workshops which gave delegates the chance to explore some of the topics raised in greater detail.

This report summarises the various contributions to the conference and the outcomes, including some of the suggestions for future action made by the delegates.

## 1. Keynote Address

The Chair of the Conference Dr Mark Pietroni, Director of Public Health for South Gloucestershire welcomed everyone to the conference and introduced the theme of the event. He highlighted experiences of friends and colleagues which showed how 'being different' can lead to people becoming isolated and lonely.

Dr Pietroni introduced the Keynote speaker **Antony Smith Age UK Development Officer - Equalities and Human Rights**. Antony joined Age UK in 2004. Initially working with lesbian, gay and bisexual people in later life, his role now encompasses all older people from minority or excluded communities.

Antony began his speech by highlighting a few key statistics about loneliness among older people.

- Over one million older people (65+) don't speak to a friend, neighbour or family member for at least a month at a stretch (roughly 9% of people aged over 65)
- Half of older people say that TV or pets are their main form of company.
- 5% said they spent Christmas alone
- And whilst it's important to remember that most older people aren't lonely, in every statistic about loneliness, isolation or satisfaction with relationships, people over 65 fared worse than any other age group.

There are lots of statistics about loneliness. One of the most reliable is the English Longitudinal Study of Ageing (otherwise known as ELSA) headed by University College London. It's a huge study over 12 years involving some 11,000 older people from a diverse and representative sample of the English population. Looking at older people with protected characteristics it shows that:

- **Gender:** older women (65 and over) are nearly twice as likely to feel lonely than older men (10.6% against 6.1%)

- **Sexual orientation:** older lesbian, gay and bisexual (LGB) people in a civil partnership or same-sex marriage are two and a half times more likely to feel lonely than married heterosexual people (8.5% against 3.3%). Older LGB people in a civil partnership are in fact more likely to feel lonely than single people generally
- **Health and disability:** older people in (self-reported) 'poor' health are the most likely to feel lonely when measured by health status (21.2% against the 2.2% of people in 'excellent' health – the percentage rises pretty consistently and evenly as health deteriorates)
- **Ethnicity:** older Asian people and older black people are roughly three times more likely to feel lonely than older white people (25.7% and 22.6% against 8.4%)
- **Faith:** older people who are Hindu are, at 39.8%, the most likely to feel lonely by any measure used in the ELSA study. When measured against other faiths they still report loneliness more often by a significant margin – Jews are at 18.1%, Christians at 8.5% and Muslims at 5.3%
- **Gender identity:** unfortunately, there are no figures in the ELSA study on older transgender people, though other more general research would indicate that the incidence of loneliness is likely to be very high.

What's so interesting about these figures is the large variation they show within the one cohort of 'older people'.

Looking behind some of these statistics Antony picked out information relating to three different communities of older people – partly because the ELSA findings indicate high levels of loneliness but also because the causes, as well as the solutions, highlight some universal issues.

What do people mean when they say they are lonely? And what causes their loneliness? First of all, and contrary to popular belief, loneliness is not a normal part of ageing! And it's a truism, but worth repeating here, that being alone is not the same as being lonely; and conversely that simply being with people is not the automatic antidote to loneliness that we might imagine.

A report by the Runnymede Trust looks at older people from black and minority ethnic (BME) groups and the common assumption that they enjoy greater protection against loneliness – not least because they live in traditional family structures, with young relations looking after older generations. Though there is some truth in this, the ELSA statistics suggest a real problem of hidden loneliness amongst BME older people. The Runnymede report highlights:

- The vast majority of BME people over 65 were born overseas, so it's unlikely they will share common history and experiences with the younger members of their household
- The BME population in the UK is a relatively young one, meaning there are far fewer black and Asian people of retirement age and consequently less potential for making meaningful peer relationships
- BME older people are more likely to be poor – nearly half of Pakistani and Bangladeshi pensioners live in poverty, and some 30% of Indian, Black Caribbean and Chinese older people. There is a high level of correlation between loneliness and poverty, not least a lack of resources that makes travel and socialising difficult
- Finally, language issues can be important here. Not only are older BME people more likely to have poor English, we also know that those with dementia often lose whatever second language ability they had.

What about older lesbians, gay men and bisexual people? From the ELSA statistics, we know that even older LGB people in a civil partnership are more likely to feel lonely than single people in the general population. Research by Stonewall and others highlights:

- Because older LGB people are likely to have experienced far greater discrimination because of their sexual orientation – to the point of being criminalised or diagnosed mentally ill – one important cause of social isolation is being afraid to show who you really are, and an inability to form honest, meaningful relationships beyond a tiny number of trusted people
- Although being alone is not always the same as loneliness, it can be an important factor, and older LGB people are far more likely to live alone than their heterosexual peers (41% against 28%)
- Older LGB people are also less likely to have children (significantly so, only 25% against 90% of the general population) or to have contact with biological family, who may well have disowned them. And when you're unable to rely on the support of family networks that others take for granted, loneliness becomes a much more likely prospect.

Research by disability organisations such as Sense highlights other issues that can exacerbate feelings of loneliness, for example:

- Disabled people of all ages report much lower self-esteem and a general lack of confidence
- Having a physical or sensory impairment or a long term health condition can make it much more difficult to go out alone

- Lack of resources once again, not least given the greater difficulty in getting a job if you are disabled and the costs of care. In the words of one older man who used a wheelchair “If I want to go to the pub, I have to pay somebody to take me”
- It’s worth saying a word about social media here – though it may be a huge source of social contact for people who find it difficult to get out, at the end of the day it is no substitute for seeing people face to face
- Perhaps most depressing of all, the charity Scope found that the majority of the British public (67%) admit to feeling uncomfortable talking to disabled people. It also found that a fifth of 18 to 34-year-olds have avoided talking to a disabled person because they weren't sure how to communicate with them.

Research has shown that loneliness can have seriously damaging effects on our physical health as well as our emotional wellbeing.

- According to one American study loneliness can be as harmful for our health as smoking 15 cigarettes a day
- People with a high degree of loneliness are twice as likely to develop Alzheimer’s as people with a low degree of loneliness
- There are also significant links to a range of other chronic conditions, such as hypertension and depression
- And loneliness can be the cause a range of other negative health behaviours, such as smoking and alcohol abuse.

Age UK nationally and locally has undertaken a range of work to help reduce loneliness and isolation.

The award winning “No one should have no one” campaign is probably the most visible part of Age UK’s work to combat loneliness. As well as raising funds to support practical work ‘No one should have no one’ seeks to raise awareness. This has resulted in over 700 news and media stories about loneliness and older people in the past few months, and in less than two months Age UK has received over 12,000 volunteer enquiries.

Age UK’s national Call in Time scheme offers a weekly phone call for any older person, no matter where they live, who is feeling lonely. It starts with a short weekly ‘getting to know you’ chat with a member of Age UK staff, the aim of which is to match up the scheme member with a volunteer who has similar interests. This weekly call can identify any problems an older person might be having, so Call in Time works closely with local Age UKs to ensure people receive the services and support they need.



At a local level, many local Age UKs themselves also provide befriending services – some by telephone and some, such as Age UK South Gloucestershire, where a volunteer visits an older person in their home. Through small acts of kindness, some local Age UKs, such as Nottingham, encourage people to make personal pledges to help combat loneliness amongst older people.

And many local Age UKs offer tailored and culturally appropriate services for specific communities:

- Opening Doors at Age UK Camden and SAND in Shropshire run thriving support services for their older lesbian, gay, bisexual and transgender communities.
- Men in Sheds is one of the most popular schemes to encourage isolated older men to share skills, tools and banter – some are run by Age UKs, others are independent.
- There are Irish social clubs in a number of Age UKs, such as Hillingdon.
- And countless local Age UKs provide social and support services for specific minority ethnic communities, some of which have services in different languages and all of which provide a shared cultural experience.

What can we learn from their experiences and how can they help inform our responses – not just to BME or LGBT or disabled people, but for all the different communities of people we work with?

People talked about the importance of shared experience, culture and history and the lack of opportunities to make meaningful contact with their peers. This was particularly highlighted by BME older people but is equally felt by other communities. We need to make sure that not only general activities that bring people together are sensitive to different needs, but that we also have programmes that are tailored to people's culture and background. Somewhere they can 'be themselves'.





We know that poverty and lack of resources are a key contributor to people's sense of isolation. So it is essential that services helping people connect with each other are affordable and accessible.

There is the isolation that comes from an inability to communicate – whether that's because of language or people not knowing how to talk to you because you're 'different'. Not speaking English well is not limited to older people born outside the UK and we need to invest more in language services and support. And it's important to include sign language in that. The sad fact that 67% of people in this country feel uncomfortable talking to a disabled person tells us that we need to do a lot more to create opportunities for different people of different backgrounds to get to know each other as people – not just as a wheelchair or white stick, a skin colour or a sexual orientation. That's not to undermine of course the equal importance of get-togethers (and a safe space) that are just for people who share a common culture.

Many older LGBT people tell us that living with a lifetime of discrimination and prejudice means they have trusting relationships with hardly anyone. And TS Elliot once said "What loneliness is more lonely than distrust?" At the same time, support services have a duty not to discriminate. So you may wonder – where's the problem? The problem is that when your default position is distrust and an expectation of disapproval, you need to know that the social club, the reminiscence group or the drop in centre welcomes you for who you are. So, as organisations that provide support, we need to be loud and clear about our culture of inclusion, welcome and respect. We can't expect everyone to take it for granted just because we have an Equality Act.

And finally, it's important not to make assumptions about family support. Not everyone has children or biological family. If they do they may be estranged, which unfortunately is still often the case for people who are LGBT. Or, however loving and supportive a family might be, it's unlikely they can provide all the social contact a person needs.

The last word goes to the American author and humanist Kurt Vonnegut, as it provides a fitting challenge for the rest of the day:

"What should young people do with their lives today? Many things, obviously. But the most daring thing is to create stable communities in which the terrible disease of loneliness can be cured"

## 2. The Voice of Experience

The keynote address was followed by four presentations highlighting a number of personal perspectives on loneliness and isolation.

**Abdul, Mohammed and Shabir** are three Asian men who use the services of Dekh Bhal (an organisation which promotes the health and social wellbeing of South Asian people living in Bristol & South Gloucestershire). They shared their experiences of how caring for their wives had left them feeling isolated. They spoke emotionally about how over time they had lost contact with friends as their lives revolved around their home and wives. When one man's wife died his grief was compounded by the realisation of how small his social circle had become. Two of the men lived in South Gloucestershire and the support Dekh Bhal offered them was in the Barton Hill area of Bristol. Travelling there took a long time, they would like a service which was based more locally.

**Leonard's Story** was a video conversation with an older man from Thornbury who spoke about how isolated he had become over the last few years since his wife had died and his ability to walk had declined so he wasn't confident going out. Even though his son lived quite close and visited regularly he was still quite lonely at times. However his life had been greatly improved by a volunteer from the Age UK South Gloucestershire Befriending Scheme. Geoff took him out on a weekly basis and this was often the highlight of his week. You can see Leonard's video on youtube [here](#).

**Maddie** is a young woman who had been born in the body of a man. Unfortunately Maddie was unable to attend the conference to speak of her experiences because of a medical appointment but Sue Jaques from South Gloucestershire Council had interviewed her and relayed to the conference some of Maddie's experiences. Maddie had found that 'being different' as a teenager had been an isolating experience. She had been fortunate to make some true friends who stood by her and been a source of support, but many others had been cruel. She felt the medical profession had not taken her seriously and that people who she should have been able to rely on had hindered rather than helped her. Sue saw in Maddie incredible inner strength to make her way in life, but recognised that many young people in a similar situation would have been overwhelmed and forced into isolation.

**Delia** told the conference how her life had been changed when her husband had a severe stroke. In order to care for him she was forced to give up work and found herself with him 24 hours a day. He was dependent on her and was unhappy if she left him in the care of others even for a short respite. Delia had lost contact with work colleagues and many old friends as her care

responsibilities took over her life. She had struggled to retain her own identity but with support from the Carers Centre had she gradually been able to take back a degree of control over her life.

The conference was deeply moved to hear these stories. The courage of all the speakers in sharing their experiences in front of such a large audience was greatly appreciated.

### **3. Group Discussion**

Following these contrasting presentations there was a short round table discussion for delegates to discuss their reactions to what they had heard and share their own personal and work experiences of loneliness. This began a series of lively conversations which would run throughout the morning with delegates sharing knowledge and ideas and looking for opportunities to work together.

### **4. Examples of Good Practice**

Dr Pietroni introduced four examples of projects which were working in different ways to reduce loneliness. All of these projects work with older people because that is where efforts are currently being focussed. However they could be applicable for people of all ages and from all backgrounds, not least because people experience loneliness differently so a range of options is necessary to overcome the problem.

**Men in Sheds** – Les Brooks spoke about Men in Sheds, a project based in Patchway for men who like to be involved in making things, particularly working in wood. The group gives men who may well have been active all their working lives a focus in retirement and a chance to share their skills and experience with peers, and bond over a work-bench.

Meeting weekly in premises in Patchway the members make a range of wooden items, some to order and others for general sale. The money generated goes to buy materials and apart from the rent of the building the only other costs for the group is occasional expenditure on tools.

Members come from a variety of backgrounds, including a couple from the BME community, and the group has also been building links with a youth group encouraging inter-generational work.

The members gain greatly from the meetings, it brings shape to their weeks and gives some renewed purpose in their lives. New friendships are built over a workbench and a cup of tea.



**Pastoral visiting project, St Michael's Church, Winterbourne** - Mary Fordham spoke about her voluntary work running a visiting project in Winterbourne.

In days of old, parishes were small (there were just 4,500 people in the old Winterbourne Parish which was relatively large) and with the aid of a curate a Vicar could be in touch with most of his parishioners. Nowadays parishes work in partnership and their shared Vicar may have to cover over 10,000 people.

To stay in touch with so many people is impossible and in Winterbourne it was decided to recruit and train a team of volunteers from the community to reach out to our neighbours regardless of faith (or no faith), age, gender, creed, situation. The aim was to set up a responsive befriending and visiting service to provide support and friendship, someone to talk to, to listen and help engage or re-engage with the community. The volunteers would represent the church, sharing values and compassion, being a faith based group but not faith specific.



The aim was to set up a robust and sustainable service with achievable objectives. They did not want to over promise and under deliver. It was important that volunteers were trained and knew the boundaries of the service. They should not create dependency, and should know when to refer on to other services, or seek advice from others.

A team of 8 visitors was recruited, led by a Team Coordinator. They had different personalities and brought varying skills and experience in order to visit people from a range of backgrounds. Volunteers were DBS checked and went through a range of

training, including safeguarding, and were all issued with Identity Cards. There was a clear set of rules for relationships – do's and don'ts, and a structure for reporting. The service has a dedicated telephone number.

Initial planning, recruitment and training began in 2012 and the service began in 2013. Since then the service has supported the terminally ill, people who have been hospitalized or moved to a care home or sheltered housing, carers, housebound, bereaved, people moving to the area, people with family away – sometimes short term support, sometimes regular ongoing visits. The service has received relatively few telephone calls, and there have been a few referrals from Age UK, but the majority of referrals have come by word of mouth.

Looking to the future the service realises they need to be recruiting more volunteers to make sure that successors in the pipeline when existing volunteers move on. They would like to work in partnership with other churches across the benefice and liaise with other groups – Age UK – Dementia Friends – Good Neighbours' – GP's. As well as continuing to raise awareness of the service they are considering offering a telephone befriending service and possibly setting up local group with Contact the Elderly.

**The Marmalade Trust** – Amy Perrin introduced the work of the Trust which she set up in 2013. The Trust runs two events a year for lonely and isolated people; a Christmas day lunch and a birthday party in the summer.

In 2010 Amy had started up a tea party for older people through Contact the Elderly. Her group had become well established with 8 regular guests, 5



drivers and 6 volunteers. In 2012 when chatting to her guests she realised that 3 of them would be on their own at Christmas. Looking round she realised that there was nothing available for them and in 2013 she decided to do something about it by organising a Christmas lunch. By the time Christmas day came the 3 people had become 18 largely by word of mouth through the health professionals Amy works with in her day job.

For Christmas day 2014 Amy had formally constituted the Marmalade Trust and an initial guest list of 27 had expanded to 40. By Christmas 2015 the Trust was using 3 venues for 60 guests supported by 200 volunteers.

The Trust doesn't just work with older people, guest include people with learning difficulties; physical disabilities or mental health problems; people with long term conditions such as Parkinson's, MS or spinal injuries.



Amy with Iris, Freda and Helena

Although the focus is on Christmas day and the Birthday Party masses of preparation goes into each event. Guests are paired with a buddy who

is regularly in contact and ensures that they are confident about going out to a large event. Fundraising goes on to pay for the meals as each guest comes for free and supermarkets are asked to donate presents which are individually wrapped by a team of volunteers. And of course the venues have to be booked and briefed.

To make sure that the day has a lasting impact information is gathered for guests about local community support groups clubs and activities. Amy gave examples of how this works including:

“Ethel's” only regular social contact prior to coming to a Christmas lunch was a monthly chat with her niece in Scotland and a weekly chat with the girls in the bank and local co-op. With support from a buddy she was encouraged to attend the lunch where she sat with other local people experiencing reduced social contact. Ethel was given



information on local groups/clubs – encouraged to call and attend and a year on goes to a weekly social group; knit and natter, attends a weekly exercise class and speaks to a new friend she met at a group every evening.

“Graham” is 59 years old, single and unemployed following a stroke 3 years ago which left him with speech difficulties. He had spent the last 3 Christmas’s alone as he is as unable to travel up north to see his cousin. He was supported by a buddy to make choices and reduce anxiety prior to the event where he was provided with information on local activities. He made a friend at the event and now regularly attends a café group.

For others the event itself is a vital lift to their morale. For someone with learning difficulties who finds that all support groups and centres shut down over the Christmas and New Year period it was a lovely day of contact. For a carer of a mother with dementia it was a chance to be a guest herself and be looked after and made to feel special while her mum was being looked after by other volunteers.

**The Thomas Pocklington Trust** – Subitha Baghirathan who was one of the delegates volunteered to speak about her experiences as a telephone befriender for the Trust. She had volunteered to become a befriender and had been paired with an elderly man who had served in the RAF during the Second World War. She called weekly and had built up a friendship with someone she would never have met in the normal course of her life. He had opened her eyes to issues she hadn’t considered before and really looked forward to her regular chats with him. When he died a few months ago she felt she had lost a good friend. At the time she felt the need to take a break before attempting to build a new telephone friendship, but the conference inspired her to contact the Trust again to volunteer.

She told the conference that telephone befriending was a simple way for a busy person to give time to someone experiencing loneliness.

## **5. Workshops**

Following these presentations delegates were able to attend one of five workshop discussions to explore some of the themes of the day in greater detail.

**WORKSHOP 1 - Mapping workshop to identify projects supporting people who may be lonely or isolated** was facilitated by Kim Lewis and Lauren Hatton from South Gloucestershire Council’s Children, Adults and

Health Directorate. They were working on trying to identify all the local groups supporting lonely and isolated people in South Gloucestershire to highlight areas where there is little provision. They are currently trying to contact many of the active groups to make them aware of what the Council does and put them in touch with other groups in their area. The workshop agreed that this work was important so that groups can work better together and avoid duplication as well as finding gaps which need filling. It was noted that [Wellaware](#) aims to provide much of this information and it was important not to divert groups away from this site.



**WORKSHOP 2 - Running a befriending project** was facilitated by Mary Fordham who had spoken earlier and Naomi Pullin from Age UK South Gloucestershire. The workshop discussed in some detail some of the issues involved in setting up and running a befriending project which Mary had described in her presentation. Much of the debate looked at the difficulty of getting in touch with people who are lonely and bringing to their attention the help which is available.

**WORKSHOP 3 - Isolation or solitude?** was facilitated by Michelle Dent of Age UK South Gloucestershire. It looked at how for some people what appears to be isolation is in fact a welcome period of solitude while others who are surrounded by people can feel 'lonely in a crowd'. Is it possible to know whether someone is lonely or enjoying their own company and can we help people to find the balance that is right for them? It was acknowledged that how people respond to being alone varies greatly and it was important that services do not generalise. They must treat everyone as an individual, any

organisation working on the issue of isolation must avoid getting sucked into generalisations.

**WORKSHOP 4 - Is information technology the answer?** was facilitated by Georgina Tankard from South Gloucestershire Council's Libraries Service and looked at social networking, email and Skype and how they offer lots of new ways to keep in touch with family and friends for people who now find it hard to get out and about. It considered how we can help people with little experience of IT find out about and make the most of these options. However it was noted that it is important to see social networking as a supplement and not an alternative to face to face social contact.

**WORKSHOP 5 - The experiences of people from BME communities** was facilitated by Zehra Haq from Dehk Bhal. This workshop explored some of the particular issues facing people from BME communities who may be isolated by cultural barriers as well as some of the physical problems of getting about as they become older and frailer. The workshop concluded that existing support services of older people did not need to make large changes to include members from BME communities, BME people share many of the same experiences as others in the community, even in a predominately white and relatively affluent area like South Gloucestershire. But organisations mustn't just sit back and wait for them to come forward, they should try to reach out to people from the BME community. One option might be to build links with organisations like Dehk Bhal which could support a member from a BME community to come to the first few sessions. Working in partnership with BME groups like this can also help build the cultural competence which is vital for all service providers in an increasingly diverse world.

## 6. Key Outcomes

The aim of the Conference was to make delegates more aware of the issue of isolation and loneliness, and to help them realise that it was not exclusively an issue for older people. The Conference Evaluation Report (Appendix 1) appears to indicate that it was successful in achieving this objective. Some consistent messages were repeated a number of times during the conference:

- There is a need to have up-to-date information, centrally coordinated and regularly publicised. This will enable concerned organisations and individuals to 'join the dots' by pointing people towards relevant services. At the same time this will help those considering launching a new service to fill gaps rather than risk duplicating existing work.

- [Wellaware](#) has an important role in providing this information. However it was not as well-known as it should be and not well promoted. It was important that those who knew of Wellaware shared the information and encouraged people to use it.
- Choice was critical to ensure people were able to find the right service for them. Using a service where the person felt uncomfortable could increase the sense of isolation.
- There was no dedicated provision for people from BME communities in South Gloucestershire. BME residents have to go into Bristol to socialise, to worship, and to access culturally sensitive services. Although the numbers of BME residents does not as yet justify dedicated services, and at present residents preferred to travel into Bristol for cultural events, there was a need for mainstream services to work on being more inclusive. Even voluntary groups can become more welcoming. Dekh Bhal's offer to help support BME residents attending local groups in South Gloucestershire should be explored.
- It would be good to see more inter-generational initiatives which build understanding between the generations. When people become isolated for any particular reason they tend to be cautious about large groups of people, particularly boisterous young people. More contact between generations can help to break down suspicions and build confidence.
- One suggestion was for volunteers to regularly attend day centres, lunch clubs and other group activities to provide a referral service to link people to other groups and services they might find helpful.

**Understanding Loneliness and Isolation  
2<sup>nd</sup> February 2016**

**Conference Evaluation**

57 attended from 29 organisations 33 forms returned (58%)

**VENUE**

97% found venue location good or very good but felt it would be helpful to give information on available car-parking alongside the conference information in the future

Everybody found venue facilities good or very good.

92% found the catering good or very good, and were appreciative of fruit being available as part of lunch

All the **PRESENTATIONS** were felt to be very positive and informative. Everybody was very grateful to the speakers who shared their personal stories and experiences. The only negative comments were around the difficulty in reading one of the presentations (too much text, too small, too coloured).

Antony Smith from Age UK was felt to be very good in raising awareness of all vulnerable groups, with comprehensive data and statistics which gave a good background and overview to the event.

“The voice of experience” moved many people emotionally and can be encapsulated in the comment

“Honest, brave, often painful to hear but vital part of an event like this. Not just professionals have expertise or a view”.

It was helpful to hear from people who experience isolation and loneliness on a daily basis, and delegates found it a valuable experience.

The **GROUP DISCUSSIONS** again proved a useful tool to allow people to network, share their experiences and ideas, and gain other perspectives. Several thought more time would have helped as well as the opportunity for proper introductions from everyone around the table.

The **EXAMPLES OF GOOD PRACTICE** gave the conference some really good, practical examples which could be easily done in any community and were “very impressive and empowering”.

**Men in Sheds:** everybody loved Les and found him inspirational. He raised awareness of the scheme and enthused people to get involved and pass onto their own communities.

**Winterbourne project:** again awareness was raised about this project and it was felt it could be easily replicated elsewhere. “Sustainability of this group is obviously needed as isolation grows” and there needs to be “links between similar projects in area – Age UK, Good Neighbours etc.”.

**Marmalade project:** this project can be summed in the comments “WOW – inspiring – deserves award!” and “Committed, and a shining star in a sometimes dull world”. People took away the fact that one person can really make a difference and that you don’t need to have a big organisation behind you to be able to help others. They were pleased to hear how it’s linking people with other projects in South Glos. and at least one person will be “very interested to refer clients into this via the community engagement team and advice providers”.

**Subitha Baghirathan:** again a very inspiring person doing something very simple to help alleviate loneliness

## **WORKSHOPS**

### **Mapping projects supporting lonely or isolated people (Kim Lewis and Lauren Hatton)**

This workshop provided good information about current projects and “highlighted the need for up to date knowledge about groups and how to find isolated people”. It was felt that more information was needed on how those around the table could proactively engage with marginalised communities as individual organisations; and how organisations can help one another through the coordination of information and providers, and by centralising publicity

### **Running a befriending project (Mary Fordham)**

The group had an “interesting discussion with positive suggestions” and people appreciated Mary’s commitment and enthusiasm.



### **Is it isolation or solitude? (Michelle Dent)**

“Good discussions” were had on this topic which “made [you] really think and reflect on things”. One key point was that people need to be treated as individuals and feel valued.

### **Is IT the answer? (Georgina Tankard)**

Those around the table found it “good to talk through how IT can be part of the answer to reduce isolation” and “very useful”.

### **BME experiences (Zehra Haq)**

Comments suggested that simple changes could be made to partnership working to make it more inclusive and for all organisations to embrace diversity in a meaningful way.

## **EVENT AS A WHOLE**

82% found the event useful. They also found it “moving”, “inspiring” and “informative”.

79% felt it was worth their time attending; and that it was “good to have stalls” and “proactive discussions”.

It was felt that the conference could have been advertised better, especially to church communities/U3A groups, and not just on the website. “I only heard about it by word of mouth as did several other people.” “It may be on website but haven’t time to keep going through your website.”

Several people said “Thank you”

## APPENDIX 2

The Conference was organised by a sub-group of the SGEF Partners Group consisting of:

Julie Close – Southern Brooks Community Partnership  
Nainesh Pandit – SARI  
Mark Pullin – South Gloucestershire Council  
Nigel Roderick – South Gloucestershire Clinical Commissioning Group  
Stephanie Kruse – South Gloucestershire Council  
Michelle Dent – Age UK South Gloucestershire  
Sue Jaques – South Gloucestershire Council  
Will Bee – South Gloucestershire Council

On the day we were grateful to receive help with facilitation and administration from the following

Kim Lewis – South Gloucestershire Council  
Lauren Hatton – South Gloucestershire Council  
Alice Perryman – South Gloucestershire Council  
Mary Fordham – St Michael's Church Winterbourne  
Zerah Haq – Dekh Bhal  
Georgina Tankard – South Gloucestershire Council  
Kirsty Ford – Southern Brooks Community Partnership