



Andrea Nicholas-Jones – Director of Strategic Partnerships and Policy

Better Together

Getting Back Out There

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“Loneliness and social isolation are increasingly dangerous effects of modern life. There is growing recognition that loss of social contact and loneliness is hugely damaging to our health and well-being and has far-reaching implications, including reduced mortality, sleep problems, high blood pressure, poor quality of life, increased risk of heart attack and stroke, depression, and suicide”.

(Connected Communities: A strategy for tackling loneliness and social isolation and building stronger social connections’ Welsh Government)



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Loneliness acts as a fertilizer for other diseases. “The biology of loneliness can accelerate the build-up of plaque in arteries, help cancer cells grow and spread, and promote inflammation in the brain leading to Alzheimer’s disease.

Loneliness promotes several different types of wear and tear on the body.....People who feel lonely may also have weakened immune cells that have trouble fighting off viruses, which makes them more vulnerable to some infectious diseases,” Dr. Cole Director of the Social Genomics Core Laboratory at the University of California, Los Angeles.



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- 1.4 million older people in the UK are often lonely' – Age UK.
 - In Wales:
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- 20% of 16–24-year-olds said they were lonely
 - 10% of people aged 75 or over said they were lonely
- (The National Survey 2016-17)

Loneliness and isolation are not the same thing:

- People can be isolated (alone) yet not feel lonely. People can feel lonely and yet be surrounded by people.
- Bringing people together to increase the number of social contacts is not an end in itself – to combat loneliness, the quality of relationships needs to be addressed.



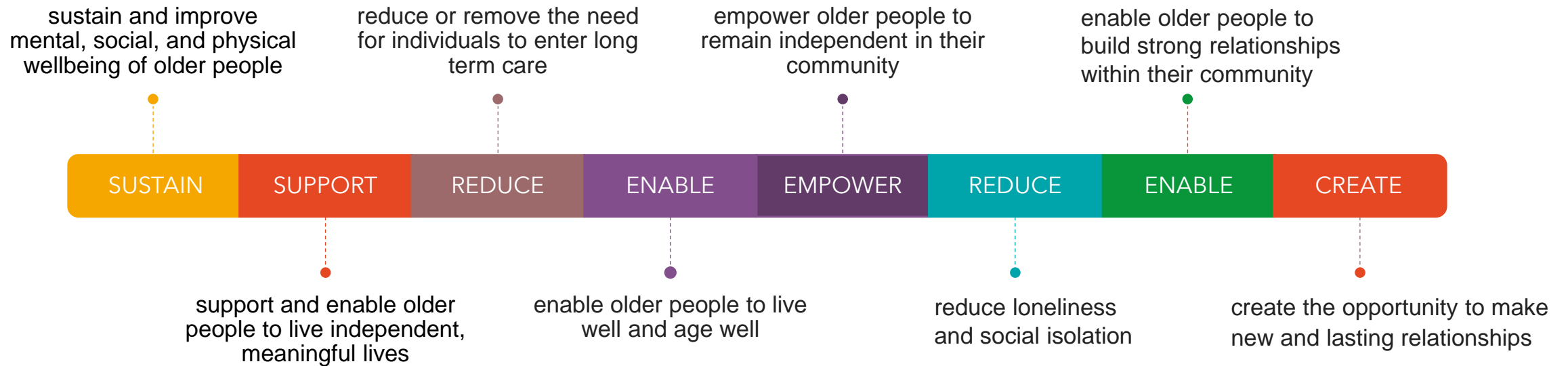
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During COVID 19 Restrictions older people told us they:

- **Experienced reduction in their physical activity levels**, with deteriorating physical health.
- **Struggled to manage feelings of increased loneliness and isolation**, as their coping mechanisms like support groups, day-to-day routines, and social connections were disrupted.
- **Had increased anxiety, low mood and depression**, and reduced confidence in completing daily activities.
- **Worried about the future**, as they worried their quality of life was irrevocably diminished.




So, we co-designed and co-produced an innovative, holistic, preventative service Better Together – Getting Back Out There with older people to provide the tools and skills that will enable older people to optimise their wellbeing to:



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action
for elders
adding life to later life



Digital Book Club

Presentation title



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Better Together – Getting Back out There’ delivers:

Increased social connectedness with others and reduced isolation and loneliness through positive relationships with others (**Community Inclusion**):

Measures:

- We will evidence that participants have improved their social connectedness through:
 - participants show an increased score against the De Jong Gierveld Loneliness Scale
 - participants will demonstrate an increase in the number of social interactions they have outside the Balanced Lives (baseline and six-monthly)
 - Qualitative data (observations, semi-structured interviews, and focus groups) shows that the social relationships participants have are positive and meaningful.



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Better Together – Getting Back out There’ delivers:

Improved physical wellbeing, increasing participants’ overall resilience through ensuring they can live an active and meaningful life (**Supporting individuals, families and communities**):

Measures:

- Participants have improved their physical wellbeing, using the EQ-5D-3L measurement tool. This asks questions around five areas: mobility, self-care, day-to-day activities, pain/discomfort and anxiety/depression.
- Qualitative data (observations, semi-structured interviews, and focus groups) will show a link between improvements in physical health and participants’ quality of life.



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Better Together – Getting Back out There’ delivers:

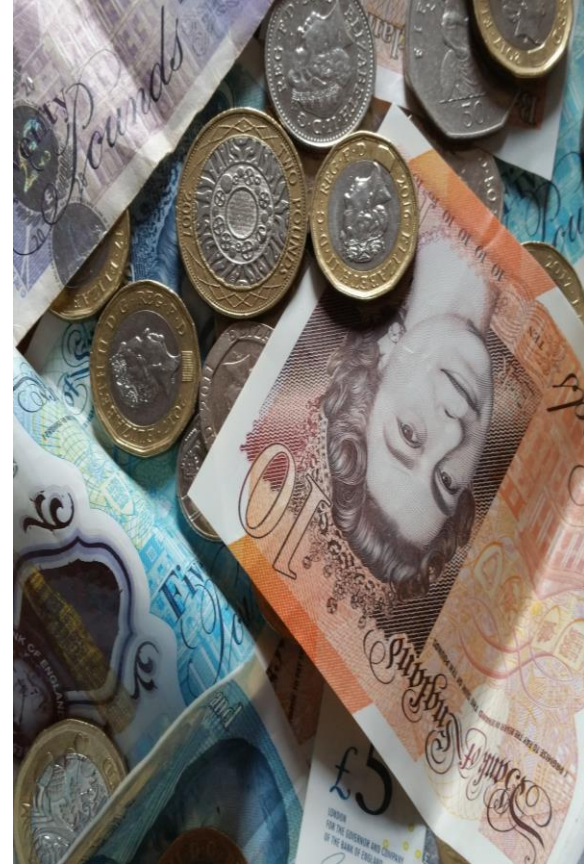
- Improved mental wellbeing, improving participants’ ability to manage positive relationships (**Positive choices**):
- Measures:
 - We will evidence that participants have improved their mental wellbeing, using the Warwick Edinburgh mental wellbeing scale
 - Qualitative data (observations, semi-structured interviews, and focus groups) will show that participants feel better prepared to make positive choices.



We can evidence a return on investment of £5 for every £1 invested in our previous programmes

- Improved balance, resulting in reduction in Falls by two-thirds
- GP visits, reduced by 27%

- Reduced non-elective hospital admissions
- Increased capacity within community healthcare, particularly step-down support following a hospital admission.
- Better management of long-term conditions, including dementia
- Reduced prescription drug dependency and intake
- Number of social interactions doubled
- New friendships reduced social isolation and loneliness
- Maintenance of independence, preventing or delaying residential care
- Improved self-care



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“Good relationships keep us happier and healthier.” Robert Waldinger Professor of Psychiatry, Harvard Medical School

“We are born alone, we live alone, we die alone. Only through our love and friendship can we create the illusion for a moment that we are not alone” Orson Welles



The way to get started is to quit talking and begin doing.

Walt Disney

