Belper

Clay Cross

Heanor

Ilkeston

Mansfield

Why Place Matters for Loneliness: Harnessing Local Community Identity to Reduce Loneliness

Prof Clifford Stevenson Nottingham Trent University

Nottingham

Arnold

Southwell

East Bridge

Ringham

Loneliness as public health issue

Loneliness kills: Social connectedness improves health, lengthens life

- Loneliness recognised as major contributor to illness and mortality
 - Equivalent to smoking
 - Greater than obesity
- Social connections can improve health and wellbeing
 - Can halve mortality rate in next year among older adults
- Need to better understanding how it occurs and how to tackle it



'Place-based' approaches to health and wellbeing

Loneliness now recognised as a Social Determinant of Health

- Operate at local level
- Explain 30-55% health outcomes
- Are responsible for health inequalities
- Cause and are caused by other SDTs

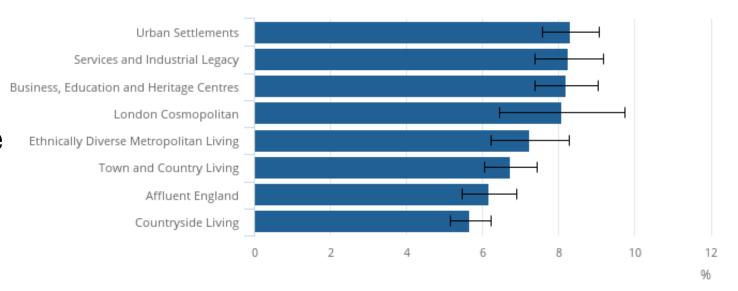




How does place have these effects on loneliness?

'Lonelygenic' environments

- Poverty and unemployment
- Absence of shared spaces and facilities
- Lack of transport infrastructure
- Lack of green space and cover
- Fear of crime and ASB
- Prejudice and discrimination
 - against local area
 - against vulnerable groups



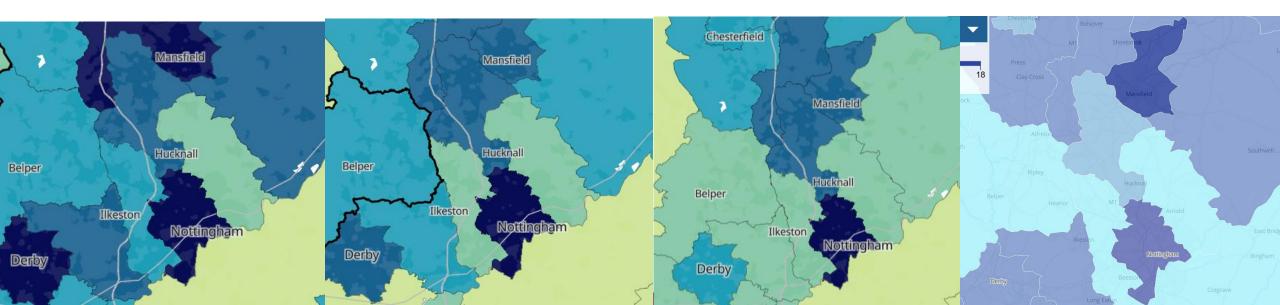


Which places are lonely in Nottingham/shire?

Co-occurrence of SDHs in specific areas

Poor work, household poverty, ill health, loneliness

(Maps 1,2,3 from Census 2021, Map 4 from **Office for National Statistics - Opinions and Lifestyle Survey 2021-22)**



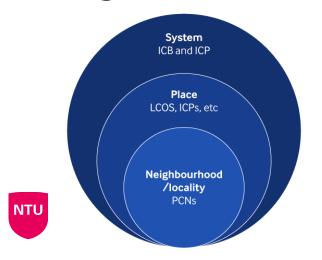
NHS Place-based approaches

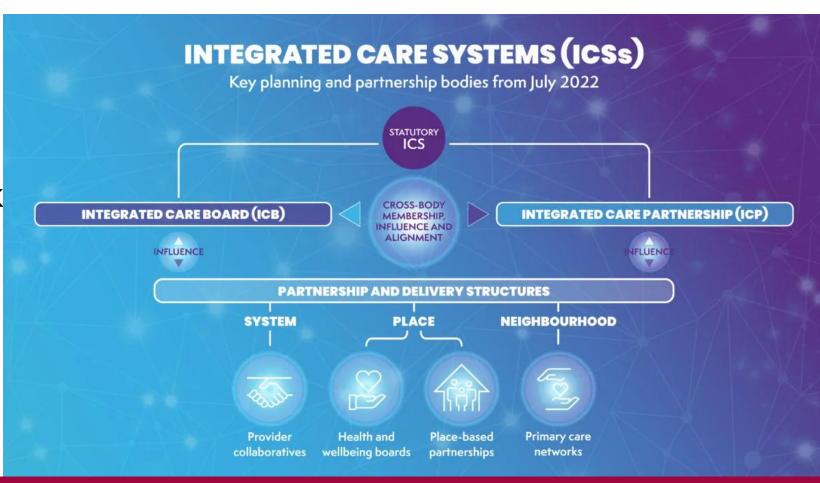
Size of unit

• System: 500k – 3m

• Place: 250k – 500k

Neighbourhood: 30-70k

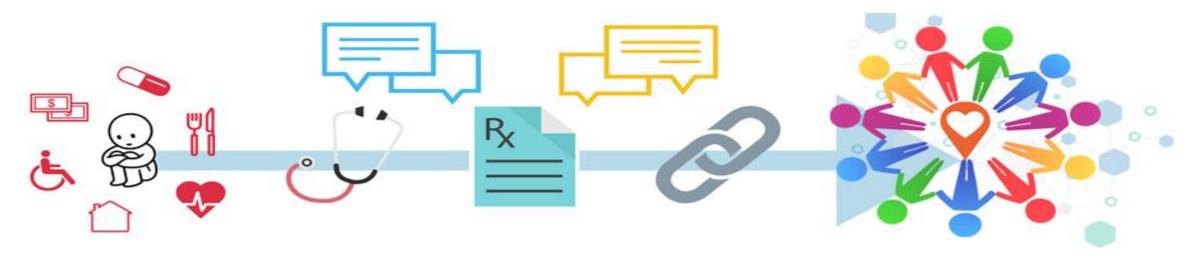




Social Prescribing as NHS place-based approach to loneliness

Link Workers attached to PCNs

• LWs can be targeted towards specific demographics, life challenges





Some challenges for place-based approaches to loneliness

Loneliness is still treated as an individual-level problem

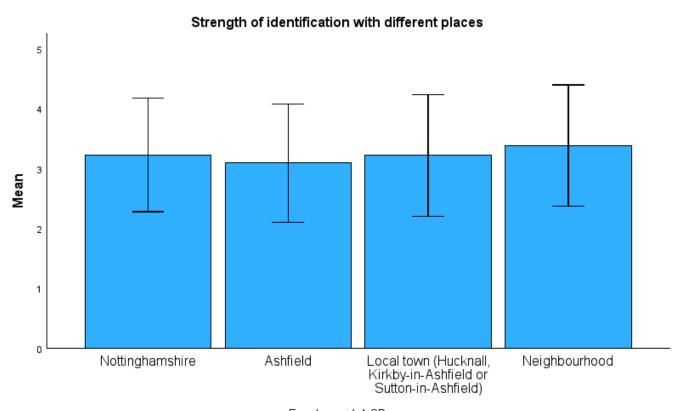
- Most individuals referred for symptoms rather than causes
- Areas of highest loneliness often have the fewest assets and resources
- Places and populations who would benefit most are 'hardest to reach'
- NHS 'places' and 'neighbourhoods' less relevant to residents

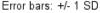




What sense of place matters to residents?

- NTU research: Survey of 1270 residents of Ashfield, Mansfield, Newark and Sherwood
- Asking about feelings about local area
- Asked how strongly identify with:
 - Neighbourhood
 - Town
 - Ashfield
 - Nottinghamshire







Predictors of loneliness in mid-Notts

Neighbourhood identity is strongest predictor of lower loneliness

- Higher loneliness predicted by:
 - Gender
 - Disability
 - Age
 - LGBT status
 - Financial hardship
 - Mental illness

Place	Correlation with loneliness	Predictor of loneliness
Neighbourhood	274	Significant
Town	166	Non-significant
District	140	Non-significant
County	131	Non-significant

- Lower loneliness predicted by:
 - Number of local community groups
 - Neighbourhood identification
 - Support from neighbours



How can neighbourhoods reduce loneliness?

Shared social environment:

Feelings of belonging and acceptance Shared spaces and activities Neighbourliness

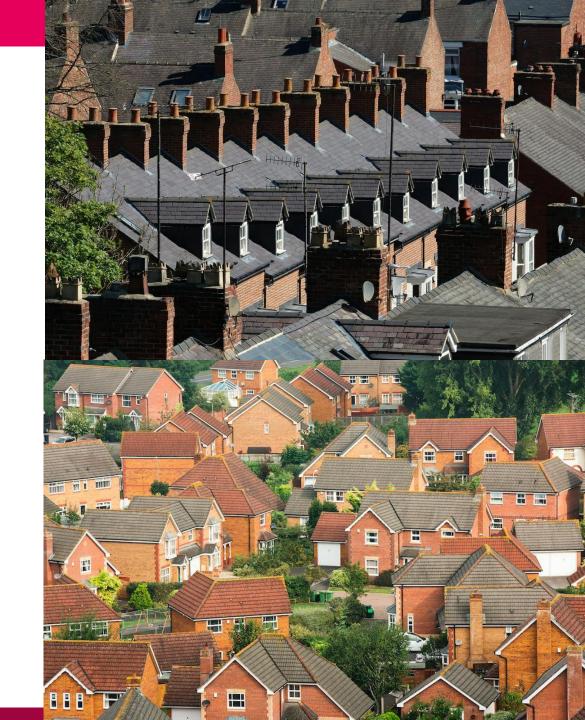
Cooperation and collective action:

Informal activism
Formal volunteering
Political representation

Shared reputation:

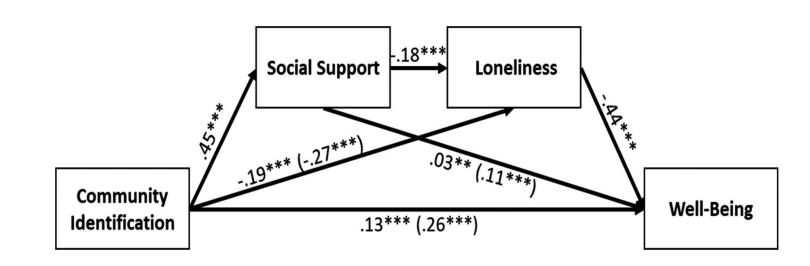
Pride and sense of continuity





How does neighbourhood identity reduce loneliness?

- UK Government Community Life Survey - Representative sample (n=4314)
- Bespoke survey in two local neighbourhoods in Nottinghamshire
 - Beeston (n=452)
 - Ladybrook (n=167)
- MidNotts survey (n=1270)

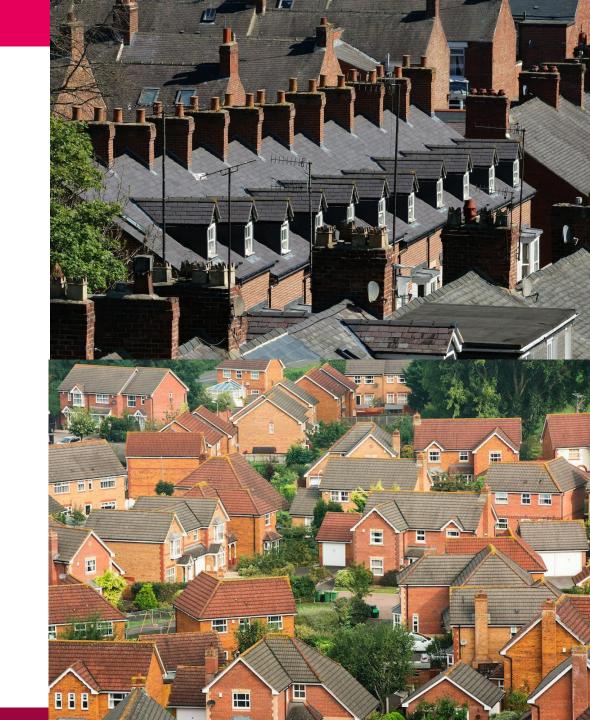




Implications

- Neighbourhood support associated with loneliness reduction
 - Directly via feelings of belonging
 - Indirectly by being supported by neighbours
 - Multiple groups have added benefits
- Less affluent communities may experience limits to support
 - Lack of resources to share
 - Potentially suppressing effects of stigma
- How can this be used for loneliness reduction?





Connecting Social Prescribing to place

- The Thriving Communities Fund: *Inspiring Ashfield*
 - To support local VCFSE projects that bring together place-based partnerships to improve and increase the range and reach of available social prescribing community activities.
- Coordinate and support 21 activities over the course of the year
- Connecting SP referrals to activities
- With a goal of enhancing a positive sense of place and neighbourhood connection







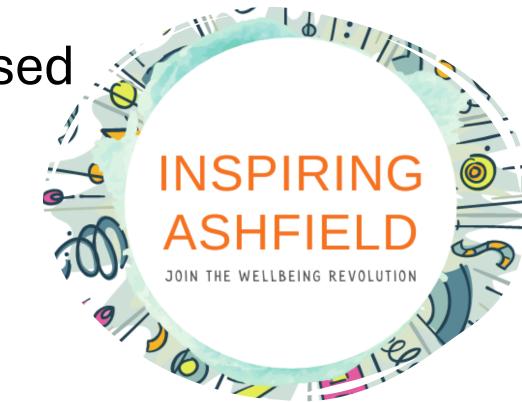




Making the initiative place-based

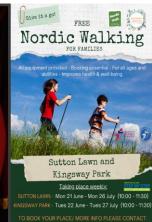
- Scoping local need, coproducing activities
- Locating activities in familiar, accessible places
- Using green activities to connect to place
- Targeted outreach to vulnerable residents in 'asset desserts'
- Providing multiple activities for complex needs











Evidence for main outcomes



Improved health outcomes

Individual reports of profound effect on lives

Some indication of positive trends in outcomes

Strongest effects with multiple connections



Thriving third sector

Activities delivered as planned, some enduring effects

Better connections between Social Prescribers and community organisations

Better recognition of the challenges of post-pandemic environment



Enhanced place identity

Strong associations between community identification and wellbeing

Some evidence that activities increased perceptions of community support and connectedness

Conclusion: We need to tackle loneliness in its place

- Loneliness is not a problem with individuals, it is located in places
- Place can have a negative impact upon health and wellbeing and increase loneliness
- But local community is also the solution: connecting to local community unlocks support which reduces loneliness
- Interventions will be more effective when they connect people to place
- Local community infrastructure organisations are well placed to create and sustain a sense of positive local community identity

