Well-being and community life: Keeping isolation at bay?

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Loneliness and social isolation are hitting the headlines almost every day, and the problem is not confined to the older generation. With more than 9 million people in the UK reporting that they are always or often lonely (Co-operatives UK & British Red Cross, 2016) finding solutions to tackle the loneliness crisis is not just timely, it is now becoming urgent. Previous research (Holt-Lundstad 2010; 2015) has shown that social isolation has detrimental effects on the cardiovascular system and on mortality which are equivalent to the effects of smoking 15 cigarettes per day. This meta-analysis looked at the effects of weak social connections – such as knowing the names of your neighbours – rather than the effects of close relationships.

We do not exist in isolation, and we have evolved to be social creatures, so it makes sense that a lack of connection with other people in our neighbourhood can have a negative effect on our mental and physical health. One of the first things we did as part of the Community Wellbeing Evidence Programme for the What Works Centre for Wellbeing was to develop a working theory of change that made the interactions between community conditions, individual well-being and community well-being explicit – acknowledging that individual well-being is impacted by our environment and other people and the nature of our relationship with both (South et al., 2017). We also spent six months consulting a wide range of academic and non-academic stakeholders for their views on what contributes to community well-being, and what community well-being topics they would find most useful for us to collate and appraise the existing evidence about. One of the priority topics identified was the role of boosting social relations between people in communities, as a key ingredient of both individual and community well-being. It was recognised that ways of boosting social relations could involve formal and informal

meeting and 'bumping' spaces and places, community-based structures and organisations, and community-based interventions (What Works Centre for Wellbeing, 2015).

Social relations are widely recognised by the scientific literature and governmental practices as an important determinant of individual and community wellbeing. For instance, the UK Office for National Statistics (ONS) includes social relations among the 10 key domains of national wellbeing on the basis that: 'Good social relationships and connections with people around us are vitally important to individual wellbeing. This is important to national wellbeing because the strength of these relationships helps generate social values such as trust in others and social cooperation between people and institutions within our communities' (Evans, 2015, pp. 10–11). Likewise, the Report of the World Summit for Social Development placed great emphasis on the promotion of inclusive societies where social interactions take the shape of respect and participation: 'Social integration, or the capacity of people to live together with full respect for the dignity of each individual, the common good, pluralism and diversity, non-violence and solidarity, as well as their ability to participate in social, cultural, economic and political life, encompasses all aspects of social development and all policies' (United Nations, 1995, p. 26). At the individual level, Cohen, Underwood, and Gottlieb (2000, p. 11) reported that social relations are found to have a beneficial effect on both physical and psychological health through peer influence on physical activity, diet, smoking, sense of predictability and stability, of purpose, of belonging and security and recognition of self-worth (Cassel, 1976; Hammer, 1983; Thoits, 1986; Wills, 1985). Positive social relations are included in many models and scales for the measurement of individual well-being and quality of life (Diener & Seligman, 2004; Ryff & Keyes, 1995; Seligman, 2012; WHOQOL Group, 1995).

In terms of community well-being, social relations account for interactions and interpersonal relations taking place between individuals, and also connect groups, communities, and institutions to achieve more cohesive and healthier societies. These bonding and bridging ties are key mechanisms in Putnam's theory of social capital (Putnam, 2000), a concept which has been extensively used in the study of social change and community (Bowen, 2009, p. 245) and has proven beneficial for the betterment of individual and community well-being (Sixsmith & Boneham, 2007).

Accordingly, we conducted a scoping review of the existing evidence on what works to boost social relations (Bagnall et al., 2017). This review of 34 systematic and non-systematic reviews found that creating good neighbourhood design and maintaining safe and pleasant physical spaces, supporting mixed populations in new neighbourhood developments, holding local events such as markets and street parties, supporting local information sharing e.g., real or virtual notice boards all boosted social relations and community well-being. Alongside any of these interventions, it was important to provide greater opportunities for residents to influence decisions affecting their neighbourhoods and encourage their engagement. The scoping review also found that local understanding and action were easier routes to improve neighbourliness than implementation of large-scale policies (Buonfino & Hilder, 2006).

One of the areas for which there was plenty of existing evidence was interventions to tackle loneliness and social isolation in people aged 65 and over (Elliott et al., 2012). A systematic review by Cattan et al. (2005) found that effective interventions shared several characteristics: group interventions with a focused educational input or providing targeted support activities; they targeted specific groups, such as women, caregivers, the widowed, the physically inactive, or people with serious mental health problems (Friedli, 2009); they enabled some level of participant and/or facilitator control or consulted with the intended target group before the intervention. A scoping review by Courtin and Knapp (2015) only found nine interventions targeting social isolation. These found mixed results for befriending initiatives, group activities and psychosocial group rehabilitation. Telephone-based support for female carers of people with dementia was found to be associated with lower isolation and depression after 6 months for older carers. A review by Dickens et al. (2011) found that providing activities and support

resulted in improved participant outcomes, compared with home visiting and internet training interventions. A review by Durcan and Bell (2015) concluded that maintaining good quality social relationships and integrating people into enabling and supportive social networks are central in preventing social isolation, and that services provided by the public, private and charitable sectors, and community and voluntary services, may impact on social isolation, even if this is not their primary aim.

One of the 'evidence gaps' found in the scoping review was interventions to tackle social isolation and loneliness in younger people – an issue which is currently being examined by the Culture and Sport Programme of the What Works Centre for Wellbeing. Another gap which emerged was the role of community infrastructure – spaces and places – in boosting social relations.

We conducted a systematic review of the qualitative and quantitative evidence on community infrastructure and social relations (Bagnall et al., 2018), which found that a range of interventions could have an impact on people's relationships with one another. These included: (1) changes to neighbourhood design, such as adding benches or public art, to encourage people to enter and spend time in public spaces, and potentially interact with one another; (2) place-making interventions such as heritage trails, or signposted walks, which encouraged a sense of place, sense of belonging and sense of pride; (3) regular events such as festivals or temporary pedestrianised markets; (4) improvements to and activities in green and blue spaces; and, (5) community hubs – places with a specific aim to provide a meeting point for and services to the local community. Synthesis of the qualitative evidence suggested that, common to all the intervention types, interventions that provided activities or another focal point for community members to come together around were associated with improved community cohesion, bringing together different ethnic, generational or social groups. Another common theme was around how decisions about changes to places and spaces should be made. We found that changes to places and spaces should be accessible; community members should have the opportunity to be involved in organisation and planning of changes; long term outcomes and sustainability are important considerations, and changes which involve a group-based activity or other reason to interact may be more successful at removing barriers to participation for marginalised groups.

With the holiday season almost upon us, a time when loneliness is often felt most keenly, it is more important than ever to be aware of our neighbours who may be socially isolated. The Campaign to End Loneliness[1] offers practical ideas of ways we can all help to reduce loneliness in our communities, and in this issue of *Psychreg Journal of Psychology* several authors, such as Panisoara et al. (2018) acknowledge the importance of social ties to individuals' well-being.

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[1] https://www.campaigntoendloneliness.org/

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