



Social Isolation and Loneliness

Adult Social Care Scrutiny

Date of meeting: 12 March 2026

Lead directors: Kate Galoppi

Useful information

- Ward(s) affected: ALL
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- Report version number: 1.0

1. Summary

- 1.1 Social Isolation and loneliness are significant challenges that directly impact physical health, mental wellbeing, and demand for social care. While social isolation refers to limited social contact, loneliness is the subjective feeling of disconnection. Both are associated with increased risk of chronic illness, mental health conditions, cognitive decline, and premature mortality.
- 1.2 As a division, Adult Social Care recognises both the impact of loneliness and isolation, and the likelihood of people who draw on social care being at greater risk of becoming lonely and or isolated.
- 1.3 There are several approaches that the Department utilises to support people so that they are less likely to be lonely or isolated, across both operational social work teams, and the commissioning approach for services to support people.
- 1.4 In addition to the work of our Leading Better Lives programme that is working to deliver our early action offer, supporting community connections, there has also been a key piece of work led through the Leicester Health and Inequalities Board aimed at reducing social isolation for people with a severe mental illness (SMI). These further compliment the delivery plan for the Health and Well Being strategy (2022-27), and the priority under the Healthy Minds objective to reduce levels of social isolation in older people and adults.
- 1.5 This report provides an overview of these approaches and welcomes a discussion from members on what more could be done to address this issue and thereby improve individual health outcomes, addressing inequalities, and reduce demand on statutory services.

2. Recommendations

- 2.1 For ASC Scrutiny members to comment on the work that is underway and provide comments for further improvements.

3. Report

Background and Context

3.1 Social isolation (limited social contact) and **loneliness** (subjective feeling of disconnection) are linked to poorer mental and physical health outcomes, increased use of healthcare, and accelerated need for social care support across all ages. These issues disproportionately affect certain groups including older people, those with long-term illness, people with a disability, neurodiversity, people out of work, living alone and or affected by features of the built environment such as poor access to public transport.,

3.3 Social isolation and loneliness have serious impacts on mortality, physical health (e.g. cardiovascular disease and type 2 diabetes), mental health (e.g. depression and anxiety) and society (e.g. education, employment, economic growth, innovation).

3.4 There is a substantial body of international evidence which demonstrates that social isolation and loneliness are significant risk factors for poor health outcomes in older people. The World Health Organization recognises loneliness and social isolation as key social determinants that affect healthy ageing, linked to functional decline and reduced quality of life.

3.5 Social isolation and loneliness is both a risk factor for SMI, and a potential issue for people who are diagnosed with an SMI who may be more likely to experience anxiety around social situations, live alone, be out of work, and / or have limited support networks.

The position for Leicester:

- The Health and Wellbeing Strategy for Leicester (2022-27) identifies *Approx. 30,000 residents* are estimated to be socially isolated.
- The Health and Wellbeing survey (2024) show around 11% of residents have reported experiencing one social isolation issue at least often. This equates to an estimated 33,500 residents.
 - Further analysis reveals that White British (16%) and residents in the Northwest (26%) were significantly more likely to report feelings of social isolation.
 - Other groups that were significantly more likely to report feelings of social isolation include our LGBTQ+ (42%) communities, those who are economically inactive because of long term sickness or disability (41%), and those resident in social rented accommodation (19%).
- Leicester has higher levels of socioeconomic deprivation (now ranked in the top 6% most deprived areas in England), factors which correlate with increased isolation risk.
- The proportion of people who use services who reported that they had as much social contact as they would like is lower for Leicester compared to the East Midlands region and the England average (ASCOF 5A Part 1 2024/25: 40%;45%45%)
- The proportion of carers who reported that they have as much social contact as they would like is higher for Leicester compared to the East Midlands region and the England average (ASCOF 5A Part 2 2024/25: 34%;29%;30%).

4.0 Social Work interventions

4.1 Given the risk factors of social isolation and loneliness and the individuals at greatest risk, the implications for social care are demand and system pressures with individuals without informal support networks more likely to rely on statutory provision.

4.2 Enablement Service

The Enablement team in the First Contact and Early Support Service helps people to connect with their communities and build networks that will enable them to become socially independent and included within the communities that matter to them. The team reach out to people in the diverse communities that they are already familiar with and feel comfortable in, to find individuals who are looking for opportunities for growth and those facing barriers to achieving independence. The team helps people to identify short, medium, and long-term goals to achieve or maximise their social wellbeing and provides either one-off sessions or a short programme of dedicated input to work towards these.

4.3 Assessment and Support

4.4 In assessing people and identifying appropriate support social workers adopt a strength-based approach to the work they do. Strengths based conversations with people enable social work staff to explore family / support networks, hobbies and interests, cultural and faith connections, and community participation - identifying opportunities for connection. They are seeking to understand 'what makes a good day' for people.

4.5 A support sequence is embedded in practice that structure conversations, decision-making, and care planning in line with the wellbeing and prevention duties of the Care Act 2014. The support sequence addresses loneliness and isolation by identifying loneliness early through strength-based conversations about what matters and relationships. This in turn prioritises natural connections and encourages community solutions, looking at the local opportunities for a person before putting in formal support, linking to the VCSE, faith groups.

4.6 Supported Employment / Connect to work

Our in-house team provides support for people to gain and sustain employment. Originally aimed at supporting people with a learning disability or autism, the teams' remit has expanded through the Governments roll out of Connect to work, to support a broader set of people. Recognising the link between unemployment and social isolation the outcomes that this service delivers includes reducing loneliness and social isolation.

4.7 Asset Based Commissioning

The Department has adopted an asset-based commissioning approach which compliments strengths based social work practice. In practise this means that commissioned services are required to work in partnership to ensure that they are supporting people who use their services to connect to the assets that sit outside of the commissioned service but that can add value and support to a person's

wellbeing, supporting connections, and therefore impacting on social isolation. For example, the home care contract has included in its service specification since 2017 that carers delivering homecare / personal care to people in their homes should work with the person to connect them to other facilities in the local community, not just focus on time and task.

This is replicated across all our contracted services including supported living, and other preventative services such as dementia support, and carers support. Our commissioned community day opportunities service is aimed at connecting people with their local communities, supporting integration into everyday life. Advocacy support can also be a key intervention in helping people reduce isolation.

4.8 Leading Better Lives

Through extensive engagement and coproduction Our Leading Better Lives programme of early action is delivering key actions aimed at addressing social isolation and loneliness and supporting people to know what is available in their communities and where / how to seek help. Delivery so far has included 'Leicester Communities together' information and advice festival in Jubilee Square; development of Local area co-ordinators and street champions in 3 pilot areas of the City; and community drop-ins working with colleagues from across the Local Authority and health in coordinating a 'one stop shop' approach for people looking for advice, information and support at community venues across the city.

The next phase of Leading Better Lives will see us scaling up our ambitions to deliver a programme of early action across 4 pillars of prevention: partnerships; the community offer; ways of working; and digital. Governed by a programme board reporting to the Health and Wellbeing Board, Directors from across the LA will take ownership in sponsoring the work, with the roll out recognising and incorporating much great work already being delivered by Departments and the added opportunity for coordinated effort to maximise impact.

4.9 SMI and social isolation task and finish work

Leicester prevention and health inequalities board identified SMI and social isolation as a significant and preventable health risk and put in place a task and finish group of partners from across the Local Authority and health, and with people with lived experience and carers to identify opportunities to deliver targeted action.

The group has delivered a set of tangible actions that supports early identification, connections to community assets, and physical health interventions noting both the link between physical and mental health, and the opportunity to reduce isolation through access to physical activity classes. Notably Leicestershire Partnership Trust has included questions about social isolation within their patient information booklet. In addition, the Joy platform which has been adopted as the mainstay for IAG for mental health support is being promoted as a tool for professionals to connect people with services, and to the VCSE to register their activities. The live well service, and our leisure centres have confirmed that they can adapt their offer to meet individual needs, as well as offer space for dedicated activity for people with an SMI to attend for example via a day centre / group booking.

4.10 Health and Wellbeing Strategy (2024-27)

The healthy minds theme for action in the 2024-27 HWB strategy has a priority to reduce levels of social isolation in older people and adults. Appendix 1 is a progress report of the delivery against this, demonstrating the raft of work delivered through Public Health, and through the LLR mental health collaborative.

5.0 Summary and Concluding Comments

Loneliness and Social isolation are risk factors for physical and mental health, and mortality, and more likely to be experienced in older people, people with a long-term illness / disability, neurodiversity, and carers.

The strengths-based approach to social work and asset-based commissioning in the Department support a range of interventions aimed at reducing this and its effects. This is complimented by our Leading Better lives early action work recognising the importance of early intervention and community connections.

The report outlines a range of actions and initiatives that are being delivered further to this through the Leicester Prevention and Inequalities Board, and the Health and Wellbeing delivery plan.

In addition to those actions noted in this report, as a local authority we are well positioned to lead preventative action to reduce social isolation and loneliness through our range of universal offers and community infrastructure. The scaling up of the Leading Better Lives work and the sponsorship by Directors across the authority presents an opportunity to build on this work and support coordinated, measurable impact to support improved outcomes for individuals, reducing demand on statutory provision, and preventing avoidable ill health.

4. Financial, legal and other implications

4.1 Financial implications

There are no direct financial implications arising as this report is not seeking additional funding. It is an update report seeking comments on the work that is underway. This work will be funded via existing budgets in Leicester City Council and through budgets held in partner organisations for this.

Mohammed Irfan, Head of Finance
18 February 2026

4.2 Legal implications

There are no apparent direct legal implications of this report. Where services are commissioned from external third parties to facilitate the various initiatives outlined

above, legal support should be sought to ensure that the contracted services meet the requirements of the Procurement Act 2023 and the Council's internal Contract Procedure Rules.

Emma Young, Qualified Lawyer
20 February 2026

4.3 Climate Change and Carbon Reduction implications

There are no significant climate emergency implications arising from this report, however as service delivery generally contributes to the council's carbon emissions, any impacts of carrying out additional activities and projects can be managed through measures such as requesting that staff/partners use sustainable travel options or provide remote services where appropriate, using buildings and materials efficiently and following the council's sustainable procurement guidance, as applicable to the programme.

Phil Ball, Sustainability Officer. Ext 372246
18th February 2026

4.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in making decisions and carrying out their activities they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The report provides an overview of the work and approaches being taken to address social isolation and loneliness.

Social isolation and loneliness have clear equality implications, because they affect some groups much more than others and can deepen existing health inequalities in the city. Older people, disabled people and those with long-term health conditions, people with severe mental illness, LGBTQ+ residents, people in social housing, and those who are economically inactive due to sickness or disability are all at higher risk of being or feeling isolated.

The strengths-based social work model, asset-based commissioning, Leading Better Lives programme and the SMI task and finish work all contribute positively to the Council's Public Sector Equality Duty by improving access to community assets, targeting groups at highest risk, and promoting inclusion. Continued co-production with people with lived experience, and monitoring of who is accessing and benefiting

from interventions, will be important to ensure that these actions advance equality of opportunity and help to reduce unfair and avoidable differences in health and wellbeing across Leicester.

Equalities Officer, Surinder Singh, Ext 37 4148
Dated 23 February 2026

5. Background information and other papers:

8. Summary of appendices:

Appendix 1 - Mental health and wellbeing related to social inclusion, and supportive networks, progress report