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Exploring the prevalence of loneliness and social isolation in an analysis of Safeguarding Adults Reviews in South Yorkshire

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Exploring the prevalence of loneliness and social isolation in an analysis of Safeguarding Adults Reviews in South Yorkshire.

Purpose of this paper: This paper explores the links between being lonely and isolated, and increased risks of abuse for adults with care and support needs.

Design/methodology/approach: Thematic analysis was used to explore features of loneliness and social isolation present in South Yorkshire Safeguarding Adults Reviews published since 2014.

Findings: 10 out of 15 SARs indicated there had been issues of loneliness and/or social isolation for the person who was the subject of the SAR.

Research limitations/implications: The limitations of this paper are that it only included SARs from the South Yorkshire area. Future research should explore national and international perspectives on these issues.

Practical implications: Safeguarding Boards should include actions to address loneliness and social isolation as part of prevention strategies and services to develop approaches that can minimise or prevent abuse before it occurs. Practitioners should routinely explore whether the people they work with feel lonely and/or isolated and support people to take appropriate action to mitigate these risks.

What is the original/value of the paper: This paper uses the existing body of literature about loneliness and social isolation to explore the risks of abuse and neglect for adults with care and support needs.

Introduction

This paper explores the lived experience of loneliness and social isolation in an analysis of 10 out of 15 Safeguarding Adults Reviews conducted in the South Yorkshire area from 2014-present day. It begins by drawing together the relevant literature about the changing philosophy of adult safeguarding under the Care Act (2014), the academic conceptualisation of loneliness and social isolation, and the emergent risks for adults with care and support needs. The paper then draws out emergent themes from the Safeguarding Adults Reviews (detailed in Appendix 1); linking to the

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literature to contextualise within the wider body of knowledge and making recommendations for practice and further research.

Safeguarding Adults' work has transformed over the last decade. Following the No Secrets (2000) review, the Statement of Government Policy on Adult Safeguarding (Department of Health 2011) introduced six principles of adult safeguarding: empowerment, prevention, protection, proportionality, partnerships, and accountability. Alongside the sector-led Making Safeguarding Personal initiative, this signalled a philosophical change to practice, with a framework built on safety, empowerment, and self-determination, shaped around the desired outcomes for individuals (Johnson and Boland 2018). Part of this framework includes multi-agency Safeguarding Adults Reviews, to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again'. The aim is that lessons can be learned and applied to future cases to prevent similar harm from re-occurring.

One of the impacts of this philosophical change is the shifting professional gaze from investigation into the abuse to working with the outcomes people want to achieve. Although practitioners have highlighted concerns about the very complex circumstances that can arise in this area of practice (Johnson and Bollard 2018; Redley et al. 2015); they are supportive of the changes as it provides a forum for open discussions and a better basis for support (Butler and Manthorpe 2016). Practitioners understand outcome-focused work and effective communication (Needham 2015) but need more management support and organisational infrastructure to work effectively within the changing culture (Cooper et al 2018). Working with people to achieve their stated outcomes includes prevention work where possible; a greater understanding of how loneliness and social isolation can increase risks of abuse or neglect could inform new ways of working at both a strategic and operational level.

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Conceptualising Loneliness and Social Isolation

The terms loneliness and social isolation have often been used interchangeably; however, it can be helpful to distinguish between the concepts. Loneliness is a subjective experience, linked to how the individual perceives a mismatch between desired and actual relationships with others. It is an undesired, unpleasant, and distressing feeling (Peplau and Perlman 1982) drawn from an individual's subjective evaluation of their situation (Boldy and Grenade 2011). In contrast to this, social isolation is an objective measurement of the number of an individual's social contacts. It is described as an absence of relationships with others (de Jong Gierveld and Van Tilburg 2006) that can be objectively measured by the size of the individual's network (Pettigrew et al. 2014). Networks include personal relationships with family, friends, and acquaintances (Machielse 2015) and social ties, institutional involvement, or community participation (Pantell et al. 2013). Foley and Edwards (1999) recognise different relationships provide different types of support and that any measure of social connectedness should distinguish between the quantity and quality of social contacts.

These experiences should be contextualised in broader structural disadvantage. As Faulkner (2012) identifies, the position of seeking support for multiple and complex care and support needs is accompanied by socio-economic and environmental factors that can result in further isolation and exclusion from society. Faulkner (2012) argues that these structural factors are compounded to create and reinforce dependency and a loss of individual agency and intrusion into private life. Gaylard (2014) supports this view and recognises that the intersection of these complex layers of dependency exposes adults to heightened levels of risk that can result in harm, abuse, or exploitation. The impact of austerity as government policy since 2010 has again compounded these complexities; McGrath et al. (2016) outline the reduction in government funding has disproportionately impacted disadvantaged communities as there have been reductions in funding for community living, social support, and other services designed to combat loneliness and social isolation. Skills for Care (2022) and the Association of Directors of Adult Social Services (2023) both

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report that increased funding is urgently needed to meet the needs of people supported by adult social care.

Evidence indicates that being lonely and isolated can have a significantly detrimental impact on physical and mental health, causing either moving more rapidly towards having care and support needs as defined by the Care Act (2014), or it increases the level of their needs over time. The evidence indicates that there is loneliness and social isolation can also result in poor physical and mental health outcomes. The Campaign to End Loneliness (2023) found that people with a physical or mental health diagnosis were 3 times more likely to be chronically lonely than those without a diagnosis; supporting the work of Koc (2012) who found that people who have a chronic disease feel lonelier, and that illness threatens biopsychosocial unity and creates the fear of loneliness in the future. The Department for Culture, Media, and Sport (DCMS 2023) Tackling Loneliness Evidence Review identified that loneliness is likely to be a significant predictor of both suicidal ideation and behaviour; and that loneliness and poor social support predict worse outcomes for people with depression (DCMS 2023). It is also associated with accelerated cognitive decline as Lazzari and Rabottini (2022) found there is between 49%-60% increased risk of developing dementia when people experience prolonged loneliness and social isolation. Holt-Lunstad et al. (2015) established a link between perceived or actual social isolation leads to an increase in early mortality. Gomez-Zuniga et al. (2023) critique this position as it is not clear whether it is the bodily impact of disability that creates this feeling, or whether it is because of structural factors that lead to feelings of not belonging and loneliness.

When people feel lonely or have little social contact may increase emotional vulnerability (Lubben et al., 2015, p. 5), and as a result, increasingly susceptible to financial scams (Olivier et al., 2015) and romance scams (Whitty and Buchanan 2016). Mate crime can flourish when people are lonely and isolated. Forster and Pearson (2020) define mate crime as a form of hate crime in which the offender is known to the victim and usually involves exploitation, manipulation, and cruelty. Although anyone

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can be targeted, people with care and support needs can also be disproportionately affected by structural factors such as discrimination, exclusion, and poverty, which increases the risk of being targeted (Roulstone et al. 2011). In the murder of Steven Hoskin, the Serious Case Review identified that the drive for friendships can result in situations where people are harmed, even to their death:

'Steven wanted friends. He did not see that the friendship he had so prized was starkly exploitative, devoid of reciprocity, and instrumental in obstructing his relationships with those who would have safeguarded him.' (Steven Hoskin Serious Case Review 2007 5.12 pg.23).

Research Methodology

To contextualise this analysis in wider safeguarding adults' work, it is necessary to understand that SARs takes place when the worst possible outcome for the individual has occurred and that SARs are shaped by the scope and terms of reference set by each author. No experience of abuse is universal to all people who are subject to adult safeguarding; this research attempts to understand the links where people with care and support needs are lonely and isolated, and the links to increased exposure to and consequences of risks of abuse and neglect.

As with all qualitative research methods, the biases of the researcher should be made explicit as they are the instruments of research, shaped by our identities, group memberships, and values (Kleinman 2007); and their values and biases can influence the research process (Mackieson et al. 2019). In this paper, this researcher's position is as a social worker with experience in adult safeguarding, a social work educator, and a researcher in the field of loneliness and social isolation. To address the risk of implicit bias, the researcher adopted a reflexive approach which included 'stepping back' to theorise what is happening and 'stepping up' to recognise how their values, knowledge, feelings, and biases could affect the reading of the data (Attia and Edge 2017) to sustain methodological objectivity (Jenkins 2002).

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In total, 15 SARs were available from the South Yorkshire region that took place between 2015 and 2022, which were then analysed for features of the lived experience of loneliness and/or social isolation for each person who was subject to the SAR. From the 15 SARs available, it was possible to identify 10 SARs with features of loneliness and social isolation. The Strauss and Corbin (2008, Pp159) method of thematic analysis was used to explore the 10 SARs and inductively build theory from the data. The first stage of open coding identified key elements of the lived experience of loneliness and social isolation from each SAR. The following stage of axial coding brought together the categories and concepts emerging from across the SARs to develop the overarching themes (Appendix 1). Throughout the coding process, the loneliness and social isolation literature was revisited to maintain theoretical sensitivity. From this process, five overarching themes were identified:

Relationship Difficulties | Health Issues | Bereavement | Strengths | Interventions

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Findings

From the 15 SARs analysed, 10 featured significant elements of loneliness and social isolation.

Theme 1: Relationship Difficulties

A significant proportion of individuals appeared to experience difficulties developing and sustaining relationships throughout their lives. The SARs for Clive, Jack, Lola, Ben, and Adult F all documented historic difficulties they had experienced with friends and families in their lives from a young age that had continued into adulthood.

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When Clive left school, he began to show signs of anxiety and depression which then impacted his ability to form and maintain relationships with family and people outside the home. Jack was described as uncomfortable with people, especially those he didn't know. Contact with him was only on his terms, as he didn't like people prying into his affairs.

The complexities and difficulties experienced by Clive and Jack in building and maintaining relationships can be contextualised by the work of Cacioppo and Patrick (2008), who identify a catch-22 situation in the relationship between the individual and those with whom they seek a connection. They argue that real meaningful relationships that provide relief from loneliness require the cooperation of at least one other person, but as the person becomes lonelier, they lose skills to engage other people. Cacioppo and Patrick (2008) go on to argue that the person's social reality becomes framed around the difficulties they experience in relationships and the person adopts the 'defensive crouch' position, with the result that others are more likely to reject their attempts to engage and form new relationships. In this interaction, the role of the individual plays a critical part in the chance of success. This is something Clive and Jack had found difficult throughout their lives but was not recognised as something that could perhaps have contributed to a preventative approach that may have contributed to their safety.

The analysis of the South Yorkshire SARs identified where the drive for friendships and intimate relationships resulted in high-risk situations. The Sam and Ben SAR outlined that in adulthood Ben had no friendships and no relationships until he met Z who moved in with him and his father around 2013. This relationship with Z was so important to Ben, he chose it over his already strained relationship with his stepsister. Similarly, in the SAR for Adult F, his mother said that his life became very dangerous as she felt he had made friends with some 'really awful' and 'very dangerous' people and was beaten up several times. Adult F's brother felt that he attracted adverse attention through being an outsider who was gay, 'a character', and having an income that exposed him to the risk of violence and/or exploitation. The SAR for Lola identified two related issues; she formed a

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relationship with someone deemed unsuitable because of risks of abuse but Lola was also spoken to police about her harassment of another person with whom she had been in a relationship.

The drive for friendships and intimate relationships has been explored by Peplau and Perlman (1982) who argue that people are driven by the biological imperative for intimacy; loneliness contradicts this imperative and creates conditions that threaten the wellbeing of the individual. Weiss (1973) argues that the drive to avoid loneliness is so strong, individuals will do practically anything to avoid it. Maslow's (1943) hierarchy of needs indicates the importance of social connection, the psychological needs for belongingness and love which becomes a focus when physiological (food, water, warmth etc) and safety (security) needs are met. Cacioppo and Patrick (2008) go further and argue that loneliness has a much deeper impact on physiological needs. They argue that chronic feelings of loneliness drive a cascade of physiological events which trigger the physiological fight or flight responses in the human limbic system, prompting hormones and chemicals to be sent to the body's main muscle groups as a biological reaction to the fight or flight response in readiness to fight or run away from the threat. Recognition of this physiological response to loneliness and social isolation helps to provide some insight into why people tolerate abusive behaviour from others even if it results in serious harm or even death as seen in the SARs for Ben and Adult F.

Theme 2: Health Issues

Physical and mental health issues featured in 7 of the SARs analysed. People who were the subject of the SAR had care and support needs (as this is a key element of the safeguarding threshold); the evidence base indicates that there is a relationship between physical and mental health, and loneliness or social isolation.

David had significant health needs, including chronic obstructive pulmonary disease, eczema, and asthma. He also had severe cellulitis and skin damage associated with his high alcohol use and self-neglect. Sam and Ben were described as having multiple and complex health conditions. Sheila had several falls, strokes, some memory loss, and lost her hearing which isolated her, the combination of

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these factors meant that Sheila became increasingly isolated, vulnerable, and reliant on carers. Adult F became Hepatitis C positive due to IV drug use and liver cirrhosis due to excessive alcohol consumption, and his mobility gradually deteriorated which was exacerbated following a stroke in 2017. Clive's anxiety and obsessive-compulsive disorder behaviours limited his ability to engage with support outside of the home and he was unable to care for himself. Adult F had been treated for depression and anxiety; he expressed suicidal thoughts including jumping in front of traffic. As stated previously, there are significant links between loneliness and social isolation between both physical health (Campaign to End Loneliness 2023; Koc 2012) and mental health (DCMS 2023; Lazzari and Rabottini, 2022).

By meeting the 3-stage test for adult safeguarding under the Care Act (2014), people who are subject to a SAR do have care and support needs that arise from physical and/or mental health conditions. Exposure to increased risk is understood in this context; however, a more nuanced understanding of the differing dimensions of the nature of the increased risk should consider whether the person is lonely and/or socially isolated. Building strategies into care planning to combat loneliness or social isolation could be a preventative measure to help to safeguard that person from relationships that are exploitative or abusive because they have a stronger network of people around them to notice when things might go wrong, or are less willing to accept exploitative or abusive relationships because there is less reliance for friendship on those who seek to take advantage of people with care and support needs.

Theme 3: Bereavement

Experiences of bereavement feature significantly for those people who were the subject of the SARs in the analysis. Clive experienced significant difficulties following the death of his parents and reported being desperately lonely following the death of his mother and living at home alone, resulting in an impact on his executive capacity and ability to self-care. Similarly, Jack did not cope following their mother going into residential care 12 months before the incident. When Elizabeth's

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mother passed away suddenly, this led to an increase in Elizabeth's depression, anxiety, and alcohol consumption. Sam and Ben were both very distressed by the death of Sam's wife/Ben's mother; Sam was described by his stepdaughter as going downhill quickly after his wife died and Ben became more anxious. Bereavement can also impact in more prosaic ways; Sheila's friends had mostly died, which meant that she had fewer people in her network to notice when things went wrong.

Experiences of bereavement can also significantly increase feelings of loneliness and social isolation; theories of attachment and its impact on adulthood contribute to an understanding of this experience. Bowlby's (1969) attachment theory indicates the need for strong and efficient bonds with others is built into human biological inheritance; not only in parent-child relationships, but also partners who will seek to remain in proximity to each other and return to each other if apart. Bereavement provokes separation anxiety; Parkes (1969) argues that part of the bereavement process is to call and search for the person they have lost, juxtaposed with the knowledge that this search is irrational, useless, and painful, which causes them to avoid, deny and restrict the expression of that search. If the loss is permanent, the process of pining and searching plays an important part in unlearning the attachment to the lost person (Parkes 1969). A loved one dying is a fact of life, care planning for adults with care and support needs should encompass recognition of the grieving process with an understanding of how this might expose them to increased risks of abuse and/or neglect.

Theme 4: Strengths

Although by their nature, SARs focus on failures and breakdowns in support with serious consequences, it was possible to see a good range of strengths from the people who were subject to the SARs. Several of the SARs identified positive relationships, when in hospital Clive spoke to staff and other patients regularly. Jack had a good relationship with his mother and was well-liked by neighbours who looked out for him and contact his brother if they were worried about him. David had been in a long-term relationship and was the father of a young child. Sheila had family spread

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out over the country, apart from a sister in Barnsley who visited regularly. Church members also used to visit and keep in touch with her. Adult F was in contact with his mother; even though she lived in the USA she was in telephone contact with him. Adult F was also in contact with a friend of his mother.

Strengths-based approaches are common elements of health and social care and are a requirement for practice under the Care Act (2014). Moyle (2014 p.41) describes strengths-based approaches as moving away from tasks and problems to focus on ability rather than pathology and that people do better when they recognise their strengths and resources than when solutions are presented and 'done to' them. Strength-based approaches have been cemented into safeguarding adults' work through the s42 statutory duties of the Care Act (2014), the 6 Safeguarding Adults principles, and Making Safeguarding Personal. Although the SARs did identify some strengths for each person, there is a conceptual difficulty. As Saleeby (1996) recognised, traditional organisations and systems prefer the vocabulary of disease and problems which makes it difficult for those in positions of support to see people who use services in light of their strengths. In this context, it should be recognised that the terms loneliness and social isolation are the languages of disease and problems. The stigma attached to the terminology may also mean that people are unwilling to identify with these concepts or are unlikely to engage in support branded in this way.

Theme 5: Interventions

The SAR analysis identified that services and interventions were considered for loneliness and social isolation. Clive was referred to the lifelong centre as a measure to reduce social isolation. Jack was encouraged to attend a Day Centre for service users with mental health issues and received support from a Community Mental Health Team support worker to facilitate socialisation for approximately 12 months. Concerning Lola, the college made a referral to Adult Social Care to request an assessment of her needs as they identified she may be socially isolated and in need of support, but the referral was closed because of a lack of response. The SAR identified the importance of Early

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Help assessments in drawing out a wider understanding of family circumstances to add context to apparent low-level indicators of neglect. There was also a warning about the over-reliance on the views of caregivers views and to ensure that the voice of the adult is heard, their rights under the Mental Capacity Act (2005) upheld and to be vigilant to disguised compliance. Services must consider what reasonable adjustments are required to enable people with disabilities to access services. Some specialist support services were identified from the SARs; Adult F was referred to a rape counseling charity following disclosure of childhood sexual abuse but declined their support.

The SARs indicated the significance of an absence of services. When David was found deceased, he had been there for three days, with no contact or support from any agency in the seven proceeding weeks. As Sheila's network reduced, she became more reliant on systems and technology; for example, her milkman used to take the milk into her, but when a pendant alarm and key safe were introduced for carers, this informal contact was discontinued. Sheila had a care package of 4 visits per day; however, when she was discharged from the hospital, it is unclear whether these visits were restarted and whether she had received food and drink at home and with no regular visits outside the care agency who would have noticed the lack of support. Where it was identified that a person has no friends or family, they were often referred to services, such as Person A who was referred to a referral to a Community Support Worker. There were also incidents of repeated contact with services; Adult F repeatedly missed formal appointments, but frequently called the police and maritime/coastguard when under the influence of alcohol and drugs. The police were also involved with Adult F as a hate crime was recorded for children calling him 'faggot'.

It was clear from the SARs that action was taken by workers to implement some systems of support where issues were identified; however, those services were not necessarily the right service for the person. Weiss (1973) found that where connections were lost, some individuals tried to get what they needed from others within their support network but were often disappointed because of constraints from underlying assumptions about the interactions in the existing relationship by both

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participants. Weiss (1973) identified that some people deal with loneliness and social isolation by 'gritting their teeth' and accepting their situation, placing more emphasis on dignity and reducing the risk of rejection and humiliation.

It is also important to recognise the challenges for developing appropriate services; what might engage one person may not engage another. Developing appropriate services to respond to social isolation and loneliness can be complex and time-consuming with limited and inconclusive results regarding the success of these services (Grilich et al. 2023; Dickens et al. 2011). Much of the provision is inadequate and unsuccessful because most interventions focus on promoting social participation or expansion of the social network. DCMS (2023) acknowledge the need for further research to strengthen and tailor support services. The diversity of strengths needs and circumstances for all adults who have been included in this SAR analysis reflects this issue; traditional approaches such as day centres and befriending services are not suitable for everyone; a more tailored, preventative approach would be beneficial to help people overcome the barriers people experience to connect to others.

Conclusion and Recommendations

This small-scale analysis explored the features of loneliness and social isolation identified from 10 out of the 15 SARs that have taken place in the South Yorkshire area since 2014, using the loneliness and social isolation evidence base to contextualise the findings. From the SAR analysis, it is clear that loneliness and social isolation have played a part in increasing the risks of abuse and neglect. Safeguarding Adults' work could be strengthened by raising awareness to increase knowledge about the safeguarding risks associated with these experiences and about how to proactively support people in these circumstances.

Three recommendations for practice have been drawn from this analysis. Recommendation one is to increase the visibility of the issues discussed in this paper to raise awareness of the safeguarding

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risks of being lonely and isolated, to address these issues in the assessment of people's circumstances, and to support people to take appropriate action to mitigate these risks. Recommendation two is that strategic development work about prevention should include thinking about the implications of this research to develop approaches that could contribute to reducing risks of abuse or neglect before they occur. Recommendation three is that future research could focus on gaining a better understanding of how experiences of loneliness and social isolation can be created, the differing forms of how these experiences can present, and the most effective approaches to address these feelings. It is imperative that these elements are considered in the specific context of people with care and support needs to contextualise these elements in the broader socio-economic and environmental factors that disproportionally impact people who have multiple and complex health conditions and diagnoses.

Proactively addressing loneliness and social isolation has the potential to reduce risks of abuse or neglect arising from these experiences; however, the range of solutions currently offered is limited. Further work is required to understand the range of approaches that might be most effective for adult safeguarding work. If services are rebuilding in a post-covid 19 world, resources, time, and energy must be used authentically to invest in a developing culture that can work preventatively to address risks of abuse or neglect.

Limitations

The four South Yorkshire Safeguarding Boards: Sheffield, Rotherham, Barnsley, and Doncaster have published their most recent SARs on their Safeguarding Board websites, so only information that was in the public domain was included in this research. This paper has only considered SARs available in the South Yorkshire region; further research is required to explore whether this is a universal experience and to learn from other SARs and the wider experience of adults with care and support needs in the U.K.

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	SAB	Name	Date of SAR	Type(s) of Abuse	Gender	Living Situation	Historic difficulties in relationships	Health Issues	Bereavement	Strengths	Interventions	Include?
1	Barnsley Safeguarding Adults Board	Clive	May-20	Self - neglect	Male	Lived alone	Yes - When he left school, he began to show signs of anxiety and depression which impacted on his ability to form and maintain relationships with people outside the home and family members. His family report that he did not have any friends and did not create or maintain any long-term relationships, apart from a short holiday as a young man. Had not heard from his sisters in 2 years and did not feel he could contact them.	Yes - Clives's anxiety and OCD behaviours limited his ability to engage with support outside of the home	Yes - Clive experienced significant difficulties following the death of his parents. Impact of bereavement on executive capacity. Reported being desperately lonely following the death of his mother and living at home alone	Yes - His behaviours did not prevent engagement with hospital staff and other patients who he spoke with on a regular basis whilst on the ward.	Yes - Referred to lifelong centre to reduce social isolation.	Yes

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							Aggression to neighbours.					
2	Barnsley Safeguarding Adults Board	Jack	Sep-18	Self - neglect	Male	Lived alone	Yes - From a young age Jack had a difficult relationship with his father Jack was described as uncomfortable with people, especially those he didn't know, and contact with him was only on his terms, as he didn't like people prying into his affairs. Jack neglected himself and been reluctant to allow people into his	No	Yes - Jack not coping following their mother going into residential care 12 months prior to the incident	Yes - Close contact with his mother until her death in 2015. Jack is described as “well liked” by the neighbours who kept an eye out for him. A long-standing next-door	Yes - Jack received support from a CMHT support worker to facilitate socialisation for approximately 12 months. Jack was encouraged to attend a Day Centre for service users with mental health issues and a local community drop in run by the CMHT.	Yes

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							home for a number of years. At one stage Jack attracted the attention of “down and outs” but his brother took action to keep them away			neighbour would knock on the wall if he hadn’t seen or heard Jack, and neighbours would contact his brother if worried about him.		

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3	Barnsley Safeguarding Adults Board	Lola	Jul-21	Wilful neglect	Female	Lived with sister, mother and stepfather and her extended family of her grandmother and aunt	Yes - Lola's GP alerted BMBC to Lola's grandmother and aunt also potentially being vulnerable as they were dependent upon Lola's mother for her care. In October 2017, ASC received a Safeguarding Adult Concern from a Clinic. They were concerned that Lola was potentially having an unsuitable relationship with one of their clients. ASC liaised with the police due to risks the man may present. BMBC-ASC carried out a home visit and met with Lola and her mother. Lola's	No	No	No	Yes - The review identified the importance of Early Help assessments in drawing out a wider understanding of family circumstances, adding context to apparent low-level indicators of neglect. The review highlighted risks of over reliance on care-givers views: the need to ensure the voice of the adult is heard, their rights under the Mental Capacity Act upheld and to be vigilant to disguised compliance. Services must consider what reasonable	Yes

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							mother was aware of the man and said she had stopped Lola from seeing him. In January 2020 police became involved in a potential harassment matter where Lola had sent a man multiple texts although he had wanted to end their relationship. The man also had learning disabilities. Police officers helped to resolve the matter, clarifying in a sensitive way that the relationship had ended. Police completed a DASH assessment, 8 graded as 'Standard				adjustments are required to enable people with disabilities to access services. The college made a referral to BMBC ASC requesting an assessment of Lola's needs as she was due to leave college, may be socially isolated and needed support in all tasks. ASC sent a letter but received no response and closed the referral.	

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4	Rotherham Safeguarding Adults Board	David	Jan-21	Self-neglect	Male	Lived alone	Yes - In 2015 the relationship ended. David identified that this was due to his problematic drinking. His brother recalled David's alcohol dependency dating back to 2004. He felt there was no specific reasons for this but thought drinking had become habitual for David.	Yes - David had significant health needs, including Chronic Obstructive Pulmonary Disease; eczema and asthma. He also had severe cellulitis and skin damage associated with his high alcohol use and self-neglect	No	Yes - David had been in a long-term relationship and was the father of a young child	Yes - Ten months after David moved into his own tenancy, his neighbour found him on the floor. He had been there for three days. David had had no contact or support from any agency in the seven proceeding weeks.	Yes

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5	Rotherham Safeguarding Adults Board	Elizabeth	Jun-20	Neglect/ suicide	Female	Lived alone following death of her mother.	No	Yes - Comments by participants and in IMR reports highlight Elizabeth's anxiety due to her injury and the separation from her mother. Her anxiety over her condition and separation from her mother was a constant feature	Yes - Her Mother passed away suddenly 9 March 2018. This led to Elizabeth having an increase in depression and anxiety and saw her alcohol consumption increase	No	No	Yes

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6	Rotherham Safeguarding Adults Board	The Painter and his son (Sam and Ben)	Jul-21	Self-neglect	Male	Lived together	Yes - According to his sister, in adulthood Ben had no friendships and no relationships until he met 'Z' who appears to have 'moved in' with him and his father around 2013 The relationship between Z and Ben resulted in the breaking of the connection between Ben and his stepsister which had been stretched as Ben coped with his mother's final illness and death.	Yes - Sam and Ben had multiple and complex health conditions	Yes - Sam and Ben were both very distressed by the death of Sam's wife/Ben's mother in 2011. Sam was 84 years old at the time, his step - daughter says that 'My Dad seemed to go downhill quickly after that. He looked frailer, he used to ask where Mum was, he didn't seem to recognise she had died. I don't know if this	No	No	Yes

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									was deep grief or dementia'. Sam experienced depression before and after his wife's death. Ben already seemed depressed after his work-related injury, after his mother died he became more anxious.			

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7	Rotherham Safeguarding Adults Board	Sheila	Feb-19	Neglect	Female	Lived alone	No	Yes - As she grew older she had several falls and strokes. She became very deaf (which she blamed on noisy children at school) and communication was best in writing. Her daughter noticed later that her mother's short term memory was poor but	Yes - Her friends had mostly died. An elderly neighbour used to go in to see Sheila and take her a paper but died a few months before the events leading to Sheila's death.	Yes - Sheila and her husband enjoyed touring in their caravan and she was an active member of a local church. She played the organ, supported Christian Aid, and did knitting and crochet. She also loved reading. Her family was spread	Yes - At one time the milkman used to take milk into her, but with the introduction of a keysafe and carers, this was no longer possible and she started to use long life milk (Sheila). She had received support services since 30 March 2015 provided by RMBC. From 26 May 2015 she had received a domiciliary care support package consisting of four visits each day from a Care Agency to support her personal care and nutritional needs. She also	Yes

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								questions whether she had Alzheimer’s disease, as her long term memory remained good and her deafness isolated her. Her deafness and frailty meant that Sheila became increasingly isolated, vulnerable and reliant on the carers who were		out over the country, apart from a sister, herself elderly, in Barnsley. Later in life church members used to visit and keep in touch with her. Her daughter lived at a distance but continued to visit regularly.	received a pendant alarm from Rothercare. There were no documented entries in her care records at home to indicate whether Care Agency carers had attended since Sheila’s hospital discharge on the 4 December 2017. It was not clear whether Sheila had received adequate food and nutrition and suitable hydration following her discharge.	

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								eventually going in to care for her four times daily.				
8	Sheffield Safeguarding Adults Partnership	Adult A	Nov-19	Self-neglect	Male	Lived alone	No	No	No	No	Yes - Adult A had no friends or family and a referral to a	Yes

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											Community Support Worker was made	

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9	Doncaster Safeguarding Adults Board	Adult F	Apr-21	Physical/ Discriminatory (murder and hate crime)	Male	Lived alone	Yes - He had begun using illicit drugs and tested positive for drugs and lost his job as a bus driver. His mother felt that he never settled after this setback. Adult F's mother said that his life became 'very dangerous' whilst he was living in Balby, where she felt that he made friends with some 'really awful' and 'very dangerous' people and was 'beaten up' several times. She said that Adult F had 'a lot of trouble' from some of his neighbours particularly a woman she said 'persecuted him, stole money from him and incited other	Yes - Due to his intravenous drug use he became Hepatitis C positive, and he had liver cirrhosis due to excessive alcohol consumption. He had also been treated for depression and anxiety. His mobility gradually deteriorated which was exacerbated following	No	Yes - Adult F's mother lives in the USA. She contributed to the review by telephone. She had lived and worked in Doncaster for many years before moving to the USA. At the time the POP plan was initiated shortly before his death, Adult F was said to be in an on/off relationship with a	Yes - Adult F's brother was critical of the decision to offer him the bungalow [area]. He felt that he attracted adverse attention through being an 'outsider' who was gay, 'a character' and having an income which exposed him to the risk of violence and/or exploitation. When asked about thoughts of suicide, he became tearful and disclosed sexual abuse he had suffered as a child (the liaison and diversion practitioner later	Yes

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							neighbours'. She added that one neighbour's grandson stole his ipad, used his debit card and withdrew 'quite a lot' of money from his bank account. Adult F's mother went on to say that there was a 'group of lads who appeared to hold the view that they 'didn't want any gays in the village' and began to persecute him. She said that there were four of these young people and one of them apologised to Adult F for his behaviour but the others did not. She said that the police became aware of the situation but she felt that the	a stroke in 2017. He was depresse d and had suicidal thoughts, including jumping in front of traffic, although he said he would never do this because he was very close to his mother.		male, the only known details of whom were his first name and the area of Doncaster in which he lived. It has therefore not been possible to involve this person in the review. As a teenager he was a very promising actor - attending drama school, working with the National	established that Adult F had previously been referred to a local rape counselling services but had declined their support. Adult F - repeated incidence of missed appointments, drink and drugs use and repeated calls to police and maritime/coast guard. 1 x hate crime recorded for children calling him 'faggot'.	

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							police had labelled Adult F as a drunk. He worked as a bus driver and in the hospitality industry but his use of illicit drugs and alcohol began to affect all aspects of his life, including his employability			Youth Theatre and appearing on TV and in TV commercials. As well as telephone contact with his mother, Adult F also had contact with one of her friends, who lived in Doncaster.		

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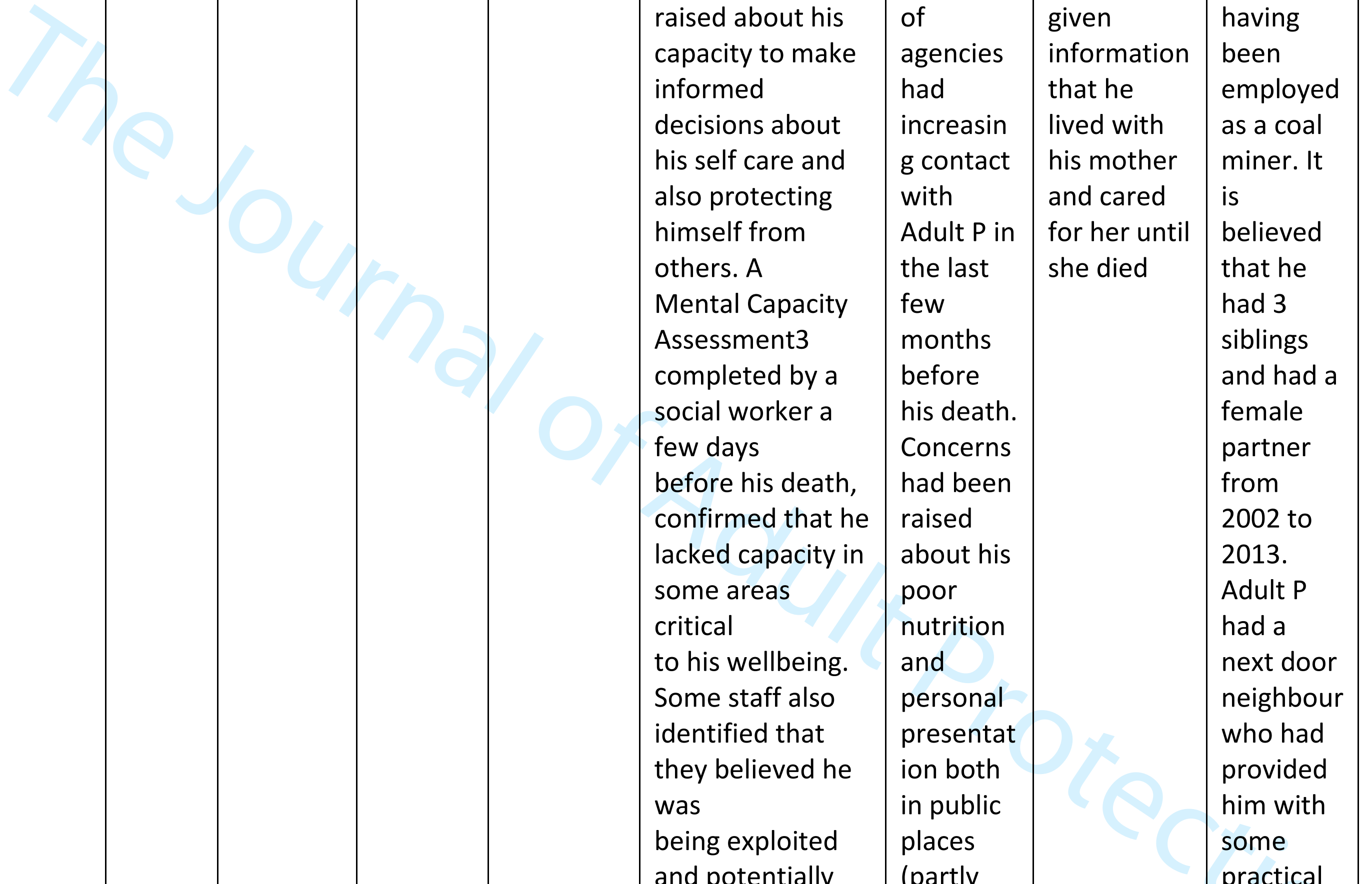

10	Doncaster Safeguarding Adults Board	Adult P	Apr-21	Self-neglect	Male	Lived alone	Yes -Concerns were also being raised about his capacity to make informed decisions about his self care and also protecting himself from others. A Mental Capacity Assessment3 completed by a social worker a few days before his death, confirmed that he lacked capacity in some areas critical to his wellbeing. Some staff also identified that they believed he was being exploited and potentially put at risk by another adult, also identified as vulnerable	Yes - number of agencies had increasing contact with Adult P in the last few months before his death. Concerns had been raised about his poor nutrition and personal presentation both in public places (partly undressed and dirty, sometimes from faecal	Yes - He had also given information that he lived with his mother and cared for her until she died	Yes - Adult P as having been employed as a coal miner. It is believed that he had 3 siblings and had a female partner from 2002 to 2013. Adult P had a next door neighbour who had provided him with some practical support, and who expressed concerns about his wellbeing	Yes -He was seen at home by a consultant community physician/geriatrician, a social worker and two community nurses in the week before his death. All had concerns about him but not about any immediate life threatening health issues Two Council staff, including a member from the Council's Stronger Together Team and one from the Wellbeing Team, who knew him well, had called at his home several times to try and make contact and also asked at shops where	Yes

								matter) and at his home when answering his door. His living conditions were also unhygienic, posed heightened fire risk, and were generally deteriorating. In a few weeks before his death a diagnosis of Diogenes Syndrome began to be		to some agencies.	he was known if he had been seen that day. They called the Police who gained entry and staff from the Ambulance Service confirmed his death at approximately 4pm as he was 'displaying rigor mortis'.e. A 'Planning' meeting chaired by a senior social care practitioner, and attended by staff from Police, Social Care, Wellbeing and Stronger Communities met on the day prior to his death, and recommended a range of further assessments	

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								suggeste d				

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11	Barnsley Safeguarding Adults Board	Valerie and Ian	Mar-21	Self-neglect	Female and Male	Lived together	No	No	No	No	No	No
12	Rotherham Safeguarding Adults Board	Margaret		Neglect	Female	Residential Care	No	No	No	No	No	No
13	Rotherham Safeguarding Adults Board	Phyllis		Organisational/Neglect	Female	Residential Care	No	No	No	No	No	No
14	Doncaster Safeguarding Adults Board	Adult K	Oct-19	Sexual Exploitation	Female	Lived with family	No	No	No	No	No	No
15	Doncaster Safeguarding Adults Board	Adult D	Dec-13	Neglect		Nursing Care	No	No	No	No	No	No

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Exploring the prevalence of loneliness and social isolation in an analysis of Safeguarding Adults Reviews in South Yorkshire.

Purpose of this paper: This paper examines the links between being lonely and isolated, and increased risks of abuse for adults with care and support needs.

Design/methodology/approach: Thematic analysis was used to explore features of loneliness and social isolation present in 15 South Yorkshire Safeguarding Adults Reviews published since 2014.

Findings: 10/15 SARs indicated there had been issues of loneliness and/or social isolation for the person who was the subject of the SAR.

Research limitations/implications: The limitations of this paper are that it only included SARs from the South Yorkshire area. Future research should explore national and international perspectives of these issues.

Practical implications: Safeguarding Boards should include actions to address loneliness and social isolation as part of prevention strategies and services to develop approaches that can minimise or prevent abuse before it occurs. Practitioners should routinely explore whether the people they work with feel lonely and/isolated and to support people to take appropriate action to mitigate these risks.

What is original/value of paper: This paper uses the existing body of literature about loneliness and social isolation to explore the risks of abuse and neglect for adults with care and support needs.

Introduction

This paper explores the lived experience of loneliness and social isolation through an exploration of the literature and analysis of 15 Safeguarding Adults Reviews conducted in the South Yorkshire area from 2014-present day. It begins with an exploration of the changing philosophy of adult safeguarding and conceptualisation of loneliness and social isolation and the emergent risks for adults with care and support needs. The paper then explores the themes emerging from the Safeguarding Adults Reviews (detailed in appendix 1); linking to the literature to contextualise within the wider body of knowledge and making recommendations for practice and further research.

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Safeguarding Adults work has radically transformed over the last decade. Following the No Secrets (2000) review, the statement of Government policy on adult safeguarding (Department of Health 2011) introduced six principles of adult safeguarding: empowerment, prevention, protection, proportionality, partnerships, and accountability. Alongside the sector-led Making Safeguarding Personal initiative they signalled a philosophical change to adult safeguarding, cemented through the Care Act (2014) and its Statutory Guidance to provide a framework to support empowerment and self-determination, shaped around the desired outcomes for individuals (Johnson and Boland 2018). Under the Care Act (2014), Safeguarding Adults reviews are commissioned by Safeguarding Adults Boards. They are multi-agency reviews to explore the learning from 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again'. The aim is that lessons can be learned from the case and for those lessons to be applied to future cases to prevent similar harm re-occurring.

One of the impacts of this philosophical change is the shift of the professional gaze from investigation into the abuse to working with the outcomes people want to achieve. Practitioners are supportive of the changes as it provides a forum for open discussions with the adult at risk which led to a better basis for support (Butler and Manthorpe 2016); although concerns have been raised about the complex circumstances that arise, such as support to work with individuals with capacity to make decisions about their lives and are unwilling to engage in the safeguarding process despite living with high levels of risk (Johnson and Bollard 2018; Redley et al 2015). Practitioners understand outcome-focused work and effective communication (Needham 2015) but they need more management support and organisational infrastructure to work effectively within the changing culture (Cooper et al 2018). Helping people to achieve their stated outcomes includes work to prevent abuse or neglect where possible; greater understanding on the nature of loneliness and social isolation for adults with care and support needs and how it can increase risks of abuse or neglect could inform new ways of working at both a strategic and operational level.

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Conceptualising Loneliness and Social Isolation

The terms loneliness and social isolation have often been used interchangeably; however, it can be helpful to distinguish between the concepts. Loneliness is a subjective experience, linked to how the individual perceives a mismatch between desired and actual relationships with others. It is an undesired, unpleasant, and distressing feeling (Peplau and Perlman 1982) drawn from an individual's subjective evaluation of their situation (Boldy and Grenade 2011). In contrast to this, social isolation is a prosaic, objective measurement of the number of an individual's social contacts. It is described as an absence of relationships with others (de Jong Gierveld and Van Tilburg 2006) that can be objectively measured by the size of the individual's network (Pettigrew et al 2014). Networks include personal relationships with family, friends, and acquaintances (Machielse 2015) and social ties, institutional involvement, or community participation (Pantell et al 2013). Foley and Edwards (1999) recognise different relationships provide different types of support and that any measure of social connectedness should distinguish between the quantity and quality of social contacts.

These experiences can be contextualised in the broader structural disadvantage. Faulkner (2012) argues that the position of seeking support for multiple and complex care and support needs is accompanied by socio-economic and environmental factors that can result in further isolation and exclusion from society. Faulkner (2012) argues that these structural factors are compounded to create and reinforce dependency and a loss of individual agency and intrusion into private life. Gaylard (2014) supports this view and recognises that the intersection of these complex layers of dependency exposes adults to heightened levels of risk that can result in harm, abuse, or exploitation. The impact of austerity as government policy since 2010 has again compounded these complexities; McGrath et al. (2016) outline the reduction in government funding has disproportionately impacted disadvantaged communities as there has been reductions in funding for community living, social support, and other services designed to combat loneliness and social isolation. Skills for Care (2022) and Association of Directors of Adult Social Services (2023) both

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report that increased funding is urgently needed to meet the needs of people supported by adult social care.

Evidence indicates that being lonely and isolated can have a significantly detrimental impact on physical and mental health, causing either moving more rapidly towards having care and support needs as defined by the Care Act (2014), or it increases the level of their needs over time. The evidence indicates that there is loneliness and social isolation can also result in poor physical and mental health outcomes. The Campaign to End Loneliness (2023) found that people with a physical or mental health diagnosis were 3 times more likely to be chronically lonely than those without diagnosis; supporting the work of Koc (2012) who found that people who have a chronic disease feel lonelier, and that illness threatens biopsychosocial unity and creates the fear of loneliness in the future. The Department for Culture, Media, and Sport (DCMS 2023) Tackling Loneliness Evidence Review identified that loneliness is likely to be a significant predictor of both suicidal ideation and behaviour; and that loneliness and poor social support predict worse outcomes for people with depression (DCMS 2023). It is also associated with accelerated cognitive decline as Lazzari and Rabottini (2022) found there is between 49%-60% increased risk of developing dementia where people experience prolonged loneliness and social isolation. Holt-Lunstad et al. (2015) established a link between perceived or actual social isolation leads to an increase in early mortality. Gomez-Zuniga et al. (2023) critique this position as it is not clear whether it is the bodily impact of disability that creates this feeling for individuals, or whether it is because of structural factors that lead to feelings of not belonging and loneliness.

Feeling lonely or having no social contacts may increase emotional vulnerability (Lubben et al., 2015, p. 5). And as a result, increasingly susceptible to a financial scam (Olivier et al., 2015) and romance scam (Whitty and Buchanan 2016). Mate crime can flourish when people are lonely and isolated. Forster and Pearson (2020) define mate crime as a form of hate crime in which the offender is known to the victim, and usually involves exploitation, manipulation, and cruelty. Although anyone

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can be targeted, people with care and support needs can also be disproportionately affected by structural factors such as discrimination, exclusion, and poverty, which increases risks of being targeted (Roulstone et al. 2011). As in the murder of Steven Hoskin, the SAR identified that the drive for friendships can result in situations where people are harmed, even to their death:

'Steven wanted friends. He did not see that the friendship he had so prized was starkly exploitative, devoid of reciprocity and instrumental in obstructing his relationships with those who would have safeguarded him.' (Steven Hoskin Serious Case Review 2007 5.12 pg.23).

Research Methodology

To contextualise this analysis in wider safeguarding adults work, it is necessary to understand that SARs take place when the worst possible outcome for the individual has occurred, and that SARs are shaped by the scope and terms of reference set by each author. No experience of abuse is universal to all people who are subject of adult safeguarding; this research attempts to understand the links where people with care and support needs are lonely and isolated, and the links to increased exposure to and consequences of risks of abuse and neglect.

As with all qualitative research methods, the biases of the researcher should be made explicit because researchers are instruments of research, shaped by our identities, group memberships and values (Kleinman 2007); and their values and biases can influence the research process (Mackieson et al. 2019). In this paper, this researcher's position is as a social worker with experience in adult safeguarding, a social work educator, and as a researcher in the field of loneliness and social isolation. To address the risk of implicit bias, the researcher adopted a reflexive approach which included 'stepping back' to theorise what is happening and 'stepping up' to recognise how their values, knowledge, feelings, and biases could affect the reading of the data (Attia and Edge 2017) and methodological objectivity sustained (Jenkins 2002).

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In total, fifteen SARs were available from the South Yorkshire region that took place between 2015 and 2022, which were then analysed for features of the lived experience of loneliness and/or social isolation for each person who was subject of the SAR. From the 15 SARs available, it was possible to identify 10 SARs where features of loneliness and social isolation could be identified. These 10 SARs were then explored, using the Strauss and Corbin (2008, Pp159) method of thematic analysis was used to inductively build theory from the data. The first stage of open coding identified key elements of the lived experience of loneliness and social isolation from each SAR. The following stage of axial coding brought together the categories and concepts emerging from across the SARs to develop the overarching themes (appendix 1). The existing body of literature about loneliness and social isolation was revisiting throughout analysis to maintain theoretical sensitivity. From this process, five overarching themes were identified:

Findings

From the fifteen SARs analysed, ten of those reviews features significant contributing elements of loneliness and social isolation.

Theme 1: Relationship Difficulties

An emerging theme from the SAR analysis was that a significant proportion of people were identified as having difficulties in developing and sustaining relationships throughout their lives. The SARs for

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Clive, Jack, Ben, and Adult F all documented historic difficulties they had experienced with friends and families in their lives from a young age that had continued into adulthood.

Clive's SAR outlined historic difficulties with relationships; when he left school from when he left school, he began to show signs of anxiety and depression which impacted on his ability to form and maintain relationships with people outside the home and family members. Jack's SAR described him as uncomfortable with people, especially those he didn't know, and contact with him was only on his terms, as he didn't like people prying into his affairs. In Lola's SAR, it was identified that her mother was also responsible for caring for grandmother and aunt who were both considered to be 'vulnerable', so Lola had a very small network around her. Concerns around neglect were voiced about Lola, but the wider context of her family, networks and relationships was not seen as part of the risk, early intervention and support about social isolation may have made Lola more visible to those who were in a position to try to stake steps to make sure she was safeguarded.

The complexities and difficulties experienced by Clive and Jack in building and maintaining relationships can be contextualised by the work of Cacioppo and Patrick (2008), who identify a catch 22 situation in the relationship between the individual and those with whom they seek a connection. They argue that real meaningful relationships that provide relief from loneliness require the co-operation of at least one other person, but as the person becomes lonelier, they lose skills to engage other people. Cacioppo and Patrick (2008) go on to argue that the person's social reality becomes framed around the difficulties they experience in relationships and the person adopts the 'defensive crouch' position, with the result that others are more likely to reject their attempts to engage and form new relationships. In this interaction, the role of the individual plays a critical part in its chance of success; something that Clive, Jack, Ben, and Adult F had found difficult throughout their lives but had not really been recognised as something that could perhaps have contributed to a preventative approach that may have contributed to their safety.

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3 The analysis of the South Yorkshire SARs identified where the drive for friendships and intimate relationships resulted in high-risk situations. The Sam and Ben SAR outlined that in adulthood Ben had no friendships and no relationships until he met 'Z' who appears to have 'moved in' with him and his father around 2013. This relationship with 'Z' was so important to Ben, he chose it over the relationship with his already strained relationship with his stepsister. Similarly, in the SAR for Adult F, his mother said that his life became 'very dangerous' as she felt he had made friends with some 'really awful' and 'very dangerous' people and was beaten up several times. Adult F's brother felt that he attracted adverse attention through being an 'outsider' who was gay, 'a character' and having an income which exposed him to the risk of violence and/or exploitation. In October 2017, Adult Social Care (ASC) received a Safeguarding Adult Concern from a Clinic. The SAR for Lola identified two issues related to relationships; she formed a relationship with someone who was identified as 'unsuitable' because of risks of abuse, but she was also presented as a potential harassment matter to someone she had been in a relationship with.

The drive for friendships and intimate relationships has been explored by Peplau and Perlman (1982) who argue that people are driven by the biological imperative for intimacy; loneliness contradicts this imperative and creates conditions in which threated the wellbeing of the individual. Weiss (1973) argues that the drive to avoid loneliness is so strong, individuals will do practically anything to avoid it. Maslow (1943) and the hierarchy of needs indicates the importance of social connection, the psychological needs for belongingness and love which becomes a focus when physiological (food, water, warmth etc) and safety (security) needs are met. Cacioppo and Patrick (2008) go further and argue that loneliness has a much deeper impact on physiological needs. They argue that chronic feelings of loneliness drive a cascade of physiological events which trigger the physiological fight or flight responses in the human limbic system, prompting hormones and chemicals to be sent to the body's main muscle groups as a biological reaction to the fight or flight response in readiness to fight or run away from the threat. Recognition of this physiological response to loneliness and

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social isolation helps to provide some insight into why people tolerate abusive behaviour from others even if it results in serious harm or even death as seen in the SARs for Ben and Adult F.

Theme 2: Health Issues

Physical and mental health issues featured in 7 of the 10 SARs analysed. People who were subject of the SAR had care and support needs (as this is a key element of the safeguarding threshold); the evidence base indicates that there is a relationship between physical and mental health, and loneliness and social isolation.

David had significant health needs, including chronic obstructive pulmonary disease, eczema, and asthma. He also had severe cellulitis and skin damage associated with his high alcohol use and self-neglect. Sam and Ben had multiple and complex health conditions. Sheila had several falls, strokes, some memory loss and lost her hearing which isolated her. The combination of all these factors meant that Sheila became increasingly isolated, vulnerable, and reliant on the carers who were eventually going in to care for her four times daily. Adult F became Hepatitis C positive due to IV drug use and liver cirrhosis due to excessive alcohol consumption, and his mobility gradually deteriorated which was exacerbated following a stroke in 2017. Clives's anxiety and OCD behaviours limited his ability to engage with support outside of the home and he was unable to care for himself. Adult F had been treated for depression and anxiety; he expressed suicidal thoughts including jumping in front of traffic. As stated previously, there are significant links between loneliness and social isolation; and physical (Campaign to End Loneliness 2023; Koc 2012) and mental health (DCMS 2023; Lazzari and Rabottini, 2022).

By virtue of meeting the 3-stage test for adult safeguarding under the Care Act (2014), people who are subject of a SAR do have care and support needs which are driven by physical and/or mental health conditions. Exposure to increased risk is understood in this context; however, a more nuanced understanding of the differing dimensions of the nature of the increased risk should take account of whether the person in lonely and/or socially isolated. Building strategies into care

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planning to combat loneliness or social isolation could be a preventative measure to help to safeguard that person from relationships that are exploitative or abusive because they have a stronger network of people around them to notice when things might go wrong, or less willing to accept exploitative or abusive relationships because there is less reliance for friendship on those who seek to take advantage of people with care and support needs.

Theme 3: Bereavement

Experiences of bereavement features significantly for those people who were the subject of the SARs in the analysis. Clive experienced significant difficulties following the death of his parents and reported being desperately lonely following the death of his mother and living at home alone, resulting in an impact on his executive capacity and ability to self-care. Similarly, Jack did not cope following their mother going into residential care 12 months prior to the incident. When Elizabeth's mother passed away suddenly, this led to an increase in Elizabeth's depression, anxiety, and alcohol consumption. Sam and Ben were both very distressed by the death of Sam's wife/Ben's mother; Sam was described by his step - daughter as going downhill quickly after his wife died and Ben became more anxious. Bereavement can also impact in more prosaic ways; Sheila's friends had mostly died, which meant that she had fewer people in her network and fewer people to notice when things went wrong.

Experiences of bereavement can also significantly increase feelings of loneliness and experiences of social isolation; attachment and its impact in adulthood contributes to understanding of this experience. Bowlby 's (1969) attachment theory indicates the need for strong and efficient bonds with others is built into human biological inheritance; not only in parent-child relationships, but also partners who will seek to remain in proximity to each other and return to each other if apart. Bereavement provokes separation anxiety; Parkes (1969) argues that part of the bereavement process is to call and search the person they have lost, juxtaposed with the knowledge that this search is irrational, useless, and painful, which causes them to avoid, deny and restrict the

expression of that search. If the loss is permanent, the process of pining and searching plays an important part of unlearning the attachment to the lost person (Parkes 1969). A loved one dying is fact of life, care planning for adults with care and support needs should encompass recognition of the grieving process with understanding of how this might expose them to increased risks of abuse and or neglect.

Theme 4: Strengths

Although by their nature, SARs focus on failures and breakdowns in support with serious consequences, it was possible to see a good range of strengths from the people who were subject to the SARs. Several of the SARs identified positive relationships, when in hospital Clive spoke to staff and other patients on a regular basis. Jack had a good relationship with his mother and was well-liked by neighbours who looked out for him and contact his brother if they were worried about him. David had been in a long-term relationship and was the father of a young child. Sheila had family spread out over the country, apart from a sister in Barnsley who visited regularly. Church members also used to visit and keep in touch with her. Adult F was in contact with his mother; even though she lived in the USA she was in telephone contact with him. Adult F was also in contact with a friend of his mother.

Strengths-based approaches are common elements of health and social care practice and are a requirement for practise under the Care Act (2014). Moyle (2014 p.41) describes strengths-based approaches move away from tasks and problems to focus on ability rather than pathology and that people do better when they recognise their strengths and resources than when solutions are presented and 'done to' them. Strength-based approaches have been cemented into safeguarding adults work through the s42 statutory duties of Care Act (2014), the 6 Safeguarding Adults principles and Making Safeguarding Personal. Although the SARs did identify some strengths for each person, there is a conceptual difficulty. As Saleeby (1996) recognised, traditional organisations and systems prefer the vocabulary of disease and problems which makes it difficult for those in positions of

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support to see people in who use services in light of their strengths. In this context, it should be recognised that the terms loneliness and social isolation are these terms of disease and problems, which can make it difficult to see people in light of their strengths. The stigma attached to the terminology may also mean that people are unwilling to identify with these concepts or are unlikely to engage in support branded in this way.

Theme 5: Interventions

The SAR analysis identified that services and interventions were considered for loneliness and social isolation. Clive was referred to the lifelong centre as a measure to reduce social isolation. Jack was encouraged to attend a Day Centre for service users with mental health issues received support from a Community Mental Health Team support worker to facilitate socialisation for approximately 12 months. With regard to Lola, the college made a referral to Adult Social Care to request an assessment of her needs as they identified she may be socially isolated and in need of support, but the referral was closed because of a lack of response. the SAR identified the importance of Early Help assessments in drawing out a wider understanding of family circumstances to add context to apparent low-level indicators of neglect. There was also a warning about the over-reliance on the views of care-givers views and to ensure that the voice of the adult is heard, their rights under the Mental Capacity Act upheld and to be vigilant to disguised compliance. Services must consider what reasonable adjustments are required to enable people with disabilities to access services. Some specialist support services were identified from the SAR's; Adult F was referred to a rape counselling charity following a disclosure of childhood sexual abuse but declined their support.

The SARs indicated the significance of an absence of services. When David was found deceased, he had been there for three days, with no contact or support from any agency in the seven proceeding weeks. As Sheila's network reduced, she became more reliant on systems and technology; for example, her milkman used to take milk into her, but when a pendant alarm and key safe were introduced for carers, this informal contact was discontinued. Sheila had a care package of 4 visits

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per day; however, when she was discharged from hospital, it is unclear whether these visits were restarted and whether she had received food and drink at home and with no regular visits outside the care agency who would have noticed the lack of support. Where it was identified that a person has no friends or family, they were often referred to services, such as Person A who was referred to a referral to a Community Support Worker. There were also incidents of repeated contact of services; Adult F repeatedly missed formal appointments, but repeatedly called the police and maritime/coastguard when under the influence of alcohol and drugs. The police were also involved with Adult F as a hate crime was recorded for children calling him 'faggot'.

It was clear from the SARs that action was taken by workers to implement some systems of support where issues were identified; however, those services were not necessarily the right service for the person. Weiss (1973) found that where connections were lost, some individuals tried to get what they needed from others within their support network but were often disappointed because of constraints from underlying assumptions about the interactions in the existing relationship by both participants. Weiss (1973) identified that some people deal with loneliness and social isolation by 'gritting their teeth' and accept their situation, placing more emphasis on dignity and reduced risk of rejection and humiliation.

It is also important to recognise the challenges for developing appropriate services; what might engage one person may not engage another. Developing appropriate services to respond to social isolation and loneliness can be a complex and time-consuming with limited and inconclusive results about the success of these services (Grilich et al. 2023; Dickens et al. 2011) . Much of the provision is inadequate and unsuccessful because most interventions focus on promoting social participation or expansion of the social network. DCMS (2023) acknowledge the need for further research to strengthen and tailor support services. The diversity of strengths needs and circumstances for all adults who have been included in this SAR analysis reflects this issue; traditional approaches such as day centres and befriending services are not suitable for everyone; a more tailored, preventative

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approach would be beneficial to help people overcome the barriers people experience to connect to others.

Conclusion and Recommendations

This small-scale analysis explored the features of loneliness and social isolation that could be identified from 10 out of the 15 SARs that have taken place in the South Yorkshire area since 2014, using the evidence base to contextualise the findings.

From the SAR analysis, it is clear that loneliness and social isolation has played a part in increasing the risks of abuse and neglect and practice could be strengthened by increasing knowledge about the risks associated with these experiences and about how to proactively support people in these circumstances.

Three recommendations for practice have been drawn from this analysis. Recommendation one is to increase visibility of the issues discussed in this paper to raise awareness of the safeguarding risks of being lonely and isolated, to include these issues in the assessment of people's circumstances, and to support people to take appropriate action to mitigate these risks. Recommendation two is the knowledge of how loneliness and social isolation can increase levels of risk should feed into strategic development about prevention work to develop approaches that can minimise or prevent abuse before it occurs. Recommendation three is that further research is required to better understand how loneliness and social isolation is created, how it presents and the most effective approaches to combat these feelings for people with care and support needs.

Dealing with loneliness and social isolation proactively has the potential to prevent risks of abuse or neglect arising from unchecked loneliness and social isolation, protecting people with care and support needs; however, the range of solutions currently offered is limited and further work is required to understand how a range of approaches might be best used in adult safeguarding work. If we are rebuilding services in a post-covid world, we need to draw together our knowledge and

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resources and to authentically invest resources, time and energy into a shifting culture that has capacity to work preventatively, not reactively to address risks of abuse or neglect.

Limitations

The four South Yorkshire Safeguarding Boards: Sheffield, Rotherham, Barnsley, and Doncaster have published their most recent SARs on their Safeguarding Board websites, so only information that was in the public domain were included in this research. This paper has only considered SARs available about the South Yorkshire region; further research is required to explore whether this is a universal experience and to learn from other SARs and the wider experience of adults with care and support needs in the U.K.

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