

Creating a kinder, more social Scotland

Who we are

VHS is the national network and intermediary for voluntary organisations with an active interest and involvement in health. We exist to promote greater recognition of the voluntary health sector contribution to people's health and wellbeing - and to that end we work with organisations of all sizes, from grassroots voluntary organisations to national charities and also with Scottish Government, NHS and other public bodies and academia.

Kinder communities

Our interest in social isolation and loneliness started through our work around health inequalities. Since 2014 we've carried out successive pieces of work to explore the voluntary sector's role in addressing health inequalities and to support the sector to get a thorough understanding of the underlying causes and potential solutions. Throughout this work loneliness has been a recurring and ever-present theme. In our research study *Living in the Gap*, 91% of study participants volunteered that social isolation and loneliness were a defining feature of health inequalities, and I'll come back to that later on.

Jim's story

In 2014 we ran a programme of events called *Unequal Lives Unjust Deaths*, that took a life course approach to health inequalities. The programme ended with an event on older people and you could say that loneliness took centre stage. The slide being shown is an extract from Jim's story which was presented in some detail by Aidan Collins from HIV Scotland. Jim is a 75 year old, gay man living in sheltered housing: he has HIV and Parkinson's. He very clearly misses the community that he was formerly part of, socially, emotionally and politically:

"I am very keen to keep on prodding out to the community. We look like a secret service building or prison, but we are actually quite nice and if you would like a cup of coffee come in and see us. So we are working away at that level. It is a **hard slog**."

"There are a disproportionate number of retired and elderly gays who have no housing support and feel very lonely... there is a **lack of thinking things through**... for example there are no proper facilities at Gay Pride for the elderly... so I couldn't go to Pride this year."

Later on, he talks specifically about feeling cut out of and excluded from democracy and decision making within his housing situation.

I've highlighted Jim's story because it seems to me his isolation is not resolvable by more or different 'services' - what he is saying is that he wants to give, not receive – he wants to get people in for a cup of coffee but also go out and still be part of a community where he felt at home and where he knows he can still make a difference. His frustration is at the barriers to this, at the lack of facilitation or enablement of that happening.

At our conference on loneliness and health last November, Linda Bates of Ash Scotland said that the key to stamping out unwanted loneliness is to create a more generous, inclusive and outward looking Scotland. We know that the word 'loneliness' is problematic and stigmatising, so either we do something to de-stigmatise it or we create a new vocabulary about social connectedness and kinder communities.

The power of everyday relationships

Last year Carnegie UK Trust and JRF published *Kinder Communities: the power of everyday relationships*. The author, Zoe Ferguson, set out to explore the evidence on the impact of everyday relationships and kindness on individual and societal wellbeing and community empowerment.

One of the exercises described in the report involved JRF asking a group of people to keep diaries, logging every daily interaction that involved giving or receiving help and support. What happened was that the very act of noticing even small acts of kindness gave people new insight into their relationships. Some people realised they were more connected than they thought and some realised that the people they relied on weren't those they would have immediately have thought of. So there is a power in even 'just noticing' how we exchange small kindnesses, and that is something that a national strategy can build on.

This certainly seems to be something that the people behind *International Happiness Day* understand. On Monday morning I received a 'small kindness' in the form of *International Happiness Day* greetings from Keith Whimbles who, as CEO of the Voluntary Action Fund, delivered the Social Isolation and Loneliness Fund.

At VHS's most recent workshop on loneliness and health, James Jopling of The Samaritans suggested that what we need is a national campaign or movement called 'Meet Me', modelled on the See Me campaign to end mental health stigma. At the same event some of us were wearing badges from the Jo Cox Commission on Loneliness that said '*Happy to Chat*', and the idea of a social movement built around '*Meet Me*' really resonated - not least because the phrase works for whoever is using it, whether it is a health care practitioner, volunteer or Jim inviting you in for a cup of tea in his sheltered housing.

Golden and invisible threads

Volunteering is a crucial element in any discussion about kinder, more social communities, because volunteering is about reciprocal relationships. Cabinet Secretary for Communities, Social Security and Equalities Angela Constance MSP's description of volunteering as the golden thread of Scottish life has received a lot of attention, and our colleague Alan McGinley at Arthritis Care has pointed out that the voluntary sector itself can be described as an invisible thread running throughout communities.

In this same vein, the voluntary organisation Cope Scotland is leading very interesting work at a grassroots level under the banner of '*Save the Smile*'. Cope works with local communities in West Glasgow, mainly across Drumchapel, to promote health & wellbeing and challenge inequalities and to support improvements in services aimed at the prevention of ill health and self management. Over ten years they have woven a comprehensive web of invisible and golden threads across West Glasgow, partnering with other local voluntary organisations, churches, their local Deep End GPs, and Glasgow Life, amongst others.

Cope's starting point for *Save the Smile* was actually obesity, something they knew was a health issue for the community - but through community consultation they rapidly realised that obesity is a very stigmatising term. So they dropped all reference to obesity and set out to support people to feel good about themselves, to get involved in changing things at a community level and in so doing to take steps to improve their individual health. Under the banner of *Save the Smile* Cope has triggered a wide range of activities to connect people of all ages across the community. They have trained people as laughter yoga instructors to take laughter into the community, started photographic asset mapping of what people say makes them happy, and held discussion groups to feed into the design of the new Scottish social security system. They are training volunteers to get the skills and confidence to run singing groups in older adult facilities.

Save the Smile is not an initiative focused on older people, it is cross generational and inter-generational. It is about creating a kinder community across Drumchapel and beyond, where the invisible threads of relationships are made stronger and where older people will be both beneficiaries and contributors. Cope's next step is to develop a signposting tool so people know where they can get support to help "get their smile back" as they put it.

Giving and receiving

At the heart of the JRF daily diary-of-kindness exercise was the understanding that social connection is two way, it's about giving and receiving: there is a person at either end of the thread, it can never simply be a one way thread. Some years ago I worked for CSV, now Volunteering Matters, and was involved in the development across Scotland of its Retired

and Senior Volunteer Programme. RSVP enabled older people to spot unmet needs in their community and develop volunteering solutions to those needs.

One of the areas that developed very rapidly were RSVP knitting groups, often involving very elderly women in residential care or sheltered housing. The majority were frail, with limited mobility or dependent on wheelchairs, and many were in their 80s and 90s. They knitted premature baby clothes for hospitals and tiny blankets for still-born babies to be held by their parents, and they knitted trauma teddies for local fire services to hand out to children caught up in emergencies. They also knitted other garments to send to charities working in international development. Older men were involved, mainly collecting and delivering the knitted articles, though there was the occasional knitter. From time to time there would be social events, to enable volunteers to visit their local hospital or fire service and be thanked in person, and there was wider recognition through press publicity.

You will understand immediately the many ways in which this was an initiative that successfully addressed loneliness, by enabling these older women (and men) to use their skills and interests - to literally use threads to connect with other generations and communities, to stop feeling invisible and instead feel noticed and valued.

Living in the Gap

Living in the Gap was a national research project funded by NHS Health Scotland in 2014, that enabled us to explore the voluntary sector's understanding of and involvement in addressing health inequalities. We published the report in 2015 and it still represents the best evidence base about the voluntary sector's approach health inequalities. It presents the results of an electronic survey of 160 voluntary organisations and 10 case studies.

Whereas official NHS and government statistics tended at the time to focus on shortened life expectancy in any discussion on health inequalities, our study deliberately asked organisations to describe people's lived experience of health inequalities. So in response to that question, an astonishing 91% of survey respondents volunteered the view that social isolation and loneliness were defining factors in health inequalities, both as cause and effect, and as a cost to both the individual and society. 36% of study respondents were organisations working with older people and at least half of the ten case studies had some kind of focus on older people – for example, Kincardine and Deeside Befriending, MS Therapy Centre Lothian, Fife Society for the Blind, and Argyll Voluntary Action.

Something to Eat Someone to Eat With

The theme of kinder, more inclusive and outward looking communities came through in all the *Living in the Gap* case studies, including the one on North Glasgow Community Food Initiative. They work with people living in poverty across Springburn, Milton and Royston, supporting individuals to address the issues underpin poor nutrition, through education

and improved access to affordable food, but also working to tackle more upstream factors which they describe as low levels of social capital and democratic engagement. They work in partnership with local resident associations, churches and schools to provide all the activities you would expect from a food centred initiative, including fruit and vegetable barras, community gardening, cookery courses and community events.

Their strapline could well be the phrase used by Edinburgh Cyrenians: *Something to Eat, Someone to Eat With*, which neatly describes the fact that good nutrition isn't simply a matter of food, it's intimately connected to social relationships and vice versa.

“Healthy-food” work in the third and community sectors is a rapidly developing area, ranging from initiatives such as Cyrenians’ Fare Share through to community events like the annual Big Lunch, and with a wide range of food growing, cookery and community cafes in between. A lot of this work is intergenerational and it is as much about regenerating communities, building social capital and developing individual resilience as it is about good nutrition, so I think food is a really important area for the national strategy to think about and incorporate.

Everyone’s business

The National Conversation on *Creating A Healthier Scotland* included a contribution, via Befriending Networks in Inverness, of a 96 year old man whose motto is ‘To Talk is to Live’.

Last week the Royal College of Physicians debated how to make the NHS more compassionate. A key challenge explored was how to ensure health practitioners have the disposition, skills and time for “compassionate noticing” that results in action to address – amongst other things - social isolation.

You won't be surprised to know that *Realistic Medicine* featured strongly in this discussion and the CMO's now familiar example of what not to do was repeated – the elderly man who wanted a grab rail outside his front door so he could chat to neighbours, but instead he was given a knee replacement - and still can't stand at his door and talk as the grab rail never materialised. His medical problem was fixed by the NHS, but no-one ever took the time for compassionately noticing what he really wanted, and his loneliness remained.

The *Kinder Communities* report quotes a study carried out in Glasgow in 2012 where people living in three high rise estates said that improving personal relationships was more important to their wellbeing than the quality of housing and the environment. And in 2015 the Office of National Statistics similarly found that personal wellbeing is higher amongst people who talk to their neighbours. Our built environment, community safety and green space all have a role to play in tackling social isolation, and this is something we are exploring at the moment through the CPG on Health Inequalities and through our

involvement in the *Our Natural Health Service* initiative being led by Scottish Natural Heritage.

Creating kinder, more inclusive but outward looking communities seems to be gathering momentum and it is something that should be everyone's business. In the Creating a Healthier Scotland conversation people called for a return to strong community values, with more spaces for local people to come together, more befriending services and more peer support.

What is VHS doing?

VHS and all the organisations in our network are trying to make kinder communities and more compassionate services our business, and to work with our funders and partners to ensure it is their business too.

We have just completed a study for the Scottish Government, mapping the extent of community link worker approaches in Scotland. This work was commissioned by the government to help inform and shape their development of a national programme of 250 CLWs.

We are on the National Advisory Group of the Scottish Public Health Network, a group that has just started looking at the issue of loneliness and public health, taking a lead from the NHS Highland report.

We are also on the Scottish Impact and Advisory Board for the Drink Wise Age Well initiative, and have helped to promote what it is doing more widely.

We are carrying out a project to explore and promote good practice in third sector led volunteering in NHS settings – Clear Pathway - and are holding a conference in September that will widen this theme to include volunteering in health and social care.

We are in a loose collaboration with Befriending Networks, British Red Cross and Chest Heart and Stroke Scotland in relation to the development of the national strategy, where we are doing our best to ensure that Scottish Government engages as fully as possible with our sector.

We have produced a set of briefing papers, key messages and postcards that capture the issues and views of the voluntary health sector on loneliness and health, and I'd be happy to share these with you electronically.

Final words

If I have a single message to leave you with today it is that we should try to approach the question of older people and loneliness as an opportunity to create kinder, more reciprocal communities rather than another issue to be solved. The threads that bind people are two way and every older person has something important to give as well as receive.

Claire Stevens
22nd March 2017

Notes:

Other case studies from Living in the Gap

Kincardine and Deeside Befriending was a very interesting case study, the smallest organisation that we featured, with an annual budget at the time of under £90k, but who were able to report that their Befriending at Hospital pilot had saved the NHS 25 bed days because older people who were matched with a volunteer befriender felt able to return home from hospital earlier. Many of their befrienders are themselves retired people and the organisation describes the value of this as “Reinforcing a sense of belonging, cohesion and support – both for the befrienders, befriendees and their wider networks.”

Fife Society for the Blind highlighted the growth in the number of people affected by sight loss due to increased life expectancy, an ageing population and the prevalence of conditions such as diabetes and obesity, and drew attention to how limited physical exercise, lack of accessible transport, reduced self confidence, the fear of injury and poor hearing all combine with sight loss to pose barriers to maintaining social connectedness. Fife Society for the Blind provide a range of practical services focused on prevention, early intervention and independent living, and they specifically promote social inclusion through volunteering opportunities, befriending and transport assistance .