NHS
Health
Scotland

A Public Health response to loneliness

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Social isolation and loneliness

- **Social isolation =** absence of social interactions, social support structures and engagement with wider community activities or structures – crucially, there is a lack of power/resources to address the separation

- **Loneliness =** subjective feeling of lacking connection and contact with social interactions to the extent that they are wanted or needed

Social isolation and loneliness are public health and health inequalities issues:

- Social isolation is as bad for health as smoking 15 cigarettes a day
- An unequal distribution of income, power and wealth and the experience of stigma and discrimination, can result in social isolation and loneliness – and visa versa

Children in Scotland

- 88% found it <u>easy to talk with their best friend</u> about things that bothered them
- 62% felt they had <u>support from classmates</u>
- 57% felt they had <u>high peer support</u>
- <u>Bullying</u> – 15%

- Aged 11-15, 2014
- Scores dropped as they got older; so did bullying reports; girls had poorer scores than boys.

Adults in Scotland

- 18% had limited regular <u>neighbourhood contact</u>

- 6% had <u>contact with family friends or neighbours</u> less than 1 or 2 times a week

- 13% had fewer than 3 <u>people they could turn to</u> in a personal crisis.

- Worse in mid-life & 'oldest old' people

- UK studies – 11% feel lonely <u>often</u>;

  » 38% <u>sometimes</u>

Asking about loneliness

- <u>Children</u>
- 'I never felt lonely in the last week'
- 45%   aged 11
- 40%   13
- 36%   15   HSBC survey 2010

- <u>Grown-ups</u>
- 11% feel lonely   often
- 38%   sometimes

Vision

Our vision is a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.

Mission

Our mission is to reduce health inequalities and improve health. To do this we will influence policy and practice, informed by evidence, and promote action across public services to deliver greater equality and improved health for all in Scotland.

If we are to make Scotland healthier and fairer, we need to address loneliness and isolation

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Public health response – the challenge

- Lack of data
- Nothing in clinical training on this
- No monitoring
- Individual vs structural solutions
- Loneliness is a lonely issue – orphan subject!

"if this social rupture (social isolation) is not treated as seriously as broken limbs, it is because we don't see it"

The public health response: joined up, strategic and human rights based

- Addressing social isolation is everyone's business

- Third, public and independent sectors too

- Need action across all social determinants of health and at structural, environmental and individual level

Social Determinants of Health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work.

These include...

Childhood experiences   Housing   Education   Social support

Family income   Employment   Our communities   Access to health services

Each of these factors impact on our health and wellbeing

A fairer society is a healthier society

Find out more about reducing health inequalities and improving health at: http://healthscotland.com

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Structural solutions:
social isolation = social exclusion

- Public policy in general, but especially public health policy should aim to ensure people have the resources and capacity to address separation, nurture social support and connect with their communities

- Equitable access to the basics - resources, including care and support, income, power and wealth

- Anti-poverty measures

- Agree indicators, measure it and get a better understanding of risk factors

Environmental solutions

- Build stable communities that promote health and wellbeing and prevent isolation in the first place

- Create sociable, age friendly communities

- Crime reduction

- Coproduce local solutions – voluntary health sector are key to this

- Place Standard can help
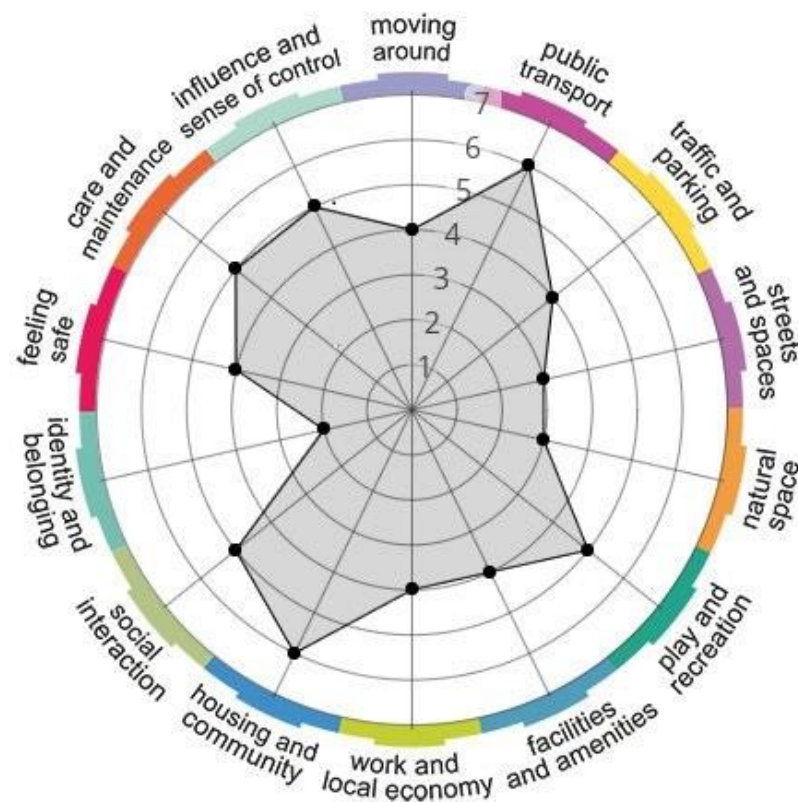
Individual solutions

- Befriending
- Peer support
- Increase digital participation and capacity
- …..

But, remember, as for a reduction in health inequalities, structural solutions are more effective

Human Rights Based Approach

Participation – people take part in decision making and have a voice; and; policies and practice support people to participate in society and lead fulfilling lives
Accountability – organisations and people are accountable for realising human rights
Non-discrimination – everyone has the same rights (regardless of their ethnicity, gender, income, religion for example)
Empowerment – to give power to people, communities and groups need to know and claim their rights in order to make a difference
Legality – all decisions should comply with human rights legal standards

Where are the opportunities?

- Public Health approach
  - Put civic participation and social cohesion at the core
  - Workforce training and development – in collaboration
  - Collaborative approach to data collection, monitoring and finding solutions
- Primary health and social care and integration
  - Make social isolation and loneliness part of routine questioning
- Promote cohesion, addressing stigma, increasing individual and community resources and income at the heart of new social security system
- Fair Work Convention and the Living Wage as means to put more money in people's pockets

Collaboration. Collaboration. Collaboration

- Don't isolate isolation!

- No-one can solve this alone

- Working together is key – all sectors, Christie principles, IJBs and CPPs.

Loneliness – we've only just begun

Twitter: @NHS_HS

Website: http://www.healthscotland.scot/

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