

# VHS Annual Conference

## Loneliness: A threat to Scotland's Health

### Briefing Paper

**VHS has taken the negative impacts of loneliness on physical and mental health as the theme of its annual conference on 24th November 2016. 90% of participants in VHS's Living in the Gap report into the voluntary health sector perspective on tackling health inequalities (2015) identified loneliness as both a determinant and symptom of health inequalities. In its 2016 VHS membership survey, 86% of respondents rated the impact of social isolation and loneliness on health as an important work area for VHS to develop. This briefing paper sets the scene for our conference by highlighting recent research, policy developments, and evidence from the third sector about what makes a difference.**



**Thursday 24 November 2016**  
**The Roxburghe Hotel, Edinburgh**  
**[www.vhscotland.org.uk](http://www.vhscotland.org.uk)**

## Social isolation and loneliness are distinct in meaning, though often used interchangeably:

*“Isolation refers to separation from social or familial contact, community involvement, or access to services. Loneliness, by contrast, can be understood as an individual’s personal, subjective sense of lacking these things to the extent that they are wanted or needed. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated.”* ([Age UK: Loneliness & Isolation Evidence Review](#))

*“[Loneliness is] a subjective negative feeling associated with someone’s perception that their relationships with others are deficient... [Social isolation] is a more objective measure of the absence of relationships, ties or contact with others.”* ([University of York research: Loneliness and social isolation as risk factors for coronary heart disease and stroke](#))

## Parliament, Policy and Government

The Scottish Parliament Equal Opportunities Committee inquiry into social isolation and loneliness concluded that the issue affects both young and old and should be considered alongside issues like poverty and poor housing as part of the public health agenda in Scotland ([Age and Social Isolation 2015](#)).

### The Committee called for:

- A national strategy on social isolation
- Health and social care partnership strategies and plans to address the issues
- A national publicity campaign to tackle the stigma of loneliness
- Collaborative strategies for housing and care settings, schools and youth work, transport
- Research into the physical and mental impacts of social isolation
- An evaluation of the benefits of social prescribing and other interventions
- The sharing of lessons learned from the [GPs at the Deep End](#)
- The inclusion of link worker systems in any national strategy development

### The SNP Manifesto for the 2016 Scottish Election gave a specific commitment:

“We will develop and implement a national strategy to tackle social isolation backed by a fund of £500,000 in 2016/17 and encourage use of the community empowerment fund for local community projects addressing issues of isolation and loneliness” [SNP Manifesto 2016](#)

In practice, the £500,000 Social Isolation and Loneliness Fund is managed by Voluntary Action Fund and 36 voluntary organisations have been awarded grants for 2016/17. VAF received nearly 300 applications with a combined value of almost £5 million.

### Other relevant policy developments include:

The SNP Manifesto pledged to recruit at least 250 Community Link Workers to work in GP surgeries in Scotland’s most deprived communities and direct people to local services and support. VHS is conducting a [Community Links Worker Scoping Exercise](#) for the Scottish Government in 2016, to help draw up a national picture of existing third sector led provision.

## Research and evidence

The link between loneliness and/or social isolation and negative health outcomes is well documented.

### Loneliness and social isolation as risk factors for coronary heart disease and stroke

(Valtorta et al, April 2016) found that poor social relationships were associated with a 29% increase in risk of coronary heart disease and a 32% increase in risk of stroke.

Social relationships and mortality risk (Holt-Lunsted 2010) found that people with stronger social relationships had a 50% increased likelihood of survival than those with weaker social relationships. The influence of social relationships on the risk of death are comparable with smoking and alcohol consumption and exceed the influence of physical inactivity and obesity.

Preventing Social Isolation and Loneliness in Older People (Collins, 2014) reported substantially increased chances of developing dementia, specifically Alzheimer's disease, amongst socially isolated and/or lonely older people.

Loneliness, social isolation, and behavioural and biological health indicators in older adults (Shankar et al, 2011) argued that social isolation and loneliness may affect health through their effects on health behaviours and through biological processes associated with the development of cardiovascular disease.

## Prevalence

Public Health England's Local Action on health inequalities – Reducing social isolation across the life course says people can be affected by social isolation at any stage of life: "A number of factors including socioeconomic status, age, gender, ethnicity, physical and mental disability and long-term health conditions may create conditions that reduce an individual's ability to create and maintain supportive social networks."

The Scottish Parliament's Equal Opportunities Committee 2015 report on Age and Social Isolation highlighted its impact on older and younger people, those living in rural communities, those with limited access to technology, LGBT people, minority ethnic communities and those living with disabilities. In its evidence to the Committee, the Glasgow Centre for Population Health said: "Social isolation is socially patterned with greatest prevalence reported in the most deprived neighbourhoods. Poverty contributes to social isolation."

The Campaign to End Loneliness highlights that:

- 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor et al, 2003)
- Over half (51%) of all people aged 75 and over live alone (ONS, 2010)
- Two fifths all older people (about 3.9 million) say the television is their main company (Age UK, 2014)

## Working together to combat isolation

Professor Michael Marmot says in his 2015 book [The Health Gap](#): “Social isolation is bad for health. It is one more indignity that follows the social gradient – not just more adverse things happening, but fewer potential social supports coming from a variety of sources. He continues: “Key to living in society is empathy and connectedness...[lack of this] can damage health through the life course and in communities”. Glasgow Centre for Population Health emphasises: “the work of community-based projects plays an important role in supporting people of all ages to become ‘better connected’ with each other, a fundamental principle of asset-based working.” (Response to Equal Opportunities Committee 2015).

VHS’s 2015 report [Living in the Gap](#) set out the voluntary health sector’s approach to health inequalities. It concluded that the sector plays a very distinctive role in supporting the most socially disconnected and isolated individuals and communities, by building social capital, individual resilience and community cohesion.

### Three examples of voluntary health sector work to alleviate social isolation and loneliness:

[Edinburgh Cyrenians](#) support people excluded from family, home, work or community on their life journey. They teach people about the benefits of growing, cooking and eating food together. Their ‘Something to eat, Someone to eat with’ conversation series explores the importance of a meal as well as the company we keep around the table to share those meals with.

[Community Connectors](#) is a service delivered by Glasgow Council for the Voluntary Sector in partnership with Glasgow & West of Scotland Forum of Housing Associations and funded by Glasgow's Integrated Care Fund. It supports people aged 60+ to take positive steps to improve health and wellbeing, increase social interaction and enjoy more vibrant, independent lives.

[Samaritans'](#) mission is to alleviate emotional distress and reduce the incidence of suicide feelings and suicidal behaviour. Their services include a listener scheme in Scottish prisons, a rail suicide prevention partnership with Network Rail, and extensive work with children and young people to help them prepare for life's challenges.

Continue the debate on 24th November in Edinburgh at [Loneliness: A threat to Scotland's health - working together to combat isolation](#)



**We welcome new members from all sectors – join us now.**

[www.vhscotland.org.uk/get-involved](http://www.vhscotland.org.uk/get-involved)

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