

Creating a kinder, more social Scotland Claire Stevens, Chief Officer

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.

Kinder communities

Our interest in social isolation and loneliness started through our work around health inequalities. In 2014 we ran a programme of events called *Unequal Lives Unjust Deaths*, that took a life course approach to understanding health inequalities. The programme ended with an event on older people and you could say that loneliness took centre stage, with nearly all of the contributions homing in on loneliness as both a symptom of and a compounding factor in health inequalities.

This programme led us to establish *Living in the Gap*, a national research study which produced an evidence base about the voluntary sector's involvement in addressing health inequalities. Whereas a lot of national data on health inequalities focuses on shortened life expectancy, our study deliberately asked organisations to describe people's lived experience. This was a study involving over 160 organisations that work across a very wide spectrum of interests – children, young people and families, community food, financial inclusion, fuel poverty, older people, long term conditions and community development. We didn't set out to ask these organisations about social isolation or loneliness, but an astonishing 91% of survey respondents volunteered the view that they were defining factors in health inequalities, both as cause and effect, and as a cost to both the individual and society.

Loneliness gaining traction

Our study is symptomatic of the traction that loneliness has been gathering as a topic of public concern and policy interest in Scotland - and indeed the rest of the UK. The Equal Opportunities Committee's Inquiry into Social Isolation and Age was the first Parliamentary inquiry of its kind anywhere in the world, and I would assume that the Scottish Government's National Strategy will be another first internationally.

Following last year's National Summit on Loneliness which the Minister for Social Security also addressed, **Befriending Networks** published a comprehensive report on all that was discussed and that has been made available to you today.

The **British Red Cross** and the Co-operative Group have formed a three year partnership to carry out practical measures to tackle loneliness and they published *Trapped in a*

Bubble, which describes the triggers and life course events that cause loneliness to manifest itself and become chronic.

Also last year, the **Carnegie UK Trust** and **JRF** published *Kinder Communities: the power of everyday relationships*, an important report examining the impact of everyday relationships and kindness on individual and societal wellbeing and community empowerment.

With the backing of a Big Lottery *Rethink Good Health* grant, the charity **Addaction** is leading a cross-sectoral partnership to deliver its *Drink Wise Age Well* initiative. This is UK wide and includes a strong academic research element. One of the partner organisations is the Royal Voluntary Service and their role is to establish befriending and volunteering opportunities to help counter the social isolation and loneliness that the research shows can be a trigger for problematic drinking over the age of 50.

The **Jo Cox Commission on Loneliness** started a national conversation about tackling loneliness and the **Campaign to End Loneliness** was awarded a Big Lottery grant to extend its work into Scotland. Catherine Calderwood, the **Chief Medical Officer**, voiced concern about the health implications of loneliness and gave VHS space in her Annual Report to talk about a Realistic Medicine approach to the issues.

Most recently, in March, **The Samaritans** published *Dying from Inequality* which highlights how the risk of suicidal behaviour increases in the face of negative life events, including social isolation. **Childline** reported that 11 children a day phone them simply because they are lonely.

A public health issue

I don't think we realized it at the time, but *Living in the Gap* set out a public health case for tackling loneliness. Our ongoing work to promote the voluntary sector's approach to health inequalities has helped to broaden the debate and understanding that chronic loneliness is not exclusive to older age – it goes across the life stages. The charity **Mindroom** has some very stark messages about the loneliness experienced by young people with autism and other learning difficulties, and **Action for Sick Children** has a wealth of evidence about the extreme social isolation some children with long term or life limiting conditions can experience. We have been working with **Glasgow Caledonian University**, whose Marketing Masters students have just devised four distinct social marketing campaigns to address loneliness, with one of the campaigns targeted at secondary school students.

There is no X ray for social isolation or blood test for loneliness and it is absolutely not a medical issue – we need to avoid medicalizing loneliness as an ailment to be fixed. But chronic loneliness does have a real impact on physical and mental health, it affects people

differently at different life stages, and we are delighted that Directors of Public Health are beginning to pay attention to this.

Last November our national conference focused on loneliness and health and Dr Andrew Fraser, Director of Public Health Science at NHS Health Scotland and Chair of the Directors of Public Health concluded the day by saying *'the collective wisdom in this room could write the national strategy for the SG'*. This was a most welcome acknowledgement of the voluntary sector's experience and expertise in addressing loneliness and timely given the planned creation of a new national public health body. The Scottish Public Health Network now plans to do some work on loneliness and we are working with them to encourage a collaborative, cross-sectoral approach.

At our November event, 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. If the national strategy could be framed in terms of prevention and equalities, if it could focus on enabling and building kinder communities and delivering more compassionate public services, if it could find a new language to overcome the current stigma surrounding loneliness – all of that would resonate strongly with what the voluntary sector thinks needs to happen.

Golden and invisible threads

Volunteering is a crucial element in any discussion about kinder, more social communities, because volunteering is about reciprocal relationships. Angela Constance, Cabinet Secretary for Communities, Social Security and Equalities, has described volunteering as the golden thread in Scottish life – which led our colleague Alan McGinley at Arthritis Care to point out that the voluntary sector itself can be described as an invisible thread running throughout communities.

If you look at the charity Cope Scotland, they are leading very interesting work at a grassroots level in Drumchapel under the banner of *'Save the Smile'*. They don't talk about tackling loneliness but that is what they are doing. Their approach is to support people to feel good about themselves, to get involved in changing things at a community level. 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 are training volunteers to get the skills and confidence to run singing groups in older adult facilities.

Save the Smile 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 people are enabled to become contributors as well as beneficiaries.

Something to Eat Someone to Eat With

Food focused work as a mechanism for bringing people together and creating more social and inclusive communities is an area of enormous growth in the third and community sectors, and illustrates the need for the National Strategy to take up a joined up approach across policy areas. Edinburgh Cyrenians' core work is with people who have experienced homelessness, and they talk about the very human need to have '*Something to Eat, Someone to Eat With*'. The Eden Project's annual Big Lunches break down barriers between people of different backgrounds and help them feel safer in their community as well as more connected. Cope's *Save the Smile* initiative started because they wanted to do something about obesity in their community. There are gains to be made across a range of National Outcomes if unwanted loneliness can be addressed in a concerted manner.

What about the Strategy?

So what else does the voluntary sector hope to see in the National Strategy? Earlier this year VHS collaborated with Befriending Networks, British Red Cross, and Chest Heart and Stroke Scotland to come up with five key ideas that we thought the Strategy should consider and we used these as trigger discussion points for a workshop with Trevor Owen and third sector organisations.

As I draw to an end I'll leave you with these five points to consider and I hope these will be ideas we can discuss further as the morning develops.

1. First: How can we better ensure consistent and sustained measurement of loneliness and social isolation as the evidence base is under-developed and inconsistent.
2. Secondly: How could we assess and audit policies and plans for their impact on loneliness, across all policy areas including health and social care, equalities, education, planning, justice, community safety, housing and transport. Poor public and community transport in rural areas has emerged as a significant barrier to social connectedness, particularly for younger and older people.
3. Thirdly: how can we better promote and support volunteering as a means to prevent and mitigate loneliness.
4. Fourthly: How can we encourage local partnerships, including health and social care partnerships, to address loneliness as part of their strategic and locality planning and delivery, because this will contribute to National Outcomes.
5. Fifthly: How can we harness digital technology in relation to loneliness? Digital has the capacity to be both a tool for prevention and mitigation but may also exacerbate loneliness.

Thank you for your attention.

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