

## **Briefing for MSPs: 'Building a connected Scotland: Tackling social isolation and loneliness together' - Scottish Government Debate 18<sup>th</sup> January 2018:**

### Voluntary Health Scotland

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. Our aim is to promote greater recognition of the voluntary health sector and support it to be a valued and influential partner in health and care.

### Background and Introduction

The Scottish Government made a commitment to a National Strategy on Social Isolation in the [2016-17 Programme for Scotland](#). In November 2016 VHS held a national conference for the third sector on '[Loneliness: A Threat to Health](#)'. Dr Andrew Fraser, Director of Public Health Science, NHS Health Scotland, concluded the event with an assertion that the 'collective wisdom in this room could write the strategy' and he challenged the third sector to take a lead in creating the National Strategy on Social Isolation. Subsequently, VHS has continued to provide leadership and a voice for the very wide range of large and small voluntary health organisations concerned to address the impact of loneliness on people's health. VHS has done this by raising awareness, building engagement, and by coordinating and sharing organisations' evidence and ideas about both the issues and the solutions. VHS has engendered debate about what the National Strategy could achieve, and provided a bridge between the third sector, Scottish Government, NHS Boards and the Scottish Public Health Network in consideration of the national strategy.

During the course of 2017, sectors as diverse as the Social Enterprise sector and the Churches and Faith Groups sectors became more actively engaged with the issues, with encouragement and support from VHS. There is a clear momentum and consensus that loneliness and social isolation are pressing social issues for Scotland and must be addressed. A wide range of events, studies and reports testify to this. [Holyrood Events](#) held a conference on tackling loneliness and isolation in later life (March 2017). 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. The SENSCOT briefing '[Loneliness and Social Isolation: The Role of Social Enterprise](#)' and a series of joint publications by the Joseph Rowntree Foundation and Carnegie UK Trust on [Kindness](#) are examples of mobilisation on the issue. British Red Cross partnered with the Cooperative Group and conducted a national survey looking at the issues of loneliness and social isolation, publishing the findings in [Trapped in a Bubble](#) and explaining the ambitions of the partnership in [Escaping the Bubble](#).

In November 2017 VHS held a third sector round table to explore how current local, community and national initiatives that are tackling loneliness and social isolation across Scotland. See [Appendix 1](#) for examples of these initiatives.

### Loneliness and social isolation are health issues

Why loneliness and social isolation are health issues is well documented. VHS have produced a useful [Briefing](#) that provides some background, facts and figures on the

prevalence of loneliness and social isolation. Some of the health impacts that loneliness and social isolation can have include:

- Loneliness and social isolation are risk factors for [coronary heart disease and stroke](#).
- The influence of [social relationships and risk of death](#) are comparable with smoking and alcohol consumption and exceed the influence of physical inactivity and obesity.
- Loneliness and social isolation substantially increase the chances of [developing dementia amongst older people](#).

The Chief Medical Officer in her last [Annual Report](#) acknowledged and recognised that loneliness and social isolation are risk factors in people's health.

In 1948 the World Health Organisation defined health as 'a state of complete physical, mental and social wellbeing, not merely the absence of illness or infirmity'. This is key to the contribution we can make to understanding and tackling the issue of loneliness and social isolation, which affects our mental and physical health and is in turn adversely affected by social and economic inequalities. For example, homelessness, poverty or poor access to services are likely to exacerbate loneliness and social isolation.

### Emerging themes the strategy should consider

In February 2017 VHS collaborated with British Red Cross, Befriending Networks and Chest Heart and Stroke Scotland to identify five key questions that we agreed the Scottish Government should consider when developing the National Strategy:

1. How can we better ensure consistent and sustained measurement of loneliness and social isolation (extent, nature, impact on health), as the evidence base (for both need and what works) is under-developed and inconsistent.
2. How do we better assess policies and plans for their likely impact on loneliness and social isolation (determinants, extent and nature)? Could we audit the outcomes of policy post-implementation for their impact on loneliness and social isolation?
3. How can we better promote and support volunteering as a means to prevent and mitigate loneliness?
4. How can we encourage Integration Authorities/Health and Social Care Partnerships and Community Planning Partnerships to address loneliness and social isolation as part of their strategic and locality planning and delivery?
5. How can we harness Digital Technology in relation to loneliness and social isolation? Digital has the capacity to be both a tool for prevention and mitigation but could also exacerbate loneliness.

VHS has continued to explore, develop and build on these proposals, in collaboration with other third sector organisations, sharing new ideas and evidence regularly with the Scottish Government as part of its development of the National Strategy. Further important ideas include:

- All Scottish Government, national and local policies should be designed to enable and support social connectedness and kinder, more inclusive and welcoming communities. Policies on housing, the economy, welfare, transport, planning,

environment, health and social care, education and culture must not exacerbate loneliness or hamper social connectedness, however inadvertently.

- Recognise that loneliness is a social determinant of ill-health and is both a public health and a health inequalities issue. Integrated Joint Boards, Health and Social Care Partnerships, Community Planning Partnerships, NHS Boards and local authorities should encourage and support initiatives that successfully address loneliness and social isolation.
- The public service workforce as a whole, including fire services, police, DWP staff, Community Link Workers and GPs, needs loneliness and social isolation awareness training so that it can recognise the issues and design and deliver services that are person centred, compassionate, accessible and promote social inclusion and equalities.
- The importance of sustaining and further developing a wide range of informal, friendly and inclusive places at a community level that act as a hub for social interactions to take place on people's own terms and that foster kinder communities. For example, public libraries, local cafes and parks.
- The role of the public and third sectors in encouraging, enabling and nurturing grassroots or peer led initiatives that are not 'services' but represent self-help, active citizenship and voluntary effort, e.g. community choirs, Men's Sheds, parent and toddler groups etc.
- Develop children's and young people's capacity, aptitude and skills for social connectedness from the earliest age, through Early Years initiatives and Curriculum for Excellence, and through youth work and other opportunities for volunteering and other active citizenship.
- The need to address the very real barriers to social connectedness that poor public transport (access, affordability, withdrawal of bus services) has created in both rural and urban areas.
- Harness the expertise that the third sector has in working with particular groups who face additional barriers to social connectedness and need tailored responses, including people with dementia, unpaid carers, people sectioned under the Mental Health (Care and Treatment) (Scotland) Act 2003, people with custodial sentences, children and young people with long term or life limiting conditions, asylum seekers and refugees.

## Conclusion

The third sector has a wealth of hard evidence, expertise and ideas that the National Strategy should take cognisance of, and that should be recognised and harnessed by national and local partnerships, in a shared effort to build a kinder, more socially connected Scotland.

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## Appendix 1: Examples of initiatives and actions to tackle loneliness and social isolation

The following are examples of actions to tackle loneliness and social isolation taken by a range of local and national level organisations.

**Marie Curie:** Marie Curie have a new befriending service set up in 6 local authority areas and are the biggest funders of Palliative Care research in the UK. Their work has highlighted how people's identities can be affected after someone passes away, whether that is as a carer when the person they have cared for passes away or in any other capacity. They have also identified issues around bereavement and grief that are experienced.

**SENSCOT:** SENSCOT membership survey highlighted that loneliness and social isolation are a prominent issue that cut across all thematic networks that social enterprises are involved in, especially culture. With around 40% of their members saying that they work on the issue, SENSCOT have produced a [briefing](#) describing loneliness and social isolation and the adverse effects it can have on people's lives and also showcasing the work of Social Enterprises in tackling the issue.

**Scottish Partnership for Palliative Care:** The aim of the Scottish Partnership for Palliative Care is to improve the way in which people cope with death, dying and bereavement. Their work focusses on trying to address the impact of bereavement and loss on social isolation and how loneliness and social isolation is exacerbated by people's inability to deal with bereavement. They have produced a report for Scottish Government on Death and Grief, it focusses on compassion and creating connectedness. [To Absent Friends](#), a people's festival of storytelling and remembrance has been running for 4 years, hosting a range of events for a variety of different audiences. The aim of To Absent Friends is to provide an opportunity to remember people who have passed, a means to address loneliness and to discuss bereavement in a safe and acceptable way.

**ROAR Connections for Life:** ROAR Connections for Life currently run nine health and well-being clubs across Renfrewshire for older people. These act as a social gathering point for the local community, and run on a weekly basis and generally serve hot food. ROAR's other activities include: falls prevention services, Otago exercise classes, a men's activity group, foot care services, craft club, cooking group, cinema club, tablet and iPad classes. These activities serve as opportunities to address loneliness and bypass the initial stigma of reaching out for help with loneliness and isolation.

**LOOPS:** The LOOPs (Local Opportunities for Older People) is a volunteer led phonenumber that gives information, support and sign posting to anyone in Edinburgh who is aged 65 or over. The phonenumber is open Monday to Friday 10am to 4pm and as well as supporting individuals 65 or over they can help professionals working with clients in this age group or family and friends supporting people aged 65 and over. They have received a 44% increase in the number of calls that they receive and they are finding that people are extremely lonely. One of the biggest single issues they have discovered is around the lack of transport options. LOOPs also have Community Navigators who signpost people to services within the local community. What they are finding however, is that many services have reached

their limit and cannot take any more referrals and that there is insufficient capacity within the services provided by the third sector.

**British Red Cross:** British Red Cross have developed a unique partnership with the Co-operative with the aim to tackle loneliness and Social Isolation. They have produced 2 reports the first is, [Trapped in a Bubble](#) which aims to highlight the prevalence of the issue of loneliness and social isolation and the variety of groups and life stages where it can occur. The second is called [Escaping the Bubble](#), which highlights what the partnership sets out to do to tackle loneliness and social isolation.

**Action in Elder Abuse:** Action on Elder Abuse Scotland is a phone line service for older people and provide free and confidential advice and support on issues such as financial abuse and exploitation, physical abuse, emotional or psychological abuse, sexual harm or abuse and neglect. What is becoming increasingly evident is that some older people are so desperately lonely that they'd rather put up with harm or abuse than risk losing contact with the abuser.

**Befriending Networks:** Befriending Networks has between 180 and 190 befriending organisation members. Tackling loneliness and social isolation is traditionally what befriending does and Befriending Networks' initial interest in loneliness and social isolation came from member services saying they encounter this on a daily basis. In 2016 Befriending Networks held a Loneliness Summit and have also partnered with the Campaign to End Loneliness, to help change behaviour to increase community connectedness. Volunteering can be a route towards building safer and kinder communities. Befriending can also be reciprocal.

**Faith in Older People:** Loneliness and belonging are two different ends of one spectrum and Faith In Older People aims to help develop an understanding of the importance of spiritual wellbeing and care which forms peoples identity and sense of belonging. It was important not to forget faith communities and organisations in the strategy and that service providers needed to be educated on the benefits of spiritual care. Faith in Older People held a meeting In May 2017 to discuss the issue of loneliness and isolation and the role that churches could play in combatting them. One of the main issues they are focussed on is importance of not working separately from other groups and organisations in the community, considering what services are available which could be complementary; what might be developed in collaboration and where signposting could be valuable. They have worked with organisations like Marie Curie and Stonewall to name a few.

**NHS Ayrshire and Arran:** Developing a public health response to loneliness and social isolation in Ayrshire and Arran NHS Board. In South Ayrshire there has been a lot of progress and a Strategic Direction statement has been developed to tackle loneliness and social isolation. They are also in the process of developing a strategy to tackle loneliness and social isolation. Loneliness and social isolation has also been added to LOIPs and Locality Planning Groups are looking at how to tackle loneliness and social isolation in 6 different localities. East Ayrshire is not as advanced as South Ayrshire but have identified it as a locality planning issue. North Ayrshire is viewing loneliness and social isolation as a key priority and discussing how to tackle it through the Health and Social Care Partnerships. They are not aware of any other boards who are working to tackle loneliness and social isolation in the same way.

**Age Scotland:** Age Scotland work at a national level on the issue of loneliness and social isolation which is a key priority. They have 1400 member groups and they engage with local public sector organisations. The work of Age Scotland has prompted the Scottish Government to include the National Social Isolation Strategy into their Programme for Government.



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