IRISS\textsuperscript{1} (Institute for Research and Innovation in Social Services) welcomes the opportunity to submit evidence to this inquiry. IRISS is a third sector organisation promoting positive outcomes for citizens accessing support in Scotland. We aim to support the diverse workforce to enable high quality support through evidence, creativity and innovation. Supporting social connectedness promotes wellbeing for people of all ages and is a frequent feature of IRISS projects.

Our work relates to four core themes: Engagement, Partnership, Prevention and Effectiveness. Within the theme of prevention, our flagship project Plan P\textsuperscript{2} has a focus on preventing loneliness and social isolation for older people. This work has three elements: gathering, summarising and translating evidence; implementing a preventative intervention with a group of older people within a local community; and encouraging debate by sharing learning throughout the project. The following resources have been produced:

- Evidence summary – Insight 25\textsuperscript{3}, Preventing social isolation and loneliness for older people
- Prompt Cards\textsuperscript{4} – a set of cards aiming to translate evidence into clear messages that can make a difference to practice.
- Roundtable discussions involving the Plan P advisory group are recorded and available for download on IRISS.FM\textsuperscript{5}

Key messages from the evidence

- Too many older people in Scotland feel lonely
- Loneliness and social isolation cause poorer health and wellbeing
- Preventing social isolation and loneliness can decrease demand on services and associated costs
- Older people must be recognised as positive contributors, bringing strength, wisdom, experience, energy and commitment

\textsuperscript{1} http://www.iriss.org.uk
\textsuperscript{2} http://blogs.iriss.org.uk/planp/
\textsuperscript{3} http://www.iriss.org.uk/resources/preventing-loneliness-and-social-isolation-older-people
\textsuperscript{4} http://www.iriss.org.uk/resources/preventing-loneliness-and-social-isolation-older-people-prompt-cards
\textsuperscript{5} http://irissfm.iriss.org.uk/social-care/older-people
Older people should be partners in developing the activities they want
A preventative approach should build resilience and social connectedness within whole communities

The Inquiry has asked for evidence around 5 issues

1. Prevalence of social isolation in urban and rural settings

The Scottish population is ageing and rural populations are older than urban. This difference is expected to increase over the next 10 to 15 years.6

Rural communities often have poorer transport links and reduced service provision. These factors along with physical isolation have been identified as contributing to loneliness and social isolation for older people. Poorer broadband connections and mobile telephone signals can also represent barriers within rural communities7. However, socio-economic deprivation and living in an area of high crime are recognised predictors of social isolation and loneliness which disproportionately affect older people living in urban settings.8

2. Impacts of social isolation, for instance loneliness, ill-health

Loneliness and social isolation are strongly linked, but distinct, concepts. While isolation can be measured in terms of the number of connections a person has, loneliness is a subjective experience resulting from a mismatch between the relationships a person has and those they would like to have9.

IRISS Insight 2510 summarises the evidence around the impact of social isolation on health and wellbeing and contains a full reference list for the evidence in this section. Key findings include:

- From research about self-reported loneliness we can estimate that around 10% of people over 65 feel lonely, all or most of the time and that for those over 80 this rises to 50%.
- Negative effects of loneliness reported in the literature include: high blood pressure; stress; poor sleep; depression; and an increased risk of developing

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6 Scottish Government (2013) Summary: Age and Rural Environment
http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Age/AgeRuralEnv
7 http://www.ageuk.org.uk/health-wellbeing/rural/rural-loneliness-and-isolation/
dementia.

- Loneliness and social isolation are also linked to lifestyle factors which may contribute to poorer health including: inactivity, smoking, alcohol use and poor diet. These factors can increase use of health and social care services for older people.

- A meta-analysis exploring the effects of social isolation and loneliness on physical and mental health showed that older people who had unsatisfactory social relationships had a 50% greater risk of mortality than those with better social connections. This research concluded that loneliness and social isolation are as damaging to health as smoking 15 cigarettes a day and is more damaging than many known risk factors such as: obesity, alcohol or lack of exercise.

- Interestingly, this meta-analysis also found that social isolation was a stronger predictor of mortality than loneliness. This reinforces the link between these two concepts and suggests that interventions should specifically address social isolation.

3. Best practice and ideas that could be shared across Scotland, including examples of targeted support or initiatives

The evidence identifies that the most effective interventions are those that include older people in designing and delivering the activity.¹¹ ¹²

While there is not a huge amount of systematic review evidence for the effectiveness of interventions, there are many case studies and reports from activities across the UK and abroad. Some of these represent an untapped source of useful evidence, particularly in terms of documenting the lived experience of those involved.

Examples from around Scotland:

Be Active Life Long (B.A.L.L.) groups were set up by the Moray Community Health and Social Care Partnership (HSCP). Development workers from the HSCP work with interested local people to support them, financially and practically, to establish their group. At the outset, it is explained that after an initial period of support, the


group must become self-sustaining. This is now a thriving network and eighteen groups have been set up. Existing groups focus on various interests including: exercise, balance, craft and cooking classes and have resulted in friendships and informal support amongst the group members.
http://www.moray.gov.uk/moray_standard/page_97262.html

Cowal Elderly befrienders, a third sector organisation, began as a traditional befriending group recruiting volunteers to visit an isolated older person. However, over time they have listened to older people and developed different types of activities to suit individual needs and preferences. In many cases, bringing people together and providing the opportunity for social interaction has resulted in the group members supporting each other. This has been described as ‘peer befriending’.
http://www.cowalbefrienders.co.uk/home

The Pilmeny development project based in Leith, Edinburgh supports a range of community led activities for older and younger people. Interventions for older people have focused on hard to reach groups, known to be at risk of social isolation, including men and minority ethnic communities. They have also developed inter-generational activities to encourage connections amongst older and younger people. SCDC and CHEX produced a video about the Pilmeny Development Project as part of a series entitled ‘A Picture of Health’. The video presents evidence of the effectiveness of project activity through reflections of group members including the lived experience of older people and the practice knowledge of practitioners.
https://www.youtube.com/watch?v=XZJ6ZqOlWuI

In England there are several examples of community-based projects, where local people come together and form a network. Members pay a fee to join, giving access to shared resources and mutual support. For example, the Circle movement was developed by Participle\(^1\) in London in 2007 but has now set up Circles in other areas of England. The Circle model aims to demonstrate a preventative approach to service and support for older people based on building individual and community capacity and supporting independence. Circle has produced evidence of positive outcomes including reducing social isolation and use of statutory services\(^2\).

\(^1\) Participle website http://www.participle.net/projects/view/5/101/
4. Potential ideas for improvement and policy

There is evidence of the need for action as well as about effective approaches to prevention, in relation to loneliness and social isolation for older people. There is also commitment from national and local government, particularly in relation to the aspirations of the Christie Commission. However, the pace of progress has been slow and there remains a gap between theory and practice.

One response may be to frame the theory–practice gap as a knowledge production problem. From this viewpoint, to ensure that evidence makes a difference, its creation needs to include those whose life experiences are affected. This challenges the assumption that research can determine solutions that can then be applied in every circumstance. Instead, this seeks to empower people and communities and uses a ‘bottom-up’ approach to scaling ideas up and out. New evidence and ideas are shared, discussed and evolved to suit local needs. Within this participatory model, local innovation is both informed by, and contributes to, the evidence base.

This approach aligns with the emerging concept of the Scottish Model based on the four pillars of the Christie Commission and in particular, the aspiration to empower individuals and communities to be involved in design and delivery of services.

A fundamental principle from the evidence is: ‘do with’ rather than ‘do for’. In relation to support for older people, this approach recognises older people as assets. They bring many resources: experience, time, care, sense of humour, local knowledge, social and family networks. In addition, when an older person becomes involved in supporting their community, they are also building their own networks and resilience.

Risks

A risk in building connections is that we engage with the easiest to reach, those who sign up to join groups and have existing connections. Although such individuals can represent a ‘way in’ to those less well-connected, there is a risk that the end result is an increase in inequalities. A general improvement in quality of life for those who are part of the network may widen the gap between this group and the harder to reach, who may become even more excluded and isolated. It is important therefore to consider innovative ways of reaching the harder to reach. This could include building

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neighbourhood networks and working to ensure that minority groups within a community are able to participate. Health and social care practitioners could have a role in identifying those at risk of isolation as part of routine health or wellbeing screening. For example, as well as those from minority communities, professionals need to be aware of increased risk for particular groups such as: recently bereaved; carers; those with sensory impairments; those with physical or mental health challenges; or anyone at a time of transition in their life.

Another risk exists in relation to digital communication, where those who are not online, around 40% of over 65s in the UK\textsuperscript{19}, may be disproportionately disadvantaged. Classes where older people learn how to use technology can provide an opportunity to socialise as well as to learn new skills, discover resources or to maintain connections with geographically distant friends or family, for example Age Scotland’s Silver city surfers club\textsuperscript{20}. However, while increasing digital literacy may be useful for some older people, the solution for loneliness must be about human relationships and interaction. Technology is merely a tool, that for some, could help.

5. Effective awareness-raising within communities

Social isolation affects people of all ages and preventative interventions should build resilience and social connectedness within whole communities. Having a strong network of supportive connections throughout life can protect against loneliness and isolation in older age.

A community-based intervention that can raise awareness and build connections is Time banking\textsuperscript{21}. There are several examples of time banks in Scotland where members of all ages give and receive time and resources. For those who are less able to contribute, family members, volunteers or even local prisoners can donate to the bank to build an individual’s credit. An underlying principle of the time bank concept is that people join as members supporting one another rather than being supported by services. The West Edinburgh Time bank is a useful example. \url{http://www.edinburghtimebank.org.uk}

The current Scottish policy direction, informed by principles of integrated, person-centred working and community empowerment, presents an opportunity for change. Investment in time, resources and commitment is required to build stronger more


\textsuperscript{20}https://agescotland.wordpress.com/2015/02/07/silver-city-surfers-the-internet-is-for-everyone/

\textsuperscript{21}Time bank UK website: \url{http://www.timebanking.org/what-is-timebanking/}
connected communities where citizens are active participants. In such communities, those providing services and support across the statutory, third and private sector would work in partnership with each other and with community members. This approach could provide the infrastructure to support the conversations and connections required to reach out to people of all ages to prevent isolation and loneliness.

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