Background to WithScotland

WithScotland supports those working in direct practice, policy and research around child protection and adult support and protection. We connect research with practice; exchange knowledge and ideas working with Adult and Child Protection Committees to develop practice and inform policy. At the heart of WithScotland is the principle of improving outcomes for children in need of care and protection, and adults at risk of harm.

This consultation is a very welcome development and WithScotland is supportive of the need to develop the agenda around loneliness and social isolation. There is a growing body of research around the impacts of loneliness and social isolation. From our perspective one particular impact is the harm that those experiencing loneliness and social isolation can be subjected to.

Below is WithScotland’s response to the Call for Views.

Prevalence of social isolation in urban and rural settings

WithScotland is unable to provide any data in this regard at the present time. However a new national data set concerning Adult Support and Protection investigations is now underway. Scottish Government are gathering data which will be passed for analysis after the initial 12 month collection period ends on 1st April 2015. This data will relate to those subject to investigations under adult support and protection and will include the number of investigations commenced for people by:

- age and gender
- age and ethnicity
- service user group e.g. infirmity due to age
- type of harm experienced e.g. financial, physical etc.
- location of the harm e.g. at home, care home etc.

Unfortunately, the data will not include the person’s living circumstances, however the possibility of including this in future could be discussed when the data set is reviewed.

It is noteworthy that the broader financial harm agenda including mail, telephone and email scams as well as rogue traders is being considered by many organisations. Anecdotally, it is thought that loneliness and social isolation are one of the factors which cause people to respond to such scams due to a need for social contact.
Impacts of social isolation

Information on the impacts of social isolation for adults, who may be at risk of harm, is anecdotal. Impressions gained from research and discussions with Adult Protection Committee Conveners and Lead Officers is that many of those experiencing harm also experience social isolation or loneliness. The developing hypothesis could be that loneliness and social isolation are notable factors in someone being more vulnerable to harm than others and that perhaps it is their isolation that assists in creating the environment in which they are harmed.

It has been recognised that social isolation (Daniel, Taylor and Scott 2009) is often a characteristic of families where children might be experiencing neglect. Substance misuse by parents and a lack of readily available local services can often add to the isolation of children and families. Of all forms of maltreatment, neglect leads to some of the most profound negative and long-term effects on development, educational achievement and emotional wellbeing (Stevenson, 2007). Neglect is not only damaging in early years; its effects in teenage years are often overlooked (Stein et al., 2009).

Best practice and ideas that could be shared across Scotland, including examples of targeted support or initiatives (including housing, health, third sector)

There are a number of existing services that may provide models of best practice:

- Silverline
- The Good Morning Service
- The Adult Protection TV phone line
- The Action on Elder Abuse helpline
- Think Jessica
- Breathing Space (helpline)
- Are you worried about a child
- Childline
- Samaritans

These services base themselves around a reactive model to assist those that are perhaps experiencing the effects of isolation and loneliness. However the need to create or re-create supportive communities perhaps through the community asset building and co-production model of service development could provide the best models for identifying and addressing social isolation and loneliness.

Potential ideas for improvement and influencing policy

There appear to be links between the issue of social isolation/loneliness and those members of society that become adults or children at risk of harm. However it is likely that many more people are harmed who are lonely and isolated but who do not fall within the
remit of adult support and protection or child protection legislation.

Given the apparent rise in the need for protective services, the need to take forward the prevention agenda with the communities of Scotland can only realistically be done within a much broader approach, incorporating the broader aspect of community life and how the positive elements of a cohesive society can be encouraged and where necessary resourced.

Much has been written around how this work can be taken forward, some of which can be found here: http://www.abcdinstitute.org/publications/

Given the above there may be potential for work to be taken forward around loneliness, social isolation, and adult and child protection. However, noting that the agenda is much broader than the protection agendas WithScotland would recommend that any work developed encapsulates work being done in other related fields. This would avoid duplication and through addressing social isolation and loneliness go some way to preventing harm.

Learning can also be drawn from the child protection community, especially in respect of the hard to reach population of adults who may also be carers of children and young people, such as where there is parental problematic alcohol and drug use, which may contribute to social isolation. A vast amount of community development work undertaken by the third sector, such as Home Start and CHILDREN 1st, may act as models of co-production that can be adapted to the adult sector. Furthermore, early intervention and coordination by the Named Person, framed by the GIRFEC principles and Children and Young People (Scotland) Act 2014 may also provide food for thought within work with the adult population, as can maybe the various health inequality strategies.

**Effective awareness-raising within communities**

There are many awareness campaigns relating to health improvement and there may be a need to consider how to link the various messages the public are receiving. Examples include:

- **Seen Something Say Something**
- **See Me**
- **Choose Life**
- **My Power of Attorney**

The above provides a small sample of campaigns which, as per the services noted above, are likely to be targeting those that are experiencing the effects of loneliness and social isolation.
However what the work in adult and child protection teaches us is that it is very difficult to measure any link between awareness and action taken by community members. On this basis creating a model that can encourage communities to respond whilst remaining aware of the relevant protection legislation may be the best way forward.

Overall addressing the issue of social isolation and loneliness is not one which can be addressed by the provision of services alone. Work is also required with our communities to develop their understanding of the impacts of these issues and how people can assist in addressing them within their own community. This of course may result in linking people into befriending services, volunteer work and perhaps statutory services where required. However in the first instance it may be that community councils or other organisations which sit closest to communities could create the initial momentum and provide support to community members where they are not sure what to do or where to gain support.

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