

Age and Social Isolation inquiry

Summary of written evidence

Introduction

This paper summarises the written evidence received by the Equal Opportunities Committee on its Age and Social Isolation Inquiry.

The Committee invited written submissions between 19 January and 13 March 2015 on the following:

- Prevalence of social isolation in urban and rural settings
- Impacts of social isolation, for instance loneliness, ill-health
- Best practice and ideas that could be shared across Scotland, including examples of targeted support or initiatives (including housing, health, third sector)
- Potential ideas for improvement and influencing policy
- Effective awareness-raising within communities

The Committee used the following definition in its call for evidence:

“People can feel lonely when not isolated, and isolated when not lonely. Some people might be happy to be isolated and choose to be so. Social isolation tends to have negative consequences when it makes a person feel lonely. This is something that can affect all people at different times, but often when there are big changes in their lives. While some people may get over these periods of isolation and loneliness, for some younger and older people there can be long term impacts, for example, on their health or on their chances of employment. One way to combat social isolation and loneliness is to build better relationships and social networks. How to achieve this is the difficulty.”

During oral evidence, the Committee has been using the following definition:

“Social isolation could be defined as an objective, measurable state of having minimal contact with other people, such as family, friends or the wider community. Whilst it might be possible to measure social isolation, the feelings of loneliness are personal and individual. For some people, it may not be the number of contacts that is important, but the nature of those contacts, including who they are, the length of time spent, or the activity”.

The submissions

The Committee has received 103 [submissions](#), this includes submissions from third sector organisations, local authorities, health boards, health and social care partnerships, and individuals. The evidence was generally weighted towards the

experiences of older people, however, a number of organisations provided evidence about younger people and many provided evidence on both age groups.

Overview of submissions

The submissions welcomed the Committee's inquiry on social isolation. For example,

“Our understanding of loneliness and social isolation and their impacts has greatly increased in recent years, and tackling them is one of Age Scotland's strategic objectives, although policy responses to it have been limited, so this inquiry is both pertinent and timely. It may be the first parliamentary inquiry into this subject worldwide” (Age Scotland).

There was a general view that it is a topic that requires wider recognition, especially considering the significant negative impacts it can have on people's lives. While there may be a lack of statistical information on the number of people who are socially isolated, as it is not easy to measure, there is certainly a lot of evidence to suggest that it is an issue for many people at any age. Indeed, the amount of evidence on best practice at local level to combat social isolation was vast. This includes befriending services, digital support and education, social clubs, and the use of social media to connect people.

Access to transport and technology were described as two practical ways to combat social isolation. There were also calls for an overarching strategy, improved partnership working, designing services with those who would use them, focusing on the needs of local areas and diverse groups, as well as the need for more investment.

The rest of this paper summarises the main themes of the written evidence.

What is social isolation?

It was clear from the outset of this inquiry that there are different understandings of the term 'social isolation'. Indeed, the Committee began with one definition in the call for evidence, but chose an alternative definition for the oral evidence. This was based on evidence received during informal Committee discussions with third sector providers.

Many submissions used the term social isolation and loneliness interchangeably while others attempted to clarify the difference between the two:

For example, Age Scotland clarified, while isolation and loneliness are related concepts, loneliness is not synonymous with being alone:

- **“Isolation** describes a physical situation of not having other people in your immediate surroundings.
- **Loneliness** is a distressed emotional response to the difference between the social relationships you desire and those you experience”.

IRISS¹ also clarified the difference between the two terms:

¹ Institute for Research and Innovation in Social Services

“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 have.”

This paper will refer to social isolation, unless the evidence also refers to loneliness.

What causes social isolation?

There are many different factors and experiences that can lead to social isolation. The written evidence describes the following:

- Life transitions, such as retirement, leaving school or home
- Bereavement
- Illness
- Loss of work
- Caring responsibilities
- Issues related to personal identity, such as a person’s disability, gender identity, ethnicity, religion or sexuality.

See, for example, submissions from Age Scotland, Housing Co-ordinating Group², Macmillan and Marie Curie.

Impact of social isolation

This Inquiry was developed on the basis of a range of available research that suggested social isolation and loneliness can have significant adverse effects on people’s health and well-being. Many of the submissions referred to existing research on the subject, although the focus on most of this research is on older people. For example, see Campaign to End Loneliness, IRISS, Age Scotland, Scottish Youth Parliament, NHS Argyll and Bute and North Ayrshire Council.

The Committee chose to focus on younger and older people, although clearly, social isolation and loneliness can affect people of all ages. For example:

“...it is important to recognise that social isolation affects people of all ages and backgrounds and should be considered in relation to the full range of protected characteristics specified in the Equality Act 2010.

People who are disabled, living with long term conditions and unpaid carers often face barriers to participation (including stigma and unmet communication and accessibility needs) which can contribute to their experience of loneliness” (Health and Social Care Alliance Scotland).

Many of the submissions described the general impacts of social isolation, while others described the impacts on people from specific groups. Below provides an overview of the general and specific impacts.

General

² ALACHO, CIH Scotland, SFHA, GWSF, HSEU and Care and Repair Scotland.

- Loneliness is often linked with social isolation
- Loneliness is associated with the development of depression and other mental health problems
- Loneliness can increase the risk of people experiencing high blood pressure
- On average socially isolated individuals were twice as likely to die prematurely
- Stress
- Poor sleep
- Increased risk of developing dementia
- Poor lifestyle choices such as inactivity, smoking, alcohol use and poor diet.
- Higher use of medication.

Older people

- Poor diet
- Developing a negative view on things and not wanting to join groups
- Not feeling safe in their own community
- Difficulties with the built environment
- Difficulty in accessing services because of limited transport
- Lack of digital knowledge for using social media and Skype
- Potential early entry into nursing or residential care.

For example, see Parkinson's UK, OPENspace Research Centre, Food Train, Community Transport Association, Pilmeny Development Trust.

Younger people

- Dealing with homelessness, particularly when placed in temporary accommodation, or far away from local services, is likely to lead to social isolation. This may be compounded for those young people who are leaving care, or released from prison.
- Inability to manage living alone.
- Those who have been looked after are more likely to be unemployed, have mental health problems and limited experience of a healthy consensual relationship.
- Certain groups of young people are more likely to suffer from social isolation, such as those on the autistic spectrum, or those who have social, emotional and behavioural difficulties.
- Young people can become withdrawn while seeking to establish their own identities.
- Young people can experience a disconnection from services, support and opportunities.

For example, Rock Trust, Up-2-Us, NSPCC, Scottish Youth Parliament, Youthlink Scotland, and the Housing Co-ordinating Group.

LGBT

Specific issues were highlighted for older and younger LGBT people.

- Older LGBT people are more likely to live alone and are more likely to have no children.

- They will have lived a large part of their lives in less liberal times and have been less visible. “Many have lived through long periods of sustained oppression, by individuals and institutions as well as by the medical establishment” (LGBT Health and Wellbeing). So, while older LGBT people will have issues in common with other older people, they are likely to face other issues and injustices because of past experiences. It can be made harder by the discriminatory attitudes held by people in their age group, against a broader shift in attitudes.
- Many LGBT services tend to focus on young people and mainstream services treat older people as a homogenous group (LGBT Health and Wellbeing).
- However, younger LGBT people feel there is a lack of socialisation opportunities open to them as well. They may not feel safe to be out about their sexual orientation in their community, which can lead to physical or mental health problems.
- Young LGBT people can have reduced social networks if their friends or family react negatively to their coming out. They may face homelessness as a result.

For example see, LGBT Plus, LGBT Youth Scotland and LGBT Health and Wellbeing.

Carers

A number of organisations highlighted the social isolation experienced by carers.

Carers Scotland highlighted the impact on older carers; the change in income which makes meeting costs difficult, and therefore any social activities take a back seat. The Carers Trust spoke about young carers who are unable to meet with friends because of the demands of caring. This can affect their friendships and may result in isolation, loneliness, and even bullying. They may feel unable to talk about their caring responsibilities and be reluctant to bring friends home. As with older carers, there will be a limited income, which will limit access to any social activities.

Ethnicity

Some submissions highlighted the specific issues faced in certain minority ethnic communities. For example, the Scottish Council of Jewish Communities talked about feelings of social isolation and alienation among some Jewish people in Scotland, to the point of feeling there is no option but to deny their ethnicity or religious identity.

Dr Paulina Trevena from the University of Glasgow, referred to her own research on Central and Eastern European (CEE) migrants settling in Scotland. They are likely to experience social isolation and loneliness because they are often away from family and friends, and may be isolated at work. Dr Trevena said there is a common misconception that new migrants from CEE receive a lot of mutual support within their own communities. The Polish community are the largest CEE community and they are more likely to form small networks of mutual support between two or three families.

Mental health

VOX, a mental health charity, said that isolation as a theme is continually on its agenda. The Mental Health Network Greater Glasgow described social isolation and loneliness as “endemic amongst people who have suffered a mental health crisis in the Greater Glasgow area.” Health in Mind referred to the stigma around mental health, and while attitudes are changing people are “socially isolated for no good reason other than their poor mental health and general lack of public insight and understanding”. Advocard highlighted the problem for some people with mental health problems who are ‘self-carers’ because they have no-one apart from service provided support. RAMH said that the impact of social isolation and loneliness can “fundamentally undermine an individual’s capacity to recover from mental ill health”.

Disability and long term illnesses

A number of submissions referred to the specific difficulties experience by disabled people and those with long term illnesses, or terminal conditions.

Inclusion Scotland said that social isolation affects a disproportionate number of disabled people and adversely impacts on their health. They referred to research from the University of York that found disabled children and young people had very limited opportunities to access inclusive leisure activities. Reference was made to research by Contact a Family that found nearly three quarters of families with disabled children have experienced anxiety, depression, isolation or family breakdown. Almost two thirds of families said they felt isolated frequently or all of the time. One in five said feelings of isolation had even destroyed their family or marriage.

Macmillan commissioned research which reported that one in five people living with cancer in the UK suffer from loneliness as a direct result of their cancer. The same study found that social isolation and lack of support can create barriers to treatment. For example, more than one in six had not been able to collect a prescription for their medication, and 53% of healthcare professionals surveyed said that some patients decided to skip treatment altogether because they had no support from family or friends.

A further cause for concern is income, and in particular there are concerns about changes to different types of disability benefit through welfare reform.

See also, Marie Curie, Parkinson’s UK, Down’s Syndrome Scotland, North East Sensory Services, People First, Stroke Association and Enable Scotland.

Urban/rural dimension

Many of the submissions discussed whether there are differences depending on whether individuals live in urban or rural locations.

A common view was that it is difficult to state whether there is an increased likelihood of social isolation in one setting or another. However, there was broad consensus that in rural locations people will be dependent on the availability and affordability of public and private transport and being able to access a broad range of services. Further, for certain groups there may be additional barriers in rural locations, for example LGBT people in rural areas may have limited social opportunities open to them.

NHS Dumfries and Galloway said that young people living in rural areas may be living in small communities with little opportunity to interact with peers out of school hours, this can lead to difficulties adjusting to secondary school where groups are much larger. Also, those with long term conditions who have had long absences from school can miss out on building long term relationships.

However, some felt it was difficult to state there was a difference in prevalence of social isolation in urban and rural settings. For example, the Royal Society of General Practitioners said that financial difficulties and access to community services could be an issue whatever the location.

Prevalence of social isolation

Many submissions referred to Scotland's ageing population and the large number of single person households, both of which are projected to increase. While age and living alone may not be decisive factors in predicting social isolation and loneliness, it is clear from the submissions that these factors are relevant.

A number of submissions referred to the Age UK statistics on loneliness which estimated that 10% of people over the age of 65 feel lonely, all or most of the time. Age Scotland said that isolation tends to be used as a proxy for loneliness because it is more easily measured. The Age UK statistics also found:

- half of all people aged 75 and over live alone
- 6% of older people leave their house once a week or less
- 17% are in contact with family, friends and neighbours less than once a week, and 11% are in contact less than once a month
- two in five older people in Scotland regard the television as their main form of company.

Some submissions suggested that a good indicator of the prevalence of social isolation and loneliness is the increasing demands for befriending services. For example, see Silverline, Befriending Networks, Edinburgh Council Health & Social Care and Edinburgh's Third Sector Interface, ACVO Third Sector Interface and the Community Transport Association.

The Cyrenians said:

"The growing need for and commissioning of befriending services could reasonably be considered a poor indictment of today's society. The difficult truth is that communities and families are so much more disparate, lives are lived privately and new relationships are often developed through social media outlets. The result is that those of us who are vulnerable or unable to somehow keep pace suffer greatest."

NHS Ayrshire and Arran gathered views from the Community Development Team (CDT) which has a focus on capacity building among older people aged 65 and over:

"They frequently visit sheltered housing and have found these complexes to have the highest prevalence of social isolation. Most of the residents have reported they have either never met or have little interaction with their neighbours and their communal areas are underused. The CDT thought the prevalence of social isolation significantly increased after the removal of

wardens within these complexes, as wardens often organised day trips, lunches, social events and overall care of the residents”.

There is limited substantial information on the prevalence of social isolation among young people. However, research from ChildLine found that in 2013/14 loneliness and self-esteem ranked number two in the top ten reasons for calling.

“Information from the ChildLine service indicates that loneliness is a major issue for children and young people contacting the service, and is closely associated with feelings of low self-esteem and unhappiness, problems with family and friends and core mental health issues of self-harm and suicide” (NSPCC).

The Scottish Youth Parliament referred to research from the Mental Health Foundation that found 60% of those aged 18-34 felt lonely often or sometimes, compared with 35% of those aged over 55.

The NSPCC said that there is growing evidence about specific vulnerable groups at high risk of social exclusion, and therefore social isolation and loneliness. Vulnerable first time mothers can experience loneliness and social isolation, and this may be more adverse in the case of looked after children who become parents.

Carers Trust research from 2014 found that 27% of young carers felt lonely and 28% said they would like to talk to other young carers online.

Identification of those at risk of social isolation and loneliness

A common difficulty in combatting social isolation and loneliness is reaching out to those who may benefit the most. Given the various impacts described above, social isolation can make people withdrawn and less likely to seek help.

Describing the city wide befriending scheme in Aberdeen, ACVO Third Sector Interface, said they had “just scratched the surface in terms of reaching those most socially isolated and of course in turn those who were most at risk from declining health.”

Contact the Elderly referred to recent health and social care initiatives in Scotland that have tended to:

“focus on those who are very frail/ill; not coping at home and with no family support; ‘bed blocking’ in acute hospitals.

People who remain in their own homes, or in sheltered accommodation and who are seen to be ‘coping’ do not seem to have been given any priority. There are many ‘hard to find’ lonely older people – people who do not want to demonstrate what they perceive as a weakness, i.e. loneliness. Agencies and services in local areas need to network widely to reach such people - statutory and voluntary services need to respect and trust each other and work together.”

Research on minority ethnic older people found that while this group are likely to have a good awareness about the main health services, there is less recognition

about services available via referral (Perth and Kinross Association of Voluntary Service).

Up-2-Us said identifying young people at risk of social isolation should start at school, through teachers and named persons. Health visitors could have a role to play during home assessments, assessing new parents for mental wellbeing, this could trigger a health visitor to refer parents and children to attend activities together. Those at highest risk are those who do not attend school often, and are not on the service radar until they come to the attention of police or social work. The Orkney Equality Forum, referred to the local Connect Project which is trying to engage with 'invisible' young people.

Some of the submissions called for statutory services to be more proactive in identifying people and initiating referrals to the third sector, for example, the Food Train. LGBT Youth said that rather than considering LGBT youth as a 'hard to engage' group, mainstream organisations need to do more to actively promote their services as inclusive to LGBT people.

Referrals

The evidence suggests that referrals can come from the individual themselves, but also through GPs, nurses, health visitors, housing associations, mental health teams, social work, third sector organisations and family and friends (For example, Royal College of General Practitioners, Housing Co-ordinating Group, Aberdeenshire Signposting project, and Impact Arts).

Best practice

There were many examples of good practice provided in the submissions. Coming through most strongly is the use of befriending services, and the benefits of social prescribing/signposting services. Underpinning much of these services is the reliance on, and need for, volunteers.

Befriending

On the value of befriending, the Mental Health Network Greater Glasgow said:

“Our members acknowledged the value of services such as befriending which could motivate and support a person to engage socially. It was felt that these services also enabled people to take ‘supported risks’ such as going to new places and doing new things. These allowed the restoration of ‘structure’ in one’s life and the regaining of lost confidence with the reaching out to new (potential) support networks at a person’s own pace”.

The Good Morning Service and Silverline both provide telephone befriending services. The Good Morning Service operates in Glasgow and South Ayrshire, and amongst a number of services, provides telephone befriending to over 330 older people. These are made at pre-arranged times to check all is well and for “a good blether”.

“Over time trust and meaningful relationships are built to become a friend on the phone who can be a listening ear who can give emotional support in

difficult times. With very low staff turnover rates telephone befrienders become a source of long-term support; part of someone's life. For some the Good Morning Community is their social network in its entirety" (Good Morning Survey).

Parkinson's UK said that while befriending services are very effective and popular, there are huge gaps in provision in Scotland, "it is clear that existing befriending services are unable to meet demand". Cyrenians are involved in a steering group in West Lothian with a range of third sector providers to design and procure older people's services from 2016:

"At an initial meeting, to discuss the services that were considered needed and important for older people, befriending came out as a top answer from almost every provider (approx. 16)".

Edinburgh Council Health and Social Care and Edinburgh's Third Sector Interface said that there is lack of mainstream befriending services in Edinburgh. The current focus of befriending is on people with specific needs, such as learning disabilities or for LGBT people. While these are beneficial, "it has become clear that there is a crucial need for generic befriending activity, tackling social isolation and loneliness, available across the city."

Befriending Networks is a UK wide membership organisation offering support to befriending services. The main aim of these services is to alleviate loneliness. Members of Befriending Networks support around 4,500 people in Scotland by deploying a similar number of volunteers. While there is a considerable amount of support across Scotland, services are piecemeal in terms of number, and there is inconsistency in the quality of services offered. Befriending Networks works towards the provision of high quality befriending services across Scotland. One example of this is through its resource packs on how to set up a service, another is the delivery of a series of Health and Loneliness Roadshows across the Health Board areas in Scotland. They also have a Map of Gaps which shows the gap in provision for specific client groups across Scotland.

See also, Age Scotland, CACE, Chest Heart and Stroke Scotland, Downs Syndrome Scotland, and the Eric Liddell Centre.

Social prescribing/signposting

A number of submissions described the benefits of signposting people to services that might benefit them. It is also referred to as 'social prescribing', which is often, but not always, linked to GPs referring patients to local services as an alternative to treatment or statutory support (RAMH). Social prescribing and signposting may be seen as a more formalised version of referring people to certain services.

The Aberdeenshire Signposting Project is a social prescribing service which works with those affected by or at risk of developing low to moderate mental health difficulties. It sources support, help and advice for issues in their lives that affect their wellbeing. It tailors services to individual needs. The project has a range of outcomes relating to social isolation and loneliness including:

- Improving the mental health and wellbeing of those referred to the project
- An increase in the level of social contact
- An increase in the utilisation of the locally available leisure and educational facilities.

The Food Train suggests the focus for social prescribing should rest with the GP:

“In many cases, a lot of older people won’t be in contact with any other service, but the one service they will usually have some interaction with will be their GP. Information regarding available local services should be passed on routinely to allow older people themselves to consider their own self-help solutions.”

The Royal College of General Practitioners provided evidence of a pilot project supported by the Scottish Government where GPs signpost patients to local support services. It found that patients were more likely to make contact with a group if their GP had provided clear information about it. At the start of the project, “50% of patients accepted the recommendation of signposting to a local resource but this had increased to 80% six months after the end of the project”.

Other examples of good practice

- The Food Train provides a weekly grocery shopping delivery, providing two volunteer visits per week, shopping delivery, silent monitoring and signposting/referral to additional services as necessary.
- In Dumfries and Galloway there is a Mature Driver Scheme which delivers support sessions to older drivers to make them more aware of driving behaviours and highlight any measures needed to keep themselves and others safe on the road (NHS Dumfries and Galloway).
- Impact Arts runs the Craft Café project which offers people a social environment where they can learn new skills, renew social networks and reconnect with their communities. It provides an opportunity to engage with professional artists, but allows people to access advice, information and support, delivered through local partnerships and with key agencies. There is also an opportunity to participate in arts-based intergenerational work. Through these programmes Impact Arts has engaged with over 600 older people who had previously been at risk of isolation and loneliness.
- The Glasgow Disability Alliance – ‘Pathways for Change’ project works with older, younger and working age disabled people to overcome exclusion and isolation. The project works with all groups to build confidence, increase self esteem and provide safe, supportive environments where they can share experiences, learn new skills, make friends and build social networks (Inclusion Scotland).
- Time Banking – where people give time and resources. An underlying principle is that people join as members supporting one another rather than being supported by services (IRISS, NHS Dumfries and Galloway).

- The North East Sensory Services' Connect, Inform, Support (CIS) project increases social connections among older people with sensory loss. It has received requests from over 250 socially isolated people since it began three years ago. There is also the Young People's Sensory Service (YPSS) which works with children and young people throughout North East Scotland. The YPSS encourages activities where young people can meet peers in similar circumstances.
- The Wisdom in Practice project, run by Outside the Box, helps new services led by older people get started. It does this through practical guides, raising awareness with policy makers and practitioners, helping groups be more confident in reflecting the needs of older minority ethnic people, LGBT people, and people with higher support needs, and promoting good practice.
- Paths for All is a charity which promotes walking for health and the development of multi-use path networks. They receive referrals to local walking projects from health professionals, but also from helplines such as the Samaritans, Mind and Silverline.
- LGBT Youth Scotland provides the web-based Digital Youth Work Project. This facilitates livechat with a team of youth workers who undertake direct one-to-one chats and support LGBT young people from across the country, as well as other countries.
- Babble was launched by the Carers Trust in January 2015 to provide an online space for young carers, aged 9 to 17, to chat to each other, share stories, and hear about each other's experiences in a safe environment. It has been shaped by talking to young carers about what they want. It also provides access to the Carers Trust Online Support Team.

Volunteers

The majority of these examples of best practice will rely on the support of volunteers. A number of submissions referred to the importance of volunteering. There are not only benefits for those in receipt of services, but for those who volunteer who may reduce their own experiences of social isolation, build confidence and develop new skills. Contact the Elderly referred to research that shows volunteering by older people "really does add years to life".

In terms of social isolation, Volunteer Scotland said the volunteer landscape "offers huge opportunities for volunteering to play its part in reducing social isolation and fundamentally empowering communities". It comments that volunteering participation continues to be stable with 28% of adults volunteering at least once in 2013. However, there is variability in rates of volunteering in rural and urban areas, with 37% in remote rural areas and 25% in large urban areas.

See also, Health and Social Care Alliance, Inverclyde Community Development Trust, Befriending Networks, and Edinburgh Council Health and Social Care and Edinburgh's Third Sector Interface.

Barriers to combat social isolation

Transport

Many of the submissions referred to the lack of available, accessible and affordable transport, particularly in rural areas as being a major barrier in overcoming social isolation. This is a significant issue for older people and disabled people.

The Community Transport Association said:

“If older people do not have transport then their ability to connect with friends and family and to get out and about and access basic amenities is reduced, leading to social isolation. Getting out of the house with a sense of purpose provides a highlight to an otherwise flat week for many, and is a way of extending networks of friends and acquaintances, often considered by older people to be more important than sources of more formal help. Without transport many services for older people such as lunch clubs and day centres simply can't function”.

Age Scotland said:

“Transport is a key gateway service. Many older people suffer a loss of mobility; others either find it uneconomic to continue to keep and use a car or may have to surrender their driving licence because of difficulties in maintaining driving ability in advanced years. Some activities designed to promote connection can themselves become inaccessible without effective transport links; some local services also provide community transport but for others the cost is prohibitive. There is also some evidence that transport services can themselves promote positive interactions”.

Enable Scotland said that people with learning disabilities face communication barriers with timetables not being in accessible formats, as well as psychological barriers such as having the skills and confidence to travel independently. They also said that people with learning disabilities can feel unsafe on public transport and described it as a “known bullying hotspot”.

LGBT Youth were also concerned about safety on public transport. While the majority of LGBT young people feel safe using public transport, only 50% of transgender young people do. Buses are a particular concern as people cannot move on to another carriage, as they can on a train. They suggest that reporting opportunities on public transportation need to be improved and enforced.

See also, Angus Council, CACE³, Cyrenians, Health and Social Care Alliance, NHS Dumfries and Galloway, and Parkinson's UK,

³ CACE Older People Active Lives

Technology

A number of submissions referred to the use of technology to combat social isolation, specifically, digital participation. However, the benefits of digital participation are unlikely to be a substitute for human contact, Age Scotland said:

“Technology can be an enabler. Many older people with limited or no previous experience with digital technology, and/or with low levels of confidence and without basic online skills, are motivated to try it because of the opportunity for contact with family members. However, the evidence about social media’s impact on loneliness is mixed. Face-to-face interaction remains hugely important; technology is most effective where it supplements rather than replaces this. If online interaction replaces the direct and personal it can leave people feeling more, not less, alienated”.

The Glasgow Centre for Population Health said:

"While it is important to recognise that technology is not a substitute for the human interaction that is a buffer against loneliness, digital access can facilitate real and virtual relationships, and can assist engagement and access to services."

IRISS said that the solution for loneliness must be about human relationships and interaction, but that technology could be a useful tool for some.

LEAP⁴ said that there is a need for digital education and said that:

“It must be recognised that technology is no longer an optional extra and it is important that steps are taken to ensure that older people are assisted and able to realise the benefits of the digital age.”

ACE IT provides community based computer training for older people in Edinburgh, in a variety of settings. They said:

“Many learners have come to ACE IT classes because younger family members have moved overseas or they have been recently bereaved. Other learners have become aware that not having computer skills to email friends, book holidays on-line or shop on-line has made them feel not part of the rest of society and that they are missing out. The social environment of ACE IT’s classes has led to new friendships being formed and support being given, whilst acquiring new computer skills has led to feelings of achievement and empowerment”.

The Carers Trust highlighted the importance of digital inclusion for older and younger carers:

⁴ Lightburn Elderly Association Project

“...in families where money is tight due to caring responsibilities, the equipment to access the internet may not be available. There can also be problems with accessibility of technology, particularly for people with physical or learning disabilities. Young carers may be able to use the internet through a shared family computer or laptop but may not have access to smartphones or tablet computers, which can limit their use of social media and contribute to feeling lonely or isolated in comparison to their peers if they cannot participate in the same networks”.

Youthlink Scotland said that they are strong proponents of digital access and the availability of online services for younger people, but also highlighted that feelings of isolation can increase as a result of online bullying:

“we are also aware that digital and social media can add to the feelings of isolation, when bullying takes place online or as, our member, Fast Forward have identified in their practice – that online spaces and experiences foster a climate of anxiety and low self-esteem because young people are able to compare themselves to each other and aspire to an unrealistic fantasy lifestyle projected through social media”.

Potential ideas for improvement and influencing policy

Better overall strategy

A common theme was the call for a cohesive strategy which focuses on social isolation at national level. For example, the East Ayrshire Health and Social Care Partnership said that social isolation should be regarded as a priority and that there are two aspects to effectively reduce social isolation:

- The identification of the potentially isolated
- Organisational reach to provide effective support, for example at community level and through capacity building (see below).

IRISS suggest that the focus of intervention should be on social isolation, rather than loneliness, and referred to research that 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”.

The Inverclyde Community Development Trust called for a strategy which involves working in partnership:

“This can be informed by drawing on existing good practice and evidence within communities. At present in our community there is no strategic direction or accountability for decreasing social isolation. Therefore, workers and organisations are unable to take ownership of discussions and actions.”

The Campaign to End Loneliness, with Age UK has developed a model to deal with loneliness that can be summarised as:

1. Identify people, through GPs or other services
2. Have services available, such as befriending or group based
3. This needs to be supported by access to transport and technology
4. All this must be underpinned by policy and strategy that enables this to work, such as volunteering, asset based community development and neighbourhood approaches.

The Community Transport Association highlighted the particular problems with access to transport:

“No single agency has a statutory responsibility to ensure that older people have good transport services and this has led to a tendency to ‘pass the buck’ when it comes to transport matters. Much better collaboration is required so that all agencies including health and social services as well as transport authorities are contributing to ensuring that older people have the transport they need.”

Better collaboration between sectors and using existing policy

Many submissions referred to the need for better collaboration between different services and providers to help combat social isolation. Contact the Elderly said that there was no single solution to tackling social isolation as older people are not a homogenous group. They said that existing services have grown organically and there is wide variation in what is available, and suggested "existing agencies should be encouraged to share ideas and cross refer to each other".

The need for statutory services to work more closely with the Third Sector was highlighted. ACVO TSI, referred to the role of Third Sector Interfaces (TSI) which provide a single point of access for support and advice for the third sector within the local area. These are funded by the Scottish Government. ACVO TSI said TSIs:

“...have a huge role to play and their potential is immense but they are little known and still emerging from their chrysalis's. More investment needs to happen as they support a whole range of faith groups, mental health organisations, Carer's organisations, housing associations, advocacy organisations and housing associations, the list goes on”.

CACE indicated a frustration at how third sector organisations might be treated as less than equal by statutory services:

“The statutory sectors need to take organisations like CACE and the work we do more seriously. We are not just a fluffy charity which provides trips and tea dances. We are achieving real results and helping older people stay happy and healthy, and living in their own homes for longer. We actively promote their rights, we point out areas where they need more statutory support. We

get things done, we are an asset to the area and to Social Work and NHS, and they need to get on board treating us an equal partner”.

The Health and Social Care Alliance indicated there is room for improvement on the collaboration between statutory services and third sector:

“Despite the potential benefit to both people and statutory services, signposting from the NHS to the third sector remains patchy and there opportunities to enhance access to local information.”

A number of the submissions referred to the role of Health and Social Care Partnerships in light of the Public Bodies (Joint Working) (Scotland) Act 2014. This will put in place:

- Nationally agreed outcomes, which will apply across health and social care, and for which NHS boards and local authorities will be jointly accountable
- A requirement on NHS boards and local authorities to integrate health and social care budgets
- A requirement on partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

For example the Housing Co-ordinating Group referred to the integration of Health and Social Care, as well as the requirement for landlords and those responsible for housing strategy to be involved in the planning of services. The Housing Co-ordinating Group said that this “promises to improve the ability of services to effectively alleviate social isolation and loneliness”.

The Campaign to End Loneliness said that the current work to further develop health and social care partnerships in Scotland would, “create an exciting opportunity to embed commitment to tackling loneliness and isolation across Scotland as part of an integrated approach to health and wellbeing”.

Macmillan said it could provide an opportunity to provide holistic needs assessments for everyone diagnosed with cancer. This would not only look at medical needs, but practical, spiritual and emotional needs. Experience of this approach in Glasgow shows that it reduces stress and anxiety among people who are newly diagnosed with cancer, and are at risk of becoming socially isolated as a result. Macmillan said that the new Health and Social Care Partnerships would be ideally placed to assess the needs of those at risk of social isolation.

A number of organisations mentioned existing policies that could be used to help tackle social isolation. Getting it Right for Every Child (GIRFEC) was referred to often.

NHS Dumfries and Galloway said that early intervention and support for children, young people and their families has been shown to increase the health and wellbeing, coping and resilience in families, and reduce vulnerability and isolation. They said that the implementation of GIRFEC should therefore have a significant positive impact over time.

However, Youthlink Scotland, Children in Scotland and the Scottish Youth Parliament suggested that social isolation should be included in the wellbeing indicators of GIRFEC. While social isolation may sit within existing indicators, a stronger emphasis may be beneficial.

Design of services and capacity building

Many submissions said that central to any development of new services is the involvement of older and younger people. There were also calls for targeted services for some groups, while others called for more inclusive mainstream services (for example see Orkney Equality Forum, Outside the Box and the Pilmey Development Project).

IRISS said “Older people must be recognised as positive contributors, bringing strength, wisdom, experienced, energy and commitment.” Older people should be involved in developing the activities they want. A preventative approach should build resilience and social connectedness within whole communities. They said the most effective interventions involved older people in designing and delivering the activity.

Another issue raised is the need for capacity building, where people are given support at initial stages to develop new services until they are able to continue and flourish without assistance.

RAMH referred to the work of the Renfrewshire based ‘coalition against loneliness and isolation’ which came up with three main routes to building capacity following consultation, and stressed the role of volunteers:

- i. High profile promotion of volunteering as a positive choice for individuals of all ages
- ii. Good systems for recruiting, inducting and supporting volunteers
- iii. Having clear goals and outcomes for volunteers and their work – ‘making volunteering meaningful’”

NHS Ayrshire and Arran said that increasing awareness of capacity building would be beneficial:

“many clubs need a lot of support at the early stages of their club e.g. help with funding issues, development of networking skills and building the profile of their group. After some time, groups learn to manage and are able to sustain, reducing the amount of support by support staff. Anecdotal feedback suggests the social return of investment from this approach is considerable”.

Localised services and diversity

As previously discussed, identifying people at risk of social isolation can be a difficult task. It is suggested that the best way to approach this might be through localised networks.

IRISS said:

“It is important therefore to consider innovative ways of reaching the harder to reach. This could include building 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”.

This view was supported by others. For example, North Ayrshire Council said that community leaders might have ideas on the best approaches within individual communities. RAMH suggested community hubs which could act as a focal point for local services to operate from. The Housing Co-ordinating Group said that what works for one social landlord will not work for another and their practices will differ depending on local circumstances.

Another factor is the provision of services to meet the needs of different groups. The paper highlighted the impacts across different groups above. Some people will need access to appropriate services where they can meet people in similar circumstances and with similar experiences. Of course, other people may prefer to attend groups that are inclusive of all people. There is no single solution.

For example, the Westhill Men’s Shed highlighted the need of specific services for men; Dr Trevena at the University of Glasgow would suggest a need to work more closely with migrant communities, while the Scottish Council of Jewish Communities suggest that some communities may be ‘literally invisible at local level’ and that effective support ‘can only be provided through national networks.’

The East Ayrshire Health and Social Care Partnership highlighted the benefits of intergenerational initiatives that can “provide skills and employability opportunities for young people alongside practical and social support for older people.”

LGBT Youth Scotland suggested that all services must be proactive in their approach to all protected characteristics if they are to reduce social isolation among young people. They also said staff need training to ensure they are aware of LGBT identities and are able to respond to, and where possible, preventing homophobic, biphobic and transphobic discrimination.

Funding

A running theme from many of the submissions is the need for more funding to build on the existing resources of volunteers and community assets. However, apart from calls for investment in community transport, the need for funding was implicit rather than explicit. This can be seen in the submissions from Carers Trust and Carers Scotland, for example, who highlighted the limited funds that carers will have access to, which therefore sets limits on any socialisation opportunities.

Some submissions referred positively to the funding that had been received under the Scottish Government’s policy of Reshaping Care for Older People (for example, Housing Co-ordinating Group, CACE, Cyrenians and Healthy Valleys). However, others highlighted the need for further investment to tackle social isolation. For

example, Volunteering Scotland said “Volunteering is not free - sustainable investment models are needed in order to prevent and/or tackle social isolation in the longer term”. The Food Train said that the Scottish Government should make funding available to third sector to expand current provision and better meet demand. IRISS said that investing in a preventative approach can decrease demand on services and associated costs.

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