December 2015

Dear Margaret,

EQUAL OPPORTUNITY COMMITTEE’S INQUIRY INTO AGE AND SOCIAL ISOLATION: SCOTTISH GOVERNMENT RESPONSE

I would like to thank the Equal Opportunities Committee for its careful consideration of issues relating to age and social isolation, and for the very helpful recommendations set out in its inquiry report.

I enclose the Scottish Government’s response to the report, which addresses each of the recommendations. However, I would also like to take the opportunity to set out some overarching observations about the Scottish Government’s approach to public service reform, which I hope will provide some context for the responses to specific recommendations.

The Scottish Government has a clear view of what works in public service design and delivery and has acknowledged that there are many challenges we must face. These include rising expectations, pressure on resources and living standards, public health issues, an ageing population and the impacts of multiple deprivation – all of which are critical issues for the future of our public services. We recognise the challenge of making public services work and are taking forward a programme of work to realign services to meeting these needs and new challenges. It is my view that any work to address social isolation needs to be taken forward as part of this broader programme of work rather than as a ‘add on’.

As you will know, since 2007, we have pursued a single statement of Government Purpose so that all people in Scotland have equal opportunity to participate to their full potential, a description of the Government’s objectives in terms of measurable national outcomes and a system for tracking and reporting on performance. Building on the lessons of the Christie Commission, we have also embedded a strong approach to reforming public services which places the needs and aspirations of people at the centre of all that we do. Within this context, the Scottish approach is focused on the idea of co-production, with services designed and
delivered with service users and the need to build on and strengthen the assets and resilience of individuals, families and communities.

This approach acknowledges the value inherent in relationships and networks that make up communities. Evidence shows that where social capital is high (i.e. where people have strong, supportive social networks, where they can trust in others around them and be able to participate in different kinds of membership organisation) benefits are also higher on a range of socio-economic and health inequalities measures (including mental health and wellbeing).

The Committee's report usefully acknowledges the responsibility of citizens, public services and the Scottish Government in taking any action forward. We know that community grant schemes and devolved budgets can and do build assets and stimulate local action and decision-making, and our response to social isolation seeks to mobilise community resources to support the lonely and vulnerable, with many such as the befriending and walking groups requiring no professional input. In terms of public services, leaders across the Scottish public sector are increasingly looking to complement and extend services in these ways. This approach owes much to the contribution of Harry Burns during his time as Chief Medical officer. Dr Burns was clear that the fundamentals of human well-being that underpin health and fulfilment lie in attachment and in lives with a sense of coherence and purpose.

The Scottish Government already acknowledges that services and budgets need to focus on all those at risk from the pre-natal stage onwards (not just older people), and to nurturing and extending networks across vulnerable communities and groups – building on and strengthening their assets and confidence and resilience. This principle is expressed in much of our work, from early years, to the curriculum for excellence, to the integration of health and social care, where we are looking to provide seamless support to enable older people to live their lives with dignity and independence.

Community planning provides a pivotal vehicle at local level. The new Community Empowerment (Scotland) Act 2015 strengthens community planning so that it brings together public authorities and community bodies to work together on action to improve local outcomes and reduce inequalities of outcome. Community Planning Partnerships focus their efforts on addressing themes which reflect their understanding of local needs and priorities. Support and harm prevention for vulnerable people and groups, is consistently reflected in their work and provide opportunities to address social isolation: for example in improving life chances for vulnerable young people, and sustaining fragile remote communities. We also expect CPPs will enable new health and social care partnerships to work with other public services to support vulnerable people to remain safe and active in a community setting and to moderate onset and impact of vulnerability in future.

I would also like to pay recognition to the role played by the third sector in taking forward this work and devising new imaginative approaches with the people they work alongside. The sector’s breadth of experience, insight and perspective must be brought into play. For example the Glasgow Housing Association’s approach to empower its staff to respond to tenant’s needs, and the survey of assets based approached in communities published by the Centre of Population health in Glasgow are both excellent examples of the direction of travel. Specifically in relation to older people’s services the Scottish Government has funded the ‘Stitch in Time’ programme to evidence the importance of that contribution to Reshaping Care for Older People, including organisations like Age Scotland and their Silver Line who work with older people who often experience loneliness and isolation. We are looking to ensure that lessons learned from this work are transferred and embedded into Health and
Social Care Integration helping us to better align services and placing a greater emphasis on prevention and early intervention.

It is clear that we can only make real progress in tackling social isolation if we work together – national and local government, across sectors, involving people and communities.

Finally, while social isolation is not about money, the Scottish Government is mindful that the wider financial situation may well have negatively impacted on people's opportunities for social interaction (either from a personal income perspective, or because community-based initiatives may have closed).

I would ask that the Committee reflects on this broader context for public services as it considers the responses to individual recommendations. It is my firm view that we need to create an integrated approach to address the specific issues of age and social isolation raised by the inquiry, and to implement effective solutions which are consistent with our overall approach.

I hope that this information is helpful to the Committee. I would of course be happy to meet with the Committee at a future date, to report on progress.

ALEX NEIL
EQUAL OPPORTUNITY COMMITTEE’S INQUIRY INTO AGE AND SOCIAL ISOLATION:
SCOTTISH GOVERNMENT RESPONSE TO THE RECOMMENDATIONS

1. We recommend that the Scottish Government develops a national strategy on social isolation that ensures that the issue is integrated within all policy considerations so that the impact of social isolation and loneliness is understood and tackled across Scotland.

Evidence tells us that for mainstream services to respond to isolation in a more human way, they need to be supported to deliver their day-to-day business in an outcome focused and more preventative way. We think this would offer a more effective set of solutions than by creating a bolt-on programme.

The changes needed which would have an impact on strengthening connection and resilience of individuals rest on skills around trust and obligation of frontline workers and ordinary citizens which are very difficult to manage from the centre and therefore a central Strategy might not have the impact expected. Rather we need to embed into the planning and approach of a range of services across health, education, housing and transport. The report makes reference to the impact of poverty on social isolation and its impact on health and suggests that as an issue social isolation should be situated as a public health issue.

As the Committee will realise the Scottish government is currently engaging on its approach to Social Justice through the Fairer Scotland conversation and associated Action Plan. In addition, we are also engaging with people across Scotland through the Healthier Scotland conversation. Improving connectedness and reducing isolation are themes which are at the core of these conversations and we will seek to build on this through on-going work. Additionally, we will commit to undertaking more evidence gathering of what works for addressing social isolation and loneliness, looking to build this more explicitly into the Scottish approach to public service reform and map relevant initiatives across government and the third sector. Already we are doing work as part of What Work Scotland, delivering a programme of collaborative research, learning and action to support how CPPs put Christie into action. They are running a series of joint events with NHS Health Scotland on the economics of prevention and the wider programme is looking at approaches that improve links between statutory and third sector services and local community-led groups including looking at building sustained capacity in community-led groups supporting health and wellbeing among older people.

2. We recommend that the Scottish Government ensures that the issues of social isolation and loneliness are built into the plans and strategies of health and social care partnerships across Scotland.

Health and social care partnerships are well placed to ensure that social isolation and loneliness are built into strategic plans for health and social care services. The National health and wellbeing outcomes and the Integration planning principles, both set out in statute, provide a framework for improving people’s outcomes. Health and social care partnerships are required to pay particular attention to delivering services that focus on individual’s participation in community life and that support people to live well at home or in a homely setting. Addressing social isolation will be key to improving wellbeing and supporting people to participate in their community.
3. We recommend that the Scottish Government should engage with stakeholders to design a national publicity campaign to tackle stigma on loneliness, show what communities can do and highlight the importance of social contact for everyone no matter what their age.

We will work with our stakeholders to consider what innovative approaches we can use to raise awareness of issues around loneliness, and the role which communities can play in addressing it.

4. We recommend that the Scottish Government develops and supports a focused campaign for school and youth settings that promotes a positive message for preventing social isolation and uses a peer-to-peer approach. We would welcome a response from the Scottish Government on how this can sit alongside a range of strategies dealing with bullying.

We are absolutely clear that Curriculum for Excellence cannot be delivered without good relationships, positive behaviour and inclusion, not only in the classroom, but also in the playground, and wider learning community. Our schools are already delivering a range of strategies and programmes to prevent and address social isolation.

We know that social isolation can have a detrimental effect on emotional wellbeing and mental health, and we are working with our partners to deliver the commitments set out in our national mental health strategy. The Strategy identified Child and Adolescent Mental Health as one of its four Key Change Areas and set out a number of commitments designed to meet the specific mental health prevention, care, transition and recovery needs of children and young people.

As the Committee rightly points out, youth work plays a key role in helping to tackle social isolation and loneliness. We will work with our partners to consider how we might enable greater use of peer education to tackle social isolation in school and youth work settings.

As the Committee has recognised, social isolation can be a consequence of bullying. We take bullying very seriously. Our National Approach to Anti-bullying for Scotland’s Children and Young People forms part of our wider attempts to improve the health and wellbeing of our children and young people. A working group was established in January 2015 to refresh the approach. The guidance is for all those working with children and young people and will include guidance on support and training; approaches to preventing bullying and responding to bullying. The revised guidance will be published in 2016.

5. We recommend that the training on social isolation and its impact is given to 'named persons' established under the Children and Young People (Scotland) Act 2014.

The Children and Young People Act will ensure that all children and young people have access to a Named Person, to promote, support and safeguard their wellbeing. For children and young people who experience social isolation this can be a key source of support. We are also clear that the Getting It Right for Every Child (GIRFEC) approach can play a significant role in addressing the challenges of loneliness and social isolation.

As the Committee has rightly recognised, it is important that the Named Person is clear about the causes and effects of social isolation amongst children and young people, and we are working with a range of partners to ensure that the appropriate training and support is in
place, and that it complements other existing training and support, not least in anti-bullying work.

6. We recommend that the Scottish Government should share what it has learned from the Deep End evaluation across Scotland.

The Links Worker Programme was launched in May 2014, to provide support to patients living in adverse social circumstances by connecting them with community led support organisations. In April 2015 the Record of Learning (RoL) modules were launched, to provide an effective way of sharing learning. The programme is currently being evaluated by the University of Glasgow, and we look forward to sharing the final report which is due at the end of 2016.

7. We recommend that the Scottish Government includes Link Worker Systems in any national strategy document.

We will consider the possible expansion of the Links approach, and the potential for a Links approach to be included in other national strategy documents once we have considered the outcome of the evaluation, which is due at the end of 2016.

8. We recommend that the Scottish Government invests in the evaluation of existing best practice in order to develop future interventions and improve the link to preventative health spending decisions that will improve the lives of people affected by isolation and loneliness.

As a government, we are committed to understanding the effectiveness of our actions so that we can identify best practice, and develop a culture of continuous improvement across a range of services. Measurement and evaluation is key to this. The formal evaluation of the Links Worker Approach is one example of this. We want to build on ‘what works’, and where evaluation shows positive impact, we will consider what opportunities there are for expansion.

9. We recommend that the Scottish Government commissions research on the prevalence of social isolation and loneliness in Scotland and identifies the typical profile of people who are most at risk of being socially isolated and lonely.

Data and evidence on social isolation and loneliness in Scotland are available from a number of sources and research studies. The Scottish Government will review the data and evidence on prevalence and profiles of those most at risk, and will publish a report on this by summer 2016. This will also inform on-going work of the British-Irish Council Demography work sector work, led by Scottish Government, which is also considering the service redesign implications of social isolation in its collaborative work.

10. We recommend that research is taken forward to assess the physical and mental impacts of social isolation alongside an evaluation of the benefits and experiences of social prescribing.

NHS Health Scotland published a review of the research evidence on social prescribing in the context of mental health problems on 8 December 2015. This is a wide ranging review that includes exercise referral, ‘linking systems’ welfare rights advice, arts on prescription and learning on prescription.

Further analysis of the Scottish Health Survey will look at the associations between social connectedness and a wide range of physical and mental health outcomes. This will form part of the report mentioned in response to recommendation 9 above.

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11. We recommend that the Scottish Government works with local authorities to improve the availability of community and public transport.

We recognise the vital role community transport services play in preventing and reducing social isolation, by enabling people to play a greater part in their local community, have a more active lifestyle and reduce their reliance on health and social care services.

The Scottish Government provides funding to local authorities for the subsidy of socially necessary bus services and community transport organisations as part of the block grant. It is for individual local authorities to decide their priorities taking into account local needs and circumstances and allocate funding as they see fit. We have no powers to intervene in this matter.

As the Committee may be aware, the Scottish Parliament Infrastructure and Capital Investment Committee’s inquiry into community transport in 2013 highlighted the difficulty community transport organisations were having in funding replacement vehicles. In response, we introduced a Community Transport Vehicle Fund for 2013-2014 to assist such organisations to buy replacement vehicles. The £1m fund enabled 29 organisations throughout Scotland to buy new vehicles.

12. We recommend that the issue of transport policy is included as a strand in any isolation strategy.

We have recently refreshed the National Transport Strategy, which sets out how access to affordable transport addresses the challenge of tackling inequality, while increasing sustainable economic growth.

We recognise that there are particular issues for older people, disabled people, those with reduced mobility, and we are currently developing a travel accessibility plan for Scotland with disabled people, their representatives and transport operators to make travel in Scotland more accessible.

We also recognise that lower income groups, young people and women are most dependent on public transport (particularly buses) and this is reflected in our continuing support for rail and bus services. We continue to address affordability issues for young people through the National Concessionary Travel Scheme for Young People.

We have also made great progress in improving accessibility of the rail network and this will continue. And we are offering increased rail services on rural routes, giving people greater choice and options, and reducing isolation.

In 2015-16 we are investing over £1 bn in public transport and other sustainable transport options. This will help provide commercially viable services, whilst keeping fares affordable - free for older and disabled people - as well as helping local authorities to fund vital links for our more remote communities.

13. We recommend that the Scottish Government encourages the health and social care partnerships to incorporate housing considerations and links with professionals in the planning of its services.

We recognise the crucial role which housing plays in health and wellbeing, and the importance of securing closer working relationships between health and social care partnerships, and housing providers. Through statutory guidance, we have already set out a requirement for health and social care partnerships to include a housing contribution.
statement in their strategic commissioning plans, and we have published guidance about the role of housing authorities in supporting and working in partnership with health and social care partnerships to improve health and wellbeing. Work being progressed by Healthcare Improvement Scotland’s Integrated Improvement Resource includes a focus on housing, with a view to specifically improving links between the housing sector, health and social care. This will include testing a range of innovative approaches to housing solutions that will contribute toward improving discharge pathways.

14. We recommend that the Scottish Government considers the issue of social isolation and loneliness within care settings and sheltered housing as part of any strategy and campaign work.

National health and social care policy in Scotland is placing increasing emphasis on supporting people at home wherever possible. This applies to adults with learning disabilities, including those with the most complex needs. However, it is recognised that residential care for people with learning disabilities is still a choice and in some circumstances the best option to meet their outcomes. There is however, a need to ensure that the quality and consistency of these care homes ensures good outcomes for the residents. That is why the Scottish Government has asked Scotland Excel to develop a national framework agreement for the procurement of residential care.

15. To address social isolation and loneliness we also recommend that the Scottish Government promotes innovation in future housing development in planning and location; design and construction; models of occupancy.

Through the promotion of innovative techniques, such as charrettes and the recently launched Place Standard, the Scottish Government is supportive of design-led initiatives which respond to local priorities for action. In addition, the Scottish Government has recently commissioned research into Design for Ageing.

We will be reviewing Age, Home and Community - the national housing strategy for older people during 2016. As part of that review we will consider the role housing can play in reducing social isolation.

16. We recommend that any Social Government research on age and social isolation examines the potential positive and negative impacts of technology on people who are socially isolated and lonely.

We acknowledge the importance of considering the impact which digital technology has on people who may be at risk of social isolation, and we are determined to address this. The Scottish Government will ensure that any research conducted to assess the impact of digital technologies will take isolation and other social factors into account.

We have formed an innovative partnership with the Scottish Council for Voluntary Organisations (SCVO) to support a national movement of participation activities which will further increase digital participation levels in Scotland.