Agenda Item	13.
Report No	COG 09/18

CPP response to the Scottish Government consultation on "A Connected Scotland" - a draft strategy to tackle social isolation and loneliness

Report by Cathy Steer, Head of Health Improvement, NHS Highland

---

The COG is asked to:

Approve the CPP response to the Scottish Government consultation on "A Connected Scotland" - a draft strategy to tackle social isolation and loneliness

---

1. **Background**

    Social isolation and loneliness can affect anyone - at all ages and stages of life. As society changes, there is increasing recognition of social isolation and loneliness as major public health issues that can have a significant impact on a person's physical and mental health.

    In 2015 the Scottish Parliament's Equal Opportunities Committee undertook an Inquiry into Age and Social Isolation which set out a number of findings and recommendations. One of these recommendations was to produce a national strategy to tackle social isolation and loneliness.

    In 2017, the Scottish Government developed a strategy, one of the first in the world, to tackle loneliness and social isolation. The draft strategy looks at the causes of social isolation and loneliness and how they can be addressed. Scottish Government are also seeking views on how communities can build on the work of the Scottish Government, and lead on ensuring those at risk of becoming lonely or isolated have access to the right support networks.

    Loneliness and social isolation has been a particular topic of interest for the Highland Community Planning Partnership over the past two to three years and was the subject of the Partnerships breakthrough achievement for 2017-18. The achievement the CPP agreed to was to promote the NHS Highland 'Reachout' campaign which highlighted the issue of loneliness and asked individuals, groups and organisations to sign a pledge to take action on loneliness. As part of this achievement we were successful in getting excellent media coverage about the campaign and tackling loneliness is now a topic that is discussed more often and specifically included in plans for services and initiatives such as Highlife Highland's 'Choose to' initiative and the roll out of a partnership initiative on Dementia Friendly Compassionate Communities.

2. **Response to Scottish Government consultation on 'A Connected Scotland'**

The Scottish Governments draft strategy to tackle loneliness and social isolation went out for consultation on 16 January 2018. The consultation process closes on 30 April 2018. The draft strategy seeks to articulate a vision of the kind of Scotland where community connections are increased and no one is excluded from participating in society for any reason. It defines what we understand social isolation and loneliness to be, how prevalent they are in Scotland, and describes the feedback received from stakeholders during the process of engagement when developing the draft strategy. It also puts forward the idea that, whilst Government has an important role to play in creating the conditions for change, everyone has a responsibility to help tackle loneliness and social isolation.

It is proposed that the attached draft response to the consultation is submitted from the Highland community Planning Partnership and the Chief Officer's Group are asked to approve the response.

Recommendation:

Approve the CPP response to the Scottish Government consultation on "A Connected Scotland" - a draft strategy to tackle social isolation and loneliness

---

Report author: Cathy Steer, Head of Health Improvement, Public Health, NHS Highland

Key Questions for everyone (Qs 1 – 3) :

Question 1:
What needs to change in your community to reduce social isolation and loneliness and increase the range and quality of social connections?

Loneliness and social isolation has been a particular topic of interest for the Highland Community Planning Partnership over the past two to three years and was the subject of the Partnerships breakthrough achievement for 2017-18. Each year the CPP chooses a breakthrough achievement on an issue that all partners agree to highlight within their organisations and the work that they do. The achievement the CPP agreed to was to promote the NHS Highland 'Reachout' campaign which highlighted the issue of loneliness and asked individuals, groups and organisations to sign a pledge to take action on loneliness. As part of this achievement we were successful in getting excellent media coverage about the campaign. Examples of work on lonliness and social isolation in the Highland CPP area include:

- **Reach Out** – Media Campaign. www.reachout.scot.nhs.uk/
- Introduction of **Community Resilience Workers**
- Introduction of assessment tools that allow practitioners to gauge individual and community connections e.g. **Eco Mapping/Outcome Star.**
- **Community transport schemes.**
- **Compassionate communities**.
- **"Choose to"** – an initiative aimed at considering how leisure facilities and staff can play a role in supporting people who are lonely or socially isolated.

More details can be found in question 7.

In addition to the continued delivery and development of this work the Highland CPP would like to see the following developments:

- Routine enquiries about social isolation and loneliness and signposting to local sources of support should be integrated into **H&SC** assessment.
- Social prescribing should be embedded into **H&SC** care delivery.
- Training should be embedded across **CPP partners** to increase understanding of risk factors and help staff identify how they could support work to reduce loneliness and social isolation.
- Investment into evidence based interventions to reduce loneliness and social isolation including social prescribing, broad based community development approaches to support collective community action.
- Ensure the principles of co-production are fully embedded in service design and delivery.
- Increased publicity and awareness of the strong links between loneliness and poor health outcomes, mortality and increased service utilisation.

- Public Sector asset mapping to aid asset based approach which utilises existing resources to maximum benefit. Enabling flexible/innovative utilisation of fixed and mobile community facilities and support people to connect informally while accessing services e.g. schools /churches/ private businesses, mobile libraries, Screen Machine.
- Maximise awareness of and promotion of what is available locally to mitigate the effects of loneliness to enable social prescribing and signposting.
- Support for income maximisation interventions in recognition that a greater disposable income may mitigate some risk factors associated with loneliness and social isolation.
- Link the loneliness agenda with community transport an develop flexible, affordable, sustainable, innovative approaches to transport.
- Innovative use of digital technology (infrastructure & skills) in combination with digital resilience (young people adversely affected by on-line bullying, pressures of social media expectations). This presents a dichotomy between increased digital skills for older people and encouraging younger people to be less reliant on digital technology.
- Environment – safe, secure, clean and well lit, including access to green spaces.
- Address Stigma.
- Positive ageing approaches – adapting local structures and services to be accepting and inclusive of older people.
- Employers should consider the potential impact of working unsocial hours and weekend shifts on the families and personal networks of their staff.

Question 2:
Who is key at local level in driving this change, and what do you want to see them doing more (or less) of?

- CPPs – support local activity and promote awareness across their area
- Health and Social Care service commissioners (adult and children) – commission services that specifically tackle loneliness and social isolation
- Director of Public Health – take a population perspective, raise awareness
- Third Sector – support local activity to reduce loneliness and social isolation
- Employers/Private Business – support activity to reduce loneliness and social isolation, consider impact of shift working on employees
- Media – raise awareness and help reduce stigma
- Communities/Community groups/Individuals – local activity to tackle loneliness and social isolation
- Service providers – incorporate into service delivery plans

- Faith groups – local activity to tackle loneliness and social isolation

Question 3:
What does Government need to do nationally to better empower communities and create the conditions to allow social connections to flourish?

- Provide sustainable funding.
- Ensure those who award grants minimise the risk of stop/start funding cycles for preventative activity.
- Invest in evaluation of projects to ensure robust evidence of their value, enabling them to be scaled up.
- Show case successful approaches to reducing loneliness and social isolation.
- Encourage businesses to support volunteering
- Promote flexible working practice to allow people time to interact more.
- Invest in Income maximisation.
- Reshaping Care for Older People should be refreshed to reflect the issues of loneliness and social isolation.
- Invest in consultation - including making provision to engage with hard to reach groups.
- Develop sustainable transport models particularly for rural areas
- Reduce barriers to use of local facilities for community activities
- Include action to tackle loneliness and social isolation in key strategies for vulnerable groups such as older people and include within 'commissioning intentions'
- Communication work to reduce stigma

Detailed questions (Qs 4 – 23):

Question 4:
Do you agree or disagree with our definitions of (i) social isolation and (ii) loneliness? Please provide comments, particularly if you disagree.
Definitions

- *Social isolation* refers to the quality and quantity of the social relationships a person has at individual, group, community and societal levels.
- *Loneliness* is a subjective feeling experienced when there is a difference between an individual's felt and ideal levels of social relationships.

We know that social isolation and lonleiness are strongly linked, but they don't have to be experienced together. It is possible for someone who is surrounded by family to feel lonely even though they are not socially isolated, and just because a person may have very few social connections does not mean they will feel lonely.

Question 5:
Do you agree with the evidence sources we are drawing from? Are there other evidence sources you think we should be using?

Question 6:
Are there examples of best practice outside Scotland (either elsewhere in the UK or overseas) focused on tackling social isolation and loneliness that you think we should be looking at?

Intergenerational projects see:
http://www.independent.co.uk/life-style/health-and-families/why-some-dutch-university-students-are-living-in-nursing-homes-demential-a7451486.html

New Models of care see:
Buurtzorg (Neighbourhood care teams)
http://www.commonwealthfund.org/publications/case-studies/2015/may/home-care-nursing-teams-netherlands

Basic Income see:
https://news.sky.com/story/universal-basic-income-finland-shows-how-salary-for-all-works-11119005
http://www.healthscotland.scot/media/1697/universal-income.pdf

More information:

- In Wales, the Health Social Care and Sport Committee conducted an inquiry into loneliness. It highlighted a number of issues, including the benefits of social prescribing, transitional support for retirement, exploring different housing models, and the potential for legislation to make a difference. It has recently published its report, which sets out a number of recommendations for the Welsh Government to take forward.

- In Northern Ireland, the then Executive published a framework to tackle rural poverty and social isolation in 2016. This focuses on promoting positive mental wellbeing, increasing opportunities for social engagement and support at risk groups (including farmers and disengaged young people).

- In the United States of America, the national suicide prevention strategy recognises 'connectedness' as a theme, and the US Air Force programme focuses on strengthening social support for serving officers and veterans. There is a similar programme targeted at American Indian and Native Alaskans.

- In the Republic of Ireland, Respond! Housing Association undertook research into how to combat social isolation and loneliness within social housing. It emphasised the importance of consultation, flexibility in devising solutions, partnership working and human contact.

- In Japan, social isolation and loneliness are recognised as an increasing issue and strategies focus primarily on older people. Promoting 'worry free living environments' community

based activity, and access to cultural facilities like libraries are all seen as important.

- In New Zealand, research has highlighted the importance of volunteering, quality of relationships (as opposed to quantity) and contentment with life. Befriending was also recognised to be valuable following an evaluation by the Minister of Health.

Question 7:

Are you aware of any good practice in a local community to build social connections that you want to tell us about?

"Choose to…" see: https://www.highlifehighland.com/health-and-wellbeing/choose-to/
"Choose to..." is an initiative being run by High Life Highland (HLH) to support NHS Highland's Reach Out campaign. The initiative has been designed to consider the issues of social isolation and loneliness and how HLH facilities and staff can play a role in supporting individuals that find themselves in such a position. Includes physical activity, volunteering, and trying something new.

Badenoch & Strathspey Voluntary Community Transport see:
http://www.ct4u.co.uk/
BSVCT's vision is to see a community free of social exclusion and injustice where everyone has mobility and access to the services they require. BSCTC aims to provide affordable accessible transport for people living in a rural area, where public transport is very scarce.

Dementia friendly compassionate communities see: https://adementiafriendlycommunity.com/
The Dementia Friendly Community project that has been developed in Helmsdale is supporting development of 'compassionate communities' across Highland. A 'compassionate community' is one which formally agrees to offer support, comfort and care to people who may be dying or suffering from a chronic condition such as dementia. The form compassionate communities take should be shaped through a participatory approach with communities.

Helping Hands see:
https://highlandhospice.org/how-you-can-help/volunteer-roles/helping-hands-volunteer
This Highland Hospice service trains and matches volunteers to support clients at home. Volunteers essentially do what a 'good neighbour' might do providing befriending, offer a 'sitting' service to allow carers to get out of the house for short periods of time, help with simple household tasks. (associated with end of life care and long term conditions)

Boleskine Community Care: http://www.boleskine-communitycare.org.uk/

NHS Highland - Reach Out Campaign see: http://www.reachout.scot.nhs.uk/
Reach Out is a media campaign launched by NHS Highland with the aim of tackling loneliness and social isolation in the Highlands and Argyll & Bute.

Contact the Elderly see: http://www.contact-the-elderly.org.uk/
Sunday tea parties for over 75s with volunteer hosts and drivers.

Ewen's Room: http://www.ewensroom.com/

Agewise see:
http://www.weascotland.org.uk/our-impact-projects/projects/community-learning/agewise-tools-transition

Befrienders Highland see: https://www.befriendershighland.org.uk/
A small voluntary organisation working across Highland and Argyll and Bute to improve the lives of people who are lonely and isolated and have experience of mental ill health, memory difficulties or dementia and carers.

Step It up Highland see:
https://www.pathsforall.org.uk/find-a-health-walk/highland/step-it-up-highland.html
Step it up Highland provides walks across Highland in 3 formats where need and Walk Leaders are available.

Question 8:
How can we all work together challenge stigma around social isolation and loneliness, and raise awareness of it as an issue?   Are there examples of people doing this well that you're aware of?

- Use local influential individuals (e.g. sports, business role models) who are willing to have open conversations about social isolation & loneliness.

E.g. NHS Highlands Reach Out campaign partnering with Ross County FC.

Question 9:
Using the Carnegie UK Trust's report as a starting point, what more should we be doing to promote kindness as a route to reducing social isolation and loneliness?

More information:

The concept of **kindness** may seem an unusual one for inclusion in a Government strategy. However, recent work by the Carnegie UK Trust has identified that kindness can go a long way to reducing social isolation and loneliness, and has also identified what contributes to creating kinder communities. This work has helped to kick start a real conversation about the importance of kindness, and we want to ensure that the ambitions of this Strategy are rooted in that conversation as it progresses.

The Carnegie report can be found here.

- Social demographics will inhibit or act as enablers to acts of kindness. Increased kindness is welcomed but will not change fundamental health and social inequalities.

- Kindness is very subjective, and relative to one's circumstances. Trust is essential to meaningful relationships, but this relationship is not essential for acts of kindness. Do random acts of kindness prevent social isolation and loneliness? Today's busy lives prevent people having much time for others out with immediate family social circle.

- Acts of kindness within public services can be hindered by bureaucracy and a culture that is risk averse. There appears to be more opportunities within private business and third sectors to include acts of kindness within day to day business.

Kindness could be encouraged:
In education:
- Invest in Partnership intergenerational work

Question 10:
How can we ensure that those who experience both poverty and social isolation receive the right support?

- Ensure adequate access to income maximisation services
- Out Reach services – Community Development
- Social prescribing
- Early identification
- Person-centred routine enquiry, "what's important to you?" built into assessment delivery for services such as Job Clubs, Income Maximisation etc
- Build trust and social skills

Attach/promote initiatives which promote connectedness to:

- People in receipt of income boosting payments – peer support type initiatives
- Areas of greatest deprivation (SEP index goes deeper than SIMD)
- Places where everyone has to go (as far as poss) e.g. village/corner shop
- This may require very personalised/professional support as many people do not have the confidence to access any support and may have issues around trust

Question 11:
What do we need to be doing more of (or less of) to ensure that we tackle social isolation and loneliness for the specific life stages and groups mentioned above?

- Training across a wide arrange of sectors for staff to identify those at risk.
- Opportunities and services must be available to refer on to.
- Retirement support
- Routine enquiry
- https://www.samh.org.uk/documents/welltrained.pdf - SAMH survey on mental health training in schools
- Tackle bullying in schools
- Tackling stigma
- Build resilience skills in young people
- Teach more internet safety/social media safety
- Ensure people in paid caring roles are suitable, and well trained
- Increase time available to paid carers to make interactions more meaningful and beneficial, and to allow for more "job satisfaction" and consequently wellbeing in these carers.
- Intergenerational work
- More holistic support for people. Move away from single issue based services

Question 12:
How can health services play their part in better reducing social isolation and loneliness?

- Public Health Departments should continue or commence work to raise awareness of the risks of loneliness and isolation.
- Comprehensive promotion and marketing to showcase examples of what is working in local communities to reduce social isolation and loneliness.
- Non stigmatising routine enquiry/signposting to local support services should be integrated into H&SC assessment.
- Invest in new models of care.
- Embed social prescribing in to H&SC delivery.

- Embed training throughout H&SC to identify those at risk.
- Introduce assessment tools that allow practitioners to gauge individual and community connections e.g. Eco Mapping/Outcome Star.
- Improve employment/volunteering/apprenticeship opportunities and become a more diverse/socially responsible employer.
- Consider the potential impact of working unsocial hours and weekend shifts on the families and personal networks of their staff.

Question 13:

How can we ensure that the social care sector contributes to tackling social isolation and loneliness?

- Build capacity within the sector to enable more flexible working conditions – time to be able to invest in meaningful relationships
- Non stigmatising routine enquiry/signposting to local support services should be integrated into H&SC assessment.
- Embed social prescribing in to H&SC delivery.
- Embed training across H&SC to identify those at risk.
- Introduce assessment tools that allow practitioners to gauge individual and community connections e.g. Eco Mapping/Outcome Star.
- Consider the potential impact of working unsocial hours and weekend shifts on the families and personal networks of their staff.

Question 14:

What more can we do to encourage people to get involved in local groups that promote physical activity?

- Developing a system that allows promotion of local opportunities – Asset mapping
- Invest in Out Reach/Link workers
- Ensure appropriate provision based on needs of the community.
- Promote/plan the social interaction first, with the exercise element being secondary
- Identify and reduce barriers to participation

Question 15:
How can we better equip people with the skills to establish and nurture strong and positive social connections?

- Invest in parenting support.
- Identify/promote strong positive role models
- Build capacity to ensure adequate emotional support for young people within school setting
- Rural Young – increased access to age appropriate activities and facilities
- Invest in interventions to ensure digital resilience – combat negative effects of social media
- Include digital bullying in anti-bullying policies.
- Invest in link worker/community supporter model

Question 16:
How can we better ensure that our services that support children and young people are better able to identify where someone may be socially isolated, and capable of offering the right support?

- Invest in staff training
- Build capacity within Children's Services e.g. Schools, Youth Work etc
- Introduce assessment tools that allow practitioners to assess individual and community connections e.g. Eco Mapping/Outcome Star – to enable sign posting to relevant services/
- Use examples of good practice from elsewhere e.g. Girl guiding have mental health & wellbeing, body image, bullying, ethical decision making and more within their programmes.

Question 17:
How can the third sector and social enterprise play a stronger role in helping to tackle social isolation and loneliness in communities?

In order to play a stronger role in helping tackle social isolation and loneliness in communities it is important that those who award grant funding should minimise the risk of stop/start funding cycles for preventative activity and recognise the financial difficulties of sustaining third sector services.

- Increased partnership working and sharing best practice.

Question 18:
What more can the Scottish Government do to promote volunteering and help remove barriers to volunteering, particular for those who may be isolated?

Barriers to volunteering are similar to social determinants of health – factors which impact negatively on health will also affect uptake to volunteering. Need to tackle:
Practical barriers:
- Income
- Transport
- Care commitments

- Promote, encourage and support volunteer roles which are broad and varied allowing participation by people who may have ill health/low self-esteem/little confidence. Without such opportunities these people with be further disadvantaged.

- Invest in training and support for organisations considering volunteer roles

Question 19:
How can employers and business play their part in reducing social isolation and loneliness?

- Working conditions/flexible working hours to benefit staff
- Improved employment/volunteering/apprenticeship opportunities e.g. Allow staff a couple of paid hours per month to volunteer
- Become a more diverse/socially responsible employer
- Flexible use of facilities for community use e.g. Allow use of their facilities (canteen, meeting rooms, gym etc) for public use on evenings and weekends
- Invest in/"Sponsor" social interaction initiatives

Question 20:
What are the barriers presented by the lived environment in terms of socially connecting? How can these be addressed?

- Inadequate or non-existent facilities/areas to connect e.g. few if any venues available in evenings in rural areas.

- Facilities which do not have a multi-purpose e.g. Parks for young children should have eating areas sheltered areas for older people
- Feeling safe and secure
- Transport – more investment in innovative community transport schemes

To address:
- Increase and improve community indoor and outdoor facilities

Question 21:

How can cultural services and agencies play their part in reducing social isolation and loneliness?

- These could attract particular communities of interest who could provide mutual social support
- Ensure access costs are not prohibitive
- Promote activities - may need investment

Question 22:

How can transport services play their part in reducing social isolation and loneliness?

- Flexible approach – multi use of services eg school bus open to all
- Routes, fares, timetables, frequency need to match people's needs
- Plan services with the loneliness agenda in mind
- Invest in community transport schemes that are open to all

Question 23:

How best can we ensure that people have both access to digital technology and the ability to use it?

- Maximise income. Equipment is income reliant.
- Invest in education/training – In a safe supportive environment (e.g. Dementia friendly communities Helmsdale)
- Invest in accessible services – e.g. have Libraries and larger number of facilities allowing use/training support
- Technology support services are expensive

Any other comments (Qs 24 – 26):

Question 24:
Taking into account answers to questions elsewhere, is there anything else we should be doing that doesn't fall into any of these categories?

Question 25:
Do you agree with the framework we have created to measure our progress in tackling social isolation and loneliness?

- Should improvements to overall wellbeing and physical health also be anticipated if social isolation and loneliness are tackled?

Question 26:
Is there anything missing from this framework that you think is important for us to consider?

- Tackling the number of cases of bullying in schools and online, hopefully seeing a reduction in these.
- How will greater neighbourhood cohesion be measured?

Respondent Information Form

Please Note this form **must** be completed and returned with your response.

Are you responding as an individual or an organisation?

☐ Individual

X☐ Organisation

Full name or organisation's name

Highland Community Planning Partnership

Phone number

Address

Postcode

Email

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

X☐ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

X☐ Yes

☐ No