

## SCHW response to the “Tackling Social Isolation and Loneliness and Building Stronger Social Connections” draft strategy

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

Input answer:

Wider Scottish and local policies and programs of support for community empowerment are important. But to ensure that these engage and involve the most vulnerable and isolated, programs and projects that focus specifically on improving health and well-being are crucial. These are best delivered by organization’s such as Healthy Living Centre’s and other community health projects, which can respond flexibly to a wide variety of groups and needs and offer people varied and individual pathways to better health and well-being.

Though the existing network of such organizations is extensive, many areas, including some of the most disadvantaged, are not well served, and existing organizations are often subject to short term, unreliable funding program’s or ones tied to specific health outcomes rather than support for an individual in the community.

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

Input answer:

If this is to be a national strategy, then a national commitment to strengthening and sustaining a community-led infrastructure should result from it (rather than further pilot funding programs). National resources, including those from the NHS, need to ensure that the capacity is developed that can then respond to the needs of local partners by developing programs to improve health and well-being through tackling loneliness and isolation.

As SCHW has previously proposed (in ‘The Emerging Future: An Offer to the Scottish Government from Scottish Communities for Health and Wellbeing’ there must be an investment in the future of community-led organization’s – a direct investment in delivery and development of local community assets. This will provide the conditions that will enable and empower these organization’s and their communities to develop, plan and grow. This in turn will help make a substantial and effective nation-wide contribution to tackling health inequalities, achieved in large part through strengthening social support and links for vulnerable people.

## Detailed questions

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

Input answer:

Agree

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

Input answer:

Yes. They need to be complemented by recording the stories of people who have taken part in various forms of community activity, and what changes they gave experienced as a result.

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?

Input answer:

The Healthy Living Centre movement is strong in Northern Ireland. We will be working jointly with them to develop community-led social prescribing and will invite other stakeholders, including Scottish Government, to join us in learning lessons from this process. In particular we expect to be able to learn lessons from the application of the Northern Ireland framework to tackle rural poverty and social isolation (which you mention).

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

Input answer:

We have many examples drawn from the work of SCHW organizations.

For example:

Mrs L suffered several health issues, had started to lose weight and stopped driving. After being referred to a community-led health organization by her GP, she started to participate in exercise classes; her strength and nutrition improved, "My mobility was quite bad, but I'm back driving and back out again and with people."

AP was referred to a local project by her Occupational Therapist (OT) at x Hospital. Staff visited the patient at the hospital. AP was 73 years old had been in and out of the local mental health hospital suffering from depression and had issues with her medication. She wanted to get home to start getting back into the community and to meet new people. Once discharged from hospital she was booked for a series of relaxing therapies at the local project and began to build a relationship with staff. She agreed to join weekly positive lifestyle classes (self-help peer support). She is now in a more positive frame of mind and can continue to care for her 93 years old mother. She has made a new circle of friends who recently formed a theatre group. She now regularly attends meditation classes and goes swimming with friends she met through the project. To date she has felt able enough to cope and not go back to hospital. She is settled with her medication now and looking back at her experience she says; "I am coming on leaps and bounds now. Don't need to see my Doctor for 3 months, longest yet."

**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?**

**Input answer:**

By working with people initially one to one, through community based social prescribers or other outreach workers and introducing them to a range of community and group activity that will suit their needs.

**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?**

**Input answer:**

Support the work of community-based organizations (rather than larger or more specialist services in any sector), because they offer opportunities for personal relationships and friendships to develop,

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

**Input answer:**

By reaching out to and supporting the organizations in communities which can both directly provide social contact and involvement and the right kind of support and can also refer people to other local sources of support.

**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?**

**Input answer:**

**By strengthening links between care services and community groups, by strengthening community-based youth work and by encouraging intergenerational work within communities.**

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

**Input answer:**

**By developing in partnership with community organizations more systematic approaches to social prescribing that give an active leading role to those organizations. By not only providing resources within health services to identify and link to existing community resources and groups, but crucially by working with partners and devoting health service resources to build capacity and strengthen the ability of community health organizations to identify and respond to need.**

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

**Input answer:**

**The social care sector should become proficient at promoting social activities and inclusion to their client groups as far as possible. Where community assessments are being undertaken these assessments should include information on and access to activities out with the home environment. These activities can then be factored into a care plan.**

**Social care staff should be trained on 'conversation skills' to help motivate people to participate in activities / hobbies and carers should be supported with relevant resources to link people back into their community whether through direct contact or media resources.**

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

**Input answer:**

**People often associate the promotion of physical activity with 'effort'. Softening the lines between physical effort and soft exercise is simple to do. We need to recognize and promote an individual's own ability to move more and encourage people's own ability rather than disable them through time constraints. 'Do with them' not 'Do For them'.**

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

**Input answer:**

**Firstly, there should be realistic investment at a very local level to support people of all abilities to develop their own resolve / activities and facilities.**

**This should include community learning opportunities, community development work and investment in community structures to support people of all abilities to be able to sustain resilient communities.**

**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?**

**Input answer:**

**By providing an early intervention and prevention service for children and families in line with the principles and approach of Getting it Right for Every Child (GIRFEC). Children growing up in Scotland can face many issues in their home: Domestic Violence, Bereavement, A parent who is imprisoned or suffers from a mental health issue or addiction, a child who is a carer.**

**All of this can lead to an Adverse Childhood Experience (ACE) which can have far reaching and long-lasting implications for children. Many of these issues are linked to social isolation and have a negative impact on the child's mental health, including depression and anxiety, its behavior, learning and long-term prospects. Children may become disassociated and experience bullying from their peers and will endure humiliation at what is happening in their household.**

**The Child Poverty Bill said that we know that children growing up in poverty face many disadvantages and this has negative impacts on children's outcomes.**

To achieve these objectives there needs to be a realistic investment at a very local level to support children and families. It is imperative that Community anchor organizations are embedded in service planning at local level to ensure the right person receives the right support at the right time.

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

**Input answer:**

The third sector needs to be equipped with the right level of funding and personnel to respond to the ever-changing demands of community needs and expectations. While social enterprises are often seen as an alternative resource for funding third sector activities, they also need to be delivering services required by the community at an affordable cost to allow communities to access and participate.

For example, where an organization provides inclusion activities within a rural locality, community transport can provide an affordable resource to 'enable' access to the activity, overcoming barriers to social exclusion.

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

**Input answer:**

We need to challenge the regulations regarding volunteering if you are in receipt of benefit payments. There is a fear that people will lose their payments if they volunteer. The Scottish Government also need to recognize that Investment in supporting volunteering would help as this would have an impact on peoples' health and wellbeing thus reducing loneliness & isolation.

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

**Input answer:**

Employers should be encouraged to. a) support and promote employees to access information about community resources. b) support and promote volunteering 'day' opportunities out of office. c) support and promote 'near retirement' employees to access taster sessions on activities/volunteering opportunities in the employees preferred community of interest.

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

Input answer:

Barriers are numerous: Rural and urban environments, poor socio- economic circumstances, poor housing, culture and language barriers.

Good working partnerships and adequate resources, between third sector, statutory sector and voluntary sector, recognizing sector strengths and availability can provide targeted interventions to support the development of resources and solutions.

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

Input answer:

Cultural services and agencies must work more closely with community and third sector organizations in order to achieve outcomes.

In order to sustain healthy living environments healthy living worlds, we need to recognize the vital strengths and skills of all agencies and ensure these agencies are resourced to work in partnership to support resilient, proactive communities.

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

Input answer:

The current system of deregulation of our transport services may have led to some routes being non-profitable for commercial companies, thus leaving some communities, including areas in urban localities, devoid of opportunities. This has often a knock-on effect with regards to cultural services and agency provision, thus disabling residents from accessing appropriate facilities. This disablement often leads to a downward spiral into isolation and dependency leading to an increased reliance on state resources.

A more mixed provision of public, private and community transport, available at time of need will encourage flourishing communities and the provision of opportunity. This provision of opportunity will reduce the health inequalities felt by communities across Scotland. More and more older people require access to transport especially for hospital and medical appointments. There needs to be a recognition that community transport and volunteer drivers are in high demand. Ambulance & patient transport are constantly cancelled.

E.g. No matter the amount of transport provision there is in a community, if that community is devoid of suitable wheelchair accessible transport, an individual in a busy and well-resourced community may still feel isolated, if they cannot access opportunities independently.

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

**Input answer:**

Access to digital technology is often expensive, whether you have skill to use it or not. We need to ensure easy local access to equipment and internet is available as far as possible. Free town Centre access is commendable, but often this is only available in larger towns and corporate/health/public buildings. Fewer free access sites are available in rural localities. Combined with a lack of cheap accessible transport, lack of finances etc. this leads to lesser opportunity to access equipment and thus knowledge and opportunity.

This often results in a despondent community which can then 'detach' from life-long learning.

Through the promotion and resourcing of existing community assets, third sector organizations, and outreach education, we can enthuse learners and provide equipment and tuition for those wanting to participate in digital communities and help to promote self-resilience and community resilience