

## **Scottish Government consultation: Social Isolation and Loneliness**

### **Chest Heart & Stroke Scotland response**

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

Chest Heart & Stroke Scotland represents and supports the community of 500,000+ people in Scotland who are affected by stroke or a diagnosis of heart or lung disease. The impact of these diseases include physical disability (with stroke being the biggest cause of adult disability), significant fatigue, anxiety and distress, loss of confidence, hidden disabilities such as communication difficulties (aphasia) and mental illness such as clinical depression. These all lead to greater risk of people becoming isolated and lonely – there may be physical and mental barriers to people leaving their home, engaging with others, and participating in their communities.

Support groups within communities which bring together people with similar life experience, such as a diagnosis of a long-term health condition, are an important way of creating social connections and reducing isolation. We have a network of over 150 peer support groups across Scotland, which take many different forms, but the common thread to all of them are the social benefits which lead people to create connections and want to return each week. These are dependent though on the communities themselves establishing and maintaining them, with the support that we provide.

Volunteers are a key part of the solution to sustainable local support, and whilst Chest Heart & Stroke Scotland is a very successful volunteer organisation (with over 1500 people volunteering with us in different capacities) there are always challenges with recruitment and retention of volunteers. As described more fully below, the Scottish Government needs to take the lead in ensuring volunteering becomes the social norm across communities, underpinned by a strategy approach by local government.

Also, the value of social support networks such as our peer support groups needs to be acknowledged by the health and social care system as an important component in people achieving and maintaining wellbeing. Health and social care professionals should be confident in being able to easily signpost people to the support that is available locally.

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

There are a range of local organisations who could drive forward the issues noted in question 1 above: Third Sector Interfaces within all local authority areas should consistently promote volunteering and measure levels of engagement; Integrated Joint Boards (which bring together

health and social care) should identify the impact of social isolation and loneliness at a local level, and put in place plans to tackle this; Local Authorities should ensure volunteering is included in all local strategic developments, and that the voice of individuals and communities are heard in the design and development of interventions. It is vital that loneliness is tackled as a cross-cutting issue, and included within the context of the work of Community Planning, the Scottish Cities Alliance, and the new NHS public health body.

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

The strategy needs to be cross-cutting, bringing together all areas of Scottish Government, together with local government, wider public services, the voluntary and community sector, and private sector business. Volunteering needs to be at the forefront of future solutions.

It should incorporate or link across to plans for supporting and sustaining community groups, spaces and projects, and explore how to build more connected communities through regeneration, education, planning and transport policies.

**4. Do you agree or disagree with our definitions of social isolation and loneliness?**

Agree

5. Do you agree with the evidence sources we are drawing from?

**6. Are there examples of best practice outside Scotland focused on tackling social isolation and loneliness that you think we should be looking at?**

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

8. How can we all work together to challenge stigma around social isolation and loneliness and raise awareness?

9. Using the Carnegie UK Trust's report as a starting point, what more should we be doing to promote kindness?

The Carnegie UK Trust's report suggest that over-regulation and professionalization of social interaction can stifle kindness, and volunteers are increasingly looking for more flexible opportunities to volunteer, with less rigid levels of commitment. There is a need for research into the short-and long-term benefits of acts of kindness, to evidence the impact it makes. The Scottish Government's proposal to introduce Scottish Household Survey questions from 2018 about informal volunteering activity is welcome.

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

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

Significant health events are both a symptom of chronic loneliness and isolation, and a cause. Diseases such as stroke, heart attack, or diagnosis of lung disease such as COPD can all impact on people's daily lives, mental health and wellbeing, and put them at greater risk of isolation. Research evidences the impact of loneliness and social isolation as risk factors for coronary heart disease and stroke<sup>1</sup> - poor social relationships were associated with a 29% increase in risk of incident CHS and a 32% increase in risk of stroke.

To help ensure early intervention takes place the strategy should identify key life stages and specific intervention points and develop a plan for each. For example, embedding loneliness indicators into plus-50 health checks and providing the necessary health and social care professionals with training and advice, including referral pathways to Link Workers both in the National Programme and locally developed programmes.

All interventions by agencies and third sector organisations should be mindful of identifying someone at risk of isolation, and have skills and knowledge to know how best to tackle this – for example by signposting on to other support available such as community groups, and befriending services

Health and social care professionals should be able to identify the health risk factors associated with loneliness and be aware of the opportunity to take a preventative approach. This links across to the need for Integration Joint Boards to take incorporate loneliness as a public health priority.

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

See response to 11 above.

**13. How can social care sector contribute?**

See response to 11 above.

**14. How do we encourage involvement in local groups that promote physical activity?**

Physical activity is key to mental health and wellbeing and reducing isolation, and the third sector is often uniquely placed to help remove barriers to engagement in physical activity. We have existing supportive relationships with vulnerable individuals, expertise in supporting them to self-manage their health conditions, community support in place which limits barriers to attendance, and a network of trained volunteers to help provide that support.

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<sup>1</sup> [http://heart.bmj.com/content/early/2016/03/15/heartjnl-2015-308790?utm\\_source=TrendMD&utm\\_medium=cpc&utm\\_campaign=Heart\\_TrendMD-0](http://heart.bmj.com/content/early/2016/03/15/heartjnl-2015-308790?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Heart_TrendMD-0)

However for people living with long-term conditions such as lung or heart disease, or having had a stroke, the challenges they face in being physically active are significant. They may be living with health impairments or physical disabilities which limit their day to day activities, or coping with fatigue and fluctuating conditions, and often there will be an impact on their mental health too leading to low confidence and self-esteem. Some disabilities can be hidden, particularly after stroke where communication and cognitive difficulties are common, affecting around one-third of stroke survivors.

In 2012-2014 Chest Heart & Stroke Scotland was funded by the Scottish Government in partnership with other third sector organisations to explore how to address the barriers to being physically active for people living with long-term health conditions through a project known as 'PARCS' - Person-Centred Activities for people with Respiratory, Cardiac and Stroke conditions

The key recommendations of the PARCS project included:

- Integration of community-based exercise opportunities into a referral 'pathway' which extends from NHS Rehabilitation programmes through primary care and into communities;
- Community-based physical activity services which are focused on people, rather than health conditions;
- The importance of collaboration and partnership working across NHS, third sector, local authorities and other agencies;

Amongst our 150+ community groups 'affiliated' to CHSS are a number which offer exercise to their participants. These range from classes provided by physiotherapists or qualified exercise instructors in gyms and halls, through to lower level exercise (such as seat-based).

Support groups such as these have typically removed some of the barriers to participation by catering for the additional support needs for their members, for example with transport assistance, or peer support. People want services to be as local and accessible as possible, and the community focus is a key ingredient of their success. By meeting with a group of people with similar health experiences, people feel comfortable in their surroundings, supported by their peers, and there are important social benefits particularly for people who are at greater risk of isolation due to their health.

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

Volunteering is an important way to equip people with the skills to establish and nurture strong and positive connections. 79% of volunteers report that volunteering helps to develop their interpersonal skills.<sup>2</sup> [See also answer to question [ ]

#### **16. Children and young people**

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<sup>2</sup> <https://scottishvolunteeringforum.files.wordpress.com/2015/10/why-volunteering-matters-the-case-for-change.pdf>

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

CHSS already works closely with many of the people most at risk from social isolation and loneliness, through our volunteer-led rehabilitation support services and our network of 150 peer support groups across communities. We also have a volunteer workforce of 1500 people, who also gain the benefits themselves which volunteering affords (as noted elsewhere in our response), gaining social connections and confidence, and so reducing the risk of isolation.

As ever, obtaining funding to deliver services is a challenge. We have in the past had Befriending schemes in place for people affected by our conditions, part funded by local authorities, but after funding was withdrawn last year we could not sustain these.

Over the last year we have though launched new Community Hubs which provide a free community space for local organisations and groups, and incorporate health advice and information. These are situated within our retail spaces and are funded through the retail income stream. In its briefing on loneliness and isolation, VHS noted ‘the importance of sustaining and developing a wide range of informal, friendly and inclusive places at a community level that act as a hub for social interactions to take place on people’s own terms, and that foster kinder communities.’ To date we have Hubs open in Grangemouth, Hawick and Dumbarton, with a 4<sup>th</sup> planned for Drumchapel.

We also to soon pilot a unique Aphasia Café, where people affected by communication difficulties feel comfortable and supported in a social circumstance they might otherwise struggle with.

Beyond individual charities, Third Sector Interfaces could play a stronger role in tackling isolation and loneliness by further recognising and promoting the vital role of volunteers.

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

The Scottish Government needs to identify the barriers to formal volunteering and ensure there is a cross sectoral plan to reduce these. Indicators on volunteering inclusion should be developed across each SG directorate, providing a framework to measure success. As a minimum the new National Outcome ‘We live in communities that are inclusive, empowered, resilient and safe’ should be underpinned by a specific indicator on measurement of volunteering. Arguably volunteering is relevant though to all the new National Outcomes given the contribution it makes to fair work, poverty, culture, the economy, education, the environment, and health.

Befriending and mentoring roles are particularly key areas of volunteering which impact on social isolation and loneliness; but also ‘softer’ social support such as the provision of local community groups. Volunteering itself has a positive impact on individual wellbeing and social connectedness, and it should be made a cross-departmental priority across

Government, supported by the creation of volunteering 'champions', with volunteers featuring in all relevant policies and strategies.

VHS has been conducting research which provides evidence that the wellbeing benefits from volunteering are stronger where there are greater levels of disadvantage experienced by an individual. However the most recent Scottish Household Survey results suggest that volunteering participation rates are almost a third lower in areas of multiple deprivation, and that volunteering participation rates in older adults are starting to decline – and so those most likely to benefit from volunteering are increasingly disengaged from it. The National Outcomes Framework for Volunteering needs to address these barriers.

Volunteer Scotland and Third Sector Interfaces should be encouraged to have clear objectives and dedicated resources for identifying and tackling barriers to volunteering. In addition, specific resource should be identified for expanding the provision of supported volunteering, whereby people experiencing significant or multiple barriers are provided with extra assistance to become volunteers.

### **19. How can employers and business play their part?**

There are some key actions which the Scottish Government can take to ensure the private sector has a role to play:

- Bring together key Scottish based employers who are public facing in retail and utility sectors, as their businesses have face to face engagement with a wide range of customers, particularly sometimes harder-to-reach groups. Encourage positive action on their part and facilitate sharing of practice.
- The strategy should incorporate a detailed plan to better engage with businesses, especially those in retail and utilities.
- Develop loneliness training and awareness initiatives, particularly for those in retail and utilities – similar to Dementia Awareness training.
- Include a commitment to tackle loneliness within the Scottish Business Pledge.
- Encourage and support the widespread development of social and corporate responsibility programmes, and employee assisted volunteer programmes.
- Encourage flexible working, which enables people to build their working pattern around personal needs, and additionally supports volunteering.

20. Barriers presented by the lived environment to socially connecting

21. Cultural services and agencies

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

Transport is a key part of the practical solutions to tackling social isolation and loneliness. It is consistently highlighted by our service users as a barrier to participating in community support and accessing services, particularly in rural areas – not only between communities, but sometimes within them. Many people with disabilities can lose the independence that

driving provides and become reliant on using public transport where it is available. Accessible and regular public transport is vital to them.

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

Online advice, support and information is increasingly an important service which everyone should be able to access as a right. For people for whom leaving their home can be challenging, for example if they are experiencing poor health or fatigue caused by health conditions such as stroke or heart failure, online information and support is crucial. Chest Heart & Stroke Scotland provides a number of self-management resources including My Lungs My Health, Self Help 4 Stroke, and Stroke 4 Carers, and continues to invest in further developing our online support. We hope that following publication of its Digital Strategy last year, the Scottish Government commits to delivering on its actions.

**24. Is there anything else that the Scottish Government should be doing?**

The strategy presents an opportunity for Scotland to become the world-leader in tackling social isolation and loneliness. The Scottish Government should therefore ensure there is both political **leadership and accountability** in addressing social isolation and loneliness, and **resources** available, by taking the following actions:

- Identifying a Cabinet member to take ownership of deliver of the national strategy and lead a cross-departmental action plan, delivered by a multi-directorate team.
- The introduction of a new Committee on Loneliness which will work with all relevant Commissioners to ensure that the issue of loneliness is fully embedded within their remit.
- Incorporate within the strategy detailed plans as to how the Scottish Government will identify leads in COSLA, NHS Scotland, Local Authorities, Integration Joint Boards and other key agencies.
- Develop an impact assessment for loneliness so that policy makers can understand and reflect on the consequences of their policies in relation to loneliness.
- Create a national fund to allow innovation, and identify means to embed loneliness criteria into existing funding at local and organisational level, to ensure the strategy's commitments are delivered.
- Convening a Congress on Social Isolation and Loneliness which brings together key sectors including businesses and employers, to explore how they can play their part in combatting loneliness alongside developing resources and training to help encourage best practice.

The Strategy also needs to incorporate:

- A clear distinction between temporary and chronic loneliness, including the recognition that people who have been lonely for a long time usually require extensive, person-centred support to develop the meaningful connections they desire.
- A clear recognition that tackling isolation and loneliness is everyone's business - the public sector workforce for example – including police, fire service, as well as health and social care – should be provided loneliness and social isolation awareness training.

## **25. Do you agree with the framework created to measure progress?**

The proposed framework highlights the broad range of societal issues which contribute to social isolation and loneliness, but should be clear about establishing the baselines which will demonstrate improvement – will evidence be gathered about how likely people are now to ask for help, be aware of the help available, their recognition of triggers and signs of loneliness? If government work is to feature social isolation and loneliness 'more', what is the baseline for that?

Given the evidenced impact on cardiovascular health that social isolation and loneliness have, an indicator should be incorporated reflecting this.

There is no reference to taking essential preventative action at life points we know put people at greater risk of isolation and loneliness, such as significant health events. A relevant indicator here would be to increase the health and social care workforce's understanding of those at high risk and incorporate methods of intervention.

There needs to be a commitment by the Scottish Government to measure both progress and trends, including embedding questions about loneliness for all ages into the Scottish Household Survey, and development of a consistent measure of loneliness.

April 2018