**Number: WG35902**

Welsh Government

# Consultation Document



Connected

Communities

Tackling Loneliness and Social Isolation

Date of issue: 22 October 2018

Action required: Responses by 15 January 2019

Mae’r ddogfen yma hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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| **Overview** | This consultation:     * sets out our vision of the Wales we want to see, linked to the Welsh Government’s legislative and strategic frameworks.  sets out definitions of loneliness and social isolation. * highlights what the evidence tells us and what we have heard through engagement with stakeholders so far. * highlights the work that the Welsh Government has done and is continuing to do to tackle loneliness and social isolation and the links to the broader policy context. * sets out our suggested approach for the future, and why, and where we think we should be focusing our efforts in partnership with others. * poses a series of questions designed to facilitate discussion amongst organisations and individuals about what more needs to be done to effectively tackle loneliness and social isolation, including access to services. |
| **How to respond** | You can respond to this consultation by completing and returning, by midnight on the closing date, the consultation response form at the back of this document. The response should be sent to:    Loneliness and Social Isolation Team  Social Services Directorate  Welsh Government  Crown Buildings  Cathays Park  Cardiff  CF10 3NQ    Alternatively the consultation response form is available on our website (http://wales.gov.uk/consultations/?lang=en) and can be returned to us, by midnight on the closing date, via e-mail to: lonelinessandisolation@gov.wales |
|  |  |
| **Further** | **Large print, Braille and alternative language versions of this** |
| **information document are available on request.**  **and related**  **documents** Insert any references to the internet, documents or information which might to useful to consultees e.g. consultation web address, detailed appendix to consultation | |

<http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=16359>

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## Foreword

In recent years we have heard more and more about loneliness, social isolation and the detrimental effect they can have on our mental and physical well-being. In December last year the National Assembly for Wales’ Health, Social Care and Sport Committee published its valuable inquiry report on the impact of loneliness and social isolation among Wales’ older population. However as Jo Cox, the former MP for Batley and Spen said, ‘young or old, loneliness does not discriminate’; all of us can be vulnerable, no matter what our age.

The Welsh Government has led the way in legislating to promote and protect well-being, now and in the future, through the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015. These pieces of legislation require public bodies to consider people’s wider well-being when providing services; to think more about the long-term; to work better with each other and with communities; to look to prevent problems arising or situations worsening and thus adding more pressure on public services and to take a more joined-up approach. All of these are central in developing a clear, holistic and long-term response to loneliness and social isolation in Wales.

This more joined-up way of working is also a feature of our national strategy, *Prosperity for All.* It sets out how our commitments as a government will be delivered in a smarter, more connected way, cutting across traditional boundaries both inside and outside government. As such, it frames how work on loneliness and social isolation is taken forward; developing a response which connects the full potential across all policy areas.

What we must do now is build upon these foundations and the variety of excellent work already happening across the public and Third sectors and in communities to embed meaningful, accessible and practical solutions for all of Wales.

Loneliness and social isolation can lead to ill-health and by the same token, people who already are experiencing poor health or who are in receipt of care and support, are often more likely to find themselves lonely or isolated. Neither the Welsh Government nor one agency on its own can combat these issues. The only way to address the wide-ranging and deep-rooted impacts of loneliness and social isolation is to bring together all agencies to address the causes and the wider harmful impacts for the individual and for communities.

Thank you for taking the time to read this consultation document. Addressing the causes and impact of loneliness and social isolation is key to achieving a Wales that we all want to live in, now, and in the future.

I look forward to hearing your views.



**Huw Irranca-Davies AM Minister for Children, Older People and Social Care**

### 1. Introduction

Loneliness and social isolation are growing problems not just here in Wales but across the UK and beyond. And more of us now understand they can affect anyone, at any age, for a wide variety of reasons. They can, and do, have a significant impact on people’s physical and mental health.

As a government, we are committed to securing the best possible health, well-being and quality of life for all people in Wales. Preventing people from becoming lonely and isolated must be a national priority for us, because it will not only improve people’s lives, but it will also help reduce demand for health and social services in the future.

The Welsh Government’s Programme for Government, *Taking Wales Forward 20162021*[[1]](#footnote-1), therefore includes a commitment to develop a nationwide and cross-government strategy to address these issues.

There is a wealth of evidence that demonstrates that loneliness and social isolation are significant issues affecting our older population. Data from the Cognitive Function and Ageing Study – Wales found that 25.3% of older people (aged 65 and over) in Wales reported being lonely and 26.9% socially isolated2. In 2017, the National Assembly for Wales’ Health, Social Services and Sport Committee undertook a valuable inquiry in to loneliness and social isolation in respect of older people. However, in its report[[2]](#footnote-2), published in December 2017, it acknowledged that evidence received highlighted that there were many other groups of people who also experience loneliness and social isolation.

Our National Survey undertaken in 2016-17[[3]](#footnote-3) showed that loneliness and social isolation can be experienced by people of all ages and at many stages of their lives and this has been supported by the engagement that we have undertaken to date. Whilst it will be important to consider the needs of older people when looking at how we address loneliness and social solation, we intend that our final strategy will set out actions to address these problems across the life course.

**2. What does this consultation do?**

This consultation:

* sets out our vision of the Wales we want to see, linked to the Welsh Government’s legislative and strategic frameworks
* sets out definitions of loneliness and social isolation
* highlights what the evidence tells us and what we have heard through engagement with stakeholders so far
* highlights the work that the Welsh Government has done and is continuing to do to tackle loneliness and social isolation and the links to the broader policy context
* sets out our suggested approach for the future, and why, and where we think we should be focusing our efforts in partnership with others.
* poses a series of questions designed to facilitate discussion amongst organisations and individuals about what more needs to be done to effectively tackle loneliness and social isolation, including access to services.

### 3. Our Vision

*Prosperity for All*[[4]](#footnote-4), the Government’s strategy for delivering *Taking Wales Forward*, sets out an overarching long term vision to build a Wales that is prosperous and secure, healthy and active, ambitious and learning and united and connected. It provides a framework to improve cross government working and to improve the quality of people’s lives.

It also sets out six priority areas which are considered to have the greatest potential contribution to make to long-term prosperity and well-being. They reflect the times in people’s lives when they may be most in need of support, and when intervening early, with the right help, can have a significant positive effect on their life course.

Of the six priority areas, we believe that five of these can make a substantial contribution to tackling loneliness and social isolation. These are:

Early Years: an individual’s experiences in childhood play a significant part in shaping their future, and their ability to develop strong and positive relationships as they move through their life.

Housing: living in a safe and secure neighbourhood and in the right accommodation can play a big part in reducing loneliness and social isolation.

Social Care: compassionate, dignified care plays a critical part in strong communities, and ensures that people can be healthy and independent for longer, thereby reducing the risk of becoming lonely and socially isolated.

Mental Health: we know that mental ill health can lead to loneliness and social isolation and that loneliness and social isolation can often lead to mental ill health. Ensuring people have access to appropriate support services is crucial in maintaining health, well-being and independence.

Skills and Employability: decent and sustainable employment can play an important role in combating loneliness and social isolation as part of a wider network of social interactions. The better people’s skill set, the better their chances of getting fair, secure and rewarding employment.

The themes of ‘United and Connected’ and ‘Healthy and Active’ within *Prosperity for All* also provide an important back drop to how we address loneliness and social isolation*.*  For example, one of the objectives of the ‘united and connected’ theme is building resilient communities. The document states:

‘It is the strength of the links between people, within families, neighbourhoods, workplaces or wider communities, which gives us our sense of belonging and well-being. Government cannot create communities, but just as with the economy, we can foster environments where these links are broadened and deepened.’

‘We want a Wales of connected communities, and that means making sure that all the links needed are in place to bring them together. Transport and digital infrastructure are critical to providing the services we all need to stay healthy, to learn, to access employment, and to build prosperity.’

The objectives of the ‘healthy and active’ theme include promoting good health and wellbeing, and building healthier communities and better environments. The document states:

‘We will tackle inequalities between communities and deliver more services closer to home, acknowledging the importance of communities and the wider environment for good health and well-being.’

Both the Well-being of Future Generations Act (Wales) 2015[[5]](#footnote-5), and the Social Services and Well-being (Wales) Act 2014[[6]](#footnote-6), are based on the principles of well-being and placing people at the centre of decision making about their lives; on working in partnership with individuals in order to achieve their desired outcomes, and on prevention and early intervention. Each of these is fundamental to developing a coherent, holistic and longterm response to loneliness and social isolation in Wales. The seven well-being goals established by The Well-being of Future Generations (Wales) Act 2015 and the definition of well-being set out in the Social Services and Well-being (Wales) Act 2014 can be found at Annex 2.

In addition, in June 2018, we also published our long term plan for health and social care ‘*A Healthier Wales’[[7]](#footnote-7)* The plan sets out a future vision of a ‘whole system approach to health and social care’, which is focused on health and well-being, on preventing illness, supporting people to manage their own health and well-being, and enabling people to live independently for as long as they can. It contains a number of actions to take us toward that vision, and describes how we will move at pace to ensure our services are fit for the future. It states:

‘A holistic approach to supporting health and well-being will go beyond providing support services in the home or in residential care. For example, community activities and regular contact with friends and neighbours will help people to stay active, and reduce loneliness and isolation, supporting mental and physical health. For many people the support they need will be delivered by different people working closely together – professional and unpaid carers, family and friends, community volunteers, housing organisations and neighbours, as well as themselves. A whole system approach will enable all of these people and teams to work together, harnessing the full range of community assets, and based on a solid foundation of common values, shared information and mutual respect.’

The Equality Act 2010 and, in particular, the Public Sector Equality Duty has real value in terms of ensuring public bodies address inequality in relation to loneliness and social isolation. We know that some groups of people represented by the protected characteristics are more likely to experience loneliness and social isolation because of who they are. Public authorities all have a duty to ensure that their services and activities meet the needs of all sections of their populations.

Article 8 of Human Rights Act 1998 is another important piece of overarching legislation. The Article states ‘The concept of private life also covers your right to develop your personal identity and to forge friendships and other relationships. This includes a right to participate in essential economic, social, cultural and leisure activities. In some circumstances, public authorities may need to help you enjoy your right to a private life, including your ability to participate in society.’ This Article has a clear relationship to the alleviation of loneliness and social isolation, setting both within the context of living a good life.

These documents and pieces of legislation provide the context in which our work on tackling loneliness and social isolation will be framed. The Wales we want is one which supports connections between people and where we build on people’s strengths to ensure they have the skills, resources and capacity to access opportunities. Therefore our collective effort should focus on fostering capacity as individuals and people’s connections to others – this is about building healthy, positive relationships between people; and supporting people to build the skills and capacity they need to access opportunities and to shape the communities they live in.

**4. What is Loneliness and Social Isolation?**

There are a number of definitions of loneliness and social isolation in use and the terms are often used interchangeably. However, while they are linked and can often overlap, they are not the same. It is possible to be socially isolated without feeling lonely and conversely to feel lonely while surrounded by people.

**Loneliness** is generally considered to be a subjective feeling about the gap between a person’s desired levels of social contact and their actual level of social contact. It refers to the perceived **quality of a person’s relationships**. Loneliness is never desired and lessening these feelings can take a long time.

**Social isolation** is regarded as an objective measure of the number of contacts that people have. It is about the **quantity** rather than the quality **of relationships**. People may choose to have a small number of contacts. When they feel socially isolated, this can be overcome relatively quickly by increasing the number of people they are in contact with.

Isolation can be observed: for example, we may look at how many relationships someone has or how often they speak to other people to help us understand whether they are socially isolated. We cannot measure loneliness in this way.

So loneliness and social isolation are different but related concepts. Social isolation can lead to loneliness and loneliness can lead to social isolation. Both may also occur at the same time. People can experience different levels of social isolation and loneliness over their lifetime, moving in and out of these states as their personal circumstances change.

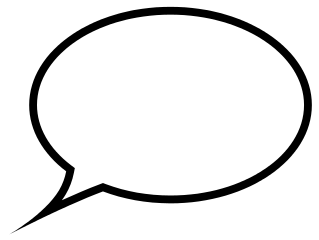
Loneliness and social isolation also share many factors that are associated with increasing the likelihood of people experiencing each, such as deteriorating health, and sensory and mobility impairments.

It is important to understand the distinction between loneliness and social isolation in order to ensure that solutions are not focussed simply on increasing opportunities for people to meet or speak, but on helping to build, maintain and re-establish meaningful relationships. Bringing people together to increase the number of social contacts is not an end in itself to combatting loneliness. The quality of relationships needs to be addressed, including the barriers to achieving this.

In her evidence to the Health Social Care and Sport Committee Inquiry, the then Minister for Social Care and Public Health, Rebecca Evans AM, gave a commitment to define loneliness and social isolation[[8]](#footnote-8). We have therefore considered various definitions that can be found in research[[9]](#footnote-9) and policy documents and propose the following:

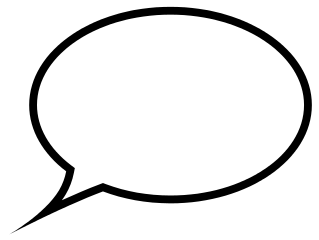
**Loneliness:** is a subjective, unwelcome feeling of a lack or loss of connections, which happens when we have a mismatch between the quality of social relationships that we have, and those that we would like to have.

*What does it feel like to be lonely?*

 *I can tell you exactly, it’s like being in a bubble and you want to get out but you just can't, you try and you can’t do it, you just can’t get out.*

***Trapped in a Bubble*, Male Participant, Wales[[10]](#footnote-10)**

**Social isolation:** refers to the quantity of the social relationships a person has at individual, group, community and societal levels*.*



*When you are young*

*and being*

*picked on and no one’s talking to you*

*.*

*It’s the worst thing.*

12

***Loneliness Connects Us***

**Q[[11]](#footnote-11)uestion 1: Do you agree with our definitions of loneliness and social isolation? If not, what would you propose instead and why?**

**5. Why is there a need to tackle loneliness and isolation?**

Evidence received from a range of organisations by the Health, Social Care and Sport Committee suggests loneliness and social isolation results in a number of physical and psychological impacts including mortality, sleep problems, high blood pressure, poor quality of life, increased risk of heart attack and stroke, depression and suicide. Research demonstrates that loneliness has an effect on mortality that is equivalent to smoking 15 cigarettes a day.[[12]](#footnote-12)

Understanding and improving people’s resilience, making them less susceptible to the harmful effects of loneliness and social isolation and ensuring they have access to appropriate support services are all crucial therefore in maintaining health, well-being and independence.

The economic, health and social consequences of loneliness and social isolation are significant, particularly in respect of their impacts on public services. The British Red Cross[[13]](#footnote-13) estimates that each older person who requires services as a result of loneliness and social isolation, could cost £12,000 per person over the next 15 years. The Eden Project[[14]](#footnote-14) estimates the cost of social isolation and disconnected communities to reach £2.6bn a year in Wales, including a £42.7m demand on health services, a £10m demand on policing and a £8m cost due to stress and low self-esteem.

This increased use of public services and costs indicates the importance of an accurate understanding of service use as a result of loneliness and social isolation, not just because of the impact on the health and well-being of individuals but also the demands and pressures they may place on services and the wider community.

In its report, the Health, Social Care and Sport Committee recommended that the Welsh Government undertakes or commissions work to assess the impact of loneliness and social isolation on health and well-being and whether people experiencing these issues make increased use of public services. In its response to the Committee the government fully accepted this recommendation. The research will feed into the development of the strategy and will be used to explore the potential for longer term benefits of investing in services to tackle loneliness and social isolation and the case for an ongoing focus on prevention and wider well-being.

We are also working with older people and key stakeholders to co-produce a framework for an ageing society. A key strand of this work will identify actions that support older people to participate in community and civic activity.

### 6. The extent and causes of loneliness and social isolation in Wales

Loneliness was measured for the first time in Wales, in the National Survey 2016-17[[15]](#footnote-15). It found that 17% of those participating in the survey, of just over 10,000 people aged 16 and above, were lonely. Mid-year population estimates for 2017 suggest there were approximately 2.6 million people aged 16 and above in Wales; 17% of this number represents around 440,000 people reporting being lonely in Wales[[16]](#footnote-16). 54% of people had experienced some feelings of loneliness.

Younger people were more likely to be lonely than older people: 20% of 16-24 year olds were lonely, compared with 10% of those aged 75 or over. 20% of people experienced loneliness related to the absence of close personal relationships, and 34% of people were lonely due to a lack of social contacts.

The British Red Cross in partnership with the Co-op commissioned research into loneliness in UK communities in 2016[[17]](#footnote-17). The research involved carrying out a survey with a representative sample of the UK public. This showed that 18% of the UK adults surveyed felt lonely ‘always’ or ‘often’.

Our modern way of life often serves to isolate us from others. More of us live alone, work at home, and shop and socialise online. Or we commute long distances back and forth to work, spending long hours at the office instead of spending time with our families and friends. Congested streets and fear of unsafe communities prevent our children from playing outside, where they would be free to meet other children. More of us live alone as our population is ageing and we’re having fewer children. At the same time, the divorce rate has almost doubled in the past 50 years. The number of lone parent households is rising. Because of careers or education more of us live further from our families and the communities we grew up in.

Shifts in attitude also play a part. Today socialising and investing time in social ties are generally seen as less important than ‘productive’ activities like work and we therefore neglect what appear to be ‘unnecessary’ relationships. We feel less able to chat with and start conversations with neighbours and those that we don’t know.

Whilst loneliness and social isolation can be experienced by anyone, there are certain groups of people within our society who are at greater risk of experiencing one or both. The Health, Social Care and Sport Committee report highlighted a range of groups of people, from across the life course that may experience higher levels of loneliness and social isolation. These included young people aged 18-34, service veterans, disabled people, people with serious and long term health conditions such as MS or dementia, people with mental health problems, carers, people who are lesbian, gay, bisexual or transsexual (LGBT), people from Black and Minority Ethnic (BME) communities and people with certain personality traits such as shyness.

Children and young people increasingly report feelings of loneliness. In July 2018, the

NSPCC reported that Childline carried out 4,636 counselling session for loneliness in 2017/18[[18]](#footnote-18). This represented a 14% increase on the previous year. The most common reasons cited for their increased feelings of loneliness were mental health issues, bullying and social media use.

In addition, the National Survey for Wales 2016-17 also found not being married or in a civil partnership; experiencing material deprivation; using the internet; not having a sense of community; being dissatisfied with the local area as a place to live; not feeling safe after dark and not being a volunteer were all related to a higher likelihood of loneliness.

We also know that some life transition points or significant life events can act as triggers for loneliness and social isolation[[19]](#footnote-19). These include bereavement, divorce or separation, retirement, becoming a new mum and having a mobility or health issue.

There are a range of other factors which can also exacerbate the experience of loneliness and social isolation21, such as location, environment, skills, access to public, private or voluntary transport, housing and access to community facilities and activities, i.e. public toilets, libraries, lunch clubs, day centres and learning opportunities.

Loneliness and social isolation can therefore be experienced by people of all ages and at any point in their life. The causes are often complex, multi-layered and mutually reinforcing and stem from a range of individual, community and societal factors.

**Question 2: How can we help people to understand the trigger points for loneliness and social isolation and to build emotional and psychological resilience to equip them to take steps to avoid or reduce these feelings?**

### 7. The Role of the Welsh Government

Loneliness and social isolation are not issues that the Welsh Government can solve alone. They require a comprehensive and cohesive response. Many of the levers for alleviating the health and social care impacts of loneliness and social isolation rest across the public, private and Third sectors as well as with individuals and communities themselves.

We believe that our role is to foster the right environment and create the right conditions for people and communities to design and deliver solutions that best meet their needs. We also want to raise awareness of, and bring together, existing initiatives that are making a difference.

Using our legislative and strategic frameworks we are already taking forward work across a range of key policy areas. More detail on these can be found in the section below. Whilst we want to continue this work and to establish a clear link between progress in these areas and reducing loneliness and social isolation, we are also clear that we need to consider what more can be done to add value.

We want to understand loneliness and social isolation in such a way that it can be considered in future decision making and ensure that our future policies seek to address rather than exacerbate the problem.

**Question 3: How can the Welsh Government foster the right environment and create the right conditions to build resilient communities?**

### 8. How the Welsh Government is currently tackling loneliness and social isolation Early Years and Education

Supporting the development of strong and positive relationships is important, so that as people move through life they are better able to establish and nurture meaningful social relationships.

As emphasised in the National Assembly Children, Young People and Education Committee report *Mind Over Matter*[[20]](#footnote-20), schools have an important role to help deliver the ambitious goal of building a population of emotionally-resilient and mentally healthy children and young people in Wales. On 7 September the Cabinet Secretaries for Education and Health announced they would convene a Joint Ministerial Task and Finish group to consider the whole school approach to mental health and well-being in schools.

Many children and young people report feelings of loneliness and social isolation, which impact on their mental health and their ability to perform to their best at school. Every child’s emotional, physical and mental well-being should be at the heart of our education system in Wales. A whole school approach will ensure that mental health and wellbeing becomes central to the way schools work and will touch on many different aspects of school life.

The Children First Pioneer pilot looks to meet community needs for children and families. The approach brings together organisations to work collaboratively to improve outcomes for children and young people based around a ‘place’. A long-term strategic focus is developed with communities to address local issues, to reduce the inequalities faced compared with children in more socially advantaged places, and improve their life chances. Children First is not a new Government programme, but represents a different way of working and a different approach through which a community is supported to identify its own needs and find the best way to address them.

There is a growing recognition of the long term impact of exposure to adverse childhood experiences (ACEs) on children’s life outcomes, including on their health and well-being and relationships with others.

The latest in a series of reports on ACEs from Public Health Wales focuses on mental health, the impact of physical and emotional neglect on children and the resilience factors which can protect them from ACEs[[21]](#footnote-21). This and the findings of Public Health Wales’ wider ACE study have been instrumental in shaping our thinking and policies, particularly around building resilient individuals and communities. It has also been the catalyst for our decision to invest in the development of the ACE Support Hub for Wales. The Hub has established itself as a centre of knowledge and expertise, and a focal point for professional understanding and learning on ACEs.

The Welsh Government has a range of current programmes which support those who have experienced, are experiencing, or are in danger of experiencing ACEs. These include the Flying Start and Families First, which work with children and their families to identify risks and offer interventions to address them. This is particularly true of the first 1,000 days of a child’s life, from conception to two years of age, as this period is likely to have the greatest impact on a child’s future.

**Question 4: How can children and young people be better equipped with the skills to establish and maintain meaningful social connections?**

**Question 5: How do we ensure that schools can better support children and young people who may be lonely and/or socially isolated?**

### Infrastructure (Housing, Transport and Digital Inclusion)

Housing organisations including; landlords and support agencies have a crucial role to play in combating loneliness and social isolation. As people age living in a safe and secure neighbourhood and in the right accommodation can play a part in reducing the risk of experiencing these feelings. For older people who can spend up to 90% of their time in their home, being in appropriate housing – meaning its location, how warm it is, and how suitable it is to their needs - is fundamental in providing the foundation to enable people to live independent, fulfilling lives. Poor quality and inaccessible housing can lead to ill health and feelings of anxiety about going out, and feelings of embarrassment about inviting people in, both of which may heighten feelings of loneliness and social isolation at all ages.

We know that our Housing Adaptations and Housing Related Support programmes have a significant impact on the wellbeing of older people. They support householders to remain independent and help to reduce avoidable visits to hospital and, play an active role in the local community.

Continued innovative investment in services is required. This includes continuing to extend independent living within people’s homes, simplifying access to aids and adaptations services and providing a broader range of housing options.

It stands to reason that being homeless can lead to feelings of loneliness and social isolation from the community. The Housing (Wales) Act 2014 is designed to reduce homelessness through a stronger focus on prevention and a more inclusive approach to helping everyone in need, based on an individual assessment and a partnership approach with the applicant. Local authorities are required to take reasonable steps to help prevent or relieve homelessness, with more flexibility to use the private rented sector and other housing options.

We have developed a number of distinct approaches to support those in our

communities most at risk of homelessness. This includes the Housing Pathway to help Ex-Service Personnel, the National Pathway for Ex-Offenders, the pathway to help young people avoid homelessness, and an accommodation framework for care leavers, to ensure they get the help they need to find suitable accommodation.

**Question 6: What more can the housing sector do to reduce loneliness and social isolation? How can the Welsh Government support this?**

The ability to get around is a basic requirement in a modern society. Regular public transport services are important not only in respect of the journeys themselves, but also for the human interaction they enable. For many people, particularly older people and those in isolated communities, getting about is not just about the transaction of the journey itself. It is also about the people they meet and the conversations they have along the way, and at their destination, which can prevent feelings of loneliness and social isolation.

Our vision is for a safe, affordable and reliable integrated transport system across Wales which will not only deliver more cohesive communities but also deliver against our “healthier” and more “responsible” well-being goals, through the choices people make and a modal shift to more sustainable travel modes, including public transport, cycling and walking.

Our National Transport Finance Plan sets out an ambitious programme of road, rail, bus and active travel improvements as part of a balanced and sustainable plan for transport investment. It targets five key areas: economic growth; tackling poverty; sustainable travel and safety; and improving access to employment and to services.

We have invested £25m throughout Wales this year supporting local bus and community transport services, helping to ensure that people are able to access key services and facilities. In June 2018 we awarded the £5bn contract for the next Wales and Borders and South Wales metro service which will deliver better rail services for people across Wales, transforming our network to enable our metro ambitions to become a reality.

In early 2018 we consulted on the future of our free concessionary bus travel scheme for older or disabled persons. A theme of the responses was that the scheme makes a considerable contribution to tackling loneliness and social isolation. We have also consulted on options to improve the existing discounted bus travel for younger persons and are keen to explore the potential to expand the age of entitlement and the discount, if that is affordable.

We have also been working with bus operators and local authorities to develop our proposals on how we can better plan and deliver local bus services. We hope to bring forward detailed proposals for reform by the end of 2018 which will also consider the contribution that taxis, private hire vehicles and local transport operators working under the community transport permit regime can make to our vision for integrated public transport.

Walkable neighbourhoods enable stronger community connections and reduce the risk of loneliness and isolation. We are investing in new walking and cycling routes and making existing ones safer and more convenient in towns across Wales. We’ll be investing over £90m in this and the coming two years in such improvements to enable people to make everyday journeys by walking and cycling.

**Question 7: What more can Welsh Government do to support the improvement of transport services across Wales?**

Digital inclusion is about ensuring that everyone has the opportunity to benefit from the rapid pace of technological change that is taking place in our society, so people can use digital technologies, particularly the internet, in ways that enhance their lives.

For people to want to use the internet, they have to feel that it is relevant to their own situations, be it for work or in their personal life. Ensuring everyone has access to the internet and the motivation and skills to use it effectively, will help create a more prosperous, healthier and resilient society with equality at its heart. People’s life chances can be transformed, including reducing feelings of loneliness and social isolation by helping individuals to stay in touch with friends or family through video messaging services and opening up access to other online support, social networks and interest groups, as well as access to local services and community organisations. The Welsh Government’s £1 million per annum dedicated digital inclusion programme, Digital Communities Wales, provides support to organisations which work with the most digitally excluded groups (older people; disabled people; those living in social housing; the economically inactive & unemployed), through training and supporting volunteers to act as digital champions.

For children and younger people, the internet and digital technology is an integral part of their lives, through the use of smart devices and the internet at school, social media and online gaming. Younger people increasingly conduct and document their lives on social media, which has both positives and negatives. Social media platforms such as Facebook, Snapchat and Twitter allow an individual to develop a social network that is not limited by their location and can make connections with people from backgrounds very different to their own.

However, research highlights the potential disadvantages of social media for young people. The Children’s Commissioner recently reported that children are increasingly conscious of their online image and can have significant anxiety about how they appear online compared to their peers and public figures, and may chase ‘likes’ on the content they put online. Social media in particular can be an avenue for bullying, harassment and social pressure that can cause, or contribute to, a child’s sense of isolation and loneliness and that may be difficult for parents and teachers to identify and prevent.

Whilst we know that the latest technologies can be an overwhelming force for good, we know that digital technology, social media and the internet is a double-edged sword. These technologies provide real solutions to loneliness and isolation by connecting people to their communities, developing the support and social networks, and to overcome some of the impacts of physical and mental impairments. However, at the same time they can cause a person to feel more isolated, as a result of online harassment or bullying, hate crime, identity theft, cyber crime and online scams. It is vital that everyone has the digital skills and support to stay protected online as well as the confidence to use new and emerging technologies.

**Question 8: How can we try to ensure that people have access to digital technology and the ability to use it safely?**

### Social Care and Health

Good quality social care enables people who need care to continue to live independently within communities and can contribute to alleviating loneliness and social isolation.

The key principles within the Social Services and Well-being (Wales) Act focus on improving well-being and empowering people to have greater voice and control over their care and support. The Act has been developed to drive stronger partnership working across health and social care and the Third and independent sectors to ensure delivery of high quality care and support services which are sustainable and which meet people’s needs.

It requires local authorities and health boards to jointly undertake a national population assessment of care and support needs and to produce joint area plans in response. These plans were published for the first time in April 2018 and loneliness and isolation was identified as a core theme across all areas.

The Act also makes provision for the assessment of carers needs and for eligible needs to be met. This is crucial to ensure carers can sustain their caring role and that they are supported in maintaining their own lives outside their caring role, which may be especially helpful in protecting them from the loneliness and isolation which can be associated with significant caring responsibilities.

We support the DEWIS Cymru website which provides a rich source of information to help people to understand about their well-being and to access information about sources of support to improve their outcomes. We are already working with local government, health and the Third sector to explore and deliver better awareness and connectivity across information, advice and assistance services, our proposals for the NHS 111 advice service and the third sector network of community organisations.

**Question 9: What experience do you have of the impact of social services on addressing loneliness and social isolation?**

**Question 10:** **What more can the social care sector do to tackle loneliness and social isolation?**

Physical activity has a number of benefits for a person’s health and well-being and can also provide valuable opportunities for people who are lonely and socially isolated to meet new people and broaden their social contacts.

Substantially increasing levels of physical activity across Wales is a key commitment of our national strategy *Prosperity for All*. This reflects the importance which physical activity plays in not only reducing loneliness and social isolation, but also supporting a healthy and active nation, and is an integral part of preventative health across a range of cross-government portfolio areas.

We legislated for an obesity strategy through the Public Health (Wales) Act 2017[[22]](#footnote-22) and our forthcoming national strategy will set out our approach to support people to achieve a healthy weight. There are a number of key systemic changes underway that underpin the *Prosperity for All* commitment to support and encourage an increase in physical activity in Wales realised not just through levels of funding but through a range of partners, health boards, local authorities, schools and employers ensuring opportunities for physical activity are factored into daily life in Wales.

Welsh Government, Sport Wales and Public Health Wales have also come together to deliver the Healthy and Active Fund (HAF), with the aim to improve mental and physical health by enabling healthy and active lifestyles. Phase 1 of the HAF will support projects that strengthen and develop community assets, with £5 million available to invest over 3 years, from April 2019 – March 2022.

Priority will be given to projects that seek to reduce inequalities in outcomes for one or more of the following groups:

* Children and young people
* Disabled people and those with a long term illness
* People who are economically inactive or who live in areas of deprivation  Older people and those around the age of retirement from work.

**Question 11: What more can we do to encourage people who are at risk of becoming lonely and socially isolated to get involved in local groups that promote physical activity?**

### Mental Health

We know that loneliness and social isolation can lead to mental health problems as well as physical problems, and can be a contributory factor in suicide, particularly among men.

One of the priorities within the current delivery plan (2016-19) for *Together for Mental Health[[23]](#footnote-23)* is to see that people’s quality of life improve, particularly through addressing loneliness and unwanted social isolation.

The primary care model for Wales recognises the opportunity GPs, nurses, pharmacists, optometrists, paramedics, social workers and others have to identify individuals who may be experiencing loneliness and isolation, which in turn is leading to poor mental wellbeing. The model also acknowledges the vital role non-clinical sources of help which are widely available in local communities. Examples include befriending services, gardening clubs and mindfulness training. Health boards, local authorities, the third sector and communities themselves are increasingly working together to create systems designed to link these individuals with the right source of help. These systems are sometimes known as social prescribing or social referral.

The Welsh Government committed both in *Together for Mental Health* and *Prosperity for All*, to deliver a social prescribing pilot for mental health and Mind Cymru and the British Red Cross have been awarded a total of £1,351,066 to deliver projects across Wales. Link workers will work with patients to develop tailored support plans that can be delivered locally. We are also providing grant funding worth £158,373 over three years to support Men’s Sheds Cymru. It will work to enable men and their families to overcome mental health issues, be more engaged in their communities and develop self advocacy skills.

The scheme is designed to provide an effective trial for what works in relation to social prescribing for mental health. The evaluation element will cover process, impact and value for money in order to provide a detailed addition to the evidence base.

*Talk to Me 2[[24]](#footnote-24)* is our five year strategy to reduce the suicide and self harm rate in

Wales. The strategy is overseen by a National Advisory Group on Suicide and SelfHarm (NAG), which brings together key stakeholders including Third sector, statutory organisations and experts in suicide prevention. This national group is supported by three regional working groups.

Within our Dementia Action Plan[[25]](#footnote-25), published in February 2018, we recognise the need to tackle social isolation and loneliness and it includes actions that look to develop communities and activities that are dementia friendly. We support the Alzheimer’s Society’s *Dementia Friends* campaign, which promotes understanding of dementia and aims to reduce its stigma, which can lead to people with dementia experiencing loneliness and social isolation.

**Question 12: In what other ways can health services play their part in reducing loneliness and social isolation?**

### Volunteering

Volunteering has benefits for the individual in building their social networks, improved health, well-being and skills as well as creating a sense of belonging to an issue or a community. Communities benefit from volunteering in a variety of ways including through the creation of social cohesion in addition to increased social capital. Organisations benefit from the involvement of volunteers through their contribution to the achievement of the organisation’s mission in addition to the flexibility and added value they bring in experience and skills. Public services benefit from involving volunteers to enhance and extend their services and from working with Third sector organisations to involve volunteers in new citizen-centred delivery models.

*Prosperity for All* includes specific commitments under the *United and Connected* theme to identify opportunities for more people to volunteer, including working with the Wales Council for Voluntary Action (WCVA) and the Third sector on the roll-out of a unified volunteer programme, Volunteering Wales, and build a sustainable relationship with the Third sector.

In June 2018, the new Volunteering Wales platform was launched, funded by Welsh Government and managed by the WCVA. This is already helping 3,000 organisations to recruit and manage volunteers, log volunteer hours, plan rotas and events, record training and experience, and produce useful reports. The new system allows volunteers to find opportunities by searching for keywords or according to distance from their home location.

A new round of Volunteering Wales Grants launched on 12 September, with opportunities for project funding of up to £20,000 for activity from 1 April 2019 - 31 March 2020. Volunteering Wales Grants[[26]](#footnote-26) is a scheme funded by the Welsh

Government to promote and improve volunteering in Wales. Grants will be allocated to projects that can demonstrate that they are able to make a contribution to delivering [*Prosperity for All*](https://gov.wales/about/programme-for-government/?lang=en) which describes a long-term aim to build a Wales that is prosperous and secure, healthy and active, ambitious and learning, and united and connected.

In 2017, the Welsh Government commissioned a review of the basic principles of sustainable community based volunteering approaches to tackling loneliness and social isolation among older people. The research had a particular focus on the process, role and models of best practice of volunteer led community engagement for tackling loneliness and social isolation across Wales and the impact they have had. The findings will be used to inform the development of further community led volunteer models for tackling loneliness and social isolation.

**Question 13: What more can the Welsh Government do to encourage people to volunteer?**

### Third Sector

The Third Sector in Wales is a vibrant and diverse collection of registered charities, voluntary associations and community groups. The statutory Third Sector Scheme (2014) sets out how the Welsh Government will promote the interests of relevant Third sector organisations. Welsh Government, through the Third Sector Scheme supports a Third Sector Infrastructure which represents, promotes, supports and is accountable to the Third Sector at all levels.

The Welsh Government values the Third Sector for the contribution it makes to the long term economic, social and environmental well-being of Wales, its people and communities. The Third Sector can help to transform the way that public services meet present and future demands, by treating people and communities as assets and equals in the design and delivery of services, not only as service receivers.

Welsh Government provided direct funding of £285.7 m to Third Sector organisations in

2016-17. The Welsh Government also provides core funding for WCVA and County Voluntary Councils and across Wales. This funding enables CVCs and WCVA to work with the local Third Sector organisation on four pillars of activity (i) volunteering, (ii) good governance, (iii) sustainable funding, and (iv) engagement and influencing with public service partners.

**Question 14: How can the Third sector play a stronger role in helping to tackle loneliness and social isolation? What can the Welsh Government and other public bodies do to support this?**

### Skills and Employability

We recognise the role that decent and sustainable employment can play as part of a wider network of social interactions to help to prevent or combat individual feelings of loneliness and social isolation.

Our Economic Action Plan[[27]](#footnote-27) sets out the actions we are taking to grow our economy, spread opportunity and promote well-being and to support the creation of decent and sustainable employment opportunities across Wales.

The Plan’s clear emphasis on Fair Work responds to the fact that not all work is in and of itself a panacea to combating loneliness and social isolation. The changing world of work, the prevalence of some types of home working, and some employment practices mean that not all work takes place in a social setting and even when it is, unfair employment practices can lead to loneliness and isolation in work.

Our Economic Contract also includes a focus on promoting good health, including mental health, in the workplace. We would hope that a greater emphasis on the importance of good mental health could support those experiencing, or at risk of experiencing, feelings of loneliness and social isolation in the workplace to identify avenues of support.

Welsh Government has also financially supported the development of an Employers for

Carers Wales Hub by Carers Wales during 2018-19. This encourages employers in Wales to better support employees who are carers. Supporting carers in balancing caring with employment, can improve the sustainability of both caring and employment, improving well-being and protecting them from loneliness and social isolation.

Businesses come into contact with lonely people every day; as customers, clients and employees. Businesses interact with lonely and socially isolated people and people at risk of these feelings, frequently. There are numerous opportunities for businesses to play their part which we want to explore.

**Question 15: How can employers and businesses play their part in reducing loneliness and social isolation?**

### Tackling Poverty

Living in a low income household can limit opportunities for community participation and social networking. Poor social bonds combined with material deprivation can damage employment prospects, impact on living standards and contribute to feelings of loneliness and social isolation. Significant life events such as bereavement and divorce may also increase the risk of poverty. Over the past five years pensioner poverty in Wales has increased. Pension credit and housing benefit can provide vital financial support for older people on low incomes, yet, each year, up to £3.5bn goes unclaimed.

In addition, evidence suggests that levels of poverty in Wales will rise in the coming years due to increases in household expenditure and the impact of welfare reform which has had a particularly detrimental effect on families, single parents, disabled people and Black and Minority ethnic groups.

Our Child Poverty Strategy[[28]](#footnote-28) recognises that child poverty is a direct reflection of the poverty of their parents. Therefore the objectives are focussed on reducing the number of children living in workless households, increasing the skills of parents and young people, reducing inequalities in education, health and economic outcomes, creating a strong economy and labour market and action to increase household income.

In addition, the Strategy identifies five key priority areas where we can do more with the levers available to the Welsh Government to improve outcomes for low income households in the here and now. These areas are childcare, housing and regeneration, mitigating the impacts of welfare reform, in-work poverty and food poverty.

Our prosperity programmes, such as Flying Start, Families First, the Pupil Development Grant and our Supporting People Programme, are an enhancement to mainstream services which offer additional support to those communities and individuals most in need of assistance. We are also helping households to increase their income through support for advice services, the provision of emergency payments through the Discretionary Assistance Fund and support for those on low incomes through the Council Tax Reduction Scheme.

**Question 16: What more can the Welsh Government do to support those who experience poverty alongside loneliness and social isolation?**

### Location and Environment

People living in rural areas can be vulnerable to loneliness and social isolation, particularly as they age. Rural areas may have fewer local opportunities for social interaction and some voluntary sector initiatives find it prohibitively expensive to offer support to small numbers of people living in remote and rural settings, which can mean that people who live rurally are additionally disadvantaged.

However, people in urban areas can also be lonely and isolated, particularly where public transport accessibility is difficult or where the physical environment is so poor that people can not navigate it due to a physical impairment for example.

The loss of community services also means reduced social interaction and increased potential for people to feel lonely and socially isolated.

The Wales Rural Development Programme 2014-2020 (RDP) is a 7 year investment programme funded by the European Agricultural Fund for Rural Development and the Welsh Government. One of the schemes funded under the RDP is LEADER. LEADER Local Action Groups can encourage community cohesion, engaging with rural stakeholders often reaching people at risk of suffering from loneliness due to rural isolation through local strategy development and resource allocation.

Targeted regeneration investment is supporting projects that promote economic regeneration with activities focussed at individuals and areas most in need, whilst serving the aims of wider sustainable development.

Prosperity programmes, both area and non-area based, enable us to reach many people who are in need of support to help them improve outcomes.

The Ministerial Taskforce for the Valleys has been established to support change, maximise opportunities and improve outcomes in the South Wales Valleys. The Taskforce has undertaken extensive engagement activity within Valleys communities to find out what people really want from their public services. This has enabled us to publish a detailed Delivery Plan which sets out the action we will take to tackle the barriers that prevent those services being delivered effectively.

**Question 17: What more can we do to build community resilience and support communities to combat loneliness and social isolation?**

### 9. Case Studies

It is not just government that is taking action to address loneliness and social isolation and during our engagement with stakeholders to date we have seen and heard about the significant amount of activity being undertaken by a range of different sectors and by communities and individuals themselves. Some case studies which showcase some of the excellent practice that already exists in Wales are set out below.

We now need to build upon the variety of examples of work already underway to embed meaningful and practical solutions in all parts of Wales and for everyone who needs them.

### Connecting Communities

Connecting Communities is a British Red Cross and Co-op partnership. Community Connectors, supported by volunteers, aim to reconnect people (aged 18 and over) with their communities and establish meaningful connections of their choosing by providing intensive, time-limited and person-centred support. The service uses a ‘Top Three goals’ approach – mutually set, achievable targets – as a way to build confidence and independence and work towards what matters to the individual. Each person is supported for up to 12 weeks to rediscover their interests and re-build links in their communities. In many cases, this is plenty of time. However, sometimes people’s needs are too complex to have made enough progress to end the support within this timeframe. This has led to the service length becoming more flexible to meet each individual’s needs and circumstances.

Pamela was referred to Connecting Communities by Age Connects. She was unable to leave her house because of her health and poor mobility. Pamela’s dog had recently died and despite having a carer three times a day and family nearby, she felt very lonely. Pamela wanted to increase her human interactions and meet new people. The community connector worked with Pamela to find a telephone befriending scheme and supported her to make the initial calls. Pamela has been linked up also with Contact the Elderly to join a monthly tea and chat club which provides transport and Reading Friends who offer home visits.

*“The program has brought me to life again, I feel more hopeful knowing that there are things out there,”* Pamela*.*

### Time Credits

The Time Credits approach was developed in the Welsh Valleys in 2008. They are a tool for increasing community participation and through this, social connections, thereby addressing loneliness and isolation. For an hour that someone gives to their community or service, they can earn a Time Credit. These Time Credits can then be spent on an hour’s activity donated by partners, like going swimming or an adult education course. By earning and spending Time Credits people connect better into their community, interact with and meet other people, share experiences and skills and spend positive time and have fun with others. Over 50,000 people have earned Time Credits to date through over 1200 community organisations and there are over 500 spend partners.

Stephen, from Carmarthenshire led an active lifestyle until he experienced eyesight deterioration several years ago. He became unable to work and was cared for by his wife, Tracey. Stephen earned his first Time Credit taking part in designing a leaflet on how to combat loneliness, whilst attending a well-being course in Llanelli. He became frustrated about the lack of opportunities for people with a visual impairment and thus started up a visual impairment bowls club in Llanelli. Using Time Credits helped Stephen to grow the club, increase the number of volunteers and participants and take part in local and national tournaments*.*

*“My confidence was so low. I was afraid of trying new things and going to new places. But I really wanted to show people that you can do things even if you’re blind or have any other type of disability.”*

*“Time Credits have helped to grow my confidence and keep the bowls club going so that other people can access it and make new friends.”*

### With Music in Mind

With Music In Mind is a singing group for people aged 50 and over to get together, to socialise and to have fun. It was set up in 2015 for people at risk of loneliness or social isolation, or at risk of worsening physical or mental well-being. The groups run at regular intervals, are led by experts and involve singing, chatting and other activities. Anyone of any background and singing standard is welcome. The groups have many benefits including increased confidence, stress reduction, improved quality of life and improved well-being and general health.

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| *"I would recommend With Music In Mind to anyone as it is a joyful, uplifting experience and you get to meet new people".* Pam Evans, 72. |
| *"The whole concept is excellent".* Anonymous, 69*.*    *"If anyone feels a bit down before coming then it can be virtually guaranteed they will* |
| *leave with a lighter step. Why not join us for a dose of musical therapy?".* Nigel Lewis*.* |

### Ffrind I Mi

Developed byAneurin Bevan University Health Board and its [partners,](https://www.ffrindimi.co.uk/partners) Ffrind i mi is a partnership approach to combatting loneliness and social isolation. Partners and communities work together to create innovative solutions and increase volunteering opportunities to enabling people to both reconnect and improve well-being. Through the initiative, there has been a growth in inter-generational practice with a strategy and supporting toolkit due to be launched in December. The strategy has been developed through consultation with older people, care homes, schools, colleges, uniformed cadet organisations and others.

‘Bob’ has lived at Woffington House Residential Home for over two years. He has no family and has no visitors.

Bob is at high risk of loneliness. He suffers with anxiety, mild depression and lives with dementia. At times he will bite his knuckles and hit door frames because of his frustrations. He used to be prescribed anti-anxiety medication when necessary. The home worked with Digital Communities Wales who trained local school children to be ‘digital heroes’. These children now visit the residents in care homes and engage them in meaningful digital activity.

The manager says:

*Since having the iPads and using the Virtual Reality glasses, Bob has been able to revisit Aberystwyth in 1965 as well as go on rollercoaster rides. He also loves looking up songs using YouTube. Gone are the days of us administering anti-psychotic medications, instead we call ourselves DC Social Prescribers. I have now just walked past the lounge - Bob is belting out Calon Lan from YouTube via an iPad, I feel that's a massive change as oppose to Bob being sat, sedated, which contributed to his confused state. The use of digital technology in our home has amazed us all. The positive impact it has had on residents has contributed to a decrease in prescribing overall and has contributed to wellbeing and positive outcomes.*

### Monmouthshire County Council

Through the Monmouthshire Public Services Board’s engagement with its communities, it has identified county-wide issues which cannot be solved by one organisation alone. The board has drafted a loneliness and social isolation plan entitled “A Connected Monmouthshire” which sets out the vision for the county where everyone has the opportunity to develop meaningful relationships regardless of age, status, circumstance or identity and where everyone has a responsibility to help tackle loneliness and social isolation. The council is engaging with communities to ask them what they think is important and what they think should be done to help tackle loneliness and social isolation.

Through Monmouthshire’s partnership activities, examples which seek to address loneliness and social isolation include:

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|  | Bridges Community Car Scheme – providing transport for people who require  additional support getting out and about in their communities [(http://www.befriendingmonmouthshire.org.uk/carscheme/)](https://emea01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.befriendingmonmouthshire.org.uk%2Fcarscheme%2F&data=02%7C01%7CAlison.Wood%40gov.wales%7C48e17ced645a4a8b15e408d614b510af%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C636719165382618237&sdata=dejhqQERAe4ghrkshsE8wmxEDSJ2Sid0FcjV%2Bswiqxk%3D&reserved=0) |
|  | MCC Playmaker Programme (Year 5’s) – providing leadership skills and a recognised qualification to all Year 5 pupils in Monmouthshire, who then go on to support the well-being and physical activity opportunities within their school [(http://www.monmouthshire.gov.uk/2018/01/09/council-becomes-first-in-uk-toreach-sports-award-pinnacle)](https://emea01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.monmouthshire.gov.uk%2F2018%2F01%2F09%2Fcouncil-becomes-first-in-uk-to-reach-sports-award-pinnacle&data=02%7C01%7CAlison.Wood%40gov.wales%7C48e17ced645a4a8b15e408d614b510af%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C636719165382618237&sdata=4fQABZJBtrnoaDOug19XWNu5AXInZsdFpawrsy3Ou7k%3D&reserved=0) |
|  | Caldicot Community Garden – providing learning opportunities for the community in a friendly, open setting; individuals can meet new people, develop friendships and networks of support ([https://www.facebook.com/groups/173780499986143/)](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2Fgroups%2F173780499986143%2F&data=02%7C01%7CAlison.Wood%40gov.wales%7C48e17ced645a4a8b15e408d614b510af%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C636719165382628249&sdata=TcDTEYB1Kqdrdv7IP3TVSXDw98atx8GNWHTdUwyKZXM%3D&reserved=0) |

### 10. Our Approach

Tackling loneliness and social isolation is a **long-term challenge** and the Welsh Government’s strategy will be its **first step** in tackling these issues, which, as we have set out in this document, are complex and affect many different groups of people.

The **evidence base** in respect of loneliness and social isolation is still developing, and we will be working with partners to explore how we can **improve this**, to inform future government policy. We also want to identify where we have the clearest opportunity for government action and further learning.

We can all experience periods of loneliness and/or social isolation from time to time. This temporary state is sometimes referred to as transient loneliness and often arises when someone who has strong social connections is unable to interact with their networks for a period of time. Typically, this is relieved once social interactions return to normal. However, prolonged periods of loneliness can lead to a permanent state of chronic loneliness which is much more difficult to address.

There is a strong case for intervening to prevent chronic loneliness, given its wider effects on health and well-being – and resultant pressure on NHS and care services.

Preventing minor situations escalating into crises is more cost-effective than picking up the pieces – and better for the individual. So we are interested in **approaches that reduce the risk, prevent loneliness or that intervene early**, before loneliness becomes entrenched such as encouraging people to understand the trigger points of loneliness and social isolation and to build emotional and psychological resilience to equip them to cope and respond. However, we also need to ensure that **support** is available for those who are **already** **chronically lonely**, or who, despite our best efforts, **become chronically lonely**.

We believe that the strategy should include both some **actions** that reduce the risk ofloneliness **across all groups** in society**,** and some that focus on reducing the risk at specific trigger points **for key groups** highlighted by the National Survey for Wales and other key research. These would include children and young people; those in poor physical or mental health; carers; older people; those who are single, separated, divorced or widowed and those in material deprivation.

This is not a judgment that these groups should be prioritised over others - rather, it is a recognition that there are specific opportunities for us to take action that could help reduce loneliness and social isolation within these particular groups. We will learn from the impact that these actions have and use this to plan future action, both across society and for specific groups.

**Question 18: Do you agree with our proposed approach? If not, what would you otherwise suggest?**

**Question 19: Are you aware of examples of successful interventions within Wales, or beyond, that you think we should be looking at?**

### 11. Measuring Loneliness and Social Isolation in Wales

The Well-being of Future Generations Act (Wales) 2015 requires Welsh Ministers to publish national indicators to measure the achievement of the seven well-being goals for Wales contained in the Act (see Annex 2). They provide context to the well-being goals and provide clarity that public bodies will need to develop their well-being objectives.

One of the 46 national indicators which will be used to measure how Wales is progressing against the seven well-being goals is the percentage of people who are lonely (National Indicator 30). Specifically this is the percentage of adults (aged 16+) who are lonely according to the De Jong Gierveld loneliness scale.

This will be monitored though questions in the National Survey for Wales which will also enable analysis of other aspects of people’s lives that are part of the National Survey (including age, household type and other demographic factors) for those who feel lonely.

The detailed question on loneliness in the National Survey asks respondents to say how they feel about the following statements:

* I experience a general sense of emptiness
* I miss having people around.
* I often feel rejected
* There are plenty of people I can rely on when I have problems.  There are many people I can trust completely
* There are enough people I feel close to.

We are aware that whilst we have mechanisms for measuring loneliness in Wales, these do not capture the frequency with which people experience loneliness. We also do not currently have any mechanisms for formally measuring social isolation in Wales. We will need to consider how we address this as part of the strategy.

**Question 20: Are there other ways in which we can measure loneliness and social isolation in Wales?**

### 12. Conclusion

This consultation sets out some of the main issues in respect of loneliness and social isolation in Wales and suggests an approach with which we might address them using our strategic and legislative frameworks to aid us. We are keen to learn more about how we can reduce loneliness and social isolation and we look forward to hearing your suggestions in response to our questions.

This consultation runs for 12 weeks and will close on 15 January 2019. We have committed to publish our final strategy by March 31 2019.

## Annex 1 - Consultation Response Form

Please return this form to reach the Welsh Government no later than **15 January 2019**.

The email address for responses or queries is:

lonelinessandisolation@gov.wales

Postal responses should be sent to:

Loneliness and Social Isolation Team

Welsh Government

Cathays Park

Cardiff

CF10 3NQ

|  |  |
| --- | --- |
| **Your name:** | Caroline Cooke, Policy Manager |
| **Organisation**  **(if applicable):** | British Geriatrics Society |
| **Email Address:** | [policy@bgs.org.uk](mailto:policy@bgs.org.uk) or Jonathan Hewitt, Chair of BGS Wales Council Jonathan Hewitt [HewittJ2@cardiff.ac.uk](mailto:HewittJ2@cardiff.ac.uk) |
| **Your address:** | British Geriatrics Society, Majory Warren House, 31 St John’s Square, London EC1M 4DN |

Responses to consultations may be made public on the internet or in a report. If you would prefer your response to be anonymised, please tick here:

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| **Question 1: Do you agree with our definitions of loneliness and social isolation? If not, what would you propose instead?**  **YES** |
| **Comments:**    None |

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| **Question 2: How can we help people to understand the trigger points for loneliness and social isolation and to build emotional and psychological resilience to enable them to take steps to avoid or reduce these feelings?** |
| **Comments:**    Ensuring that training on loneliness and social isolation, including the common trigger points, is built into curriculums for all health and social care professionals would be helpful.  It must also be recognised that tackling loneliness and isolation among older people who are living with frailty is not just about a person building emotional and psychological resilience; it is also about the physical barriers that make it difficult to travel and to get beyond the front door. |

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| **Question 3: How can the Welsh Government foster the right environment and create the right conditions to build resilient communities?** |
| **Comments:**    The approach set out in the strategy is welcome – a cohesive approach across a range of policy area is essential. Considering the impact of new policy developments on the health and wellbeing of older people is a key part of that. |

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| **Question 4: How can children and young people be better equipped with the skills to establish and maintain meaningful social connections?** |
| **Comments:**    N/A for BGS |

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| **Question 5: How do we ensure that schools can better support children and young people who may be lonely and socially isolated?** |
| **Comments:**        N/A for BGS |

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| **Question 6:**  **What more can the housing sector do to reduce loneliness and social isolation? How can the Welsh Government support this?** |
| **Comments:**    Continued investment in services which support independent living within people’s homes, and simplifies access to aids and adaptations services has the potential to significantly improve health outcomes for older people. |

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| **Question 7: What more can the Welsh Government do to support the improvement of transport services across Wales?** |
| **Comments:**    Recognition of the critical role of accessible affordable transport in helping to prevent loneliness and social isolation and investment in it is welcome.  Difficulty in accessing transport, whether because of limited public transport or fuel poverty, is likely to impact disproportionately on older people, and can present challenges in accessing primary and acute health care. |

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| **Question 8: How can we try to ensure that people have access to digital technology and the ability to use it safely?** |
| **Comments:**    None |

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| **Question 9: What experience do you have of the impact of social services on addressing loneliness and isolation** |
| **Comments:**    Access to social care services is essential to enabling older people who need social care to remain as independent as possible for a longas possible.  For older people with multiple long term conditions carers can sometimes be their sole form of human contact. Our members see on a daily basis the health issues that arise when there are difficulties in accessing social care and other services that social services play a key role in providing, such as aids and adaptations. |

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| **Question 10: What more can the social care sector do to tackle loneliness and isolation?** |
| **Comments:**    Supporting care providers to know it is appropriate to flag up loneliness and isolation and where to signpost to would be helpful. |

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| **Question 11: What more can we do to encourage people who are at risk of becoming lonely and isolated to get involved in local groups that promote physical activity?** |
| **Comments:**    No comment |

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| **Question 12: In what other ways can health services play their part in reducing loneliness and social isolation?** |
| **Comments:**    Please see our comments under Q19. |

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| **Question 13: What more can the Welsh Government do to encourage people to volunteer?** |
| **Comments:**      None |

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| **Question 14: How can the Third sector play a stronger role in helping to tackle loneliness and social isolation? What can the Welsh Government and other public bodies do to support this?** |
| **Comments:**    The third sector can be supported by ensuring that contract funding for those organisations that provide direct services for older people fully meets the costs, and contracts are of a length that is sufficient to ensure continuity of service. |

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| **Question 15: How can employers and businesses play their part in reducing loneliness and social isolation?** |
| **Comments:**    Employers and businesses can help by providing age-friendly and accessible services by staff who have been trained in how best to meet the needs of people who have hearing and visual impairments and mobility issues. This helps to enable older people to engage in their local community for longer. |

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| **Question 16: What more can the Welsh Government do to support those who experience poverty alongside loneliness and social isolation?** |
| **Comments:**    It is important to recognise that people who experience poverty alongside loneliness and social isolation are at greater risk of experiencing the onset of frailty at a younger age. Ensuring a strategy for loneliness is aligned with and supports strategies across health, housing and education is essential. |
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| **Question 17: What more can we do to build community resilience and support communities to combat loneliness and social isolation?** |
| **Comments:**      This aspect of the strategy is critical for older people living in rural areas. |

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| **Question 18: Do you agree with our proposed approach? If not, what would you otherwise suggest?** |
| **Comments:**    BGS supports the approach set out in the consultation: tackling loneliness before it becomes chronic is key and avoiding the detrimental effects to health and wellbeing that arise from chronic loneliness, and increasing the support available to those who are already chronically lonely. Targeting interventions at key groups and recognising the key triggers is key. |

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| **Question 19: Are you aware of examples of successful interventions within Wales, or beyond, that you think we should be looking at?** |
| **Comments:**     1. **Health interventions**   Access to the right health interventions at the right time is key. The King’s Fund report, ‘Making our health and care systems fit for an ageing population’ provides strong evidence of what we know works well. This includes both major and minor interventions, for example, “adequate treatment for ‘minor’ needs that limit independence such as foot health, chronic pain, visual and hearing impairment, incontinence, malnutrition and oral health … have significant benefits on older people’s well-being and independence”. Without such interventions the risks of loneliness and social isolation are higher.  Providing the support required to promote health and wellbeing in older people, particularly those with complex and multiple health conditions is essential to maintaining independence and the ability to continue to participate in society. Two key ways of doing this are through the provision of:  Comprehensive Geriatric Assessment (CGA), which is an interdisciplinary process focused on diagnosing an older person’s medical, psychological and functional capability. It includes as a core element an assessment of the social support networks available to the person, and their level of participation in activities which are significant to them. There is strong evidence which shows that use of CGA enhances an older person’s overall resilience and that when used following an emergency admission to hospital the patient’s likelihood of being able to live in their own home six months later increases by 25%.  A regular holistic medical review by GPs which includes routine frailty identification for patients who are 65 and over is a key way of building a strong evidence-base to inform service design and enable interventions to be adapted to better meet individual need.     1. **Voluntary sector interventions**   We are aware of a range of effective projects and initiatives that voluntary sector organisations are delivering in Wales. We would like to highlight the work of three charities that BGS members know from their own experience are working well and making an effective contribution to tackling loneliness among older people:   * Alzheimer’s Society work in establish the role of Dementia Friends, and taking a lead in helping to create dementia friendly societies * British Red Cross’s work in supporting loneliness or socially isolated older people at times of need. We are pleased to see that the consultation has highlighted the Connecting Communities partnership work by British Red Cross and Co-op. We would also like to highlight the support provided by Red Cross volunteers in accompanying an older person when they are admitted to hospital, or accompanying them and helping them to settle back at home when they are discharged. These are invaluable services that make a significant different to people and their likelihood of being re-admitted to hospital * The work of Royal Voluntary Services volunteers who help older people to get out of their homes is vital. Many of the older people our members work with are unable to leave their own home without support to do so. We are also aware that RVS are currently developing a new initiative for volunteers on hospital wards to become befrienders to patients who either have no visitors, or would like a visit in the daytime if their friends and family are unable to visit them. In terms of addressing loneliness among people who have been admitted to an acute hospital ward this has the potential to make a significant difference to their emotional health and wellbeing. |
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| **Question 20: Are there other ways in which we can measure loneliness and social isolation?** |
| **Comments:**    It would be useful to consider the role of GPs in identifying and measuring loneliness and social isolation. Using data collected through annual health checks and frailty reviews would provide an opportunity to measure progress both locally and nationally. |

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| **Question 21:** We would like to know your views on the effects that our proposed approach to tackling loneliness and social isolation would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.    What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated? |
| **Comments:**    Loneliness interventions in Wales must meet the needs of Welsh language speakers. It is important to recognising that for people with dementia this is a clinical need rather than a preference. |

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| **Question 22:** Please also explain how you believe the proposed approach could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language. |
| **Comments:**    None. |
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| **Question 23:** We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them: |
| **Comments:**      None. |

**Annex 2**

### The Well-being of Future Generations Act (Wales) 2015 – Well-being Goals

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| **Goal** | **Description of the goal** |
| **A prosperous Wales** | An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and welleducated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work. |
| **A resilient Wales** | A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change). |
| **A healthier Wales** | A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood. |
| **A more equal Wales** | A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances). |
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| **A Wales of cohesive communities** | Attractive, viable, safe and well-connected communities. |
| **A Wales of vibrant culture and thriving**  **Welsh language** | A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation. |
| **A globally responsible Wales** | A globally responsible Wales. A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well- |
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|  | being. |

Social Services and Well-being (Wales) Act 2014 definition of well-being:

* physical and mental health and emotional well-being;
* protection from abuse and neglect;
* education, training and recreation;
* domestic, family and personal relationships;
* contribution made to society;
* securing rights and entitlements;
* social and economic well-being;
* suitability of living accommodation.
* control over day to day life (adults only);
* participation in work (adults only);
* physical, intellectual, emotional, social and behavioural development (children only);
* “welfare” as that word is interpreted for the purposes of the Children Act 1989 (children only).

1. <https://gov.wales/docs/strategies/160920-taking-wales-forward-en.pdf> 2<https://academic.oup.com/gerontologist/article/57/6/1020/2452336> [↑](#footnote-ref-1)
2. <http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=16359> [↑](#footnote-ref-2)
3. <https://gov.wales/docs/statistics/2018/180620-national-survey-wales-2017-18-headline-results-en.pdf> [↑](#footnote-ref-3)
4. <https://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf> [↑](#footnote-ref-4)
5. <https://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en> [↑](#footnote-ref-5)
6. <https://socialcare.wales/hub/sswbact> [↑](#footnote-ref-6)
7. <https://gov.wales/topics/health/publications/healthier-wales/?lang=en> [↑](#footnote-ref-7)
8. [http://senedd.assembly.wales/documents/s64039/Paper%201%20-](http://senedd.assembly.wales/documents/s64039/Paper%201%20-%20submission%20from%20the%20Minister%20for%20Social%20Services%20and%20Public%20Health.pdf)

   [%20submission%20from%20the%20Minister%20for%20Social%20Services%20and%20Public%20Health.pdf](http://senedd.assembly.wales/documents/s64039/Paper%201%20-%20submission%20from%20the%20Minister%20for%20Social%20Services%20and%20Public%20Health.pdf)  [↑](#footnote-ref-8)
9. <http://dare.ubvu.vu.nl/bitstream/handle/1871/18934/2006?sequence=2>[; http://psycnet.apa.org/record/1986-17262001](http://psycnet.apa.org/record/1986-17262-001) ; [https://www.cambridge.org/core/journals/reviews-in-clinical-gerontology/article/review-of-loneliness-conceptand-definitions-determinants-and-consequences/FF49AE4AC8D5BD2D059F9AA065783D83](https://www.cambridge.org/core/journals/reviews-in-clinical-gerontology/article/review-of-loneliness-concept-and-definitions-determinants-and-consequences/FF49AE4AC8D5BD2D059F9AA065783D83)  [↑](#footnote-ref-9)
10. [https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness##](https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness)  [↑](#footnote-ref-10)
11. <https://mcrmetropolis.uk/wp-content/uploads/Loneliness-Connects-Us.pdf> [↑](#footnote-ref-11)
12. [http://www.ahsw.org.uk/userfiles/Research/Perspectives%20on%20Psychological%20Science-2015-Holt-Lunstad227-37.pdf](http://www.ahsw.org.uk/userfiles/Research/Perspectives%20on%20Psychological%20Science-2015-Holt-Lunstad-227-37.pdf)  [↑](#footnote-ref-12)
13. <https://www.redcross.org.uk/-/media/.../co-op-isolation-loneliness-overview.pdf> [↑](#footnote-ref-13)
14. Ll29 <http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=16359> [↑](#footnote-ref-14)
15. <https://gov.wales/docs/statistics/2018/180620-national-survey-wales-2017-18-headline-results-en.pdf> [↑](#footnote-ref-15)
16. It is important to note this national estimate masks variations by age-group and gender and a specific measure of loneliness was used. [↑](#footnote-ref-16)
17. [https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness##](https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness)  [↑](#footnote-ref-17)
18. <https://www.nspcc.org.uk/what-we-do/news-opinion/loneliness-childline-rise/> [↑](#footnote-ref-18)
19. <https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness>21<http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=16359> [↑](#footnote-ref-19)
20. <https://www.assembly.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf> [↑](#footnote-ref-20)
21. <http://www.wales.nhs.uk/sitesplus/888/page/94697> [↑](#footnote-ref-21)
22. <http://www.legislation.gov.uk/anaw/2017/2/contents/enacted> [↑](#footnote-ref-22)
23. <https://gov.wales/topics/health/nhswales/plans/mental-health/?lang=en>

    [↑](#footnote-ref-23)
24. <https://gov.wales/topics/health/publications/health/reports/talk2/?lang=en> [↑](#footnote-ref-24)
25. <https://gov.wales/topics/health/nhswales/mental-health-services/policy/dementia/?lang=en>

    [↑](#footnote-ref-25)
26. <https://www.wcva.org.uk/funding/volunteering-wales-grants>

    [↑](#footnote-ref-26)
27. <https://gov.wales/topics/businessandeconomy/economic-action-plan/?lang=en>

    [↑](#footnote-ref-27)
28. https://gov.wales/topics/people-and-communities/people/children-and-young-people/child-poverty/?lang=en [↑](#footnote-ref-28)