

	Briefing for AMs ahead of the Statement by the Deputy Minister for Health and Social Services on The Loneliness and Social Isolation Strategy
Contact:	Nesta Lloyd-Jones , Assistant Director: Nesta.Lloyd-Jones@welshconfed.org
Date:	10 February 2020.

Introduction

This briefing has been produced for Assembly Members in preparation for the Statement by the Deputy Minister for Health and Social Services on The Loneliness and Social Isolation Strategy taking place in plenary on Tuesday the 11th of February.

Key points to consider:

- Our members, the seven Local Health Boards, three NHS Trusts and Health Education and Improvement Wales, welcome the introduction of the Loneliness and Isolation Strategy having actively engaged in the Welsh Government's (WGs) Loneliness and Social Isolation consultation in January 2019.
- Around 29% of the population report feeling socially lonely and the effects of social and emotional loneliness on physical and mental health and wellbeing are extensive. Evidence suggests that loneliness is associated with sleep problems, abnormal stress response, high blood pressure, poor quality of life, frailty, increased risk of heart attack and stroke, depression and increased risk of dementia.
- There are many factors and triggers that contribute towards someone feeling lonely or isolated, such as bereavement, loss of employment, co-morbidities and closure of local services and amenities.
- Across the NHS our members are working to prevent loneliness and social isolation and providing support to people living in their areas. For examples, social prescribing and community connectors within primary care are being used to ensure that people who are lonely or at risk of being lonely are supported to make the right connections.
- The two main challenges for our members are accessing and supporting the hardest to reach groups and reducing the stigma that remains across society attached to discussing loneliness and social isolation.
- There needs to be a better understanding of the triggers that accumulate over time as well as specific life experiences that contribute to loneliness and social isolation. This can be done by working with community groups, third sector and other sectors, including the arts, that work and have a strong presence across our communities.

Introduction to the Loneliness and Isolation Strategy

Loneliness and social isolation are significant and growing issue amongst our population. According to the 2017-2018 National Survey for Wales, around 29% of the population reported feeling socially lonely and 17% of people said that they felt emotionally lonely. It is important to recognise that although loneliness and social isolation are two different concepts, both relate to people's sense of connection with others. Social isolation refers to separation from social or familial contact, community involvement, or often access to services. Loneliness, by contrast, can be understood as an individual's personal, subjective sense of lacking these things to the extent that they are wanted or needed.

In March 2019 the WG published [Connected Communities](#) report, the outcome of Loneliness and Social Isolation consultation. The WG stated how their intention was to create a Strategy that seeks to reduce the risk of, or prevent, loneliness and social isolation, or that intervenes early, before they become entrenched. This includes 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, or who become lonely and socially isolated, across public sector bodies, including the NHS. Our members fully support and welcome the introduction of the Strategy.

The impact of loneliness and isolation

The effects of social and emotional loneliness on physical and mental health and wellbeing are extensive. Evidence suggests that loneliness is associated with increased risk of dying, sleep problems, abnormal stress response, high blood pressure, poor quality of life, frailty, increased risk of heart attack and stroke, depression and increased risk of dementia.

Loneliness and social isolation appear to increase with age, and among those with long-term health problems. The causes of loneliness are not just physical isolation and lack of companionship, but also sometimes the lack of a useful role in society. Age UK [reports](#) that loneliness can be as harmful to our health as smoking 15 cigarettes a day, and people with a high degree of loneliness are twice as likely to develop Alzheimer's as people with a low degree of loneliness.

Approaches are being developed across Wales that utilise the knowledge and connections of health and social care professionals to identify potentially lonely individuals and connect them with appropriate support services. Social prescribing and community connectors within primary care are being used to ensure that people who are lonely or at risk of being lonely are supported to make the right connections. Cwm Taf Morgannwg University Health Board have just unveiled their new wellbeing Co-ordinator role. The Co-ordinator is supporting individuals with worries such as housing difficulties, the demands of caring for a relative or struggles with stress and loneliness are being helped by the new community role. However, more needs to be done across all public services to improve public understanding of the impact of social isolation and loneliness has on health and wellbeing and provide relevant information to the public.

Contributing factors towards loneliness and social isolation

There can be any number of personal circumstance or trigger points that can lead to a person becoming lonely and/or isolated such as bereavement, loss of employment,

co-morbidities and closure of local services and amenities. However, as highlighted within our consultation response, there are some external factors that can influence how an individual sense of belonging in their community.

Housing: Issues such as poor street lighting and noisy streets can contribute to making someone uncomfortable and unsafe in their homes. This has the effect of making people feel more vulnerable in their communities, which means they become less likely to leave their homes at times and become less physically active as a result. This is particularly true during the winter months when it gets darker earlier.

Transport: The ability to access reliable and sustainable transport is key to people maintaining their independence and quality of life. It is essential people in all areas have the means to get out to buy food, go to work, access health care and meet friends and family. Many buses in rural communities run infrequently and do not allow for travel late at night; train stations are often difficult to get to; taxis and the cost of car parking are often unaffordable. While these issues are heightened in rural areas, transport issues can be significant barriers to engagement in urban areas too.

The Welsh Ambulance Services NHS Trust has a Non-Emergency Patient Transport Service (NEPTS), which provides non-emergency transport to the residents of Wales who are unable, for medical reasons, to make their own way to hospitals and treatment centres. Our members are also committed to working with organisations, such as the Community Transport Association, to provide a range of initiatives to help individual in their local areas access health services.

Digital: Technology can be a positive mechanism to connect people who live in isolated locations. The lack of availability of, and access to, new technology can be a barrier to social connection, many can feel out of touch with the modern world. However, the rise of digital and online engagement means that many people feel there are fewer opportunities to connect in-person. There is also concern over the isolating effect of the digital world, especially for younger people. The NSPCC have expressed concerns that social media may be causing loneliness and depression among teenagers.

Economy and social economic disadvantage: Almost one in four people in Wales live in poverty which means they get less than 60% of the average wage. That is about 700,000 people in Wales, including 185,000 children. A [report](#) by the Joseph Rowntree Foundation describes poverty as: “*when a person’s resources are well below their minimum needs, including the need to take part in society*”. We welcome this description and the recognition of the importance of the feeling of belonging in society.

Our members recognise these links and are putting in place initiatives to support those in poverty who are at risk of becoming lonely and/or socially isolated. An example is in Aneurin Bevan University Health Board, which has introduced intergenerational connectors, who help children from surrounding areas engage in meaningful activities with residents from local care homes. This has the potential to reduce levels of loneliness and social isolation for those living in care homes and may have the added benefit of helping the children form new relationships.

Addressing the needs of some people within society: There remain some notable gaps in our understanding about how best to address the needs of some the harder to reach groups within the community. Particularly people from Black, Asian and Minority Ethnic (BAME) community or who are Lesbian, Gay, Bisexual and Trans (LGBT). The evidence available suggests that these particular groups experience problems in accessing mainstream provision.

Another group who can often fall below the radar are carers, who can have feelings of guilt if they feel lonely at home or socially isolated and they want to spend time away from their caring duties. People with communication difficulties can also experience huge impacts on their confidence, ability to attend social events and everyday activities such as going to cafes and local shops. It is essential that any wide-ranging approach to addressing social isolation and loneliness should take an inclusive approach to communication to meet these needs and ensure that these groups are supported and have access to services.

The impact of the arts on loneliness and social isolation

As highlighted in our [briefing](#) in March 2019, arts-based initiatives are being used across Wales to tackle loneliness and social isolation and improve population health and wellbeing. The project *Story Care and Share* in Llanelli provides a welcoming, friendly and supportive space for those who experience loneliness and social isolation to exchange stories about their lives and meet new people. *Hidden Talents* in Gwynedd is a creative music project that supports rurally isolated adults who live with learning disabilities to reconnect with others and create their own improvised music based on Welsh folk songs. The Welsh NHS Confederation has established a Memorandum of Understanding with the Arts Council of Wales and we are committed to supporting our members to explore innovative, arts-based initiatives to improve health and wellbeing at an individual, community and population level.

Conclusion

The two key challenges for our members are accessing the hardest to reach groups and reducing the stigma that remains attached to discussing loneliness and isolation. These challenges are not 'short-term fixes', but by harnessing the skills we have across the sector and within our communities, such as community, wellbeing or intergenerational connectors, we have an opportunity prevent loneliness and social isolation and providing support to people.

Enabling people to have a better understanding of the triggers that accumulate over time as well as specific life experiences that contribute to loneliness and social isolation would also be of benefit. We need to make sure that individuals have access to appropriate transport and safe housing so they can be active members of their communities who have a sense of belonging. More work needs to be done on the role of digital; we know it can be an enabler as well as disabler when it comes to loneliness.

Finally, we feel that further work can be done around the 'Making Every Contact Count' agenda, which emphasises that everyone who is in contact with a patient, can make a difference to their health and wellbeing. Inviting someone to share how their day has been and engaging in conversation could be a decisive and significant step towards identifying a potential trigger for feelings of loneliness and/or social isolation.