THE **WELSH NHS CONFEDERATION**
CONFFEDERASIWN **GIG CYMRU**

The key priorities to prevent and tackle loneliness and social isolation in Wales

Health and care organisations have come together through the Welsh NHS Confederation Policy Forum to outline the key areas that the Welsh Government should consider during the consultation 'Connected Communities: Tackling Loneliness and Social Isolation'.

Loneliness and isolation is a significant and growing issue amongst our population. According to the 2016-17 National Survey for Wales, around 17% of the population, or 440,000 people, report being lonely. It is important to recognise that although loneliness and isolation are two different concepts, both relate to people's sense of connection with others. Isolation refers to separation from social or familial contact, community involvement, or 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. Loneliness is deeply personal – its causes, consequences and its very existence are impossible to determine without reference to the individual and their own values, needs, wishes and feelings. As such, it is a complex issue to address. However, it is an issue that must be addressed due to the far reaching and devastating impacts it has on those who experience it on a daily basis.

Isolation and loneliness can affect people at any age and the causes of loneliness are often complex, multi-layered, and mutually reinforcing. Life transitions, particularly role transitions, can be key triggers for loneliness. Examples of life transitions include retirement, bereavement, divorce or separation, becoming a new mum, caring for someone, the loss of mobility and developing health issues. These disruptions in life can challenge self-identity and damage or sever social connections and make it harder to create new connections, particularly if barriers also exist across individual, community and social levels. Once a person becomes disconnected, loneliness itself becomes a barrier to connection as individuals question their own self-worth and the possibility of making connections creating feelings of vulnerability and anxiety.

Without the right support, loneliness can transition from a temporary situation to a chronic issue and can contribute to poor health and pressure on public services. The impact loneliness can have on our mental and physical health makes it an issue we cannot ignore. We now know the effect of loneliness and isolation can be as harmful to health as smoking 15 cigarettes a day and puts people at a 50% increased risk of an early death compared to those with good social connections. Loneliness can be as harmful to a person's general health and wellbeing as obesity.

Over recent years, the Welsh Government has sought to tackle loneliness and social isolation through policy and legislative change. The Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 are based on the principles of wellbeing and placing people at the centre of decision-making about their lives, on working in partnership with individuals to achieve the outcomes that matter to them, and on prevention and early intervention. These principles are further supported by the recently published long term plan for health and social care "A Healthier Wales". However, improvements are still required to ensure implementation of legislation, consistency of provision and support.
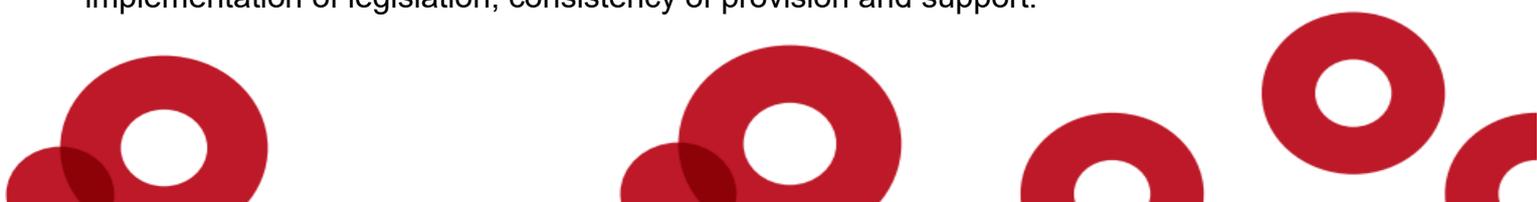
The following areas should be considered by the Welsh Government during the consultation to build community resilience and support communities to combat loneliness and social isolation:

1) Key challenges: Loneliness is of course a natural and human feeling. It will never be eliminated entirely, but we can do more to stop it becoming chronic. The key challenges are to:

- Prevent or reduce the development of isolation and loneliness;
- Reach lonely individuals;
- Understand the nature of an individual's loneliness and develop a personalised response;
- Support lonely individuals to access appropriate services.

The main categories of direct loneliness intervention include services to:

- Support and maintain existing relationships;
- Foster and enable new connections; and
- Help people to change their thinking about their social connections.

2) Responding to individual needs: The most effective way of tackling loneliness and social isolation is to provide a service which can first draw out and then respond to individual needs on a one to one basis. Loneliness is a deeply personal experience, unique to every individual and a problem with different causes and different consequences for each and every person. That makes addressing loneliness complex. It means having person-centred conversations focussing on what matters to the individual and what they want to achieve. It is key that there is an improved public understanding of the support services available locally and that the support is tailored to an individual's needs. We should aim for a scenario where people are engaged with their communities, can access local opportunities and reconnect with those around them.

3) Providing various levels of support:

    a)   Preventative support

Support that can identify those at risk, such as those facing or experiencing a life transition, and aims to prevent future loneliness are the most effective way of helping individuals who are at risk and those on the 'cliff edge' of loneliness (when they are nearing a life event or substantial shift in their daily routine). In such circumstances, small gestures from others such as friends, colleagues and peers can be crucial for preventing loneliness. Loneliness cannot always be anticipated: for some, a range of complex barriers may mean that loneliness emerges or worsens in unexpected ways. In other cases we can anticipate key life events or transitions that can be risk factors for loneliness, for example, retirement or motherhood. Having an awareness of the key triggers or 'stress points' is crucial to delivering support before loneliness becomes a chronic problem.

    b)   Providing responsive support

Support which responds to and is shaped by the needs of those already experiencing loneliness is necessary and valuable when dealing with a life event or disruption to a person's daily routine. Responsive support needs to involve positively-framed and user-centred activities. Effective types of responsive support are those that give individuals a clear purpose, help them make new relationships, develop new interests or rediscover skills, for example through volunteering.

c)   Providing Restorative support

Support which can help those who are at risk of slipping into chronic loneliness to re-engage is most successfully implemented when an individual is trying to reconnect with their community but may need support to achieve this. People need to be supported to rebuild confidence and use this new-found self-assurance to break the habit of disconnection. This involves services and support that help people get out of an established routine. This might require one to one support or step by step confidence building exercises, particularly if the person involved experiences feelings of little self-worth. Others might simply want a 'nudge' in the right direction and support to sustain positive social connections. In any case, the responses must be person-centred and focus on the needs and goals of the individual.

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4) Developing strong and positive relationships for children and young people: Loneliness and isolation is a major issue for young people, which impacts on their mental wellbeing. Thousands of young people are reaching out for help with feelings of loneliness and isolation as they struggle with the pressures of growing up in today's society. In 2017/18, Childline saw a 14% rise in the number of children contacting the charity about loneliness, with the charity delivering 4,636 counselling sessions on loneliness. Nearly 80% of sessions went to girls. One of the possible reasons attributed to these figures is the increasing significance of social media in young people's lives, particularly in their early and mid-teens. Children are born into a complex world, one where social media, internet use, information and communication technology is embedded in their early development, childhood and subsequent maturation. Paradoxically, there is increasing evidence from the NSPCC that social media may be causing loneliness and depression among teenagers.

As highlighted within the National Assembly's Children, Young People and Education Committee report, 'Mind Over Matter', developing healthy and positive social relationships should be supported from a young age. It is key that there is a whole-school approach to raise awareness of the potentially harmful impacts of loneliness and social isolation on a person's health and wellbeing and the impact it can have on a person's mental health as well.

5) Access to transport: Access to transport is a key enabler for social connection, not only for people to maintain independence and existing relationships with family and friends, but also in developing new connections. Good transport networks can ensure communities are well connected and that services, facilities and amenities are accessible. Without these, there is an increased risk that isolation and loneliness will be more prevalent. It is essential people in all areas have the means to get out to buy food, receive medical attention and engage in social contact.

Lack of appropriate transport can be a major barrier to the effectiveness of services designed to reduce social isolation. The infrequent, inaccessible or even non-existent transport infrastructure in some communities can dissuade people from taking up opportunities to engage. Many buses in rural communities run infrequently and do not allow for travel late at night; train stations are difficult to get to; taxis and the cost of car parking are often unaffordable. While it is a problem in rural areas, transport issues can be significant barriers to engagement in urban areas too.

6) Access to technology: The lack of availability of, and access to, new technology can be a serious barrier to social connection, but also the rise of digital and online engagement means that many people feel there are fewer opportunities to connect in-person. The increasing prevalence of social media in people's lives can contribute to feelings of isolation and loneliness, however technology can also be a positive mechanism to connect people.

7) Health and wellbeing: Loneliness and social isolation can have a significant impact on a person's health and wellbeing. Evidence suggests that loneliness is associated with increased risk of dying prematurely, sleep problems, high blood pressure, poor quality of life, frailty, increased risk of heart attack and stroke, depression and increased risk of dementia. Health and social care professionals have a key part to play to identify and support people who are lonely and socially isolated.

Health and social care professionals are often among the few individuals with whom lonely individuals have on-going contact. GPs across the UK see millions of lonely and socially isolated patients each year, with three out of four GPs across the UK saying that they see between 1 and 5 people a day who have come in mainly because they are lonely. These moments of meaningful connection matter. As the Royal College of GPs state, "*We believe that treating patients means listening to them and understanding their concerns. It means asking 'what matters to you', not 'what's the matter with you'*". Assessing and addressing people's satisfaction with their social relationships should be mainstreamed as a prevention intervention, in the same way that eating well, exercising regularly, not smoking and reducing alcohol consumption are.

In relation to carers, the lack of respite provision can be very isolating for carers and can make it almost impossible for them to engage with regular social activities. Too often, respite can be hard to access and is used at points of crisis or to achieve basic things like sleep or attending medical appointments rather than to preventing social isolation. It is important that Carers Needs Assessments provide carers with appropriate respite solutions to enable them to engage in social activities.

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 developed to ensure that people who are lonely or at risk of being lonely are supported to make the right connections. 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.

8) Economy and social economic disadvantage: Almost a quarter of the Welsh population (23%) live in poverty which means people facing constant feelings of insecurity and uncertainty. Individuals from a wide range of financial circumstances can experience loneliness and social isolation, but individuals experiencing high levels of poverty often lack the means to engage in society in the most typical ways even if they have the opportunity to connect.

Ongoing financial instability makes it hard to rationalise spending money on social or non-urgent purchases. The cost of typical informal activities that people might do – eating a meal out, going for drinks or watching a film – are not always financially feasible and therefore reduces the likelihood of engaging with others. More formal activities for establishing or strengthening connections – e.g. exercise classes, cookery courses, further education and vocational studies – can also be out of reach due to costs.

9) Housing: A good home is a central part of people's lives and good housing can help to improve health and wellbeing. Living in the right accommodation in a safe, familiar town, neighbourhood or even street can play a part in reducing the risk of experiencing loneliness and social isolation. For older people who spend a significant amount of time in their home, having appropriate housing is key to enabling them to live fulfilling and independent lives. Living for as long as possible in a community where they feel comfortable, supported and known is also vitally important. It is estimated that poor housing costs the NHS £1.4 billion each year and research from Shelter in 2017 found that one in 20 adults who visited a GP during the past year with a mental health issue was at least in part related to their housing. Housing organisations have a key role to play in combating loneliness and isolation and increased awareness is required around the links between poor housing, loneliness and social isolation.

10) Environments, including neighbourhood safety: There are already high levels of loneliness and social isolation amongst older people and an inaccessible built environment that deters people from taking part in community life can contribute to this. Sensory impairments and physical disabilities can erode people's confidence in their ability to navigate the built environment safely and a fear of falling, especially during the winter months, can further exacerbate feelings of isolation and loneliness. Living in a neighbourhood that is felt to be unsafe or uninviting is another barrier for individuals to go out and engage with their community, particularly for older and vulnerable people. This can be due to a sense of unfriendly neighbours or due to visible signs that raise safety concerns e.g. broken street lamps and/ or hostile environments, people shouting and intimidating others, criminal activity etc.

11) Community approach: The power of communities in Wales and the skills and abilities of the people within them are major assets that needs to be recognised, supported and utilised. Research demonstrates that older people spend more time in their immediate neighbourhood and often feel a higher degree of commitment to their neighbourhood than younger people, making the immediate locality an extremely significant influence on their wellbeing. Local community infrastructure and community groups should be given more focus as a form of prevention and early intervention for loneliness and isolation in Wales and policy solutions should be worked up to increase community participation. Going to everyday places such as supermarkets, libraries, pubs, and hairdressers can be great places to connect.

In addition to community infrastructure, we would encourage the public to act to tackle loneliness by checking on their neighbours and getting involved in their local community. Befriending services can be great mechanisms for supporting people to reconnect when existing contacts are limited, and the practical barrier to "getting out" is too challenging or intimidating. Having one-to-one friendship provision at home can be the only practical solution. Community Connector services in Wales provide person-centred, time-limited support with the aim of building people's confidence and independence and help them to connect them to activities, communities and develop meaningful connections with others.

12) Social activities: It is important to recognise the impact that participating in meaningful occupations or activities, such as the arts, physical and social activities, including through social prescribing routes, can have on a person's health and wellbeing. There needs to be facilities and places for people to go to express themselves and connect with others.

An intervention that addresses loneliness and isolation through community and outreach group participation and being able to take part in community life, with good access to local services and facilities, is a lifeline for many people. Group-based services support new social connections where people are lonely or isolated, such as watching sport together or taking part in art groups. Through social groups, the primary offer is not social contact, but something else desirable such as shared learning, health promotion etc. Many people can take steps to alleviate loneliness by becoming involved in community activity; however, the current financial climate has led to the closure of many community services including adult learning classes, public libraries, day/ community centres and third sector support services. Traditional spaces for people to come together are closing and there are less obvious communal spaces for connecting. Financial constraints on local authority budgets are leading to the withdrawal of community services and these cuts further compound the problem for the most vulnerable in society.

13) Addressing the needs of some people within society: While there is significant breadth of activities going on to combat loneliness and isolation, there remain some notable gaps in our understanding about how best to address the needs of some groups within the community which need to be considered, particularly:

- **Loneliness within care settings:** Older people in residential care often demonstrate significant levels of loneliness and isolation. The limitations on opportunities for social interaction among those in care settings is primarily a product of the barriers created by the high levels of physical disability and cognitive impairment that exist among most residents of residential care. However, other perceived additional barriers include a culture of risk adversity among care home residents and a feeling that it is difficult to establish healthy relationships with other individuals beyond fellow residents and care home staff.

- **Black and Minority Ethnic (BME) groups:** Research has demonstrated that loneliness is significantly higher among some, but not all, from black and minority ethnic communities. However, much less is known about the most appropriate interventions to respond to this issue. More robust evaluation of community specific initiatives, and of mainstream initiatives, is needed to determine their effectiveness among BME communities.

- **Lesbian, Gay, Bisexual and Trans (LGBT) older people:** There is plentiful research around the need for specific interventions for LGBT older people. Loneliness can be particularly acute among older lesbian and gay people, and the evidence available suggests that these groups experience problems in accessing mainstream provision. There is also evidence to suggest that older LGBT people have little confidence that services will meet their needs.

- **People with communication difficulties:** Communication difficulties can have a huge impact on 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 isolation and loneliness should take an inclusive approach to communication to meet these needs and ensure that these groups are supported.

14) Ending stigma surrounding loneliness and isolation: We cannot underestimate the stigma that is attached to loneliness and isolation which is preventing people from asking for help, sometimes even from close relatives, friends or neighbours.

Many people feel that loneliness will not be recognised as a 'real' issue – or certainly not an issue that requires professional or medical attention. People often feel that other social issues are more important, preventing people from seeking support before a temporary feeling of loneliness becomes more chronic. Lonely individuals are notoriously difficult to identify because of the stigma attached to loneliness. The stigma surrounding loneliness and social isolation can result in people being reluctant to access services, can make it difficult to surface and address issues around loneliness, and can present challenges for measuring the impact of services. Consequently, it is likely that the number of people experiencing isolation and feelings of loneliness is much higher than estimates suggest.

Addressing stigma requires a nuanced approach. Service designers and providers should consider how the language they use to describe services will affect not only individuals' willingness to access services, but also people's overall perceptions of loneliness and the people who experience it. It is better to present service offers in positive terms – emphasising friendship and connection rather than loneliness and isolation, but at the same time it is important not to shy away from 'the L word' because talking about loneliness openly is an important part of breaking down stigma.

15) Increased awareness and identification: A significant number of people still do not identify themselves as being lonely or socially isolated. Identification is a key obstacle, both self-identification and identification by friends and family and health and care professionals. The first step in delivering appropriate support will start with individuals and professionals being equipped with the information and tools they need to identify 'trigger points' and to understand the barriers they face.

16) Providing information and advice: When someone has been identified as being lonely or socially isolated, it is important that advice, information and support is made easily accessible to them, rather than the onus being on them to seek it out.

It is important that people receive quality information and are aware of the resources available e.g. Dewis Cymru. We encourage the further development of Dewis Cymru because it is a valuable resource that provides information and advice about loneliness and offers information on local projects and schemes. It acts as a signposting service for up to 6,000 local and national services across Wales but further work is needed to raise awareness of the website and what it provides.

17) Improved data collection: Ascertaining, recording and monitoring the number of people in Wales who are lonely or socially isolated is integral to developing the services, information, advice and support that they need.

There is a large body of literature on the key risk factors for loneliness and social isolation – which includes households with only one occupant, heads of households aged 65 or above, being situated in a low-income area, marital status, and mental and physical health status. Loneliness mapping allows local services to work collaboratively to use existing data to predict where the most lonely and isolated residents live, allowing resources to be targeted at people and places that need them most. Loneliness mapping should be viewed as a preventative measure which can help to alleviate this risk in the most vulnerable communities.

18) Service explicitly targeted: There is concern that without explicit targeting, loneliness initiatives will only serve people with a more naturally outgoing nature and those who may be more able to support themselves. Steps should be taken to ensure such services are proactively offered to those most likely to be affected by loneliness, rather than simply being made universally available.

19) Volunteering and supporting new social connections: Volunteering can be both an enabler of effective loneliness interventions and a way of directly preventing and alleviating loneliness. Studies of volunteering activity have tended to emphasise the positive impacts it has on volunteers' own wellbeing and social connection. However, the evidence for volunteering as a loneliness intervention remains generally under-developed. Given what we know about the importance of meaningful relationships in reducing feelings of loneliness and isolation, volunteering should be seen not just as a way of reducing the cost of delivering interventions, but as part of the solution to loneliness itself.

20) Sharing good practice: The collating, sharing and learning of good practice has become a priority for many organisations across Wales. The Parliamentary Review of Health and Social Care emphasised that Wales needs to be a listening nation – this means having the structures in place to share best practice and team-based learning.

If implemented in accordance with its aims, the Social Services and Well-being (Wales) Act 2014 provides a framework to reduce loneliness across Wales. The drive towards a person-centred approach, including the facilitation of 'what matters' conversations, provides opportunities to identify people who are lonely or who are at risk of being lonely, and support them to find ways to access the support they need. However, we would emphasise that outcomes from these conversations must be effectively monitored and evaluated if they are to have real impact.

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