**A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections**

**Scottish government**

April 2018

**Introduction**

Age Scotland welcomes the publication of the Scottish Government’s draft national strategy on tackling social isolation and loneliness, “[A Connected Scotland](https://consult.gov.scot/equality-unit/connected-scotland/user_uploads/a-connected-scotland---tackling-social-isolation-and-loneliness-3.pdf)”, and the opportunity to contribute to this consultation.

This draft national strategy has been much anticipated since it was first recommended by the Scottish Parliament’s then Equal Opportunities Committee and later adopted by the Scottish Government’s 2016-2017 Programme for Government.

**Context**

Tackling loneliness and social isolation is one of Age Scotland’s strategic objectives and the publication of this draft strategy is a pivotal moment in raising the profile of and response to this growing social and public health issue.

Loneliness and social isolation are widely recognised as among the most significant and entrenched issues facing our ageing society. Over recent years there has been growing public attention to loneliness in our communities and this has been accompanied by a shift in our understanding of its impact – and in particular its implications for mental and physical health.

The triggers for loneliness tend to congregate in later life. These can include bereavement, especially a loss of a spouse or partner; moving home, especially to a new and unfamiliar community; children growing up and moving out of the family home, particularly if they move away; retirement, which may entail loss not only of status and identity but also dislocation from a professional network; and loss of capacity, especially sensory and cognitive but also physical mobility. This impacts on an older person’s ability to interact with those around them and on their dependency on others to come and see them, rather than proactively visiting others and participating in social and group activities.

These triggers contribute to a situation where 100,000 older people in Scotland say they feel lonely most or all of the time; 200,000 older people here also go half a week or more without receiving a phone call or a visit from anyone; 60,000 older people in Scotland spent Christmas day alone; and half of all over 75s say their main form of company is their television or pet.

Loneliness kills. The risk of mortality is increased by 10% and it has the same effect as smoking 15 cigarettes a day. It is twice as harmful to an individual as obesity. The risk of stress, anxiety and depression is increased and the risk of dementia doubles.

It also affects physical health. Blood pressure can be raised and it contributing to heart disease, strokes and sometimes cancer. It can also affect behaviours in ways which reinforce and exacerbate problems, such as alcohol abuse.

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

A significant barrier to the realisation of the Scottish Government’s vision is the difficulty that exists in successfully identifying those who are most at risk or are impacted by loneliness and social isolation.

We know that across Scotland 100,000 older people feel lonely all or most of the time and a challenge is to tackle the root of the problem as much as rectifying the consequences. Those older people who are most at risk of loneliness and or social isolation are often less likely to seek help or take up opportunities for social connections. This can be particularly prevalent for those who have recently retired, moved to a new community or have mobility restrictions such as physical or lack of access to transport.

To tackle this, a number of measures should be taken.

Better signposting of the support, groups, activities and opportunities that are available is vital. A simple to identify “first point of contact” for older people services could help address this and ensuring the production of accurate and relevant information. This information should not be restricted to websites, but publicised in a way that accepts that many older people will not want to or be able to engage online. It is worth noting that for those who are truly isolated only venture out when it is essential and as such locations for advertising beyond just GP surgeries is important.

These activities and groups should be set up in such a way that they are welcoming and accessible to older people as those who lack confidence may need supported in these connections and is essential that they keep coming back.

It is important to ensure that accessible and affordable public and community transport options are available. While it may be more readily available in built up areas, those living in rural, remote and island communities will struggle to interact with others and activities if their service is poor. To this end, Age Scotland would like to see the extension of Community Transport under the National Entitlement Card so to enhance the number of transport options available.

## For those with dementia in particular, travel and transport options need to be inclusive. Work undertaken by [Upsteam](http://www.upstream.scot/about/), for example, in rural and island Scotland aim to tackle the daunting nature of travel for those with the sensory and cognitive challenges faced with dementia. Transport providers must be alive to this and ensure that vehicles are suitable and that staff have sufficient understanding and awareness of dementia. This is important because testimonies from those with dementia say that “Travel brings normality to an often abnormal life” and “If I didn’t have coping strategies to remain independent and mobile I’d be very lonely and soon sink into depression”.

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

The draft strategy is right to acknowledge that the expertise to tackle loneliness and social isolation already exists in local communities and third sector organisations.

Leaders of local authorities, the NHS, charities, third sector service providers, schools, colleges and community groups are key to promoting awareness and delivering projects which reduce social isolation and loneliness.

Local authorities and other public bodies should ensure the engage with communities better so that needs are met now and in the future. Co-production as a means of designing and delivering services to tackle loneliness and isolation should be fully embraced.

Age Scotland supports over 1000 community groups in Scotland which foster quality connections between older people. Our Community Development team works in partnership with our member groups, Regional Ambassadors, and voluntary and statutory organisations across the country to make Scotland’s communities better places for older people.

The Age Scotland Community Connecting service aims to tackle social isolation and loneliness across Scotland by ensuring that details of what is available locally can be requested by contacting the Age Scotland Helpline, but also through useful guides which are available by request or on the website.

It is important that productive partnerships between the Scottish Government and local authorities continue with the third sector so that projects and groups can develop and be expanded.

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

There are a range of ways upon which the Scottish Government can help. This draft strategy is correct in that it highlights that in order to tackle social isolation and loneliness effectively, everyone must be involved and make it a priority. But when something is everyone’s responsibility, it is hard to pin down who is responsible for pulling it all together. This must be led by the Scottish Government, but this draft strategy does not make that clear.

Much of the coordinating work which can be done to tackle this issue sits with government agencies and the NHS. The Scottish Government’s role is to give strong guidance to public bodies as to their responsibilities and to ensure that progress is being made.

To that end, it should be incumbent upon the Scottish Government to have someone at Cabinet Secretary level whose responsibility it is to monitor the work of all government departments as to their actions and targets which reduce and tackle social isolation and loneliness. This would go a step further than the UK Government who have recently appointed a Minister for Loneliness.

The Community Empowerment Act is a good basis for building strong communities but there can be unrealistic expectations on behalf of those looking to use the act for community gain and those in local authorities who may have longer term plans for, say, the properties being sought. The process for the public to engage with local authorities is difficult to navigate so the Scottish Government could make it clearer how both parties interact.

Age Scotland supports the Men’s Shed movement, which is outlined further on in this submission, and are aware of a number of examples where utilisation of the Community Empowerment Act has been sought to secure property but there have been significant blocks at the local authority.

The Planning (Scotland) Bill is important in tackling social isolation and loneliness as it provides an opportunity to think differently about the built environment and how older people, who are most likely to be affected due to the risk factors, are able to live in a community environment and access vital public transport and health services.

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

Yes. Loneliness is 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 the person’s relationships. Loneliness is never desired and lessening these feelings can take a long time.

Social isolation is an objective measure of the number of contacts that people have. It is about the quantity and not 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.

It is important for policy makers, practitioners and researchers 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 build, maintain and re-establish meaningful relationships.

Bringing people together to increase the number of social contacts is not an end in itself – to combat loneliness, the quality of relationships needs to be addressed.

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

The evidence sources already drawn from are valuable.

The draft strategy highlights statistics from Silver Line Scotland from the first half of 2016. Since then, that service has changed significantly following Age Scotland partnership with Silver Line ending. Now the Age Scotland Helpline focusses on help and advice to older people and their families, with less emphasis on friendship conversations.

During the last financial year 2017/2018 the Age Scotland Helpline took 10380 calls and of which 1005 related to loneliness and isolation. We have also been successful in signposting or referring people to leisure or social activities through our Community Connecting Programme on 473 occasions. These people will have follow calls from a Community Connecting Development Worker and will be supported for up to three months to assist their

Further sources and areas to explore with a Scottish element could be Age UK’s Loneliness Heat Maps which explore what makes older people at risk of being lonely, and which neighbourhoods have the highest risk.

<https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/>

Using evidence from published studies, the Age UK research team collated factors that are associated with being lonely in older age. This has been combined with data from the English Longitudinal Study of Ageing and the Census of 2011 to develop an interactive heat map that shows the relative risk of loneliness across 32,844 neighbourhoods in England.

Age UK have also produced an evidence review on “Loneliness in Later Life” which documents how to measure and quantify loneliness, factors associated with loneliness in later life and what works in tackling the issue.

<https://www.ageuk.org.uk/globalassets/age-scotland/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_june15_lonelines_in_later_life_evidence_review.pdf>

**Are there examples of best practice outside Scotland (either elsewhere in the UK or overseas) focussed on tackling social isolation and loneliness that you think we should be looking at?**

A good case study with regard to social prescribing can be found in the “Combatting Loneliness: A guide for local authorities” which was written by the Local Government Association, Age UK and the Campaign to End Loneliness. A scheme operated by Voluntary Action Rotherham (VAR) on behalf of NHS Rotherham CCG employs a social prescribing service project team who discuss with eligible patients (mainly older people with a variety of long-term conditions), identified via GP practices, means of non-clinical support to improve their health and wellbeing. The benefits are significant to the individual and the NHS. Inpatient admissions reduced by 21%, Accident and Emergency attendances reduced by as much as 20% and outpatient appointments reduced by as much as 21%.

<https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf>

In Northern Ireland, the Public Health Agency has worked with Age NI with an innovative approach to tackling loneliness amongst older people as part of an initiative by the Jo Cox Commission on Loneliness. In partnership with the five Health and Social Care Trusts, the Public Health Agency works with Allied Health Professionals (AHPs) to distribute Age NI Advice and Advocacy Service cards when working with older people.

<https://www.ageuk.org.uk/northern-ireland/latest-news/innovative-partnership-aimed-at-tackling-the-silent-epidemic-of-loneliness/>

The use of phone befriending can play an important role in tackling loneliness. Age UK’s “Call in Time” is a telephone friendship service for people aged 60+ who feel lonely or isolated and would benefit from having a regular chat over the phone.

<https://www.ageuk.org.uk/services/befriending-services/sign-up-for-telephone-befriending/sign-up-for-a-free-weekly-call/>

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

**The Age Scotland Community Connecting Service** works with older people across Scotland to help make contact with community services that offer friendship, social activities, health and fitness groups and events. The service aims to help older people identify what is available locally, and can assist them to access these services by making contact on their behalf and by helping identify community transport options to get them to and from the service, where available.

This service is facilitated by staff and volunteers who will keep in touch to provide reassurance and an opportunity to discuss any other services which may be available.

**Age Scotland’s helpline** provides information, friendship and advice through a confidential freephone number. The service is available for older people, their carers and families in Scotland. People can call the helpline for advice about local services and opportunities, benefit entitlements, care rights, housing options and heating and legal issues such as Power of Attorney.

The helpline can also signpost or refer older people to a specialist or local service which can help them, or an opportunity to get out and about locally.

Age Scotland works with the **Men’s Shed** movement in Scotland to alleviate social isolation and loneliness.

These Sheds are relatively large areas where there could be a workshop, a seated area and somewhere that members can undertake a variety of activities. It is somewhere that groups of men and women can meet and undertake an activity together, but also where people can pop in for a chat and a coffee, find information about local services and help their local community.

Each shed will reflect the interest of those that use them. Some will have lots of equipment for woodworking and joinery, others will have workbenches where upholstery or repairs are taking place; some will have bicycle, tool or furniture repair, others might have a pool table, chess sets or even cookery lessons.  One of the most important elements of a men’s shed is that friendships form and people can have a chat. They are open to everyone all ages and are very welcoming. More information on the “Shed Effect” can be found here <https://www.ageuk.org.uk/documents/EN-GB-SC/The%20Shed%20Effect.pdf?dtrk=true>

**The Age Scotland Veterans’ Project** aims to help veterans in Scotland over the age of 65 enjoy better health, well-being and make social connections. This project is funded through the Unforgotten Forces consortium, led by Poppy Scotland.

As well as providing specific veterans advice and support through the Age Scotland helpline, the project aims to link older veterans to services they can benefit from including Legion Scotland’s befriending service or to join existing Veterans clubs or groups. The project also provides extensive Veterans Community outreach through two development officers to offer veterans specific advice and support to groups across Scotland.

**Walking football** is a variant of traditional football aimed at keeping people aged 50+ involved with the sport if, due to a lack of mobility or for other reason, they are not able to play the traditional game. The sport can be played both indoors and outdoors. Walking Football is a great way for older men and women to stay involved with sport. It helps older people to keep fit and be sociable.

Age Scotland work closely with The SPFL Trust, SAMH and Paths for All to develop the Scottish Walking Football Network and hosted the first Walking Football Festival in Scotland.

**How can we all work together to challenge stigma around social isolation and loneliness, and raise awareness of it as an issue? Are there examples of people doing this well that you’re aware of?**

Age Scotland have been running campaigns such as “No One Should Have No One”, highlighting the impact of loneliness on older people for a number of years which, in part, had called for this national strategy to tackle this critical issue and our future work will largely revolve around how we can ensure that loneliness and isolation are addressed with positive solutions to the problem.

Public awareness campaigns will go a long way to helping address the stigma. The success of a long term and coordinated work between third sector organisations, all levels of government, parliaments and the media have helped to de-stigmatise mental health issues. The same can be done to tackle the stigma of social isolation and loneliness. While this has begun over the last few years, it will require a prioritised push from all of the above channels.

The de-stigmatisation of this critical issue can begin by raising awareness of the causes and risk factors, particularly for older people for whom life events such as retirement, sensory and cognitive impairment, limited mobility, long-term health conditions and bereavement can quickly combine to increase the risk of social isolation and loneliness.

Simple and strong messaging similar to the healthy eating “Five a Day” campaign would help raise awareness of key risk factors and measures people can take to mitigate the journey to loneliness and social isolation.

The partnership between the Scottish Government, NHS Lothian, Hearts and Hibernian football clubs and others to create “Edinburgh Cheer” is a good example of another campaign to tackle loneliness and isolation. Booklets were produced and distributed which set out a programme of events, information about the campaign and how the public could participate by pledging to tackle loneliness and isolation in Edinburgh. Social media campaigns and news stories in the Edinburgh Evening News boosted public awareness of the campaign. Community groups who had initiatives to tackle loneliness and isolation were encouraged to contact the Evening News so they could be promoted. Vintage Vibes organised Christmas cards from organisations, prolific individuals and associations to be sent to older people.

**Using the Carnegie UK Trust’s report as a starting point, what more should we be doing to promote kindness as a route to reducing social isolation and loneliness?**

Acts of kindness work both ways. Not only do those at the receiving end benefit, but the initiator also feels good. Strong messaging and campaigns to promote the proliferation of acts of kindness will have a significant positive result. Work should be undertaken with younger people in schools and colleges to promote this. For many older people there can be a negative stereotype associated with young people, especially when they congregate in groups in public places or on public transport. And while this, in most cases, is an unfair perception, younger people could be made aware of how older people might feel and what they can do to avoid this.

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

Poverty inhibits peoples’ ability to travel, participate in social activity, connect to the internet, or stay in contact by phone.

Similarly, services which work to reduce isolation need accessible information about benefits and debt advice so that if an isolated individual trusts them with information about their poverty they are equipped with the basic information they need to refer them for advice and help.

Intermediaries who are trusted by older people, such as pharmacists, care workers and Allied Health Professionals need to be better informed of where people can find advice and also where they can be supported to reconnect with their community.

Advice services must always be aware of the social context of their clients’ lives and how and where people can be supported to have more social connections, not just deal with the client’s presented problem.

The establishment of Social Security Scotland and the devolution of welfare powers to Scotland offers an opportunity to change the attitudes to claiming benefits by encouraging the take-up of entitlements by people, particularly those who are older, who have been reluctant or deterred to do so in the past because of the stigma attached to the current system.

A good example of this is highlighted in annual figures that demonstrate that around a third of people do not claim the pension credit that they are entitled to. And, as such, every year third sector organisations and government promote this entitlement and its significant under subscription.

A particular issue which must be recognised is that pensioners over the age of 75 are more likely to be poorer than those younger. This is documented in a report by Independent Age on “The overlooked 75s”. Tone of the recommendations is for the government, and other key agencies, must re-energise their efforts to promote the take-up of Pension Credit and other benefits to the groups of older people most at risk of living in poverty – in particular single older people, older women and older renters.

 <https://www.independentage.org/policy-research/research-reports/overlooked-over-75s-poverty-among-silent-generation-who-lived>

There are examples of good practice in the public sector of a joined up approach to identifying issues such as loneliness and isolation. The Scottish Welfare Fund guidance 2.11 – 2.13 and annexe A section 5 provides an example of how staff administering a benefit entitlement can be guided to be alert to other issues <http://www.gov.scot/Resource/0051/00516158.pdf>

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

Public services which routinely have direct contact with members of the public can ensure their own processes and performance are assessed, and staff who undertake such contact are trained to help identify and respond appropriately to issues of loneliness and isolation.

Auditing public bodies to evaluate the impact their work has or is likely to have on social connectedness, could help achieve an outcome whereby the footprint of community facilities and spaces which are hubs for interaction, such as libraries, GP’s surgeries, post offices, bus stops, shops and cafes, are recognised for their social value and not solely on economic grounds.

Closures and the reduction to public services such as libraries, community centres, public toilets, leisure facilities and classes such as swimming lessons for older people have a significant negative impact on tackling social isolation and loneliness in older people. These are lifeline services to many of Scotland’s older people where they can socially interact with others, learn new skills such as how to use the internet, get healthier and access important information.

It would make sense for a measure of any impact assessment which is undertaken with regards to future closures takes into account how it will affect loneliness and social isolation.

While we recognise the challenging financial position of the public sector, these kind of closures and reductions in service only serve to exacerbate the challenges of loneliness and isolation.

Increased training of public sector staff on high quality customer service and on the multiple risk factors which accrue in later life that lead to social isolation and loneliness would be welcome. These include ill health, bereavement, lower income, needing care, depression and other mental health diagnosis, retirement and the experience of stigma and discrimination in earlier life due to protected characteristics. These factors result in a loss of confidence and help is needed for individuals to re-engage.

Government funded services should be costed to include time for service delivery to include engagement with service users and establishing trust rather than a transactional process of patients or clients. This should be established as the norm.

For those living with cognitive impairment such as dementia, and their carers, it is important that they are made more aware of the post diagnostic support available to them, which the Scottish Government has already made a commitment to. Part of the role of the link worker is to signpost individuals to groups and organisations which can provide friendship, advice, help and support in order to help people live well in their local community.

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

Public services such as the NHS which routinely have direct contact with members of the public can ensure that their own processes and performance are assessed, and staff who undertake such contact are properly trained to help identify and respond appropriately to issues of loneliness and isolation.

Integrated health and social care bodies could assess what impact loneliness and isolation are likely to have on demands for services, which will lead to more effective planning but also increased drivers towards investing in prevention.

Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the third sector. It helps to merge the social and medical needs of the individual which supports well-being and builds confidence. The use of social prescribing by GPs can have a positive impact on an older person or someone with a cognitive impairment such as dementia’s life as they are a trusted source of information and can help those who are more reluctant to make contact with a local social group.

In order for effective social prescribing to take place, more adequate training should be offered to health and social care providers of the services available. This is important when referrals take place to befriending networks or community connecting programmes so to avoid the wrong kind being made or to the wrong people. This can be difficult for smaller organisations as they might not be able to fulfil the referral and to the individual whose experience of the system has been unsuccessful and might not want to try again.

A good example of this working well is the NHS Lothian Link Worker scheme, where they are able to spend the time to understand the services and groups in their community while freeing up the time of GPs.

Across the public sector, Scotland’s health services have the most regular face to face contact with older people. Whether it is through routine appointments at GP surgeries, dentists, outpatient at hospitals or accident and emergency, health practitioners through their normal conversations and assessments could ask questions relating to an individual’s social interactions so to identify those who may need social prescribing, signposting or referrals to local community connecting services. There would also the opportunity to help measure levels of loneliness and social isolation and track progress in tackling the issue.

Significant consideration should be given to those patients who will experience significant changes in their lives as a result of a diagnosis, hospital discharge, bereavement or the onset of chronic illness. Where appropriate, staff should work with people to minimise the risks of social isolation and loneliness occurring.

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

Care and support packages should be delivered in the spirit of the new Health and Social Care Standards. Home care services should be aware of and promote access to befriending services and other opportunities for social engagements by means of social prescribing.

Integrated health and social care bodies should assess what impact loneliness and isolation are likely to have on demand for services. This will result in smarter planning and commissioning of services in turn which lead to better investment and focus on early intervention and preventative measures.

Social care workers are likely to come into contact with socially isolated and lonely individuals. The Scottish Government could prioritise ending the undignified 15 minute “slots” for the provision of personal care and that people are given more time with those administering care so the overall quality of the care is improved. By doing this, people who receive social care will be better supported to live as independently as possible and have better social connections.

Care homes should promote and support access to activities including those which are cultural and where people can have shared experiences. A great example of work being undertaken is “ Arts in Care”, where The Care Inspectorate has partnered with [Luminate](http://www.luminatescotland.org/), Scotland’s creative ageing organisation, to promote the importance of creativity by developing a resource to support care staff to plan and run creative arts sessions and also to work with professional artists.

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

A new approach to this may be needed, particularly for older people and those impacted by loneliness and social isolation. In recent years a number initiatives to deliver public health messaging around exercise and physical activity have been implemented. These messages have long been tied to Non Communicable Diseases (NCDs) such as type 2 Diabetes, heart disease and cancers. While these initiatives are absolutely essential, they only reach a certain group of people who can apply the messaging to their own medical conditions.

The World Health Organisation (WHO) have been tasked with linking physical activity to wider strategic relevance, such as education in schools at an early age, how we plan and design towns, provide public transport for example. The message behind this is that physical activity embraces work, leisure and how we travel. It is about much more than just 'exercise' which is just one component of physical activity.

The GPAQ Global Physical Activity Questionnaire by WHO can be read here: <http://www.who.int/ncds/surveillance/steps/GPAQ/en/>

The experience of the Allied Health Professionals working with Age Scotland to promote healthy living and staying active is that it is important to avoid the arrogance that often accompanies attempts to get people active. They believe that it is important to find out what motivates people, their passion, their hopes for how they will live their lives and link any physical activity into that.

Peter Gore of [Lifecurve](https://ailip.lifecurve.uk/Home/About-The-LifeCurve) believes that if an individual has mobility issues, such as no longer being able to reach down to cut their toenails, they should take part in something fun and interesting to them like joining a model aeroplane club; The hypothesis here is that by the time you retrieve your crashed plane a few times you'll soon be able to reach your toes. While this example doesn't apply to all categories of need, the principle does – use physical activity to live happily.

Organisations like [Paths For All](https://www.pathsforall.org.uk/pfa-home) are a good example of simple activity such as walking which is structured and is supportive with good communication. They ensure that everyone living with dementia and their family, friends and carers can engage in walking. Through their Dementia Friendly Walking project they providing training, funding and support to make the Walking for Health network dementia friendly. They also work to raise awareness about the benefits of walking for people living with dementia, and as such help to tackle loneliness and social isolation.

Critically, for those who are at risk of or impacted by loneliness or social isolation, physical activity programmes need to be inclusive, fun and accessible. The language used in its promotion is important too. Using phrases like “get fit” or “exercise” might put off many older people, instead this will be a benefit of the activity but not the sole purpose. There needs to be a social aspect to the activity so to nurture positive interactions going forward.

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

Much of this work should be undertaken at an early age so the skills follow them through life. Having inclusive workplace cultures will help as will the experiences individuals have through education so that when it comes to later life they already know how to interact with others and build new relationships.

For many older people though, this can be complicated due to the challenges of faced by those who have lost confidence or trust in other people due to bereavement, domestic abuse, discrimination, being a victim of crimes such as financial scams, chronic illness or as a result of cognitive or sensory impairment.

Community Connecting programmes are an excellent way to overcome this as it starts off by having friendly conversations with the individual, building confidence, belief in the benefits of the social activities and in building new relationships.

Much of the work required to better equip people for this happens while they are interacting with others and in their experiences of it. With specific regard to older people already experiencing loneliness and social isolation, it is vital that the structure of the groups they have been connected with are inclusive, accessible and friendly. This will mean people keep using them and through a lived experience get better at it.

**How can we better ensure that our services that support children and young people are better able to identify where someone may be socially isolated, and capable of offering the right support?**

N/A

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

This draft strategy acknowledges that much of the expertise and experience which exists in tackling this issue already occurs in communities and in the third sector. Third sector and social enterprises play a pivotal role in the reduction of loneliness and isolation across Scotland. They are well connected to communities and are able to reach people that many services cannot. Many great examples of the third sector working to tackle loneliness and social isolation are documented in other parts of this consultation but the challenge is identifying longer term funding to ensure that these services are sustainable.

The greatest benefits will be felt when government, local authorities and third sector organisations work together in productive partnerships to enhance the results which each produce.

Social enterprises and not for profit organisations are able to provide the delivery of social and physical activity opportunities at low cost and as such means that poverty is less of a barrier to participation.

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

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

Employers play an important role in reducing social isolation and loneliness. Ensuring there is an inclusive company culture is critical to an individual’s ability to successfully interact with peers and develop the skills required to build relationships with people from a variety of backgrounds. Furthermore, instilling a culture which promotes employees having a work and life balance will help reduce those experiencing work related stress and allow people time to take part in social or physical activities.

Retirement can entail loss not only of status and identity for many but also dislocation from a professional social network.

As retirement is a risk factor associated with increased chances of experiencing loneliness or social isolation so it is also important that employers offer those who are considering retirement the opportunity to participate in planning workshops to ensure that they are fully prepared for it. This should be standard practice for all businesses and organisations as well as offering phased retirement options to staff so to avoid the culture shock of no longer being at work.

A company’s Corporate Social Responsibility commitments could include giving employees time off to volunteer with a partner charity. This could not only help tackle loneliness and isolation in a community but help develop and employees interpersonal skills and appreciate first-hand the value of volunteering.

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

For Scotland’s older people barriers can exist with regards to the perceived safety of the neighbourhoods in which they live.

As mentioned elsewhere in this consultation, the 2017 Planning (Scotland) Bill is important in tackling social isolation and loneliness.

It provides an opportunity to think differently about the built and lived environment and how older people, who are most likely to be affected due to the risk factors, are able to live in a community environment and access vital public transport and health services.

In this regard, the Scottish Government should be looking at intergenerational housing and community projects. This can create an environment which avoids “ghettos” of just older people, or younger people, or families and allow more work to be done to co-locate facilities such as care homes with nursery schools. Good examples of intergenerational housing projects occur in Japan and the Netherlands, particularly in Deventer. A recent innovative development in Scotland is Fife Council’s plan in Methil to site a 36 bed residential care home and a nursery together as well as 3,500 affordable homes. More of this could be encouraged by the Scottish Government.

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

Check against Luminate and Anne Gallacher’s views

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

Free and accessible public transport is hugely important to older people’s wellbeing and in tackling loneliness and social isolation. For many parts of Scotland, particularly those rural, remote and island communities the provision of good transport links are in short supply. While older people may have the National Entitlement Card, they don’t necessarily have the means of utilising it. Community Transport would be a good option for many people in this position. The Scottish Government should look to extend use of the National Entitlement Card to Community Transport schemes.

Age Scotland is participating in the work currently being undertaken by Transport Scotland with regard to the National Strategic Transport Review 2. As part of this the views of Scotland’s older people are being sought. Early feedback from this compounds the view that in order to effectively tackle loneliness and isolation accessible, affordable and available public and community transport is necessary.

It is important that people feel safe while using public or community transport and that staff are well trained with customer service skills and are able to appreciate the particular needs of older people and those with physical, cognitive and sensory impairment. In doing so, those who are experiencing loneliness and isolation will not feel like transport is a barrier.

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

The impact of technology on loneliness among older people has been hotly disputed, with some arguing that the increasing use of technology has exacerbated the exclusion of older people, and others pointing to the vital role that technology can play in enabling older people to maintain, and, to a lesser extent, develop, their social connections.

Technology can help reduce those experiencing or at risk of loneliness through supporting existing relationships, be the source of a new relationship such as telephone befriending, enable or create the catalyst for new social connections, and create the opportunity for new face-to-face relationships such as in the provision of IT training.

Technology can also offer a cost-effective way of providing wider services and support.

There are great examples of community groups and initiatives across Scotland offering training for older people to develop their digital skills such as Silver Surfers in Aberdeen, Ace IT in Edinburgh and in Men’s Sheds, all supported by Age Scotland’s Community Development team.

It is important that premises with suitable equipment are supported by local councils and the Scottish Government. Libraries can play a key role in this and as such measures to reduce the public library network should be resisted.

**Want to find out more?**

As Scotland’s national charity supporting people over the age of 50, Age Scotland works to improve older people’s lives and promote their rights and interests. We aim to help people love later life, whatever their circumstances. We want Scotland to be the best place in the world to grow older.

Our Policy, Communications and Campaigns team research, analyse and comment on a wide range of public policy issues affecting older people in Scotland.

Our work is guided by the views and needs of older people themselves.

**Further information**

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