Health, Social Care and Sport Committee

Inquiry into loneliness and isolation

December 2017

National Assembly for Wales
Health, Social Care and Sport Committee

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The Committee was established on 28 June 2016 to examine legislation and hold the Welsh Government to account by scrutinising expenditure, administration and policy matters, encompassing (but not restricted to): the physical, mental and public health and well-being of the people of Wales, including the social care system.

Current Committee membership:

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South Wales West

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Chair's Foreword

Loneliness and isolation is something that affects many people across Wales and the UK. You can feel isolated in a big city, as well as in a rural community. A person can also feel lonely in a room full of people.

There is evidence to suggest that loneliness and isolation can have a significant impact on physical and mental health. Reducing the number of people who experience these issues should therefore help to reduce demand for health and social services.

The Committee agreed that one of our early priorities would be to look at the scale and causes of this problem and its impact on older people, including whether it disproportionately affects certain groups. While this inquiry focuses on older people, we will continue to have an active interest in the challenges facing the many other groups of people experiencing feelings of loneliness and isolation.

Loneliness and isolation can impact both on physical and mental health, and we have therefore committed to undertake further work in this area. For this reason we have recently launched our inquiry into the Welsh Government's strategies to prevent suicide.

Wales has a higher percentage of older people within its population than any other part of the UK. We have heard that 18% of people in the UK feel lonely 'always' or 'often', which is the equivalent of almost 458,000 people in Wales. This figure is particularly worrying as we were told that many older people are too embarrassed to admit to feelings of loneliness. This means it could, in fact, be significantly higher. We also understand that men are much less likely to talk about their feelings, making them more susceptible to crisis, breakdown or suicidal feelings.

We are concerned that financial constraints on public sector funding is resulting in the loss of community services, such as day centres, local post offices and shops and lunch clubs, which can provide a lifeline to many of our older citizens.

The voluntary sector has a pivotal role to play in providing a wide range of activities and support services which help to address loneliness and isolation, and we heard of many excellent schemes being delivered across Wales. We also, however, heard concerns from those involved in delivering these schemes about the short term nature of funding for the voluntary sector, which has resulted in the closure of some schemes.

We welcome the Welsh Government's commitment to develop a cross-government, national approach to tackling loneliness and isolation. However, we are concerned that this is not due to be delivered until 2019, by which time so many more of our older citizens will have experienced the adverse effects of loneliness and isolation.

Loneliness and isolation is one of the most significant issues facing our older population. I trust that the evidence we have gathered and the recommendations we have made will contribute towards delivering the solutions needed to address this issue.

Dr Dai Lloyd AM,
Chair

Recommendations

Recommendation 1.We recommend that the Welsh Government review the timescales for the development of its strategy to address loneliness and isolation, with a view to publication before 2019...Page 38

Recommendation 2.We recommend that the Welsh Government takes a cross-departmental approach to its strategy on loneliness and isolation to maximise the contribution of all policy areas. To that end the National Dementia Strategy and Carers Strategic Action Plan should include specific reference to tackling loneliness and isolation...Page 38

Recommendation 3.We recommend that the Welsh Government undertakes or commissions work to assess the impact of loneliness and isolation on health and well-being and whether people experiencing these issues make increased use of public services. The outcomes of the work could be used to strengthen the economic case for services to prevent loneliness and isolation. ....Page 39

Recommendation 4.We recommend that the Welsh Government works with the voluntary sector and local government to secure the funding stability needed by voluntary sector organisations to continue to provide vital support services for people experiencing loneliness and isolation by introducing three year funding programmes. ....Page 39

Recommendation 5.We recommend that the Welsh Government undertakes an evaluation to assess the impact of intergenerational contact on people experiencing loneliness and isolation. If the evaluation highlights benefits of such contact, the Welsh Government should ensure best practice in this area is rolled out across Wales...Page 39

Recommendation 6.We recommend that the Welsh Government embarks on an awareness raising campaign to change attitudes towards loneliness and isolation and address the stigma associated with it. This campaign should highlight the wealth of advice and support already available and use a wide a range of communication methods to ensure people who do not have online access are not disadvantaged...Page 40

01. Background

Purpose of the inquiry

1. Many older people live alone, experience poor health and are unable to participate in social activities without help and support, especially in rural areas. This leaves them vulnerable to loneliness and isolation.

2. There is evidence that loneliness and isolation can have a significant impact on physical and mental health;[1] preventing loneliness and isolation may therefore help to reduce demand for health and social services.

3. We agreed that one of our early priorities would be to look at the scale and causes of the problem and its impact on older people, including whether it disproportionately affects certain groups.

4. Our terms of reference were to assess the extent and impact of loneliness and isolation experienced by people in Wales, particularly older people, and how it can be addressed, by considering:

- the evidence for the scale and causes of the problems of isolation and loneliness, including factors such as housing, transport, community facilities, health and well-being services;
- the impact of loneliness and isolation on older people in terms of physical and mental health and well-being, including whether they disproportionately affect certain groups such as those with dementia;
- the impact of loneliness and isolation on the use of public services, particularly health and social care;
- ways of addressing problems of loneliness and isolation in older people, including interventions to specifically address the problems and other projects with wider aims. Evidence for what works and the outcomes for older people in terms of health and well-being;
- the extent to which initiatives to combat loneliness and isolation experienced by other groups may also help to address these issues for older people;
- current policy solutions in Wales and their cost effectiveness, including the Ageing Well in Wales programme. The approach taken by the Welsh Government in terms of maintaining community infrastructure and support, and using the legislative framework created in the Fourth Assembly, e.g. the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015.

5. While this inquiry has focused particularly on older people, we recognise that many other groups of people experience feelings of loneliness and isolation. These can include, but are not limited to, young people, service veterans, young/new parents, the recently bereaved, people with chronic conditions, carers, lesbian, gay, bi and trans (LGBT) people and people from some BME communities. We recognise the potential impact of loneliness and isolation on physical and mental

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[1] Age Cymru publication: ***Predicting the Prevalence of Loneliness at Older Ages***

health, and have therefore committed to undertake further work in this area over the coming year. This will start with suicide prevention and the Welsh Government's 'Talk to Me 2' suicide and self-harm prevention strategy 2015-2020.

Engaging and gathering evidence

6. From 12 January to 10 March 2017 we ran a public consultation. We received 39 **written responses**, representing a range of health care organisations, professional groups and individual clinical staff. In addition, we heard oral evidence from a number of witnesses. The **schedule of oral evidence** sessions is published on the Assembly's website.

7. The Assembly's Outreach Team also canvassed the views of citizens across Wales about how loneliness and isolation and its impact on the mental and physical health and well-being can be addressed.

8. Using our identified terms of reference, the Outreach Team sourced participants through a range of representative bodies, including organisations such as Age Cymru and Men's Sheds. Other groups, such as Ffrind i Mi, were sourced following the Chair's Facebook Live broadcast in January 2017 which launched the inquiry, encouraging viewers to share their thoughts on the prevalence of loneliness and isolation and the potential causes. To date, the broadcast reached 5,468 citizens in both **Welsh** and **English**.

9. Committee Members also took part in focus group sessions in Newport, as part of the Senedd@ initiative.

10. We would like to thank all those who have contributed to our work.

02. The scale and causes of the problems of loneliness and isolation

What is meant by loneliness and isolation

11. There are many definitions of loneliness and isolation currently in use and the terms are often used interchangeably.

12. Dr Deborah Morgan of the Centre for Ageing and Dementia Research and the Centre for Innovative Ageing at Swansea University told us:

> "They are distinct concepts. So, loneliness is defined as a negative unpleasant experience that results from a dissatisfaction with either the quantity or the quality of social relationships. So, effectively, that means if somebody has a large social network with lots of friends they can still feel lonely if they feel the quality of those relationships isn't as they would like—they don't feel as close to those friends. Conversely, someone can have a very small network with one or two friends but feel very close to them and then never feel lonely.
>
> Social isolation can be defined as a lack of or a paucity of social contact. We can measure that. It's an objective measure, we can measure that by counting the number of contacts somebody has within a specific time frame."[2]

13. The Welsh NHS Confederation[3] and Ponthafren Association[4] suggested that the causes of loneliness are not just physical isolation and lack of companionship, but also sometimes the lack of a useful role in society.

14. In her written evidence, Rebecca Evans AM, Minister for Social Services and Public Health (the Minister), confirmed that the Welsh Government's forthcoming Loneliness and Unwanted Isolation Strategy, due to be published in 2019, would determine an agreed definition of what is meant by the term "loneliness and unwanted isolation" for use in Wales.[5]

Scale of the problem

15. Witnesses to the inquiry suggested that loneliness and isolation is widespread amongst older people. The report **Trapped in a Bubble**, commissioned by the British Red Cross in partnership with the Co-op, stated that 18% of people in the UK feel lonely 'always' or 'often' - the equivalent of almost 458,000 people in Wales.

16. Data from the Cognitive Function and Ageing Study - Wales found that 25.3% of older people in Wales reported being lonely and 26.9% socially isolated.[6]

17. More than 75% of women and a third of men over 65 live alone. People aged 80 and over are most likely to report high levels of loneliness. Sarah Rochira, Older People's Commissioner for Wales, told us:

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[2] RoP, 25 May 2017, paragraphs 12 and 13
[3] Written evidence LI 17
[4] Written evidence LI 27
[5] HSCS Committee, 21 June 2017, Paper 1
[6] Written evidence, LI 11

> "Some of the figures I've looked at, particularly in relation to older older people—and I'll talk about some of the risk factors that might lead to that being the case—suggest that up to 63 per cent of those people over the age of 80, so that's around 100,000 older people, suffer from loneliness, social isolation, a combination of the two—there's a complex interrelationship between the two—but find themselves actually in the most awful of places."[7]

People who are vulnerable to loneliness and isolation

18. Evidence to the inquiry has highlighted groups other than those classed as older people who experience higher levels of loneliness and isolation. These include:

- young people 18-34 years, who are more likely to express feelings of loneliness than older people;
- service veterans;
- disabled people, including those with unsupported hearing loss which is common in older people;
- people with serious and long term health conditions, for example, MS, Parkinson's Disease, dementia;
- people with mental health problems who, it is argued, receive little support with loneliness;
- carers, including those who have been carers. A 2014 UK survey found that 83% of carers felt lonely or isolated because of their caring responsibilities;
- people who are lesbian, gay, bisexual or transsexual (LGBT), who are especially vulnerable to loneliness and isolation in older age;
- people from Black and minority ethnic (BME) communities, who may face additional barriers to overcoming loneliness and isolation, including language;
- people with certain personality traits, such as shyness.

Factors which increase vulnerability to loneliness and isolation

19. A wide range of factors that could increase the likelihood of loneliness and isolation were identified during the course of the inquiry.

Location and environment

20. People living in rural areas are vulnerable to loneliness and isolation, particularly as they age and become increasingly dependent on services. Nearly 20% of the Welsh population live in communities of less than 1,500 people, compared with 10% in England. Significant numbers of people retire to rural Wales where transport and services may be scarce. Evidence from Parkinson's UK suggested that:

> "Rural areas have fewer local opportunities for social interaction, and some voluntary sector initiatives find it prohibitively expensive to offer support to

[7] RoP, 25 May 2017, paragraph 79

> small numbers of people living in remote and rural settings, which can mean that people who live rurally are additionally disadvantaged."[8]

21. The Alzheimer's Society Cymru stated that:

> "Many of the concerns around isolation and loneliness for people living with dementia and their carers and families are more pronounced in rural areas. Our Dementia in Rural Wales report showed that the isolation felt by people with dementia and their carers was intensified by rurality. In particular, unpaid carers often face social isolation and a lack of support networks - this is exacerbated in rural areas by distance, lack of public transport and other factors."[9]

22. The British Geriatrics Society told us that rural poverty was a contributing factor in social isolation:

> "Wales has a relatively large rural area and high levels of poverty compared to the UK average which suggests that older people who also experience rural poverty may be at greater risk of loneliness and isolation. In 2011, almost 30% of the rural population of Wales was aged 60 or over, compared to 21% for urban areas."[10]

23. However, people in urban areas can also be lonely and isolated, particularly where public transport accessibility is difficult. The Royal College of General Practitioners (RCGP) pointed out:

> "Isolation and loneliness is not simply a rural problem but is commonly seen in the high-rises of our cities and amongst the busy estates and terraces."[11]

24. This was supported by Care and Repair Cymru, who told us:

> "Loneliness is as much a feature in towns and built up areas, as many older people live on estates where they see no one regularly even though they are surrounded by people. A telling case in point is the amount of people in Pembrokeshire that cannot have a lifeline emergency alarm installed because they do not have at least two people they could name as local responders."[12]

25. Professor Vanessa Burholt of the Centre for Ageing and Dementia Research and the Centre for Innovative Ageing at Swansea University told us about the importance of the physical environment:

> "If you can't get outside your house because the physical environment is so poor that you can't navigate, and you can't get out because you don't know where your street is if you've got dementia, or the state of the pavement's too poor for you to walk on if you've got a physical impairment, then it doesn't

[8] Written evidence, LI 24
[9] Written evidence, LI 05
[10] Written evidence, LI 32
[11] Written evidence, LI 12
[12] Written evidence, LI 13

> matter how many schemes we've got down in the centre of town to try and deal with loneliness—if you can't get there, you can't do that."[13]

26. Many respondents cited the loss of community services, such as day centres, local post offices and shops and lunch clubs as contributing towards loneliness and isolation. The Older People's Commissioner for Wales stated:

> "I am clear that the provision of public buses, toilets, libraries, day centres, lifelong learning, park benches, etc., keeps older people active and independent in their communities, and that removing these services exacerbates the loneliness epidemic in Wales. Meals on wheels services have also been affected by funding reductions and evidence suggests that the service is much more than just a meal for older people as it provides much needed social interaction for individuals, particularly those who may be unable to leave their home due to a lack of transport, or due to disability or ill health, and is another crucial preventative service."[14]

27. Age Cymru also cited lack of public toilets as a particular problem which was preventing people from leaving their homes:

> "One lady told us that she liked to have a walk along the promenade, but the toilets are shut down there, so she's no longer able to do that."[15]

28. As part of our scrutiny of the Public Health (Wales) Bill (now the Public Health (Wales) Act 2017), we made a number of recommendations to the Minister in relation to local toilet strategies. These included the development of a national map showing the location of publicly available toilets and an easily recognisable logo to be displayed in publicly accessible toilets which, when implemented, may go some way to addressing one of the reasons for older people, in particular, becoming isolated.

29. Samaritans Cymru raised concerns that the increase in library and community centre closures and the ending of Communities First could result in the most vulnerable communities experiencing an increase in loneliness and isolation due to the "subsequent lack of social connection which these centres and schemes provide".[16]

30. However, Dave Street of the Association of Directors of Social Services (ADSS) drew attention to the impact of financial austerity on the public sector, particularly for local government in maintaining community facilities and services:

> "… many of the services that we provide as public authorities - and, certainly, as a director of social services - they're statutory services. You've got very little room for manoeuvre. They're things you're required to do by law. But, obviously, equally, from a local government perspective, there is a range of services that are not statutory. They are services you've developed over a period of time - a time when, perhaps, the financial position for local

[13] RoP, 25 May 2017, paragraph 60
[14] Written evidence, LI 18
[15] RoP, 25 May 2017, paragraph 163
[16] Written evidence, LI 14

> government and the public sector generally was far better than it is at the moment - and you have to begin to turn your attention to those non-statutory services.
>
> The difficulty that causes us on a day-to-day basis is that many of those non-statutory services are what we would call preventative services. They are services that people have used and people value -not necessarily people who need social care services as a result of assessed need, but that our wider communities value. So, things like public toilets. It is increasingly difficult to maintain those going forward, as the financial net tightens. The demand on our statutory services and the costs of our statutory services are increasing at the same time."

31. Responding to questions relating to provision of public services, the Minister told us:

> "I'm acutely aware of the pressures on public finances and the serious pressure the local authorities find themselves under as well in terms of finances. So, I'm always very wary and cautious about promising too much in terms of new facilities and so on, because I think we have to be realistic in terms of the settlement that we do have.
>
> But one thing that I would highlight would be the community facilities programme, which, again, is one of the programmes that Carl Sargeant has within his portfolio. That is a capital grants scheme, and I understand it's due to open very shortly again for further applications, so I think that that might be something that we would want to promote in our areas. That offers small grants of up to £25,000 and larger grants of up to £250,000. That's for community-led projects that will improve community facilities and provide opportunities for learning, employment, improving health and well-being and so on."[17]

Housing

32. Type of housing influences the way in which individuals engage with their communities. According to a Local Government Association report in England, living in rented accommodation has been identified as a potential risk factor for loneliness and isolation.[18] Interim data from the Cognitive Function and Ageing Well study - Wales identified a socio-economic gradient in loneliness, with older adults living in local authority housing and those with lower educational attainment found to be at greater risk of loneliness as they aged.[19]

33. The British Geriatrics Society stated:

> "A recent review of housing for older people in Wales concluded that 'the housing environments in which we age can play a determining role in ensuring

[17] RoP, 21 June 2017, paragraphs 92 and 93
[18] Written evidence, LI 38
[19] Written evidence, LI 11

that people remain engaged in their local communities and maintain a sense of autonomy and independence'."[20]

34. Dave Street of the ADSS highlighted the difficulties associated with a lot of the housing stock in Wales:

"I think one of the challenges we face there, particularly in Valleys communities, is the very type of properties that we've got—the historical properties: terraced houses on hills with 10, 15 or 20 steps to get to your front door. Once you start to lose your independence and your mobility, they become quite challenging, and there are lots and lots of examples of people almost caught in their own homes, because they physically can't get out. I think we need to start engaging with people far earlier in terms of their possible future housing needs, at a time when there are other properties of which there is a dearth of provision - one and two-bedroomed properties."[21]

35. Care & Repair Cymru said that they commonly came across people living in cold and damp homes, or homes in a poor state of repair, who would avoid social interaction due to the embarrassment factor. We were told those people can become afraid of people seeing how they lived, and so were reluctant to invite people into their homes, thus becoming further isolated and having fewer opportunities for social interaction.[22]

36. Evidence from the housing sector highlighted the role of specialist provision for older and disabled people such as sheltered and Extracare[23] housing in encouraging social interaction.

37. According to Cadwyn Housing Association:

"For many years, housing associations have quietly played a role in building homes designed to tackle loneliness, encourage social interaction and boost well-being. From sheltered housing and extra care schemes to whole retirement villages, these homes may have different names but the overarching aim of them is the same: to help older people remain independent and socially engaged."[24]

38. However, research undertaken by the Centre for Ageing and Dementia Research and the Centre for Innovative Ageing at Swansea University suggested that, for people receiving social care, there were no differences in levels of loneliness between those living in their own homes, Extracare housing and residential care:

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[20] Written evidence, LI 32
[21] RoP, 15 June 2017, paragraph 211
[22] Written evidence, LI 13
[23] Extracare housing is also known as very sheltered housing, assisted living, or simply as 'housing with care'. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can sometimes provide an alternative to a care home. In addition to the communal facilities often found in sheltered housing (residents' lounge, guest suite, laundry), Extracare often includes a restaurant or dining room, health & fitness facilities, hobby rooms and even computer rooms. Domestic support and personal care are available, usually provided by on-site staff.
[24] Written evidence, LI 07

> "Analysis of qualitative data illustrated the point that although social interactions were increased in extracare environments the exchanges did not necessarily lead to high quality and emotionally satisfying social relationships. Social interactions appeared to be fairly superficial in nature, and consisted of encounters in the communal living areas in the facilities rather than in the private confines of the residents' flats."[25]

39. Evidence from MHA suggested that "moving into a care home often comes at a time of crisis for an older person and requires significant adjustment in people's lives, which can mean some people feel lonely within a care home setting".[26] This was supported by Tanya Strange, of Aneurin Bevan University Health Board, who told us:

> "…what we're finding is, where you wouldn't expect people to be lonely - older people in care homes, for example - we've been astounded actually by the number of people who say that they are socially isolated."[27]

40. Housing support and social care services can help older people to remain in their communities. The Rapid Response Adaptations Programme[28] was highlighted as an example of such an enabling service. We were also told about a range of Supporting People projects delivered by the Vale of Glamorgan Council[29] which support older people to remain in their own accommodation.

41. The Minister highlighted the importance of different models of housing to support older people, particularly in tackling loneliness and isolation:

> "Only yesterday, we celebrated the expansion of the Shared Lives Cymru scheme to older people in Wales. Shared Lives is a scheme where you have adult placements within a family home, so it can be people with all kinds of adult social care needs, but we've expanded it to older people now. I think that hearing about those placements where people are genuinely part of a family, and a family community, in terms of breaking down loneliness and isolation, as well as meeting their other needs, that's a tremendously exciting and new approach that Welsh Government has been funding in various ways now since 2012.
>
> Also, I think extra care facilities can provide a great opportunity as well for people in terms of being able to live around people and have their needs met to the level at which they are. If their needs grow over time then their needs can be met in a greater way over time, but also the opportunity to be part of a community life, I think, is tremendously important. We have a commitment again to build more houses over the course of this Assembly, and we're keen that those houses are of different types, of various types. So, it's important that we consider the various needs that people have over the course of their lives."[30]

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[25] Written evidence, LI 11
[26] Written evidence, LI 08
[27] RoP, 15 June 2017, paragraph 111
[28] Written evidence, LI 13
[29] Written evidence, LI 37
[30] RoP, 21 June 2017, paragraphs 105 and 106

Transport

42. The lack of available public transport, especially in the evenings, was highlighted as a significant factor in contributing to loneliness and isolation. In Wales, two thirds of single pensioners have no car.[31] People who took part in the focus group discussion in Llandudno felt that transport was a big cause of the problems of loneliness and isolation. They said that some villages in Wales were completely cut off because they do not have a bus service running through them. They also talked about the irony of having a free bus pass when many do not have access to a bus service.

43. The Campaign for Better Transport drew attention to the extent of cuts to bus services in the last ten years in Wales. They told us:

> "The total Welsh spend on supported buses declined by £4.2million from £20.7 in 2010-11 to £16.4 in 2015-16. Overall, this is a reduction of more than 20 percent.
>
> When a bus service is withdrawn, or even when it reduces in frequency (e.g. no longer running on Sundays, or no longer running in the evenings), it prevents people travelling not only to social and health services but to see friends and family and remain independently mobile. This is particularly true in rural areas of Wales."[32]

44. According to Cadwyn Housing Association lack of appropriate transport can also "impact on primary care and hospital appointments resulting in far-reaching implications of this gap in provision in terms of older people's health and well-being".[33]

45. We heard that community transport can play a significant role in alleviating loneliness and isolation, particularly for older people in rural communities. Community Transport Association told us:

> "The work our members do throughout Wales is an invaluable lifeline to thousands of people. Without these services people would be unable to get around, to get to medical and social appointments, and ultimately to live their lives to the full."[34]

46. The Welsh Local Government Association (WLGA) and ADSS said that local authorities continued to look for innovative transport solutions and highlighted a number of examples, including the Bwcabus in Carmarthenshire/South Ceredigion and Pembrokeshire, which is a multi-partner project with a grant from the EU Rural Development Fund. We were also made aware of a scheme in Monmouthshire, where the Council operates its own community transport company which connects outlying rural areas with towns in Monmouthshire.[35]

47. However, we were also told that community transport is often oversubscribed, provision is patchy and requires advance booking. Rachel Connor of Glamorgan Voluntary Service said:

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[31] Older People's Commissioner for Wales (2013): "**A Thousand Little Barriers**"
[32] Written evidence, LI 01
[33] Written evidence, LI 07
[34] Written evidence, LI 36
[35] Written evidence, LI 38

> "Over the years, we've developed a variety of community transport schemes, but they're not flourishing, I guess, as we would like them to be. So, there are major transport issues."[36]

48. The Campaign for Better Transport was "sceptical that demand responsive transport can fully replace timetabled public transport, as the hurdle of booking trips deters users and makes spontaneous travel impossible".[37]

49. In her written evidence, the Minister highlighted the important role played by community transport in providing access to key services for protected groups and in improving connectivity to remote rural and urban communities and confirmed that local authorities would receive £25m in 2017-18 under the Bus Services Support Grant to help local authorities to subsidise socially-necessary bus and community transport services.[38]

50. The Minister also gave an undertaking to discuss with the Cabinet Secretary for Economy and Infrastructure opportunities for more integrated working between health, social care and the transport sector to ensure people's social needs, particularly in rural communities, were being met.[39]

Health, social issues and life transitions

51. Poor physical or mental health were seen as potential risk factors for loneliness and isolation. Evidence from the British Geriatrics Society stated that:

> "Health status is a significant factor that contributes to people becoming disconnected from social groups. Many older people who BGS members work with have complex and multiple conditions, which can make it difficult to maintain social connections and participate actively in the community and in activities that are meaningful to them."[40]

52. Marie Curie told us:

> "We know ill health can contribute to social isolation, through physical and mental manifestations in many illnesses. In the case of terminal illnesses, the rate of disease progression is often unpredictable and impaired communication has the potential for an increasingly significant impact on personal relationships and interactions - which we know can lead to increased loneliness and social isolation."[41]

53. Evidence from the RCGPs stated:

> "Other forms of mental health problems can often result in loneliness and isolation due to the problems arising from difficulties for those affected to go

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[36] RoP, 15 June 2017, paragraph 358
[37] Written evidence, LI 01
[38] HSCS Committee, 21 June 2017, Paper 1
[39] RoP, 21 June 2017, paragraph 81
[40] Written evidence, LI 32
[41] Written evidence, LI 34

> out and socialise e.g. agoraphobia, severe anxiety disorders, minor learning disability or being ostracised."[42]

54. Evidence from third sector organisations representing people with certain long-term health conditions, such as Parkinson's disease, dementia and MS, highlighted the particular barriers facing these groups. Parkinson's UK told us:

> "Social isolation can affect people living in a range of situations, from people with Parkinson's who live alone, to people who live in residential care or with partners or family members with whom they have minimal social interaction. If someone cannot easily leave their house, they are at higher risk of being socially isolated, whatever lies beyond their doors."[43]

55. The changing and unpredictable nature of some conditions creates challenges for community participation. Physical barriers are significant, such as the built environment, lack of, or inaccessible public toilets, and a lack of public understanding of their condition. MS Society Cymru's written evidence stated that:

> "Difficulties encountered with pavements, accessing buildings such as shop entrances and general accessibility issues etc. prevents people living with MS from accessing the outside world. Consequently, people living with MS are disabled by virtue of the fact that the built environment prevents them from accessing it and as a result are isolated in their own homes."[44]

56. Many witnesses suggested that people were more vulnerable to loneliness and isolation at times of transition in their lives. This could include bereavement, retirement, break-up of a relationship or a partner moving to residential care, when social networks are lost and reconnection can be difficult.

57. Paul Gerrard of the Co-op told us:

> "Transitions increase the risk of people being lonely. So, it could be a change - often a change in role, be it a job, or retiring, or becoming a mother, or becoming a widow or widower rather than a husband or wife."[45]

58. Cruse Bereavement Care told us:

> "Losing a loved one, often late in life, can be one of the most isolating experiences especially if you have been a carer."[46]

59. Mantell Gwynedd suggested that for many individuals retirement led to loneliness, as community links were not as strong as work links, and sometimes this was the only contact people had outside their immediate family.[47] Evidence from Ponthafren Association[48] highlighted the case of

[42] Written evidence, LI 12
[43] Written evidence, LI 24
[44] Written evidence, LI21
[45] RoP, 15 June 2017, paragraph 269
[46] Written evidence, LI 02
[47] Written evidence, LI 10
[48] Written evidence, LI 27

a gentleman who had recently retired and felt that he had lost his standing in the local community. While Cadwyn Housing Association[49] said that people missed day-to-day contact with work colleagues and the routine of getting ready and going out to work.

60. Dr Victor Aziz, Royal College of Psychiatrists, suggested there was lots that could be done prior to retirement to prepare people. This was supported by Julie Denley of Hywel Dda University Health Board:

> "I think there's another angle to it as well, and that's about resilience and preparing people. As someone who works in the public sector, there are actually courses on pre-retirement, so that you can start to think about that. Because we all think about it as the panacea to everything, but actually it's the start of a change for people that is significant and huge in life, and we see that an awful lot. So, I think there are real opportunities to have the conversation there about preparing for transition points in life."[50]

61. The Minister also talked about the importance of planning for old age:

> "That isolated house somewhere, to come home to when you're 55, might seem wonderful after being surrounded by people in work all day, but, actually, when you're retired, the isolated house might not seem such a good choice after all. So, I think there is some work potentially to do in terms of supporting people or encouraging people, perhaps over 50, to start planning for the kind of retirement that they would like, and thinking about the kinds of networks that they will require and that they will need in order to have the kind of quality of life that they envisage for themselves as they get older as well."[51]

62. Financial problems were also believed to exacerbate loneliness and isolation. Wales has higher levels of poverty than other parts of the UK and the additional costs incurred by disabled people and carers can limit opportunities for community participation. Evidence suggests that this has been made worse by increasing household expenditure and the impact of welfare reform.[52] Sarah Stone from the Samaritans told us:

> "In the work we've done on social and economic deprivation, there is a chapter about place and living in a socially economically deprived area there is an increased suicide risk there. So, place has a role to play in looking at suicide risk and there's a link between that and the isolating effects of deprivation."[53]

63. The WLGA/ADSS suggested that social isolation was a health inequality issue because many risk factors were more prevalent amongst socially disadvantaged groups. This was backed up by Dr Deborah Morgan of the Centre for Ageing and Dementia Research, who told us:

> "…when we looked at the quantitative data, there was this […] socioeconomic gradient, and that's backed up by evidence from other places. So, people in

[49] Written evidence, LI 07
[50] RoP, 15 June 2017, paragraph 182
[51] RoP, 21 June 2017, paragraph 73
[52] Written evidence, LI 16
[53] RoP, 25 May 2017, paragraph 280

> very deprived communities, people living in council housing, low levels of education - they were the ones who were at greater risk."[54]

64. Carers of people with complex and challenging conditions were also identified as a group at risk of becoming lonely and isolated. Carers Wales told us:

> "Carers in general put the person they look after first which no longer leaves them time to meet other family or friends. Compounded by the extra costs of caring this may mean that carers can no longer afford to participate in social activities. It is therefore important that carers are identified early and provided with information about their rights as well as information on possible benefits they may be able to claim."[55]

65. The RCGP called for an increase in public awareness of the definition of carers and the fact that social services have a duty to assess them in relation to their own needs. In its view, this "does not happen quickly enough and support from social services is limited".[56]

66. The Minister referred to work being undertaken by the British-Irish Council across the nations in relation to older carers and carers of older people:

> "…we recognise that there are particular issues that relate to people who care for older people or are old themselves, especially if it comes to a point where the individual is bereaved and there's no longer a caring role, which is how they've identified themselves for so long, to undertake. So, that's a specific area that I would like our new carers strategy to be looking at as well, because we're refreshing that at the moment. So, that's very much on my radar."[57]

[54] RoP, 25 May 2017, paragraph 24
[55] Written evidence, LI 16
[56] Written evidence, LI 12
[57] RoP, 21 June 2017, paragraph 76

03. The impact of loneliness and isolation

Impact on physical and mental health and well-being

67. A number of respondents drew attention to the effects of loneliness and isolation on physical and mental health and well-being. According to written evidence from the British Red Cross:

> "A lack of social connections can be linked to cardiovascular health risks and increased death rates, blood pressure, signs of ageing, symptoms of depression and risk of dementia. It could be as damaging to health as smoking and as strong a risk as obesity. Lack of social networks can be linked to poor diet, heavy drinking and increased risk of re-hospitalisation after an illness. Increased service usage by older people experiencing loneliness could cost up to £12,000 per older person over the next 15 years."[58]

68. The Welsh NHS Confederation stated:

> "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."[59]

69. The Royal College of Psychiatrists cited the impact of loneliness and isolation on mental health as a main concern, saying it is one of the three main factors leading to depression, the others being bereavement and poverty. It stated:

> "Depression impacts greatly on a person's well-being and quality of life. It is common amongst older people and the prevalence of depressive symptoms increase with age (Singh A). Depression affects 8-12% of the general population but this is much higher in the elderly population at 20%."[60]

70. Data from the Cognitive Function and Ageing study - Wales (CFAS Wales) study found a statistically significant association between loneliness and depression, with 59.1% of older participants who reported being sad or depressed all or most of the time were also lonely. The research evidence showed that depressive symptoms had a significant impact on loneliness, whereby greater levels of depressive symptoms increased levels of loneliness.[61]

71. Loneliness and isolation is one of the most common reasons for people contacting the Samaritans helpline.[62] Samaritans also told us:

> "There was a study that came out a couple of weeks ago that found that social media increases the risk of depression, anxiety and loneliness in young people,

[58] Written evidence, LI 04
[59] Written evidence, LI 17
[60] Written evidence, LI 33
[61] Written evidence, LI 11
[62] Written evidence, LI 14

> and I think that's what we focus on in terms of that being a precursor for loneliness plus 18."[63]

72. In her evidence to the Committee, the Minister told us:

> "I don't take issue at all with the suggestion that this is a public health issue, because in the paper I do refer to some of the evidence that demonstrates the impact on both physical and mental health. We all know that statistic that experiencing loneliness and isolation can be as bad for you as smoking 15 cigarettes a day and, when you put it in that kind of context, then you start to see the health impact that it can have as well. It's linked to things like dementia, morbidity, for example. So, there are huge health issues for us to address here."[64]

73. She went on to say that one of the priorities of 'Together for Mental Health'[65] is to see people's quality of life improve, and that refers specifically to addressing loneliness and isolation:

> "So, there's a wide range of work that we're doing to support people with existing mental ill health, but actually also to prevent mental ill health from developing in the first place. We know as well that, as I said at the start, loneliness and isolation can be a precursor to dementia, which is why, again, in our newly out-for-consultation dementia delivery plan, loneliness and isolation is specifically referred to and identified as a very important area within that as well."[66]

74. We also heard that a lack of social networks could be linked to poor diet, heavy drinking, and increased risk of re-hospitalisation after illness. Evidence from Age Cymru suggested that:

> "Lonely and isolated people are more likely to smoke, be overweight, eat fewer fruit and vegetables and skip medication."[67]

75. Findings from the qualitative work undertaken by CFAS Wales showed that some older adults use alcohol as a way of alleviating the negative emotions associated with being lonely and/or isolated, while others spoke about their fear of turning to alcohol in order to cope with loneliness.[68] Dr Victor Aziz, representing the Royal College of Psychiatrists, told us that increasing alcohol consumption in older people was a growing problem:

> "I have a lady who we are trying hard with the family, not with the patient, who drinks a bottle of wine a day at 13 per cent. So, imagine the impact of that on her if she's not getting that wine. She's having withdrawal symptoms, she's going to have alcohol-related brain damage, she's feeling isolated, depressed, because she cannot go anywhere because of that."[69]

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[63] RoP, 25 May 2017, paragraph 242
[64] RoP, 21 June 2017, paragraph 6
[65] Together for Mental Health
[66] RoP, 21 June 2017, paragraph 47
[67] Written evidence, LI 23
[68] Written evidence, LI 11
[69] RoP, 15 June 2017, paragraph 32

76. Evidence from Care and Repair Cymru suggested that, from a physical perspective, as people grow older they are more prone to falls and if they are lonely and/or isolated these falls go undetected and unreported, which puts the individual at greater risk.

Groups disproportionately at risk of being lonely and/or isolated

77. Many witnesses suggested there are clear links between loneliness and dementia. The Alzheimer's Society Cymru report **Dementia 2013: the hidden voice of loneliness** highlighted that 39% of people with dementia said they felt lonely, rising to 62% of people with dementia who live on their own:

> "Difficulties in maintaining social relationships and other features of dementia contributed to this, with 35% of people with dementia saying they'd lost friends after a diagnosis."[70]

78. Marie Curie pointed out that "the physical and mental deterioration often associated with dementia can often lead to social isolation, depression, and carer burden - especially if there are no community support networks. It is important to remember that dementia remains a terminal illness".[71] Evidence from the NHS Confederation suggested that "one of the reasons dementia could be compounding loneliness is because people don't remember that someone has been to see them".[72]

79. Other evidence suggested that men, and older men in particular, were more susceptible to loneliness and isolation. Alzheimer's Society Cymru said that it was concerned that "data suggests older men in Wales are the loneliest cohort of people in the UK".[73] Samaritans told us that in its 2010 report 'Men and Suicide' one of the main key findings affecting men was emotional illiteracy:

> "Men tend to have less awareness and ability to cope with their own distressing emotions and those of others. This is because of the way men are taught, through childhood, to be 'manly'."[74]

80. In its written evidence, Stonewall Cymru stated that "lesbian, gay, bi and trans (LGBT) people are more likely to grow old with less robust support networks. They are also less likely to access support services due to fears of discrimination, lack of understanding and poor-quality care. This combination of factors means that LGBT people (especially older LGBT people) are often highly vulnerable to isolation and loneliness".[75] The Royal College of Psychiatrists also believed that "gay men and lesbians are at greater risk of becoming lonely and isolated as they are more likely to live alone and have less contact with family".[76]

81. A further group identified as having higher rates of loneliness are older people from black and minority ethnic backgrounds. The British Association for Counselling and Psychotherapy told us:

> "Older people from black and minority ethnic backgrounds often do not see mental health services as appropriate. People from different ethnic groups may

[70] Written evidence, LI 05
[71] Written evidence, LI 34
[72] Written evidence, LI 17
[73] Written evidence, LI 05
[74] Written evidence, LI 14
[75] Written evidence, LI 30
[76] Written evidence, LI 33

present with culturally specific idioms of distress. This may lead practitioners to overlook psychological distress and focus solely on the physical aspects of the presentation."[77]

82. Cardiff and Vale of Glamorgan Regional Partnership Board said that in Cardiff, due to its multicultural nature, there is a growing awareness of "a kind of cultural loneliness, for example where people only speak their native language and their religion makes it difficult for them to go to mixed groups".[78] The Older People's Commissioner told us:

> "There's an assumption that they [BME elders] all have close-knit families who are all supporting them. Actually, for many, that's an outdated assumption. It's simply not true."[79]

Impact on the use of public services

83. A number of respondents commented on the ways in which loneliness and isolation affects the use of public services.

84. We were told that older people who are lonely may withdraw from the wider community and become more dependent on services they know, such as their GP. Dave Worrall, British Red Cross, told us:

> "… a lot of people, because they don't know, tend to go to their doctors and that's a key point - and the pressure that we're putting on the health service, because a lot of the time, the visits are inappropriate and are not health related, but that's their route to try and find a way out of this."[80]

85. An Age UK evidence review in 2010 also found that people experiencing loneliness and isolation are more likely to visit their GP, take higher rates of medication, have a greater risk of falls, greater likelihood of entering residential care, and make more use of A&E.

86. Similar points were made by the Ponthafren Association. It highlighted its experience of a member who made repeated calls to the police to report incidents because they wanted to talk and have company:

> "They frequently called out the emergency services at weekends and in the evenings to say they had taken an overdose or were having chest pains to try and get admitted to hospital."[81]

87. The Minister acknowledged that this could be a problem but said that:

> "… sometimes people who frequently visit their GP do so because they have no one else and it's an opportunity to see a friendly face, and somebody who cares about them, and a chance to have a discussion with someone."[82]

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[77] Written evidence, LI 26
[78] Written evidence, LI 37
[79] RoP, 25 May 2017, paragraph 90
[80] RoP, 15 June 2017, paragraph 294
[81] Written evidence, LI 27
[82] RoP, 21 June 2017, paragraph 31

88. Evidence from Penny Gripper, responding in a personal capacity, however, suggested that isolated and lonely people are less likely, in the first instance, to engage with services for a number of reasons - they're too difficult to get to; their social skills are so poor they cannot engage or their behaviour is seen as unacceptable; they do not value themselves enough or they are too anxious. However, as a result of not getting the services they need at a time when serious problems could be prevented, they are likely to become heavy users of services and often the services they use are the most expensive, such as mental health services.[83]

89. The British Red Cross said:

> "There is a strong case for intervening to prevent chronic loneliness, given its devastating 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."[84]

90. This view was echoed by Age Cymru, who told us:

> "Reducing loneliness could boost independence and reduce costs resulting in fewer GP visits, lower use of medication, fewer stays in hospital, improved ability to cope after returning from hospital, reduced inappropriate admission to care homes and increased contribution of older people to society."[85]

91. According to the British Red Cross "increased service usage by older people experiencing loneliness could cost up to £12,000 per older person over the next 15 years".[86]

92. Research commissioned by the Eden Project estimates the cost of social isolation and disconnected communities in Wales as £2.6 billion per annum, which included:

- £427m - demand on health services;
- £10m - demand on policing;
- £8m - cost of stress and low self-esteem.

93. It says that disconnected communities are linked to a loss of productivity, with a net cost to the Welsh economy of over £1 billion every year.

94. It also stated that:

> "Becoming more connected with the community has also been shown to have a positive influence on people's health and the report estimates that social cohesion currently saves £254m in reduced demand on health services in Wales - and could potentially grow to £681m if everyone in Wales got to know their neighbours and became more involved in community activities."[87]

95. Evidence from the Centre for Ageing and Dementia Research and Centre for Innovative Ageing suggested that there was a significant gap in the research base in Wales on the impact of loneliness

[83] Written evidence, LI 06
[84] Written evidence, LI 04
[85] Written evidence, LI 23
[86] Written evidence, LI 04
[87] Written evidence, LI 29

and social isolation on the use of public services and more evidence was needed.[88] However, a number of witnesses told us that low level interventions at any early stage could save money in the long run. In their joint submission, the Welsh Local Government Association and Association of Directors of Social Services stated:

> "Whilst hard cost benefit analysis of loneliness is still scarce, there is some data that indicates good returns on investment. Given the high cost of the health, social care and other services required by lonely individuals if their circumstances are not addressed, there is a strong case for investment in this area."[89]

96. The Older People's Commissioner also told us that an intervention such as a befriending scheme would cost around £80 per person per year and could save £300 per person annually in health and social care costs:

> "The NHS and social care providers simply cannot afford to continue with the current approach towards addressing loneliness: prevention is key."[90]

97. Evidence from the Campaign to End Loneliness cited economic modelling of the cost effectiveness of actions to reduce loneliness to promote better mental health carried out for Public Health England, which "concludes conservatively that substantial costs to health and social care systems *potentially* may be avoided if poor health associated with loneliness can be avoided". This modelling suggests that these costs conservatively may be in the region of £1,700 to £6,000 per case of loneliness avoided over a ten year period for people aged 65-75.[91]

[88] Written evidence, LI 11
[89] Written evidence, LI 38
[90] Written evidence, LI 18
[91] Written evidence, LI 39

04. Addressing problems of loneliness and isolation

98. It was widely suggested that there can be no "one size fits all" solution to address the problems of loneliness and isolation. We heard that individually tailored responses are the most effective but short-term support or one-off interventions without clear ongoing pathways for building independence or resilience can be detrimental.[92] We were also told that older people should be involved at every stage.[93] The Welsh NHS Confederation told us:

> "Crucially, older people need to be at the centre of decisions about what services and activities would benefit them the most, rather than the professionals assuming what they need."[94]

99. We understand there is a huge stigma associated with being lonely and/or isolated. Dave Street, of the ADSS, said:

> "I think one of the real difficulties we've got moving forward is actually getting people to recognise there's an issue in the first place, and getting them to recognise that they've got an issue. There is a stigma, whether we like it or not, attached to someone saying, 'Actually, I'm lonely'. I'm not sure that, as a society, we consistently take that seriously. It's not like going and saying, 'I am ill. I have an impairment. I have another difficulty'. 'I'm lonely' can often be a perception, can't it—a feeling rather than a hard fact?"[95]

100. The actual scale of the problem could be worse than originally estimated because people are so reluctant to identify as being lonely or isolated. Age Cymru says it is therefore important to develop ways to target people who do not come into contact with mainstream service provision.

Services to address loneliness and isolation

101. There are many and varied examples of schemes which directly or indirectly address loneliness and isolation. Some take an individual approach, such as befriending schemes, while others focus more on group activity.

Befriending schemes

102. Befriending schemes put older people in touch with a volunteer befriender, either in person or over the telephone, with the aim of providing friendly conversation and companionship on a regular basis over a long period of time. Many organisations in Wales deliver befriending schemes and they are particularly popular with people who are not comfortable with group activities.

103. We heard about Ffrind i Mi (Friend of mine) which is a new initiative developed by Aneurin Bevan University Health Board and its partners to try and make sure that anyone who feels lonely or isolated is supported to reconnect with their communities. Working with Community Connectors and existing volunteer befriending services, they recruit volunteers to support those who are lonely and/or isolated and try to match the interests of people to volunteers with the same interests, for example gardening, watching sport or dog walking.

[92] Written evidence, LI 04
[93] Written evidence, LI 23
[94] Written evidence, LI 17
[95] RoP, 25 May 2017, paragraph 220

104. Neath Port Talbot Council for Voluntary Services told us "beneficiaries of one to one befriending, provided as part of the Community Links Projects, highlighted that 94% felt less lonely, 76% reported improved health and well-being, 76% reported their confidence had improved and 100% reported an improvement in quality of life as a result of the project".[96]

105. However, we were advised that such schemes bring their own challenges. Successful matching of volunteers to individuals in befriending schemes needs care. Recruiting, training and supporting volunteers is resource intensive, particularly as befriending schemes can have a high staff turnover, and staff motivation can be affected by small scale and short term funding and the need to regularly seek new sources of funding.

106. Care and Repair Cymru told us:

> "Structured 1 to 1 befriending delivered by the third sector is usually a free to access service but it is not a free to run service. All volunteer befrienders have to be properly trained, supervised and DBS checked which all needs to be properly resourced."[97]

107. A number of respondents also highlighted the importance of intergenerational contact, with the Alzheimer's Society Cymru and Royal College of Psychiatrists suggesting that it was probably more beneficial than contact with one's own age group.[98]

108. Albert Heaney, Director, Social Services and Integration at the Welsh Government told us:

> "I think also I'd want to reach further and suggest things like, as solutions, thinking around intergenerational schemes so that we're bringing the older generation and the wisdom of the older generation together with the wisdom and the knowledge and the new digital era in terms of young people as well in terms of different opportunities. I think there's something really quite rich that we should [ ] consider taking forward in our strategy, especially working, perhaps, across the Older People's Commissioner and the Children's Commissioner as well."[99]

Group activities

109. We heard that some people prefer having something to do and somewhere to go. This seems to be particularly the case for men. Men's Sheds is a voluntary organisation which facilitates practical activities for men who might otherwise be isolated. Rhodri Walters told us:

> "It's just a place where men can get together. They haven't got to be doing traditionally manly things like woodwork and metalwork and stuff. Equally, they could be doing creative writing, art, computers [ ] It's basically whatever it takes to get a common interest.
>
> The entire notion of the shed is that men are very bad at talking face to face, but they're quite good at talking shoulder to shoulder. So, when they're doing

[96] Written evidence, LI 25
[97] Written evidence, LI 13
[98] Written evidence, LI 05 and LI 33
[99] RoP, 21 June 2017, paragraph 84

> some sort of activity together, that's when they'll share concerns about health or, obviously, in the context of today, isolation and loneliness."[100]

110. With Music in Mind, a Community Interest Company that runs singing and social networking groups for people at risk of loneliness or social isolation, consulted their members who felt that groups with activities were an excellent way of tackling loneliness and isolation. They did, however, highlight some possible barriers to accessing groups that needed to be addressed, such as keeping costs to service users low, provision of adequate transport and better publicity of available services.[101]

Volunteering

111. Volunteering itself can be a means of community engagement for many older people. Evidence from Ponthafren Association states:

> "At Ponthafren we have found that the effect of volunteering on depression among the older members encourages social integration, it also encourages people to play an active role in other areas of society, increases their social circle and makes them feel valued again."[102]

112. Tanya Strange from Aneurin Bevan University Health Board cited an example of a 92 year old lady who had been referred for befriending services. She has now been through training and is a volunteer because she "wants to help the old people".[103]

Role of the voluntary sector

113. Evidence to the inquiry demonstrates the pivotal role of voluntary groups in providing the wide range of activities and support services which help to address loneliness and isolation. The voluntary sector is uniquely placed to respond to the need for low level, localised individually tailored support which is said to be an effective response to loneliness and isolation. Evidence from the Royal College of Psychiatrists stated "it is vital that the third sector is fully engaged and supported to provide their expertise and knowledge, particularly as they have become a lifeline to many people".[104]

114. A number of respondents commented that funding for voluntary organisations is often short term and that some schemes have closed due to lack of local authority funding. Rachel Connor of Glamorgan Voluntary Service told us:

> "Probably the second-most concerning issue for small, third sector organisations - and medium-sized and possibly larger organisations - in the Vale, and the Cardiff and Vale region is the short-term element of funding, and the difficulty, then, for an area like the Vale to be able to retract funding from major funding bodies. The Vale is viewed as the 'leafy vale' and so if we're not actually in receipt of resources directly from local authority or health board, it can be a massive challenge to access resource. It's also an element, I guess, of ICF - that there's been short a term-approach to some of that funding and the issue around lack of notice, or very short notice, that resources are coming to an end, or that uncertainty between a one-year contract and possibly extending

[100] RoP, 15 June 2017, paragraph 397
[101] Written evidence, LI 15
[102] Written evidence, LI 27
[103] RoP, 15 June 2017, paragraph 145
[104] Written evidence, LI 33

> it into a second year, so that those organisations haemorrhage staff with the skills, the knowledge and the experience. And then you can have a gap in the service provision where they're trying to recruit people back into something that was working perfectly well, but the apple cart has been upset by that lack of continuity in access to resource."[105]

115. We heard a number of examples where the intermediate care fund was being used to support third sector organisations. Stewart Blythe of the WLGA said:

> "I know, in Conwy, they use some of the funding to support third sector organisations. One example is that they ran a watercolours class with a small bit of funding to get things up and running. The group then bonded as a group and connected, and so took it forward themselves, and, with a little bit of funding to keep going, to provide things like materials, they've managed to sustain as a group, provide connectivity within the community, but also welcome in new members at little cost to those people then, because there's still that little bit of money that's coming in to support them."[106]

116. There was a suggestion that some of the large, well-known third sector organisations were becoming more involved in policy work and lobbying and taking a less hands-on approach in terms of service delivery. Dr Victor Aziz, speaking in a personal capacity, told us:

> "The Alzheimer's Society was fantastic with patients and carers, but now they are moving from patients and carers into more policy and strategy. And it's a shame for us [ ]. You have a year waiting list for a befriender with the Alzheimer's Society, when, in the past, you didn't have that. So, those people, Age Connect, Age UK, Age Cymru, they are there, but I think we need to shove them back into patients and carers, rather than rely on them for policies and strategies."[107]

117. Julie Denley of Hywel Dda University Health Board supported this, saying:

> "We're reviewing a lot of our commission services at the moment with our team and what we're finding we're having to do, because of exactly that now - some of our big organisations that we've relied on in terms of service delivery and the experience of people, rightly and understandably, trying to politically help us with the agenda nationally. We're losing that direct contact."[108]

118. The Minister told us:

> "We definitely recognise the contribution that the third sector can make to this agenda, but actually to—I recognise the social services agenda more widely, and that's one of the reasons why the third sector has a seat at the table on our regional partnership boards, because we see them as valued partners in the delivery of services locally and the shaping of services locally. Those

[105] RoP, 15 June 2017, paragraph 365
[106] RoP, 15 June 2017, paragraph 205
[107] RoP, 15 June 2017, paragraph 39
[108] RoP, 15 June 2017, paragraph 158

partnership boards, between them, through the intermediate care fund, have access to funding of £50 million. So, there's huge potential for the third sector to be designing services locally and making the most of their skills there.

I do understand, though, how difficult it is for many third sector organisations and particular projects in difficult times in order to be able to access core grant funding. I understand how joyous it is when you see project funding and how sad it is when that project funding comes to an end as well. So, I think that the Wales Council for Voluntary Action would be a great opportunity for organisations to receive advice and support as to how they might go about becoming sustainable in future."[109]

The role of primary care

119. GPs are mentioned by some respondents as being well placed to identify older people who are lonely and isolated and to provide information on local schemes. The Royal College of Psychiatrists told us:

"There is an opportunity for those working in primary care and emergency departments to spot signs of loneliness and be able to provide signposting to relevant services."[110]

120. The Minister agreed, saying:

"I think that GPs are well placed to spot people who might be experiencing loneliness and isolation. But also the wider primary care team as well would have an important role. So, for example, physiotherapists, occupational therapists, mental health teams, health promotion teams, even podiatrists and so on would all have an opportunity to spot loneliness and isolation. Then, it's the question: what do we do next with that? So, we're looking to see what we can do to roll out social prescribing, for example. I think that has huge potential in terms of what we can do to support people. And GPs, I know, are working very closely with third sector organisations such as Diverse Cymru, Sight Cymru, Gofal, for example, all of which have a very strong and direct interest in spotting loneliness and isolation and then tackling it as well."[111]

121. Evidence from the Welsh NHS Confederation suggested that "many GP consultations may have loneliness at the root of the problem".[112] It went on to say:

"Discussions with primary care teams, including doctors, nurses, ward staff, pharmacists and social workers, have identified that there may be many people who access services who may have loneliness 'at the root' of attendance. There is a real risk that people are given prescriptions for antidepressants ('over medicated') due to the lack of time GPs have to thoroughly explore the wider determinants of health. GPs recognise that the model currently used by many

[109] RoP, 21 June 2017, paragraphs 123 and 124
[110] Written evidence, LI 33
[111] RoP, 21 June 2017, paragraph 31
[112] Written evidence, LI 17

GP practices is not necessarily providing the most appropriate service for the patient.

There are many other options available within communities to help with lower level medical complaints, to provide support and advice to citizens before they develop a problem, and this does not require the intervention of a GP or nurse."[113]

Use of social prescribing

122. Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs, nurses and other primary care professionals with a non-clinical referral option, and can operate alongside conventional treatments to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.[114]

123. According to the NHS Confederation, there are a number of social prescribing projects currently active across Wales. Examples include voluntary work agencies, exercise classes, self-help groups, book groups, social or lunch clubs and hobby clubs among others.

124. Julie Denley of Hywel Dda University Health Board told us that social prescribing was very well established in mental health and had been used for many years. She said:

"There's some really strong work around the Swansea and Llanelli areas around time credits and social prescribing, but it's certainly on primary care's radar a lot more in the last year and you see that it's started to come up in conversation and GPs are starting to realise that it's another route as opposed to traditional prescription."[115]

125. The Minister told us she had commissioned Public Health Wales to undertake research into how social prescribing was taking place across Wales, as it seemed to be happening in lots of different ways:

"So, the specific question that that research is looking at is how, why, and in what circumstances might targeted non-clinical interventions, services, or programmes then fit the health and well-being of individuals and families with social, emotional or practical needs. And that work also involves mapping out what's currently taking place across Wales as well. So I think that's really going to be helpful in terms of the next steps as well. I know we expect a summary document of that to be published next week, with the full technical document expected a few weeks later after that as well."[116]

126. She also reminded Members that the Cabinet Secretary for Health, Well-being and Sport had recently made a statement on social prescribing in the Chamber, where he committed to a pilot scheme, to be rolled out by September, specifically looking at addressing mental health needs.[117]

[113] Written evidence, LI 17
[114] Assembly In Brief, May 2017
[115] RoP, 15 June 2017, paragraph 129
[116] RoP, 21 June 2017, paragraph 36
[117] RoP, Plenary, 23 May 2017

Counselling and therapy

127. Some respondents suggested that counselling and therapy should be more widely available to people who are experiencing anxiety and depression. According to the British Association for Counselling and Psychotherapy, psychological therapies are found to be effective for older people in particular, with recovery rates of about 60% across a range of therapies.[118] Relate Cymru recommended that "everyone has timely access to counselling and other therapeutic services to respond to loneliness and mitigate the impacts on health and well-being".[119]

Loneliness mapping and resource targeting

128. Some respondents advocated the use of 'loneliness mapping' which identifies households and communities where there is a high risk of loneliness and isolation. Potential indicators of loneliness and isolation include households with a single occupant, those with a household head over 65, low income areas, and areas with low levels of car ownership. Mapping allows resources to be targeted at high risk individuals and communities.

129. According to Samaritans Cymru, "loneliness mapping should be viewed as a preventative measure which can help to alleviate this risk in the most vulnerable groups".[120]

130. However, when questioned on the usefulness of a loneliness and isolation map for Wales, Professor Vanessa Burholt of the Centre for Ageing and Dementia Research and the Centre for Innovative Ageing at Swansea University stated:

> "We don't have one and I don't think it would be useful. I think what would happen is you'd end up masking some of these really important differences. For some people, it will be placed based. It will be that place effect that is influencing the outcome on loneliness. So, if you live in a rural area and have to give up driving because you're physically impaired or cognitively impaired, then that may well impact on your loneliness. However, that doesn't really deal with the issues - all of the other myriad of factors - that would contribute to loneliness."[121]

Digital technology

131. Digital technology was seen as something of a 'double edged sword'. It was recognised that digital solutions have a role to play in helping tackle loneliness and isolation but not at the expense of face to face contact. Hywel Dda University Health Board's evidence stated:

> "Technology and 'innovation' can be positive, but also can unintentionally impact on isolation, e.g. use of microwave meals instead of MOW being delivered or use of telecare alarms instead of someone popping in to check a person is ok reduces the contacts people have with others. Future technologies and innovations, i.e. social media, face time, need to be considered in the round for their potential to increase isolation instead of decreasing it, as may have been intended."[122]

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[118] Written evidence, LI 26
[119] Written evidence, LI 35
[120] Written evidence, LI 14
[121] RoP, 25 May 2017, paragraph 27
[122] Written evidence, LI 19

132. Conversely, Ponthafren Association reported a positive impact of digital inclusion:

> "At Ponthafren we have found that by accessing digital technology it has led to increased social interaction and had a positive impact on a person's mental health and well-being. The person becomes less socially isolated due to them being able to be in touch with a wider social network, on line and also through meeting others on the courses and in our centres."[123]

133. The Minister told us how she thought digital inclusion was vitally important for everybody:

> "We shouldn't assume, just because somebody is an older person, that they don't have an interest or can't benefit from digital inclusion. Equally, let's not forget about the importance of face-to-face contact as well. It doesn't have to be a choice between one and the other.
>
> We do have a £1 million a year digital inclusion programme called Digital Communities Wales, and that trains up volunteers who can work with people who don't have any digital skills thus far to be able to develop them. Then, you do hear great stories about people being able to connect with family who might be on the other side of the world, in a way in which they hadn't been able to before. So, it's an exciting project. We need to make sure that everybody can benefit from digital technology but equally remembering it's not a substitute for a human."[124]

Information and awareness

134. Some respondents commented on the need to raise awareness of the opportunities and resources available in local communities. Care Council for Wales advocates the creation of 'asset maps' that show which services are available within a community.[125]

135. Local authorities have a duty under the Social Services and Well-being (Wales) Act 2014 to provide information, advice and assistance. Joint evidence from the WLGA and ADSS drew attention to the Dewis Cymru information and advice website, which "provides quality information about how people can maintain or improve their well-being, and about organisations which can help them" and helps local authorities to comply with their duty under the Act.

136. A number of witnesses highlighted the valuable role of community co-ordinators, who enable people to access services and support them to overcome loneliness and isolation. They may also be known as community facilitators, navigators, enablers, link workers or well-being co-ordinators. One such example was Wellbeing4U service provided by United Welsh which has Well-being Coordinators based in GP surgeries in Cardiff and the Vale.[126] They work on a one to one basis with people who experience loneliness and isolation and help them link to local services.

[123] Written evidence, LI27
[124] RoP, 21 June 2017, paragraphs 117 and 118
[125] Written evidence, LI 20
[126] Written evidence, LI 09

05. Current policy solutions

137. Loneliness and isolation are cross-cutting issues that seriously impact on the health and well-being of older people in Wales. The Welsh Government has therefore committed to developing a "nationwide and cross-government strategy to address loneliness and isolation" in its programme for Government, **Taking Wales Forward 2016-2021**.

138. In her evidence, the Minister told us:

> "The Wales we want is one in which supports connections between people and tackles loneliness and unwanted isolation. It is a Wales 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; tackling isolation and supporting people to build the skills and capacity they need to access opportunities and to contribute to and shape the communities they live in."[127]

139. She confirmed that her intention was to publish a draft strategy for consultation in autumn 2018, with a view to the final strategy document being launched in early 2019.

140. Some witnesses identified the problem of loneliness and isolation as a public health issue and advocated the involvement of Public Health Wales. The British Association of Counselling and Psychotherapy suggested that Public Health Wales "has a key role to play through its Health and Well Communities Programme, to support community and third sector organisations to develop collaboration approaches to tackling loneliness and isolation".[128]

141. The WLGA and ADSS suggested that, given the Welsh Government's well-being agenda, a new public health improvement role for local authorities should be considered.

142. The Alzheimer's Society Cymru also believed that action to tackle loneliness and isolation should be led by local authorities which could use existing resources developed by organisations like Joseph Rowntree Foundation, Local Government Information Unit and British Red Cross.

Existing legislation

143. The focus on well-being in recent Welsh Government legislation, particularly the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014, and the preventative emphasis in the latter, have been welcomed by some respondents. Age Cymru told us:

> "If implemented in accordance with its aims, the Social Services and Well-being Act provides a framework to reduce loneliness across Wales. The drive towards a person-centred approach, including the facilitation of 'what matters' conversations, should provide an opportunity to identify people who are lonely or who are at risk of being lonely, and support them to find ways to improve their situation."[129]

[127] HSCS Committee, 21 June 2017, Paper 1
[128] Written evidence, LI 26
[129] Written evidence, LI 23

144. It warned, however, that personal outcomes from these conversations had to be effectively monitored and evaluated if they are to have any real impact.

145. Other witnesses highlighted the need to measure the effectiveness and cost benefits of interventions to reduce loneliness and isolation. There was also a suggestion that the Welsh Government should publish guidance to ensure that social relationships become a core pillar of health and well-being strategies.

146. Albert Heaney, Director, Social Services and Integration at the Welsh Government, told us:

> "[ ] the Social Services and Well-being (Wales) Act 2014 is making a significant contribution. It is changing the way both that we practice and how we lead on the co-ordination of the types of services and responses to provide care and support."[130]

147. Concern was expressed that a lack of resources would limit the potential for the legislation to help address loneliness and isolation. Evidence from the British Red Cross stated:

> "We welcome the intentions of the Social Services and Well-being (Wales) Act 2014 and Future Generations (Wales) Act 2015 and believe that the framework of underpinning legislation provides opportunity to address the issue of isolation and loneliness. This is supported by our experience that loneliness and isolation are more frequently identified through the 'What Matters Conversation'. However, the resourcing of specific and varied services is necessary as part of a wider community based preventative approach."[131]

Other strategies

148. Ageing Well in Wales is a national programme hosted by the Older People's Commissioner for Wales. It brings together individuals and communities with public, private and voluntary sectors to develop and promote innovative and practical ways to make Wales a good place to grow older for everyone. It focuses on various themes, one of which is to reduce loneliness and isolation.

149. The Older People's Commissioner told us:

> "Ageing Well in Wales provides a platform to highlight good practice and research, such as work undertaken by the Centre for Ageing and Dementia Research (CADR), to encourage partners to work together and promote positive interventions that address loneliness and isolation and keep older people active within their communities."[132]

150. Wales has adopted a Declaration of Rights for older people. Its aim is to help them understand their rights more effectively and how they relate to current equality and human rights laws. It also aims to help those responsible for the development and delivery of public services as to how they can support and engage effectively with older people.

[130] RoP, 21 June 2017, paragraph 160
[131] Written evidence, LI04
[132] Written evidence, LI 18

151. Carers Wales welcomed the Declaration and said:

> "The declaration should be taken on board by statutory bodies to ensure that older people have a clear steer about what sorts of services should be provided for older people in their commissioning processes."[133]

152. The Welsh Government's Framework for Action on Independent Living sets out action to promote the rights of disabled people in Wales to live independently and exercise the same choices as other citizens.

153. According to the MS Society Cymru "the Framework supports the Welsh Government's Strategic Equality Plan and Objectives across portfolios and provides a detailed programme of action to tackle barriers to support disabled people so that they can live independently and exercise choice and control in their daily lives".

154. Their evidence also states:

> "Given the extent of isolation and loneliness among people living with MS in Wales, it is clear that much more needs to be done to promote the 'inclusive and enabling society' as envisaged by the Framework."[134]

[133] Written evidence, LI 16
[134] Written evidence, LI 21

06. Our view

155. The importance of addressing loneliness and isolation should not be underestimated, particularly given its impact on health and social care services. Given the increasingly ageing population of Wales, action is needed now to prevent the situation worsening. We are particularly concerned about the over 80's age group. Proportionately, Wales has more people in this age range than other parts of the UK. People in this group can potentially be at greater risk of becoming lonely and/or socially isolated as a result of increasingly complex health needs and limited mobility, which in turn impacts on their ability to engage in a wide range of social activities.

156. We are disappointed by the timescales set by the Welsh Government for the development of its strategy to address loneliness and isolation. Given the scale of the problem and the other strategies and programmes already in place, 2019 does not seem an ambitious enough target.

Recommendation 1. We recommend that the Welsh Government review the timescales for the development of its strategy to address loneliness and isolation, with a view to publication before 2019.

157. The strategy to address loneliness and isolation needs to dovetail with existing Welsh Government strategies, such as the Dementia Strategy, the Carers Strategy and the Strategy for Older People, given the significance of loneliness and isolation to these groups. The strategy to address loneliness and isolation should also take account of the evidence we have received in relation to transitions in life, e.g. retirement, bereavement, and the impact on specific groups, e.g. young people, disabled people, LGBT people, service veterans and people from some BME communities.

Recommendation 2. We recommend that the Welsh Government takes a cross-departmental approach to its strategy on loneliness and isolation to maximise the contribution of all policy areas. To that end the National Dementia Strategy and Carers Strategic Action Plan should include specific reference to tackling loneliness and isolation.

158. The Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations Act 2015 provide a legislative framework for introducing measures to address loneliness and isolation. Given the impact suitable housing and accessible, available public transport can have in decreasing vulnerability to loneliness and isolation, a holistic approach to planning and service delivery is needed. We welcome the requirement for public bodies to carry out Health Impact Assessments of policies, plans and programmes, introduced by the Public Health (Wales) Act 2017, as this provides a means by which all aspects of health and well-being can be taken into account during any decision making or planning process.

159. Many of the services are out there already; the focus needs to be on raising awareness and facilitating access. We heard that low level, early intervention is particularly beneficial to people experiencing loneliness and/or isolation. Ironically, financial constraints on public sector funding mean that these are the services most likely to be cut. There was also a suggestion that such interventions could result in longer term savings to the public purse. However, there is currently no robust evidence base to support this claim.

Recommendation 3. We recommend that the Welsh Government undertakes or commissions work to assess the impact of loneliness and isolation on health and well-being and whether people experiencing these issues make increased use of public services. The outcomes of the work could be used to strengthen the economic case for services to prevent loneliness and isolation.

160. As part of our inquiry into primary care clusters, we heard of the increasing importance of multi-disciplinary team working. We believe the multi-disciplinary team, particularly when working with community co-ordinators/navigators to redirect people to more appropriate services, can also make a significant contribution in helping to identify people who are at risk of being lonely and/or isolated while also reducing inappropriate visits to GPs. We also think there is a role for social prescribing in this regard, and look forward to receiving the results of the research commissioned from Public Health Wales on how social prescribing is taking place across Wales.

161. The pivotal role of voluntary groups in providing the wide range of activities and support that help address loneliness and isolation is widely acknowledged and we were impressed by much of the work we heard about. Voluntary bodies are uniquely placed to respond to the needs of local communities and to draw on local resources, including volunteer staff. We received evidence to suggest that some of the larger voluntary sector organisations who have traditionally provided support in this area are increasingly moving away from a frontline role to concentrate on policy development and their place is being taken by small, community focused groups. However, the short term nature of funding and the complexity of obtaining grant funding can present a challenge to these smaller organisations. Too often successful projects are forced to close when funding ceases. We therefore believe that funding needs to offer greater continuity and stability to voluntary sector services - for at least three years - if they are to have an enduring impact in local communities.

Recommendation 4. We recommend that the Welsh Government works with the voluntary sector and local government to secure the funding stability needed by voluntary sector organisations to continue to provide vital support services for people experiencing loneliness and isolation by introducing three year funding programmes.

162. We were impressed with the evidence we heard on intergenerational contact, which can sometimes be more beneficial than contact with one's own age group. We know that there are pockets of good practice happening around Wales and believe that the benefits of such schemes need to be evaluated, with a view to rolling out them more widely.

Recommendation 5. We recommend that the Welsh Government undertakes an evaluation to assess the impact of intergenerational contact on people experiencing loneliness and isolation. If the evaluation highlights benefits of such contact, the Welsh Government should ensure best practice in this area is rolled out across Wales.

163. Finally, one of the biggest issues we came across was stigma. People are too ashamed to admit they are lonely so the extent of the problem could be much worse than is currently assumed. This is particularly true of men, who present a much higher suicide risk. We also heard about the cycle of loneliness. People are embarrassed to admit they need help more generally and withdraw from society. The more disengaged they become, the more likely they are to become lonely and isolated and less likely to access the help they need. Loneliness and isolation can affect anyone, at any stage in their life. An awareness raising campaign is therefore needed to change public attitudes towards loneliness and isolation, in the same way that recent publicity campaigns have targeted attitudes towards mental health.

Recommendation 6. We recommend that the Welsh Government embarks on an awareness raising campaign to change attitudes towards loneliness and isolation and address the stigma associated with it. This campaign should highlight the wealth of advice and support already available and use a wide a range of communication methods to ensure people who do not have online access are not disadvantaged.