Health, Social Care and Sport Committee Inquiry into Loneliness and Isolation

Response from the British Red Cross in Wales (deadline 10th March 2017)

About us:

1. The British Red Cross helps millions of people in the UK and around the world to prepare for, respond to and recover from emergencies, disasters and conflicts. We are part of the global Red Cross and Red Crescent humanitarian network and we refuse to ignore people in crisis.

We provide support at home, transport and mobility aids to help people when they face a crisis in their daily lives.

Through our delivery of more than 200 independent living services across the UK, including almost 40 schemes across Wales, the British Red Cross supports thousands of people each year who are vulnerable and isolated.

Through our partnership with the Co-op, from May 2017 we will supplement our existing independent living schemes by introducing new services in 39 communities across the UK – including 4 in Wales – which over the next two years will together provide direct support for up to 12,500 people experiencing or at risk of loneliness and social isolation.

We are also one of the 13 partner organisations in the Jo Cox Commission on Loneliness, working together to start a national conversation on the widespread scale and impact of loneliness in the UK.

We welcome the opportunity to submit evidence to the Health, Social Care and Sport Committee Inquiry into Loneliness and Isolation.

The evidence for the scale and causes of the problems of loneliness and isolation:

2. As evidenced in research with our staff, volunteers and service users[1], a worryingly high number of people using our services live alone and struggle with the day-to-day tasks. They exhibit high levels of social isolation and even higher levels of loneliness. Social isolation and loneliness were mentioned most frequently as the underlying problems facing our service users. This research concluded that loneliness and social isolation is a crisis we cannot ignore.

3. Our recent report *'Trapped in a Bubble'* (2016)[2], commissioned by the British Red Cross in partnership with Co-op, highlighted that 88% of respondents to a nationally representative public survey – and 90% of respondents from Wales – consider loneliness a very serious issue

[1] The Crises Facing Our Independent Living Service Users, available at http://www.redcross.org.uk/en/What-we-do/Health-and-social-care/Independent-living/Loneliness-and-isolation/~/media/BritishRedCross/Documents/What%20we%20do/UK%20services/The%20crises%20facing%20our%20IL%20service%20users.pdf

[2] Available at http://www.redcross.org.uk/~/media/BritishRedCross/Documents/What%20we%20do/UK%20services/Co_Op_Trapped_in_a_bubble_report_AW.pdf

in the UK. Findings from the survey also indicate that loneliness is something that most people have experienced to some degree, and many are dealing with levels of loneliness that may have a negative impact on their quality of life. Half of those surveyed feel lonely at least sometimes and only one in five said they have never felt alone. 18% feel lonely 'always' or 'often' – the equivalent of almost 458,000 people in Wales.

4. The research brought together this public survey with qualitative evidence from more than 100 people with personal experience of loneliness and over 45 experts. It looked in particular at how transitions, particularly role transitions, act as key triggers for loneliness. Examples of life transitions include retirement, bereavement, a break-up of a relationship and health issues. These disruptions in a life can challenge self-identity and damage or sever social connections and make it harder to create new connections, particularly if barriers also exist across individual, community and social levels. Once a person becomes disconnected, loneliness itself becomes a barrier to connection as individuals question their own self-worth and the possibility of making connections creating feelings of vulnerability and anxiety. By failing to respond and provide appropriate support to people going through such transitions, loneliness can transition from a temporary situation to a chronic issue, further impacting on individuals and society.

5. Participants in the research also identified a wide range of other causes of loneliness which were often interconnected. These barriers are categorised by four drivers:

- Individual – a loss of sense of self, poor health, low income/poverty, a lack of energy, low confidence, negative emotions and perceptions
- Connections – a loss or lack of friends and acquaintances, family and colleagues
- Community – lack of social activities and statutory services, lack of or cost of transport, neighbourhood safety
- Society – social and cultural norms around who can connect with who, work/life balance, stigma of being lonely, lack of personal connection created by a digital age, insular communities, stigma created by the political landscape and financial hardships.

6. The WHISC evaluation (2016) of the Red Cross *Gofal* project in Wales, which provided outcome focused befriending support to people over the age of 50, identified that many of the individuals accessing the service lived alone, had lost family and friends through bereavement and their social contact was limited. Many were physically impaired through age or ill-health, suffering from depression and anxiety, or had lost their independence and confidence following a stay in hospital. Service users reported being isolated due to no access to transport and/or living in a rural area or having lost their social connections due to health issues or as a consequence of moving home.

The impact of loneliness and isolation on older people

7. On the surface, it can be hard to tell who is feeling lonely or isolated. This hidden issue is problematic because it affects people's health and wellbeing and impacts on public services. Our literature review bringing together findings from more than 100 published studies from over 40 years[3] set out many of the impacts. 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.
The *Trapped in a Bubble* report identifies the negative impacts of loneliness across a range of biological, psychological and social domains. The physical implications of loneliness often make it harder for people to undertake everyday tasks and routines and make it more difficult to engage with others. Respondents reported feeling tired, in poor health, anxious and existing symptoms being exaggerated. Loneliness was also recognised as leading to a lack of confidence, feeling alone, depression, and negative thoughts which at worst triggered thoughts of self-harm and suicide.

8. Although the report recognises minimal differences in the overall causes of loneliness between rural and urban settings, rurality is identified as presenting specific barriers to social connection contributing to isolation in the form of fewer and more expensive support services and a lack of or unaffordable transport options.

9. It is also important to stipulate that loneliness does not just affect older people. Many other groups in society, from young mums to those recently bereaved, experience feelings of loneliness and isolation. Indeed, our research found that self-reported loneliness was higher among 16 to 34 year olds than any other age range.

Ways to address loneliness and isolation in older people

10. Without the right support, loneliness can transition from a temporary situation to a chronic issue and can contribute to poor health and pressure on public services. What is clear is that there is no one-size-fits-all solution to tackling these issues. Different people need different kinds of support.

11. There is a strong case for intervening to prevent chronic loneliness, given its devastating wider effects on health and wellbeing – 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. Our long-established record of service provision shows that providing low level support – such as assisting somebody to return home from hospital, making sure they have enough to eat or take their medication, rebuilding their confidence and independence – can generate real impacts in individual's lives, as well as generating savings to

[3] Isolation and loneliness: An overview of the literature. Available at http://www.redcross.org.uk/en/What-we-do/Health-and-social-care/Independent-living/Loneliness-and-isolation/~/media/BritishRedCross/Documents/What%20we%20do/UK%20services/CoOpIsolationLonelinessA444ppAW.pdf

the public purse. An independent economic analysis of such services identified cost savings related to a reduced need for care and support equivalent to £880 per person.[4]

12. Expert responders to the *Trapped in a Bubble* research identify that a key challenge in helping people to get support was due to a lack of awareness of what was available and poor signposting. The public survey supported this barrier to accessing support – with 75% of people who are regularly lonely saying they do not know where to turn for support. The report highlights that those experiencing loneliness tend to be reluctant to travel far from home to access opportunities, this is particularly challenging for those living in rural areas or those affected by health and mobility issues.

13. Responders expressed that one-off interventions and short-term support without clear ongoing pathways for building independence or resilience were detrimental.

14. They also identified a need for informal community led, peer centred support and a need for existing services to be more joined up in terms of signposting and creating structured pathways for people experiencing loneliness.

15. The research highlights the need for a mix of tailored support at different stages which is preventative, responsive and restorative with some element of face-to-face connection.

16. Services should give a sense of purpose; be peer-led or co-designed with people in similar circumstances; be local and easy to access; be free or affordable; instil a positive sense of identity; provide clear goals and pathways to reconnection; provide benefits to others (such as through volunteering) and community developments opportunities; bring people together around shared interests.

17. The WHISC evaluation identifies the existence of varying models of service delivery to support older people. New models have developed in response to technological progress however it is important to refer back to the challenges of digital technology identified by the *Trapped in a Bubble* report where loneliness and isolation can be exacerbated by a lack of personal connectivity. Digital solutions clearly have a role to play – but their value is in supplementing and facilitating face-to-face contact, not replacing it. The report highlights that there has been an increase in service models such as social prescribing and collaborative working across sectors, but that there is still need for further development.

18. According to the WHISC *Gofal* evaluation, service users' emotional health, social networks and feelings of loneliness were improved as a consequence of the service. All beneficiaries of the service reported that having someone to talk to did reduce their feelings of loneliness and isolation and expressed a preference for face-to-face interaction. Beneficiaries also reported that their confidence had grown which enabled them to leave the house and socialise and they had built long-term opportunities to maintain social contact within their communities.

Examples of services which address issues of isolation and loneliness:

[4] Personal Social Services Research Unit, LSE & Research, Evaluation and Impact team, British Red Cross (January 2014), An Analysis of the Economic Impacts of the British Red Cross Support at Home Service: pssru.ac.uk/archive/pdf/dp2869.pdf

19. Community Connectors – In response to the research outlined above, and using funds raised by the Co-op, from May 2017 we are introducing a brand new network of Community Connectors in 39 communities across the UK where we have identified low levels of current support and high levels of need – including Conwy, Carmarthenshire, Newport and Torfaen. The programme brings together elements of best practice identified in our existing services and through our research. Specialists in psychosocial support and safeguarding will work with people who are experiencing loneliness and social isolation, along with teams of volunteers. The connectors, , will provide up to 12 weeks of intensive, person-centred care, identifying relevant activities, interest groups and services to support individuals re-establish social connections and build independence and resilience.

20. Positive Steps - a collaborative service between the Red Cross and Royal Voluntary Service supporting people over 50 years of age to regain their independence and reconnect with their community. The aim is for the individual to take charge of their situation and, with support, become more independent and live more fulfilled lives.

This often means connecting with groups and organisations in their community. It might be a case of building confidence. It could also mean talking through issues and finding practical solutions to any obstacles or barriers which are holding them back.

21. Community Navigators – A Denbighshire County Council initiative facilitated by employees from the Red Cross and Age Connects. Community Navigators work to develop a community-focussed approach to social care and well-being. They work closely with the Single Point of Access (SPoA) to develop and support local networks and communities, promoting a range of help available within the community. Community navigators provide a link between health and social care, the citizen, their family and carers, and sources of support within the community and third sector. This is, effectively, a social prescribing service that links patients with non-medical sources of support within the community.

22. Dewis Cymru - an online public directory of information on resources available within communities including private, public and third sector information to support the well-being of individuals living in Wales.

Current policy

23. We welcome the progress of the Ageing Well in Wales programme and believe it has made tangible impact across the five streams. However, we would suggest that it is more challenging to demonstrate the impact of the programmes achievements in specifically addressing loneliness and isolation compared to that of the four other areas. We would also offer that it is more challenging to achieve complete community ownership of combating loneliness and isolation without the support of organisations.
It is noticeable that the issue of loneliness and isolation has become more recognised and believe this is the result of the programme and other influencing factors.

24. In our experience, our service users continue to cite shrinkage in community infrastructure as exacerbating their feelings of loneliness and isolation, be it the lack of or unaffordability of transport, a loss of local services and meeting places such as day centres, local post offices/shops and luncheon clubs.

25. We welcome the intentions of the Social Services and Well-being (Wales) Act 2014 and Well-being of Future Generations (Wales) Act 2015 and believe that the framework of underpinning legislation provides opportunity to addressing 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.