



Glamorgan Voluntary Services

Response from Glamorgan Voluntary Services (GVS) to the National Assembly for Wales, Health, Social Care and Sport Committee Inquiry on Loneliness and isolation

Introduction to GVS

Glamorgan Voluntary Services (GVS) is an independent charity and has a flourishing membership of voluntary and community organisations active in the Vale of Glamorgan. We help to improve the quality of life of people and communities by supporting volunteers, volunteering opportunities and voluntary groups.

GVS delivers an array of quality services to meet the needs of voluntary groups. We are a one stop shop for the voluntary sector. We champion best practice throughout voluntary organisations so that they excel in delivering their aims and objectives.

GVS empowers voluntary groups, providing many channels of engagement and quality services to enable them to excel at serving their communities. Our role is to provide information, advice and guidance on all aspects of volunteering for both volunteers and recruiting organisations.

The Health and Social Care Facilitator in GVS supports the third sector and statutory partners in a number of ways:

- Promoting partnership working within the sector and across sectors
- Promoting third sector organisations and services to statutory partners and vice versa
- Representing the third sector at strategic planning and partnership groups
- Engaging the sector in consultations and engagement about health and social services

The answers in this response will focus primarily on how the third sector can address loneliness and isolation, identifying areas of good practice in the Vale and Cardiff and areas for future development.

Answers to Inquiry questions

1. The evidence for the scale and causes of the problems of loneliness and isolation.

The issues of loneliness and isolation have been well researched and the evidence base is extensive. In addition, there is evidence which shows the adverse effect that loneliness and isolation can have on mental and physical health. This response will not therefore go into detail on the evidence, but highlights below some headlines from relevant research:

- Greater involvement in leisure activities is associated with better health in older age (Chang et al, 2014).
- Social disconnectedness and perceived isolation are independently associated with lower levels of self-reported physical health (Cornwell & Waite, 2009).

- Participatory interventions and those involving social activity and support are more likely to be beneficial in terms of reducing loneliness (Dickens et al, 2011).
- The connection between social isolation and loneliness is complicated, for example socially isolated people are not necessarily lonely (Dahlberg & McKee, 2014).
- The Campaign to End Loneliness produces research bulletins and guides, including a guide for commissioners and local authorities.
<http://www.campaigntoendloneliness.org/research-bulletin/>
- The RVS found that nearly three quarters of people over 75 who live alone feel lonely.
<http://www.royalvoluntaryservice.org.uk/our-impact/reports-and-reviews/loneliness-amongst-older-people-and-impact-of-family-connections>
- Ageing Well in Wales highlights research which indicates that loneliness has an effect on mortality that is similar in size to smoking 15 cigarettes a day.
- Age Cymru in it's No one should have no one campaign states that 75,000 older people in Wales have reported "always or often" feeling lonely.
http://www.ageuk.org.uk/Global/Age-Cymru/Policy_and_Campaigns/English%20Manifesto.pdf?epslanguage=en-GB-CY?dtrk=true

Given the evidence base already in existence, and the clear indication of the extent of the problem and its effects on older people's wellbeing, it would seem that there is a real need for concerted action on behalf of statutory authorities and the third sector to develop sustainable services which alleviate loneliness and isolation.

2. The impact of loneliness and isolation on the use of public services, particularly health and social care.

As already noted loneliness and isolation are different. Each will have a different impact on the use of public services.

The negative effect on wellbeing brought about by loneliness is likely to result in a continuing cycle of loneliness. Lonely, older people may experience depression, be reluctant to leave their house and lose confidence in their ability to be socially active and play a full role in their community. Without support, there is a risk that lonely older people will become more disengaged from the wider community and more reliant on the services which they already know about, which in many cases is likely to be their GP.

GVS works with GP surgeries in Barry and each one has an identified Third Sector Champion who is usually a practice manager or member of reception staff. Anecdotal evidence from them highlights that loneliness and isolation is a key factor facing their elderly patients, with some people calling surgeries because they have no one else to call.

United Welsh provide a service called Wellbeing4U which has Wellbeing Co-ordinators based in GP surgeries in Cardiff and the Vale. They work on a one to one basis with people who experience loneliness and isolation and help them link to local services. This can alleviate pressure on GP surgeries and improve people's wellbeing as they increase their interaction with their communities.

The British Red Cross and RVS provide a service called Positive Steps in Cardiff and Vale which works with older people who have lost confidence following an illness or hospitalisation. They will support them to achieve goals they have identified, which may

be something as small as being able to go to their local café, and will then provide a befriending service once the person has regained their confidence.

Age Connects Cardiff and the Vale has a Senior Health Shop in Barry with a café run by volunteers. The Shop not only provides older people with an opportunity to socialise and have a hot meal, but there are also a range of weekly information sessions on topics such as house adaptations, Telecare, welfare benefits.

All the third sector services mentioned in this response help to reduce loneliness and isolation and also help to support people to remain independent and be less reliant on public services.

3. Ways of addressing problems of loneliness and isolation.

The evidence base identifies a range of services which could help alleviate loneliness and isolation in older people. They include quite simple solutions. Age Cymru in their No one should have no one campaign outline that older people have asked for lunch clubs, free or subsidised transport, a regular visitor/befriender and/or a regular phone call.

All of these are tried and tested solutions, can be relatively easy to set up and are cost effective. There are numerous examples of third sector organisations which already provide these services or which have provided them in the past.

However, these services require funding and cannot always be reliant on community action only. Unfortunately, many of these essential third sector services, which were funded by statutory sources of funding, have been lost or reduced as local authorities have had to identify savings.

GVS managed a Lottery funded befriending project called Friendly AdvantAGE which provided a range of befriending services for older people, from 2012 to 2016. Partners were Age Connects Cardiff and the Vale, Dinas Powys Voluntary Concern (DPVC), Scope and C3SC, with each partner delivering a specific strand.

The project has now finished, however Age Connects and DPVC have been provided with funding from the Intermediate Care Fund (ICF) to continue some of the elements in the Vale of Glamorgan. It is hoped this funding will continue from April 2017.

Friendly AdvantAGE was independently evaluated by Welsh Institute of Health and Social Care, who evidenced the following:

- During its four and half years of operation Friendly AdvantAGE delivered excellent value for money, providing either 1-2-1 befriending or group activities to over 1,000 beneficiaries **at a cost of less than £4**, per beneficiary, per week.
- 60% of beneficiaries who admitted to being lonely, agreed that their social interaction or well-being had increased
- 76% of beneficiaries who had low levels of confidence, agreed that their confidence has increased during their time with the project.
- The volunteer led project recruited 175 volunteers, who provided over 11,500 hours of volunteering to support older people reduce loneliness and social isolation.

It shouldn't be forgotten that loneliness and isolation is not just an issue which affects older people. Age Connects Cardiff and the Vale has a Third Sector Broker who is based in the Contact1V Centre in the Vale of Glamorgan, funded via the ICF. Their remit is to work

with frail older people and ensure they have in place the services they need. The main reason for their referrals is loneliness and isolation, especially as they experience a deterioration in their mobility and health.

However, in addition to this, they have also received a lot of referrals in relation to younger people, in their 30s and 40s with long term conditions, who are isolated and lonely. There is clearly a need for support to help them access social activities.

The range of third sector services highlighted here are essential. They clearly align to the Social Services and Wellbeing (Wales) Act, the preventative agenda and are likely to receive more referrals as statutory sources constrict.

4. Current policy solutions in Wales.

It is encouraging that the Minister for Social Services and Public Health recognises loneliness and isolation as an important public health issue. It would be useful to know how this will translate into planning of local health and social care services and how local authorities and Health Boards will be encouraged to support the development of local preventative services, at a time of restrictive finances.

The national indicator, for the Wellbeing of Future Generations (Wales) Act, which relates to the percentage of people who are lonely is also to be welcomed. Again, it would be useful to know how performance against the national indicators will be measured, the outcomes of the performance and how this will translate into planning of local health and social care services.

If you would like further information, please contact:

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