



Inquiry into Loneliness and Isolation

Introduction

1. The Welsh Local Government Association (WLGA) is a membership organisation that represents all 22 local authorities in Wales, the 3 fire and rescue authorities and the 3 national park authorities as associate members.
2. The WLGA represents the interests of local government and promotes local democracy in Wales. Its primary purposes are to promote better local government, to promote its reputation and to support authorities in the development of policies and priorities which will improve public service and democracy.
3. The Association of Directors of Social Services Cymru (ADSS Cymru) is the professional and strategic leadership organisation for social services in Wales and is composed of statutory Directors of Social Services, and the Heads of Service who support them in delivering social services responsibilities and accountabilities; a group of 80 or so social services leaders across the 22 local authorities in Wales.
4. There is growing recognition that loneliness and isolation is a serious problem, with far reaching implications, not just for individuals, but also for wider communities. Whilst in the past, loneliness and isolation was sometimes viewed as a trivial matter, it is increasingly understood to be a serious condition which can have a significant impact on a person's mental and physical health.
5. The terms loneliness and social isolation are often used interchangeably, but it is possible for people to be isolated but not lonely and vice-versa. Loneliness is a subjective state – a response to people's perceptions and feelings about their social connections and well-being – rather than an objective state. Therefore, loneliness requires a more subtle response, often going beyond efforts simply to maintain number, or frequency, of social connections.
6. Given the population predictions, where we will see large increases in the number of older people living alone, particular in the 85+ age range, the issue of loneliness and social isolation is likely to continue to be a significant issue for public services and partner

organisations to respond to. All of this takes place against a background of severe financial challenges facing public services in the delivery of services.

7. A recent study featured in the BMJ (formerly the British Medical Journal) found that loneliness and isolation are associated with a 30 per cent higher risk of having a stroke or developing heart disease. The health impact of loneliness is also said to be the equivalent of smoking 15 cigarettes a day. This has a significant impact on public services and in particular on health and social care and we believe that this means that loneliness and isolation must be recognised as a major public health issue.

Scale, Causes and Impact

8. A Local Government Association report, 'Combating Loneliness', published in January 2013 recognises a number of potential risk factors for loneliness, including: living alone; poor health; being aged 80+; loss of friends; having no access to a car/ never using public transport; living in rented accommodation; living on low income or on benefits as main income; having no access to a telephone; hearing and sight loss. Variables can include, but are not limited to, households that: have a head of household aged 65-74, or 75+; have one occupant; report various health issues including mental illness, anxiety and depression; do not own a car; speak to their neighbours less than once a month or never;; have a low annual income; require help with bin collection; have bereaved older people.
9. Social isolation has been identified as an important health inequality issue. The 2010 Marmot Review found that 'individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely'. The UCL Institute of Health Equity builds on this work. In a joint initiative with Public Health England, the Institute produced a practical resource summary called 'Reducing Social Isolation Across the Lifecourse'. It comments that 'social isolation is a health inequality issue because many of the associated risk factors are more prevalent among socially disadvantaged groups. Social disadvantage is linked to many of the life experiences that increase risk of social isolation, including poor maternal health, teenage pregnancy, unemployment, and illness in later life.'
10. During 2015, a group of independent researchers were asked by the Social Services Improvement Agency (SSIA) to find out what helps and what gets in the way of wellbeing for older people and those caring for them. This research looked at what the fundamental building blocks of a good life are, importantly in relation to loneliness and isolation they include:
 - **Being independent:** people did not want to have to rely too much on other people
 - **Being connected to other people:** there was huge diversity in the relationships that mattered to people – friendships with younger people, neighbours who 'pass tomatoes over the garden fence', shopkeepers who say 'hello', as well as partners, family and long-standing friends.
 - **Being active:** being able to participate in interests and pleasures which give meaning to life.
11. The research also considered what helps or hinders older people achieving wellbeing, identifying the following:

- **Transport:** over half of those spoken to still had access to a car – those in rural areas felt this was essential; although there were criticisms of bus services, the free bus pass was very popular and buses can also be key social hubs for older people.
 - **Home environment:** being able to remain in your own home was central to maintaining control for many, though upkeep, utility costs and accessibility were often challenging.
 - **Neighbourhood:** the availability of local facilities; the sense of community safety (or the fear of crime); and the sorts of relationships they had within the local community all impacted on wellbeing.
 - **Money:** some people reported that poverty was causing them to feel anxious and isolated.
 - **Information Technology:** Some people were using the internet to improve their wellbeing in a range of ways, from ordering food and other shopping to be delivered online; using Skype to keep in touch with dispersed family; or emailing fellow members of social groups. However, fear of scams was a key barrier here, along with knowledge, skills and confidence; cost; poor connectivity; and disability (especially arthritis and visual impairment).
12. This research also included the production of a literature review entitled, 'The anatomy of resilience: helps and hindrances as we age: A review of the literature'. This document identifies relevant published research evidence from Wales, the UK, and further afield. Important strands emerge, such as, "Social connectedness" and the importance of finding and building on the strengths in individuals, families and communities. How we plan for and cope with (or not) key life events and transitions. What assists us to seek (or stops us from seeking) timely advice? And what can trigger (or arrest) abrupt declines?
13. It is important to appreciate that anyone can experience loneliness and/or social isolation. Although much social policy and practice has focused on tackling the effects of loneliness in later life, it is a problem that exists at all life stages. A poll for the Campaign to End Loneliness in 2013 found that over three quarters of GPs said they were seeing between one and five lonely people a day. There are key triggers that can disrupt lives and create a situation in which loneliness or isolation become the norm. These include becoming a new mum at a young age, retirement, experiencing long-term health issues or mobility limitations, dealing with bereavement or going through a family breakdown, such as divorce or separation. The relationship between loneliness and these key factors needs to be better understood, with attention given to the experience of loneliness in younger adults, those in middle age and older people. This will ensure interventions are relevant and appropriate to individuals at different times of life.
14. One of the biggest challenges for youth services in engaging young people, for example, is the 'pull' of social media which can lead to more young people isolating themselves in bedrooms, which can cause a number of issues – inability to socialise and form relationships, depression, anxiety/agoraphobia, lack of exercise and obesity. Work pressures for parents can also compound this as parents are not able to spend as much time with their children – or, in the case of a recent Children's Society report, 'Troubled Teens: A study of the links between parenting and adolescent neglect' many teenagers are left to their own devices too early at home.

Ways of Addressing Problems of Loneliness and Isolation

15. Despite extensive research into the nature and scale of loneliness, there is a lack of high quality evidence to demonstrate the impact of different interventions to combat its effects. There are also differences of opinion about the relative impact of interventions that work at either an individual or a community level. 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.
16. We have seen in England more and more councils, which have responsibility for public health, launching new initiatives to tackle loneliness, as it becomes an increasing public health priority. For example, Barking and Dagenham, Havering and Waltham Forest councils are piloting video-calling tablets to help adults over 55 feel socially included. Gloucestershire has also compiled loneliness "maps" which calculate where lonely residents are likely to live, in order to target the right areas.
17. This demonstrates the benefit of more joined up and integrated approaches to tackle issues such as loneliness and isolation. In terms of the Welsh Government's agenda around wellbeing, the WLGA believe that the time is right for a full examination of the creation of a public health improvement role, located within local government. This would provide an opportunity for local authorities to have a significant influence and more joined up approach over the broader determinants of people's health – their local environment, housing, transport, employment, and their social interactions – all of which are linked to local authorities core roles and functions and can play an important role in helping to reduce the impact of problems such as loneliness and isolation.
18. As highlighted earlier transport can help people to stay connected; and accessible and affordable transport links are part of the solution to tackling social isolation, playing a vital role in supporting people's wellbeing. The majority of local authorities have a budget for subsidising bus routes which are not commercially viable but are considered necessary routes. However, it is becoming increasingly difficult for local authorities to protect this level of subsidy during times of austerity and a number of authorities have had to look at reducing or in some cases ending this funding. Local authorities continue to contribute to the Concessionary Fares Scheme which entitles over 60s (and some other categories) to free bus transport, which again supports people, but this is impacted if bus routes are reduced due to financial constraints. Local authorities continue to look for innovative solutions to these problems and we have seen examples being developed, for example, Bwcabus in Carmarthenshire/South Ceredigion and Pembrokeshire which is multi partner project with a grant from EU Rural Development Fund and in Monmouthshire where the Council operates its own community transport company which connects outlying rural areas with towns in Monmouthshire.
19. A key part of the Social Service and Well-being (Wales) Act is the production of regional population assessments. Whilst the assessments are still in development and are yet to be finalised the emerging findings suggest that loneliness and isolation is being recognised as an issue. Importantly, concerns around the impact of loneliness and isolation are not confined to older people and it is seen as an issue across a number of other groups, including:

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- People with a physical disability
 - People with a sensory impairment
 - Minority ethnic groups with a social care need
 - Adult mental health, specifically dementia for some regions
 - People with a learning disability
 - People with autism and the parents of children and young people with autism
 - Care leavers
 - Young carers
 - Veterans
 - Victims of physical and sexual abuse (victim isolation)
20. Ways of addressing loneliness and isolation are already being implemented by authorities, with a number of identified services / approaches across the regions, including:
- Day opportunities
 - Housing options
 - Community connectors
21. The Social Services Improvement Agency (SSIA), Data Unit Wales and the North Wales Single Point of Access (SPoA) programme group, working in partnership, have developed the Dewis Cymru information and advice website for citizens. Dewis Cymru provides quality information about how people can maintain or improve their well-being, and about organisations which can help them. First and foremost, Dewis Cymru is intended to promote people's well-being by making it easier for them to find out about how to improve their well-being, and the sources of advice and support which can help them, including on topics such as loneliness and isolation. In doing so Dewis Cymru also helps local authorities to comply with the duty under the Social Services and Well Being Act to provide information, advice and assistance.
22. We have also seen the Intermediate Care Fund (ICF) being used across regions to help reduce the impact of loneliness and isolation. For example, in Cwm Taf the 'Project 5 ways to wellbeing' is designed to challenge the isolation and loneliness in their older person's population, together with promoting independence at home. ICF funding has also been used to fund community connectors, community co-ordinators and community agents across a number of different authorities. These roles work with all partner agencies in key locations such as Single Points of Access, GP practices and community settings, with the intention of helping to reduce the impact of social isolation and loneliness, helping to reduce hospital admission and support hospital discharge, and promote independence and overall wellbeing.

Current Policy Solutions / Opportunities

23. All 22 Welsh Local Authorities have signed up to the Dublin Declaration on Age friendly cities and communities, making a commitment to work towards the creation of Age Friendly communities. Local Government has also been involved in the Ageing Well in Wales Programme from the beginning, with the WLGA working with the Commissioner's Office in establishing the Programme, building on a similar campaign undertaken in England. We are supportive of the key strands of the Programme – creating age friendly communities; tackling loneliness and isolation; preventing falls; developing dementia supportive communities; and addressing employment and skills needs for older people.

Progress on these 5 areas of work will lead to measurable improvements to the quality of life of older people, with local authorities taking a key role in supporting this work. It will be important for local authorities to work closely with local communities and partner organisations to consider how services can be delivered in the future, during a time of severe public spending constraint, by doing things differently.

24. Prevention has been at the heart of the Welsh Government's legislative programme. The Well-being of Future Generations (Wales) Act aims to make public bodies think more about the long-term, work better with people and communities and each other, looking to prevent problems and take a more joined-up approach. The Social Services and Well-being (Wales) Act also has prevention as one of its key principles – the need to ensure that services promote the prevention of escalating need and make sure the right help is available at the right time. Prevention is fundamental to improving health and well-being and helping to reduce the increasing pressures being placed on services.
25. The pressures being faced across public services have increased the importance of providing preventative activity and services aimed at early intervention (with the intention of holding off more costly and potentially intrusive interventions at a later stage). We all agree with the benefits of early intervention and prevention in the first case, in terms of better life experiences and well-being for individuals and families, as well as reduced costs for public services, particularly in the longer term.
26. The next few years will continue to be extremely challenging, local government is facing a cumulative shortfall of nearly £750m by 2019-20. For Social Services alone, £92m worth of pressures are being faced in 2017-18. The recent Health Foundation report 'The path to sustainability: Funding projections for the NHS in Wales to 2019-20 and 2030-31', recognises that social care budget pressures are rising higher than the pressures in the NHS, as social care services are heavily concentrated on the most elderly (a group that is seeing the fastest population growth) and the growing proportion of the population with learning disabilities. The health and well-being of the population depends on far more than the quality of health care services. There is a need to transform health and care by shifting investment away from treatment and towards prevention, investing in local services who provide a range of preventative approaches which can delay the point at which an individual's needs warrant a more intensive and costly intervention.
27. Local government shares the view of the importance of preventative council services and appreciate these make a vital contribution to reducing pressure on other public services in Wales, such as the NHS. However, reduced budgets have placed increasing pressure on the availability of preventative services, most of which are non-statutory. While new models of service have been established in many authorities, it is likely that any further cuts will continue to see a decline in some community services that promote well-being and help to tackle problems such as loneliness and isolation.