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28 June 2017

Additional Evidence in relation to Inquiry into Loneliness and Isolation

Dear Chair,

When I provided you with oral evidence on your Inquiry into Loneliness and Isolation on 25 May 2017, I confirmed that I would provide the Committee with further evidence on what I believe should be included in the Welsh Government's proposed strategy to address loneliness and isolation.

I have divided my thoughts into the structural aspects that the strategy must include and the issues, identified through my work, which the strategy must address.

The Strategy must:

- Have clearly defined outcomes that define the success of the strategy, covering both a strategic and an individual level.
- These outcomes should link across to those within the Welsh Government's National Indicators for Wales¹ and National Outcomes Framework for Social Services². It should

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

also complement other key strategies such as Together for Mental Health³ and the refreshed carers and older people's strategies. A joined-up approach will ensure that all those involved in delivery will be working towards a set of correlated outcomes.

- Be relevant to, and reflect, the diversity of older people.
- Provide an appropriate balance between a longer term strategic focus and a shorter term measurable benefit to older people, including specific reference to how progress will be measured and reported on.
- Recognise the key role that non-hypothecated, community-based services play in relation to both loneliness and isolation, in particular the risks associated with the loss of these services. It is at this practical level that impactful action will need to be taken. Aspiration will not be sufficient without a robust analysis of the resources required on the front line.
- Recognise the complexity of the issue and how loneliness and isolation can affect older people in different ways. For some, loneliness and isolation affects individuals across the life course, whilst for others 'trigger events' such as bereavement or redundancy can result in an individual experiencing loneliness and isolation.
- Recognise that loneliness and isolation can affect anyone at any time but consider how certain circumstances can place older people at greater risk of loneliness.
- Provide a balance between being prescriptive at a national level and allowing flexibility at a local level. This is important if action and access to support is not to be a postcode lottery.

In addition to these structural elements, the strategy must address the following issues:

- Clearly recognise the breadth and scale of loneliness and isolation, alongside its impact; clearly making the case that this is a major public health issue. This is particularly important due to the omission of this issue from the Public Health (Wales) Bill.

- It must recognise and focus on diminishing the stigma associated with loneliness and isolation, as this is a key barrier to identifying those who are vulnerable or at risk. There are significant parallels with the approach now being taken to mental health services.
- It must focus on anticipatory risk assessment, for example, using the 'Making Every Contact Count'⁴ approach to identify those who may be at risk and thereby enabling them to access preventative support. This can include connecting people to the Information, Advice and Assistance services under the Social Services and Well-being (Wales) Act 2014. It should also focus on the importance of resilience to enable people to prepare for the inherent risks associated with growing older.
- The further development of local solutions we already have or are developing, e.g. social prescribing, third sector organisations, community connectors.
- Ensure that loneliness and isolation is reflected in all of the local well-being plans currently under development by Public Services Boards.
- Ensure that support offered to older people recognises, and is relevant to, the individual and their personal and cultural preferences. The support must be positively framed and purposeful to help people forge emotionally satisfying relationships, rediscover old skills and develop new interests.
- Recognise that some people will have lost their social skills and will need much more support to develop these before they can re-engage. For some, traditional methods of addressing loneliness e.g. befriending schemes, lunch clubs and tea parties are not appropriate and alternative solutions such as long-term one-to-one mentoring and cognitive therapy should be considered.
- Clearly outline what is known from the current evidence base and put in place action to ensure that this underpins future developments, whilst also recognising and commissioning work to fill in gaps in our knowledge.

- Public Health Wales must embrace this agenda and provide national leadership, drawing together key stakeholders to ensure delivery of the outcomes that should sit at the heart of the strategy.

I hope that my thoughts will be helpful to your Inquiry and if you have any further questions, please do not hesitate to contact my office.

Kind Regards,



Sarah Rochira
Older People's Commissioner for Wales

¹ Welsh Government (2016) How to measure a nation's progress? National indicators for Wales
<http://gov.wales/docs/desh/publications/160316-national-indicators-to-be-laid-before-nafw-en.pdf>

² Welsh Government (2016) Social Services: The national outcomes framework for people who need care and support and carers who need support
<http://gov.wales/docs/dhss/publications/160610frameworken.pdf>

³ Welsh Government (2016) Together for Mental Health – Delivery Plan 2016-19
<http://gov.wales/docs/dhss/publications/161010deliveryen.pdf>

⁴ Public Health Wales (2017) Making Every Contact Count
<http://www.wales.nhs.uk/sitesplus/888/page/65550>