Response ID ANON-8H41-QXAR-1

Submitted to **A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections**
Submitted on **2018-04-26 14:48:59**

Key questions for everyone

1 What needs to change in your community to reduce social isolation and loneliness and increase the range and quality of social connections?

Input your answer here::
The most important change that would reduce social isolation and loneliness would be to build and plan communities where all essential services - housing, education, work, leisure, healthcare etcetera - are integrated and provided ideally within a walkable local neighborhood. This is more inclusive and helpful for community cohesion than dispersal of facilities, however good or accessible the transport may be. There is recognition that accessible community transport would still be needed for those less mobile but this would simplify journey planning.

Transport services (including community transport) needs to be available and sustainable, tailored to the needs of each community to give confidence to travel and travel safely to local services including travelling to and from essential and social/leisure activities.

Services should be designed in partnership with the local communities that will use them.

Service providers (Local Authorities, NHS, community voluntary groups) and transport providers need to ensure awareness of these services including what transport is available. These services need to be accessible to all and in particular to persons with disabilities. Transport services also need to be affordable for those who need to use them.

Transport services need to be available daytime and evening and not stop at 1700 hours.

Transport services need to link together to enable people from isolated communities on the islands to reach ferries and onward to mainland hospital appointments.

2 Who is key at local level in driving this change, and what do you want to see them doing more (or less) of?

Input answer here::
Local Authorities and their community planning teams are key. There needs to be a commitment to designing services together with local communities who use them to ensure they link e.g. travel networks to community support networks and services that are flexible and responsive to vulnerable groups in society. Services need to be affordable to those who need to use them.

MACS would like to see more meaningful engagement and service design involving local disabled people and groups representing them in each local community. A needs analysis and Equality Impact Assessment (EqIA) needs to be conducted for each service being considered/provided or for any services developments or changes. Likewise local people should be involved in identifying what services are missing but needed within their community.

There needs to be recognition that one size does not fit all.

There also need to be more recognition of the role of the voluntary sector and the support they provide vulnerable groups. The voluntary sector should also be involved in designing services and planning for any changes.

3 What does Government need to do nationally to better empower communities and create the conditions to allow social connections to flourish?

Input answer here::
MACS feels that the reintroduction of "ring fenced" and protected funds for community projects would assist. These funds need to be adequate and awarded for a reasonable period of time.

Flexible and long term funding to organisations supporting local communities and local authorities reduces bureaucracy allowing responsive local solutions.

Communities should be empowered and assisted by government and their local community planning teams to assess the services they have available and identify what other services they would need to create more opportunities for social connections with further assistance offered to develop these services.

Do you want to answer any of the detailed questions?

Detailed questions

4 Do you agree or disagree with our definitions of (i) social isolation and (ii) loneliness? Please provide comments, particularly if you disagree.

Input answer here::

5 Do you agree with the evidence sources we are drawing from? Are there other evidence sources you think we should be using?

Input answer here::

6   Are there examples of best practice outside Scotland (either elsewhere in the UK or overseas) focused on tackling social isolation and loneliness that you think we should be looking at?

Input answer here::

7   Are you aware of any good practice in a local community to build social connections that you want to tell us about?

Input answer here::
There are community initiatives in northwest Scotland where groups running community transport minibuses provide registered bus services to take people shopping, to medical appointments, to social activities.
Sutherland and Easter Ross have dementia friendly hubs, where people can meet and undertake activities.
Increased linking across age groups like Contact the Elderly who also ensure transport is part of the solution for those they support.
The Meal Train: Meal Train creates and strengthens physical communities, enabling giving by reducing the information gap between those in need and those with the capacity to help. Although focussed on delivering food to the vulnerable in society wider benefits regarding social connections and inclusion have been evidenced. Availability of transport plays a key part.
Music matters groups provide an inclusive social activity, which is particularly valued by people with dementia and their carers.
The "Invite someone to Sunday Lunch" brings together lonely and isolated people with others in their community.

8   How can we all work together challenge stigma around social isolation and loneliness, and raise awareness of it as an issue? Are there examples of people doing this well that you're aware of?

Input answer here::
All organisations need to work together to reduce or eliminate the stigma around social isolation and loneliness. This includes through education and awareness raising and also working together to engage vulnerable members of the community.

Local engagement and participation relating to the services needed to support vulnerable individuals and identifying who can help would assist with this.

The Meal Train do this well and respond to individuals needs in other areas linking them to support services to assist i.e. although the meal train is based on food and the social aspect of sharing a meal, they identify when an individual may have another need (health, financial) and link them to these support services. Transport is key to all these services as without available, accessible transport local services will be inaccessible and unused.

Again, it is important to keep sighted on the valuable work voluntary organisation do and how they link to individuals in the community and the various services they provide.

Promotion of events on locality based social media gives isolated people or their carers information about local activities.
Events could also be promoted via local papers and local radio stations, as many people who are socially isolated and vulnerable do not engage digitally.
It many occasions volunteers can be the only contact some people have from week to week.

Local churches used to facilitate this role well and ensure contact was maintained with vulnerable members of their local community including organising social functions and encouraging attendance (this also normally included providing transport – a pick up and drop off service – to encourage attendance and reduce anxiety).

9   Using the Carnegie UK Trust's report as a starting point, what more should we be doing to promote kindness as a route to reducing social isolation and loneliness?

Input answer here::
By focusing on kindness and how we can enable kindness in our communities and organisations we also help to tackle stigma towards disabled communities so they feel able to engage more in society and with employment. This includes reinforcing two way learning and two way benefits.
Accessible transport with a culture of kindness across the systems would transform experiences for vulnerable people in particular.
Volunteering also has many benefits including increased self-esteem and a feeling of worth from being able to help others.

10   How can we ensure that those who experience both poverty and social isolation receive the right support?

Input answer here::
Ensure adequate and well-publicised benefits for disabled people and their carers that acknowledge and support their rights to remain active in society.

This includes an awareness of, and understanding of, how to access benefits, as this is often a problem.

Ensure services (including transport) are affordable for those who need to use them.

Ensure free to access advice and advocacy in local communities, this can assist and empower individuals who need help.

11   What do we need to be doing more of (or less of) to ensure that we tackle social isolation and loneliness for the specific life stages and groups mentioned above?

Input answer here::
Ensure meaningful engagement with key groups and individuals to identify what's needed and plan for adequate service provision including future proofing regarding capacity and transitional needs (life stage i.e. growing elderly population).

We need to proactively target those who are known to be more at risk of loneliness e.g. elderly living alone, those with enduring mental health problems.

12 How can health services play their part in better reducing social isolation and loneliness?

Input answer here::
Ensure centralisation of services is not at the expense of disabled people being able to access care.

Provide accessible and affordable travel options; digital technology and specialist services visiting more local environments are all possible solutions.

Service providers need to conduct meaningful Equality Impact Assessment prior to any service changes and/or developments and ensure disabled people or organisation representing disabled people are involved in these assessments and in developing solutions.

Increase funding to community run activity centres where falls prevention, exercise and other activities take place.

As part of assessments, assess people's ability to be mobile and access support.

Ensure that patients have access to services, which might improve their mobility, their sight, hearing etcetera, as this will enable them to be less socially isolated.

Signpost to community support services and transport mechanisms to enable people to take part.

Ring fence and protect funding to ensure sustainability of key services.

Offer more support to the voluntary sector to allow them to continue and/or expand their work and reach into local communities.

Where disabled people are accessing services ensure there is adequate levels of blue badge holder parking spaces.

Ensure services are available locally or transport is available to get people to where they need to go. Currently the NHS has various methods of funding transport and this can become a barrier due to affordability for those on low incomes. Some NHS service redesign has resulted in "shuttle buses" being run between hospital sites and costs can be prohibitive, i.e. Stobhill Hospital run a shuttle bus to Glasgow Royal Infirmary as outpatient services were re-sited and many can't afford even the subsidised fares, centralisation of hospital services in Glasgow with only 2 main casualties has resulted in increased journeys and costs for those not travelling by ambulance, relatives are unable to visit as inpatient wards have been centralised in main sites and not locally and parking charges mean that it is now unaffordable to use private cars to attend many hospitals.

Patients are expected to make their own way, in rural communities, the required transport services often do not exist and in urban areas there is regularly no direct transport link to healthcare facilities with the need for several connections to reach destination. Journeys need to be simplified and joined up, advertised and affordable transport available at key times on key connecting routes.

The role of the NHS Board transport coordinators needs to be revisited to ensure joint planning and joint working with other transport providers to make the journeys to and from hospitals more easy for those needing to access services including organisations accepting ownership and accountability for ensuring vulnerable and/or people with disabilities can access the services they require.

NHS Boards, the Scottish Ambulance Service and Local Authorities need to work jointly to ensure improved transport services to allow people to access the services they provide.

Integration Joint Boards (IJBs) need to ensure accessibility is mainstreamed throughout their service design and transport planning.

NHS Boards need to ensure that those eligible for financial assistance are aware of the reimbursements process and that the process is simplified and travel expenses are easily reimbursed for people who meet the eligibility criteria. The reimbursement of travel expenses should be paid in cash on the day of travel to negate the financial impact on those who may not be able to afford to wait for bank clearing processes.

Health services need to continue to engage with organisations such as Princes Royal Trust for Carers as these organisations can identify barriers and challenges that carers face when assisting the disabled persons they care for.

A good example is the Lanarkshire Carers Centre which provides transport to attend classes such as healthy cooking classes, which supports carers/disabled persons to learn and equally provide opportunities to be sociable.

Providing transport may be an initial barrier, however, there may be barriers that may not be visible which can support the planning and design of services such as lack of communication and when transport services are available.

13 How can we ensure that the social care sector contributes to tackling social isolation and loneliness?

Input answer here::
As outlined in answer to Question 12, provision of transport to access social care is not a statutory provision on the local authority. In many areas (rural and urban) local authorities' transport for social care has been withdrawn and this needs to be revisited.

We need more focus on the creation of social care support within local communities to assist and ensure transport links for family visiting within care homes.

14 What more can we do to encourage people to get involved in local groups that promote physical activity?

Input answer here::
From a MACS perspective, physical activity can be difficult for disabled people but any projects or pilots around active travel must ensure accessibility is also mainstreamed in the design.

Normalise activities for disabled people within leisure centres and sports facilities.

Research and understand more about enabling physical activity and disability as well as ensuring access to community resource e.g. physiotherapists.

Equipment available is normally designed for "able bodied". Could alternative physical exercise equipment be procured and made available to allow disabled people to partake in physical activities, i.e. hybrid hand bikes, adapted exercise equipment?

Many people do not want to be shamed because they are ill-equipped or feel they are not fit enough to participate. This should be acknowledged and solutions sought, such as the availability of a trained mentor, to increase participation.

Services being provided and accessing them needs to be affordable especially for those on low incomes or restricted incomes.

Introduce more schemes where people are able to access a range of activities to improve their general wellbeing, i.e. Dance Base in Edinburgh runs a music and movement class for those with Parkinson's Disease and their carers.

In order to encourage people to engage, the purpose of activity needs to be clear, e.g. whether it is to improve mobility, increase upper body strength, improve flexibility or stimulate activity and senses through music.

Those with mental health problems or those who have learning difficulties and/or disabilities often do not want to get involved in groups. This should be acknowledged and solutions sought to increase involvement for this group.

The links between depression, loneliness and social isolation needs to be made clearer as evidence shows that depression is undoubtedly affected by loneliness and indeed that loneliness contributes to depression. Therefore services aimed at reducing loneliness and social isolation will assist with depression.

In terms of mental health, this is still an area where there remains a lack of awareness and education is needed for some communities, as unfortunately it is still perceived as a "taboo" subject. For example, ethnic minorities are less likely to seek help and engage with services for support, which, in many cases, leads to social isolation and loneliness. This, in consequence, leads to lack of services provided to some ethnic minority groups, as they do not wish to engage.

15 How can we better equip people with the skills to establish and nurture strong and positive social connections?

Input answer here::
MACS would welcome initiatives to make public travel more accessible and safe to use.

MACS would also welcome the roll out of "travel training" schemes nationally to allow disabled people to travel independently and with more confidence thus encouraging them to socialise and reducing loneliness and isolation.

More "safe places" should be introduced especially around travel hubs and shopping areas. Local businesses play a key role and should assist their local communities by providing these.

There also needs to be access to disability awareness training for those running services, especially those in the third sector that may be running local services/clubs/sports etcetera but have very small budgets for staff training.

This approach would also assist with health and wellbeing and our goal of achieving an accessible and active nation.

16 How can we better ensure that our services that support children and young people are better able to identify where someone may be socially isolated, and capable of offering the right support?

Input answer here::
MACS would highlight the benefits of coproduced initiatives and suggest that again the key is working with the correct groups (or their representatives) in the designing of local strategies and plans, including identifying current gaps.

This could include teachers working with others, such as health service staff, social work services, to identify signs of social isolation in those who are most vulnerable and developing ways to address this.

Children with disabilities may be more vulnerable unless ways of increasing their ability to attend clubs, outings etcetera are recognised, including the provision of suitable transport.

17 How can the third sector and social enterprise play a stronger role in helping to tackle social isolation and loneliness in communities?

Input answer here::
From external engagement MACS is aware of the concerns in relation to diminishing funds for community and third sector organisations.

Stabilising this funding and moving to a minimum 3 year funding cycles would allow groups to plan mid and longer term activities to tackle social isolation and loneliness. At present most of these groups do not plan or commit to initiatives of more than 12 months, due to funding criteria and diminishing funds at times of increasing overheads and demands from local communities.

Third sector organisations could increase travel support, including travel training, as part of their offer to communities and design them with local people and especially disabled people. This could include assisting locally with the roll out of increased "safe places" to reduce anxiety of those less confident and more vulnerable when travelling independently.

Third sector organisations could also work with communities to look at barriers with the existing environment and infrastructure, which may be preventing disabled people from going out i.e. street design, access to buildings, way finding, lack of safe places etcetera and work locally to make improvements to make areas more accessible and inviting.

18 What more can the Scottish Government do to promote volunteering and help remove barriers to volunteering, particular for those who may be isolated?

Input answer here::
Many disabled people rely on community transport that may be the only accessible transport available to them. Volunteers predominantly provide community transport. Smaller groups often have volunteer co-ordinators but the larger group generally have some paid employees doing administrative duties and sometimes driving vehicles. It is crucially important that volunteers are fully and promptly reimbursed for any expenses incurred. Many volunteers are older people on small pensions, or living on benefit so cannot afford to volunteer without expenses.

Provision of community transport is currently under threat from proposals from the DfT to change permit legislation. There have a major knock on effects on disabled, isolated and lonely people if changes result in withdrawal of services.

Ensure that volunteer's benefits are not affected by any reimbursements.

19 How can employers and business play their part in reducing social isolation and loneliness?

Input answer here::
Assist with accessibility and making local areas (including building and the built environment) accessible and safe.

Support volunteering schemes especially where they help social connection and transport. Ensure staff training is appropriate.

Participate in schemes, which support those people with dementia, such as Dementia Awareness training.

Offer "safe places" with staff trained in disability awareness to provide support and reduce anxiety for those who are more vulnerable and less confident when "out and about". These staff members could also be trained in identifying and where appropriate reporting hate crime to assist with reducing hate crime and keeping people safe.

20 What are the barriers presented by the lived environment in terms of socially connecting? How can these be addressed?

Input answer here::
The current remoteness of services.
The closure of local shops, banks, post offices, schools and hotels in local communities.
The reduction, and sometimes complete withdrawal, of public transport.
Public transport that is not accessible.
Public transport that is not available at the correct times (hour of day, day of week) or linked to whole journeys including inter modal connections (too may connections, complicated journey planning, timetables not linked).
Most built environments are not accessible.
Information regarding services is not in an accessible format (bus timetables, service changes).
These factors are expectably important to reverse rural decline, although the closure of community facilities is also a problem in many towns and city districts.
Many communities have high proportions of elderly people; Helmsdale for example has been quoted as having 50% of the population over 55.
People can be just as socially isolated in urban settings where they don't know their neighbours or don't have relatives nearby. Social isolation and loneliness is not just about accessing services – it is about having someone to talk to or visit, such as promoted by the Age UK scheme.
People have in the past relied in support of their local churches to prevent loneliness and social isolation.
Meaningful engagement needs to take place with local communities to identify the issues and jointly seek solutions to reduce or eliminate the barriers presented by the lived environment to improve social connections and encourage socially isolated individuals to re-engage.

21 How can cultural services and agencies play their part in reducing social isolation and loneliness?

Input answer here::
Ensure services are accessible for disabled people.

22 How can transport services play their part in reducing social isolation and loneliness?

Input answer here::
As noted above, it is best to have community facilities 'on the doorstep' rather than to provide transport to dispersed facilities.
Having said that, transport services are not just an enabler, but are often a social outing for isolated and lonely people. The service enables people to meet and make friends on their journeys, which often operate at the same time each week. Enabling people to travel to activities whether medical, social or shopping encourages people to be active, get out more and "get dressed up". All these activities link to improvements in health and wellbeing.
Ensuring transport is safe and encourages relational activity will encourage diverse groups to travel and interact. Stigma can be an issue for the disabled community, so the more their participation is normalised, the less stigma there will be.
The decline in public transport availability has to be halted. Although older people generally do not want to change modes along their journey, integration between modes should be accessible and people should have confidence in connections.
The free bus travel offered through the National Concessionary Travel Scheme is of great value in terms of making it easier to travel and also making it easier for those on restricted incomes (such as state pensions) to travel.
Transport provider staff training in disability awareness needs to be mandatory and consistent to ensure disabled people feel confident and safe travelling to increase their use of public transport.
Travel training schemes and established "safe places" need to be extended nationally to give more people the confidence and skills to travel independently and safely.
Targets could be set to increase the number of disabled people travelling by each mode of transport, with this measure used as a success factor indication i.e. in 2018-19 disabled people travelling by bus will increase by 10%, wheelchair users travelling by train will increase by 20% etc.
Research and analytical services should gather more information on the behaviour of disabled people when using public transport, including why they don't use public transport and use this as a baseline to measure incremental improvements.

23 How best can we ensure that people have both access to digital technology and the ability to use it?

Input answer here::
It is crucial to acknowledge that not everyone has the means and/or appetite to use digital technology.
There is a need to recognise that some conditions make digital communications complex and difficult, especially neurodegenerative conditions, such as MS and Parkinson's Disease.
There is an assumption here that everyone can afford technology and wants to be connected. From engagement and listening to the views of disabled people, this is not the case and many prefer to be involved face-to-face and receive updates via local newspapers and community meetings rather than digital media.
Many people do not see that there is a benefit to communications via digital media. Costs are high and unaffordable. Of interest, Fairer Scotland made a statement recently that a large number of people on benefits need their phones to sign on but pawn them between signing on.
Many people are currently being excluded because surveys are only being carried out digitally.
For some individuals, a lack of digital skills is a major barrier. It is not just about cost and physical access. (This CAB report about client computer access/skills evidences this; https://www.cas.org.uk/publications/bridging-digital-divide)
There is a decrease in face-to-face communication, which most hard to reach and vulnerable groups prefer. As such, they stop engaging and their voices and ideas are lost. Obvious examples are online banking and the rise of un-staffed railway stations.
Data (such as that collected from ticket machines) rather than meaningful consultation with real people is often used to design services, so the people who currently are not connected and don't use services because they run at the wrong time or don't go to their destination are being excluded from planning.

Digital technology can actually make people feel more isolated. Digital communication should be aimed at facilitating a relational exchange not avoiding human contact but making it easier.

It is worrying that the only way to respond to this consultation is on line.

Any other comments

24 Taking into account answers to questions elsewhere, is there anything else we should be doing that doesn't fall into any of these categories?

Input answer here::

25 Do you agree with the framework we have created to measure our progress in tackling social isolation and loneliness?

Input answer here::
MACS agree that this framework is impressive but is it measureable – can we introduce measures to allow us to track and celebrate progress?

MACS would ask for consideration to be given to what happens if no progress is made and as such undertake planning to avoid this scenario. Also, can a lead be identified to track and monitor the progress, with realistic timeframes for the framework that are not elongated?

How will the outcomes and reasons/societal benefits be made clear? Can research identify how reducing social isolation and loneliness will benefit each individual and society as a whole and make this message clear from the beginning?

What happens when funding is identified as the barrier?

MACS very much welcomes this work on reducing social isolation and loneliness and believe it to be important to track progress with clear outcomes that allows us to achieve milestones and celebrate success.

MACS would welcome a commitment to this work and the reducing social isolation and loneliness framework in the next Programme for Government due to the impact this would have for disabled people, their quality of life, health and wellbeing.

We are aware that there will be financial implications to energise and deliver this framework and would suggest that the health and wellbeing benefits for vulnerable members of our society are worthy of this investment and a more active and participative nation will assist with economic growth and reduce pressures on our health and social care services.

26 Is there anything missing from this framework that you think is important for us to consider?

Input answer here::
A clear link - including research evidence - that reducing social isolation and loneliness will benefit our nation as a whole.

More links to the benefits to health and wellbeing from being less isolated and reducing loneliness i.e. the impact loneliness has on depression i.e. links between loneliness and social isolation needs to be made clearer as evidence shows that depression is undoubtedly affected by loneliness and indeed that loneliness contributes to depression. Therefore services aimed at reducing loneliness and social isolation will assist with depression.
There needs to be an expressed link between social isolation and stigma faced by disabled people, including those with hidden disabilities so that this becomes a recognised inequality and therefore priority e.g. many disabled people fear the stigma their disability may bring and as such disengage with society resulting in loneliness and social isolation.

About you

What is your name?

Name:
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What is your email address?

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Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:
Mobility and Access Committee for Scotland (MACS)

Are you responding on behalf of a community discussion that has taken place?

No

If you used our facilitation guide, please upload the Event Registration form here.

Upload:
No file was uploaded

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Please enter comments here.: