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Welsh Government
Consultation – summary of responses

Connected Communities

Tackling Loneliness and Social Isolation

March 2019

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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1. Introduction

In recent years we have heard more and more about loneliness, social isolation and the detrimental impact they can have on our mental and physical well-being.

We know that they can result in a number of physical and psychological problems including premature death, sleep problems, high blood pressure, poor quality of life, increased risk of heart attack and stroke, depression and suicide. Research demonstrates that loneliness has an effect on mortality that is equivalent to smoking 15 cigarettes a day.

The economic consequences of loneliness and isolation can also be significant. For example the British Red Cross estimates each older person who requires services as a result of loneliness and isolation could cost £12,000 per person over the next 15 years.

The Welsh Government is therefore committed to developing a cross-government and cross-sector approach to tackling loneliness and isolation in Wales.

Loneliness and isolation can affect people of all ages and from all walks of life. We recognise that everyone passes through some form of transition in their lives which could trigger the experience of loneliness or isolation: leaving home, being a victim of crime, language and communication barriers, losing a job, becoming a carer, illness, bereavement and disability are among those triggers.

Loneliness was measured for the first time in Wales, in the National Survey 2016-17. It found that 17% of those participating in the survey, of just over 10,000 people aged 16 and above, were lonely. Mid-year population estimates for 2017 suggest there were approximately 2.6 million people aged 16 and above in Wales; 17% of this number would equate to around 440,000 people reporting being lonely in Wales.

Between 22 October 2018 and 15 January 2019, the Welsh Government undertook a public consultation on how best to tackle loneliness and social isolation in Wales.

The consultation:

- Set out our vision of the Wales we want to see, linked to the Welsh Government's legislative and strategic frameworks
- Set out definitions of loneliness and social isolation
- Highlighted what the evidence tells us and what we have heard through engagement with stakeholders so far
- Highlighted the work that the Welsh Government has done and is continuing to do to tackle loneliness and social isolation and the links to the broader policy context.
- Set out our suggested approach for the future, and why, and where we think we should be focussing our efforts in partnership with others
- Posed a series of questions designed to facilitate discussion amongst organisations and individuals about what more needs to be done to effectively tackle loneliness and social isolation, including access to services.

The full text of the consultation is available at:

https://beta.gov.wales/sites/default/files/consultations/2018-10/consultation-document_1.pdf

Methodology

The consultation document asked 23 questions on a range of key subjects and issues which we know are relevant to how we tackle loneliness and social isolation. It was intended to gain views from a range of stakeholders in order to help inform the development of our cross-government strategy.

The consultation was published on the Welsh Government website and information about it and how to respond was widely distributed and shared via social media and via e-mail. In addition to the formal consultation document, the Welsh Government also held four engagement events in Carmarthen, Newport, Wrexham and Llandrindod Wells in order to facilitate a more interactive discussion with and between stakeholders and to help inform consultation responses. A summary of the key themes to emerge from the engagement events is also included in this document.

A children and young people's version of the consultation was produced by Children in Wales which was also commissioned to undertake a separate consultation process with children and young people and provide a feedback report. An Easy Read version of the consultation was also produced.

Overview of responses

In total, 234 responses were received.

- 93 of these were received as online consultation responses, 134 were received via e-mail and 7 were received in hard copy.
- 165 responses were identified as being from organisations, whilst 69 were from individuals including groups of individuals.
- Figure 1 below provides a breakdown of the consultation respondents by type. For the full list, see Annex 1.

Figure 1: Consultation respondents by type

NHS Organisations	15
Local Government (including town and community councils)	21
Other public sector (i.e. academia, police)	3
Third sector, community and funding organisations	93
Representative/umbrella bodies	31
Private sector organisations	2
Individuals (including groups of individuals)	69

Summary of responses to specific questions

Question 1: Do you agree with our definitions of loneliness and isolation? If not, what would you propose instead?

From the 234 responses to our consultation 159 (68%) agreed in principle with our definitions. 26 (11%) did not agree and 49 (21%) did not make a response or did not commit either way.

Whilst most people welcomed the inclusion of the definitions as a basis for future work, there were a number of suggestions as to how it could be improved or changed. Some felt that it was too complex whilst others wanted it to be added to, so as to be more specific to their individual circumstance. It was also suggested that we should include the definitions in the easy read and young person's consultation documents.

A number of respondents felt that the definition implied that simply increasing the number of social contacts will resolve both loneliness and social isolation and felt strongly that this is not the case. Focusing on a quantitative element suggests there is a minimum number of contacts below which social isolation might universally occur. Additionally, many thought that it was not the quantity but the quality of relationships which needs to be considered the most.

It was also suggested that the Welsh Government should consider its definitions alongside those in the Scottish and UK Government strategies, which have been consulted and agreed upon. It should also consider the ONS definition which will be used to undertake monitoring of loneliness. This will seek to ensure that in future research parallels and distinctions can be drawn for the purposes of monitoring effective interventions.

Question 2: How can we help people to understand the trigger points for loneliness and social isolation and to build emotional and psychological resilience to enable them to take steps to avoid or reduce these feelings?

There were 181 responses to this question. Many respondents thought that public campaigns would help in terms of raising awareness of the trigger points and identifying signs of loneliness and social isolation, not only for those who may be feeling isolated or alone but also for family members to help recognise the signs. However, it was felt such a campaign should not focus on the definitions or the words loneliness and social isolation, as many people will not identify with these. It should focus on how people can find out about local activities and services and what people can do to maintain social connections. Overcoming the stigma associated with loneliness and social isolation was felt to be an important element of building emotional and psychological resilience. Framing a campaign in this way would also help de-stigmatise the issues.

Another suggestion for raising awareness on trigger points and building resilience was to ensure information on what the triggers points are, how they may manifest and what services and support are available is accessible in communities at all levels. Furthermore, the information must be simple and easy to read and give clear directions on where people can obtain support to help them either avoid or tackle feelings of isolation and loneliness. This would create increased contact opportunities and decrease feelings of loneliness and social isolation.

Additionally, it was felt that offering courses/education on loneliness and social isolation would be a positive step, both for people who may be at risk, but also to others. One such course was the Making Every Contact Count (MECC) on-line training course which states clearly that everyone who is in contact with anyone can make a difference. Adult education was also seen as a key area to help people understand the trigger points and for de-stigmatising loneliness and social isolation. Life-long learning has an important role, not only in raising awareness, but also for the social aspect of adult classes and the skills, confidence and support given that can enable learners to take control of their lives and engage with their communities and wider world.

Many respondents felt that schools had a key role to play in building emotional and psychological resilience. It was suggested that pastoral sessions should be introduced in to the school curriculum, concentrating on the topic of loneliness and social isolation. Schools should foster a nurturing environment, working with children and young adults within the education system to talk openly about triggers and how to develop coping strategies around these feelings. Many respondents felt a stronger culture of addressing bullying and embracing individuality and difference should also be fostered in schools, to enable young people to overcome some of the triggers that lead to loneliness and social isolation in later life.

However, most respondents felt that giving people the skills to understand and manage the trigger points for loneliness and social isolation had to be a community approach across all sectors, not just education.

There were many suggestions for breaking the cycle of loneliness and social isolation through raising people's ambitions and by empowering families to build emotional and psychological resilience through positive relationships and the creation of a community in the place where they live. A co-operative approach, was widely proposed because this was seen as self-help and a mutual action which would provide an integrated and sustainable approach to addressing loneliness and social isolation. Co-operatives are rooted in their communities and controlled by local members meaning they can re-create physical links in the community and help to build resilience. They are a key part of the foundational economy which also has an important role to play in growing social capital and building resilience.

Volunteering was another suggestion and is seen as a great way to increase self-esteem and self-confidence. It was felt that volunteers are better able to engage with the most vulnerable, presenting less of a perceived threat than more formalised agency support which can be viewed suspiciously. The connections built between the volunteer and the person are in themselves incredibly powerful in helping people build healthy relationships, and are also very effective at building confidence to engage more widely in the community at large.

It became increasingly clear that health services have a role to play in raising awareness and signposting to services. Although associated symptoms may have clinical connotations, it was strongly argued that loneliness and social isolation should not be medicalised but considered more as social problems. However, health professionals are in a position to identify a person at risk and so further work to build the capacity of health professionals to understand the trigger points and to understand the effective support available was suggested as a priority. Ensuring that training on loneliness and social isolation, including the common trigger points, is built into curriculums for all health and social care professionals would be helpful.

Question 3: How can the Welsh Government foster the right environment and create the right conditions to build resilient communities?

There were 195 responses to this question and these included many and varied suggestions as to what more the Welsh Government can do to foster the right environment and create the right conditions to build resilient communities. However it was widely recognised that one size doesn't necessarily fit all and that building resilient communities was multi-faceted and complex.

Many respondents felt that more could be done to support communities through the provision of Local Area Co-ordinators and Community Development Workers to assist communities to become resilient. It was also felt that the Welsh Government could do more to support Community Hubs which enable individuals to access support for health and well-being, see link workers for social prescribing or GP's, as well as gain access to other opportunities like Men's Sheds, volunteering / time-banking, creative classes, short courses and skills development for adults.

Many respondents commented on the Welsh Government's role in improving access to information such as developing DEWIS as a single point of reference to search for local services and to remove duplication and fragmentation of information. There was a general consensus that it was difficult to know what is available locally e.g. via the local authority. Often people in health and social care settings can't refer on to services, as they don't know what is out there. It was also shared, that often there is a postcode-lottery in terms of what can be accessed and that understanding what services are currently provided in a given area is difficult.

Respondents felt that transport is also a significant factor that stops some people getting involved in their community. Developing transport links will help communities to foster a sense of supporting those who may be lonely or socially isolated. Community transport schemes can offer an affordable, accessible solution in such areas, yet need to be adequately resourced to allow for development and strategic planning. The Welsh Government can support local authorities through adequate funding of community transport schemes and public transport, especially to rural communities. Additionally, it was suggested that affordable, safe transport should be available in the evenings.

There was a strong view that the Welsh Government needs to invest in organisations that know their communities and can work at micro level, implementing changes in local communities but steered throughout Wales. Tried and tested projects and programmes within the third sector that have proven their worth in tackling loneliness and social isolation should be directly funded by Welsh Government rather than via statutory bodies. Additionally, this funding should be longer term and sustainable. There was also an argument for small funding pots for things such as room rental and resources, to encourage shared space or multiple use of space where possible.

Almost all respondents commented on the poor mobile connectivity and broadband services in some areas of Wales but especially in rural locations.

Many respondents felt there was disconnect between national regional and local priorities and that the Welsh Government's vision and commitments need to be translated into corresponding action at a county and local level within local and regional wellbeing action plans. It was suggested that the Welsh Government has created much of the necessary infrastructure to enable public and third sector organisations to work closely together,

therefore ensuring that loneliness and social isolation has been assessed by Public Service Boards and, as appropriate, features in their wellbeing assessments and practice. Additionally, similar to the mechanisms of Equality and Rural proofing policies, the Welsh Government should ensure policies address and include loneliness and isolation through the development of a loneliness and social isolation 'policy test'.

Some respondents felt strongly that responsibility for loneliness and social isolation should not rest solely within the ministerial portfolio of health and social care but that it should also be included in the housing, local government, business, economy and transport portfolios. Wales has a Commissioner for Children and a Commissioner for Older People and it was suggested that there should also be a Communities Commissioner with the specific remit of pulling this work together across the country.

Overall, respondents wholeheartedly felt that the Welsh Government has a responsibility to guide and promote, through policy, changes to service delivery in local authorities, health, third and voluntary sector, ensuring consideration of the local population needs and co-producing services which address those needs, to develop resilient communities.

Question 4: How can children and young people be better equipped with the skills to establish and maintain meaningful social connections?

There were 168 responses to this question and overwhelmingly, respondents stated that the education system has a key role to play in developing an early understanding of loneliness and social isolation in order for children and young people to develop empathy with others as well as an understanding of themselves.

It was emphasised that schools and colleges should include emotional health and wellbeing lessons for children, young people and staff so as to develop emotional intelligence, personal resilience and robust mental health and well-being and to understand not to fear asking for help, friendship and support. Also improving support in transition, for example from one school group to another, infant to primary, junior to secondary, secondary to college etc. Given the right support during these transitions would build resilience and coping strategies for transitions in later life.

Many respondents felt that working with parents and giving them the tools and understanding to build resilience from childhood, especially in the early years was important. It was also suggested that services such as Youth Services, Children and Family Workers and Young Farmers Groups could support young people to understand triggers, especially for at risk groups.

Additionally, ensuring young people have hobbies and interests can also make them more resilient to coping with loneliness and social isolation. Some respondents stated that corporate parenting responsibilities should extend to routinely supporting care leavers to partake in hobbies and interests.

Equally, ensuring there are local public parks and outdoor spaces which are appealing to children and young people, which exist alongside community centres would mean that different generations could connect in the same place. This would also provide opportunities for bridging intergenerational barriers to social connectedness.

Question 5: How do we ensure that schools can better support children and young people who may be lonely and socially isolated?

There were 163 responses to this question and a strong view that schools are in a prime position to identify children and families that are at risk of social isolation and loneliness. Seeking the correct support early on will help to positively shape later interactions and relationships. Additionally, the education system also has a key role to play in developing an early understanding of loneliness and social isolation in order for children and young people to develop empathy with others as well as an understanding of themselves.

Many respondents felt that all teachers, classroom assistants and other school staff needed to be trained to recognise the need for support among children who are exhibiting signs of loneliness and social isolation, encouraging the removal of any associated stigma, learning how to spot triggers and address them and training in the use of nurture interventions/trauma informed approaches and adverse childhood experiences.

School staff might also benefit from further training about the impact that different family experiences and backgrounds might have on a child's development in order to understand how to support them best.

Many felt that school nurses are central to the promotion of the emotional and physical wellbeing of children and young people and they need to be involved with, and engaged in, initiatives aimed at minimising social isolation. Also school nursing teams must receive the right levels of investment and resources to enable them to carry out their roles effectively.

With due consideration to the high workloads of teachers, classroom assistants and in the few schools where there are school nurses, it was suggested that dedicated roles should be developed, funded directly from Government. These roles would ensure confidentiality, impartiality and individualised time for pastoral care and guidance throughout the school.

Schools could also offer volunteering, mentoring and befriending schemes where teenagers, young adults and older adults spend time in schools taking part in activities. Flexible and inclusive volunteering for young people should be promoted and/or co-ordinated in schools with a focus on intergenerational activity. Incentivising volunteering and participation in school life (eg reading schemes, anti-bullying initiatives) through the use of time banks was an option discussed. Schools can be community hubs for intergenerational activities such as reading, IT support & gardening. Suitable adults, especially older people, could be invited into schools to help with 1-1 reading and to act as mentors.

Strategically, Welsh Government should explore how education policy and inspection can support this initiative by recommending schools include strategies to combat loneliness and social isolation in their inclusion policies, have a zero tolerance to bullying, have well constructed social media policies which emphasis the balance of social media and face-to-face interaction and have robust safe-guarding reporting processes.

There was clear acknowledgment that schools cannot do this alone and there was considerable support for partnership approaches with third sector organisations who can deliver (both in school time and outside) activities that are designed to increase social skills. This may include role play; the development of a buddy system or the provision of activities that are designed to bring people together as the outcome.

Importantly, it was recognised that young carers need to be identified as early as possible and supported and encouraged to seek practical help. A suggestion was that the Welsh Government should roll out the Carers Trust Wales young carers passport scheme throughout all schools in Wales.

An emphasis must also be given to students who are being home schooled, disabled or are travelling some distance from home to school for language or religious preferences, to ensure that those young people have the opportunity to meet with peers, and that, where appropriate, parents have an opportunity to connect with others.

Question 6: What more can the housing sector do to reduce loneliness and social isolation? How can the Welsh Government support this?

There were 195 responses to this question and overall agreement that the housing sector has a crucial role to play in tackling loneliness and social isolation. There was a strong view that housing developments need to be planned in the context of the wider network of social and community resources. Infrastructure, travel opportunities and places for people to meet need to be an integral part of the planning and building of new housing developments. Access to quality green spaces for leisure and social contact, walkability to facilitate well-being and facilities that encourage people to go out into the local community where they can have chance meetings with neighbours, as well as community meeting spaces, places to sit and public toilets were all considered to be important in facilitating social interaction. Consideration of children and young people's needs for suitable space to play, enjoy recreational activities, and for socialising was also considered to be vital.

Respondents also identified the need to consider the impact of good neighbourhood design on community cohesion. Poor design, barriers, poor lighting, alleyways, the structures of buildings and streets, and an absence of quality green spaces has been shown to inhibit individuals use of space and can prevent people leaving their homes. Involving communities in the design and planning of local spaces and housing developments was felt to be important as well as learning from good architectural practice in other areas/countries which focus on community building and togetherness.

It was felt that the Welsh Government has a key role to play in ensuring that planning regulations prioritise all of these considerations.

Many respondents felt that a range of different housing provision across Wales which is varied and caters for diverse needs was important so that as people age they have the option of remaining within their communities. They also felt that it was important for people to live in good quality housing and that maintaining and developing the Welsh Housing Quality Standard was key, as was improving the supply of homes built to Lifetime Homes Standards. Some respondents felt that more age appropriate private sector housing should be developed to enable people to downsize and free up larger homes for younger households and families. Some also felt there was more the Welsh Government should do to assist older people who wanted to downsize such as assistance with moving costs and associated legal processes.

A few respondents commented that there was a lack of accessible and adaptable homes both within the private and social housing sector for disabled people and those with sensory loss and expressed disappointment that there was no target for building accessible homes within the Welsh Government commitment to build 20,000 affordable new homes by 2021. Some felt that developers should be encouraged to ensure houses are as wheelchair and

dementia friendly as possible perhaps through financial incentives and a number of responses commented on the need to simplify and speed up access to home adaptation grants.

One respondent suggested that ensuring people continue to lead independent lives at home was increasing the risk of them becoming lonely and isolated and that there needed to be alternatives to this readily available. Retirement village developments that were large enough to sustain shops, leisure facilities, eateries etc. within the site was suggested as one such alternative reducing any need to travel and enabling social services/health care to be more focused and efficient.

There was acknowledgement that loneliness and social isolation can be experienced in a range of different settings and whilst some advocated for greater investment in extra care housing schemes for older people, others made the point that these schemes can still lead to loneliness and social isolation as available funding does not always allow for the staffing levels needed to deliver a vibrant community within the buildings. Models of supported housing within communities were suggested as an alternative when delivered in a small and person centred way to support older people to continue to be part of their communities.

Whilst communal areas are available in housing schemes for the over 50s these could be better used and 'opened up' to increase community activity. An example was given of the Royal Voluntary Service which has set up social groups operating out of the lounge areas of local care homes and sheltered housing schemes in South Wales with the explicit aim of encouraging residents to get involved in something new and encouraging local people in the community to come in and interact with the residents.

Other suggestions included encouraging, investing in, and supporting co-housing groups and encouraging more shared accommodation to help in the provision of cost effective housing and the creation of households that can provide mutual companionship.

Many shared the view that housing associations/providers already do a great deal to support tenants to establish and maintain social connections through a range of different tenant support programmes and community development programmes. For example, a number of housing associations are taking an asset based approach, which, instead of focusing on the deficit of an area or community focuses on the strengths or assets. Within this approach, the professional isn't seen as the expert who does things to, or for the community, rather they assist the community to do things by themselves, for themselves. Housing associations are also increasingly managing programmes and projects around improving tenants' health and wellbeing.

There were a number of suggestions as to what more housing providers could do and these included reinstating community officers, allocating funds for community projects, investing in housing stock and the formation of residents groups in all areas and across all tenures. Being aware of who, and how many, people are in their properties was also suggested so that people who live on their own and who may be at risk of loneliness and social isolation could be put in touch with others in similar circumstances.

It was also reported that housing organisations should ensure that people are housed in an area where they have established networks i.e. with accessible amenities and transport links, or close to family and friends. They should also engage with young people to ask them what types of accommodation they would like to live in, particularly care leavers, and also people with a learning disability. It was also felt that more support should be given to

young people to maintain their tenancies by addressing loneliness and social isolation and the associated mental health difficulties that come with them.

A common theme among respondents was that awareness training for staff working in housing support services and care homes etc. should be provided so that they can identify better those at risk of being lonely and isolated and help address this. One respondent felt that the principles that underpin a trauma-informed approach, which is being adopted across the housing sector, would be similarly effective in ensuring staff are more aware of the risks of social isolation and loneliness.

Alongside suitable accommodation, housing related support services were felt by some to be essential in playing a part to ensuring vulnerable people and families can maintain a home and focus on developing positive links with the wider community. Maintaining a focus on housing related support (Supporting People) services that cover mandatory outcomes such as, feeling part of the community and managing relationships would be helpful in understanding how housing services can impact directly upon loneliness and social isolation.

A few respondents also felt that there was a need to identify what levers are in place to encourage private landlords to help address these issues.

There was a commonly held view that there needs to be continued investment in the prevention of homelessness and homelessness related accommodation. Ensuring adequate provision of supported housing and temporary accommodation is available for homeless, vulnerable people and those in crisis is vital to provide a safe haven and central point to enable individuals and families (in many cases) to start to think of beginning to integrate into the wider community and focus on building social networks and reducing social isolation. This includes the provision of bespoke supported accommodation for particular client groups such as young people, people with mental health issues, people fleeing domestic abuse and other housing related support needs.

Question 7: What more can the Welsh Government do to support the improvement of transport services across Wales?

There were 148 responses to this question and a strong view that the availability of public transport has a vital role to play in tackling loneliness and social isolation. Also that lack of public transport is a particular issue in rural areas. Many felt that public transport needs to be more affordable and available in all areas and on all days of the week including early mornings and late evenings.

The key issues that many felt need to be addressed to ensure the continuous improvement of bus transport throughout Wales include reliability and punctuality, information and marketing, bus services standards, network accessibility, integration between all modes of transport and bus stop infrastructure.

A number of respondents stated that transport services need to be more accessible for those with sensory loss with audio visual displays and staff who can inform and communicate in an accessible way. Public transport, particularly buses, need to be able to allow more people in wheelchairs to be able to have space e.g. some buses only have space for one wheelchair. Some respondents felt that there is also an issue with people who may need some low level support to get in and out of transport and no support available or drivers stating that health and safety prevents them from helping. Good moving

and handling training and techniques should be standard training available to bus and taxi drivers.

Some felt that the Welsh Government could do more to recognise (and fund) the vital role that community transport services play in helping people who have few other transport options to have social contact. This needs to be more than a conversation about community transport running alternatives when commercial or subsidised services aren't available or accessible. It has to be about how community transport can improve connectivity to our rail network, open up public services and improve access to our bus networks; it needs to better explore how community transport can contribute to the plurality of transport providers in a more joined up way to improve transport provision as a whole.

It was also suggested that the Welsh Government should look to create a way of consistently measuring the social and economic value that community transport brings, particularly in the arena of health and social care. The Welsh Government was also urged to continue to put pressure on the UK Government about reducing barriers to setting up community transport.

Some were of the view that to further improve transport services in Wales, the Welsh Government needs to include taxis, private hire vehicles and local transport operators in its vision for integrated public transport to ensure that those in rural areas have the ability to independently get around and enable social interactions. It was also suggested that car sharing schemes and pooled vehicle arrangements could be supported where communities have identified a need and interest in exploring this.

There was continued support for the free concessionary bus scheme for over 60s but concern about the Welsh Government's proposals to increase the eligibility age to bring it in line with a woman's pensionable age given the considerable contribution the scheme makes to tackling loneliness and social isolation. There was a suggestion that the scheme could be means tested because not all people over 60 require one and support provided instead to those on low incomes. It was also suggested that the scheme could be extended to include private hire vehicles for those who have difficulty accessing bus routes due to mobility issues or because they live in remote locations.

Young people report that transport issues are a significant barrier to play and socialising. This includes the costs of public transport and families being able to afford using cars (both costs of running cars and of parking charges); the infrequency or unsuitable timings of public transport services; and a lack of safe alternative travel options for walking or cycling. Subsidised travel for young people was therefore felt to be important by a number of respondents. There was support for the recent announcement of the extension of the My Travel Pass to 21 year olds. However, some respondents also wanted to see free bus travel for care leavers as they are a particularly vulnerable group.

Whilst the Active Travel Act 2013 was viewed positively some respondents felt it has had little impact. Active travel (walking and cycling) lends itself to a more social and less lonely experience, and contributes to wider health and wellbeing aims and it was felt that much more could be done to turn the ambition of the Active Travel Act into reality.

Some expressed the view that a more integrated passenger transport network that meets more needs has to be built from the ground up, building on existing assets and capacity within communities. Often services are commissioned in isolation, or without reference to

the wider public need. All services when commissioned need to show how they will integrate with existing service and help provide a greater plurality of provision.

In rural areas few services are commercially viable without public subsidy and it was felt by a few respondents that bus subsidies should be prioritised for supporting organisations that alleviate acute social isolation and to incentivise the creation of services in areas that are poorly served by conventional passenger transport services. To help with public subsidy in walking, cycling and public transport, proper return on investment including health impacts must be included. It was suggested that there should be a closer link between the responsibilities and the budgets of health and transport.

Question 8: How can we try to ensure that people have access to digital technology and the ability to use it safely?

There were 154 responses to this question. Whilst there was broad support for the Welsh Government's digital inclusion programme 'Digital Communities Wales' there was a view that the Welsh Government needs to continue to invest to ensure every community in Wales has access to high speed broadband.

However, there was a strong view that investment in learning as well as infrastructure is required. As well as having access to broadband and equipment, people need to know how to use digital technology. Some felt that the Welsh Government could support more schemes to show people of all ages how to get online and identify apps and facilities to increase contact opportunities.

Many respondents suggested that there should be increased availability of libraries, including mobile libraries, community centres and other public amenities as access centres to free or subsidised digital technology. However, classes and drop-in sessions need to be better advertised. Some suggested that digital technology should be subsidised where cost is a barrier and that a basic tablet should be provided free to lower income households. It was suggested that these could be achieved by ensuring local authorities have a digital inclusion strategy and action plan and that more people are trained to become digital heroes/champions.

It was widely stated that uptake of digital technology amongst older people is low and that this group needed to be specifically targeted, although it also needs to be recognised that not everyone has the capability or wish to learn how to use digital technology. There also needs to be better awareness of scams and robust and easy to use systems of identifying and reporting scams.

There was a lot of support amongst respondents for intergenerational digital schemes that involved young people assisting older people and many examples of where this already takes place were given, including the Welsh Government funded Digital Heroes scheme. It was felt that schools and colleges should be encouraged to participate in such schemes because of the benefits to both younger and older people.

Training adults and children to use technology safely was a common theme, and the role that schools and the curriculum could play in this was stressed. One respondent commented on the lack of accessible information relating to online safety and that training on how to access services and remain safe online needs to be accessible for disabled people and inclusive of those with a learning disability. Many websites and online media still do not conform to digital accessibility standards for disabled people.

A few felt that more research needs to be done to identify the risks and benefits of digital technology and how it is used across the life course. Digital technology can contribute to social disconnectedness and therefore should not replace face to face contact. Initiatives based on online communication, involvement or booking need to co-exist alongside other methods that facilitate social contact and human interaction. The Welsh Government has a vital role to play in ensuring that technology is designed in a way that strengthens human relationships.

Question 9: What experience do you have of the impact of social services on addressing loneliness and isolation?

Question 10: What more can the social care sector do to tackle loneliness and isolation?

There were 129 responses to question 9 and 185 responses to question 10. There were many positive experiences cited along with examples of social services led initiatives that were having an impact on loneliness and social isolation. Whilst there were some negative experiences given of social services, not all of these were relevant to tackling loneliness and social isolation and focused on instances where people had not received a timely assessment or had not received a service.

There was a general view that the social care sector needs to have a greater role in tackling loneliness and social isolation. However, there was also acknowledgement that austerity and cuts in public services have impacted on the ability of social services to do this.

The role of the social care workforce in addressing these issues was raised by many respondents who felt that there needs to be better awareness of loneliness and social isolation indicators amongst professionals and of what support exists within communities to address these issues and how to access it, so that they can refer people to the services they need.

Linked to this, the view of some respondents was that despite the Social Services and Well-being (Wales) Act 2014, the 'What Matters' conversation does not routinely and explicitly explore people's satisfaction with the quantity and quality of their social relationships within all environments including Single Points of Access, health and social care, and commissioned care and support providers. The discussion needs to be evidenced and an action plan put in place if necessary. A few stated that more needs to be done to increase the uptake of Direct Payments and that information and guidance (in an accessible format) should be made available about how they can be used to access social activities, for example through pooling arrangements.

The point was also made that the social care sector has an important role to play in de-stigmatising loneliness and social isolation: a social care professional is in a prime position to introduce the topics of loneliness and/or isolation into everyday conversations to establish if they are having a detrimental impact.

Shared information about community connectors, social prescribers and local third sector initiatives, supported by a shared referral route and clarity around data sharing, would further enable social care professionals to support those individuals who were lonely and isolated.

Many felt that the social care sector needs to ensure that paid care workers are given adequate time to visit clients. They stated that current time and task models of care do little to foster interaction with housebound clients due to time restrictions on domiciliary care visits. For older adults, with absent or dispersed networks these visits may be the only social interaction they receive. Also, creating an environment where an individual sees the same care worker each day and is able to build up a relationship with them was felt to be important.

Encouraging, supporting and resourcing social enterprise and community groups to provide local support was a strong message. Respondents felt that this would facilitate strong, supported and resourced community level structures that can provide opportunities for social activities, can use local networks to spot when people are in trouble and need help, can offer volunteering and other opportunities for people to 'give back' and provide responsive support as and when needed.

Some felt that the commissioning of services should be co-productive, with guidance issued to commissioners to embed co-producing with citizens; users of services and their carers across the age range. The view was also expressed that there should be a move away from commissioning block contracts for a 'whole service' towards micro-commissioning to support existing groups and enable the establishment of new ones. Also, it needs to be made clearer and easier for smaller organisations to respond to commissioning tenders with response times and requirements proportionate to the organisations size and capacity.

Support to enable carers, including young carers, to have a life outside of the caring role and to have greater access to social activities and breaks was raised by many respondents. Funded support and appropriate respite for carers needs to be at the heart of a fair and sustainable care system and would reduce the risk of loneliness and isolation. For many, it is the social activities that are so important to reducing experiences of loneliness and isolation, but these are given a lower priority by social services than employment or attending medical appointments.

Access to information about what services and support are available was also felt to be important by many respondents. There was a commonly held view that DEWIS Cymru could be further developed to give richer information on local activities, groups and community based organisations and that further work is needed to raise awareness of the website and what it provides. It was also suggested that the Welsh Government and the sector could do more to promote infoengine, the directory of third sector services.

Another theme of the responses was the need to ensure that young people are fully supported when leaving care and well prepared for change. Loneliness and social isolation must be taken into consideration when considering whether to place a young person out of county. It was also recommended that the provision of Independent Visitors is commissioned by every local authority in Wales to provide a positive role model in a child/young person's life. Contact was highlighted as another issue for children and young people in care and that more should be done to maintain family relationships.

Social services cannot resolve the problems of loneliness and social isolation themselves and so there were also calls for greater partnership working between social services, health, housing, transport and the third sector. There needs to be strong links between the different sectors to ensure there are referral pathways that support people out of loneliness alongside other things that might be experienced. The success of community connector roles funded by local authorities and the third sector in providing one to one support to those

who are lonely and socially isolated and in signposting to support and interest groups or to volunteering opportunities was raised by a number of respondents.

A few respondents commented upon the policy adopted by social services in some areas of limiting the use of Day Centres. It was understood that this is done against the backdrop of limited finances. However when looked at in the context of the loneliness and social isolation agenda it was thought to be short sighted. Day Centres at their core provide a service where people are brought together to meet, eat, relax, have the required care etc. Respondents felt that if there is to be a serious attempt to meet the needs of lonely and isolated people, the offer of a day centre should be expanded through innovative funding packages or partnerships.

Question 11: What more can we do to encourage people who are at risk of becoming lonely and isolated to get involved in local groups that promote physical activity?

There were 184 responses to this question and many respondents saw accessibility as being the main issue in encouraging physical activity and making it something easy and enjoyable to do. A lack of transport; cost of transport; location of activities; limited opening hours of venues; a limited choice of activities for all and the cost of taking part (entry or membership fees) are seen as being barriers to taking part.

In the absence of accessible scheduled transport, community/on-demand transport services and the use of lift-sharing amongst participants were seen as being helpful, especially for those who may struggle to arrive by themselves. Some respondents suggested subsidised travel would help in enabling more people to become involved.

A number of respondents commented that the development of out of town leisure complexes had prevented them from taking part in physical activities and greater support (footfall) and funding were required for local, smaller sports centres. They said the new centres were too far away, too large and thus, for those lacking in confidence, too intimidating to use. Some commented that instead of using new leisure complexes, activities could be held more locally such as in a library or day centre.

Awareness about what activities and support are available, was felt to be important by many respondents. Activities need to be well promoted, not just on-line, but in places where people often go e.g. supermarkets, council offices, libraries, GP practices, and in formats all can understand. It was felt also given the reach of TV and radio, advertisements using these mediums which could promote the benefits of inclusion, rather than the negative impacts of isolation, the fun to be had from taking part and some local success stories, would help to encourage some to try physical activity. One respondent suggested support from a large organisation, such as the Welsh Rugby Union, would be helpful in any awareness raising or promotion campaign.

In addition to promoting and advertising local activities, a few highlighted the importance of advocating the benefits to people's physical and mental well-being, for example, by raising awareness of the link between age, loneliness and dementia or the role strength, stamina, balance and coordination gained through exercise can have in doing day-to-day chores. Again, including some local success stories was seen to be of benefit here.

Linked to increasing awareness about local activities, social prescribing and an improved, up-dated and maintained DEWIS Cymru service were seen as being significant in signposting individuals which in turn could lead to improved well-being through involvement in

physical (and other) activities and in making connections. For social prescribing to be effective however, it was pointed out that funding was necessary to ensure local services are in place.

It was highlighted that general encouragement and referral to services may not be sufficient for some; a more tailored, one-to-one approach being required, providing support to build confidence which is not withdrawn too soon. A variety of different terms were used in describing who could provide this type of support: community connectors; volunteers; befrienders; community co-ordinators; community support workers; buddies; mentors and peers. In addition to providing support, it was highlighted also by a few respondents that going to an activity with someone else tends to be more enjoyable than going alone. Linked to this, it was suggested that when promoting an activity, it would be beneficial to advertise whether a mentoring, befriending or buddying service was available.

Another recurring theme was the use of the National Exercise Referral Scheme (NERS); prescribing physical activity instead of, or alongside, medication for some individuals. Many suggested the established scheme be expanded to provide more opportunities for physical activity, such as linking up with the numerous ParkRun schemes. Some highlighted that through the NERS, the high financial cost of getting involved in physical exercise is no longer a barrier. Also by being given information and advice, many individuals may feel more confident in taking part, having had *permission* to exercise from their GP.

Disabled people who want to take part in physical activities can be faced with additional barriers such as finding appropriate instructors, adapted activities and equipment. One respondent suggested the Welsh Government funding in 2010-2013 to Learning Disability Wales to deliver awareness training in sports settings, could be built upon to improve access to services.

A number of responses queried why the consultation question had focused on involvement in physical activity and groups; pointing out that creative and non-sporting activities, such as knitting or gardening, were just as beneficial and some individuals prefer not to join groups.

Question 12: In what other ways can health services play their part in reducing loneliness and social isolation?

There were 195 responses to this question with many respondents seeing a clear role for primary care health services in helping to reduce loneliness and social isolation and identify those at risk. However for some their potential to do more could only be met by workforce issues being addressed.

GPs in particular were seen as being significant, given the frequency of contact they have with the local population; in 2016-17, 77% of the Welsh population visited their GP. In a survey by the Royal College of General Practitioners, three out of four GPs said they see between one and five patients a day who have attended mainly because they are lonely.

Midwives and health visitors were seen as key in identifying new parents at risk of loneliness or social isolation. Also by improving balance, strength and coordination occupational therapists could help to reduce the likelihood of a person falling and the related risk of becoming housebound and isolated.

For many the 10-minute appointment time was viewed as being too limited for health professionals and Single Point of Access assessors. A number of respondents felt the option of longer appointments was needed to enable practitioners to chat with patients

about *what matters* to them (rather than what's wrong), finding out more about an individual's circumstances and what may be contributing to feelings of loneliness or social isolation. One respondent recommended automatic home assessments for those presenting at GP surgeries without medical need.

Many respondents said there needed to be more information available in primary and secondary care waiting areas promoting local activities and support services. Given the increasing demands on the health care workforce, a number of respondents saw a clear role for the third sector, volunteers and particularly social prescribers in helping to reduce loneliness and social isolation by: following-up on cases referred by clinicians; signposting individuals to appropriate local services; providing timely support and information about local services; and helping to prevent issues from escalating. For social prescribing to be effective however, it was stressed that adequate funding is required.

A number of respondents highlighted the importance of training for all health care students and staff, including reception staff, on: mental health; well-being; the triggers of and the stigma surrounding loneliness and social isolation; and the provision of local services. It was suggested loneliness and social isolation could be imbedded in assessment tools, such as discharge plans from hospital and routine health checks. Also if a practitioner suspects someone is lonely because of frequent attendance or their circumstances, screening questions could highlight those at risk.

The community pharmacy sector is very well placed to help patients and carers who maybe lonely or socially isolated. For many, visits to the pharmacy provide a daily, weekly or monthly opportunity for talking to people and seeing familiar faces. Many community pharmacies provide free (but not NHS-funded) delivery services which are of particular value in rural and isolated communities. The delivery drivers may be the only person a housebound and lonely person may see for a considerable period.

A number of respondents stressed the need for a less reactive and a more preventative, timely approach to dealing with health issues, in line with the preventative focus of Prosperity for All, the Social Services and Well-being (Wales) Act, the Future Generations Act and a Healthier Wales Plan 2018. Prevention of health issues was seen as being far less costly long-term than actually treating health issues. It was suggested a small proportion of the health budget could be utilised for prevention activities such as social prescribing or community learning activities.

Linked to a more preventative approach, many called for more integrated, partnership working between health, social care and the third sector.

Question 13: What more can the Welsh Government do to encourage people to volunteer?

There were 196 responses to this question. A large number of respondents recommended having a national Welsh Government-fronted awareness campaign to promote volunteering, with one respondent suggesting a campaign similar to that run for the flu jab. In doing so, it was seen to be important to stress the benefits of volunteering for the individual, the person receiving volunteer support and the community e.g. building self confidence; making new friends; gaining experience and skills that can be used to gain employment and strengthening community links. It was felt important also to officially recognise the role of volunteers.

Linked to this was the use of marketing campaigns which target different sections of the population and in a variety of ways (newspapers, posters, radio, and social media), highlighting where volunteers are needed and providing real-life, local examples.

Many respondents saw a role for *time credits* in that they offered an incentive (a 'reward' for offering volunteering time) and are seen as being a simpler, less formal approach than traditional volunteering schemes. In 2018, 59% of the membership of *Tempo* time credits (formerly *Spice*) reported they had not regularly given time to their community before earning time credits through participating rather than volunteering. One respondent highlighted however, asylum seekers were excluded from earning time credits and this needed to be addressed.

For those in education, within the Welsh Baccalaureate at GCSE and A-level, volunteering is a requirement and thus it has the potential to become a *normal* activity to do among the adult population. However, it was highlighted that children and young people often struggle to find opportunities to fulfil the volunteer requirements. One respondent suggested the Welsh Government look to fund their places within third sector and community groups which focus on alleviating loneliness and social isolation.

For those not in employment education or training, the possible link from volunteering to paid employment could be promoted: *volunteer to career*. A few respondents suggested there should be scope to have accreditation schemes to enable volunteers to acquire recognised 'points' for practical experience which are seen as approved skills or knowledge when applying for paid work or training courses.

A number of respondents highlighted the need to address issues with volunteering and claiming welfare benefits e.g. an individual on Job Seekers allowance being prevented from volunteering due to benefit rules. This could be addressed providing training for job centre staff to ensure they understand the potential benefits of volunteering, the rules about eligibility to volunteer and consequently ensure these rules are applied consistently or for the Welsh Government to work with the Department for Work and Pensions to enable volunteering as a route into employment. A few respondents suggested making volunteering a condition for being eligible for welfare benefits.

For those in employment longer working hours, greater commutes to work, an older retirement age and (financially) needing to be in employment, result in many not being able to afford financially to volunteer and/or have enough time to do so. To address this, a number of respondents suggested the provision of volunteer employee schemes to enable staff to have time back to volunteer (as is the case for Welsh Government employees), with one suggesting it could be made a requirement for statutory bodies to provide staff with time to volunteer in the local community. It was also suggested that the Welsh Government award contracts to employers who support volunteering amongst its staff or small start-up grants to voluntary organisations wanting to promote volunteering.

Also for those on a low, or no wage, consideration needed to be given to the impact of deprivation on the ability to volunteer with more universal provision of subsidised child care and public transport, access to flexible working arrangements and the provision of a universal basic income to help those who want to volunteer but are unable to do so.

Support for volunteering is a central feature of the Welsh Government's Third Sector Support Wales grant which is used to support formal volunteering projects that aim to recruit, support, train and place new volunteers with projects. However, many respondents said the financial cost of providing a volunteering service was a barrier and more long-term

funding was required.

The June 2018 launch of Volunteering Wales was seen as being positive for organisations and volunteers alike as it helps:

- organisations to recruit and manage volunteers, log volunteer hours, plan rotas and events, record training and experience and produce helpful reports
- (would-be) volunteers to find opportunities by searching for key words or distance from their home.

Not all respondents looked positively on volunteering; referring to it as unpaid labour which should not be used to fill in gaps in the workforce. Also one respondent highlighted the findings of the Welsh Government publication *A review of the basic principles of sustainable community-based volunteering approaches to tackling loneliness and social isolation among older people* which concluded volunteer support on its own is rarely sufficient and the use of paid staff is better for ensuring continuity.

It was stressed also that the response to tackling loneliness and social isolation does not rely on an already-stretched voluntary sector meeting increased demand for services. Instead, the focus needs to be on encouraging everyday kindness and informal actions to strengthen relationships within communities, as opposed to formal volunteering.

Question 14: How can the Third sector play a stronger role in helping to tackle loneliness and social isolation? What can the Welsh Government and other public bodies do to support this?

There were 197 responses to this question with many respondents seeing the third sector as being the main source of support for those at risk of, or experiencing loneliness or social isolation. It is looked upon as being part of the community, and more approachable than official or statutory services and thus the preferred option for many vulnerable people.

A number of respondents said the third sector should receive greater recognition for the work it does. It was suggested existing schemes should be listened to and visited to enable Ministers, officials and public bodies to learn about the impact their interventions have had in reducing or preventing loneliness or social isolation.

A few respondents said the role played by the third sector was limited by accessibility issues, e.g. not having transport to get to a venue and activities finishing too late with service users consequently being anxious about getting home in the dark.

Overwhelmingly respondents said longer term (i.e. three to five years), sustainable funding was required for the third sector to play a stronger role, in particular for smaller third sector organisations, as recommended in the Health, Social Care and Sport Committee's December 2017 report on loneliness and social isolation experienced by older people in Wales. Third sector organisations need a solid infrastructure to recruit, train, support and maintain paid staff and volunteers; all of which requires funding. It was highlighted that often by the time a scheme has been set-up and begun to work with lonely or isolated people, the funding comes to an end and the scheme has to stop.

A few respondents highlighted the importance of establishing a body of *what works* interventions, enabling organisations to be aware of services already on-going and evaluate existing services. Linked to this, a respondent said there need to be more joined-up thinking to avoid duplication of services.

The Social Services and Well-being (Wales) Act requires local authorities to promote non-statutory services and provide advice and assistance on services and support available. It was questioned whether this was happening. Likewise, DEWIS Cymru was set up following the Act to promote well-being. However it was suggested that it is not being utilised and there is a lack of awareness about the service. To help address this a respondent recommended the Welsh Government look to further develop the use of and awareness of DEWIS to prevent, reduce and delay loneliness and social isolation at a local level, working with key stakeholders and encouraging all local authorities to ensure people are aware of how they can access information on groups and services locally.

Question 15: How can employers and businesses play their part in reducing loneliness and social isolation?

There were 153 responses to this question. The views expressed by respondents were largely the same across the board stating that employers and businesses definitely had a role to play in identifying and alleviating loneliness and social isolation. Employers and businesses should do more to implement and embed the Equality Act 2010 in the workplace so that staff feel more valued and supported for who they are. Doing this will likely improve morale and increase productivity. Related to this is more should be done to implement and embed the Equality Act 2010 to ensure high streets, tourist spots and public buildings and spaces more accessible to all people regardless of their protected characteristics.

It was felt that employers should spend more time getting to know their staff as people with lives rather than as just producers of goods or services. They should also start or continue their provision of mental health support in the workplace, either by in-house or bought in services and that pastoral care should feature more prominently in management/staff discussions. Managers and all staff should receive training in the trigger points for loneliness and social isolation, in mental health awareness and in issues that affect carers.

Employers should be able to identify local community services and activities to support financially or offer support in kind such as printing, venue space, refreshments and so on. Opening business premises for use by communities, in joint arrangements with local authorities, LHBs and the Third sector, was a common response as was the ability and capacity to signpost staff to support services and activities in the community. Related to this is the view that employers should build links with and work with community services to develop a directory of services and activities. This was considered to be a potential role for HR managers and ways in which this could be facilitated was via one to one and team meetings and via the introduction of staff suggestion boxes to generate ideas for activities in the community that employers/ businesses can arrange.

Some respondents suggested that employers should provide paid time off to facilitate staff involvement in volunteering activities and linked to this view is the suggestion that employers set up and offer time banking credits to enable staff to participate in community activities.

Some also felt that employers should ensure they provide staff with wide ranging pre-retirement advice including advice on how people can get involved in their communities such as via volunteering. Linked to this is the view that employers establish post-retirement staff networks so retirees can stay connected to the former workplaces, if that is what they want and related to this is that more should be done to promote social activities in and out of workplaces and that a budget is held to enable this.

Employers should do more to promote and support a proper work/life balance including flexible working and home working while also recognising that such ways of working can impact on the experience of loneliness and social isolation.

Question 16: What more can the Welsh Government do to support those whom experience poverty alongside loneliness and social isolation?

There were 143 responses to this question and the focus was on the negative impact of UK Government changes to the social security system, the provision of advice services, maintaining and increasing support to third sector and community organisations, reducing or removing the cost of services and activities, changing the Welsh Government's funding formulas and increasing the spread of funding available to tackle loneliness and social isolation to a wider range of funding streams.

Many were of the view that the Welsh Government should do more to lobby the UK Government/Department for Work and Pensions about the impact of the rollout of Universal Credit and other 'welfare reforms' such as the 'bedroom tax' and Working Tax Credit, on people's quality of life, recognising the recent Joseph Rowntree Foundation research which describes poverty as 'when a person's resources are well below their minimum needs, including the need to take part in society'.

Some thought that the Welsh Government should also do more to support the presence of Citizen's Advice Bureaux and other advice agencies and services across Wales (such as Age Cymru), to enable people to have access to advice about their rights and entitlements. Linked to this is that more should be done to support services which provide advice on financial planning and budgeting, to better equip and enable people to look after their money and that more should be done to support the 'income maximisation' schemes for older people, which are a feature of the Strategy for Older People, to advise and enable them to claim social security support to which they are entitled such as Pension Credit.

Another common theme was that the Welsh Government should increase financial support to third sector and community organisations which work with people in communities. A widely held view was the third sector tends to interact the most with people in communities and is trusted by them. Related to this is idea that the Welsh Government should facilitate the development of a Wales-wide Time Banking Network.

It was also suggested that the Welsh Government should do more to facilitate the provision of activities and transport that are free or low cost, by subsidisation, enabling more people from more places and backgrounds to participate in more aspects of life. Related to this is that more should be done to de-stigmatise poverty by enabling access to activities and transport for all people, not just those who are poor.

Another view was that the Welsh Government should change local health board and local authority funding formulas away from being purely population-based to including deprivation as a measure of local needs. Doing this would provide a more accurate and targeted distribution of funding.

Question 17: What more can we do to build community resilience and support communities to combat loneliness and social isolation?

There were 157 responses to this question and several issues and themes were raised. Many respondents suggested a role for Welsh Government in facilitating community resilience while a similar number of respondents stated that community resilience is best developed and maintained by and in localities.

There was a strong view that the Welsh Government should continue and extend support for existing funded programmes such as Ageing Well in Wales and subsidised public and community transport. There were some concerns raised about the closure of Communities First and that no appropriate replacement scheme had been introduced. Also that the Welsh Government and other funding bodies should consider providing 'seed funding' to community groups to develop and test ideas for activities in local areas and that social value clauses be built in to contract/tender documentation between local authorities/Health Boards/funding providers and those seeking to provide services and activities in communities.

Many respondents commented that local, community organisations are best placed to identify how their localities should be supported on a geographical or common interest basis. Related to this is that more should be done to develop Community Assets, where publicly owned and private sector buildings can be used for community purposes. Venues such as schools, pubs, office buildings, village halls, other council premises and so on, can be used out of hours for activities and projects which bring people together: 'strong communities are hard to create without physical places to meet'. Also in this respect, more should be done by the Welsh Government and local authorities to prevent the closure of these buildings and more should be done to recognise people as assets, with skills and knowledge as opposed to people being or having problems. This latter point is connected by many respondents with the idea of time banking and time credits.

There was wide support for the British Red Cross and Local Area Coordination 'Community Connector' models of support. These services have proven to have made a difference to people's lives in communities. There should be more investment in these types of services. Linked to this is the idea of developing the concept of 'Community Champions' or 'Community Ambassadors', perhaps funded by businesses to work across sectors at the local, community level.

Another suggestion was that there should be increased funding provided to support adult/lifelong learning, not just in respect of skills and employability but also for the purposes of social interaction and keeping brains active. Also that more use should be made of the social enterprise and co-production provisions of the Social Services and Well-being (Wales) Act 2014, recognising that the most sustainable solutions in communities are best designed and delivered by the people living in them.

Question 18: Do you agree with our proposed approach? If not, what would you otherwise suggest?

There were 138 responses to this question. Overall, there was clear, broad support for the proposed approach, recognising the importance of a life course approach, early intervention and preventative measures which seek to tackle the onset of loneliness and social isolation and, at the other end, the need to focus on support for the chronically lonely. Some

particular issues were, however, raised as areas for additional consideration in the final strategy.

In order that the final strategy is successful in its delivery, there will need to be adequate funding from across the Welsh Government to support the actions it recommends, across the various sectors that will be implementing it. Related to this is the view that there should be a Ministerial-led group or taskforce/commission to oversee the strategy's implementation.

It was also felt that there should be defined roles in relation to the delivery of the strategy for the Public Service Boards, Regional Partnership Boards and the various fora which advise and oversee various public and third sector work in communities. Related to this is the view that the strategy should move away from being seen as a health and social care issue to more of an issue of developing and improving community infrastructure.

There should be greater focus on the role of communities in responding to their own needs, via processes of co-production and how they can be supported to help themselves, for the people within them to be seen as assets with skills and knowledge to offer.

Adequate space should be given in the final strategy to people's experiences of loneliness and social isolation and how they have been assisted by services and activities. The strength of the personal testimony cannot be underestimated. Linked to this is the view that examples of successful practice should be published alongside the strategy.

There should be greater focus on people's individual and social responsibility towards one another and in communities, supporting a culture of neighbourliness and kindness in a caring society. Linked to this is the view that the most appropriate focus for the strategy should be on universal actions that meet everyone's needs.

Question 19: Are you aware of examples of successful interventions within Wales, or beyond, that you think we should be looking at?

There were 133 responses to this question with examples of a wide variety of interventions given. These included small local clubs or groups but also larger scale initiatives or programmes operating at regional and national level and also internationally.

Whilst respondents noted a significant number of interventions/activities that are happening across Wales that may help to combat loneliness and social isolation, some indicated that they were unaware of what was available locally or how to access information or services.

Another common message was that too many initiatives fall by the wayside because they are not sustainable and funding needed to be longer term.

Question 20: Are there other ways in which we can measure loneliness and social isolation?

There were 174 responses to this question and many respondents commented that a significant number of people still do not identify themselves as lonely or socially isolated and this is therefore a key obstacle in how we measure them.

Some suggested that loneliness and isolation have to be measured by each characteristic, identifying experiences of older, younger, disabled, Black, Asian and Minority Ethnic (BAME) and LGBT people, people with different faiths etc.

As well as the National Survey it was frequently suggested that information on loneliness could be gathered by GPs and other health services to obtain a more frequent position and to demonstrate show trends or areas where loneliness and isolation are more prevalent. However, the point was made that identifying the problem was not enough, GPs then needed to be able to help individuals find solutions. Including a question about these issues on Council Tax forms was another suggestion.

A range of examples of existing loneliness scales were given including the recently published Office of National Statistics loneliness measure which use is based on the University of California, Los Angeles (UCLA) loneliness scale.

Question 21: We would like to know your views on the effects that our proposed approach to tackling loneliness and social isolation would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

There were 171 responses to this question. The majority of respondents felt that our proposed approach to tackling loneliness and isolation would have no negative effects on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

There was a strongly held view that services that aim to support people out of loneliness and social isolation should be available in both languages and the point was made that people with dementia quite often lose the ability to communicate in anything other than their first language. Being able to communicate is essential to that person and their well-being.

One respondent noted that the lack of adequately trained staff with Welsh language skills in care homes has meant patients moving away (over 60 miles) to receive care by Welsh speaking staff.

Suggestions were made as to how the use of the Welsh language could be encouraged within communities, including Welsh language classes which in themselves may bring people together who are lonely and socially isolated.

Question 22: Please also explain how you believe the proposed approach could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

There were 123 responses to this question and a commonly held view that loneliness and social isolation are deeply personal issues and unique to every individual. They have different causes and different consequences for each and every person. Communicating

with people in the language they feel comfortable with is key to helping them to overcome these issues and reconnect and make new relationships.

It was suggested that Welsh speakers should have as much opportunity as non Welsh speakers to benefit from the strategy and any campaigns, actions or initiatives associated with it.

The proposed approach should consider Welsh language speakers as a group that may be at risk of loneliness or social isolation. Tying the strategy into the “More than Just Words / Mwy na Geiriau” campaign could provide better support to patients during illness. Working and supporting established Welsh medium organisations i.e. URDD, Menter Iaith, Mudiad Meithrin etc. to provide help and opportunities for children who may be at risk of loneliness or isolation because of their developing language skills.

Question 23: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them

There were 46 responses to this question with a range of related issues raised including how we identify and support those who are chronically lonely and isolated, the role of Public Service Boards in tackling these issues, the importance of improving the built environment for accessibility and creating and maintaining public spaces. Testing and evaluating schemes and solutions was also felt to be of great importance both to receiving public service providers and companies providing solutions.

Feedback from consultation engagement events

The Welsh Government undertook four engagement events in Carmarthen, Newport, Wrexham and Llandrindod Wells between November 2018 and January 2019. These were attended by well over 200 stakeholders representing a range of different interests. Participants were asked to consider and discuss the following questions:

- Q1. What is your experience of Loneliness and Isolation?
- Q2. What actions need to be taken to build community resilience and support communities? By whom?
- Q3. How can children and young people be better equipped with the skills to establish and maintain meaningful social connections?
- Q4. What more can the Welsh Government do to encourage people to volunteer?
- Q5. How can the third sector play a stronger role in helping to tackle loneliness and isolation? What can the Welsh Government and other public bodies do to support this?
- Q6. What is the role of the Welsh Government in tackling loneliness and isolation?

Some common themes were articulated in the feedback to the questions and these are set out below.

The Built Environment

- Local Authorities/community town councils need to look at the built environment within communities, ensuring there are places to meet such as community hubs, libraries, council buildings, and that public toilets are available.
- Welsh Government needs to support local banks, post offices, schools, public toilets etc to remain open.

- Make accessible, safe places for people to meet - parents with children, young people, disabled and other groups.
- Planning – new developments to have community / social facilities i.e. corner shop, pub, community centre, park, bus routes. Things can then grow organically at grass roots level.
- Utilise technology to help target loneliness and isolation but be aware that it doesn't work for all and access issues
- Welsh Government / local authorities / health / third sector need to develop fully collaborative, co-located services with access to joint information. From this we can build a strong infrastructure with transport services that reach out to people in their homes or provide supportive transport.
- Funding should be shared to provide services of choice in communities i.e. libraries, leisure, youth clubs, allied health – chiropodists, dentists, optician. There are lots of resources out there but there's a need for organisations to work together
- Encourage information sharing with strategic partners, to collate an evidence base for what is happening and what's working throughout Wales.

Transport

- Welsh Government / local authorities need to improve transport planning with accessible routes and need to offer support to high streets with accessible transport for city centres.
- Children in rural areas are very isolated without available transport
- Improve transport links – maybe integrate smaller buses where there is low demand
- Travel training – build confidence, how to use timetables, increase font size on timetables
- Increase community transport
- Use school buses at night and weekends.

Housing

- Local authorities need to ensure housing estates are safe and secure.
- Local authority planning officers need to use section 106 agreements to include meeting facilities on new estates
- There needs to be a range of different types of housing in place for people of all ages and circumstance
- Need better and more attractive retirement accommodation, both rental and private
- Facilitate intergenerational living through shared housing schemes.
- There needs to be improved supported living accommodation
- Ensure better housing for young people leaving care with facilities and networks for making / sustaining friendship groups.

Volunteering

- The Welsh Government needs to support the third sector to support and train volunteers. Create a value structure around volunteering. Recognition of Welsh Baccalaureate and support volunteering outside of Wales.
- Welsh Government needs to encourage volunteering / befriending / social interaction / supporting / hand holding / befriending schemes
- Role of employers in encouraging workers to volunteer

Education

- Review the education curriculum to reflect the need to consider loneliness and isolation
- Inter-generational skill sharing / befriending – could be part of the curriculum.
- School curriculum should include daily living skills, social interaction.
- Re introduce family learning groups to teach coping skills. Educate parents so that children mirror good practice.
- Children and young adults need to understand the importance of being open /self aware and share experience and learning.
- Teachers need to be taught trauma informed approaches
- Remove the pressure to “achieve” and have recognised qualifications through volunteering/sport.

Other

- The Welsh Government needs to communicate that loneliness and isolation is everybody’s responsibility.
- Local authorities need to empower communities to recognise problems and identify solutions / harness strengths of communities.
- Young people should have hobbies to widen their social circle.
- Young people need safe places to meet such as drop in’s, youth clubs / activities/ church clubs.
- Support social prescribing.
- The Welsh Government needs to address bureaucracy and be less risk averse in order to facilitate community based responses to loneliness and isolation.
- Time credits should be used for food / clothing / essential goods as well as social activities
- Make loneliness and social isolation part of a public health campaign and raise awareness of the symptoms of both.
- The Welsh Government needs to stop short term / project based funding.
- The Welsh Government needs to encourage pooled funds between local authority/ health/ third sector. This will allow a joined up approach to funding.

Next Steps Statement

We are grateful to all those who took the time to respond to the consultation and will endeavour to take account of these, and the feedback from the engagement events, as we develop our cross-government response over the coming months. We will also continue to engage with external partners as part of that process.

As we stated in the consultation document, tackling loneliness and social isolation is a **long-term challenge** and the Welsh Government’s strategy will be its **first step** in tackling these issues, which we know are complex and affect many different groups of people.

The approach that we set out in the consultation document was strongly endorsed by those who responded and a key focus of the strategy will therefore be on approaches that reduce the risk of and prevent loneliness and social isolation or that intervene early, before both become entrenched. These include encouraging people to understand the trigger points of loneliness and social isolation and to build emotional and psychological resilience to equip them to cope and respond. However, we also need to ensure that support is available for

those who are already chronically lonely and socially isolated, or who, despite our best efforts, become so and we will look to ensure that this is also a feature of the document.

The strategy will include a number of cross-cutting policies to benefit all of society, alongside more tailored interventions that can support people when they are at greater risk due to specific trigger points in their life.

It will also set out our commitment to embed loneliness and social isolation as considerations across government policy, recognising the wide range of factors that can exacerbate these feelings and support people's social well-being and resilience. Just as we understand the importance of looking after our physical and mental health, we must also look after and plan for our social health, and understand that this is key to our well-being. We therefore also want to work with partners to build a national conversation on loneliness and social isolation to raise awareness of its impact and to reduce stigma.

Alongside any national conversation, the strategy will highlight the importance of social relationships to people's health and well-being. We want all of society to recognise the importance of social well-being and take action to promote and improve people's social relationships. The commitments within the strategy will therefore seek to provide people with greater opportunities to have meaningful social contact.

The document will set out the role that the Welsh Government can play and how it can work with others such as health, local authorities and the third sector to improve how organisations and services connect people at risk of experiencing loneliness and social isolation, including making it easier to access information about local community groups, activities and support. We will also consider what more can be done to share good practice, alongside setting out examples of the great work that is already underway across Wales to create our vision of strong and connected communities.

Another feature of the strategy will be the importance of good community infrastructure. The importance of having access to community space was a frequent theme of the consultation responses. Respondents also highlighted transport, as well as the impact of good neighbourhood planning and housing design as important. Digital infrastructure was also highlighted as a key tool for bringing people together when they can't physically be in the same place.

We will therefore consider the role that Welsh Government can play in helping communities to make use of underutilised community assets, how we can create a transport network that better supports people's social connections, how a sense of community can be considered as part of the planning and design of housing and community developments and the role of digital technology in helping people to connect with others.

The evidence base in respect of loneliness and social isolation is still developing, and the strategy will include a commitment to explore with partners how we can improve the evidence base in Wales so as to better understand what causes loneliness and social isolation, its impacts and what works to tackle it. This will help to inform and shape future government policy.

Annex 1

There were 234 respondents to the consultation. The list of respondents who gave permission to be identified, are listed below.

Abbeyfields
Abertawe Bro Morgannwg University Health Board – two responses
Abertillery and Llanhilleth Community Council
Action for Children
ADSS Cymru
Adult Learning Wales
Age Connects Cardiff and Vale
Age Connects North East Wales
Age Cymru
Age Cymru, Gwynedd a Môn
Ageing Well in Denbighshire Group
Alcohol Change UK
All Wales Forum of Parents and Carers
All Wales People First
Alzheimer’s Society
Andrew Currie
Aneurin Bevan University Health Board – two responses
Anne Marie Little
Annie James
Barnardo's
Barry Town Council
Betsi Cadwaladr University Health Board – two responses
B Griffiths
Big Lottery Fund
Boots UK
British Association for Counselling and Psychotherapy
British Geriatrics Society
British Psychological Society
British Red Cross in Wales
Bus Pass Explorers
Bus Users Cymru
Byw Nawr
Caerphilly County Borough Council
Caerphilly 50 Plus/Cymru Older People’s Alliance
Campaign to End Loneliness
Caniad
Cardiff Council, Social Services
Carers Trust Wales
Carers Wales
Care Forum Wales
Carnegie Trust UK
Carl Hussey
Carol Beaumont

Carys Williams
Centre for Ageing and Dementia Research, Swansea University
Ceredigion County Council
Ceri Higgins
Children's Commissioner for Wales
Children in Wales – comments from children and young people
Chrissie Wilson
Church in Wales
Citizen's Advice
Community Housing Cymru
Community Transport Association
Community Transport (Rhyl)
Company Chemists Association
Conwy County Borough Council
Conwy Connect
Co-ops and Mutuels Wales
Cwm Taf University Health Board
Cymorth Cymru
Cardiff Third Sector Council (C3SC) and Diverse Cymru
Dinas Powys Voluntary Concern
Disability Wales
E.James
Emyr2esgairllyn
End Youth Homelessness Cymru
Estyn
Fair Treatment for the Women of Wales
Farmers Union of Wales
Fields in Trust Cymru
Flintshire County Council
Flintshire DO-IT
Flintshire Third Sector Partnership Group
Flintshire Youth Council
Frank Long
Glamorgan Voluntary Service
Glandwr Cymru – The Canal and River Trust in Wales
Gwent Regional Partnership Board
Gwynedd Council
Gwyn Jones
Hafal
Happy Snappers
Helen Bird
Helen Flowers
Her Majesty's Prison and Probation Service in Wales
HomeStart UK

Humanists UK
Hywel Dda University Health Board
Institute of Conservation
James
Jean
Judith S Evans
Judith Pritchard
Julie Jones
Kate Batten
Keith Young
Kirsty Tudor
Llantrisant Community Council
Learning and Work Institute
Learning Disability Wales
Literature Wales
Macmillan Cancer Support
Mantell Gwynedd
Marie Curie
Mars Petcare
Mencap Cymru
Men's Shed Cardiff
Men's Sheds Cymru
Mind Cymru
Mr and Mrs Aldridge
MS Society Cymru
Nantgarw Road Medical Centre, Caerphilly
National Federation of Women's Institutes Wales
National Youth Advocacy Service
NatWest
Neath Port Talbot Council for Voluntary Service
Orchard House Residential Home
Older People's Commissioner for Wales
Paul Meller
Parkinson's UK Cymru
Pembrokeshire Association of Community Transport Organisations
Pembrokeshire Association of Voluntary Services – four responses
Pembrokeshire County Borough Council
Pembrokeshire People First
Pembrokeshire Time Banking Network
Peter Varley
Peter Wynne
Play Wales
Powys County Council Adult Disability Team
Powys Teaching Health Board

Psychologists for Social Change
Public Health Wales
Rainbow Newport
Ramblers Cymru
Reality Theatre
Relate
Rhondda Cynon Taff County Borough Council
Rhondda 50+ Forum
Rhondda Cynon Taf People First
Royal British Legion
Royal College of General Practitioners Wales
Royal College of Nursing Wales
Royal College of Occupational Therapists
Royal College of Psychiatrists in Wales
RNIB Cymru
Royal Voluntary Service
Salvation Army
Samaritans Cymru
Sarah-Jane Betteridge
ShedNet Cymru
Social Care Wales
Social Firms Wales
South Wales Police
Stephen Sims
Stonewall Cymru
Stroke Association Wales
Swansea County Council
Sybil Green
Tai Calon Community Housing Ltd.
Talwrn
Tempo Time Credits
Tenovus Cancer Care
Together for Short Lives
Torfaen County Borough Council
Torfaen County Borough Council – Community Connector
Torfaen Voluntary Alliance
UK Institute of Applied Ontology
University of South Wales
Vale of Glamorgan 50 Plus Strategy Forum
Velindre NHS Trust
Vic Brown
Wales Co-operative Centre
Wales Council of the Blind
Wales Council for Voluntary Action

Wales NHS Confederation
Welsh NHS Confederation Policy Forum
Wales Principal Youth Officers Group
WLGA
Women's Equality Network Wales