

Annex 1 - Consultation Response Form

Please return this form to reach the Welsh Government no later than **15 January 2019**.

The email address for responses or queries is:

lonelinessandisolation@gov.wales

Postal responses should be sent to:

Loneliness and Social Isolation Team
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Organisation (if applicable):	The Royal British Legion
Email Address:	Jwilliams1@britishlegion.org.uk
Your address:	18/19 High Street, Cardiff, CF10 1PT

Responses to consultations may be made public on the internet or in a report. If you would prefer your response to be anonymised, please tick here:



Tackling loneliness and social isolation - Consultation

The Royal British Legion – Written evidence

1.0 About us

- 1.1 The Royal British Legion (the Legion) was created as a unifying force for the military charity sector at the end of WWI, and still remains one of the UK's largest membership organisations. We are the largest welfare provider in the Armed Forces charity sector, providing financial, social and emotional support, information, advice, advocacy and comradeship to hundreds of thousands of Service personnel, veterans and their dependants every year.
- 1.2 In 2017/18: 9,171 people visited our offices and outreach across Wales, an increase of 24% on the previous year, our handy vans made 870 visits to beneficiaries' homes and our Admiral Nurses worked with 172 patients with dementia and their families. Our Welfare Team and Regional Outreach Officer support people, on a variety of issues, across Wales and visit the homes of some of the most isolated and vulnerable veterans in our communities. For further information, please visit www.britishlegion.org.uk.

2.0 Question Responses

Question 1: Do you agree with our definitions of loneliness and social isolation? If not, what would you propose instead?	Broadly Yes
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We broadly agree with the definitions of loneliness and social isolation. In particular, we are pleased that these definitions reflect the distinction between the two concepts - the subjective nature of loneliness and the objective nature of social isolation. However, we query the evidence around the apparent quick-fix of overcoming of social isolation via increasing number of contacts. The causes of social isolation can be complex, and we would caution the use of advice that suggests it can be easily overcome simply by meeting others. We therefore recommend the following line be excluded from the final strategy: *“When they feel socially isolated, this can be overcome relatively quickly by increasing the number of people they are in contact with.”*

While we welcome the suggested definitions of loneliness and social isolation, we believe that consideration should be given to a UK-wide definition. We believe that common definitions of loneliness and social isolation across the UK would assist in aligning measurement criteria, ensuring data is comparable and that it can be used to track progress across regions. We therefore call on the government to work with their devolved counterparts to establish evidence-based, common definitions and measures for both loneliness and social isolation. We further recommend that the devolved governments are mindful of the specific needs of the Armed Forces community (AFC), and that these needs are addressed clearly in terms of resource and delivery. These needs will be outlined in further details below.

Finally, findings from our research into loneliness and social isolation in the Armed Forces

community¹ highlighted that many research participants considered the terms to be cold, academic and unappealing. While we believe that these terms best reflect the evidence base behind them, we recommend that they are mostly used for policy tracking and evaluation, and internal research. We recommend that any public campaigns and communication explore the use of more 'user-friendly' and accessible terms, particularly in relation to social isolation.

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?

Risk factors for loneliness and social isolation can be complex and multifaceted. When considering what might cause a person to become isolated or lonely, it is important to recognise individual life experiences and how specific events may have contributed to their situation. Identifying the risk factors specific to both loneliness and social isolation can be difficult, due to the interrelatedness of the two issues². Furthermore, different factors can lead to increased risk of loneliness and isolation at different stages of life.

The Legion's research into the causes of loneliness and social isolation amongst the Armed Forces community identified a number of common and unique triggers for this population. Triggers shared with the general population include physical or mental health issues impacting on mobility or ability to socialise, loss of social networks due to bereavement or relationship breakdown, and various life transitions including becoming a new parent, retirement and moving to a new area.

Alongside these shared triggers, we identified some that may be unique to the Armed Forces community. These include:

- A highly mobile lifestyle, resulting in regular disruption to family life and increased volume of transitions compared to the general population;
- Homesickness upon entry to Service, followed by loss of identity and social support networks upon exit;
- Geographically dispersed families and long periods of family separation;
- Relationship breakdown due to the pressures of Service life;
- Injury, illness and sudden discharge from Service;
- Difficulties with transition back to civilian society.

It is important to remember that members of the Armed Forces will eventually become civilians, and as such may experience unique triggers for loneliness and isolation during Service, followed by risk factors shared by the general population after discharge (e.g. ageing). Therefore, it is possible that members of the AFC are vulnerable to a greater number of trigger points for loneliness and social isolation, compared to the general population.

Many participants in our research highlighted that they were uncertain about what language or vocabulary to use in relation to loneliness and social isolation – both when experiencing it themselves and when concerned about someone else. Almost half (48.4%) of survey respondents

¹ The Royal British Legion (2018). Social Isolation and Loneliness in the Armed Forces Community

² Grenade, L, and Boldly, D (2008). Social isolation and loneliness among older people: Issues and future challenges in community and residential settings. *Australian Health Review*, 32, 468–478.

who said they would feel unable to start a conversation about loneliness and isolation said this was because they wouldn't know what to say.

Educating the public about different trigger points, and emphasising the through-life nature of these issues, can help people to better recognise and identify loneliness and social isolation. We recommend the development of a public campaign communicating easy-to-understand messages and examples of how to recognise and talk about these issues, and what actions people can take for help.

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

Evidence from the literature on 'what works' in interventions for loneliness and social isolation is somewhat limited. Although there are a range of intervention types to choose from including one-to-one engagement, group activities and wider community activities, there is no consensus on which approaches are most effective. In a recent review of interventions that have been proven effective in tackling loneliness, the What Works Centre for Wellbeing³ found:

- There is a need for greater clarity on the concept of loneliness and how it differs from social isolation.
- There is a great deal of variability in the evidence base regarding the type of measure of loneliness and the way in which they've been used.
- There is little evidence on effective interventions for younger people.
- There is no one-size-fit-all approach to alleviating loneliness, with tailored approaches more likely to reduce loneliness.

In our own research, the Legion found that evidence on interventions carried out with the AFC is limited. Much of the available evidence is based on research carried out with older veterans or with US population samples. These studies have yielded mixed results, though some highlight the role of peer support in decreasing loneliness amongst older veterans⁴.

Members of the AFC surveyed for the Legion's research were asked what type of support they thought would be most helpful for these issues. Three-quarters of respondents selected emotional support, including activities such as befriending or counselling. This was followed by group activities based on a shared interest 68%, and opportunities to volunteer in a meaningful activity (58%). However, several respondents also referred to the need for tailored support based on individual need and context. This was also echoed by professionals interviewed as part of this research.

Taken together, the findings above suggest the need for tailored support, based on circumstances and need. In order to facilitate this, we recommend that all local authorities include loneliness and social isolation in their Joint Strategic Needs Assessments (JSNA), and that they consider how additional initiatives could be targeted at members of the Armed Forces community.

³ What Works Centre for Wellbeing (2018). An overview of reviews: the effectiveness of interventions to address loneliness at all stages of the life-course

⁴ Burnell, K, Needs A, and Gordon, K (2017). Exploring the suitability and acceptability of peer support for older veterans. *Quality in Ageing and Older Adults*, 18(2), 120–130.; Gould, CE, Shah, S, Brunskill, SR, Brown, K, Oliva, NL, Hosseini, C, ... and Huh, JT (2017). RESOLV: Development of a telephone based program designed to increase socialization in older veterans. *Educational Gerontology*, 43(8), 379–392.

We also recommend that the government ensures, where appropriate, that the Loneliness Strategy links with other work being carried out on these issues. This includes the cross Governmental Veterans Strategy published by the Ministry of Defence, which has identified loneliness and social isolation as a key theme, and the Wellbeing of Future Generations Act, which includes national indicators for loneliness. Furthermore, evidence suggests there are links between loneliness, social isolation and poor mental health. In particular, depression has been found to have an enduring relationship with both loneliness and social isolation. Based on this evidence, we believe this strategy should also link to Together for Mental Health.

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

The Welsh Government must be mindful of the needs of carers, including young people and mindful of needs of an ageing population and the issues that exacerbates such as complex medical conditions and co-morbidity.

The age profile of veterans is older compared to the UK general population. Almost two-thirds of veterans are estimated to be aged 65 and over. A significantly higher percentage of veterans are aged 75 and over (49%), compared to the non-veteran population (8%)⁵. The Legion notes that the ex-Service community will remain elderly and very elderly as a concentrated group, with high future social care needs associated with their age profile. Equally of note are future increases proportionately in younger age veteran groups re-joining their communities and accessing statutory services.

We note that compared with the adult population of England and Wales, the ex-Service community is more likely to have some caring responsibility⁶. The difference is greatest for those aged 16-34, so this difference is not explained by the older age profile of the ex-Service community. In total, 23% of those aged 16-64 have reported a caring responsibility, compared with 12% nationally. We believe that funded support and respite for carers must be at the heart of a fair and sustainable care system, and would provide opportunities for carers to socialise and potentially alleviate loneliness.

The Legion is also a social care provider, with six registered care homes across England. All homes provide personal and nursing care, and some also provide dedicated dementia care and respite care. Legion care homes actively recognise and celebrate residents' service in the Armed Forces. Each home regularly has events and activities for all residents. They also recognise the service of individuals, with staff regularly going the extra mile to maintain and promote Service connections.

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

As outlined above, we believe that tailored support based on individual need is the best way to support those feeling lonely or isolated. One way to provide this is through social prescribing, which generally consists of referral to a service or organisation that can offer support for a range of needs, often social or emotional. Social prescribing usually connects people to appropriate services in their community following an assessment of their needs. Some services may provide practical support

⁵ MOD, 2017

⁶ TRBL, 2014

for issues, such as transport or housing, while others may offer activities to encourage social or community engagement, including groups that promote physical activity. Social prescribing recognises the multi-dimensional nature of health, and seeks to encourage individuals to play a greater role in their own health and wellbeing.

We note that the UK government has committed to expanding social prescribing services across England by 2023, as outlined in their Loneliness Strategy⁷. We recommend that the Welsh government give consideration to a similar approach, to ensure equal access to support across the UK, as well as evidence-based support that can be tailored to individuals.

We believe that offering social prescribing via the NHS could result in more opportunities for individuals to engage with their local community. It could also provide a model of graduated support for individuals - from those who simply require some encouragement and confidence to meet others, to those experiencing more complex issues such as chronic social isolation or physical disability. The tailored nature of social prescribing could also be of help to members of the Armed Forces community who, depending on their circumstances, may initially prefer activities or groups that link with military identity such as veteran breakfast clubs. Younger veterans may also prefer sport or activity-based groups, based on previous active lifestyle.

Emerging evidence has shown social prescribing can lead to improvements in anxiety levels and in feelings about general health and quality of life⁸. It has also shown some promise in reducing demand on GP and A&E services⁹. However, in some cases, clients who failed to engage fully with social prescribing had much higher rates of health service use both before and after referral¹⁰. This highlights the need to ensure that services can be tailored based on individual need and circumstance and to encourage the client to remain engaged with the process. We also caution that such a service must be fully resourced to meet demand – a system that is responsive to local need, but can also ensure quality of access through the provision of suitable referral pathways.

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?

In parallel with the research phase of this project, The Royal British Legion undertook a mapping exercise of an extensive range of services addressing loneliness and social isolation. This has seen the development of a catalogue featuring extensive details of over 500 local and national services identified with the capability to assist with combatting these issues. Eligibility criteria vary, with some services specifically aimed at the AFC, however the majority are available to the wider community and funded publicly.

⁷ Department for Digital, Culture, Media and Sport. (2018). *A connected society. A strategy for tackling loneliness – laying the foundations for change.*

⁸ Kimberlee, R. (2013). *Developing a social prescribing approach for Bristol.* Project Report. Bristol Health & Wellbeing Board, UK.

⁹ Polley, M. J., & Pilkington, K. (2017). A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications.

¹⁰ Dayson, C., & Bashir, N. (2014). The social and economic impact of the Rotherham Social Prescribing Pilot: main evaluation report.

The mapping exercise has so far identified over 100 community connector or social prescribing services across England, Wales and Northern Ireland. These services vary in terms of their objectives, service remits and eligibility criteria. However, they do all commonly have a primary objective to support a client to overcome significant issues of loneliness and social isolation.

This type of service is considered particularly effective because it involves a link worker or trained volunteer providing one-to-one, face-to-face support to a client in regard to their wellbeing. This is achieved by identifying services, activities, volunteering opportunities etc., as applicable, to overcome the client's specific issues of loneliness or social isolation. Support will often involve addressing barriers to accessing these support options, which may be emotional, confidence building, or practical such as transport solutions.

In addition to community connector/social prescribing services, the Legion has identified that grass roots membership or community-led activities and support can be effective in combatting loneliness through the opportunities presented for social connections. In this arena, the Legion undertakes activity in the form of Branch Community Support.

Branch Community Support aims to support Royal British Legion Branches to deliver a range of activities to meet the current and predicted future information, advice and support requirements of the AFC. It seeks to encourage and provide support to branches and widen the footprint of the Legion by assisting hard-to-reach individuals and tackling the problem of loneliness and isolation. Branch Community Support falls under the following key activities:

- Legion Awareness Events
- Telephone Buddies
- Home & Hospital Visitor
- Bereavement Support
- Local Touchpoints.

This national resource of volunteer activity is a useful peer-led social network that provides assistance at times of significant transitions, in particular bereavement and living with a long term health condition or disability.

As with all volunteer resourced activities this does require considerable development and volunteer management support from an established and organised group, such as the Legion, to ensure that it is robust and sustainable as a service offer. Without this committed resource the offer is weakened, uncoordinated and entirely reliant upon individual voluntary action to reach out to lonely and isolated individuals. As such, we would recommend that the government explore ways in which they can fund and support these types of activities, to ensure it remains available for those who need it.

In addition to the services we provide, the Legion is a member of the Red Cross/Co-op Loneliness Action Group. This group consists of senior representatives from over 40 national organisations committed to playing their part in tackling loneliness, and is a platform for charities, businesses and other organisations to come together to develop ideas and take action. The Loneliness Action Group fed into the development of the UK Loneliness Strategy through the provision of evidence and expertise. The group will continue to work with UK government until at least the end of 2019, with a focus on:

- Acting as a critical friend and source of expert advice, holding government to account for

effective implementation of the strategy, while encouraging and informing further government action;

- Hosting regular discussions on implementation of the strategy, taking reports from government and feeding back civil society views;
- Overseeing the implementation of specific aspects of the strategy; and
- Continuing to convene organisations working on loneliness.

We recommend that the Welsh government connect with the group, and explore opportunities to expand or mirror its functions in Wales. We note the recent development of Action Group on Isolation & Loneliness (AGIL) in Scotland, which made six specific asks of the First Minister ahead of the publication of Scottish Government's strategy to tackle loneliness and social isolation.

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

As above, we recommend work to evidence need in local areas through needs assessments and mapping of available services. Within this, we recommend exploration of services or initiatives that can be tailored to supporting members of the Armed Forces community, based on their unique culture and experiences. If effectively invested in and supported, community services could support and reflect the diverse demographics of a local area, and provide services appropriate for a range of groups. This includes members of the Armed Forces community who, depending on their circumstances, may initially prefer activities or groups that link with military identity such as veteran breakfast clubs. Younger veterans may also prefer sport or activity-based groups, based on their previous active lifestyle.

In order to provide opportunities to tailor support to local profiles and needs, we recommend the introduction of a dedicated tackling loneliness fund in Wales. Such a fund could support communities to combat loneliness and isolation in a connected way, and can pave the way for greater resilience at a local level.

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

In November 2018, Cardiff City FC launched their Sporting Memories project¹¹. The project, which has received grant funding from the Legion, is designed to use the power of sport to engage with socially isolated retired and ex-armed forces personnel or those at risk of becoming lonely in and around Cardiff.

This project draws on evidence from the What Works Centre for Wellbeing review, which identified reminiscence therapy as a potentially effective intervention for reducing loneliness amongst dementia patients. Reminiscence therapy involves the discussion of past activities, events and experiences with another person or group of people, usually with the aid of tangible prompts such

¹¹ <https://www.cardiffcityfcfoundation.org.uk/sporting-memoriesproject->

as photographs, household and other familiar items from the past, music and archive sound recordings¹². Wales' strong cultural links to sport could be used to roll similar projects out across the country.

Another successful example is Woody's Lodge¹³. Woody's Lodge is a social hub, which guides veterans to the help & support they need to re-engage with their families and communities. It creates an inviting meeting space for those who have served within the Armed Forces and Emergency Services, where they can receive expert support & advice as well as the chance to connect with new and old friends and family.

The Legion have also found the numerous Breakfast and Lunch Clubs held across Wales have been an excellent way of reaching lonely and isolated veterans. Public services could signpost these projects to people they feel could be at risk of loneliness and isolation.

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

The Office for National Statistics has recommended a package of measures: a single, direct question of 'How often do you feel lonely?', and three questions known as the University of California, Los Angeles (UCLA) 3-item scale for adults: 'How often do you feel that you lack companionship? How often do you feel left out? How often do you feel isolated from others?'. These are established indicators that are already in use in the UK and more widely, and will help to build most effectively on what we currently know.

The UK Government is now committing to using this package as its standard way of measuring loneliness. The single question 'How often do you feel lonely?' will allow us to determine the national prevalence of loneliness and in some surveys it will be appropriate to use only this. For others, the full four question set will be more suitable, adding further nuance while retaining the link with the national benchmark.

For further information or clarifications, please contact John Williams, Public Affairs and Campaigns Manager, Wales, Royal British Legion, on 0333 011 4382 or jwilliams1@britishlegion.org.uk

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¹² Woods, B., O'Philbin, L., Farrell, E. M., Spector, A. E., & Orrell, M. (2018). Reminiscence therapy for dementia. *Cochrane database of systematic reviews*, (3).

¹³ <https://www.woodyslodge.org/>