

GoWell response to Scottish Government consultation: 'A Connected Scotland: Tackling social isolation and loneliness and building stronger communities'

Q4. Definitions

We are not sure the definitions as stated are quite sufficient. Social isolation can be considered as the *absence* of sufficient social relationships of appropriate quality to enable people to feel connected to other people. Loneliness is a feeling of being on one's own and lacking love and support some or all of the time, and does not only stem from an assessed gap between actual and desired levels of relationships. It may also be an affect, deriving from a mood or mental state brought about by other factors, i.e. be part of wider mental health circumstances. Further, it can also be a product of a lack of identifiable, latent resources, i.e. not knowing who one can rely upon for help in a time of need. In the cases of affect and latent resource, loneliness is not a function of the difference between current and desired social contacts.

Q5. Evidence

We would refer you to our published paper on the associations between loneliness, social relations and mental health and wellbeing¹. In particular this shows the importance of contact with family members and neighbours, and the association of loneliness with poorer mental health and use of GP services for mental health reasons. The evidence you currently cite does not demonstrate these connections.

Q10. Supporting those who experience poverty and social isolation

While it is the case, as stated in the consultation paper, that there are two-way relationships between poverty and social isolation, it must also be recognised that these phenomena can have a common root cause in mental health problems for individuals. This would suggest a need for extended and expanded mental health services that work through seeking to provide opportunities to connect socially isolated individuals who face mental health issues with collective community groups and activities, so that their treatment is communal as well as individual.

Our work on foodbanks² shows how users, as well as facing a financial crisis, often also have mental health problems and lack social connections to family and friends. Indeed, the value of foodbanks to these users is as much one of social contact and emotional support as it is the provision of foodstuffs. However, using a foodbank was a shameful and stigmatising experience for most people, even after the initial psychological barrier had been overcome. The question thus arises as to whether a network of community cafes, run by volunteers (who were a valued element of the foodbank experience), and offering free or discounted refreshments to those out of work, could provide a much needed social service to those who are poor and socially isolated. The social integration of people who are isolated and living in poverty would be enhanced were such cafes open to other groups of people also. Community cafes that provide a social service could form part

¹ Kearns A, Whitley E, Tannahill C, Ellaway A. Loneliness, social relations and health and well-being in deprived areas. *Psychology, Health & Medicine* 2014. Doi: 10.1080/13548506.2014.940354.

²² Lawson L, Kearns A. *Food and Beyond: Exploring the Experience of Foodbanks*. Glasgow: GoWell; 2018.

of the conception of 'high quality places' that support social interaction, explicitly incorporated into the Place Standard and planning guidance and requirements.

Q11. Tackling social isolation and loneliness for specific life stages

The causes, consequences and responses to social isolation and loneliness are likely to be different for different age groups.

We have recently examined the role of internet access for different age groups and found it to be particularly beneficial for older people (those aged 65+) in terms of addressing social inclusion and loneliness. Specifically, we found that among older people, those who used the internet (compared with those who did not) were:

- 35% more likely to have regular contact (at least weekly) with friends
- 34% more likely to have used social amenities (such as social venues, parks, libraries, community centres, places of worship, sports facilities)
- 89% more likely to have used shops
- 72% more likely to report that they rarely or never feel lonely.

We also found that those who use the internet had higher mental wellbeing scores than others, and visited their GP less often, suggesting reduced costs to the NHS, either as a result of less social isolation and loneliness, or due to the use of the internet to help deal with minor health issues.

Thus, use of the internet by older people is associated with higher levels of social contact, higher use of local amenities (providing more opportunities for social integration and inclusion), and lower incidence of loneliness. Moreover, our findings indicated that these associated benefits did not come at the cost of sedentarism: older people who used the internet had higher physical activity scores than those who did not. While this finding may not reflect a causal relationship, it suggests that internet use could be an enabler of social and physical activity rather than a substitute for it.

However, use of the internet is currently low among older people who live in deprived areas, at 28% – much lower than among middle aged people (71% among those aged 40-64), or younger adults (93% among those under 40). Although there are strategies and programmes to encourage and support internet use among older people, including via social landlords for those living in poorer areas, our findings suggest that if the social and mental wellbeing benefits of internet access are, or have been, substantiated through the evaluation of trial programmes, then a more systematic approach to the provision of free or affordable internet services and support for older people might be worthy of consideration by the Scottish Government. Targets to improve rates of usage by those aged 65+ and to reduce inequality in social opportunity between older people and others might also be helpful.

Q20. High quality places / lived environment

The residential environment in which people live may affect social isolation and loneliness both directly, through the level of provision of accessible opportunities for social interaction, and indirectly, through how it makes people feel in terms of their mood and in respect of their desire to

seek local interaction. Our research has identified three factors in the local environment that are associated with feelings of loneliness³:

- Perceived safety and identification of antisocial behaviour.
- Number and range of local social, leisure and retail amenities for use by residents.
- Attractiveness and perceived quality of local environmental amenities.

It is not clear to us that there are adequate means of assessing these three things for neighbourhoods in Scotland, nor a means of identifying those local areas that perform worst in these three respects. This is a necessary starting point for determining where and how improvements should be made to enhance lived environments to reduce and prevent feelings of loneliness and to increase opportunities for social interaction within local communities. We are not convinced that a bottom-up approach reliant upon voluntary use of the Place Standard is sufficient to ensure that progress is made at a national level, and would argue that responsibility for demonstrating advancement of these three elements – safety, social amenities, and environmental quality – should be placed on local Community Planning Partnerships.

³ Kearns A, Whitley E, Tannahill C, Ellaway A. “Lonesome Town”? Is loneliness associated with the residential environment, including housing and neighbourhood factors? *Journal of Community Psychology* 2015;43(7):849-867.