



The Scottish Parliament
Pàrlamaid na h-Alba

Published 28th October 2015

SP Paper 816

5th Report, 2015 (Session 4)

Web

Equal Opportunities Committee

Age and Social Isolation



Published in Scotland by the Scottish Parliamentary Corporate Body.

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Equal Opportunities Committee

1. The remit of the Equal Opportunities Committee is to consider and report on matters relating to equal opportunities and upon the observance of equal opportunities within the Parliament.
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Note: The membership of the Committee changed during the period covered by this report, as follows:

Annabel Goldie joined the Committee on 16 March 2015, replacing Alex Johnstone (Scottish Conservative and Unionist Party, North East Scotland).

Drew Smith joined the Committee on 3 September 2015, replacing Jayne Baxter (Scottish Labour, Mid Scotland and Fife).

Background

1. During our *Having and Keeping A Home* inquiry earlier this session, we heard of the isolation experienced by young people facing homelessness. When we focused our scrutiny of the Draft Budget 2015/16 on the protected characteristic of age we heard again of difficulties faced not just by younger people but also older people due to their lack of social connection. This led us to be sufficiently concerned to launch an inquiry focusing on the potential impacts of social isolation on both older and younger people and we are now much better informed on the extent of the problem.
2. We held informal sessions, visited groups and individuals and took formal evidence from a range of organisations and professionals. In response to our call for written evidence, we received 103 submissions from third sector organisations, local authorities, health boards, health and social care partnerships and individuals. We took oral evidence on 5, 16 and 26 March, 2 and 23 April, 11 May 2015 and 4 June and heard from a range of voluntary organisations, the Office of Scotland's Commissioner for Children and Young People, local authorities, housing, health and social work representatives, Professor Graham Watt at the University of Glasgow and the Cabinet Secretary for Social Justice, Communities and Pensioners' Rights.
3. We met externally twice, to examine fully the issues of social isolation in both urban and rural areas. We would like to thank the people of Easterhouse in Glasgow, Islay and Jura for the welcome we received and for the valuable input they gave to our inquiry.
4. We would also like to thank everyone who supported the inquiry by providing both written and oral evidence. We greatly appreciate the time people gave to explore the important issues involved.
5. **For the purposes of evidence taking we used the social isolation definition devised in research undertaken by Professor Mima Cattan whereby "Social isolation could be defined as an objective, measurable state of having minimal contact with other people, such as family, friends or the wider community." Professor Cattan considers that whilst it might be possible to measure social isolation, the feelings of loneliness are personal and individual and therefore more challenging to measure objectively.**
6. We were aware that loneliness is a separate issue in that a person can be isolated but not necessarily lonely. However, we found that many witnesses used the terms interchangeably. For the purposes of this report we examined issues of both social isolation and loneliness and used the links between the two to inform our recommendations.

Summary and recommendations

“We have not been able to find another inquiry at any other parliamentary institution anywhere in the world that has specifically considered isolation and loneliness.” Derek Young, Age Scotland.¹

Summary

7. The evidence we heard and received during this inquiry has led us to believe that social isolation and loneliness are significant problems in Scotland and that individual citizens, public services and the Scottish Government should take collective responsibility for improving the situation. We believe that it is everyone’s problem, that it should not be ignored or tolerated and that a change in attitude is needed. We have heard evidence on the negative impacts of social isolation and loneliness and ultimately, we believe that it should be considered alongside issues such as poverty and poor housing as part of the public health agenda in Scotland.
8. The best practice that has been brought before the Committee has highlighted the existing dedication to tackling social isolation and we have heard from a range of outstanding projects. We do not believe that there is a lack of will or care to tackle the problem and we are convinced that if the issue is considered at a national, strategic level, both existing and new commitment would drive change across Scotland.

“The need for contact is an innate human need in the same way that feeling hungry or thirsty or tired or in pain is.” Derek Young, Age Scotland.²

Recommendations

- We recommend that the Scottish Government develops a national strategy on social isolation that ensures that the issue is integrated within all policy considerations so that the impact of isolation and loneliness is understood and tackled across Scotland.
- We recommend that the Scottish Government ensures that the issues of social isolation and loneliness are built into the plans and strategies of health and social care partnerships across Scotland.
- We recommend that the Scottish Government should engage with stakeholders to design a national publicity campaign to tackle stigma on loneliness, show what communities can do and highlight the importance of social contact for everyone, no matter what their age.

- We recommend that the Scottish Government develops and supports a focused campaign for school and youth group settings that promotes a positive message for preventing social isolation and uses a peer-to-peer approach. We would welcome a response from the Scottish Government on how this can sit alongside a range of strategies dealing with bullying.
- We recommend that training on social isolation and its impact is given to “named persons” established under the Children and Young People (Scotland) Act 2014.
- We recommend that the Scottish Government should share what is learned from the Deep End project’s evaluation across Scotland.
- We recommend that the Scottish Government includes link worker systems in any national strategy development.
- We recommend that the Scottish Government invests in the evaluation of existing best practice in order to develop future interventions and improve the link to preventative health spending decisions that will improve the lives of people affected by isolation and loneliness.
- We recommend that the Scottish Government commissions research on the prevalence of social isolation and loneliness in Scotland and identifies the typical profile of people who are most at risk of being socially isolated and lonely.
- We also recommend that research is taken forward to assess the physical and mental impacts of social isolation alongside an evaluation of the benefits and experiences of social prescribing.
- We recommend that the Scottish Government works with local authorities to improve the availability of community and public transport.
- We recommend that the issue of transport policy is included as a strand in any social isolation strategy.
- We recommend that the Scottish Government encourages the health and social care partnerships to incorporate housing considerations and links with housing professionals in its planning of services.
- We recommend that the Scottish Government considers the issue of social isolation and loneliness within care settings and sheltered housing as part of any strategy and campaign work.
- To address social isolation and loneliness we also recommend that the Scottish Government promotes innovation in future housing development in—

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- **Planning and location**
- **Design and construction**
- **Models of occupancy**
- **We recommend that any Scottish Government research on age and social isolation examines the potential positive and negative impacts of technology on people who are socially isolated and lonely.**

Age and Social Isolation

A national strategy

We heard—

- Information about support or services is not always easy to find
 - More work needs to be done to ensure that all agencies work in a person centred way that will allow the loneliness of an individual to be tackled
 - Further information is needed amongst professionals and people who use services to raise awareness of projects that can help people to make connections
 - All services, including health, housing, education and transport, can assist in improving the situation of people who are social isolated but the issue needs to be placed at a strategic level and given priority in the way services work
 - The third sector needs to be further supported and given opportunity to respond to meeting the challenge of social isolation and loneliness.
9. We heard evidence of the day to day difficulties faced by professionals within the public and third sectors when they encounter lonely, vulnerable people. It appears that work is being done but that it can be piecemeal and without a focus or strategic approach across services. There is a commitment within services to tackle social isolation and loneliness. Fostering that commitment and using it to plan and design services will be a vital part of bringing improvements. Without a central response and leadership, the challenges of social isolation will not always be built into planning and the opportunity to evaluate and target services will also be missed.

“We are not as good as we should be at identifying individuals who are suffering from or struggling with social isolation and therefore I do not think that we make the connections particularly well for those individuals in terms of how we can address the issues that they face [...] If we can understand how and why individuals use our services in a particular way, we might have a better understanding of those who face social isolation and we will then be better able to make the connections that they need.” David Rowland, North Ayrshire Health and Social Care Partnership.³

10. There is a strong argument for bringing considerations of social isolation and loneliness into the planning of a range of services. For example, whilst we heard evidence of the impact on and awareness within health services, it was also drawn

to our attention that education, housing and transport services had a big part to play in improving the situation for those facing enduring situations of loneliness. Without joined-up thinking and a stated priority, issues such as transport, for example, would not be given enough consideration.

11. A common theme throughout evidence was the call for a cohesive strategy, which focuses on social isolation at a national level. A national strategy would allow the Scottish Government to look across all areas of policy and ensure that this matter was being addressed at the core of its development. It would also offer an opportunity to develop key partnerships between public services and the third sector, allowing experienced people and organisations to feed into developing actions that must be taken forward.

“The statutory sectors need to take organisations like CACE and the work we do more seriously. We are not just a fluffy charity which provides trips and tea dances. We are achieving real results and helping older people stay happy and healthy, and living in their own homes for longer. We actively promote their rights, we point out areas where they need more statutory support. We get things done, we are an asset to the area and to Social Work and NHS, and they need to get on board treating us an equal partner.” Cumbernauld Action for Care of the Elderly (CACE) Older People Active Lives.⁴

12. Third sector organisations brought a range of evidence before us in terms of what they are currently doing and what more needs to be done. We also heard from the Chief Executive of Scottish Council for Voluntary Organisations (SCVO) that the third sector needs to think about working together to achieve a joined-up approach. We believe that a national strategy on social isolation and loneliness would support the third sector to respond jointly, using the expertise that they already have. It would also offer an opportunity for the Scottish Government to support best practice in a strategic way.

“The challenge for us in the voluntary sector is to encourage community transport, organisations such as Food Train, the local befriending and lunch clubs and the other things that go on to work more closely together to deliver a more joined-up approach. We direct older people to 20 different organisations that do not really connect up. It may be possible for somebody who has a problem in one area or in their relationship with one organisation to be helped by another organisation, but the current system does not encourage that kind of collaboration. We need to build that ourselves from the bottom up.” Martin Sime, SCVO.⁵

13. **We recommend that the Scottish Government develops a national strategy on social isolation that ensures that the issue is integrated within all policy considerations so that the impact of isolation and loneliness is understood and tackled across Scotland.**



Image: Committee members, Margaret McCulloch and John Mason delivered groceries during a FoodTrain visit on Monday 16 March 2015

“We need to address loneliness as something that can be tackled and accept that it is as prevalent among older people as things such as dementia and malnutrition. We need to build the issue into our strategies and vision for looking after people. Loneliness happens to people, but it can be tackled and there are ways and means of doing that, but we must start by building it in and acknowledging that it exists.” Michelle McCrindle, The Food Train.⁶

14. Alongside the development of a national strategy, the integration of Health and Social care has been brought to our attention throughout this inquiry as an area where immediate advances can be made.
15. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place—
 - Nationally agreed outcomes, which will apply across health and social care, and for which NHS boards and local authorities will be jointly accountable.
 - A requirement on NHS boards and local authorities to integrate health and social care budgets.
 - A requirement on partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

“When systems break down in such a way that we disconnect from others, or when life circumstances come along—we might lose people we are close to, for instance—we need to be able to respond to that in a human way, rather than stigmatise people or further isolate them by treating them as if there was something wrong with them as individuals. All the agencies in the partnerships around the country need to be responsive to that and to consider the structures of how we deliver services, how we make contact with people and how we speak to them on an individual basis. That is all very important for keeping our communities connected.” Jane Kellock, West Lothian Council.⁷

16. The implementation of this legislation offers an opportunity to make a stated commitment to tackling loneliness and isolation and for health and social care services to integrate this consideration into their partnership planning.
17. **We recommend that the Scottish Government ensures that the issues of social isolation and loneliness are built into the plans and strategies of health and social care partnerships across Scotland.**

A national campaign

We heard—

- **Even when professionals identify social isolation or loneliness as a problem for a person it is not always addressed**
- **Older and younger people face stigma when experiencing loneliness linked to social isolation**
- **People are not always aware of the health impacts and long term effects of loneliness**
- **Long-term loneliness can affect confidence and make it even harder for people to seek help**
- **Isolation and loneliness are issues for both younger and older people in Scotland.**

“There is a huge taboo about loneliness. Nobody wants to own up to or acknowledge being lonely, because that is almost an admission of failure or defeat and of the fact that people have become detached from families. As each generation becomes increasingly older and longevity increases, there is an increasing risk that more people will become isolated and lonely. In five years, more people will be affected. [...] if we do not do something about the issue, in future generations, we will have increasing isolation and loneliness, with all the consequences that that brings.” Stephen McLellan RAMH.⁸

18. We heard of the stigma faced by people experiencing loneliness, and how difficult it is to admit to being lonely. It was clear that any professional who came into contact with someone affected needed to ask the right questions in a supportive way and we heard of the importance of longer relationships where trust had been built. Evidence made us concerned that the problem is not being tackled in a holistic way and that lack of awareness of its impact on health, in particular, allows it to be ignored.

19. For older people we heard that there are proven links between loneliness and poor health, including dementia rates. The Institute for Research and Innovation in Social Services (IRISS) research highlighted that people who are lonely are more likely to have health issues such as high blood pressure, poor sleep and depression.⁹
20. We also heard of malnutrition amongst older people affected by loneliness. In younger people the early effects of bullying and a lack of social inclusion can lead to isolation, in particular for disabled and LGBT young people and young people from ethnic minority backgrounds. Evidence from mental health charities also acknowledged the impact and prevalence of isolation and loneliness for people with mental health problems, often due to stigma.

“There are definitely elements of isolation among people who walk through the door, but the support mechanisms exist not only to cater for people’s skills gaps but to enable them to make friends and relate to one another. Our experience is certainly that there is an aspect of isolation in relation to employability.” Pauline Smith, Connect Community Trust.¹⁰

21. It was pointed out that there was a need to change the way that we talk about older people and move to a positive focus of what people have to offer. For younger people it was felt that the disconnectedness that many experience can have a longer term effect on their lives and that people need to understand the rights of younger people.



Committee members visited the Mactaggart Community CyberCafe in Islay to discuss age and social isolation with young people on Sunday 10 May

22. The option of a publicity campaign to improve the situation of those affected by social isolation and loneliness received a mixed response. Some were concerned that such a campaign would only encourage stereotypes or would not make any difference to the current situation of those affected. Others, however, considered that drawing attention to the issues of social isolation and loneliness would have positive outcomes and begin to tackle the stigma that surrounds this problem, making it easier to talk about and tackle. We were also told that the idea of public awareness-raising is supported by individuals who experience loneliness.¹¹

“The purpose of such a campaign would not be simply to raise awareness that such things happen, but to highlight to the wider community the contribution that it can make.” Joe McElholm, North Lanarkshire Council.¹²

23. Overall, evidence suggested that a change in attitude is needed and a national campaign could offer an important opportunity to explain the implications of social isolation and loneliness and raise awareness. It could also tackle stigma and, if dealt with sensitively and in partnership with stakeholders, help to highlight the positive benefits for communities in facing the issue. We therefore agree with those who would support a campaign and recommend that the Scottish Government should engage with stakeholders to design one. We believe that any campaign should be positive and promote connections as being important for everyone and, as witnesses pointed out, highlight the fact that isolation is an issue for all ages.
24. The Committee heard of the importance of work being done at a local level to reflect the needs of individuals and communities. We would suggest that any campaign is high level and raises awareness, allowing individual areas to respond to reflect local circumstances.

“National Campaigns are often based around the negative. I suggest that a national campaign should be about social connectedness rather than disconnection.” Jane Kellock, West Lothian Council.¹³

25. **We recommend that the Scottish Government should engage with stakeholders to design a national publicity campaign to tackle stigma on loneliness, show what communities can do and highlight the importance of social contact for everyone, no matter what their age.**
26. There were a number of issues highlighted in evidence that are important to consider alongside a campaign and we wish to bring these to the attention of the Scottish Government—

- People should be aware of social isolation in a range of locations across Scotland and targeted information should be made available in these places, for example at local shops, pharmacies and post offices.
- Any campaign could focus on best practice that exists and what that brings to local communities. We have heard of a number of successful projects in Scotland that manage to innovate and have considerable results.
- Information for people is so important, especially for those who do not access services. It is important to design online information that allows people to find out more and consider publications such as City of Edinburgh Council's Get up and Go magazine.
- Getting information to those people who are not involved with services is a big consideration. Linking the campaign to information for people would be a great step forward.

Early discrimination and bullying

27. Evidence on younger people and social isolation led us to the issues of discrimination and bullying. Younger people can quickly become isolated when, through discrimination on the basis of their identity, they are excluded or bullied.
28. We heard that when a young person experiences discrimination there are a number of implications for that person. The Committee considers that these risks to the young person's wellbeing should be understood as being life-long with wider impacts on services. Tackling discrimination against young disabled people, LGBT people and those from ethnic minority backgrounds is a preventative measure against social isolation not only in their current lives but potentially in later life too. There was also a suggestion amongst witnesses that being in poverty, and the associated social stigma, may cause young people to become isolated.
29. Roshni Youth felt that specifically racism and islamophobia ¹⁴should be addressed and that mentoring programmes were very important to include young people. The importance of peer-to-peer work and support was also emphasised during our evidence taking.
30. Pauline McIntyre from the office of the Scottish Commissioner for Children and Young People (SCCYP) felt that right-based indicators should be a key part of the Getting it Right for Every Child (GIRFEC) wellbeing indicators, citing research which found that when adults were aware of young people's rights, the consequence was a much more participative and open environment for children and young people.¹⁵
31. Positive messages are important and Enable drew our attention to their "Be the change" campaign¹⁶, where constructive messages are used in an innovative way.

“It is not about saying, “You are a bully and you must stop that”, it is more about encouraging people to think about things differently and to be nicer to other people. A positive approach needs to be taken.” Kayleigh Thorpe, Enable Scotland.¹⁷

32. Our scrutiny led us to conclude that work for young people and children via the named person, GIRFEC and anti-bullying policies within schools should be linked to social isolation campaigning and strategy work. The long-term implications of discrimination and the impact on a young person’s life should be explained to all. Any campaign work should involve consultation with young people.

“Peer-to-peer education has to be the way to go. It will be the most effective approach; we have certainly found that to be the case. Social media has a part to play, but with social media we sometimes lose connections rather than build them. Young people can forget what it is like to be in the company of other young people. We need to create and develop understanding across all the protected characteristics. We need to remember what similarities we share, but we also need to celebrate difference. We should not always see difference negatively. As I say, that education is most effectively delivered peer to peer. That is one of the best ways to tackle isolation, to stop certain young people feeling isolated or different and to help those people who are perhaps more negative and are bullying in schools or communities to be part of that change.” Anela Anwar, Roshni.¹⁸

33. Brandi Lee Lough Dennell, LGBT Youth Scotland, pointed out that, under the Equality Act 2010, schools have a responsibility to educate young people from an early age about the different protected characteristics and to promote good relations.¹⁹ Pauline McIntyre from SCCYP detailed research which showed that having an inclusive and empowering attitude in schools could help to tackle isolation.²⁰ We also heard how lack of understanding is a big part of bullying and exclusion. Staff confidence in schools was seen as important and Roshni considered that education has the biggest part to play in tackling social isolation in young people with an emphasis on peer-to-peer work.
34. **We recommend that the Scottish Government develops and supports a focused campaign for school and youth group settings that promotes a positive message for preventing social isolation and uses a peer-to-peer approach. We would welcome a response from the Scottish Government on how this can sit alongside a range of strategies dealing with bullying.**

35. We recommend that training on social isolation and its impact is given to “named persons” established under the Children and Young People (Scotland) Act 2014.

Social Prescribing and the Links Programme

We heard—

- Alternative, innovative models of support offered to people at the right time can make a huge difference
- Community awareness is essential to support people who are isolated and lonely
- If social isolation is to be tackled it is essential for public services and the third sector to work together.

“We are heading in the wrong direction. The sums of money that are spent on prescriptions vastly outweigh the sums of money that are available to support the kind of initiatives that would make a difference to people’s lives. That is out of kilter and we need to turn it around.” Martin Sime, SCVO.²¹

36. Evidence described the benefits of signposting people to services that might benefit them. This is also referred to as ‘social prescribing’, which is often, but not always, linked to GPs referring patients to local services as an alternative to treatment or statutory support.²² Social prescribing and signposting may be seen as a more formalised version of referring people to certain services.
37. A range of initiatives were brought to our attention. The Aberdeenshire Signposting Project we considered to be an interesting model that provides a link to services and receives a range of referrals, including those from GPs. It works with those affected by or at risk of developing low to moderate mental health difficulties, sourcing support, help and advice for issues in people’s lives that affect their wellbeing. The project has a range of outcomes relating to social isolation and loneliness including—
- Improving the mental health and wellbeing of those referred to the project
 - An increase in the level of social contact
 - An increase in the utilisation of the locally available leisure and educational facilities.
38. Throughout the inquiry we heard repeatedly of the importance of the role of the GP. This was emphasised in a range of contexts as was the importance of the relationship between the GP and their patients.

“In many cases, a lot of older people won’t be in contact with any other service, but the one service they will usually have some interaction with will be their GP. Information regarding available local services should be passed on routinely to allow older people themselves to consider their own self-help solutions.” Michelle McCrindle, Food Train.²³

39. The Royal College of General Practitioners provided evidence of a pilot project supported by the Scottish Government where GPs signpost patients to local support services. It found that patients were more likely to make contact with a group if their GP had provided clear information about it. At the start of the project, “50% of patients accepted the recommendation of signposting to a local resource but this had increased to 80% six months after the end of the project”.²⁴
40. Another response that was brought to our attention was the [Deep End link worker project](#). This project allows a link worker, often from a community development background, to be based in the GP practice. When a GP sees a patient and picks up the fact that they are isolated, they can refer the person to the link worker, who will see them and explain what is available locally.
41. We were first alerted to the work of this project when Professor Stewart Mercer gave evidence to us on the Draft Budget 2015/16. He explained that the programme had been established in GP practices in the most deprived areas in Scotland to tackle the specific health problems in those areas. We subsequently invited Professor Graham Watt from Glasgow University who coordinates the Deep End project to give evidence.
42. Both North Ayrshire Health and Social Care Partnership and North Lanarkshire Council highlighted areas of link working that led to better outcomes. We found that whilst a level of input could be directed within GP practices, there are other areas such as the locality links manager (North Lanarkshire), connector posts (North Ayrshire) and other models across Scotland that provide the opportunity to build community links for people. Youthlink Scotland highlighted the importance of professional services being able to signpost young people towards support, and emphasised youth work’s place in such services. In addition we heard of a post to give the third sector a presence in an acute hospital in North Lanarkshire.

“It is just one post, but that one person has already demonstrated the effectiveness of connecting the many people who come through hospital for whom social isolation is identified as an issue. We can now pick that up.” Joe McElholm, North Lanarkshire Council.²⁵

43. From the discussions with Professor Mercer, Professor Watt, the health and social work professionals and third sector projects, we heard of the positive benefits of

this programme which allows services to link with third sector projects. This, together with evidence heard on similar systems, allows us to conclude that—

- As a model designed to deal with a situation where people are isolated and where GPs do not know what is available for them in the community a great deal could be learned from the link worker programme
- Investment had been made into the evaluation of the project which could be used to develop other services
- The importance, in general, of link workers was emphasised by a range of witnesses, whether they are based within GPs, health services or are based in the community
- The importance of doctors' relationships with patients and the extent to which they would have contact with people who are isolated and lonely was an extremely important point to use to move things forward
- There was a question of the costs involved in the link worker system but we heard of similar systems, such as the Aberdeenshire signposting project and community connector roles being developed by the North Ayrshire Health and Social Care Partnership. We also heard of third sector input in an acute setting in North Lanarkshire.

44. We recommend that the Scottish Government should share what is learned from the Deep End project's evaluation across Scotland.

45. We recommend that the Scottish Government includes link worker systems in any national strategy development.

“Doctors build up a relationship with patients over time and similarly, the relationships between agencies in communities require trust, knowledge and experience. In many ways, the health service needs to be reimaged as a social institution that addresses the problems of the future rather than continuing to do what it currently does, which is to operate in rescue-in-dire-straits mode.”
Professor Watt, Glasgow University²⁶

46. We also believe that evaluation is important to target support, learn from best practice and provide evidence to support the use of referrals to the third sector. Without this kind of work we will not move on from current circumstances, where best practice is piecemeal and often not shared. This is supported by the difficulties we have experienced in pulling information together on a range of projects across Scotland. The importance of evaluation was emphasised by Professor Mercer during his early evidence to the Committee.

47. We recommend that the Scottish Government invests in the evaluation of existing best practice in order to develop future interventions and improve

the link to preventative health spending decisions that will improve the lives of people affected by isolation and loneliness.

“The issue is not the understanding of the term or of what would be required, because social prescribing models are being developed all over the place. The real issue is the resources and whether we are investing in social prescribing as a substantial activity.” Professor Watt, Glasgow University.²⁷

Research

We heard—

- **The full extent of the prevalence of social isolation for younger and older people in Scotland is not known**
 - **More information on the benefits of social prescribing could drive improvements**
 - **Research is needed to target support and measure impacts.**
48. Many submissions referred to Scotland’s ageing population and the large number of single person households, both of which are projected to increase. While age and living alone may not be decisive factors in predicting social isolation and loneliness, it was clear from the evidence that these factors are relevant.
49. A number of submissions referred to the Age UK statistics²⁸ on loneliness which estimated that 10% of people over the age of 65 feel lonely all or most of the time. Age Scotland said that isolation tends to be used as a proxy for loneliness because it is more easily measured. The Age UK statistics also found:
- half of all people aged 75 and over live alone
 - 6% of older people leave their house once a week or less
 - 17% are in contact with family, friends and neighbours less than once a week, and 11% are in contact less than once a month
 - two in five older people in Scotland regard the television as their main form of company.

“[...] one of our members, prior to coming to us, would just sit on the bus all day and travel around the city, because that is all that he had to do with his day and it was free with his bus pass.” Natalie McFadyen White, Impact Arts.²⁹

50. Some submissions suggested that a good indicator of the prevalence of social isolation and loneliness is the increasing demand for befriending services. Evidence pointed to isolation and loneliness increasing pressures on the health service, with people reporting to GP surgeries and accident and emergency departments when the root cause was perceived to be loneliness. We also heard how projects and services regularly encountered lonely people. The Royal College of General Practitioners, during their Engaging Community Assets project³⁰, identified that “social isolation was a universal issue in the majority of communities”.³¹
51. Our evidence built up a picture but the lack of available research meant that we were not able to access comprehensive information on the prevalence of loneliness and isolation across Scotland. Amongst others the Royal College of General Practitioners, IRISS, Age UK, the Campaign to End Loneliness, Childline, the NSPCC, Carers Trust and the Scottish Youth Parliament directed us to research but it became clear that further work was essential to develop responses and make a link with preventative approaches.
52. We therefore believe that if improvements are to be made in Scotland, research must be conducted to establish the level of prevalence of social isolation and loneliness and its health impacts. We agree, too, with the evidence put forward by Age Scotland, that a way of measuring the effectiveness of social prescribing would be beneficial and would act as “a useful driver to encourage the greater use of social prescribing within health services”.³² Establishing links via research is essential to allow a responsive approach in services and support change. It would also provide information that would allow policies within existing services to be developed, with a more sophisticated approach taken. Data on health and social isolation would provide a link to preventative spending information that could inform policy and support any strategy.

“We probably also need a research programme to find out more about the incidence of loneliness and isolation, the typical profile of people who are most at risk and so on. There is a lot of work still to be done.” Cabinet Secretary for Social Justice, Communities and Pensioners’ Rights.³³

- 53. We recommend that the Scottish Government commissions research on the prevalence of social isolation and loneliness in Scotland and identifies the typical profile of people who are most at risk of being socially isolated and lonely.**
- 54. We also recommend that research is taken forward to assess the physical and mental impacts of social isolation alongside an evaluation of the benefits and experiences of social prescribing.**

Transport

We heard—

- Accessible transport is key to tackling social isolation for both younger and older people
- In both rural and urban areas there is a lack of transport to meet people's needs.



Images: Equal Opportunities Committee meeting in Islay on 11 May 2015

55. Many of the written submissions referred to the lack of available, accessible and affordable transport, particularly in rural areas, as being a major barrier to overcoming social isolation. This was a significant issue for older people and disabled people. In oral evidence, every session touched on the importance of accessible, safe transport to prevent isolation. We were told by Community Transport that, as it is not a statutory requirement to provide transport apart from school transport, when local authority budgets are being cut, “the first thing that they draw back from is the provision of transport for social activities.”³⁴
56. A number of witnesses outlined the additional barrier that a lack of transport could add to making social connections. This applied to younger and older people, particularly in rural areas. It was pointed out to us that public transport not only has a role in “moving people” but provides an opportunity for people to socialise and form connections in their local area.³⁵

“The transport that is available is certainly not adequate. Last year, an extra fund was made available for community transport, but it was oversubscribed by hundreds of bids. That showed the volume of demand that exists for community transport. There is a lot of joined-up working in the third sector on community transport, such as sharing resources and so on, but there is still not quite enough transport to go round.” Michelle McCrindle, The Food Train.³⁶

57. We also heard how people sometimes need small interventions alongside transport e.g. helping someone in and out of the car. Without thought given to this kind of support, the most vulnerable would not be able to use services.
58. **We recommend that the Scottish Government works with local authorities to improve the availability of community and public transport.**
59. **We recommend that the issue of transport policy is included as a strand in any social isolation strategy.**

“There is a practical issue with lunch clubs and social groups—the sort of things that go on in healthy, vibrant communities, [...] It can be difficult for people in rural and dispersed areas to access those services. It is therefore not just about providing services but about ensuring that there is transport so that it is possible for people to get to such events.” Alison McGrory, Argyll and Bute Community Health Partnership.³⁷

Housing

We heard—

- **Housing professionals have a key role in tackling social isolation**
- **Community design is very important for issues of isolation and loneliness**
- **People can be isolated in care homes and sheltered housing**
- **Young people are vulnerable to isolation when taking on a new tenancy.**



Images: Jura Care Centre, Jura

60. We discovered that the issue of housing was important for a number of different reasons. There are first of all front line staff considerations, where professionals are well placed to identify isolation and loneliness and can act as the connectors between people and voluntary services.³⁸ We also heard of housing services delivering support and activities.
61. We heard of one project that is delivered in sheltered housing and care home spaces where people from the community come into the complex. It was felt that this was very important work in tackling isolation. And we were told about the need for space to do this by Impact Arts.³⁹

“On the option of people being able to socialise near their home, we should not underestimate the importance of the communal areas that typically form part of sheltered housing. We have heard about how much of a problem community transport is and how limiting physical and sensory issues are. As people get older, it is harder for them to go far, so it is important to have the option of a communal area in which residents can organise events and activities and share common interests. We should definitely look at that continuing to be an option.”
Yvette Burgess, Housing Co-ordinating Group.⁴⁰

62. It was emphasised to us that housing should be included in any locality planning under the health and social services integration legislation and we would support this. We believe that housing associations should be included in discussions and decision making because of their role and their links to the third sector. It is also important that existing links should be built upon.
63. We also liked the idea in North Ayrshire of a community hub within sheltered housing and developing services with the third sector for those hubs.⁴¹
64. The current statutory obligation to offer housing support to people who are made homeless was brought to our attention. It was felt that any housing support put in place for young homeless people should build in considerations that would aim to help to tackle social isolation and loneliness.
- 65. We recommend that the Scottish Government encourages the health and social care partnerships to incorporate housing considerations and links with housing professionals in its planning of services.**
- 66. We recommend that the Scottish Government considers the issue of social isolation and loneliness within care settings and sheltered housing as part of any strategy and campaign work.**
- 67. To address social isolation and loneliness we also recommend that the Scottish Government promotes innovation in future housing development in—**

- **Planning and location**
- **Design and construction**
- **Models of occupancy.**

“In my 25 years at SCVO, there has always been a need to integrate housing, whether with community care, healthcare, social care, health and social care or whatever. We have always struggled to get thinking about housing properly integrated. On the other hand, imaginative housing solutions are available. We do not have enough of them, but there are some really good models that are not about ghettoising older people in colonies or whatever. There are creative models that involve using communal and personal space in a good way that gets the balance right. Of course we need more social housing that is appropriate for older people. It can be designed in a way that minimises the potential for complete isolation, so that would work.” Martin Sime, SCVO.⁴²

Technology

68. There was agreement in evidence that technology cannot replace face to face contact for both younger and older people. However, we also heard, particularly from ACE IT, Glasgow Disability Alliance and North Lanarkshire, that there should be services to target people who may be digitally excluded. We also heard of the great advantage for older people to stay in touch with relatives or contacts who are a long distance away and the benefits for isolated young people in building up contact online.

“It is not the case that people are not interested in using technology and social media. When we speak to people, we find that they understand the concept of being excluded. They feel left behind. Everybody now knows people who use social media in their day-to-day lives. Not being able to do that is an issue for many people.” Joe McElholm, North Lanarkshire Council.⁴³

69. Witnesses suggested that social media and other digital tools could encourage people to be included and reach young people who might be out of education. Youthlink Scotland⁴⁴ has worked with other organisations to produce “digitally agile national principles” aimed at promoting inclusive practice.
70. We also heard that the development of internet sites is very important for both younger and older people. An increasing number of older people are accessing the internet, as are their children and families for them, even when they live far away. For younger people, we heard how the most isolated can use forums and networks to stay connected and that social media provides a number of platforms

that are free for third sector organisations. There are also social opportunities for people when they come together to learn how to use IT.

71. The development of the right kind of information online can have an impact on those people who do not want to come into contact with services. Whilst this was highlighted in the context of older people’s concerns, we also consider this to be relevant for younger people. We agree that targeting and developing local material, with information that is relevant and up-to-date, is extremely important to move things forward and plan for the future.

“Although transport is at the top of their priorities, people told us that access to information is vital.” Sandra Stuart, Glasgow Disability Alliance.⁴⁵

72. **We recommend that any Scottish Government research on age and social isolation examines the potential positive and negative impacts of technology on people who are socially isolated and lonely.**

External meetings and visits

73. We met in Easterhouse in Glasgow and on Islay to hear directly about the issues of social isolation and loneliness affecting people in urban and rural areas.

Easterhouse, Glasgow



Images: Equal Opportunities Committee meeting in Easterhouse, Glasgow on Monday 16 March 2015

74. We heard in Easterhouse of positive work being taken forward to tackle social isolation faced by younger and older people. The services working with young people spoke of the need for help from within the community and the importance of employment opportunities for young people. Chris Kerr from FARE pointed out that the young people who need their help most do not come to the youth clubs and as a result work is taken forward by street work teams.

“People fight to stay as independent as possible and to stay at home, and if that means sacrificing the ability to contact authorities, even in times of need, that is what they will do.

That is why it is really important that the third sector has a big, broad community reach. The third sector is able to reach round the side of the public sector and provide a bit of support that does not mean that people will be taken into a home.”
Michelle McCrindle, Food Train.⁴⁶

75. In Easterhouse witnesses told us first hand of the importance of support to take the first steps out of isolation and loneliness. Projects were aware of the importance of this stage and explained that it was not the case that a person would always need to be accompanied but support at that point could have a life-changing effect. We believe that this is an important factor, repeated in other evidence, that should be considered as part of any targeted development work being taken forward.
76. There are also additional pressures on young people in Easterhouse which leave many isolated. We were told that some young people have further issues because of choices that they or earlier generations of their families might have made in the past to get involved in gangs. The public buses go through many different areas and given that there are about 13 known gangs in the greater Easterhouse area, buses will travel through three, four, five gang areas. We were told that many young people stay away from buses, which stops them going anywhere for jobs.⁴⁷ Intergenerational work was seen as important, as was the building of links for people of all ages. We heard that parents can allow young people to stay indoors to use their game consoles for extended periods because they are keeping them away from the streets and other dangers.⁴⁸
77. We also heard of someone that Recovery Across Mental Health had encountered who had lost all societal contact and who had no heating or electricity, who was driven to scavenging for food.⁴⁹ Both of these stories brought home the importance of community connections and the societal cost if the problem of social isolation and loneliness is ignored.

Islay and Jura

78. Our meetings on Islay raised issues similar to those heard during other evidence taking. However, there were circumstances on Islay that were tied to living in such a remote area that brought those issues into sharp focus. This was true of

transport, housing and technology. On the positive side, due to the small population and community awareness, people helped each other. Professionals knew each other and built strong communication. This was particularly true in the links between health and social work professionals, including GPs, and we were told that weekly communications meetings were seen as a level playing field for the staff involved⁵⁰.

79. Transport had been depleted, due to the loss of a post bus and there was no public transport on Sundays or in the evenings. Witnesses felt that it needed to be looked at through the local transport forum so that older people could go to appointments and get out in the community. We were told in detail of the barriers that lack of transport created for both older and younger people. For example, many young people outside the central villages are unable to mix and cannot see their friends. We heard that work was being done to share the use of buses and transport but it was clear that greater support was needed.
80. We hosted a ceilidh on Islay with the help of the Kilmeny Ceilidh Club, an organisation that holds regular ceilidhs that help to showcase local talent, bring people together and tackle social isolation. We were told at first hand during the event some of the challenges faced by people on the island and our informal information-gathering emphasised the need for transport to get to activities and clubs. We also heard about the impact of the cost of fuel and living expenses.



Images: The Equal Opportunities Committee hosted a ceilidh on Islay with the help of Kilmeny Ceilidh Club on Sunday 10 May 2015

81. During formal evidence housing support on Islay was highlighted and it was clear that this support allowed professionals to make flexible, considerate interventions that sustained people in their own homes.

“Transport here is such that having a driving licence can make the difference between getting out and about and doing things and being absolutely stuck at home. People reach a point when their state of health means that they can no longer have a driving licence, which can be massively detrimental to their daily life. You see a change in the person because they cannot get out and about.”
Lloyd Wells, Islay and Jura Generic Social Work Team.⁵¹

82. We heard the issues of availability of housing on the island both for younger and older people and how holiday lets can make properties unavailable. We had hoped to visit an innovative care centre on Jura to see first hand how the centre catered for its older residents and worked inclusively with the local community. Unfortunately the weather did not permit a crossing to Jura and instead we heard formal evidence from the Chair of the Centre the following day. We have published the details of the care centre as an Annex to this report because it sets an example of what can be done and the benefits to the whole community when a housing development acts as a community hub.

“Jura Care Centre was set up to tackle the serious problem of loneliness and isolation among older people and disabled people on the island. Fundamentally, there is little or no transport. In such a scattered community in which people do not drive, it is almost impossible for people to access all the services.

We started the project in 1996. Since then, the care centre has had a huge impact to the good, and older people can now join in socially, attend clinics at regular intervals, go to the GP surgery with ease, mix with people of a similar age and with young people. The care centre has developed in a way that welcomes all groups. We have a mothers and toddlers group, an art group and so on. All elements of the community mix in the care centre. It also affords reasonable sheltered accommodation for people who cannot manage on their own.” Joan Richardson, Jura Care Centre Group.⁵²

83. Unreliable internet access was seen as a big problem on Islay, restricting professional use and discouraging entrepreneurialism, as well as hampering more social functions like online conversations and social media.

“By introducing people to IT and giving them the skills to get on to Facebook and other social media sites, we are helping them to feel more connected with their

community and with family members on the mainland or friends whom they don't see very often." Katherine Wells, Timebank.⁵³

84. Evidence-taking on Islay also supported Age Scotland's view that "many people are medicalising themselves through their alcohol intake".⁵⁴ Lloyd Wells, the team leader for the generic social work team for Islay and Jura stated that there are a number of men who are isolated and on their own, without anything to do, "so they generally turn to drink".⁵⁵ We believe that this supports the case for research on both the prevalence and health impacts of social isolation and loneliness.
85. We also heard, as we had during earlier evidence-taking⁵⁶, of the importance of tackling any bullying at school to prevent social isolation in young people and how this can be a particular challenge for smaller communities.

Equality

"LGBT older adults are much more likely to live alone, to be estranged from their families of origin, not to have had children and not necessarily to have had a relationship, they may still be very isolated from family and communities." Grace Cardozo, LGBT plus.⁵⁷

"We are regularly contacted by different national health service departments that are concerned about the lack of engagement with minority ethnic communities across a range of policy areas." Danny Boyle BEMIS.⁵⁸

86. Equality issues should be built into any work that the Scottish Government takes forward. The research that we have recommended would bring together more information on how isolation affects people from all of the protected characteristics. In addition, the following points were raised with us during evidence taking—
- The particular issues faced by younger and older people from the LGBT community should be considered as part of any strategy being taken forward
 - Services making connections with a range of communities, including ethnic minority communities, is especially important
 - If connections for men are to be considered as equally important, services and groups need to consider what works best for them. We have heard that it is important to appeal to men via a shared interest

- People from all backgrounds need to feel that they are making a contribution and volunteering programmes, particularly for young people and those who have just retired, would be a step forward
- Intergenerational work is important in terms of both tackling stereotypes and creating connections.

Conclusion

87. We were proud to hear from Age Scotland that this Committee's inquiry into Age and Social Isolation is the first of its kind. We were lucky to hear from committed individuals from across Scotland trying to highlight the issue of social isolation and loneliness and to tackle its causes.
88. We were told that the early steps for people who have been affected by loneliness to make connections are crucial. The most outstanding work that was brought to our attention helped people to take those first steps. Effective policy development needs to take account of the significance of this key stage and allow befriending services and other projects to support people to take control of improving their own lives.
89. We believe that a focused approach by the Scottish Government alongside its partners will make a considerable difference and we look forward to hearing how the issues highlighted in our report will be tackled to improve the situation for people affected by social isolation and loneliness.

Links to evidence

13 November 2014 (Budget Evidence – Professor Mercer)

<http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=9625>

5 March 2015

<http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=9825>

16 March 2015

<http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=9871>

26 March 2015

<http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=9885>

2 April 2015

<http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=9904>

23 April 2015

<http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=9918>

11 May 2015

<http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=9941>

4 June 2015

<http://www.scottish.parliament.uk/parliamentarybusiness/ormain.aspx>

Summary of written evidence

http://www.scottish.parliament.uk/S4_EqualOpportunitiesCommittee/Inquiries/Summary_of_evidence.pdf

Annexe A

4th Meeting, 2015 (Session 4), Thursday 5 March 2015

Age and Social Isolation: The Committee took evidence from—

Anela Anwar, Head of Projects, Roshni;

Susan Hunter, Senior Policy and Research Officer, YouthLink Scotland;

Brandi Lee Lough Dennell, Assistant Policy Director, LGBT Youth Scotland;

Kayleigh Thorpe, Campaigns and Policy Manager, ENABLE Scotland;

and then from—

Pauline McIntyre, Parliamentary & Policy Officer, Scotland's Commissioner for Children and Young People;

David Milliken, Director of Scotland, Home-Start;

Heather Noller, Policy & Parliamentary Officer, Carers Trust Scotland.

Written Evidence

 [Carers Trust Scotland \(300KB pdf\)](#)

 [Carers Trust Scotland Supplementary \(382KB pdf\)](#)

 [ENABLE Scotland \(485KB pdf\)](#)

 [LGBT Youth Scotland \(306KB pdf\)](#)

5th Meeting, 2015 (Session 4), Monday 16 March 2015

Age and Social Isolation: The Committee took evidence from—

Chris Kerr, Community Support and Development Manager, FARE;

Michelle McCrindle, Chief Executive, Food Train;

Stephen McLellan, Chief Executive, RAMH;

Pauline Smith, Chief Executive, Connect Community Trust;

Sandra Stuart, Development Manager, Glasgow Disability Alliance (GDA).

Written Evidence

 [Food Train \(160KB pdf\)](#)

 [Food Train supplementary \(142KB pdf\)](#)

 [RAMH \(96KB pdf\)](#)

 [RAMH Supplementary \(198KB pdf\)](#)

6th Meeting, 2015 (Session 4), Thursday 26 March 2015

Age and Social Isolation: The Committee took evidence from—

Vivien Moffat, Programme Manager, The Institute for Research and Innovation in Social Services (IRISS);

Martin Sime, Chief Executive, Scottish Council for Voluntary Organisations (SCVO);

Glenda Watt, Co-ordinator, Scottish Older People's Assembly (SOPA);
Derek Young, Policy Officer, Age Scotland.

Written Evidence

-  [Institute for Research and Innovation in Social Services \(IRISS\) \(312KB pdf\)](#)
-  [Age Scotland \(262KB pdf\)](#)

7th Meeting, 2015 (Session 4), Thursday 2 April 2015

Age and Social Isolation: The Committee took evidence from—
Laura Alcock-Ferguson, Director, Campaign to End Loneliness;
Danny Boyle, Parliamentary and Policy Officer, BEMIS;
Grace Cardozo, Managing Director, LGBT Plus;
Sandra Clements, Chief Executive, CACE;
Sheila Fletcher, Network Development Officer, Community Transport Association (CTA);
Natalie McFadyen White, Development and Consultation Manager, Impact Arts;
Karen Nicoll, Chief Officer, Aberdeenshire Signposting Project;
Jenny Ridge, Chief Executive and Director, ACE IT;
Liz Watson, Chief Executive, Befriending Networks.

Written Evidence

-  [Aberdeenshire signposting project \(130KB pdf\)](#)
-  [AceIT \(140KB pdf\)](#)
-  [AceIT supplementary \(477KB pdf\)](#)
-  [AceIT supplementary \(417KB pdf\)](#)
-  [Befriending Networks \(524KB pdf\)](#)
-  [CACE Older People Active Lives \(142KB pdf\)](#)
-  [Campaign to End Loneliness \(462KB pdf\)](#)
-  [Community Transport Association \(181KB pdf\)](#)
-  [Impact Arts \(594KB pdf\)](#)
-  [LGBT Plus \(121KB pdf\)](#)

8th Meeting, 2015 (Session 4), Thursday 23 April 2015

Age and Social Isolation: The Committee took evidence from—
Yvette Burgess, Unit Director, Housing Support Enabling Unit, Housing Coordinating Group;
Jane Kellock, Interim Head of Social Policy, West Lothian Council;
Joe McElholm, Manager Older Adults Services, North Lanarkshire Council Housing and Social Work Service;
David Rowland, Head of Service, Health & Community Care, North Ayrshire Health & Social Care Partnership;

Graham Watt, Professor of General Practice, University of Glasgow

Written Evidence

 [Housing Co-ordinating Group \(218KB pdf\)](#)

 [North Ayrshire Council \(153KB pdf\)](#)

 [West Lothian Community Health and Care Partnership \(194KB pdf\)](#)

9th Meeting, 2015 (Session 4), Thursday 11 May 2015

Age and Social Isolation: The Committee took evidence from—

Alison McGrory, Health Improvement Principle, Argyll & Bute Community Health Partnership;

Lorraine Paterson, NHS Locality Manager, Mid Argyll, Kintyre & Islay, NHS Highland;

Anne Tait, Community Senior Charge Nurse, District Nursing, NHS Highland;

Lloyd Wells, Team Leader, Islay & Jura Generic Social Work Team;
and then from—

Mairi MacCuaig, Chairperson, Islay & Jura Youth Action;

Petra Pearce, Manager, Islay & Jura Council of Voluntary Service (IJCVS);

Joan Richardson, Chairperson, Jura Care Centre Group;

Katherine Wells, Community Resilience Officer, Timebank.

Written Evidence

 [NHS Argyll and Bute \(246KB pdf\)](#)

11th Meeting, 2015 (Session 4), Thursday 4 June 2015

2. Age and Social Isolation: The Committee took evidence from—

Alex Neil, Cabinet Secretary for Social Justice, Communities and Pensioners' Rights, Scottish Government;

Trevor Owen, Human Rights Policy Manager, Scottish Government: Equality, Human Rights & Third Sector Division.

3. Age and Social Isolation: The Committee will consider evidence heard.

12th Meeting, 2015 (Session 4), Thursday 18 June 2015

Age and Social Isolation (in private): The Committee agreed the structure and main themes of its draft report.

16th Meeting, 2015 (Session 4), Thursday 24 September 2015

Age and Social Isolation (in private): The Committee considered its draft Age

and Social Isolation report.

17th Meeting, 2015 (Session 4), Thursday 1 October 2015

Age and Social Isolation (in private): The Committee considered a revised draft report. Various changes were agreed to, and the report was agreed for publication.

Annexe B

Written evidence

-  [Abbeyfield Scotland \(293KB pdf\)](#)
-  [ACVO TSI \(80KB pdf\)](#)
-  [AdvoCard Collective Advocacy \(174KB pdf\)](#)
-  [Advocard Collective Advocacy, Highland User Group \(HUG\) \(211KB pdf\)](#)
-  [Angus Council \(68KB pdf\)](#)
-  [Anonymous written submission 1 \(197KB pdf\)](#)
-  [Badenoch and Strathspey Community Transport Company \(167KB pdf\)](#)
-  [British Red Cross \(337KB pdf\)](#)
-  [Capability Scotland \(163KB pdf\)](#)
-  [Carers Scotland \(210KB pdf\)](#)
-  [Carers Scotland supplementary \(340KB pdf\)](#)
-  [Centre for Excellence for Looked After Children \(CELCIS\) \(353KB pdf\)](#)
-  [Chest Heart & Stroke Scotland \(227KB pdf\)](#)
-  [Children in Scotland \(136KB pdf\)](#)
-  [City of Edinburgh Council, Edinburgh Voluntary Organisations Council and Volunteer Centre Edinburgh \(325KB pdf\)](#)
-  [Contact the Elderly \(181KB pdf\)](#)
-  [Cunningham, S \(4KB pdf\)](#)
-  [Cyrenians \(247KB pdf\)](#)
-  [Down's Syndrome Scotland \(221KB pdf\)](#)
-  [Dumfries and Galloway LGBT Plus \(121KB pdf\)](#)
-  [East Ayrshire Health and Social Care Partnership \(187KB pdf\)](#)
-  [East Lothian Council Children's Wellbeing Service \(201KB pdf\)](#)
-  [East Renfrewshire CHCP \(92KB pdf\)](#)
-  [Eric Liddell Centre \(66KB pdf\)](#)
-  [Evaluation Support Scotland \(ESS\) \(181KB pdf\)](#)
-  [Frank, M \(121KB pdf\)](#)
-  [get2gether \(151KB pdf\)](#)
-  [Glasgow Centre for Population Health \(289KB pdf\)](#)
-  [Glasgow City Council \(162KB pdf\)](#)
-  [Glasgow Old People's Welfare Association \(65KB pdf\)](#)
-  [GMB Scotland \(137KB pdf\)](#)
-  [Good Morning Service \(479KB pdf\)](#)
-  [Health and Social Care Alliance Scotland \(344KB pdf\)](#)

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- [!\[\]\(a81b7046dbda8d8029e6a37cc8f58b15_img.jpg\) Health in Mind \(121KB pdf\)](#)
 - [!\[\]\(1ef8b56263f955cf62a64adae7519fcf_img.jpg\) Healthy Valleys \(193KB pdf\)](#)
 - [!\[\]\(3721258863a5479ede29ad3ecf3a07a6_img.jpg\) Inclusion Scotland \(340KB pdf\)](#)
 - [!\[\]\(f4d17c157b5100a194bbf482b524dc3c_img.jpg\) Inverclyde Community Development Trust \(216KB pdf\)](#)
 - [!\[\]\(575e40f359c63fec33ea372f64088ae2_img.jpg\) Jamieson Court Residents' Group and Merrylee Residents and Tenants Organisation \(162KB pdf\)](#)
 - [!\[\]\(bffb5fe282bd9699c8f663e8d9ac9258_img.jpg\) Kinnaird, A. \(1561KB pdf\)](#)
 - [!\[\]\(4c0598b7c85c645c05ab55f73e7db6df_img.jpg\) LGBT Health and Wellbeing \(314KB pdf\)](#)
 - [!\[\]\(156f60a1dfde4413f1cc79570e37ecbb_img.jpg\) Lightburn Elderly Association Project \(L.E.A.P.\) \(219KB pdf\)](#)
 - [!\[\]\(26481b5af666d43f97a30b8254245669_img.jpg\) Living it Up - NHS 24 \(570KB pdf\)](#)
 - [!\[\]\(8a4ca3834abf86aa538a6762e1df351a_img.jpg\) Macmillan Cancer Support \(274KB pdf\)](#)
 - [!\[\]\(475489cc7d6f34cb2f6e3e04886646fa_img.jpg\) Marie Curie Cancer Care \(169KB pdf\)](#)
 - [!\[\]\(8669f830d9561f9121492cef53c2d8ec_img.jpg\) Marikar Bawa, Dr F L \(122KB pdf\)](#)
 - [!\[\]\(704f06acb5ef61650d9694815c934334_img.jpg\) McCarthy & Stone \(210KB pdf\)](#)
 - [!\[\]\(28030533ac3f03f5b414c6b4a7d76cf6_img.jpg\) Mental Health Network Greater Glasgow \(144KB pdf\)](#)
 - [!\[\]\(72968a2a569c110d5ac90570b9f6af1b_img.jpg\) Merkinch Community Centre \(155KB pdf\)](#)
 - [!\[\]\(2eb2119db90785e8ea2ffae4c1620288_img.jpg\) Miller, C \(24KB pdf\)](#)
 - [!\[\]\(813e338fd05498dc7a39eda9761f33d8_img.jpg\) NHS Ayrshire and Arran \(299KB pdf\)](#)
 - [!\[\]\(2f0f74febcf67fdba0c81e4eb821a2d6_img.jpg\) NHS Dumfries and Galloway \(366KB pdf\)](#)
 - [!\[\]\(f5b056b5adf727c05d690141433d4666_img.jpg\) North East Glasgow Suicide Prevention Partnership \(444KB pdf\)](#)
 - [!\[\]\(c9ef36e8733a43c8c4e68e02c2c332c6_img.jpg\) North East Sensory Services \(223KB pdf\)](#)
 - [!\[\]\(2a85ae9afe69ab7fd47aeaa5c5ea4b1e_img.jpg\) National Society for the Prevention of Cruelty to Children \(NSPCC\) \(397KB pdf\)](#)
 - [!\[\]\(c7db30e7ab69146ae5ce99365b729021_img.jpg\) OPENSspace Research Centre \(224KB pdf\)](#)
 - [!\[\]\(d5c13977505639529181ed8bd5f95a02_img.jpg\) Orkney Equality Forum \(170KB pdf\)](#)
 - [!\[\]\(20777141338d7fc297e6f9481cbb4ad9_img.jpg\) Outside the Box \(191KB pdf\)](#)
 - [!\[\]\(a89d8eea5bb0e8ca19346dea18648b7d_img.jpg\) Parkinson's UK \(238KB pdf\)](#)
 - [!\[\]\(fb7c113f6458e0bad65b4aca281aeee7_img.jpg\) Paths For All \(185KB pdf\)](#)
 - [!\[\]\(661b4369a00c65de5cd7172003be3f07_img.jpg\) People First \(Scotland\) \(86KB pdf\)](#)
 - [!\[\]\(6e514a775a77fd7df3f99a0b4fca4ffd_img.jpg\) Perth & Kinross Association of Voluntary Service \(PKAVS\) \(357KB pdf\)](#)
 - [!\[\]\(e3e51e12a23e7dce29e54d9bfa9812e1_img.jpg\) Pilmeny Development Trust \(308KB pdf\)](#)
 - [!\[\]\(60b754c7f17ede92a54022d3af0e04fa_img.jpg\) PLUS Perth and Kinross \(175KB pdf\)](#)
 - [!\[\]\(8b2f6fba0dc59be4e193209bc7e704c7_img.jpg\) Queens Cross Housing Association \(367KB pdf\)](#)
 - [!\[\]\(55adc4b79dab46b84629573b24f9a51e_img.jpg\) RCGP \(146KB pdf\)](#)
 - [!\[\]\(c102cf00df9c7f76eac2f0f71cc45724_img.jpg\) RCGP supplementary \(2.04MB pdf\)](#)
 - [!\[\]\(34e507c80fbd8826fb06d158369e68fe_img.jpg\) RCGP supplementary \(287 KB pdf\)](#)
 - [!\[\]\(59b321341cb63ba38e8cd491c7a9a170_img.jpg\) Rock Trust \(98KB pdf\)](#)
 - [!\[\]\(a8cfc2c8cec9789004b98228752b4736_img.jpg\) Roncone, M \(7KB pdf\)](#)
 - [!\[\]\(d753ad03e8895f331aca2ddbf604657b_img.jpg\) Scottish Council of Jewish Communities \(297KB pdf\)](#)
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