

Agenda – Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 2 – y Senedd	Sian Thomas
Dyddiad: Dydd Iau, 25 Mai 2017	Clerc y Pwyllgor
Rhag-gyfarfod aelodau: 09.10	0300 200 6291
Amser: 09.30	Seneddlechyd@cynulliad.cymru

Rhag-gyfarfod anffurfiol (09.10 – 09.30)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

2 Ymchwiliad i unigrwydd ac unigedd – sesiwn dystiolaeth 1 – Yr Athro Vanessa Burholt a Dr Deborah Morgan

(09.30 – 10.15)

(Tudalennau 1 – 25)

Yr Athro Vanessa Burholt, Y Ganolfan Ymchwil Heneiddio a Dementia a'r Ganolfan Heneiddio Arloesol, Prifysgol Abertawe

Dr Deborah Morgan, y Ganolfan Ymchwil Heneiddio a Dementia a'r Ganolfan Heneiddio Arloesol, Prifysgol Abertawe

Egwyl (10.15 – 10.20)

3 Ymchwiliad i unigrwydd ac unigedd – sesiwn dystiolaeth 2 – Comisiynydd Pobl Hŷn Cymru

(10.20 – 11.05)

(Tudalennau 26 – 36)

Sarah Rochira, Comisiynydd Pobl Hŷn Cymru

Egwyl (11.05 – 11.15)



4 Ymchwiliad i unigrwydd ac unigedd – sesiwn dystiolaeth 3 – Age Cymru

(11.15 – 12.00)

(Tudalennau 37 – 42)

Rachel Lewis, Age Cymru

Egwyl (12.00 – 12.05)

5 Ymchwiliad i unigrwydd ac unigedd – sesiwn dystiolaeth 4 – Y Samariaid a Campaign to End Loneliness

(12.05 – 12.50)

(Tudalennau 43 – 56)

Emma Harris, Swyddog Polisi a Chyfathrebu, Y Samariaid

Sarah Stone, Cyfarwyddwr Gweithredol Cymru, Y Samariaid

Dr Kellie Payne, Rheolwr Polisi ac Ymchwil, Campaign to End Loneliness

6 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o weddill y cyfarfod

7 Ymchwiliad i unigrwydd ac unigedd – trafod y dystiolaeth

(12.50 – 13.00)

Egwyl ginio (12.50 – 13.20)

8 Ymchwiliad i recriwtio meddygol – trafod yr adroddiad drafft

(13.30 – 14.15)

Mae cyfyngiadau ar y ddogfen hon

Response from the **Centre for Ageing and Dementia Research** and the **Centre for Innovative Ageing, Swansea University**

The Centre for Ageing and Dementia Research (CADR) and Centre for Innovative Ageing (CIA) is pleased to feed into the committee's inquiry into loneliness and social isolation in later life. The comments below will focus on prevalence, and risk factors associated with loneliness and social isolation in later life, reflecting the expertise and strengths within the Centres.

Introduction

1. Loneliness and Social isolation are distinct but related concepts. Loneliness can be defined as "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively"¹ In contrast, social isolation is an objective measurement, based on the absence of contact with other people, which can be quantified, and integration with other members of society. It is the opposite of good social support.² Individuals with a small number of meaningful ties or who have no social network are, by definition, socially isolated. People who have a small number of social ties are at greater risk of becoming lonely. However, older people can be lonely but not isolated, or isolated and not lonely, or both isolated and lonely or neither.²

Evidence for the scale and causes

2. Data from the Cognitive Function and Ageing study -Wales (CFAS-Wales) found that 25.3% of older adults in Wales reported being lonely and 26.9% socially isolated.¹
3. The causes of loneliness and social isolation are multifactorial and complex. Pathways into loneliness and social isolation may be the result of single life event i.e. bereavement or may result from cumulative events or losses over time.^{1,3}
4. Our research has identified a range of factors which increase vulnerability to loneliness and social isolation. These include; living in a rural area, bereavement, marital status (being single, divorced or widowed), advanced age, living alone, retirement, financial resources, admission to a care home, disability, sensory impairments, being a carer or giving up caring, being in poor health, functional impairments, cognitive impairment, living more than 50 miles from family and having low levels of participation in religious or community groups.^{1,3-5}
5. Although there are similarities in the risk factors associated with loneliness and social isolation later life, interim results from CFAS Wales identified key differences in the risk factors associated with the four categories of loneliness and social isolation. Risk factors

predicting being lonely but not isolated included depression, poor health, and low self-esteem. Predictors of being isolated but not lonely included having a low level of education, advanced age (85years and over) being male, childless, depression, poor health, and low levels of interpersonal control (the individual's ability to interact with others). The predictors of being both lonely and isolated included advanced age (85years and over) being male, divorced or separated, childless, depression, poor health low self-esteem and low levels of interpersonal control.³

6. For older people receiving formal care services in Wales: our research found that extracare environments provided the conditions for increased social interaction and this was particularly effective for older widows. However, there was no difference in the levels of loneliness between three living environments (community, residential care and extracare sheltered housing). Analysis of qualitative data illustrated the point that although social interactions were increased in extracare environments the exchanges did not necessarily lead to high quality and emotionally satisfying social relationships. Social interactions appeared to be fairly superficial in nature, and consisted of encounters in the communal living areas in the facilities rather than in the private confines of the residents' flats.⁶
7. Qualitative research we have conducted with older lonely adults in Wales, as part of the CFAS-Wales study has identified precursors which increase vulnerability to loneliness and social isolation with age. These include personality traits such as shyness, or introversion which may inhibit the development of social networks across the individual life course.⁵ Our research indicates that these personality traits may also act as a barrier, preventing older people engaging in group activities aimed at alleviating loneliness and social isolation.
8. Financial constraints in later life have been found to increase vulnerability to loneliness and social isolation in later life. Research undertaken in Canada found loneliness was higher among long term residents in newly affluent rural communities. Financial constraints prevent older adults participating in activities and organizations, which result in reduced social connections, increasing vulnerability to loneliness.⁷ This finding is supported by our qualitative research conducted as part of CFAS Wales, which found that limited financial means constrained some older adults from accessing support services which would help alleviate their loneliness.³
9. Our research indicates that driving cessation can also be a casual factor in some people becoming lonely and or isolated in later life.³

Impact of loneliness and isolation on older people

10. Our research demonstrates the impact of loneliness and social isolation on the physical and mental wellbeing of older adults in Wales. Preliminary analysis using interim data from the CFAS Wales study, found a statistically significant association between loneliness and depression, with 59.1 % older participants who reported being sad or depressed all or most of the time were also lonely³. The research evidence shows that depressive symptoms have a significant impact on loneliness, whereby greater levels of depressive symptoms increase levels of loneliness.⁷ Depression was also found to be predictive of being 'lonely not isolated' and 'lonely and isolated'. These findings were supported in the qualitative study with some lonely and isolated older adults referring to it as being in a 'very dark place.'⁷

11. Our research in Ireland suggests that depression is a 'cognitive process' that moderates how intensely people react to their personal levels of social contact and support, and their functional ability to participate fully in society. Adjusting one's expectations regarding quantity and quality of social contact - *desired* social relations - in light of one's physical ability to maintain social ties is more difficult to achieve for those with depression.⁴
12. There is evidence to suggest that some older adults use alcohol as a mechanism to cope with loneliness. Findings from our qualitative study show that some older adults use alcohol as a way of alleviating the negative emotions associated with being lonely and /or isolated. While others spoke about their fear of turning to alcohol in order to cope with loneliness.³
13. Regardless of the pathway into loneliness and social isolation, we found that the onset of loneliness and social isolation represented a significant threat to the individual's identity. The evidence shows that loneliness and social isolation disrupt an older person's sense of self, challenging notions of who they are, their social roles, personality and interests, as well as challenging the assumptions they hold about their relationships with others. This can have implications for their loneliness trajectory.³
14. Disabled older adults are disproportionately affected by loneliness and social isolation in later life. We found that greater disability is associated with greater levels of loneliness.^{1,4} This is supported in the qualitative work undertaken as part of CFAS Wales which found that older participants with physical or sensory impairments were chronically lonely.³
15. Older adults with cognitive impairments are disproportionately affected by loneliness and social isolation. The research evidence shows that people with severe cognitive impairment have fewer social contacts than those with moderate or no cognitive impairment. The greater the severity of cognitive impairment the greater the loneliness. We argue that the ways in which society interacts and treats older people can shape their social relationships, which can result in them being excluded from contact with family, friends and neighbours. Ageing stereotypes and society's expectations regarding older people can also influence and shape how an older person with cognitive impairment perceives themselves.¹
16. Interim data from CFAS Wales identified a socio economic gradient in loneliness. Older adults living in local authority housing and those with lower educational attainment were found to be at greater risk of loneliness as they aged.³
17. Research undertaken in Birmingham with minority elders aged 65+ found very high prevalence of loneliness (between 24 and 50%) among older adults from China, Africa, Pakistan, Bangladesh and the Caribbean. Prevalence of loneliness among older adults from India was similar to that found in older adults across the UK.⁸
18. Research in South Asia, and in England and Wales with migrants from collectivist cultures found that all of the groups studied hold certain expectations concerning the role of the family. On the whole, the *Multigenerational: Younger Family* networks appear to be the desired network type in collectivist cultures. These networks are family focused networks and demonstrate normative differences in networks between collectivist and individualistic cultures. Locally integrated or diverse networks that have a high salience of contact with friends, family and involvement in community (and bear some similarities to the *Multigenerational: Older Integrated or Middle Aged Friends* networks) are more robust in individualistic cultures and less prone to loneliness and other negative wellbeing outcomes. This, however, is not the case in collectivist cultures. Contrary to individualistic cultures we

found that the most robust networks are privatized family focused networks that include few non-kin members, that is those that we called *Multigenerational: Younger Family* networks. Deviation in network configuration resulted in worse well-being outcomes for older migrants, in terms of worse quality of life (with the exception of Middle Aged Friends) and greater loneliness. Thus, the cultural normative expectations about sources of support and family forms have a bearing on the extent to which networks can protect or buffer an older person from adverse outcomes.^{9,10}

The impact of loneliness and isolation on the use of public services in Wales.

19. There is a significant gap in the research evidence in Wales on the impact of loneliness and social isolation on the use of public services. Research evidence is needed to ascertain the extent of healthcare utilisation and service usage among lonely and/or isolated older adults in Wales.

Ways of addressing problems of loneliness and isolation in older people,

20. Interventions that focus on increasing social contact may be valuable for people with few family or friends or those who have experienced a reduction in their social network. However, our research demonstrates the complex interplay of factors which contribute to loneliness and social isolation in later life. The effectiveness of interventions is therefore dependent on our understanding and addressing the complexity of loneliness and social isolation, the needs of different groups of older people and the barriers which prevent people overcoming loneliness and social isolation. Our research indicates that individualised responses to loneliness and social isolation interventions may be required.

References

1. Burholt V, Windle G, Morgan DJ. A Social Model of Loneliness: The Roles of Disability, Social Resources, and Cognitive Impairment. *The Gerontologist*. 2016 Nov 9:gnw125. DOI: <https://doi.org/10.1093/geront/gnw125>
2. Wenger GC, Burholt V. Changes in levels of social isolation and loneliness among older people in a rural area: A twenty-year longitudinal study. *Canadian Journal on Aging/la revue canadienne du vieillissement*. 2004; 23(02):115-27. DOI: <https://doi.org/10.1353/cja.2004.0028>
3. Morgan D. The Transient Nature of Loneliness and Social Isolation in Later Life. (unpublished thesis) 2015
4. Burholt V, Scharf T. Poor health and loneliness in later life: the role of depressive symptoms, social resources, and rural environments. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 2013 Dec 10:gbt121. DOI: <https://doi.org/10.1093/geronb/gbt121>
5. Burholt V. Loneliness of older men and women in rural areas of the UK. *Safeguarding the convoy*. Age Concern Oxfordshire, Abingdon. 2011:35-29.
6. Burholt V, Nash P, Phillips J. The impact of supported living environments on social resources and the experience of loneliness for older widows living in Wales: An exploratory mediation analysis. *Family Science*. 2013 Oct 1;4(1):121-32. DOI:10.1080/19424620.2013.870811

7. Keating N, Eales J, Phillips JE. Age-friendly rural communities: Conceptualizing 'best-fit'. *Canadian Journal on Aging/La Revue canadienne du vieillissement*. 2013 Dec 1;32(04):319-32. DOI: <https://doi.org/10.1017/S0714980813000408>
8. Victor CR, Burholt V, Martin W. Loneliness and ethnic minority elders in Great Britain: an exploratory study. *Journal of cross-cultural gerontology*. 2012 Mar 1;27(1):65-78. DOI:10.1007/s10823-012-9161-6
9. Burholt V, Dobbs C. A support network typology for application in older populations with a preponderance of multigenerational households. *Ageing and society*. 2014 Aug 1;34(07):1142-69. 2014. DOI: 10.1017/S0144686X12001511
10. Burholt V, Dobbs C, Victor C. Social support networks of older migrants in England and Wales: the role of collectivist culture. *Ageing & Society*. 2017 Feb:1-25.2017. DOI: 10.1017/S0144686X17000034

Eitem 3

Ymchwilgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Health, Social Care and Sport Committee

HSCS(5)-16-17 Papur 2 / Paper 2



Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

Ymateb gan

Gomisiynydd Pobl Hŷn Cymru

i

**Ymchwiliad Pwyllgor Iechyd, Gofal
Cymdeithasol a Chwaraeon
Cynulliad Cenedlaethol Cymru
i Unigrwydd ac Unigedd**

Mawrth 2017

I gael rhagor o wybodaeth am yr ymateb hwn cysylltwch â:

Comisiynydd Pobl Hŷn Cymru,
Adeiladau Cambrian,
Sgwâr Mount Stuart,
Caerdydd, CF10 5FL
02920 445030

Gair am y Comisiynydd

Mae Comisiynydd Pobl Hŷn Cymru yn llais ac yn eiriolwr annibynnol ar gyfer pobl hŷn ledled Cymru, gan sefyll i fyny a siarad ar eu rhan. Mae'n gweithio i sicrhau bod y rheini sydd yn agored i niwed ac mewn perygl yn cael eu cadw'n ddiogel ac yn sicrhau bod gan bobl hŷn lais sy'n cael ei glywed, eu bod yn cael dewis a bod ganddynt reolaeth, nad ydynt yn teimlo'n unig nac yn dioddef gwahaniaethu a'u bod yn derbyn y cymorth a'r gwasanaethau sydd eu hangen arnynt. Yr hyn mae pobl hŷn yn ei ddweud sydd fwyaf pwysig iddyn nhw sy'n llywio gwaith y Comisiynydd ac mae eu llais wrth galon popeth mae hi'n ei wneud. Mae'r Comisiynydd yn gweithio i sicrhau bod Cymru'n lle da i heneiddio ynddo – nid i rai pobl yn unig ond i bawb.

Mae'r Comisiynydd Pobl Hŷn:

- Yn hyrwyddo ymwybyddiaeth o hawliau a buddiannau pobl hŷn yng Nghymru.
- Yn herio unrhyw beth sy'n gwahaniaethu yn erbyn pobl hŷn yng Nghymru.
- Yn annog yr arferion gorau wrth drin pobl hŷn yng Nghymru.
- Yn adolygu'r gyfraith sy'n effeithio ar fuddiannau pobl hŷn yng Nghymru.

Ymchwiliad Cynulliad Cenedlaethol Cymru i Unigrwydd ac Unigedd

1. Fel Comisiynydd Pobl Hŷn Cymru rwy'n croesawu'r cyfle i ymateb i Ymchwiliad Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon Cynulliad Cenedlaethol Cymru i unigrwydd ac unigedd¹. Mae hwn yn ymchwiliad y mae gwir ei angen oherwydd, er gwaethaf yr ymwybyddiaeth gynyddol o unigrwydd, mae angen gweithredu ar frys er mwyn deall maint y sefyllfa a'r hyn sydd angen ei wneud i fynd i'r afael â'i effeithiau niweidiol a phellgyrhaeddol.
2. Mae bron i 800,000 o bobl 60 oed a throsodd yng Nghymru, sef dros chwarter y boblogaeth; yn yr ugain mlynedd nesaf, mae disgwyl i'r ffigur hwn gynyddu i dros filiwn. Dylai'r ffaith bod Cymru yn genedl o bobl hŷn gael ei gweld fel rhywbeth cadarnhaol.

Maint ac effaith unigrwydd ac unigedd

3. Mae unigrwydd ac unigedd yn effeithio ar bobl o bob oedran, ond mae'n effeithio'n arbennig ar y bobl hŷn 'hynaf'. Tra bod 17% o bobl 75-79 oed yn dweud eu bod yn teimlo'n unig, mae'r ffigur hwn yn codi i 63% ar gyfer rhai dros oed 80². Mae dros 75% o fenywod a thraean o ddyddion dros 65 oed yn byw eu hunain. Amcangyfrifir bod 9,000 o bobl hŷn yng Nghymru yn treulio Dydd Nadolig ar eu pen eu hunain, ac mae unigrwydd ac unigedd yn aml yn gwaethygu dros y Nadolig. Mae'n bwysig cofio, fodd bynnag, fod unigrwydd yn effeithio ar lawer o bobl hŷn bob dydd o'r flwyddyn. Gall rhai pobl hŷn fynd o ddydd i ddydd, wythnos i wythnos, neu, mewn rhai achosion, o fis i fis heb weld neb, a gall teimlo'n unig ac ynysig arwain at nifer o ganlyniadau iechyd negyddol, gan gynnwys marwolaeth, morbidrwydd, iselder a hunanladdiad.
4. Yn y blynyddoedd diwethaf mae toriadau ariannol i wasanaethau cymunedol a oedd yn 'achubiaeth' – gan gynnwys bysiau cyhoeddus, toiledau, llyfrgelloedd, canolfannau dydd a dysgu gydol oes – wedi cael effaith aruthrol ar iechyd a lles pobl hŷn, gan eu gwneud yn fwy agored i beryglon unigrwydd ac unigedd. Yn

¹ <http://www.senedd.cynulliad.cymru/mgConsultationDisplay.aspx?id=248&RPID=1508153482&cp=yes>

² http://www.royalvoluntaryservice.org.uk/Uploads/Documents/How_we_help/loneliness-amongst-older-people-and-the-impact-of-family-connections.pdf

ogystal â'r newidiadau mewn gwasanaethau cymunedol, gall nifer o 'bwyntiau sbarduno' eraill achosi i bobl hŷn fod yn unig ac ynysig, gan gynnwys colli partner, cael diagnosis o salwch difrifol ac anabledau, yn ogystal ag ymddeol neu golli swydd yn annisgwyl³.

5. Rwyf wedi dweud o'r blaen bod unigrwydd ac unigedd yn datblygu'n epidemig iechyd cyhoeddus⁴. Fel y dywedais cyn y ddadl yn y Cynulliad ar unigrwydd yn Ionawr 2017, mae unigrwydd ac unigedd yn faterion trawsbynciol sy'n cael effaith ddifrifol ar iechyd a lles pobl hŷn. Canfu ymchwil gan y Gwasanaeth Gwirfoddol Brenhinol, er enghraifft, fod 17% o bobl hŷn yng Nghymru yn teimlo'n unig ar brydiau, tra bod hanner yr holl bobl hŷn yn dweud mai'r teledu yw'r prif gwmni iddynt. Gall unigrwydd ac unigedd arwain at ystod o effeithiau ar iechyd corfforol a meddyliol niweidiol, ac mae effaith unigrwydd ar iechyd cynddrwg ag ysmegu 15 sigarét y dydd⁵. At hynny, caiff ei gysylltu â phryderon iechyd meddwl a chyflyrau cardiofasgwlaidd, pwysedd gwaed uchel ac mae'n cynyddu'r risg o ddementia 64%⁶.
6. Mae o fudd i bawb sicrhau bod llai o bobl hŷn yn dioddef unigrwydd ac unigedd. Mae dull ataliol a gwneud yn siŵr bod pobl hŷn yn fwy gwydn ac yn llai agored i unigrwydd yn hanfodol. Mae dull o'r fath o fudd i'r unigolyn ac yn lleihau'r angen am wasanaethau iechyd a gofal cymdeithasol costus. Byddai ymyrraeth fel cynllun cyfeillio, er enghraifft, yn costio £80 y pen y flwyddyn a gall arbed tua £300 y pen y flwyddyn mewn costau iechyd a gofal cymdeithasol⁷. Yn syml, ni all y GIG a darparwyr gofal cymdeithasol fforddio delio ag unigrwydd fel y gwnaed yn y gorffennol: atal yw'r ateb.

Heneiddio'n Dda yng Nghymru a Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru)

³ http://www.coop.co.uk/Corporate/PDFs/Coop_Trapped_in_a_bubble_report.pdf

⁴ <https://www.homecare.co.uk/news/article.cfm/id/1573649/loneliness-public-health-epidemic-plague>

⁵ <http://www.campaigntoendloneliness.org/threat-to-health/>

⁶ ibid

⁷ <http://www.scie.org.uk/publications/briefings/briefing39/>

7. Mae'r graddau y mae unigrwydd a'r unigedd yn effeithio ar bobl hŷn yng Nghymru yn peri pryder mawr ac mae angen i hyn gael ei nodi a'i gydnabod fel blaenoriaeth leol a chenedlaethol. Mae'n un o'r themâu blaenoriaethol yn Heneiddio'n Dda yng Nghymru, y rhaglen bartneriaeth genedlaethol i wella iechyd a lles pobl 50+⁸. Mae Heneiddio'n Dda yn fudiad cymdeithasol sy'n canolbwyntio ar ymyriadau isel eu cost, mawr eu heffaith sy'n galluogi ac yn grymuso pobl hŷn i fyw bywydau iach, gweithgar, diogel a hapus yn eu cymunedau. Drwy ddull ataliol a dull seiliedig ar asedau, hy buddsoddi mewn pobl hŷn, gall Heneiddio'n Dda helpu i leihau unigrwydd ac unigedd a datblygu cymunedau sy'n gyfeillgar i bobl hŷn ar draws Cymru. Mae Heneiddio'n Dda yn darparu canolbwynt adnoddau ar-lein i helpu i roi sylw i unigrwydd ac unigedd mewn cymunedau, a bydd canllaw a gyflwynir maes o law yn rhoi i unigolion gyngor a chymorth ar sut i ddelio ag effeithiau unigrwydd⁹.
8. Mae datblygiadau eraill sy'n digwydd ar lefel genedlaethol a lleol wedi fy nghalonogi. Mae'r dangosyddion cenedlaethol dan Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) yn cynnwys 'Canran y bobl sy'n unig', a ddylai helpu i ddarparu gwell dealltwriaeth o faint unigrwydd yng Nghymru¹⁰. Mae fy Nghlanllawiau diweddar i Fyrddau Gwasanaethau Cyhoeddus ar baratoi eu Cynlluniau Llesiant Lleol yn cynnwys nod lefel uchel i leihau nifer y bobl oedrannus y mae unigrwydd ac unigedd yn effeithio arnynt yn yr Awdurdod Lleol, ac rwy'n croesawu'r ffaith bod unigrwydd yn cael ei gydnabod fel un o'r blaenoriaethau yn rhaid o'r asesiadau drafft o lesiant lleol¹¹.
9. Dywedais yn glir yn fy ymateb i Fil Iechyd Cyhoeddus (Cymru), er fy mod yn croesawu ymrwymiad Llywodraeth Cymru i lunio strategaeth genedlaethol i roi sylw i unigrwydd ac unigedd yn ei

⁸ <http://www.ageingwellinwales.com/wl/home>

⁹ <http://www.ageingwellinwales.com/wl/resource-hub/li-resources>

¹⁰ <http://gov.wales/docs/desh/publications/160316-national-indicators-to-be-laid-before-nafw-cy.pdf>

¹¹ http://www.olderpeoplewales.com/Libraries/Uploads/PSB_Guidance_w.sflb.ashx

Rhaglen Lywodraethu¹², rwy'n credu bod hwn yn fater mor bwysig, sy'n wynebu rhai o'r bobl fwyaf agored i niwed mewn cymdeithas, fel y dylai hefyd gael ei gynnwys yn y Bil¹³. Drwy ei hepgor o'r Bil presennol, rydym yn colli cyfle ac mae angen gweithredu pellach i godi unigrwydd i safle uwch ar yr agenda iechyd cyhoeddus.

Ymchwilio a hyrwyddo arferion da

10. Mae ehangder, dyfnder ac effaith unigrwydd ac unigedd yng Nghymru yn sylweddol. Fodd bynnag, mae angen gwneud mwy o ymchwil i ddeall y sefyllfa'n well. Gall unigrwydd ac unigedd effeithio ar bawb ac mae uwchlaw daearyddiaeth, ethnigrwydd, dosbarth economaidd-gymdeithasol, oedran, cyfeiriadedd rhywiol a nodweddion gwarchoddedig eraill. Mae bylchau i'w cael yn y gwaith ymchwil ac mae angen gwneud gwaith pellach i gryfhau'r sylfaen dystiolaeth, gyda mwy o fuddsoddi ac adnoddau i lenwi'r bylchau hyn. Er enghraifft, mae angen gwneud gwaith pellach er mwyn deall sut mae unigrwydd yn effeithio ar bobl sydd â chyflwr cronig gydol oes neu gyflwr cronig sy'n cyfyngu arnynt, pobl sydd wedi cael anabledd, ymfudwyr a chymunedau LGBT.
11. Mae angen gwneud gwaith ymchwil pellach hefyd i ddeall yn well sut mae unigrwydd yn effeithio ar bobl ar draws cwrs eu bywyd, ac a oes rhai ffactorau - fel swildod a mewnblygrwydd, neu berthyn i grŵp economaidd-gymdeithasol penodol - yn cael effaith gronnol ar anallu pobl i gael mynediad i rwydweithiau cymdeithasol. Mae arnom angen dealltwriaeth well o pam bod pobl hŷn yn eu holl amrywiaeth yn wynebu unigrwydd ac unigedd ar draws Cymru, y gwahanol ffactorau a'r effeithiau cronol sy'n gallu achosi unigrwydd, ynghyd â gwell cydnabyddiaeth o gymhlethdod unigrwydd.
12. Mae Heneiddio'n Dda yng Nghymru yn darparu llwyfan ar gyfer amlygu ymchwil ac arferion da, megis gwaith a wnaed gan y

¹² <http://gov.wales/docs/strategies/160920-taking-wales-forward-cy.pdf>

¹³ http://www.olderpeoplewales.com/Libraries/Consultation_Responses_2016/161216_HSC_S_Committee_Ing_uiry_into_Public_Health_Bill_OPCW_CYM.sflb.ashx

Ganolfan Ymchwil i Heneiddio a Dementia (CADR)¹⁴, i annog partneriaid i weithio gyda'i gilydd a hyrwyddo ymyriadau positif sy'n rhoi sylw i unigrwydd ac unigedd a sicrhau bod pobl hŷn yn parhau i fod yn weithgar yn eu cymunedau. Mae ymyriadau a gweithgareddau fel te-partis *Contact the Elderly*¹⁵ a *Men's Sheds*¹⁶, sy'n galluogi pobl hŷn i adennill eu synnwyr o hunaniaeth ac adennill sgiliau cymdeithasu a chyfle i ail-ymgysylltu â chymunedau ehangach, yn chwarae rhan hollbwysig i fynd i'r afael ag unigrwydd ac unigedd ymysg pobl hŷn.

13. Mae'r prosiect 'Camau Cadarn' yn cael ei gyflwyno gan y Groes Goch Brydeinig a'r Gwasanaeth Gwirfoddol Brenhinol ac mae'n helpu i wneud pobl hŷn yn wytnach a gallu byw'n annibynnol yn eu cymuned, tra bod y *Silver Line* yn darparu llinell gymorth gyfrinachol am ddim i bobl hŷn sy'n teimlo'n unig^{17,18}. At hynny, mae'r *Campaign to End Loneliness* yn ategu nodau a chanlyniadau Heneiddio'n Dda a bydd yn cyflwyno prosiect yng Nghymru dan nawdd y Gronfa Loteri Fawr, sy'n cynnwys treialon yn ne-orllewin Cymru, i ganfod achosion sylfaenol unigrwydd ymysg pobl hŷn¹⁹.

Gwasanaethau ac asedau cymunedol

14. Mae angen rhagor o gynlluniau a rhaglenni i roi sylw i unigrwydd ac unigedd sy'n broblem gynyddol. Fodd bynnag, nid yw'r ymyriadau hyn, a gyflwynir i raddau helaeth gan y trydydd sector, yn ddigon ynddynt eu hunain i roi sylw i lawer o'r rhesymau pam bod pobl hŷn yn mynd yn unig ac yn ynysig. Yr hyn sydd ei angen yw ymrwymiad o'r newydd i ddarparu gwasanaethau cymunedol i bobl hŷn a phobl eraill yng Nghymru. Rwy'n sicr bod darparu bysiau cyhoeddus, toiledau, llyfrgelloedd, canolfannau dydd, dysgu gydol oes, meinciau mewn parciau, ayb. yn cadw pobl

¹⁴ <http://www.cadr.cymru/cy/index.htm>

¹⁵ <http://www.contact-the-elderly.org.uk/about-us>

¹⁶ <http://www.menssheds.cymru.co.uk/>

¹⁷ <http://www.redcross.org.uk/About-us/Media-centre/Press-releases/Regional-press-releases/Wales-and-western-England/British-Red-Cross-and-Royal-Voluntary-Service-improve-the-independence-of-older-people>

¹⁸ <https://www.thesilverline.org.uk/>

¹⁹ <http://www.campaigntoendloneliness.org/>

hŷn yn weithgar ac yn annibynnol yn eu cymunedau, a bod cael gwared ar y gwasanaethau hyn yn gwaethygu'r epidemig unigrwydd yng Nghymru. Mae toriadau mewn cyllid hefyd wedi effeithio ar Wasanaethau pryd ar glud ac mae'r dystiolaeth yn awgrymu bod y gwasanaeth yn llawer mwy na dim ond pryd o fwyd i bobl hŷn gan ei fod yn darparu i unigolion y cysylltiad cymdeithasol y mae gwir ei angen arnynt, yn enwedig y rheini sy'n methu â gadael eu cartref oherwydd diffyg cludiant, neu oherwydd anabledd neu salwch, ac mae'n wasanaeth ataliol hollbwysig arall²⁰.

15. Mae diogelu a gwella gwasanaethau cymunedol wedi bod yn un o'm blaenoriaeth ers tro byd ac mae'n un o'r meysydd blaenoriaeth yn fy Fframwaith Gweithredu. Fel yr eglurais yn fy adroddiad ar wasanaethau cymunedol yn 2014²¹, rwy'n ymwybodol iawn o'r heriau ariannol enfawr sy'n wynebu Awdurdodau Lleol a bod gwasanaethau anstatudol, yr union wasanaethau y mae pobl hŷn yn dibynnu arnynt i fynd o gwmpas, wedi cael eu cau neu eu lleihau o ganlyniad i gyllidebau llai ac adnoddau prin. Erbyn dechrau 2017, ac yng nghyd-destun Heneiddio'n Dda yng Nghymru a Deddf Llesiant Cenedlaethau'r Dyfodol, mae angen gweithredu ar sut i ddiogelu ac ailgyflwyno gwasanaethau cymunedol cynaliadwy fel bod pobl hŷn yn llai tebygol o deimlo unigrwydd ac unigedd.
16. Mae'n hanfodol cronni asedau cymunedol a darparu gwasanaethau isel eu cost, uchel eu heffaith, ac mae atebion newydd, creadigol ac arloesol yn ofynnol, gwasanaethau sy'n gwneud pobl hŷn yn fwy gwydn ac yn helpu i leihau effeithiau niweidiol unigrwydd ac unigedd ymysg pobl hŷn. Mae Awdurdodau Lleol ac eraill eisoes yn cyflenwi cynlluniau arloesol, cost-effeithiol sy'n helpu i sicrhau nad yw pobl hŷn yn 'gaeth i'w cartrefi' a'u bod yn medru mynd allan, ymweld â gwasanaethau, ffrindiau a theulu, a bod yn rhan o weithgareddau cymdeithasol.

²⁰ <https://www.theguardian.com/social-care-network/2016/nov/08/meals-on-wheels-threat-council-cuts>

²¹ <http://www.olderpeoplewales.com/wl/news/news/14-02->

[25/The_Importance_and_Impact_of_Community_Services_within_Wales.aspx#.WL7GTm-LTct](http://www.olderpeoplewales.com/wl/news/news/14-02-25/The_Importance_and_Impact_of_Community_Services_within_Wales.aspx#.WL7GTm-LTct)

17. Drwy gyfrwng cynlluniau Heneiddio'n Dda yr Awdurdod Lleol rwy'n ymwybodol o arferion da, megis datblygu 'map gwres' yn Sir y Fflint i helpu i ganfod pobl sydd mewn perygl o fod yn unig, cyflwyno caffis dros dro mewn rhannau gwledig o Ynys Môn, a rhaglenni gweithgareddau i roi sylw i unigrwydd mewn cynlluniau gofal ychwanegol a chartrefi gofal yn Sir Gaerfyrddin, ac mae enghreifftiau pellach yn ofynnol ledled Cymru. Rwyf wedi dweud o'r blaen bod angen inni gydnabod a defnyddio ein cyfoeth o gyfalaf cymdeithasol yng Nghymru a chanfod ffyrdd o wneud gwell defnydd o'n sgiliau, ein gwybodaeth, ein profiad a'n seilwaith presennol sy'n cadw pobl hŷn yn iach ac yn weithgar yn ein cymunedau.

Sgiliau byw a gwneud pobl hŷn yn fwy gwydn

18. Yn ogystal â chreu a diogelu gwasanaethau ac asedau cymunedol, dylai datblygu sgiliau byw yn ddiweddarach mewn bywyd gael ei gydnabod fel ffordd arall o roi sylw i unigrwydd ac unigedd. Gall y 'digwyddiadau sbarduno' ym mywydau pobl arwain at newidiadau sydyn, gan eu gwneud yn fwy bregus ac yn fwy agored i unigrwydd. Gall colli partner, er enghraifft, gael effaith niweidiol ar fywyd rhywun, gan eu gorfodi i ddelio â materion ariannol neu gyfreithiol yr arferai eu partner ddelio â nhw, gan eu gwneud yn sydyn iawn yn agored i unigrwydd ac unigedd ac effeithiau cysylltiedig. Gall pobl hŷn sydd wedi colli eu swyddi hefyd deimlo effaith unigrwydd yn gyflym iawn, gan fod swydd nid yn unig yn gyflogaeth ond hefyd yn rhwydwaith cymdeithasol sy'n cadw pobl yn weithgar mewn cymuned benodol.

19. Yn dilyn Ymchwiliad y Cynulliad i Gyfleoedd Cyflogaeth i Bobl dros 50 yn 2015²², rwyf wedi galw am ddatblygu agenda dysgu sgiliau byw ar gyfer pobl hŷn drwy gyfrwng Heneiddio'n Dda yng Nghymru. Byddai dull 'cwricwlwm' ar gyfer pobl hŷn yn cynnwys datblygu sgiliau ariannol, digidol a lles, gwella gwytnwch

²² <http://www.senedd.cynulliad.cymru/mgConsultationDisplay.aspx?ID=153>

pobl hŷn a help unigolion i fod yn fwy parod am 'ddigwyddiadau sbarduno' yn ddiweddarach mewn bywyd.

20. Mae gwella sgiliau ariannol pobl hŷn, eu gallu a'u gwytnwch yn un o flaenoriaethau Heneiddio'n Dda yng Nghymru, a dylai'r ffocws hwn helpu i leihau effaith tiodi ymysg pobl hŷn a sicrhau eu bod yn dal i gyfranogi mewn gweithgareddau cymdeithasol, gan leihau'r tebygolrwydd y byddant yn teimlo'n unig neu ynysig o'r herwydd. Mae cynyddu nifer y bobl hŷn sy'n cael eu cynnwys yn ddigidol yn ffordd arall effeithiol o leihau unigrwydd, ac rwy'n ymwybodol o sut mae iPads, er enghraifft, yn gallu cysylltu pobl hŷn gyda ffrindiau a theulu, gan wella'u cysylltiadau a'r ymdeimlad o gynhwysiant mewn byd fwyfwy byd-eang²³.

21. Er bod sgiliau digidol yn bwysig i gysylltu â'r amcangyfrif o 35% o bobl hŷn yng Nghymru sydd wedi'u hallgau'n ddigidol²⁴, nid yw'n gallu cymryd lle'r cysylltiad â phobl na'r broses o ddatblygu sgiliau 'meddal' sy'n galluogi ac yn grymuso pobl hŷn i barhau i fod yn weithgar yn eu cymunedau. Gall gwella hyder pobl hŷn, ar ôl profedigaeth neu salwch hirdymor, er enghraifft, a chyfeirio pobl at grwpiau hunangymorth lleol, cynlluniau cyfeillio ar gyfer pobl hŷn a/neu rwydweithiau pontio'r cenedlaethau fod yn ffyrdd syml ond effeithiol o leihau effaith unigrwydd ac unigedd. Mae hefyd yn bwysig lleihau'r stigma sy'n gysylltiedig ag unigrwydd ac annog pobl hŷn i fynegi eu teimladau ac mae cael cymorth a chefnogaeth briodol hefyd yn hanfodol.

Casgliadau

22. Mae hwn yn Ymchwiliad sydd wir ei angen ac rwy'n glir bod angen gweithredu ar frys yn awr i roi sylw i unigrwydd ac unigedd, epidemig iechyd cyhoeddus cynyddol sy'n effeithio ar nifer gynyddol o bobl hŷn ledled Cymru. Mae mynd i'r afael ag unigrwydd ac unigedd yn cael ei gydnabod yn araf fel un o'r

²³ <https://www.fastcoexist.com/3047867/can-an-ipad-heal-loneliness-barcelona-wants-its-senior-citizens-to-give-it-a-try>

²⁴ <http://gov.wales/docs/dsjlg/publications/comm/160316-digital-inclusion-strategic-framework-cy.pdf>

blaenoriaethau, er hynny, mae angen gweithredu llawer mwy er mwyn deall ei achosion a datblygu ymyriadau rhagweithiol, ataliol sy'n helpu i sicrhau nad yw pobl hŷn yn teimlo unigrwydd ac unigedd yn y lle cyntaf, gan helpu'r unigolyn a'r pwrs cyhoeddus ar yr un pryd a chydabod y bydd buddsoddi mewn gwasanaethau sy'n lleihau a lleddfu unigrwydd ac unigedd yn hanfodol er mwyn cyflawni ein huchelgeisiau llesiant yng Nghymru. Yn fyr, na all Gymru fforddio cael cenhedlaeth o bobl hŷn sy'n agored i effeithiau niweidiol, dinistriol a phellgyrhaeddol unigrwydd ac unigedd.

Consultation Response

Inquiry into Loneliness and Isolation

Health, Social Care and Sport Committee

March 2017

Introduction

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are pleased to respond to the Health, Social Care and Sports Inquiry into Loneliness and Isolation.

The evidence for the scale and causes of the problems of isolation and loneliness including such factors as housing, transport, community facilities, health and wellbeing services

1. On March 2nd, Age Cymru launched a campaign against loneliness. As part of this campaign, we asked older people to share their experiences of loneliness and isolation with us. Throughout these conversations it became clear that the stigma surrounding loneliness is preventing people from asking for help, sometimes even from close relatives and neighbours. Consequently, it is likely that the number of people experiencing isolation and feelings of loneliness could be much higher than estimates suggest. Developing methods to identify people who are lonely, or who are at risk of becoming lonely, should be a priority for the Welsh Government.
2. Loneliness and isolation are a daily reality for many older people. It is possible to be isolated without being lonely and lonely without being isolated. 75,000 older people in Wales reported 'always or often' feeling lonely¹, while 68% of women were concerned about loneliness in older age.
3. In 2016, Age Cymru surveyed 200 people aged over 60 from across Wales. 23% of respondents admitted to feeling lonely. 24% of respondents said they were worried about falling over on slippery roads or pavements during the winter months. It is vital that the built environment enables, rather than prevents, older people taking an active part in their communities. Barriers in the built environment can exclude older people from becoming fully inclusive members of society. These can include pavements in a poor condition, car

¹ Age Cymru (2014) 75,000 over-65s in Wales say they are lonely. Press release.

parking on pavements and street 'clutter'; inadequate street lighting; a lack of seating in public spaces and a lack of public toilets.

4. Loneliness has complex causes, however there are practical actions that can be taken to address the issue. Being able to take part in community life, with good access to local services and facilities, is a lifeline for many older people. If an older person cannot get out and about locally they are at risk of poor health, less social contact with others and a reduced quality of life overall. There are already high levels of loneliness and social isolation amongst older people in Wales and an inaccessible built environment that deters people from taking part in community life can contribute to this.
5. Public and community transport are vitally important in helping older people to maintain independence and well-being. Such transport networks can ensure communities are well-connected and that services, facilities and amenities are accessible to older people. Without these, there is an increased risk that isolation and loneliness will impact upon people's well-being. It is essential that older people in all areas have the means to get out to buy food, get medical attention, get money and pay bills, and have social contact. These are basic features of a decent life and ought to be a high priority in transport policy.
6. Age UK recently published research that tested promising approaches to loneliness.² It found that people can become lonely due to a combination of factors including geographical isolation, inability to leave their home, being part of a seldom heard community, not knowing what resources and services are available locally and how they are relevant to their needs; or simply a lack of confidence to reach out.
7. There are also life stages when people are most at risk of becoming lonely and isolated including after retirement, bereavement, moving home or moving into residential care.

The impact of loneliness and isolation on older people in terms of physical and mental wellbeing, including whether they disproportionately affect certain groups such as those with dementia.

8. Research detailing the impact of loneliness on physical and mental wellbeing is growing. For example, evidence has linked loneliness with an increased rate of high blood pressure and cardiovascular disease. Lonely and isolated people are more likely to smoke, be overweight, eat fewer fruit and vegetables and skip medication.³ Loneliness increases our chances of dying earlier and is linked to chronic conditions such as depression and dementia.⁴
9. However, the experiences of older people are often more effective in demonstrating the impact of loneliness. In response to a request for case studies, Age Cymru was contacted by a number of older people experiencing loneliness. The following text illustrates how people with caring responsibilities can be limited in their ability to improve their own situation. (Please refer to appendix 1 for further quotes from older people.)

² Age UK (2016) Testing promising approaches to loneliness. Available online @ http://www.ageuk.org.uk/Documents/EN-GB/services/loneliness/Testing_Promising_Approaches_to_Reducing_Loneliness_Report_2016.pdf?epslanguage=en-GB&dtrk=true

³ Befriending Networks (2016) Loneliness in Scotland: A National Summit

⁴ Befriending Networks (2016) *Loneliness in Scotland: A National Summit*

10. *I live with my son who has cerebral palsy. I'm his sole carer. I could go for days without speaking to a soul. I used to catch the bus just so I could have a conversation. I can leave my son home alone for several hours on the one day of the week he has support, but this is again a lonely time for me. The activities that I'd like to access are rarely on at the times I'm able to leave my son, but you've got to make the effort.*
11. *My son plays boccia and I run the local boccia club, which gives me the chance to meet people. I dropped into the club by accident and ended up running it. Volunteering with the club is one way I've expanded my life and it's been a phenomenal success. Volunteering is one way I've expanded my life and it's really helped with my health and wellbeing. Facebook is also a lifeline as it keeps me in touch with family and friends.*
12. In 2015, Age Cymru was commissioned by the Older People's Commissioner to interview people living with dementia and their carers from across Wales. Isolation and loneliness were a common theme in the interviews. Interviewees told us that there is a need for more befriending and respite services that respond to the needs of individuals⁵. However access to befriending projects in Wales is already scarce and evidence shows the situation is likely to get worse. For example, In Swansea a volunteer led befriending project that has been funded by the LA for over 10 years, is due to close by the end March of 2018 if not before.
13. Sensory impairments and physical disabilities can erode people's confidence in their ability to navigate the built environment safely and a fear of falling, especially during the winter months, can further exacerbate feelings of isolation and loneliness.

The impact of loneliness and isolation on the use of public services, particularly health and social care

14. Many older people are capable of taking steps to alleviate loneliness by becoming involved in community activity; however, the current financial climate has led to the closure of many community services including adult learning classes, public libraries, day/community centres and third sector support services. It is inevitable, given the evidence of the impact of loneliness on health and wellbeing, that the withdrawal of opportunities for social interaction will increase pressure on NHS services. The Welsh Government must identify ways to encourage and develop community networks and activity so that older people are able to take steps to remain active and engaged.
15. Reducing loneliness can boost independence and reduce costs resulting in; fewer GP visits, lower use of medication, fewer stays in hospital, improved ability to cope after returning from hospital, reduced inappropriate admission to care homes and increased contribution of older people to society.⁶

Ways of addressing problems of loneliness and isolation in older people, including interventions to specifically address the problems and other projects with wider aims.

⁵ Older People's Commission for Wales (2015) *Dementia – more than just memory loss*.

⁶ Befriending Networks (2016) *Loneliness in Scotland: A National Summit*

Evidence for what works and the outcomes for older people in terms of health and wellbeing.

- 18 If schemes to target loneliness in older people are to be effective, they must involve older people at every stage, including planning, development, delivery and assessment.
- 19 Developing ways to target people who do not come into contact with mainstream service provision is important in preventing people from becoming lonely and experiencing long term consequences. A recent Age UK⁷ study used a guided conversation, or motivational assessment, to understand older people's circumstances. Based on this, tailored support was developed which included; traditional befriending services, benefits advice, wellbeing information, transport, practical support and social engagement opportunities. Reducing loneliness is not always about encouraging more social engagement. Resolving other issues such as access to benefits helps people participate in activities, or helps them to help themselves, reducing their feelings of loneliness.
- 20 In November 2016, Age Cymru asked over 60s in Wales a series of questions about loneliness and potential solutions to the problem. Of those surveyed, 88 per cent said lonely older people do need more help and support, and of those:
 - 70 per cent said free or subsidised transport to and from social events for older people would help tackle loneliness;
 - 70 per cent said lunch clubs and social clubs for older people would help tackle loneliness;
 - 70 per cent said regular visits from a friendly face for older people would help tackle loneliness;
 - 58 per cent said a regular weekly phone call would help tackle loneliness.

Interventions to specifically address the problems and other projects with wider aims- Pimp My Uke

- 18 Pimp My Uke was an Age Cymru initiative and part of our Gwanwyn Festival. (Gwanwyn is a month-long national festival held across Wales in May each year celebrating creativity in older age.) Age Cymru, in partnership with Men's Sheds Cymru, provided Men's Sheds from across Wales with kits and materials to make their own ukuleles. They received musical tuition to learn to play their 'pimped' instruments. 150 members from Sheds all across Wales came together for a sharing event and performance at St David's Hall, Cardiff. It provided the first opportunity for all Sheds to come together and for some members it was the first time they had left their local community for a number of years.
- 19 The majority of Men's Sheds members are older men, who have experienced depression, isolation and other mental states which have impacted negatively on their lives. Taking part really increased the confidence of individuals; with new skills being discovered and a real and visible increase to the sense of wellbeing for those who took part.

⁷ Age UK (2016) Testing promising approaches to loneliness. Available online @ http://www.ageuk.org.uk/Documents/EN-GB/services/loneliness/Testing_Promising_Approaches_to_Reducing_Loneliness_Report_2016.pdf?epslanguage=en-GB?dtrk=true

- 20 Older people attend adult community learning classes as a way of combating loneliness and Age Cymru was pleased to note that the Welsh Government has allocated a 13% increase in the allocation of funding for Adult Community Learning. Whilst many older people are able and willing to create and run their own informal learning groups, support from a local authority to market and develop the group can ensure its sustainability. Offering free access to local authority buildings can also help to ensure the groups remain financially viable.

Current policy solutions in Wales and their cost effectiveness, including the Ageing Well in Wales programme. The approach taken by the Welsh Government in terms of maintaining community infrastructure and support, and using the legislative framework created in the Fourth Assembly e.g the Social Services and Well-being Act and the Wellbeing and Future Generations Act.

21. If implemented in accordance with its aims, the Social Services and Well-being Act provides a framework to reduce loneliness across Wales. The drive towards a person-centred approach, including the facilitation of ‘what matters’ conversations, should provide an opportunity to identify people who are lonely or who are at risk of being lonely, and support them to find ways to improve their situation.
22. However, personal outcomes from these conversations must be effectively monitored and evaluated if they are to have real impact. In addition, Age Cymru remains concerned that financial constraints on local authority budgets are leading to the withdrawal of community services and an erosion of the community infrastructure and support that is vital to keep people active and engaged in later life.
23. The Act also introduced legislation that requires local authorities to work with partners to deliver preventative services. Again, if implemented well, the legislation should encourage new partnerships and ways of working that put older people at the centre of decisions that affect them.
24. Age Cymru is pleased to note that the Public Health Outcomes Framework, which is intended to support the Well-being of Future Generation Act’s national indicators, includes a measure of people feeling lonely. Measuring levels of loneliness and its impact on an individual should enable local authorities to develop services and ways of working that can create more cohesive and connected communities.

Appendix

Older people's experiences of feeling lonely.

The important thing is as soon as you can is to get out and about to places because the best way to meet new people is through your interests. But there are times when it's not easy to meet people and when you start to get isolated there's a sort of doom hanging over you. It's as if you're an alien and people know you haven't spoken to anyone for the last for two, but it doesn't last forever.

When you lose someone close to you everybody's happy to help for a while, but you need to be a bit cheeky and ask for what you want.

Betty, 96, Cardiff

My husband was diagnosed with dementia two and a half years ago and has been in a care home for the last year. He's happy and I'm happy for him to be there and I love being with my husband and holding his hands - it's the happiest time of my life, but I have reached the lowest point in my life.

I had little or no help available from social services when my husband was diagnosed with dementia and I am living through it now and suffering from loneliness and depression.

My son also died 12 years ago and I am practically emotionally dying. I am not in a good place. I don't want pills, I want company. I'm struggling to keep going.

Jane 84, Cardiff

I lost my husband two years ago from bowel cancer. He passed away 10 weeks after his diagnosis. The only person in see now is Sainsbury's when they bring me my shopping every Thursday, and that's been that way for two years.

I take dog for a walk every morning, but I find the day tremendously long. Apart from the dog, the TV is my main form of company and I have it on almost all day.

Nancy 62, Swansea

Many years ago, I lost my daughter when she was 15 and I experienced a lot of isolation and anger when she died. You need to feel wanted - we all need to be needed and there's much the individual can do and we have a lot to offer whatever our age.

Isolation can hit all types of people - it can happen to anyone, but when you're down the only way is up.

Donna, 70, Bangor

Ymateb Samaritans Cymru i ymgynghoriad

Ymchwiliad i unigrwydd ac unigedd

Mae Samaritans Cymru'n croesawu'r cyfle i ymateb i'r ymchwiliad hwn i

Ynghylch Samaritans Cymru:	Mae Samaritans yn elusen gofrestrdig â'r nod o ddarparu cymorth emosiynol i unrhyw un sydd mewn trallod emosiynol. Yng Nghymru, mae Samaritans yn gweithio'n lleol ac yn genedlaethol i godi ymwybyddiaeth o'u gwasanaeth ac estyn allan i gymunedau lleol i gynorthwyo pobl sy'n cael trafferth i ymdopi. Maent yn ceisio defnyddio eu harbenigedd a'u profiad i wella polisïau ac arferion ac yn gyfranwyr gweithgar i'r gwaith o ddatblygu a rhoi ar waith Gynllun Gweithredu Atal Hunanladdiad a Hunan-niwed Cymru 'Siarad â Fi 2'.
Cysylltwch â:	Emma Harris (Swyddog Polisi a Chyfathrebu)
E-bost:	[REDACTED]
Ffôn:	[REDACTED]
Gwefan:	www.samaritans.org/wales
Cyfeiriad:	Samaritans, Yr Ail Lawr, 33-35 Heol yr Eglwys Gadeiriol, Caerdydd, CF11 9HB

unigrwydd ac unigedd. Mae Samaritans yn bodoli i leihau nifer y bobl sy'n marw trwy hunanladdiad. Er bod hunanladdiad yn aml yn cael ei weld ar ei ben ei hun, mae'n bwysig adnabod ehangder a chymhlethdod y ffactorau risg sy'n dod cyn hunanladdiad ac ymgeisiau at hunanladdiad.

Gall unigrwydd ac unigedd gael effaith ddifrifol ar iechyd corfforol a meddyliol ac mae'n un o'r ffactorau risg ar gyfer ymddygiad hunanladdol a hunanladdiad. Mae'n un o'r rhesymau mwyaf cyffredin pam mae pobl yn ffonio ein llinell gymorth yn y Deyrnas Unedig. Gall bod yn unig yn gymdeithasol wneud unigolyn yn fwy agored i feddyliau ac ymddygiad hunanladdol.

Canfod grwpiau risg uchel

Mae'n bwysig cofio bod unigrwydd ac unigedd yn broblem iechyd cyhoeddus a all effeithio ar bobl o bob oed, gan ganolbwyntio ar grwpiau risg uchel.

- **Pobl Ifanc**

Yn 2010, comisiynodd y Sefydliad Iechyd Meddwl arolwg ar unigrwydd ymysg oedolion ledled y Deyrnas Unedig a chanfu fod y bobl ifanc rhwng 18 a 34 oed a holwyd yn fwy tebygol o deimlo'n unig yn aml, o boeni am deimlo ar eu pen eu hunain ac o deimlo'n isel oherwydd unigrwydd na phobl hŷn na 55 oed.¹

Un o'r rhesymau posibl y priodolir y ffigurau hyn iddo yw'r defnydd cynyddol o'r rhyngwrwd a chymdeithasu ar lein. Mae plant heddiw'n cael eu geni i fyd cymhleth y gallwn gael trafferth i'w ddeall, un lle mae'r cyfryngau cymdeithasol, defnydd o'r rhyngwrwd a thechnoleg gwybodaeth a chyfathrebu wedi'u gwreiddio yn eu datblygiad cynnar, eu plentyndod a'r cyfnod pan fônt yn aeddfedu. Yn baradocsaidd, mae mwyfwy o dystiolaeth y gall cyfryngau *cymdeithasol* fod yn achosi unigrwydd ac iselder ymysg y glasoed. Mewn astudiaeth ddiweddar yn yr Unol Daleithiau ar effaith defnyddio'r cyfryngau cymdeithasol ar deimladau o unigedd cymdeithasol, canfu Prifysgol Pittsburgh fod defnyddio'r cyfryngau cymdeithasol am fwy na dwy awr y dydd yn dyblu'r tebygrwydd y byddai unigolyn yn teimlo'n unig yn gymdeithasol.²

- **Dynion**

Mae dynion yn grŵp â risg uchel o unigrwydd ac unigedd yng Nghymru, a gall hyn gael canlyniadau hynod ddifrifol oherwydd [paradocs rhywedd ymddygiad hunanladdol](#). Yn ffigurau diweddaraf y Swyddfa Ystadegau Gwladol ar hunanladdiad yng Nghymru, dynion oedd 81% a menywod oedd 19%.³

Yn ein hadroddiad yn 2010, 'Men and Suicide', lle edrychodd pum gwyddonydd cymdeithasol blaenllaw ar y problemau mae'r grŵp risg uchel hwn yn eu hwynebu, un o'r prif bethau oedd yn effeithio ar ddynion oedd anllythrennedd emosiynol. Mae dynion yn tueddu i fod â llai o ymwybyddiaeth a gallu i ymdopi â'u hemosiynau trallodus eu hunain a rhai

¹ Jo Griffin, [The Lonely Society](#), Sefydliad Iechyd Meddwl 2010

² *Social Media users more likely to feel isolated* <http://www.medicalnewstoday.com/articles/316206.php>

³ *Suicides in the United Kingdom: 2014 registrations*

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicideintheunitedkingdom/2014registrations>

pobl eraill. Mae hyn oherwydd y ffordd mae dynion yn cael eu dysgu, drwy gydol eu plentyndod, i fod yn 'wrol'. Nid yw hyn yn pwysleisio sgiliau cymdeithasol ac emosiynol – maent yn dysgu credu bod cael trafferth i ymdopi'n gyfystyr â gwendid. Cyfyngedig yw'r cyfleoedd i ddatblygu sgiliau emosiynol yn ddiweddarach mewn bywyd. Mae hyn yn creu 'croniad' mewn dynion – croniad o drallod, ynghyd ag anawsterau wrth gyfaddef bod ganddynt broblem neu wrth geisio cymorth, a all arwain at argyfwng, chwalfa a theimladau ac ymddygiad hunanladdol. Golyga hyn bod dynion, wrth wynebu unigrwydd ac unigedd, yn llai tebygol o estyn allan am gymorth fel mae menywod yn ei wneud. Mae hyn yn gwneud ymddygiad hunanladdol yn fwy tebygol.⁴

- **Pobl hŷn**

Mae pobl hŷn yn arbennig o agored i unigrwydd ac unigedd a gall hyn gael effaith ddifrifol ar iechyd meddyliol a chorfforol. Mae hanner y bobl hŷn na 75 oed yn y Deyrnas Unedig yn byw ar eu pen eu hunain ac mae 1 o bob 10 yn profi unigrwydd dwys.⁵

Gall pobl hŷn fod yn unig yn gymdeithasol am amryw o resymau megis iechyd gwael, peidio â bod yn ganolbwynt i'w teulu mwyach, ymddeoliad, incwm is, gofalu am rywun arall, a marwolaethau gŵr neu wraig a ffrindiau.

Un o'r rhwystrau i fynd i'r afael ag unigrwydd ac unigedd ymysg pobl hŷn yw anhawster wrth adnabod y rheiny sy'n wynebu'r risg mwyaf.

Mae astudiaethau wedi dangos bod pobl sy'n unig yn gymdeithasol yn teimlo mwy o straen, fod ganddynt hunan-dyb is, a'u bod yn fwy tebygol o fod â phroblemau gyda chysgu na phobl sydd â chymorth cymdeithasol cadarn. Mae unigrwydd ac unigedd yn creu mwy o risg dirywiad gwybyddol, ac mae'n un o'r ffactorau risg ar gyfer hunanladdiad ymysg pobl hŷn.

Ffyrdd o fynd i'r afael ag unigrwydd ac unigedd

- **Rhoi Siarad â Fi 2 ar waith**

Fel cyfranwyr a chefnogwyr i Siarad â Fi 2, rydym yn croesawu'r ffaith ei fod yn canolbwyntio ar arwahanrwydd fel un o ffactorau risg hunanladdiad a chysylltiedigrwydd cymdeithasol fel un o'r ffactorau gwarchodol. Er mwyn gwreiddio'r ffactor gwarchodol hwn mewn cymunedau yng Nghymru, mae'n

⁴ 'Men, Suicide & Society' Samaritans. Mae crynodeb a'r adroddiad llawn ar gael <http://www.samaritans.org/about-us/our-research/research-report-men-suicide-and-society>

⁵ 'About Loneliness' <http://www.campaigntoendloneliness.org/about-loneliness/>

hanfodol i ymyriadau cyffredinol, dethol a dynodedig i gyd gael eu defnyddio.

Er mwyn cyflawni hyn, mae angen fframwaith clir i roi Siarad â Fi 2 ar waith. Dylai fod gan bob awdurdod lleol gynllun atal hunanladdiad sy'n cymryd ffactorau risg a gwarchodol i ystyriaeth; mae angen inni weithredu'n lleol er mwyn atal hunanladdiad yn effeithiol yng Nghymru.

- **Mapio Unigrwydd**

Mae [mapio unigrwydd](#) yn caniatáu i wasanaethau lleol ac awdurdodau lleol gydweithio i ddefnyddio data sy'n bodoli eisoes i ragweld lle mae'r preswylwyr mwyaf unig yn byw, gan ganiatáu i adnoddau cyfyngedig gael eu targedu at y bobl a'r lleoedd sydd eu hangen fwyaf. Mae cartrefi â dim ond un meddiannydd, deiliad cartref 65 oed neu hŷn, bod mewn ardal incwm isel a pheidio â pherchen ar gar ymysg y dangosyddion.

Dylid ystyried mapio unigrwydd yn gam ataliol a all helpu i liniaru'r risg hon ymysg yr unigolion sy'n fwyaf bregus.

- **Grwpiau Cymunedol ac Allestyn**

Mae cysylltiad cymdeithasol yn un o'r ffactorau gwarchodol rhag risg hunanladdiad ac ymddygiad hunanladdol. Un ymyriad sy'n mynd i'r afael ag unigrwydd ac unigedd yw cymryd rhan mewn grwpiau cymunedol ac allestyn.

Yn nhermau sicrhau ffactor gwarchodol cysylltiad cymdeithasol, gall thema neu natur grwpiau cymunedol ac allestyn fod yn eang ac yn amrywiol. Mae llythrennedd digidol, chwaraeon, rhifedd sylfaenol, celf a chrefft, cerddoriaeth a boreau coffi i gyd yn enghreifftiau o grwpiau sy'n cyflawni canlyniad cysylltiad cymdeithasol.

Nod sefydliadau fel Men's Sheds Cymru, sy'n dweud bod allgau cymdeithasol yn broblem gudd ond arhosol mewn llawer o gymunedau, yw mynd i'r afael â'r broblem trwy greu grwpiau cymunedol i ddynion gael dilyn eu diddordebau, datblygu rhai newydd, perthyn i grŵp unigryw, teimlo'n ddefnyddiol ac yn fodlon a chael ymdeimlad o berthyn⁶. Mae mudiad Men's Sheds, a sefydlwyd yn Awstralia yn 2005, erbyn hyn wedi ymsefydlu ac yn tyfu yn y Deyrnas Unedig. Fodd bynnag, mae sefydliadau fel Men's Sheds yn cael eu cefnogi a'u hariannu gan y Trydydd Sector ac mae angen diogelu eu cynaliadwyedd er mwyn gwarchod y rheiny sy'n fwyaf bregus -

"Mae'n rhoi rheswm imi godi yn y bore ac am ddau ddiwrnod yr wythnos dwi'n teimlo bod gen i waith ystyrlon. Dwi'n teimlo'n dda wrth helpu a

⁶ 'What is a Men's Shed?' <http://www.mensshedsymru.co.uk/what-is-a-mens-shed/>

gweithio gyda dynion sydd yn aml yn teimlo'n unig yn y gymuned. Byddai angen rheswm da iawn arna i i beidio â dod" Bill, 67

"Mae'r Sied wedi codi fy mywyd. Des i o hyd i'r Sied ar adeg dda, roeddwn i'n teimlo'n isel." Brian

Mae'n hanfodol bod y mathau hyn o grwpiau cymunedol neu allestyn cymdeithasol yn cael eu cydnabod am eu buddion i iechyd: mae cysylltiedigrwydd cymdeithasol yn mynd i'r afael ag unigrwydd ac unigedd, a gall weithio i gyrraedd y bobl sy'n wynebu'r risg uchaf o gael eu hallgau'n gymdeithasol.

Bygythiadau presennol i grwpiau cymunedol

Wrth i fwyfwy o lyfrgelloedd a chanolfannau cymunedol gau yng Nghymru ac wrth i Gymunedau yn Gyntaf ddod i ben, rydym yn pryderu y bydd y cymunedau hynny sy'n fwyaf bregus yn gweld cynnydd mewn unigrwydd ac unigedd oherwydd diffyg y cysylltiad cymdeithasol mae'r canolfannau a chynlluniau hyn yn ei ddarparu.

Dylid canolbwyntio mwy ar grwpiau cymunedol fel math o ataliaeth ac ymyrraeth gynnar ar gyfer unigrwydd ac unigedd yng Nghymru, a dylid llunio datrysiadau polisi i gynyddu cyfranogiad cymunedol.

Atodiad

I gael mwy o wybodaeth am y cysylltiad rhwng hunanladdiad a'r defnydd o'r rhyngwrdd -

[Priorities for suicide prevention: balancing the risks and opportunities of internet use](#) Prifysgol Bryste Dr Lucy Biddle, Dr Jane Derges, Yr Athro David Gunnell (Prifysgol Bryste) /Dr Stephanie Stace, Jacqui Morrissey (Samaritans)

**Campaign to End Loneliness Written Submission to the Health, Social Care and Sport Committee
Inquiry into Loneliness and Isolation**

1. About the Campaign to End Loneliness

The Campaign to End Loneliness believes that to tackle loneliness we must make it everyone's business and that everyone in later life should have meaningful connections. We catalyse this change through research, education, and powerful communications to inspire thousands of organisations and people to create more effective ways for older people to make and maintain meaningful connections; to reduce the damaging effects of loneliness in older age.

The Campaign to End Loneliness is run by a management group which provides its governance and strategic direction. The management group is made up of individuals with strong experience of the issues addressed by the Campaign and/or the skills the Campaign needs for to succeed. The work of the Campaign is currently funded by organisations including the Calouste Gulbenkian Foundation, the Tudor Trust, the John Ellerman Foundation, Independent Age and the Big Lottery Fund. We are members of the Jo Cox Commission on Loneliness. We recently received a BLF grant of £2.7 million for the next four years and will be working in West Wales (Carmarthenshire and Pembrokeshire) with our partner Ageing Well in Wales.

2. Introduction

Loneliness has been likened to the social equivalent of thirst or hunger; it's a way for our bodies to indicate a specific need. In the case of loneliness, that is the need for social connections. Just like food or water if your body goes without these social connections it can have detrimental health effects. Research shows that the impact of loneliness on health is comparable to the effect of high blood pressure, lack of exercise or obesity. In fact, it can have the same effect on mortality as smoking 15 cigarettes a day¹ In fact, it increases the likelihood of mortality by 26%². In addition to it having an impact on health, it is also costly. Research by Social Finance estimated that the cost to the health and social care system was as much as £12,000 per person.³ As such, loneliness should be considered a major public health concern that should be addressed at all levels of government and society. At the Campaign to End Loneliness, we believe local and national government have an important role in tackling loneliness.

3. Scale and causes of loneliness

Levels of loneliness amongst older people in the UK have remained relatively consistent over recent decades – with around 10 per cent of those over 65 experiencing chronic loneliness at any given time. However, as the population of older people has grown, the absolute number of individuals

¹ Holt-Lunstad J, TB, Layton JB. 2010. Social relationships and mortality risk: a meta-analytic review. *PLoS Medicine* 7 (7).

² Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T. and Stephenson, D., 2015. Loneliness and social isolation as risk factors for mortality a meta-analytic review. *Perspectives on Psychological Science*, 10(2), pp.227-237.

³ Social Finance, 'Investing to Tackle Loneliness' 2016. http://www.socialfinance.org.uk/wp-content/uploads/2015/06/Investing_to_Tackle_Loneliness.pdf

experiencing loneliness often, or all of the time has increased – leaving more older people experiencing it. ⁴

Other indicators of the scale of loneliness include:

- 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month⁵
- Over half (51%) of all people aged 75 and over live alone⁶
- Two fifths all older people (about 3.9 million) say the television is their main company⁷
- 63% of adults aged 52 or over who have been widowed, and 51% of the same group who are separated or divorced report, feeling lonely some of the time or often⁸
- 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health⁹

For relevant data in reference to levels of loneliness in Wales please see the submission from Centre for Ageing and Dementia Research and The Centre for Innovative Ageing, Swansea University. They have access to the most relevant CFAS data.

4. Impact of loneliness on physical and mental health

There is mounting evidence as to the impact of loneliness on both physical and mental health. One of the most recent meta-analyses showed that loneliness increases the likelihood of mortality by 26% (Holt-Lunstad, 2015). Also, research by Valtorta et al indicated that loneliness is associated with an increased risk of developing coronary heart disease and stroke (Valtorta et al, 2016). In the 2010 study, Holt-Lunstad showed that the effect of loneliness and isolation on mortality is comparable to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking (Holt-Lunstad, 2010).

In their 2015 review, Courtin and Knapp examined the evidence and found in particular that in the literature depression and cardiovascular health are the most often researched outcomes in relation to loneliness, followed by well-being. They looked at 128 studies, and of those only two did not find a negative association between social isolation or loneliness and health (Wattanakit et al. 2005, Wilby 2011). ¹⁰

For its impact on cardiovascular health, it was shown that social isolation has been consistently found to be associated with coronary artery disease (Brummett et al. 2001), chronic heart failure (Friedmann et al. 2006), congestive heart failure (Murberg 2004) and hospitalisation due to heart failure (Cene et al. 2012). Also, the evidence reviewed clearly shows that loneliness is an

⁴ *Promising Approaches* 2015. Campaign to End Loneliness and Age UK.

⁵ Victor, C. R., J. Bond, and A. Bowling. *Loneliness, social isolation and living alone in later life*. Economic and Social Research Council, 2003.

⁶ Office for National Statistics. 2010. *General Lifestyle Survey 2008* (Office for National Statistics: London)

⁷ Age, U.K., 2014. Evidence Review: Loneliness in Later Life. *London: Age UK*

⁸ Beaumont, J. 2013. *Measuring National Well-being – Older people and loneliness, 2013* (Office for National Statistics: London) http://www.ons.gov.uk/ons/dcp171766_304939.pdf

⁹ Ibid.

¹⁰ Courtin, E. and Knapp, M., 2015. Health and wellbeing consequences of social isolation and loneliness in old age: scoping review. *NIHR School for Social Care Research: London*.

independent risk factor for depression in old age (Alpass and Neville 2003, Adams et al. 2004, Paul et al. 2006, Theeke et al. 2012).¹¹

Mallender et al show in their evidence for NICE that loneliness is associated with depression, the likelihood of developing Alzheimer's disease, dissatisfaction with life, increased personal care needs and lower self-reported health, quality of life and physical activity levels. For example, one study found that 15% of those who are the least lonely were depressed versus 45% of those who are the most lonely, and Age UK report that those who are lonely are twice as likely to develop Alzheimer's disease.¹²

5. Impact of loneliness on health and social care system

There is a growing evidence base linking involuntary loneliness and isolation to increased risks of poor health, which in turn have implications for the use of health, social care and other services. Some of this evidence base has been collated to inform economic modelling of the cost effectiveness of actions to reduce loneliness to promote better mental health for Public Health England (McDaid, Park, Knapp et al to be published after the general election) and a recent review (McDaid & Park under review) which looks a broader range of costs to health and social care systems of involuntary loneliness. This latter economic analysis has modelled costs, taking into account the increased risk of premature mortality from all causes in people who are highly lonely; there is also increasing evidence base in Europe of an association between loneliness and future increased risks of dementia with increased costs to families and social care systems. There is evidence of an association between loneliness and higher levels of GP contact, self-harm and suicidal behaviour, depression, coronary heart disease and stroke, all of which also increase contacts with secondary health care systems. The model concludes conservatively that substantial costs to health and social care systems *potentially* may be avoided if poor health associated with loneliness can be avoided. It suggests that these costs conservatively may be in the region of £1,700 to £6,000 per case of loneliness avoided over a ten year period for people aged 65-75; it does not take account of broader impacts beyond health and social care systems, other than the need for informal care (for dementia). A further rapid review of empirical estimates of the costs of loneliness and cost effectiveness of interventions is also underway by David McDaid and his team at the LSE for the Campaign to End Loneliness.

6. How to address loneliness

The most robust piece of research on this so far (Cattan, 2005) concludes there are three broad characteristics of a good loneliness intervention:

- Start with individual – their interests, the type of experience they are facing: isolation or loneliness?
- Involve each person in shaping the activity
- There is more academically-robust-evidence that group interventions work at present, yet individual activities should still be tried and tested further¹³

6.1 CTCL Loneliness Framework

¹¹ Ibid.

¹² <https://www.nice.org.uk/guidance/NG32/documents/older-people-independence-and-mental-wellbeing-health-economic-analysis2>

¹³ Cattan, M., White, M., Bond, J. and Learmouth, A., 2005. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing and society*, 25(01), pp.41-67.

Most evaluations of loneliness interventions have looked at individual services, groups, or activities and have sought to assess whether attending, or being served by, these leads to a reduction in loneliness. This has created a debate to-and-fro among experts about whether social clubs are more effective than befriending schemes, or robot dogs more effective than walking groups.

In order to address this issue, the Campaign, along with Age UK created a loneliness framework which outlines the various levels at which loneliness can be addressed. It is comprised of four separate levels: foundation services, direct interventions, gateway services and structural enablers.

Our **loneliness framework** sets out the full range of interventions needed from stakeholders across the community, beyond the health and social care sector, to support older people experiencing, or at risk of experiencing, loneliness. We believe a strategic approach needs to be taken to tackle loneliness and there are a number of steps to do this. The following recommendations are taken from our *Guidance for Local Authorities and Commissioners*¹⁴ and *Promising Approaches*¹⁵.

6.2 Foundation services

At the first level, three key challenges are addressed: how do you reach lonely older people, second how do you understand the nature of an individual's loneliness and third, how do you support those people to access appropriate services. These approaches were focussed on the individual, and were the first steps taken as part of the work to reduce an individual's loneliness, coming before and providing a way into the more commonly recognised loneliness interventions, such as social groups and befriending schemes. We have termed these 'foundation services'. These were the vital 'first steps' or foundations to approaching a lonely individual and supporting them to achieve a better state.

A. Reaching lonely individuals

Lonely individuals are notoriously difficult to identify because many, but not all of them are also socially isolated, and also because the strong stigma attached to loneliness limits the potential for individuals to ask for help, or readily reveal their needs.

B. Understanding the nature of an individual's loneliness and developing a personalised response

The second key issue highlighted by our expert panel¹⁶ was the importance of a personalised response to loneliness, given its nature as a subjective experience based on individual perceptions of the value of different social relationships. Experts argued that the most effective way of tackling loneliness was to provide a service which could first draw out and then respond to individual needs.

C. Supporting lonely individuals to access appropriate services

The final approach that experts highlighted was the provision of services to support older people through the process of reconnecting with wider provision in their communities. Underlying these approaches is a recognition of the damaging effect loneliness can have on individual's confidence and the importance of fear in limiting individuals willingness to engage.

6.3 Structural Enablers

¹⁴ Loneliness and Isolation: Guidance for Local Authorities and Commissioners (2015)
<http://campaigntoendloneliness.org/guidance/>

¹⁵ Promising Approaches to reducing loneliness in later life. Campaign to End Loneliness and Age UK (2015).
<http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

¹⁶ Our expert panel comprised 24 individuals from a range of disciplines – and included older people, academics, leaders of service delivery organisations, policy thinkers, funders, commissioners and government experts. For more information see: *Promising Approaches*

At the more macro level we have characterised certain approaches as **'structural enablers'** – as they are approaches that support the development of new structures within communities – including not only specific groups and services, but also the foundation services.

These include:

- Neighbourhood approaches – working within the small localities with which individuals identify.
- Asset based community development (ABCD) – working with existing resources and capacities in the area to build something with the community.
- Volunteering – with volunteers working at the heart of services, wherever possible creating a 'virtuous circle of volunteering' whereby service users become volunteers.
- Positive ageing – approaches that start from a positive understanding of ageing and later life as a time of opportunity – including Age Friendly Cities, Dementia Friendly Communities, etc.

6.4 Direct interventions

While these more holistic approaches generated the greatest interest, experts were also asked to consider the services and groups that have more traditionally been thought of as loneliness interventions, and that have been subject to most scrutiny – we have characterised these as 'direct interventions'.

Drawing on the insights of Professor De Jong Gierveld et al¹⁷ into the mechanisms for reducing loneliness, we have identified three main categories of direct loneliness intervention:

- Services to support and maintain existing relationships
- Services to foster and enable new connections
- Services to help people to change their thinking about their social connections

It is clear the vast majority of loneliness interventions currently available seek to reduce loneliness by increasing the quantity and quality of relationships, and most do this by supporting individuals to develop new relationships.

Most experts believed that these kinds of interventions were effective in tackling loneliness, but few held up specific examples as showing significant promise over others. Instead they argued that any and all such interventions could be helpful if they were chosen by the older person and well-suited to their needs (hence the importance of the foundation services). Many experts talked about the need for communities to offer a menu of such approaches.

However, some experts strongly argued that for many older people one-to-one interventions, such as befriending, would remain the most realistic option for providing social support, and highlighted the wide variations between different models in operation. There was also growing interest among experts about the need for psychological approaches to help people change their thinking about their social connections. In considering services that could reduce loneliness by rekindling and/or improving the quality of existing relationships transport and technology were most often identified. However, experts were clear that these also played a wider role as enablers of effective intervention across the piece.

¹⁷ de Jong Gierveld, J, Fokkema, T, Van Tilburg, T. (2011) Alleviating loneliness among older adults: possibilities and constraints of interventions. Safeguarding the convoy: a call to action from the Campaign to End Loneliness. Age UK Oxfordshire. pp 41

6.5 Gateway Services

It was also recognised that when transport and technology were not available, or not accessible, they could also act as ‘disablers’, rendering broader attempts to reduce loneliness ineffective. We therefore have characterised these as ‘gateway services’– playing a critical role in directly enabling existing relationships and a vital supporting role in those interventions designed to support new social connection.

Throughout discussions with our expert panel, the role that access to transport and technology plays in addressing loneliness was repeatedly highlighted. Both were felt to be vital to enabling social connection, not only in supporting older people to maintain their existing relationships, but also in enabling services that support the development of new connections. Experts also emphasised that lack of availability of, and access to, these services could be a serious barrier to social connection.

6.5.1 Technology

The impact of technology on loneliness among older people has been hotly disputed, with some arguing that the increasing use of technology has exacerbated the exclusion of older people, and others pointing to the vital role that technology can play in enabling older people to maintain (and, to a lesser extent, develop) their social connections. A recent systematic review by Hagan et al found that technology based initiatives were among the most effective of all studied interventions in tackling loneliness.¹⁸ However, it should be noted that in only one of the studies which informed this conclusion was technology itself the source of a new relationship, in other cases the technology either enabled, or created the catalyst for, new social connections, and indeed in some cases the provision of technology created the ‘excuse’ for new face-to-face relationships – e.g. in the provision of IT training.

In discussion with experts it was acknowledged that, alongside the role of technology in helping older people to maintain connections with existing contacts, it also offered a cost-effective way of providing wider services and supports to social connection. It was recognised that technology-based provision may sometimes represent the ‘best case scenario’ in a time of limited resources, even though face-to-face provision may be preferred.

Experts also argued that while some technologies may currently be inaccessible and unpalatable to older people, others – such as the telephone – are now commonly accepted and accessible to older people. It was noted that these accessible technologies could play a particularly important role in supporting the delivery of services and that over time, as new cohorts age, the range of commonly accepted and accessible technologies may widen, opening up new possibilities for technology-based loneliness solutions.

6.5.2 Transport

It is clear that transport is vital in keeping older people socially connected. Research demonstrates the importance of good transport in enabling people to keep up connections with existing family and friends. Lack of appropriate transport can be a major barrier not just to the maintenance of existing social connections, but also to the successful operation of services designed to reduce social isolation. In recognition of this, many loneliness initiatives, such as Contact the Elderly provide transport to their activities as part of the service. However, experts highlighted that this can be extremely costly and complex, and concerns were expressed about the ongoing lack of appropriate

¹⁸ Hagan, R, Manktelow, R, Taylor, B, Mallet J. (2014) Reducing loneliness amongst older people: a systematic search and narrative review, *Aging and Mental Health*, 18:6, pp 683–693

transport in some areas, and the far-reaching implications of this gap in provision in terms of older people's health and wellbeing.

7. Local Government support to tackle Loneliness and Isolation

7.1 Identifying Loneliness and the services to tackle it

As a first step, local commissioners should build a picture of local people affected by/at risk of loneliness in their local area. Age UK have a series of heat maps¹⁹ that map the risk of loneliness in different areas that can help in this task. Further information about identifying loneliness can be found in our guide *The Missing Million: A Practical Guide to Identifying and Talking About Loneliness*²⁰. Once this is done, considering what services are available to them should then follow. For instance, existing services that address loneliness should be mapped, including the full range of interventions. A good strategy will consider local assets as well as needs. These can include the practical skills of local residents, community networks and connections, and the resources of public, private and voluntary organisations.

7.2 Addressing gaps in loneliness interventions framework

Local authorities and commissioners should work through the loneliness framework to plan which interventions need to be prioritised and addressed, ensuring a comprehensive or 'whole systems' approach to addressing loneliness. Targeting responses to specific groups who are particularly vulnerable to loneliness (such as men or carers) will help increase the effectiveness of interventions. Commissioners should allow for older people's participation in strategy development, and involvement in co-designing /delivering services. Clinical Commissioning Groups (CCGs) and local authorities should be commissioning against specific outcomes to reduce loneliness and isolation.

7.3 An integrated approach across local authority functions

An effective loneliness strategy should commit to effective partnership working across all local authority functions. This should ensure structures and services are accessible to, and inclusive of, older people with varying needs and capacities. Such areas include planning, transport, housing, social participation. Good partnerships and networks between the public and voluntary sector can provide a better understanding of the older people's needs, and develop effective responses.

8. Recommendations for the Welsh Government:

8.1 The Strategy is the chance for Government to **set a BIG target to reduce loneliness**

8.2 The Strategy is the opportunity for filling **long-standing gaps in addressing loneliness** that will bring together shared knowledge and action – with government providing the final push for these initiatives, such as:

- a. **Measure population wide the issue of loneliness** – providing a baseline for the mass target above
- b. **Finding out what works** - at various points and also across life course – there is the beginnings of a project being seeded in the older age sector – this could run as a pilot for other target audiences to run a similar scheme
- c. **Government departments as employers taking a leaderships role** through real steps with their employees, to support people through loneliness

¹⁹ <http://www.ageuk.org.uk/professional-resources-home/research/loneliness/loneliness-maps/>

²⁰ <http://www.campaigntoendloneliness.org/wp-content/uploads/The-Missing-Million-report-FINAL.pdf>

8.3 We have learned that loneliness can often be seen as negative **so we recommend that the manifesto recognise a positive /opposite side to loneliness, and an asset based approach** when linking solutions to the recommendations.

9. Research and promoting good practice

In recent years there have been a number of attempts to bring together what is known about the effectiveness of loneliness interventions, however the conclusions drawn have been partial, and often contradictory. We therefore call for a greater commitment by government to filling the gaps in this evidence. By far, from the literature and discussions, the most urgent area of research is into which interventions work:

‘There is a paucity of research focusing on the use of health and social care by isolated older people and on interventions to reduce loneliness and isolation’²¹

‘Overall, evidence of effective interventions is limited’²²

‘Despite strong evidence of the association of loneliness with poorer health outcomes and less good lifestyle choices... evidence of effective interventions to combat loneliness is still sparse’²³

Furthermore, everybody experiences loneliness differently. Routes into loneliness amongst people from particular groups, for example black and minority ethnic (BME) are likely to differ from those experienced by lesbian, gay, bisexual and transgender (LGBT) or carers and may require different types of interventions. Qualitative work into how these experiences differ would help us to explore these questions. Courtin and Knapp had a similar conclusion: ‘Our review also identified a paucity of research on population sub-groups, despite evidence of ethnic and socioeconomic differences in the impact of loneliness and isolation on health. We suggest that to understand the scope and magnitude of the impact of loneliness and isolation on health, future research should further take into account ecological factors such as the characteristics of communities and neighbourhoods where older individuals live.’²⁴

Contact details

Dr Kellie Payne

Research and Policy Manager

Campaign to End Loneliness

3 Waterhouse Square

138 Holborn

London EC1N 2SW

Mobile: [REDACTED]

Twitter: [@EndLonelinessUK](https://twitter.com/EndLonelinessUK)

www.campaigntoendloneliness.org.uk

²¹ Courtin, E. and Knapp, M., 2015. Social isolation, loneliness and health in old age: a scoping review. *Health & social care in the community*.

²² University of York, NIHR, *Interventions for loneliness and social isolation* (2014). <https://www.york.ac.uk/media/crd/Loneliness%20and%20social%20isolation.pdf>.

²³ <http://www.cpa.org.uk/information/reviews/CPA-Rapid-Review-Loneliness.pdf>

²⁴ Courtin, E. and Knapp, M., 2015. Health and wellbeing consequences of social isolation and loneliness in old age: scoping review. *NIHR School for Social Care Research: London*.

Appendix

Further references:

The Campaign has a track record of publishing useful and relevant research in the area of loneliness. In the past five years there have been at least six major publications on which much of the work of the Campaign has been based. These include the following reports:

- **Safeguarding the Convoy** (2011) This was the launch publication of the Campaign to End Loneliness. It argued for action from charities, businesses, local government and individuals on the issue of loneliness in older. Academics from across Europe contributed with essays on specific topics, including prevalence and interventions.
- **Loneliness - the state we're in** (2012) This report of evidence compiled international research on the impact of loneliness on health and quality of life, and identifies triggers and interventions.
- **Promising Approaches** (2015) This report was published with Age UK and offers some practical answers to what works in tackling loneliness drawing on practical experience and academic evidence. The report argues that leaders in health and social care must recognise the individual's experience of loneliness and should not seek a 'one size fits all solution'. The report sets out a new framework for understanding how to tackle this multifaceted problem, presenting a range of projects and examples from around the country. These examples demonstrate some of the varied solutions needed for an effective response.
- **Hidden Citizens** (2015) In 2015, the Campaign to End Loneliness and the University of Kent undertook a piece of research to explore what was already known in both research and practice about identifying people experiencing loneliness. This report looked at current approaches to identifying loneliness and searched for insights into how services can improve their outreach and support.
- **Measuring Your Impact on Loneliness in Later Life** (2015) The Campaign to End Loneliness worked with over 50 organisations, researchers and older people in our [Learning Network](#) to develop information and advice on choosing and using a scale to help services measure their impact on loneliness.
- **Missing Million** (2016) The report outlines methods of identifying lonely older people including heat maps and different data sources available. There are case studies which show how those methods are being put into practice. There is also guidance on how to talk to someone who is lonely or at risk of being lonely.