



Summary report on the Health and Loneliness Roadshow 2015

Introduction

Branded the “Health and Loneliness Roadshow 2015”, Befriending Networks (BNs) conducted a Scotland-wide series of CPD-accredited workshops throughout 2015, exploring the impact of loneliness on health. These workshops were aimed primarily at professionals both within the voluntary sector and the statutory health and social care services whose role – either strategically or operationally – involves providing support to people who are experiencing chronic loneliness.

Almost 700 professionals from both statutory and voluntary sectors attended one of 17 workshops across the 14 health board areas of the country and returned overwhelmingly positive feedback on the benefits for them of the workshop content.

In addition to imparting the didactic content of the workshops, however, in bringing health and social care professionals together, BNs also wanted to hear about current experiences of working to tackle loneliness and about steps that could be taken to support that work and enable it to be more effective. To that end, we asked all participants to provide written answers to the following five questions:

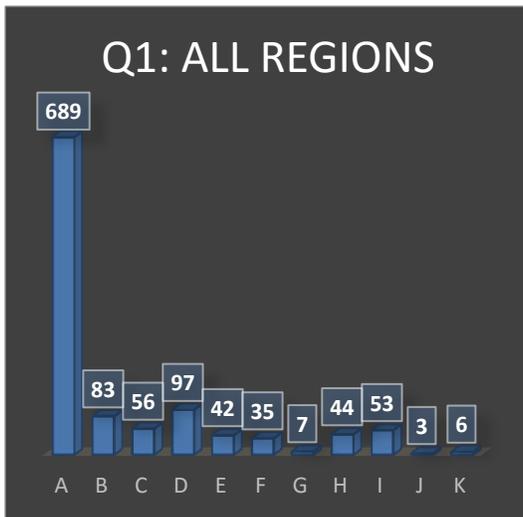
- **Is there anything that you or your team already do specifically to address loneliness among the patients / clients you support?**
- **Is there anything that you or your team could do on a practical level – without the need for additional resources – to address loneliness among the patients / clients you support?**
- **Is there anything that you or your team could do on a practical level to address loneliness if you had additional resources?**
- **Is there anything that you or your team could to influence a change in strategy on loneliness within Health and Social Care Partnerships?**
- **Is there anything you would like Befriending Networks to raise with the Scottish Government in the attempt to develop an effective approach to tackling loneliness nationally?**

In collating the answers to these questions it became apparent that, while there are notable (if sporadic) examples of good practice in addressing loneliness within health and social care services, there is a widespread perception that much more needs to be done if loneliness is to be tackled effectively in Scotland. Most participants saw the Health and Loneliness Roadshow workshops as a starting point from which to get our health and social care services into a position to really take on the challenges of tackling loneliness.



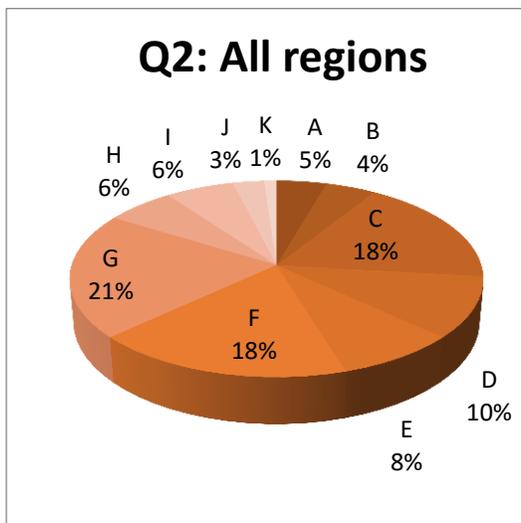
Data from written feedback (all regions)

Q1: Is there anything that you or your team already do specifically to address loneliness among the patients / clients you support?



- A. Total number of participants
- B. Provision of activity / social / community groups
- C. Assessment and evaluation of loneliness
- D. Befriending / buddying
- E. Counselling
- F. Educational activities / information sharing/ awareness raising
- G. Policy work
- H. Practical support (e.g. tenancy / transport /financial)
- I. Signposting / partnership with other services
- J. Social prescribing
- K. Home visits / one-to-one time / telephone support of individuals

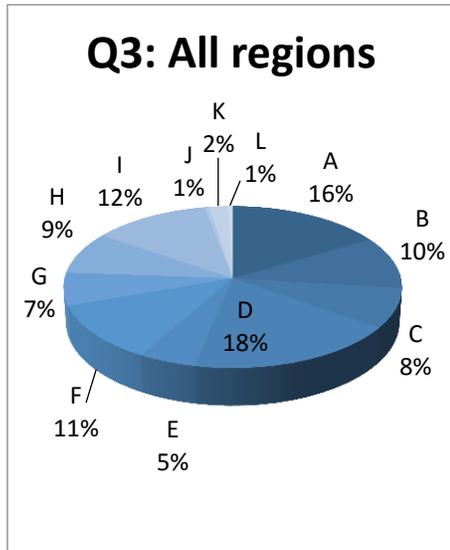
Q2: Is there anything that you or your team could do on a practical level – without the need for additional resources – to address loneliness among the patients / clients you support?



- A. Increase number / use of volunteers
- B. Learn more about loneliness
- C. Increase partnership working / closer links with other community services
- D. Assess and evaluate loneliness
- E. Develop / expand training / information / awareness-raising on loneliness
- F. Nothing without additional resources
- G. Push for increased one-to-one communication with patients and clients (including via digital technology)
- H. Diversify workload of staff / provision of service (e.g. to cover evenings / weekends)
- I. Push for the development of more befriending services
- J. Organise / link to community groups and events
- K. Develop lift sharing / transport schemes

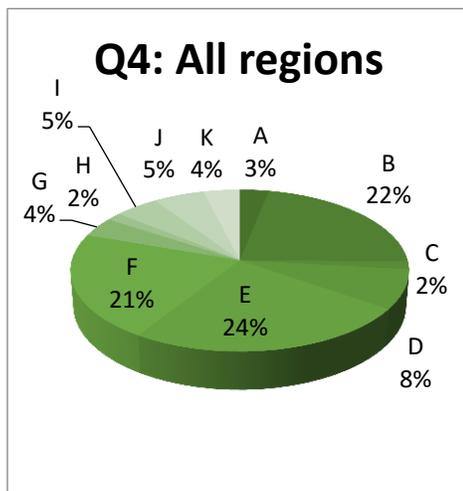


Q3: Is there anything that you or your team could do on a practical level to address loneliness if you had additional resources?



- A. Create more groups/ activities / support networks aimed at tackling loneliness
- B. Increase the number of befriending services, including telephone support
- C. Employ more staff to tackle loneliness
- D. Expand existing services (times service offered, geographical areas covered, types of service offered, number of volunteers recruited etc)
- E. Provide practical assistance to lonely people (e.g. grants, transport)
- F. Enable staff to spend more time with individual patients and clients
- G. Monitor and evaluate loneliness
- H. Increase networking and partnerships with other services / professionals in the area across the sectors
- I. Create (or attend) training / awareness raising events and materials around loneliness and services aimed at tackling it
- J. Provide more counselling services
- K. Provide digital communication equipment and training to lonely people
- L. Develop a preventative (to complement the reactive) approach to loneliness

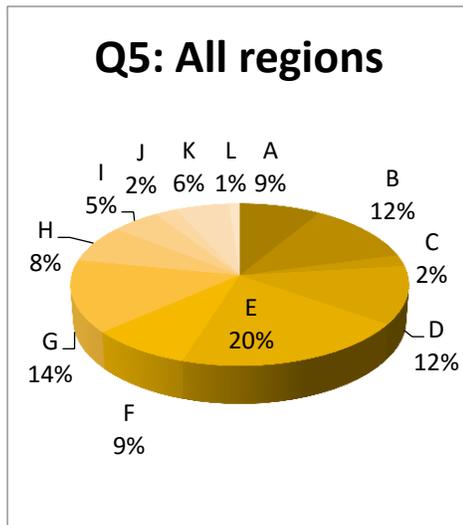
Q4: Is there anything that you or your team could to influence a change in strategy on loneliness within Health and Social Care Partnerships?



- A. Aim to embed references to loneliness within existing health and social care policies and paperwork
- B. Monitor, evaluate and report on the impact of services on loneliness - and share data with Health and Social Care Partnerships
- C. Communicate with local and national elected representatives about loneliness
- D. Raise the issue of loneliness in policy meetings at all levels
- E. Encourage interagency and cross sector collaboration / partnership / networking to create stronger campaigning base
- F. Raise awareness of loneliness generally and its impact on health
- G. Raise awareness of the need for more services to tackle loneliness
- H. Campaign for improved public and community transport
- I. Campaign for the creation of regional and national strategies on loneliness
- J. Campaign for more funding for community groups and services
- K. Develop organisational, regional and national outcomes related to reducing loneliness



Q5: Is there anything you would like Befriending Networks to raise with the Scottish Government in the attempt to develop an effective approach to tackling loneliness nationally?



- A. The need to raise awareness of loneliness and its negative impact on the health and wellbeing of individuals of all ages.
- B. The need for closer collaboration between voluntary and statutory sectors in the delivery of services aimed at tackling loneliness
- C. The need to improve access to public and community transport
- D. The benefits of shared tools for the assessment of loneliness and of sharing data on the effectiveness of interventions aimed at tackling loneliness
- E. The need for increased investment at a national level for befriending and community services aimed at tackling loneliness
- F. The need for loneliness awareness training for health and social care professionals and for the wider public
- G. Recommend the creation of a national strategy on loneliness
- H. Raise awareness at government level of the negative impact of loneliness on health and health and social care services and the potential benefits of tackling and preventing it
- I. Recommend tackling loneliness be made a national outcome
- J. Recommend tackling loneliness become a key target for Health and Social Care Partnerships
- K. The need for more statutory sector staff dedicated to tackling loneliness
- L. The need to create more integrated communities

Concluding comments

There was a widespread perception among participants that any practice currently aimed at tackling loneliness happens mostly by chance – through the initiative (often uninformed) of a concerned individual practitioner who may even step beyond the boundaries of their established role to provide extra support – rather than by collaborative design. Nor is there currently any formal commitment from local or national government to develop strategies or dedicate funds to reducing, let alone preventing, the alarmingly high levels of loneliness documented in the research. Achieving such a collaborative approach and such a commitment is a priority for the majority of professionals who participated in the Health and Loneliness Roadshow 2015.