Glasgow Centre for Population Health

Response to the Scottish Government consultation "A Connected Scotland: tackling social isolation and loneliness and building stronger social connections"

April 2018

The Glasgow Centre for Population Health (GCPH) welcomes this important consultation and the opportunity it gives for stakeholders to contribute to the collation of evidence and practice to support the development of effective national and local policy responses and interventions which can tackle social isolation and loneliness and support the building of stronger social connections.

1. What needs to change in your community to reduce social isolation and loneliness and increase the range and quality of social connections?

The Glasgow Centre for Population Health does not represent a particular geographic community or community of interest; however we are able to comment at the level of the city of Glasgow and more generally for elsewhere. Broadly, as indicated in specific sections of this response, opportunities for informal social connection need to be built into design of our communities and the places where people have the potential to meet. The Glasgow Health and Inequality Commission report, *Improving mental health and tackling social isolation and loneliness,* lists changes required to increase social connection for all. They highlight discrimination and wider (social and economic) exclusion for people in the city as a factor in loneliness and isolation, and prioritise activity to tackle the stigma associated with poor mental health as a means of supporting access for those with mental health problems to formal and informal support. Other recommendations include ensuring easier access to information on community activities, and ensuring equity of access to health and community services, including those with mobility, mental health and sensory barriers to enable movement around the city and access resources.

2. Who is key at local level in driving this change, and what do you want to see them doing more (or less) of?

Alongside statuary bodies such as Community Planning Partnerships, culture and leisure services and large employers have a role in fostering social connections. An important aspect of this role is the provision on of non-directed and non-commercial opportunities for people to meet and use space. Planning departments also have a role in ensuring such opportunities are built into the fabric of the physical environment.

3. What does Government need to do nationally to better empower communities and create the conditions to allow social connections to flourish?

As highlighted throughout the consultation document, there is clearly a lot to be celebrated in terms of approaches that have been, and continue to be, undertaken with individuals and communities to tackle social isolation and loneliness. However, there is also a critical need to continue to invest and support these efforts and wider community-based supports and services, and to ensure that they are integrated into existing and future approaches. There is a need for the public sector, third sector, private sector, and community groups to ensure that they adopt approaches that build social connections and empowerment of individuals and communities. This applies to all aspects of work that aim to improve people's lives, even those that may appear to be unrelated to 'social' aspects of life, such as the development of physical infrastructure. This also applies to the delivery of services, which are often focused on individual outcomes, yet networks and communities play an important role.

Given the crucial role of social networks for everyday living and long-term health, it is essential that factors leading to social isolation and loneliness are minimised (e.g. poverty, illness and poor health, poor housing, antisocial behaviour, discrimination) and opportunities for social participation are provided to develop and expand networks. Issues related to social connections and loneliness need to be given greater prominence (e.g. in service delivery, local development plans, regeneration plans)[1].

4. Do you agree or disagree with our definitions of (i) social isolation and (ii) loneliness? Please provide comments, particularly if you disagree.

Loneliness and social isolation are terms that are often used interchangeably, however it is generally accepted that the two are closely linked and that social isolation is an important factor in influencing feelings of loneliness.

We agree partially with the definitions but with further consideration that:

Social isolation can also be considered to be the absence of *adequate* social relationships of a *sufficient* quality to enable people to feel connected to others, on an individual level, and with society on a broader level. The absence or weakness of a person's social network indicates whether the person is socially isolated.

Loneliness is also a feeling of being on one's own and lacking interaction and support (all or some of the time) which may be a result of or an effect of other factors e.g. poor mental wellbeing/lack of confidence/lack of suitable opportunities for participation and involvement.

5. Do you agree with the evidence sources we are drawing from? Are there other evidence sources you think we should be using?

We agree with the sources stated within consultation documents but would also bring to your attention the following research, sources of evidence and references.

The nature of social connectedness at a city level has been implicated as a possible component in explaining Glasgow's 'excess' mortality in comparison with the similar cities of Liverpool and Manchester[2]. The GCPH's three cities survey found that, in relation to one dimension of social capital pertinent to health, wellbeing and social isolation (social support), Glasgow fared better than Manchester in response to the question of having 'no one to ask for help with shopping when ill, advice or to borrow money'. Seven percent reported such an absence in Glasgow compared with 16% in Manchester and Liverpool fairing best with 4.5%. However, Glasgow also reported significantly lower levels of social participation (volunteering) and trust than Liverpool and Manchester. This suggests that if the nature of social connectedness is an element in explaining Glasgow's poorer health outcomes, then it is a complex relationship. Further, it could also indicate that the nature and value of particular forms of connectedness changes over time and context. What was of value in the past may be of less value today and different times may call for different constellations of connectedness.

A qualitative investigation of culture within the three cities programme highlighted the dynamic nature of community and social connectedness[3] by exploring how social capital and understandings of neighbourhood as part of attempt to shed light on how socio-cultural aspects may explain Glasgow's poorer health outcomes. The findings indicate how loneliness and isolation are shaped by a contemporary experience of a 'liquid modern' community and can be associated with developments that, seen through other lenses, may be viewed as signs of the economic success of cities. 'Community' was less understood as something rooted in the geographical places we live but more in our social networks which can cut across regional and national boundaries and has implications for the types of social support we can expect from them.

A diminishing presence of family roots and long-standing connections within geographical neighbourhoods is also characteristic[3]. In an affluent area of Manchester, the loneliness and isolation of older generations was highlighted as a challenge produced by new ways of living whereby the informal support of family was less likely to be found locally. However, these are not challenges solely found in affluent neighbourhoods. In a deprived community in Glasgow, the researchers found descriptions of reduced social cohesion and community support for child rearing. This was described as a case of 'families standing alone'.

There is evidence that poverty makes a significant contribution to social isolation. The GCPH is a member of Glasgow's Poverty Leadership Panel, and a recurring theme raised there is that social contact, such as meeting others for a drink, is one of the first things to stop when money is tight. This is well illustrated by recent research commissioned by the GCPH on the experiences of lone parents[4].

We would also bring to your attention some recently published and highly relevant review articles:

- Leigh-Hunt N, Bagguley D, Bash K, Turner V, Turnbull S, Valtorta N, Caan W. An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health* 2017;152:157-171.

- Salway S, Preston L, Zubair M, Such E, Hamilton J, Booth A, Ragavan R, Victor C. How can loneliness and social isolation be reduced among migrant and minority ethnic people? Systematic, participatory review of programme theories, system processes and outcomes. *PROSPERO* 2017:CRD42017077378.

At the recent Glasgow Loneliness Summit, Kate Jopling the author of *Promising approaches to reducing loneliness and isolation in later life* highlighted many practical steps to reduce isolation[5].

6. Are there examples of best practice outside Scotland (either elsewhere in the UK or overseas) focused on tackling social isolation and loneliness that you think we should be looking at?

Current examples of evidenced good practice include Open Works, Lambeth[6] and the Bromley-by-Bow partnership in East London[7]. These projects highlight how infrastructure for social connection can be supported, maintained and accessed in a manner that utilises it as a resource that adds value to existing community health investments and helps manage demand on these downstream services.

The Lambeth example offers opportunity to understand how we can achieve economies of scale in relation to small-scale voluntary activity. The associated report *Designed to Scale: Mass participation to build community resilience*[8] indicated that participation was not only beneficial for the individuals involved – improving health outcomes such as wellbeing, connectedness and physical exercise – but had a societal impact of producing greater participation, an 'ecology of participation', that empowered communities and created an infrastructure for grassroots democratic renewal.

Important learning from the report includes:

- It takes around 3 years of support and investment for a participatory culture to embed in an area
- Within a 5-15 minute walk from your home you should have approximately 140 opportunities every week (20 per day) to participate in free activities with neighbours.
- The opportunities need to be practical, low commitment with low barriers to participation (particularly cost). The activities should help people in their everyday lives (e.g. cooking, repairing, and developing new practical skills).
- Through these activities you are able to get to know many local people in very informal and enjoyable settings. These people might be like you, but also might come from a wide range of backgrounds, ages and cultures, many of whom might have very different social and work networks.
- The new local networks would enable participants to understand what public resources and benefits would be available to you, and help you easily access professional support when you need it.

Beyond individual improvement in health, wellbeing and connectedness, we would also expect to see:

- Increased vibrancy and attractiveness as a place to live
- Improvements in the local economy
- Large numbers of informed citizens engaged in decision making and commissioning
- Community cohesion
- Social mobility
- Individual / family security and wellbeing
- Equality of opportunity.

Bromley-by-Bow Health Partnership operate a strong 'Social Prescribing' model of healthcare; "*a means of enabling healthcare professionals to refer patients with social, emotional or practical needs to a range of local, non-clinical services in the wider community*"[7]. The data from 2014-15 indicated success of this approach with 694 social prescribing referrals recorded and 95% of health care professionals reporting benefit to their patients. Nearly 40 different community services and organisations were accessed this way.

The referral pathways reduced return GP appointments from those with multiple conditions and sustained an ecosystem of local participatory opportunities. As Glasgow Garscadden GP, Dr Peter Cawston, describes the approach:

"It seems to me the question we were discussing was how a GP Practice can move from being an industrial provider of medical services and prescriptions to becoming an asset within the community that contributes health expertise to the other resources available for people to try and build resilience and hope in the face of socially created adversity."[6]

It also allowed the community to design new services to meet needs and utilise the assets and skills of patients. This led to Bromley-by-Bow producing a model of care that puts increased personal capacity and responsibility for health as the foundation of a pyramid in which Primary Care becomes self-care, supported by family and friends, community-based care and the NHS.

7. Are you aware of any good practice in a local community to build social connections that you want to tell us about?

The report of Glasgow City Health Inequalities Commission on mental health used key testimony from a number of good practice examples in Glasgow including the Shettleston Men's Shed and projects developed by Scottish Association for Mental Health and LGBT Health and Wellbeing. A series of short films allow access to the type of work these organisations have developed to tackle loneliness and isolation for key groups[9].

All of the above examples promote social connections, support communities to thrive and consider issues of access, accessibility and flexibility. The support needed for staff to be able to do their job is highlighted including professional development as well as emotional support, particularly for staff working in some of the most difficult circumstances.

The GCPH synthesis of learning and research about social contexts and health[1] identified that the relationships and networks of support that people experience, the interconnections within communities, and the involvement of people and communities in decisions that affect their lives, has important influences on health in a range of ways. Social networks with friends and family, community cohesion, social participation and community empowerment processes were identified as the social features that can help improve health and tackle health inequalities, especially for those facing the greatest challenges.

Processes which bring decision-making closer to communities can build stronger neighbourhoods, giving people a sense of control, a voice, and bring people together over shared interests. Such ambitions are enshrined with the Community Empowerment Act and reflect the processes outlined

above around community renewal, linking decision-making with existing capacity in terms of informal groups at a community level. However, existing capacity for engagement is not equally distributed between communities, and resources are required to increase participation in low engagement neighbourhoods. Similarly, infrastructure should be conceived on the community scale to facilitate informal activity and meeting. This can play an important role in increasing opportunities for socialising, improving mental wellbeing and increasing confidence. Provision of green space and community facilities such as halls and libraries all play a role here.

Our work on asset-based approaches[10,11] across communities in Scotland consistently highlights and reinforces the importance of relationships, partnerships and connections, building skills, confidence and coping abilities and creating opportunities for participation and involvement for improved health and wellbeing. Asset-based approaches are about promoting and strengthening the factors which support good health and wellbeing, and which help to build communities and networks that sustain and promote wellbeing, emphasising the value of social relationships and the efficacy of communities. It is about building community assets and strengths through creating the conditions to engage with, and empower, citizen-led action and participation. Working in an asset-based way enables people to become better connected with each other and encourages a spirit of co-operation, mutual support and caring for one another so that people can be in control of their lives. As confidence and self-esteem grow in individuals and neighbours, trust, support and community cohesion are built.

Community-based projects play an important role in helping people to 'connect' to one another and to build supportive networks and friendships. Our research with community-based projects[10] from across Scotland, working with a range of target audiences, based on various topic-related activities and areas of interest, and varying in their scale, size and reach, all placed a focus and emphasis on connecting people to each other and to other services and sectors, and working in partnership with those participating. Although the case studies/projects illustrated were not explicitly set up to tackle social isolation or loneliness in their communities, addressing this was implicit in their work as they sought to build community cohesion and the hopes, aspirations and available opportunities of local people who faced challenges and issues in their personal level, who had become removed from the employment market or disconnected from their local communities. These projects were also seen to support positive change in participant's lives, where there was a focus on new experiences and support to develop their aspirations for the future through a wide range of opportunities where participants could develop new skills alongside softer personal skills. Confidence building, a sense of purpose, and building supportive relationships were intrinsic to all activities.

More recently, our research with public services also working in an asset-based way[11] also clearly identified the crucial role services play in building relationships with the people they are supporting, the wider community, and with other services and sectors. The services studied were working with a range of different target audiences and population groups, across a range of settings and sectors, and demonstrate the range of ways that asset-based working is being applied. Again, although the case study services illustrated were not explicitly set up to tackle social isolation or loneliness with the individuals they were supporting or in their communities, addressing this was implicit in their approaches and work. The services studied in this research work with individuals or groups who have a recognised need, including some of the most vulnerable individuals and communities in our society. Our research identified that traditional models of service delivery were being replaced or

reoriented in favour of services built with a greater sensitivity to the requirements of the service user, and with reference to their family, social and economic circumstances. These models of working were seen to be taking a holistic approach to service delivery and there was a clear emphasis on existing individual and community strengths and resources. A strong focus on what matters to people accessing services and community members, across all spheres of life, was evident. The importance of relationships, partnerships, citizen involvement and collaborative endeavour as central tenets of asset-based working within a services context was evident.

8. How can we all work together to challenge stigma around social isolation and loneliness, and raise awareness of it as an issue? Are there examples of people doing this well that you're aware of?

The Poverty Leadership Panel is leading anti-stigma work in relation to poverty in Glasgow and the Mental Health Foundation (Scotland) continue to run the successful *See Me* campaign to challenge Mental health stigma and discrimination. Both sets of experience can lead to withdrawal or marginalisation from communities.

10. How can we ensure that those who experience both poverty and social isolation receive the right support?

Increasingly services such as financial inclusion and primary healthcare are providing co-located services with workers trained in identifying problems other than those presented at a particular service. The Link Worker programme and Building Connections are examples of this. Identifying loneliness and isolation as a component of complex multiple issues individuals may experience, and being able to refer-on to sources of community connection means professionals can support and respond to problems through a 'single –door' approach. This requires continued investment in opportunities to participate, which are often low in cost but are required consistently and over time and are, therefore, ineligible for project grants. It also requires workers have access to information about resources in their community.

Barriers to participation include the effects of stigma and the cost of participation. The Joseph Rowntree Foundation's *Understanding Society* resource shows data highlighting that people on lower incomes are more likely to experience social isolation and strained relationships[12].

12. How can health services play their part in better reducing social isolation and loneliness?

Adopting the approach of social prescribing as highlighted in the Bromley-by-Bow example earlier in this response and more locally by 'GPs at the Deep End' not only ensures that those who present to GP Practices with needs of a social nature (or medical problems with a social nature) can be referred to appropriate social and community resources but that scarce medical time and resource is protected. A further advantage is utilising existing social and community capacity. A report on Social Prescribing by the Deep End group[13] highlights that "social needs are far more acute and pressing in

areas of socioeconomic deprivation" therefore cross-referencing with Question 10 of this consultation. This approach is also reinforced by the report from the Glasgow Health Inequalities Commission which added *"GPs in Glasgow are currently not well resourced to deal with the health challenges in our most deprived communities. The current basis for allocating health funding to primary care does not, in our opinion, sufficiently take account of the impact of poverty and deprivation on both physical and mental health in our communities. This is further aggravated by current difficulties in GP recruitment".*

14. What more can we do to encourage people to get involved in local groups that promote physical activity?

Earlier research by GoWell highlighted that people who walk around their neighbourhood are more likely to have social contact more often if there are amenities and if the neighbourhood is aesthetically pleasing, and if people feel that they are personally safe when doing so. Further research by GoWell found that levels of walking were highest when a neighbourhood had both high levels of social interaction and an aesthetically-pleasing built form.

Our report, *It's more than just the park*[14], highlighted that access to greenspace and similar resources has the potential to encourage physical activity, increase social contact and promote health and wellbeing. This research pointed out that the attractiveness and quality of the local environment and amenities might impact on people's likelihood to be physically active, but also an individual's stage in their life-course, and associated preferences and values, may also influence their perception of whether a park is an accessible, safe and available option for them and/or their family.

It is important to ensure that groups are affordable and accessible (physically and in terms of opening times and for different levels of abilities) and offer a range of opportunities/activities to support participation.

15. How can we better equip people with the skills to establish and nurture strong and positive social connections?

Childcare and Nurture Glasgow East (CHANGE)[15] is a project working to create better childcare for communities in the East of Glasgow. Good quality, flexible, affordable early learning and childcare services, when delivered as part of a wider engagement with families and communities, can help to mitigate the impacts of deprivation and build foundations, connections and resilience that support children for life. This project aims to develop and implement a sustainably funded approach to the delivery of services that focuses on family and the local area. The project believes that the only way to get services that work for communities is to listen to people from the community. The central component of the project is to speak, listen to and work with parents and carers, children, families and the wider community to find out what is already working well and what needs to change locally. The project is also focused on building positive social connections and partnerships locally between parents and families and linking them with the range of services in the area which can provide support and opportunities for participation for children, adults and families, learning and skills development.

The importance of establishing, building and nurturing social connection between and with individuals, local services and across communities is a central pillar of Children's Neighbourhoods Scotland (CNS)[16], a community-based initiative located initially in the communities of Bridgeton and Dalmarnock in the East End of Glasgow. CNS is taking a distinctive approach to improving outcomes for all children and young people in neighbourhoods with high levels of poverty. CNS aims to bring together people, resources and organisations in a neighbourhood area, so that all of those things can work together better to improve the life chances and opportunities for the children and young people living there. Community engagement and co-production is at the heart of all actions.

CNS is working with local people and organisations to provide a coherent and focused approach to improving opportunities, tackling the attainment gap and reducing health inequalities. It builds on and unlocks the assets, resources and intelligence of the community and those working there.

Adverse Childhood Experiences (ACEs) refer to stressful events occurring in childhood (between 0 to 18 years) and which can impact profoundly on the child's readiness and ability to learn and participate in school life. Adverse childhood events can create dangerous levels of stress and derail healthy brain development, which can result in long-term effects on learning, behaviour and health[17]. Attachment difficulties and the experience of ACEs can manifest through social, emotional and learning difficulties.

Children who end up doing well despite adversity usually have at least one stable committed relationship with a supportive parent, caregiver or other adult. This buffers them from development disruption and builds skills such as the ability to plan, monitor and regulate behaviour and adapt to changing circumstances. Teachers are key figures in a child's life and can provide very important relationships for children and young people. Positive connection and relationships, such as those between teacher and pupil, can help repair some of the impaired ways of working. Building resilience in children has been shown to mitigate the negative impact of adverse childhood experiences. Nurturing approaches in schools which focus on building strong relationships with children and families has been found to improve social, emotional and educational attainment. Understanding, tackling and preventing ACES helps build child development, emotional intelligence and resilience throughout the life-course[17].

The GCPH synthesis of social contexts and health[1] and GCPH seminar series lecture[18] also presents the neurological research of Bruce McEwan who highlighted the benefits of linking older people to schools. He outlined evidence from the Experience Corp programme developed in Baltimore, USA, which trains older people to become teaching assistants in elementary schools. Children were found relate to an older 'grandmotherly' or 'grandfatherly' personality and benefit from the additional classroom help. Older volunteers benefited from the increase in physical activity and social interaction. Many of the older volunteers also reported increased meaning and purpose in life. McEwen discussed this programme as an example of an intervention that encompasses two important factors, social support and physical activity, that help both children and older adults to "open windows of plasticity" in the brain to enable recovery from past negative experiences and to support improved cognitive function.

The role of education in identifying and supporting ways to foster the skills of positive citizenship, building resilient communities and developing strong and positive social connections in young

people is clearly recognised. Evidence supports the significant role that education services play in the socialisation of children into responsible and active citizens.

The GCPH recently published a review of the literature, prepared by the Centre for Child Wellbeing and Protection at the University of Stirling, to explore the meaning of citizenship in early childhood and seek out evidence about the ways in which early learning and childcare settings can support young children to develop the skills, dispositions, practices and understandings associated with citizenship[19]. This review highlighted that although citizenship is often a complex and ambiguous concept, a focus on developing skills which support positive citizenship and personal and social development in the present and which can be built on are important attributes in developing positive connections with others, alongside developing a capacity to form an opinion, negotiating roles, recognising diversity and inequality and considering the impact of their decisions and behaviours on others.

18. What more can the Scottish Government do to promote volunteering and help remove barriers to volunteering, particular for those who may be isolated?

Despite multiple approaches to encourage volunteering participation in Glasgow, including the creation of mass-volunteering programmes at mega-sporting events and the adoption of a Strategic Volunteer Framework (SVF) for the city in 2010, volunteering rates over this period have not increased, and people living in the 20% most deprived parts of the city are still less likely to volunteer than those in the rest of the population. For those not currently in employment, the Department of Work and Pensions treats volunteering as 'work-related activity' that must be reported by claimants. This can restrict people's ability to volunteer freely. The Scottish Government, therefore, may wish to explore this in more detail to identify whether it may be possible to challenge this definition to enable people with the most to gain from volunteering to do so freely.

Past GCPH research has found that volunteering can support health and wellbeing through enabling the development of skills for employment and getting on in life, by providing people with a sense of purpose and structure and for increasing participants' social networks[1]. GCPH research into volunteering as a 'clyde-sider' at the 2014 Commonwealth Games found that social impacts were positive; with nearly two thirds reporting that they were still in contact with people they had met two years after the Games[20]. In addition, research into the long-term impacts of participation for Host City Volunteers for the Commonwealth Games showed that despite little change in volunteering behaviour afterwards, participants were more likely to have met up with more people afterwards (i.e. they extended their social network) and were slightly more likely to talk to their neighbours afterwards[21]. Findings from both studies showed limited impact on overall volunteering levels for Glasgow, as most participants were already involved in volunteering. This suggests that more effort to attract new volunteers should be a focus for future big event volunteering programmes, alongside other measures that may appeal to those that are not attracted to big event volunteering. For older volunteers, open-ended comments show that newly retired volunteers used the Games to transition into a new phase in their life. For some the experience provided confirmation that volunteering after the Games would be a rewarding use of their time. With

population projections indicating a substantial growth in the over-60s in years to come, more flexible forms of employment and voluntary work are likely to assume greater importance in meeting economic and societal needs.

An evaluation of Volunteer Glasgow's volunteering Charter – a programme delivered by Volunteer Glasgow which encourages organisations across the city to review and improve their volunteering practice – found that sign-up to the Charter had helped a number of organisations to increase the size and diversity of their volunteer workforce and improve their practice in relation to volunteer recruitment, retention and monitoring[22]. Rolling out a national charter to support third and public sector organisations across Scotland could improve understanding and organisational practice in relation to volunteering more widely.

Key messages

- Support actions to increase volunteering in the most deprived areas of Scotland.
- Explore differences in opportunities for volunteering across Scotland.
- Encourage greater participation from those not already involved in volunteering at future 'big event' volunteering programmes in Scotland.
- Support employers to provide meaningful volunteering opportunities, where appropriate.
- Support action which raises the profile of volunteering and signposts more people to volunteering roles.
- Explore the current barriers to volunteering for benefit claimants.

20. What are the barriers presented by the lived environment in terms of socially connecting? How can these be addressed?

Social connections in the lived environment can be supported through good quality design and by encouraging more local participation in development and regeneration. Having fewer and weaker social networks have been associated with a number of adverse health outcomes including cardiovascular disease, mental health problems and higher rates of mortality[23,24]. There is also evidence that urban sprawl can increase the social stratification of communities, which can negatively affect levels of trust and undermine social capital[25].

Neighbourhood design that is likely to promote social networks is generally diverse and pedestrian-oriented, including public spaces such as parks to enable opportunities for socialising[26-28]. Evidence from GoWell found that those who considered their neighbourhood to be of a good quality were more likely to report their own health to be either good or very good[29], while people who reported the environment to be of poor quality were more likely to report feelings of loneliness[30]. In particular, having contact with neighbours on most days and being familiar enough to stop and talk to neighbours was important. The study also found that loneliness was higher in those with no sources of emotional support and lower for those who had sources of practical support. Further, neighbourhood design and the provision of local amenities were found to play an important role in facilitating social contact and breaking down social barriers within communities. The authors conclude that social regeneration should form a stronger component within area renewal programmes, creating opportunities for residents to engage with each other, to form ties and to

offer each other social support. In addition, local public and third sector organisations have a role in providing practical and emotional support for people without close social networks.

With over a third of Scots living alone and trends indicating further increases in single person households[31], social isolation is a growing and often hidden challenge, particularly for older men[32]. Continued growth in the number of elderly people will mean that the adaptation of housing will become increasingly necessary[33], and the accessibility of the wide range of services that people will require in older age should be accounted for. Another important demographic change is that Scotland is becoming increasingly ethnically diverse. GoWell research found that social integration for migrants has been found to be lower than for British-born citizens for indicators of trust and neighbourliness[34], suggesting that further work is required to ensure that migrants are made to feel welcome when they arrive in Scotland. This potentially requires additional support for housing associations and a commitment to undertake more extensive integration work.

The Place Standard is a recognised resource for engaging with people about the development of their area, particularly in the development of Locality Plans. However, although the Place Standard can be a positive tool for mobilising the population around how they would like their area to develop, its use should be linked directly to decision-making structures and efforts should be made to ensure that participation is inclusive.

Key messages

- Having a strong, supportive social network is important for maintaining mental wellbeing, and built environment features can facilitate or reduce opportunities for social activity.
- The density of the built environment can impact upon levels of trust and social capital, and lower density forms of development can stratify communities into distinct social class groups.
- Well maintained, distinctive, attractive and safe-feeling public spaces and routes enable social activity and can encourage people to prioritise community-oriented behaviour over individualism.
- Social connections can be enhanced by encouraging more local participation in neighbourhood decision-making.
- Demographic changes to a more elderly and ethnically diverse population should be reflected in future decisions about physical and social regeneration.
- Increases in the proportion of people living alone heighten the need for social spaces to be developed within communities.
- Third sector organisations and housing associations already play an important role in supporting people to get involved in decisions about their area. This should be recognised and supported by the Scottish Government and Local Authorities.

21. How can cultural services and agencies play their part in reducing social isolation and loneliness?

In a lecture given as part of the GCPH Seminar Series, former Head of Glasgow Museums, Mark O'Neill highlighted the role of the city's museums as non-commercial destinations for meeting and interaction. Compared with commercial spaces, such as cafés, shops or cinemas, the experience of museums is relatively non-directive allowing a degree of autonomy around how time is spent. The fact that access is free also supports their use as places to meet. This can be informally for families and friends or part of care-related activity. The fact that the Glasgow Museums such as Kelvingrove have existed across generations provides focus points for inter-generational interaction[35]

In a review of the health and wellbeing impacts of culture and leisure services[36] the impact pathways of sport, arts participation, museums, heritage and libraries were described. Whereas sport's effect on physical health and wellbeing is relatively easy to understand, the wellbeing impact of arts and cultural services are more complex. A key impact is when cultural services are used to stimulate and connect with existing networks. A recent example being the community engagement work associated with the refurbishment of the Burrell Collection in Glasgow which has actively created conditions for community groups in the area to connect with and inform the development of the project. Part of the strategy has been as much about taking the Burrell out to communities as much as bringing communities to the space upon re-opening.

22. How can transport services play their part in reducing social isolation and loneliness?

A synthesis of GCPH learning on transport and health, with a specific focus on active travel[37] concluded that evidence has clearly shown that people are more likely to make active travel choices when streets and public places are attractive and well designed[38]. It was also found that increased levels of walking and cycling also contribute to safer, more appealing public spaces. Where motor traffic is lighter, people interact more and feel a greater sense of community[39]. Neighbourhood designs that favour walkers and cyclists, and provide access to a range of amenities which allow people to socialise can help to build social networks.

Furthermore, the GCPH briefing paper exploring 'how can transport contribute to public health?' found that inadequate transport provision can increase social exclusion and deprivation[40]. Conversely, good public transport systems and the creation of environments that encourage walking and cycling are a fundamental component of the physical and social regeneration of communities. Evidence, as previously highlighted, clearly supports that making it easier, safer and more convenient for people to walk, cycle or access reliable, good quality, low cost public transport is fundamental to improving access to shops, jobs, schools, healthcare and other services[41]. Improved opportunities for walking in the local community have particular social inclusion benefits for the elderly and for those with mobility difficulties. Larger numbers of people regularly walking in an area can help to deter crime and vandalism. Improving the walking environment can also help to foster a sense of community and social contact.

Provision of safe and attractive infrastructure for walking and cycling is clearly important. Our research on the Kelvingrove-Anderston cycling/pedestrian route[42] showed that pedestrians and

cyclists using the route valued it most because it felt safer. Other reasons given by people for swapping from driving or public transport to walking or cycling on the route were that journeys were faster, cheaper and less stressful journeys as a result. In related research, which focused on the Tradeston footbridge in Glasgow[43], we showed that this new infrastructure increased pedestrian and cycling journeys into Glasgow from the south of the city.

In contrast some transport infrastructure can have the effect of dislocating and severing community connections. Historically we have the example of the impact of the M8 built in Glasgow in the late 1960s and more recently there has been detailed research on the health and social impacts of the M74 extension[44]. The findings from this research programme suggested that the new motorway appeared to have promoted car use and it did help to connect some local residents, particularly those with access to cars, with amenities and people in other places. However, those living nearer to the motorway tended to experience poorer mental wellbeing over time than those living further away. These findings do not relate specifically to isolation and loneliness but suggest that caution should be exercised in building new infrastructure that may benefit some in the population but have a negative impact on others.

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