community transport association

A response from the Community Transport Association in Scotland

A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections

April 2018

About us

The Community Transport Association (CTA) is the UK-wide national charity that represents and supports providers of community transport – thousands of local charities and community groups in all parts of the UK that provide transport services, which fulfil a social purpose and community benefit.

Our vision is of a world where people can shape and create their own accessible and inclusive transport solutions and our mission is to achieve this through championing accessible and inclusive transport, connecting people and ideas, and by strengthening our members and raising standards.

We do this through contributing to the formation of public policy that affects our sector and their service users, showing how better outcomes are achieved for people and communities when they have access to community transport. We create partnerships with like-minded organisations across all sectors; manage a national programme of quality assured education and training; provide comprehensive advice and guidance to those delivering community transport; and we take every opportunity to champion the vital and indispensable work that our members do.

The context

The CTA welcomes the publication of *A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections* and the opportunity to respond. We recognise that this is a pioneering approach and demonstrates real commitment to make progress on this vital issue. This marks a seminal point in the greater acknowledgement of loneliness and isolation as significant factors affecting people's quality of life.

We also welcome that dozens of voluntary sector organisations have risen to the challenge of defining the issues and articulating solutions. Since there are no current international examples of loneliness strategies from which we can learn and build upon, the greatest likelihood of success will depend upon broad consideration and input from as many informed and relevant sources as possible. Although this strategy is not co-produced as such, its effectiveness will depend largely upon the readiness of the Scottish Government to take on board the lessons offered. In particular, we add our voice to those who assert that, to be effective, identifiable and measurable targets must augment the intentions behind the strategy.

In particular, we strongly welcome the reference in the consultation paper to accessible transport and to the community transport sector specifically as a vital means of ensuring that people in rural areas and/or in later life can remain socially active.

We acknowledge and support the distinction made between loneliness and isolation, albeit that the terms are often used interchangeably. We refer to both throughout most of this

response, though it seems clear that although social isolation is easier to define and measure, loneliness is the aspect which causes most of the harmful effects (see below).

The impact of loneliness and isolation

The consultation paper addresses some of the most well-known impacts of loneliness and isolation. Voluntary Health Scotland has acknowledged that loneliness and isolation:

- are risk factors for coronary heart disease and stroke;
- have comparable effects to smoking and excessive alcohol consumption to mortality risk;
- exceed the levels of mortality risk caused by physical inactivity and obesity; and
- substantially increase the chances of developing dementia amongst older people.

The Government's response to the then-Equal Opportunities Committee's report into Age and Social Isolation in 2015 acknowledged that loneliness and isolation were public health issues, and the Chief Medical Officer Catherine Calderwood drew a similar connection in her 2017 Annual Report. However, the Government has not yet acknowledged that loneliness and isolation are official social determinants of health; nor have they committed to having this recognised at international levels.

The prevalence of loneliness

Numerous estimates about the prevalence of loneliness have been made. Age UK have consistently asserted that one in ten older people say they feel lonely most or all of the time (which we can describe as chronic loneliness). This would equate to over 100,000 older people in Scotland. The Equal Opportunities Committee acknowledged, however, that loneliness is not confined to later life, and addressed specific contexts of loneliness among young people, including shaming behaviours and cyberbullying. Research suggests that the prevalence of loneliness varies over the lifecourse, but that it is as common among under-25s as among over-65s[1].

Extrapolating this data across the Scottish population, it therefore seems likely that at least a quarter of a million, and perhaps as many as a third of a million, Scots are chronically lonely. Given the substantial effects noted above, this therefore represents a public health epidemic.

Loneliness is difficult to measure because it is a subjective state, and requires to ask people how they feel, and how often they feel lonely. Social isolation is easier to measure because it identifies the prevalence of risk factors. This is likely to produce a more easily updated measure, although a slightly less definitive one because it excludes the personality and resilience factors of how individuals respond to greater isolation. However, survey evidence may also be inhibited by a widespread social stigma about admitting to feeling lonely as it is

sometimes viewed as a personal failing. This leads to a paradox: those who are most lonely may be most in need of support, but authorities and community groups which could help may be less likely to know who they are.

However, the lack of definitive data here reflects the situation that public authorities currently do not assess the prevalence of loneliness in a systematic way, nor do they use such data to predict demands for services. This seems an obvious step forward which the Scottish Government could establish, even on a pilot basis. We believe that health and social care partnerships are best placed to commit to this. A responsibility to measure loneliness and isolation would greatly enhance the impact of strategic planning undertaken by these authorities in terms of the Public Bodies (Joint Working etc) (Scotland) Act 2014. Some of the integrated joint boards did acknowledge loneliness and isolation issues in their strategic plans produced in 2016, but did so only to provide context, not to anticipate pressures on health services or encourage specific analysis of what should be invested in preventative work.

If health and social care partnerships did measure these factors systematically, this data should then be shared among other public authorities. This would allow the data to be used to inform transport demand and areas where people remained poorly served by a lack of effective transport links.

The triggers

We agree with the consultation paper that loneliness and isolation can affect people at any stage of life and has multiple causes. We have an innate human need for contact and interaction, which stems from the tribal history of human beings in which grouping together was not only practically helpful but essential for survival in harsher environments.

However, repeated research has identified that the most common trigger points are significant life events which disrupt or impair personal relationships. These include bereavement, divorce or relationship breakdown, estrangement, children leaving home and moving away, and moving home to an unfamiliar community. These outcomes accord with common sense, and can be seen in other contexts too. Separation anxiety is a cause of much distress among young children, albeit usually only temporary, and it is now suggested that enforced isolation – for example solitary confinement in prisons – may be tantamount to a form of torture.

However, the research also points to the significant effect of impairments – including mental and physical ones. Cognitive impairments such as dementia can cause loneliness among people living with dementia but also their carers, since this can adversely affect the quality of relationships. Mental health conditions such as anxiety and depression can inhibit people from seeking out or taking advantage of opportunities to interact, and can have a circular negative effect if they prompt greater reclusiveness. There is a relative lack of research about the impact of learning disability on loneliness and isolation.

But physical disability has obvious effects as a trigger for loneliness too. Mobility impairments can make people less able to get out and about and more dependent on others for contact. Mobility impairment has been assessed as bringing measurably increased risks of both social isolation and loneliness (by 7% and 17% respectively)[2]. The community transport sector can play a significant part in addressing and preventing isolation among people affected by these issues.

The impact of CT

Community transport encompasses a wide variety of schemes, using a range of different vehicles, and benefitting different types of people. However, it is commonly used to refer to any service run on a not-for-profit basis rather than a commercial one, and which seeks to provide social and community benefit.

- There are more CT schemes per head of population in remote and rural areas than in urban ones, especially community bus routes. In rural areas, comparatively low levels of bus patronage make it difficult to run commercial bus services profitably. Since CT services are not designed to make money, they have a structural advantage in meeting social need rather than being dictated to by economic forces.

- Community transport schemes in urban areas include demand-responsive services such as dial-a-ride and dial-a-journey services. These offer an ability for those with disabilities to have door-to-door support which is more affordable than taxi services.

- Group transport includes journeys specifically arranged for clubs and societies, including arranged trips and visits.

- Community car schemes do not require larger passenger vehicles such as minibuses. They are therefore typically cheaper and more flexible to run and can therefore operate in very small communities.

- CTA also includes members who operate minibuses but whose primary purpose is to run a different service altogether, but for whom an ability to get people to and from a community space or service hub is essential.

CT also co-ordinates with other types of services where possible. Helmsdale Community Transport runs a regular service which links with a commercial route in Golspie. It is therefore possible for residents to use a CT and a commercial service to arrive in Inverness, some 68 miles away, before 9am on weekdays. This offers a valuable economic link for employment, but also to allow people to access health services at Raigmore hospital.

These examples highlight the main benefits for users of CT: social interaction, access to employment, and access to health services.

Community transport users benefit from interactions not only at their ultimate destination but also on the journey itself. Passengers interact with each other, especially on group transport services. Drivers and passenger assistants on minibuses are encouraged, supported and trained to take account of passengers' needs, waiting for them to be seated before moving off, but also sometimes assisting passengers to and from the vehicle from their door.

One particular scheme is badged as a shopmobility scheme, allowing up to 20 older people to visit local shops on a specific weekday. It is routinely fully booked one week ahead. However, it is common for only five or fewer of the passengers to return with shopping bags. Many of the others use the service because they value the interaction, the ability to leave their house and enjoy fresh air, to enjoy a cup of coffee and a bite to eat at a local supermarket. This type of story shows that, when given a choice, some older people actively choose to use CT services for a socially useful purpose which would be hard to measure as productive activity.

Community transport also delivers these benefits for comparatively small levels of investment. According to the 2015 State of the Sector survey by Transport Scotland and the CTA, almost a quarter of CT organisations in Scotland have annual operating costs of less than £21,000, and 55% are entirely dependent on volunteers, with no full-time employees, and a further 35% have five employees or fewer. CT organisations therefore adopt particularly lean operating models to make most efficient use of resources and which are well-suited to the light-touch regulatory model of permits under sections 19 and 22 of the Transport Act 1985. We welcome the Scottish Government's support in stressing the advantages of this regime in the current consultation being held by the UK Department for Transport.

Measuring progress

Efforts to measure progress in implementing the strategy must be developed and widely used. The risk of a strategy without measurement, even if it contains specific actions, is that we will be unsure of what measures are having a positive effect at all, and if so to what extent. Measurement has been a key feature of the Scottish Government's approach to policymaking and implementation through the National Performance Framework, which is due to be refreshed shortly. National outcomes and national indicators are designed to allow for regular and systematic evaluation. Without a systematic approach, tackling loneliness could be overlooked against other policy ambitions and targets which are measured.

The relative reluctance of Governments to address loneliness and isolation issues may in part have stemmed from an uncertainty about how to measure progress. We therefore recommend the adoption of a single loneliness and isolation measure across Government and the public sector, to which transport providers are encouraged to contribute. This measure should be sensitive enough not simply to measure passenger numbers, but the relative value of journeys made, and decisions about what services to invest in could and should use the data obtained.

Contact us

For further information on any of the issues raised in this response, please contact:

Derek Young
Director, Scotland
Community Transport Association

21 Walker Street
Edinburgh EH3 7HX

Tel. 0131 220 0052
E-mail derek@ctauk.org
Web www.ctauk.org

---

1 "The prevalence of loneliness among adults: a case study of the United Kingdom", Victor and Yang, *The Journal of Psychology* (2012) 85-104; see www.ncbi.nlm.nih.gov/pubmed/22303614.

2 see "Social isolation, loneliness, and all-cause mortality in older men and women", Steptoe et al, *Proceedings of the National Academy of Sciences (PNAS)* (2013) 5797–5801; see www.pnas.org/content/110/15/5797.