

# Response ID ANON-8H41-QXJ9-H

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

Submitted on **2018-04-27 10:17:03**

## Key questions for everyone

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

**Input your answer here::**

Down's Syndrome Scotland (DSS) is the only Scottish charity focused solely on the needs of people with Down's syndrome (Ds) and their family carers. We provide information, support and services for people with Ds, their families, carers and those with a professional interest. We also seek to improve public knowledge and understanding of Ds and to champion the rights of people with Ds.

We need to address the stigma towards learning disability and more specifically Down's syndrome (Ds) that still exist in today's society. The issue of stigma should be considered a matter of public health as it does not only apply to disability but also to poverty, long term illnesses etc and may have an impact on various issues including social isolation and loneliness.

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

**Input answer here::**

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

**Input answer here::**

The Scottish Government has to ensure that policies decided and approved at national level are actually implemented on the ground, e.g. self-directed support, transitions, integration of health and social care (engagement with third sector and local population). At both national and local levels it would also be helpful to consider whether the use of easy-read literature/format could be better promoted so that it is not just an after-thought. The Scottish Government and others cannot keep promoting Scotland as an inclusive society when too often citizens with Ds cannot access information that may be relevant to them in an accessible format.

### Do you want to answer any of the detailed questions?

## Detailed questions

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

**Input answer here::**

Agree.

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

**Input answer here::**

It might be helpful to also investigate the projects and reports from third sector organisations who have already worked on these issues to identify what could be replicated/ shared and what does not work.

For example DSS ran the Friends Connect project between 2014-2017 which had two main outcomes:

- Adults with Ds will have increased confidence and self-esteem and improved well being.
- Adults with Ds will have increased friendships, social and independent skills and be better connected to their local communities.

A summary of the evaluation report states that:

'The Friends Connect project at Down's Syndrome Scotland has been very well received by the mentees who took part and made friends, the volunteer mentors, and by parents and carers. There has been an overwhelmingly positive response from all parties, which validates the work of the project. There is no doubt that real friendships have developed over the 3 years, and that a number of these will continue once Friends Connect comes to an end. It is worth noting though that for some this will be difficult without the support of the project and their volunteer mentors.

Mentees are feeling more confident and this has been acknowledged by the people who know them best, their parents and carers, and by their volunteer mentors.

Although there was a focus from Friends Connect and Down's Syndrome Scotland on connecting with communities, this success has been modest. It did not seem to be as high a priority for people themselves, although some made good local connections. The mentees enjoyed lots of new activities and tried new challenges, with their horizons being widened. Overall, a successful project which people have loved being part of and true friendships created.'

A full copy of the evaluation report can be provided upon request.

### 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?

**Input answer here::**

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

**Input answer here::**

**8 How can we all work together 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?**

**Input answer here::**

Challenging stigma around social isolation actually requires to challenge many other stigma such as negative attitudes towards people with Ds for example. People with Ds might feel isolated because of the stigma they endure based on the assumptions many still have towards Down's syndrome. As a result this strategy like any other cannot stand alone and will require work across portfolios to ensure that progress is made in tackling the issues of social isolation and loneliness.

**9 Using the Carnegie UK Trust's report as a starting point, what more should we be doing to promote kindness as a route to reducing social isolation and loneliness?**

**Input answer here::**

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

**Input answer here::**

**11 What do we need to be doing more of (or less of) to ensure that we tackle social isolation and loneliness for the specific life stages and groups mentioned above?**

**Input answer here::**

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

**Input answer here::**

All services need to ensure that they treat everyone with dignity and respect. DSS published a report about the experiences of its members with healthcare services and professionals in 2017 which raised a number of issues and recommendations. The report 'Listen to Me, I have a Voice' is available here:

<https://www.dsscotland.org.uk/wordpress/wp-content/uploads/2017/03/DSS-Listen-to-Me-pdf.pdf>

As a starting point, all professionals working in health services should be made aware of the importance of language/terminology when addressing patients. DSS believe that all healthcare professionals should practice 'People First' language, e.g don't say a Down's child, but say a child with Down's syndrome.

We are also of the view that feelings of social isolation and loneliness could be prevented/better managed if all patients with Ds could benefit from holistic assessments evaluating both physical and mental health.

**13 How can we ensure that the social care sector contributes to tackling social isolation and loneliness?**

**Input answer here::**

Similarly to the answer to question above, holistic assessment of a person's needs might help prevent/ reduce feelings of social isolation and loneliness.

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

**Input answer here::**

One of the main barriers faced by our members remains the issue of accessibility. If a lot of children with Ds are interested in sport, too many are still facing significant barriers to become more active due to a lack of facilities for disabled children in some areas, lack of training for staff who do not know how to support children with Ds in their activities and negative assumptions by staff and members of the public about the abilities of children with Ds. If Scotland truly aspires to be inclusive in all areas then these concerns have to be tackled too.

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

**Input answer here::**

As mentioned in the consultation, it is crucial that GIRFEC becomes a reality for every child and young person in Scotland. Similarly it is essential to ensure that the Curriculum for Excellence is working for every child/young person.

Importantly DSS is of the view that the issue of transition (from school to further education/employment) is key to establish strong social connections after school. We believe that more attention and more work is needed to ensure that every young person with Ds receives the right support with transition to help them establish positive connections once they leave school.

**16 How can we better ensure that our services that support children and young people are better able to identify where someone may be socially isolated, and capable of offering the right support?**

**Input answer here::**

What is essential for supporting children and young people with Ds is to be able to communicate with them properly (whether orally or in written form i.e. easy-read format). For example despite the rhetoric about Scotland being an inclusive society, it is often the case that organisations fail to provide documents in easy-read format unless asked to do so. Moreover we also heard feedback from our members about the lack of knowledge of staff on how to communicate with their children and the lack of staff training on this issue; in particular our members would welcome the use of pictures, sign language but also professionals speaking slowly and longer appointments to be able to discuss their concerns.

**17 How can the third sector and social enterprise play a stronger role in helping to tackle social isolation and loneliness in communities?**

**Input answer here::**

Regarding the third sector, the issues of sustainability and funding are key in ensuring that organisations can continue/strengthen their role in tackling social isolation and loneliness.

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

**Input answer here::**

**19 How can employers and business play their part in reducing social isolation and loneliness?**

**Input answer here::**

In our view, challenging stigma around learning disability is crucial and providing adequate resources to employers and staff (training etc) is essential too. If more people with Ds were given opportunities to work, it is likely that this would help in reducing the feelings of social isolation and loneliness that some of them may experience. It is important to understand that this is likely to improve the mental health of carers too who can feel lonely and suffer from the fact that their children have no opportunities after school or cannot find employment and thus have to stay at home.

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

**Input answer here::**

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

**Input answer here::**

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

**Input answer here::**

**23 How best can we ensure that people have both access to digital technology and the ability to use it?**

**Input answer here::**

**Any other comments**

**24 Taking into account answers to questions elsewhere, is there anything else we should be doing that doesn't fall into any of these categories?**

**Input answer here::**

**25 Do you agree with the framework we have created to measure our progress in tackling social isolation and loneliness?**

**Input answer here::**

The vision and outcomes seem fine, however we believe that measures of success and indicators could be improved.

**26 Is there anything missing from this framework that you think is important for us to consider?**

**Input answer here::**

Based on the draft performance framework on page 24, it may be argued that the overall strategy is not accurately reflected in the proposed framework. Given the content of the consultation paper, we would expect the issues of stigma, funding, children and young people, employment, transport and physical health to be considered in measures of success and/or indicators too.

**About you**

**What is your name?**

**Name:**

Rachel Le Noan

**What is your email address?**

**Email:**

rachel@dsscotland.org.uk

**Are you responding as an individual or an organisation?**

Organisation

**What is your organisation?**

**Organisation:**

Down's Syndrome Scotland

**Are you responding on behalf of a community discussion that has taken place?**

No

**If you used our facilitation guide, please upload the Event Registration form here.**

**Upload:**

No file was uploaded

**The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:**

Publish response only (without name)

**We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?**

Yes

**Evaluation**

**Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)**

**Matrix 1 - How satisfied were you with this consultation?:**

Neither satisfied nor dissatisfied

**Please enter comments here.:**

**Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:**

Neither satisfied nor dissatisfied

**Please enter comments here.:**