Consultation response to **‘Connected Communities: Tackling Loneliness and Social Isolation’**

Lead organisation: **Wales Council of the Blind**

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**Wales Council of the Blind is the umbrella agency in Wales representing blind and** **partially sighted people and the clubs and societies that support them. We** **gather the opinions and views of vision impaired people through groups and** **consultation. We put their voice at the centre of what we do, reporting their views to** **the people who are responsible for the services that help them. We also act as an** **agency to direct** **people to these services, giving them impartial advice and choice.**

**Wales Council of the Blind consulted with members of the Low Vision Service Wales Advisory Group and WCB members.**

This response has received support from the following [to date]:

**Wales Rehabilitation Officers Forum**

**Chair of Welsh Association of VI Educators**

**Low Vision Service Wales Advisory Group**

**Sight Cymru**

**Vision Support**

**More to be added ahead of submission…**

**Question 1: Do you agree with our definitions of loneliness and social isolation? If not, what would you propose instead?**

**Comments:**

YES – However, we believe that the definition of loneliness is confusing and we would like to see the second half of the sentence reworded (e.g. when the quality of social relationships we have fails to meet our expectations).

**Question 2: How can we help people to understand the trigger points for loneliness and social isolation and to build emotional and psychological resilience to enable them to take steps to avoid or reduce these feelings?**

**Comments:**

This is particularly important for people who lose their sight, at any point in their life, as the traumatic effects are exacerbated by the likelihood of loneliness and isolation. Welsh Government must increase awareness, amongst Social Care, Health and Third Sector organisations responsible for tackling loneliness and isolation, of the need to take extra steps to support blind and partially sighted people. This is because they may have limited access to advice and information concerning these issues and because the problems of loneliness and isolation will not be their prime concern and risk going undiagnosed.

In relation to sensory impairments and communication difficulties for children and young people, there needs to be greater awareness of the need to support specific learner outcomes through a specialised curriculum that teaches the skills required for children and young people to become resilient independent adults. This must include Habilitation as qualifications are useless without the skills to access the world around us.

**Question 3: How can the Welsh Government foster the right environment and create the right conditions to build resilient communities?**

**Comments:**

We would like to see Welsh Government and other organisations work more closely with sight loss charities to raise awareness of support mechanisms and to help people understand the triggers of social isolation. In order for blind and partially sighted people to actively participate in building resilient communities, we believe that Welsh Government must engage with sight loss charities in Wales, as well as other disability organisations.

Additionally, a specialist curriculum should be recognised as essential for children and young people with VI in gaining the skills for successful adult life[[1]](#footnote-1).

**Question 4: How can children and young people be better equipped with the skills to establish and maintain meaningful social connections?**

**Comments:**

Children and young people with sight loss are particularly susceptible to feeling lonely and excluded. For example, schools will often exclude blind and partially children from sports activities that are clear examples of situations that foster friendships. Schools should avoid imposing such barriers to exclusion and work to improve access with the help of organisations such as Disability Sports Wales.

Habilitation specialists help children with a vision impairment to gain independence in daily living activities and mobility skills throughout childhood and the transition into adulthood. If this support is not received in a timely manner it can severely impact on their intellectual, social and emotional development which in turn affects their life chances[[2]](#footnote-2).

We would like to see local authorities employing at least one accredited habilitation specialist per 100 children and young people with sight loss.

We would also want to see joined up working from education, health social care and the third sector so that during transition the risk of isolation is minimised.

Also, early intervention and support for children and young people and their families is crucial. The importance of a swift referral to a Qualified Teacher of Vision Impaired (QTVI) in addition to (not instead of) the referral to a Habilitation Specialist cannot be understated. Referrals to QTVIs and Habilitation Specialists (found within Local Authority Education Services) can be made by anyone. It would seem sensible to introduce a referral pathway into these services from Health (at the point of diagnosis, regardless of the issuing of a CVI or not). This way children and families will get this support as a matter of course and without the need to search for services that in some cases are understaffed by specialists.

**Question 5: How do we ensure that schools can better support children and young people who may be lonely and socially isolated?**

**Comments:**

Children with significant sight loss often have one-to-one classroom support that is essential but can limit meaningful interaction with peers. Schools must find ways of balancing these two needs - support and social interaction.

Schools also need to find ways to tackle bullying and hate incidents directed at children and young people with sight loss, as they are particularly vulnerable.

Also, children and young people with sight loss (particularly when first diagnosed) will usually require some form of counselling. Counselling services are often difficult to access quickly and sometimes this can mean that the damage to a child’s self-esteem and mental health has been worsened by the wait. Funding for third sector VI specific counselling for all ages (including specific services for children and young people with sight loss) would secure these much needed services. Otherwise, funding for regional counsellors associated with VI services in that region would help to support the needs of those who might otherwise become lonely and isolated.

**Question 6: What more can the housing sector do to reduce loneliness and social isolation? How can the Welsh Government support this?**

**Comments:**

Communal areas must be designed with accessibility in mind to ensure that people with sight loss are able to engage with this opportunity for social interaction.

Regular tenant meetings are often a good way of meeting neighbors and feeling connected. Again, it is important that meetings are accessible to ensure that people with sight loss are not discouraged from participating.

Often people are relocated within social housing when their circumstances change. Losing your sight may trigger a move to a more accessible home. However, consideration should be given to the importance of the individual’s current social situation. In some cases a move may cut them off from their established community – a community that sees the individual in the larger sense, not as “just a blind person who has moved in”.

**Question 7: What more can the Welsh Government do to support the improvement of transport services across Wales?**

**Comments:**

There has been some positive progress in terms of the introduction of audio-visual announcements – this is welcomed. However, bus operators have little accountability for their passengers. Local bus operating companies need to consult with passengers on changes / cuts to services and routes – an equality impact assessment must be carried out. Welsh Government may need to offer guidance and support to enable smaller operators to carry out meaningful consultations and impact assessments.

Essential services to those at greatest risk of isolation, such as those in rural areas that are poorly served by public transport, are the community transport schemes. We would like to see these better supported and established throughout Wales, with support to deliver a more personalised service available, as and when needed, not just at the limited times currently available. For example, WCB has received reports of people not being able to use the service to attend early appointments. We are also aware that many authorities do not have a community transport service. Welsh Government could assist with promoting these schemes and helping them to attract more volunteers.

Transport for Wales has established a user panel for disabled people. This is good practice and we would like to see more user engagement at a local and national level.

We would encourage Welsh Government to implement the actions listed in the United and Connected section in **‘Action on Disability: the Right to Independent Living[[3]](#footnote-3)**’.

**Question 8: How can we try to ensure that people have access to digital technology and the ability to use it safely?**

**Comments:**

For many people with sight loss social media and electronic communication is crucial to maintaining a community of friends and peers. However, there are people who are further isolated as they are unable to use such technologies and/or afford them. Welsh Government need to be aware that *how* to use the technology may be a barrier in itself, therefore specialist training is needed. RNIB and partners ran the Online Today project for three years that provided a level of training and support. This came to an end after 3 years of funding. Therefore we would like to see funding made available to provide specialist digital accessibility training of this nature across Wales. The Third Sector is best placed to deliver this as they have awareness of the specific barriers and have access to the beneficiaries.

Improving people’s access to, and use of, digital information creates greater opportunities for support services to promote activities and messages that reduce the risk of loneliness and isolation.

**Question 9: What experience do you have of the impact of social services on addressing loneliness and isolation?**

**Comments:**

Rehabilitation is about helping people to do things for themselves. Early intervention is needed to reduce the need for further ongoing support services, as well as for tackling loneliness and social isolation. Timely access to a Rehabilitation Officer for the Visually Impaired (ROVI) is therefore essential.

80% of our intake of information is through our eyes - which means that inevitably sight loss has an enormous impact on our lives.

Sight loss is an impairment which often results in specific and distinctive challenges including losing the ability to get out and about. This can instantly increase the risk of loneliness and isolation.

One of the roles of the Rehabilitation Officer for the Visually Impaired (ROVI) is to promote independence and to regain the ability to get out and about safely through mobility training. This is crucial to help maintain existing social networks.

Four in ten people with sight loss feel cut off from the people and things around them[[4]](#footnote-4). The problem is further exacerbated by the fact that not enough people are being trained to replace retiring ROVIs.

Also, Direct Payments offer a way to reduce loneliness and isolation. For example, through this scheme it is possible to employ personal assistants and drivers to enable you to regain independence and engage with opportunities to alleviate loneliness and isolation. However, the processes of allocating Direct Payments across Wales need to be more consistent and promoted fully.

**Question 10: What more can the social care sector do to tackle loneliness and isolation?**

**Comments:**

A key preventative measure for people with sight loss who are at risk of experiencing loneliness and social isolation is the timely intervention of a ROVI. There has been a steady decline in vision rehabilitation services for blind and partially sighted people. The reduction in the number of blind and partially sighted adults receiving long-term adult social care has been disproportionate compared to other groups of disabled people.

Wales Council of the Blind recently collected Key Performance Indicators on rehabilitation services for people with sight loss across Wales. The KPIs show that there is a postcode lottery of Rehabilitation services across Wales.

* Currently only 12 local authorities in Wales meet the minimum standards of 1 ROVI per 70,000 of the population.
* Where the minimum standard of 1 ROVI per 70,000 is met, people are seen in a timelier manner.
* Currently 34.2 FTE ROVIs and 2.8 ROVI assistants are practising in Wales. Good practice guidelines suggest that there should be 45 FTE ROVIs.
* With the number of blind and partially sighted people expecting to double by 2050, it is essential that local authorities invest in this invaluable workforce.

The report **Demonstrating the Impact and Value of Vision Rehabilitation**[[5]](#footnote-5) noted that vision rehabilitation services not only contribute to meeting a set of needs experienced by people with vision impairment, but the financial value resulting from these services (in the form of costs avoided, reduced or deferred) may significantly outweigh the financial costs of delivering them for the health and social care sector. The report states that this equates to an average saving of £4,487 per referral.

The commissioning process for local authority social services must be clear about the number of ROVIs per head of population, and the quality and timeliness of the service. The Association of Directors of Adult Social Services (ADASS) and Social Services Improvement Agency (SSIA) approved guidance is that a local authority should be employing a minimum of 1 ROVI per 70,000 population. Best practice is 1 ROVI per 50,000 population. Currently only 12 local authorities in Wales meet the minimum standards of 1 ROVI per 70,000. We would like all authorities to work to achieve this level. One solution could be to offer Apprenticeships.

For those who are chronically lonely, where support from a ROVI is not enough, it is essential that the ROVI refers them to other appropriate social care services and supports the individual in taking these up.

**Question 11: What more can we do to encourage people who are at risk of becoming lonely and isolated to get involved in local groups that promote physical activity?**

**Comments:**

For people with sight loss to engage meaningfully the activities may need to be adapted. Specialist awareness training and support from Disability Sports Wales, for example, would offer opportunities to create an accessible solution for all, in a mainstream environment.

**Question 12: In what other ways can health services play their part in reducing loneliness and social isolation?**

**Comments:**

The NHS-funded Low Vision Service Wales is a good practice example of how accredited high street optometrists refer people with sight loss to social care and third sector services. This model could be translated to other aspects of health support such as GP clusters, pharmacies and dentists. Any such pathways must account for specialist communication needs of people with sight loss. These practitioners must be more aware of the access issues of blind and partially sighted people.

**Question 13: What more can the Welsh Government do to encourage people to volunteer?**

**Comments:**

Welsh Government may offer incentives to employers to allow employees to volunteer in work time.

Welsh Government may offer incentives to employers for people to retire earlier. As people are currently working longer there is a shortage of volunteers.

Welsh Government need to promote the benefits of time banking and how people with sight loss can meaningfully engage with this scheme. Time banking needs to be properly recognised and be a genuine system of exchange that enables people to use their credits in a wider range of settings.

For blind and partially sighted people of working age a significant deterrent to volunteering currently is the impact on welfare benefits (such as Employment Support Allowance) and the requirement to be ‘available for work’ when in receipt of such benefits. Volunteering is a way of increasing confidence and skills and should therefore be encouraged as part of a back-to-work programme rather than a barrier. We would encourage Welsh Government to work with DWP to enable volunteering as a route into employment.

For disabled people, volunteering is often extremely difficult because the Access to Work scheme that might enable the performance of a work task isn’t available in a volunteering environment. That includes travel and access technologies. So a person with vision impairment who might benefit from performing a volunteering role may be unable to get to the placement or to use equipment that would enable them to volunteer on an equal footing to non-disabled people.

**Question 14: How can the Third sector play a stronger role in helping to tackle loneliness and social isolation? What can the Welsh Government and other public bodies do to support this?**

**Comments:**

As the umbrella organisation for sight loss we recognise the broad range of services provided by local regional and national sight loss charities across Wales. Local and regional societies offer peer support, clubs and groups as well as befriending schemes (telephone and face-to-face support). These are essential. However, we are aware of cuts to services as well as gaps in service provision and we would like to see additional funding for peer support and befriending services to alleviate social isolation and loneliness.

In addition, we believe there are opportunities for introducing people with sight loss to local non-disability clubs such as older people’s groups that have potential volunteers that could, with the right training (provided by third sector partners), assist with practical solutions such as transport and access.

WCB uses its Perspectif database and its publications, Sylw and Roundup, to connect people with opportunities for social interaction[[6]](#footnote-6). The third sector has an important role to liaise with the local authority IAA teams to ensure that the teams are aware of the support and services available to their clients. This will include services for people with sight loss.

Many charities and third sector organisations are now finding that funding (including tenders and contracts) is only for short periods of time and this makes it difficult to remain sustainable. There is ample evidence of organisations actually ceasing to exist and even where they do continue they do so with much reduced capacity. Welsh Government should encourage funding bodies to look at longer periods of funding, but should also be prepared to advocate for Full Cost Recovery. The majority of local authority contracts to the Third Sector have seen no increase at all for a decade despite the increased cost of employing people through the pensions, NI and apprenticeship levies.

**Question 15: How can employers and businesses play their part in reducing loneliness and social isolation?**

**Comments:**

Employers must put support in place for employees who work from home or travel frequently so that they do not feel isolated from colleagues. Similarly, people who are on zero-hour contracts should benefit from the opportunities to engage socially that other employees enjoy.

There are currently less than 25% of people with sight loss of working age in employment. To reduce loneliness and isolation resulting from unemployment, employers should be more proactive in recruiting blind and partially sighted people. Welsh Government could do more to raise awareness of Access to Work by working directly with employers and others as detailed in the Prosperous and Secure section within ‘Action on Disability: the Right to Independent Living.

**Question 16: What more can the Welsh Government do to support those who experience poverty alongside loneliness and social isolation?**

**Comments:**

It is crucial that people with sight loss are fully supported by the benefits and concessions available through DWP, local authorities, transport and so on that help to tackle poverty.

Welsh Government should work more closely with DWP to ensure that blind and partially-sighted people are not unfairly discriminated against through the assessors’ lack of understanding of sight conditions, and of the impact sight loss has on daily living. Welsh Government should work with DWP to encourage specialist training in sight loss, not just disability equality training, to be delivered to assessors.

Employment amongst people with sight loss is low. Welsh Government must deliver its Employability Plan for Wales in a way that supports, and is fully accessible to, people with sight loss. Welsh Government needs to continue to support the Communities for Work Employability Grant as well as support the recruitment of disabled apprentices.

**Question 17: What more can we do to build community resilience and support communities to combat loneliness and social isolation?**

**Comments:**

In order to combat loneliness and isolation in communities there needs to be better public awareness of the triggers of loneliness and social isolation and of the need to work together to identify people at risk. People with sight loss may be particularly susceptible to being disregarded within their communities.

Disability hate crime, which can become persistent within any given community, will often trigger feelings of extreme loneliness and isolation. The public needs to have a better understanding of disability hate crime and a sense of collective responsibility for tackling it where it happens. Public awareness of disability, starting within schools but extending into adult settings, will dispel some of the myths that foster hatred and encourage people to feel more confident to engage with disabled people, thereby facilitating greater integration.

**Question 18: Do you agree with our proposed approach? If not, what would you otherwise suggest?**

**Comments:**

We support the case for early intervention and, as suggested above, we regard the ROVI and awareness-raising in schools and communities as essential in achieving this role for people with sight loss. It is essential that blind and partially sighted have timely access to information, advice, support and services, at the point of diagnosis. These will guide people away from the practical and emotional challenges, thus minimising the onset of loneliness and social isolation.

We are particularly interested in the approach to focus on reducing the risk for key groups, which includes disabled people, as our specific area of concern is with blind and partially sighted people. We are conscious that blind and partially sighted people are a high risk category for loneliness and isolation.

**Question 19: Are you aware of examples of successful interventions within Wales, or beyond, that you think we should be looking at?**

**Comments:**

Many local societies offer a variety of clubs, activities and befriending services that combat against loneliness and isolation. WCB’s database Perspectif lists these services offered throughout Wales for people with sight loss.

Examples are gardening, bowling, peer support, telephone befriending, one-to-one support, coffee mornings, and much more. For instance, SenCom VI Service is working on the NatSIP Learner Outcomes Framework for CYPVI, focussed on the development of an Intervention Tool, using the eight learner outcome areas of this framework. This approach puts the CYPVI at the centre, and assesses the level of specialist support needed to enable him/her to achieve each outcome. The skills taught using this framework will prepare children and young people with VI for independent living and working life[[7]](#footnote-7).

The Depression and Visual Impairment Trial was based on the estimation that nearly half of people attending NHS Low Vision clinics suffer from symptoms of clinical depression but are not given the treatment they need. At the time of the trial just two Low Vision Services in Britain regularly screen patients for depression. In response to these findings, Wales now leads the way where accredited Low Vision Service Wales practitioners routinely ask two trigger questions to identify risk of depression. Referral pathways are in place so that the patient can be referred to a GP or other support services for mental health support.

**Question 20: Are there other ways in which we can measure loneliness and social isolation?**

**Comments:**

A research review[[8]](#footnote-8) conducted on behalf of the Thomas Pocklington Trust found that there has been limited research into the prevalence of social isolation and loneliness in children and young people with vision impairment. One study (Huurre and Aro, 1998) found that girls were more likely to report feelings of loneliness than boys (female 57% vi / 33% sighted compared with male 20% vi / 24% sighted). Welsh Government could commission research into the prevalence of loneliness and social isolation amongst younger people in Wales with and without sight loss, in line with this consultation’s assertion that younger people are more likely to experience loneliness.

**Question 21: We would like to know your views on the effects that our proposed approach to tackling loneliness and social isolation would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.**

**What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?**

**Comments:**

Provision must ne made for accessible communications (large print, text, telephone, audio, Braille, etc.) to be available in the Welsh language as one would expect in standard print.

WAVIE Cymraeg group is working with publishers to ensure that children and young people have access to Welsh medium reading materials in accessible formats (including Braille). We are also talking to Access Technology companies such as Humanware and Dolphin regarding the barriers to their development of Welsh language speech software.

**Question 22: Please also explain how you believe the proposed approach could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

**Comments:**

Nothing to add

**Question 23: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:**

**Comments:**

A crosscutting theme for people with sight loss is that all information is provided in their preferred medium. This could be email, text, telephone, large print, audio, and Braille. In 2013, Welsh Government launched the **‘All Wales Standards for communication and information for people with sensory loss’.** We would like to see these standards introduce specific measurable outcomes and be extended to Social Care.

We are conscious that some ethnic groups are more susceptible to particular sight conditions and that disability is a stigma amongst certain BME groups resulting in poor take up of health and social care support. Therefore, Welsh Government must produce their communications in multiple languages, in both standard texts and accessible formats, and to encourage partners to do the same.

1. Learner outcomes framework for VI children and young people: <https://www.natsip.org.uk/doc-library-login/suporting-the-si-workforce/learner-outcomes-framework-for-vi-children-and-young-people> [↑](#footnote-ref-1)
2. State of the Nation report – services for children and young people with sight loss in Wales, Guide Dogs Cymru [2018] [↑](#footnote-ref-2)
3. This is out for consultation currently and due to be published early 2019. [↑](#footnote-ref-3)
4. My Voice 2015, RNIB [↑](#footnote-ref-4)
5. OPM Group – Demonstrating the impact and value of vision rehabilitation – A Report to RNIB [August 2017]

   https://www.rnib.org.uk/sites/default/files/Demonstrating%20the%20impact%20and%20value%20of%20vision%20rehabilitation%202017.pdf [↑](#footnote-ref-5)
6. Wales Council of the Blind – [www.wcb-ccd.org.uk](http://www.wcb-ccd.org.uk) [↑](#footnote-ref-6)
7. Contact Sarah Hughes, Head of VI Service, [sarah.hughes@torfaen.gov.uk](mailto:sarah.hughes@torfaen.gov.uk) and reference ‘Access to learning’ and ‘learning to access’: <https://journals.sagepub.com/doi/abs/10.1177/0264619616643180?journalCode=jvib> [↑](#footnote-ref-7)
8. Loneliness, Social Isolation and Sight Loss, Hodge and Eccles, 2013 [↑](#footnote-ref-8)