Response to Scottish Government Consultation: A Connected Scotland, Tackling Social Isolation and Loneliness and Building Stronger Social Connections.

Our response

1.1 This response is being submitted on behalf of the Housing Partners for Health and Wellbeing Group (HPHWG). The HPHWG is a cross-sectoral group with representatives from both the housing and health sectors in Scotland. Its membership consists of: the Association of Local Authority Chief Housing Officers (ALACHO); the Chartered Institute of Housing in Scotland; the Scottish Federation of Housing Associations (SFHA); Glasgow and West of Scotland Forum of Housing Associations (GWSF); the Housing Support Enabling Unit (HSEU); Care and Repair Scotland; Housing Options Scotland; and NHS Health Scotland.

1.2 Our response has been informed by consultation with members of the HPHWG, and reflects the considerable collective experience and knowledge of representative bodies of strategic housing authorities, social housing providers (councils, housing associations and co-operatives), the housing profession, providers of housing support and many third sector providers particularly Care and Repair services.

1.3 It also reflects the experiences of front-line housing staff who are involved in delivering initiatives which help to address the impacts of social isolation and loneliness for people in their local communities. This input was gained via a roundtable session attended by members of SFHA, GWSF, Housing Options Scotland, and ihub.

1.4 NHS Health Scotland colleagues provided a briefing (**See Appendix 1**) with key research findings on social isolation and loneliness which was also a valuable resource in framing our response.

Introduction

2.1 The HPHWG welcomes the opportunity to respond to this consultation and fully supports the Scottish Government's over-arching vision of 'a Scotland where individuals and communities are more connected and everyone has the opportunity to develop meaningful relationships'.

2.2 We agree with the consultation's key message that we all have responsibility for helping to tackle social isolation and loneliness. We know the vital role that social landlords already play in doing so. Therefore we were disappointed to see very few references to housing or recognition of housing providers as key players in this agenda in the consultation document.

2.3 In 2015 in the group's former iteration as the Housing Co-ordinating Group it submitted written evidence to the Scottish Parliament's Equal Opportunities Committee's Inquiry into Age and Social Isolation. This submission outlined the myriad ways in which social landlords help to tackle social isolation and loneliness for their older tenants; and provided a range of case study examples. The 2015 submission provides a useful backdrop to this response and can be accessed here -

http://www.parliament.scot/S4_EqualOpportunitiesCommittee/Inquiries/housing_co-ordinator.pdf

2.4 Social landlords have a tangible 'reach' in their communities, and it is worthwhile reiterating that 'reach' as we did in 2015. Collectively they own and manage almost 600,000 houses in Scotland and are in daily contact with tenants and other residents in their communities, including owner occupiers. Social landlords in Scotland provide: housing management services; housing support and care services for those with assessed care and support needs; a range of other tenancy related services such as welfare rights and tenancy sustainment services; and also work with voluntary sector partners to empower people to organise and take part in activities in their communities with the ultimate aim of improving health and wellbeing outcomes.

2.5 Throughout our response we have incorporated brief examples of the range of good work which is being carried out in the housing sector aimed at tackling loneliness and social isolation. **Appendix 2** includes three more comprehensive case studies.

2.6 The response format considers the three key questions that constitute the basis of the consultation document and explores these in relation to the role of social landlords and their activities on the ground.

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

Key overarching issues

3.1 As the consultation document recognises overcoming the stigma of loneliness and social isolation is essential if we are to effectively tackle these issues. This is especially true at a community level – most people who are lonely don't want to admit to it or indeed do not consider themselves socially isolated. We need to start having honest and supportive conversations and bring these twin bogeymen out into the light if we want to move beyond this stigma.

3.2 We also agree that we need more kindness and compassion in our society in general, and that these can act as a powerful antidote to loneliness and social isolation. Ideally, this should extend to our political and civic realms in Scotland; and infuse everyday interactions between individuals. At our consultation event one contributor noted how people had come together and looked out for one another (checking in on elderly neighbours etc.) in the recent extreme weather and asked why this thoughtfulness was not a feature of our society all the time.

3.3 It is also important to recognise that social isolation and loneliness do not only affect older people, and that other demographic groups can suffer. This is certainly the picture which has emerged for some of our members.

- Ardenglen HA indicated that it had initially set up its service for older people but found that uptake was highest among middle aged men who were unemployed.

- Through engagement with the head teacher of a local high school Ardenglen also found that a number of pupils were being kept off school in order to keep their parent company during the day.

- One group that Glen Oaks HA has focused on is women whose benefit entitlement has changed through welfare reform and as a result are experiencing anxiety, low self-esteem and who need support and encouragement in looking for jobs and attending interviews.

Challenges for social housing providers/examples of good practice

3.4 All communities are unique with their own particular strengths and specific challenges; and this applies to both rural and urban communities. Subsequently each social landlord operates in their own specific local environment.

3.5 However social landlords throughout the country have developed services and adopted management practises that seek to help tenants and other members of the community. In particular housing organisations provide a wide range of housing management, and support services for 'vulnerable' groups that help to tackle social isolation or loneliness.

3.6 In addition, myriad wider role activities (e.g. providing facilities for community groups) provided by the social housing sector prevent and mitigate against social isolation and loneliness but are not necessarily 'badged' as this. As a result, health and social care partners often are not aware of the contribution the housing sector makes.

3.7 A key challenge for social housing providers is simply not being aware of who their most vulnerable, lonely and socially isolated tenants are since often they are a 'hidden population in the community' and do not have access to the sort of support they need to establish or maintain a social network or engage with community activities

3.8 This issue takes time to address and relationships need to be developed with tenants and other residents to find out what their needs are. Identifying those who are the most vulnerable is also difficult. Sometimes the people benefiting from community initiatives to tackle loneliness and isolation are not those most in need. Reaching those who find it difficult to come forward is a key challenge. Best practice examples include –

- Queens Cross HA's 'Getting to Know You' surveys with their tenants (the first carried out in 2012/13, the second in 2017). These provided invaluable information about tenants' health, income, fuel costs, household size, ethnicity, languages and economic status. Findings from the 2017 survey highlighted that many families could not afford to pay for their children or teenagers to attend activities or clubs. The association responded by setting up its 'Community Chest Fund' which offers small grants (up to £150) to any young person under the age of 25 living or attending school in Queens Cross HA's area of operation.

- Thenue HA's Quarterly Report Database which highlights tenants who have not been in contact for a year (for rent, repairs or any other issues). This then acts as a trigger for staff to phone the relevant tenants to check and see how they are.

3.9 The perennial issue of limited resources available for housing bodies and those delivering housing support to tackle social isolation and loneliness is another key challenge.

And the impact of welfare reform and (for some organisations) the withdrawal of funding for sheltered housing plus pressure on preventative support services has added to this pressure.

3.10 Alongside applying for funding from the Scottish Government, Big Lottery and other sources for specific projects and initiatives to tackle social isolation and loneliness social landlords have also had to think of innovative ways around this resource issue. For the most part this has involved embedding them into their core activities. In many cases these are small and subtle measures which are effective nevertheless. Best practice examples include-

- West of Scotland Housing Association has a Sustainability Coordinator. The Co-ordinator is viewed as being more 'independent or neutral' by tenants and therefore is more successful in engaging with them on issues like loneliness and social isolation. Whereas 'Traditional Housing Officers' might be perceived as having more of an enforcement role in relation to matters like rent, keeping gardens tidy, or dealing with anti-social behaviour.

- After carrying out a piece of work on deprivation using the Scottish Index of Multiple Deprivation Linstone Housing Association realised the real poverty tenants are experiencing. As a result the Association took some of the 'enforcement' role of a Housing Officer away and changed the approach to how services are provided, ensuring that tenants are given much more support. Recognising the poverty that tenants are living in, and using a psychologically informed approach has resulted in better outcomes for tenants. Gradually this approach meant that the Association was able to use Housing Officers' time to empower tenants to form their own Tenants Association. Thus also addressing loneliness and social isolation for some tenants.

- Many other Associations have found that feelings of loneliness and social isolation can often be addressed by providing extra reassurance and support in the background whether that is through routine interactions with tenants over other issues or by supporting people to feel more confident and empowered. Examples here include: intergenerational social activities; or sessions which older people themselves run in the community. One housing association fed back the following comment from an older volunteer. 'I don't want to be served lunch, I want to serve lunch'.

3.11 Housing organisations provide a range of care and support services and are often well placed to identify and deal with social isolation and loneliness. Specialist RSLs and councils in their responses have all previously identified interventions that they have used to help tackle tenants' social isolation: these included transfers to more appropriate accommodation. Loretto Care (a subsidiary of Loretto HA) stress that a flexible, responsive service is essential to preventing periods of isolation.

- An example from Viewpoint in Edinburgh highlighted a sheltered housing development where the Coordinator has taken on personal care as part of their core remit. This role is provided 7am-10pm, 7 days per week. This arrangement has benefited other tenants as well, who are able to make the most of longer hours of staff availability onsite. This is currently working well although it must be noted this is a large development and might not be easily replicated in smaller units.

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

4.1 We believe that everybody has a role to play at local level in driving change in this agenda. This list includes: local authorities; Health and Social Care Partnerships (HSCPs); local GPs; community health services and allied health professionals; all other sectors including housing and the third sector; and most importantly individuals themselves.

4.2 However, for this change to happen the conditions must be right. These conditions include good partnership working between the agencies above and the housing sector. In many areas this is already happening and can be demonstrated by successful examples of cross-sectoral working like the Community Connectors projects in Glasgow (See **Appendix 2 for case study)** and Renfrewshire.

Community Connectors in Renfrewshire

- Community Connectors is a third sector partnership project based in Renfrewshire, funded by the Health and Social Care Partnership and also by the third sector organisations delivering the service. It involves GP's being able to refer their patients who have social and community support needs for specialist advice. Three third sector organisations work in partnership - Linstone Housing Association (dealing with housing problems across all sectors in Renfrewshire) , Active Communities (offering opportunities to take part in a wide range of community and physical activities as well as volunteering opportunities) and Recovery Across Mental Health (RAMH) – offer a range of advice and activities around mental health.

- RAMH has link workers who are based in the GP surgeries and can take either referrals from the GP or self-referrals from patients. An estimated 30% of people attending their GP require non-medical support.

- Set up at the end of 2016, the project has now helped over 1000 people; around 15% have a problem with their housing.

- The link workers are able to spend around one hour with each person referred, to get a better understanding of their issues, which can often be complex and difficult to resolve. It has been found that a lot of issues can be dealt with quickly by the three partner organisations, avoiding a need to make applications or to be referred to another service. We are able to ensure that people are supported as part of any signposting to another organisation. Follow ups with people referred show that the service is valued and of use to people. Loneliness and social isolation are often identified as an issue and this project can help address this. We have a Facebook page which provides more information - https://www.facebook.com/CommunityConnectorsInRenfrewshire/

4.3 In spite of these and other successes there is still some way to travel. From the housing perspective it can be difficult to measure preventative interventions and to demonstrate to partner agencies how they may have benefited or saved money as a result of actions taken by housing organisations. Especially since these achievements are often small and anecdotal. One way of addressing this may be for housing organisations to align their aims for specific interventions (in this case tackling loneliness and social isolation) with those of their local HSCP's Strategic Plan.

4.4 Housing organisations have a wide potential reach of around 2 million tenants and factored owners and this is a potential conduit to engagement with people on a variety of issues (including social isolation and loneliness). Moreover, housing is a front line service and it is often housing staff who are the first to notice changes in individuals. Housing is a rich source of local intelligence which already makes a major contribution to mitigating loneliness and social isolation across and within communities. Critically, it is a resource which could be used more effectively working with local partners to make an even greater difference.

4.5 One particular plea which we have heard repeatedly from our members is for closer relationships and a better understanding between housing organisations and GPs. Some services have a particular challenge as their outcomes are not defined in terms of reducing the impact of loneliness. They therefore have to explore methods of exploring the effectiveness of interventions in this area and integrating them within the measurement of their other activities. Organisations who have partnership arrangements could consider joint measurement and evaluation tools. This might also include linking with GP partnerships.

4.6 At the local level some key areas of focus which we feel are especially important in tackling social isolation and loneliness include –

- Promoting the benefits of volunteering; since research shows volunteering improves the physical and mental health of individuals and also makes people feel more connected.

- Helping to de-stigmatise loneliness and social isolation by encouraging participation and social engagement and by providing opportunities for this to take place. There are numerous examples of these types of activities within the housing sector including – Men's Sheds, Craft Cafés.

- Using tele-health and tele-care innovatively to both communicate and consult with people. There is certainly scope for greater use of electronic platforms to engage with individuals.

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

5.1 Through its consultation the Scottish Government has raised the profile of the key issues surrounding social isolation and loneliness, and as we stated at the beginning of our response this is something that we welcome.

5.2 As we have emphasised above, we believe that there still needs to be a more effective collaboration between the relevant agencies at a community level. The Scottish Government could initiate this by building on the responses to the consultation, highlighting nationally the impact loneliness and isolation can have, and showcasing some examples of existing services and initiatives.

5.3The Scottish Government could also consider its expectations of HSCPs and the provision of housing and related support services which are so important in helping people to remain living in and connected with their local communities. The next iteration of HSCP Strategic Commissioning Plans could attempt to look at the issues of loneliness and social isolation to determine where service redesign plans could impact most effectively on these.

5.4 Our members also welcomed the Scottish Government's recent round of social isolation and loneliness funding; we would like to see more of this dedicated funding moving forward.

5.4 More fundamentally, perhaps consideration of loneliness and social isolation need to be built into a range of national and local strategies, as they don't fit neatly into one policy area. If the public sector could understand and align thinking around these issues, this would be a great achievement, and a road-map for moving forward.

5.5 Finally, one practical suggestion which the Scottish Government could think about is the development of a Loneliness/Social Isolation Impact Assessment Tool which would be extremely useful for all sectors.

Appendix 1

Social Isolation and Loneliness Briefing – Roundtable Session 17th April, 2018
NHS Health Scotland
April 2018

In 2015 the Scottish Parliament Equal Opportunities Committee the enquiry into Age and Social Isolation, concluded that social isolation and loneliness were significant problems in Scotland.[i]

Patterns of social isolation and loneliness are not equally distributed across the population. Based on the available data, children and adults who are socio-economically disadvantaged and those experiencing poor physical and/or mental health are at particular risk, as are adults who are living alone, widowed or separated from their partner.[ii]

Analysis of UK data found that a greater proportion of those who rented from local authorities or housing association reported high levels of loneliness compared to those owning their homes or renting privately[iii] and that tertiary education was protective against loneliness amongst those in middle aged and older adults.[iv]

Parents of young children living in lower-income households, socially-rented accommodation or areas of high deprivation were more likely to report less satisfactory social networks. The odds of parents in the highest income groups having a satisfactory friendship network were twice those of parents in the lowest income group.[v] Those with no qualifications and living in lower income households also reported lower perceived social support.[vi] A review by the Joseph Rowntree Foundation suggests that the stigma of low-income can make it difficult for children to form relationships. Concerns associated with entertaining children in the family home, lack of resources to pay for opportunities for social contacts, as well as, lack of accessible 'informal spaces' in the local community can contribute to relationships not being maintained.[vii]

The perceived quality of the neighbourhood, the extent to which respondents use local amenities and, the social environment of the neighbourhood were associated with feelings of loneliness. Those who were more likely to be lonely, rated fewer aspects of their neighbourhood as good, used fewer local amenities and knew fewer people in the community.[ii] Findings from data collected through GoWell[viii] also suggest that physical regeneration in relation to both the design and maintenance of the local environment is important for wellbeing. Low levels of use of local amenities and perceptions of the local environment as being of poor quality were both associated with feelings of loneliness. Broad and loose social networks, in part created through greater use of local amenities which increases contact within the community, appear to be important alongside more direct social contact. A more negative perception of the community (in terms of respondents reporting more antisocial behaviour problems, feeling unsafe walking alone at night and a lower sense of feeling neighbours would intervene with problems) was also associated with greater loneliness. Analysis of data from the SSA (2009) found that owner-occupiers were more likely to agree or strongly agree that could count on someone to keep an eye on their home if it were empty.[ix]

Housing conditions, such as cold homes, may contribute to social isolation. The majority of households in fuel poverty comprise older people, people of all ages living in fuel poverty may become more socially isolated due to not being able to afford to participate in social activities outside the home and not feeling comfortable inviting friends into a cold home.[x]

[i] Equal Opportunities Committee. *Age and Social Isolation*. Scotland: Scotland Parliamentary Corporate Body; 2015.

[ii] Teuton J. Social isolation and loneliness in Scotland: a review of prevalence and trends. Edinburgh. NHS Health Scotland ; 2017

[iii] Thomas J. *Insights into Loneliness, Older People and Well-being, 2015*. London: Office for National Statistics; 2015.

[iv] Victor CR, Yang, K. The prevalence of loneliness among adults: A Case Study of the United Kingdom. *The Journal of Psychology* 2012; 146(1-2): 85-104.

[v] Bradshaw P, Sharp C, Webster C, Jamieson L. *Growing Up in Scotland: Parenting and the Neighbourhood Context Report*. Edinburgh: The Scottish Government; 2009.

[vi] Bradshaw P, Cunningham-Burley S, Dobbie F, MacGregor A, Marryat L, Ormston R, Wasoff F. *Growing Up in Scotland: Sweep 2 Overview Report*. Edinburgh: The Scottish Government; 2008.

[vii] Griggs J, Walker R. *The Costs of Child Poverty for Individuals and Society. A Literature Review.* York: The Joseph Rowntree Foundation; 2008.

[viii] Loneliness in Glasgow's Deprived Communities www.gowellonline.com/assets/0000/3722/GoWell_Briefing_Paper_BP_22_Loneliness.pdf (accessed 28.08.13)

[ix] Ormston R, Reid S. *Exploring Dimensions of Social Capital in Scotland Findings from the Scottish Social Attitudes Survey and Scottish Household Survey*. Edinburgh: Scottish Government Social Research; 2012.

[x] Public Health England. *Local action on health inequalities. Reducing social isolation across the lifecourse*. 2015

Appendix 2 – Case Studies

Ardenglen Housing Association – The Only Way Is Up Programme

Background – The Only Way Is Up (TOWIE) is a personal capacity building programme which delivers a suite of practical activities and confidence-building courses to Ardenglen's tenants.

Case Study - I recently joined Ardenglen's **"The Only Way is Up"** (TOWiU) programme in December 2017. I attend the IT Class every day (Monday to Friday) in order to apply for work on-line and meet my claimant commitment in order to receive my benefits.

I have been unemployed for the most part of 10 years. I am originally from Dundee but moved to Glasgow 9 years ago with my family so don't really know that many people my own age. I now have my own house with Ardenglen HA and live alone. Unfortunately I have suffered for most of my life from social anxiety and because I am now living alone, this problem has been severely aggravated.

My initial reason to attend was to try and help me with this situation, especially as I am actively looking for full time employment. I have been working on and off on a temporary basis (seasonal employment) with Royal Mail sorting office. I particularly enjoy the night shift as this makes me feel more comfortable due to the fact there is less social interaction at that time. However, because of my health issues and the fact that I am deemed fit for work, means that I need to address this problem because of the need to work full time.

Being part of TOWiU has given me a great level of support. I am feeling much better in myself because I am mixing with other people. Everyone has something going on and it is good to share our problems.

I actually have really good IT skills and with the encouragement from the tutor I am finding myself naturally assisting other learners in the class who are less familiar with IT, along with trouble shooting and resolving problems with the PCs. I have been told that I am a great support especially when the class is busy. After being told this I feel really useful and valued and a part of something.

As part of my personal development plan with TOWiU; I have identified that I would like to undertake an "Open University" course. I am currently reviewing the different options in the prospectus in the hope that this will be an avenue for me to remove my barriers and develop my social interaction skills. The fact that the support is there helps me massively as I move forward in my life.

What can I say to sum up……I'm definitely on the way UP all thanks to Ardenglen!

Care and Repair Scotland – Digital Participation Project

Background - Increased digital participation can improve people's quality of life, boost economic growth and allow more effective delivery of public services. We know many people in Scotland already use digital technology regularly and confidently. However, others need support to use the internet and efforts are focused on helping everyone to develop the skills and confidence to become active digital citizens. Care and Repair Scotland is running a 24 month project designed to identify, design and implement small scale pilots to assess the contribution digital technologies can make to maintaining people in their homes for longer.

The project is exploring how our clients' can be supported in their homes through digital technology to improve their ability to communicate with service providers, form friendships and interact with family and carers.

Case Study - Ron is 93 years old and lives with his wife in Troon. He describes his health as good and is still able to drive. Initially he wanted to learn how to do his grocery shopping online because he was finding it difficult to carry the bags of shopping indoors and he had taken a bad fall a few weeks previous trying to carry bags up the steps to his house. I began to teach him over the course of a few weeks but then his son said that he would do their shopping for them so Ron was happy to wait and see how that worked out. In the meantime, Ron talked about his brother who lives in Jersey who he hasn't seen in years and how they only phone each other once a year now due to the cost of the phone bill. I explained about Skype and Ron was willing to try it. We created an account but couldn't find his brother on Skype. Over the course of a few weeks, we got in touch with family members through Facebook to ask if they were in touch with Ron's brother. Finally, one came back to us and said they had set the brother up on Skype and he had sent Ron a request to connect. But Ron hadn't received the request and we still couldn't find his brother on Skype. After some more messaging between family members, they arranged to try to connect on the day I was due to visit Ron. I was then able to call his brother and talk him through things at his end. The problem was that Ron had an old Skype account and his brother was sending his invitation to that account. We sorted it all out and the brothers were finally able to connect. They have made arrangements to Skype each other every Tuesday and Ron can call me if they have any problems trying to connect. Ron enjoys reminiscing about when they were boys. He says he didn't think he would ever see his brother again.

Community Connectors Service – Glasgow

Background - The Community Connectors service in Glasgow came about through collaboration between the third sector (Glasgow Council for the Voluntary Sector) and housing (Glasgow and West of Scotland Forum of Housing Associations) it is funded by the city's Health and Social Care Partnership.

Community Connectors is a free, confidential service for people over 60 and those caring for someone over 60, living within the project's coverage areas.

The service aims to connect older people and their carers to information, local services and activities to support them to live as well as they can for as long as they can. It focuses on helping older people and their carers recognise and build on their own strengths, to increase their wellbeing and to live the life they want to live.

The three Community Connectors' teams are based in three housing associations: Queens Cross: Shettleston; and Southside and has benefited enormously from the reach that the associations have into their communities.

Case Study - GP surgeries can often be a first point of contact for isolated older people and we consider them to be an invaluable resource for being able to reach those most in need at a preventative stage. The following case study illustrates how this relationship can benefit both older people and primary care providers.

Mr D lives alone and was experiencing depression and thoughts of suicide due to the loss of his wife. In particular, he was finding it difficult to come to terms with the circumstances surrounding her death. Mr D was referred into our service by the Community Links Practitioner based within his GP surgery.

Despite initially indicating that he didn't think anything would make his situation better, Mr D was willing to engage with our service, allowing us to use our good conversations approach to obtain a wider picture as to how he viewed himself and the challenges he was facing. During our initial meetings, Mr D Spoke of how hopeless he felt and how he couldn't imagine a life without his wife. He remained dressed for bed throughout his days and spoke openly about his plan should he choose to go through with suicide.

Our Good Conversations approach allowed us to get to the heart of what Mr D's was missing most and what small things would make a difference. This allowed us to focus more on his own strengths and passions and the fact that at the heart of the matter he was missing having company and connection with others. Once Mr D was able to articulate what his life could look like if he was to have more connections and sense of purpose in his life, he was gradually able to put his feelings of suicide into context with his faith and the memory of his wife which led to a willingness to try alternative paths.

Mr D indicated that he might want to take on a volunteering role and that helping others may make him feel better in himself. Our volunteer coordinator was able to set him up with 2 volunteering opportunities to give him a chance to explore what they had to offer. Unfortunately, these opportunities weren't suitable and he found that he wasn't quite ready

to take such a step however, by making the effort and getting out and about amongst people again, he gained the confidence to try engaging with more social opportunities. One of our buddy volunteers was assigned to help him take the first steps in attending the Preshall club which Mr D enjoyed so much that he began attending 3 times a week, playing pool and engaging in bible study.

On subsequent visits with our practitioner, there was marked improvement in Mr D's outlook and general sense of wellbeing. Of the club he said "It's taken all my loneliness away". At the 3 month review stage, Mr D's score on "Networks" had increased from 1 to 10, an incredible achievement. In the area of "Supporting Connections", he now placed himself at a 10 from a previous score of 5 indicating that, as his networks had improved, he was able to establish meaningful connections with the people he'd met. His score in "Mental Health & Wellbeing" had moved from a 5 to an 8 with Mr D stating that, while he still missed his wife, he no longer felt suicidal and is now enjoying day to day life. As a knock on effect, in the area of "Safe & Comfortable at Home", his score had also increased from 5 to 8; as a result of his increased confidence and improved outlook, Mr D had begun engaging with his neighbours and developing meaningful relationships giving him an extra layer of support as they now regularly check in on him to make sure he's ok.

Mr D continues to attend his club and looks forward to a group trip to Ireland with his new friends. Beyond that, he also acts as an informal 'buddy' for the Community Connectors service; helping other clients who attend the centre to settle in and feel welcome and acting as an example of what can be achieved by taking those first steps. He has also has went on to promo the Community Connectors services to new friends and neighbours and frequently encourages people to come along and try the club. We met him recently at a consultation event and observed him chatting away to everyone so much so he hardly had any time to catch up with us!

Of our service, Mr D said "I might not have been here if it hadn't been for you".