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| **Annex 1 - Consultation Response Form** Please return this form to reach the Welsh Government no later than **15 January 2019**. The email address for responses or queries is: lonelinessandisolation@gov.wales Postal responses should be sent to: Loneliness and Social Isolation TeamWelsh Government Cathays Park Cardiff CF10 3NQ | Your name:  |

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| **Your name:** | David Davies |
| **Organisation** **(if applicable):** | Royal College of Occupational Therapists |
| **Email Address:** | David.davies@rcot.co.uk |
| **Your address:** | 106-114 Borough High Street, London SE1 1LB |

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| Responses to consultations may be made public on the internet or in a report. If you would prefer your response to be anonymised, please tick here: |  |

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| **Question 1: Do you agree with our definitions of loneliness and social isolation? If not, what would you propose instead?****YES** √ **NO…….** |
| **Comments:**  |

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| **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:**Within education, health and social care, staff need training and support to cover:* The importance of social contacts and relationships and impact on health and wellbeing
* Asking *what matters to you* and tailoring support to meet their priorities,
* Focussing beyond management of health conditions, personal care and education targets.
* Awareness of what is available in the local community and services that provide social opportunities and routes to social prescribing.

Occupations describe meaningful activities that make up a person’s life – what they want or have to be able to do. People’s occupations shape identity, give purpose and are the vehicle for connecting us to other people, providing a sense of belonging and social cohesion. Occupational therapists are experts in occupations and can offer training and support to formal and informal carers and staff on the above- particularly around working with vulnerable groups – people living with complex, chronic conditions or disabilities.  For example; offering support to a social prescriber, link worker, community connector or navigator that has had difficulty addressing barriers and obstacles.  |

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

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| **Question 4: How can children and young people be better equipped with the skills to establish and maintain meaningful social connections?** |
| **Comments:**Employing occupational therapists to support children and young people with their learning opportunities, will ensure that providers are better placed to fulfil their duties in line with the Well-being of Future Generations (Wales) Act 2015, including making reasonable adjustments. If children’s & young people’s mental health & well-being problems are addressed at this stage, they are more likely to complete their studies. This is of benefit to both the education provider and the student.For example Occupational therapists are already working in some student support services at Higher Education Institutions in Wales. As mental health advisers, occupational therapists make assessments as to how people’s ability to learn is affected by their mental health problems. They work with students to develop strategies, enabling them to complete their courses/ placements and fulfil their student role. Please see our report for further details <http://3clw1r2j0esn1tg2ng3xziww.wpengine.netdna-cdn.com/wp-content/uploads/2018/05/Getting-my-life-back_WalesENG.pdf> |

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| **Question 5: How do we ensure that schools can better support children and young people who may be lonely and socially isolated?** |
| **Comments:**Occupational therapists can provide advice and guidance to educators so they, in turn, can support students. In addition, occupational therapists will contribute to promoting a wider understanding of mental health and wellbeing to the education provider. Occupational therapists’ non-medical approach means they can tackle a wide range of issues and focus on the students’ education to enable them to get their lives back on track. |

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| **Question 6:**  **What more can the housing sector do to reduce loneliness and social isolation? How can the Welsh Government support this?** |
| **Comments:**Health, social care and housing are inextricably linked, and occupational therapists can seamlessly work across the whole sector, Suitable housing is essential to enable people to participate in domestic, family and societal relationships. Well-designed homes offer a safe and supportive environment for people to manage their health and care needs and continue to engage in occupations such as personal care and domestic tasks, work and leisure activities. This makes a significant difference to people’s ability to meet their wellbeing outcomes and do what matters to them.For example a housing specialist occupational therapist, working in the housing sector, can work with people who have applied for re-housing due to a physical, mental or learning disability needs. This wide ranging role ensures occupational therapy expertise is available in cases of homelessness, new build design and void property adaptation. The role can encompass managing the Specialist Housing Register, identifying potential tenants for properties and assessing the feasibility of further adapting a property to meet their needsOccupational therapist can advise on the provision of equipment and adaptations to improve peoples’ independence and increasingly are contributing to developments that support self-assessment of standard equipment and minor adaptations for people with less complex needs so they can quickly regain independence An independent report by the Centre for Ageing Better (2018) concludes there is good evidence that best outcomes are achieved when individuals, families and carers are closely involved in the decision-making process, focusing on individual goals and what a person wants to achieve in the home. Health and social care services need to change the focus from managing personal and domestic tasks in the home, to recognising that the home can enable and support social contact and the focus of any interaction must start with “What matters to you?”(Centre for Ageing Better (2018) *Adapting for ageing: Good practice and innovation in home adaptations.* [*https://www.ageing-better.org.uk/publications/adapting-for-ageing*](https://www.ageing-better.org.uk/publications/adapting-for-ageing)*)*Reablement services are often key to keeping older people living at home and connected within the community. Following occupational therapy assessment, reablement teams can work with individuals to rebuild skills and develop strategies to enable them to continue to visit their local shops, pub and other amenities, as with Mary (p11) and Mr Evans (p13). A link the report and to the case studies is available here -RCOT (2017) *Living not Existing; putting prevention at the heart of care for older people in Wales.* [*http://cotimprovinglives.com/living-not-existing-putting-prevention-heart-care-older-people/*](http://cotimprovinglives.com/living-not-existing-putting-prevention-heart-care-older-people/) |

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

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

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| **Question 9: What experience do you have of the impact of social services on addressing loneliness and isolation** |
| It is well documented that occupations offer us choice and control, and support feelings of self-worth and identity. Too often the most vulnerable members of our society are provided with social care packages based on what is organisationally expedient for the provider rather than an understanding of the recipient’s real needsEmbedded in legislation, the Welsh Government’s vision makes clear that everyone is entitled to autonomy, purpose and services that protect and promote their overall wellbeing. Occupational therapists are unique in being ready to support this agenda because our profession’s approach is rooted in working with individuals to establish what matters to them and to set goals to help them maintain or regain their ability to do them.  |

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| **Question 10: What more can the social care sector do to tackle loneliness and isolation?** |
| **Comments:**Occupational therapists are unique in that they are trained to work within both health and social care settings, and across mental and physical health. This knowledge enables them to navigate care and support systems efficiently, liaise appropriately, and work effectively in multidisciplinary settingsEquality of access should be the guiding principle for people who, due to their health and well being, struggle to care for themselves and keep themselves from harm. If equality of access to occupational therapy is to be achieved, the design of services must enable occupational therapists to widen their approach in order to meet the varying needs within their local communities. This means: * Resourcing occupational therapy services sufficiently so that they can take referrals from all sections of society, including hard to reach groups
* Providing information to the public on ageing well and adapting the home to meet changing needs
* Providing opportunities to establish and maintain partnerships across sectors
* Providing access points to occupational therapy advice for community teams such as home care and reablement providers

Occupational therapist should be used for training and mentoring roles, for example to care home staff. So they are able to identify residents at risk of social isolation and loneliness Please see our campaign report for more details: <http://3clw1r2j0esn1tg2ng3xziww.wpengine.netdna-cdn.com/wp-content/uploads/2017/07/ILSM-Phase-II-WELSH-ENGLISH.pdf> |

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| **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:**One way would be to provide support to enable people to transition from a health or statutory run service to a local community resource. For example: Aberdeen City Health and Social Care Partnership has co-produced strength & balance groups. On completing a 12 week course, members of the group are invited and supported to join a Carers Stable and Able Group run by Sport Aberdeen. Occupational therapy staff provide support to the Sport Aberdeen group, to offer continuity and participants who have made the transition are invited to return to the AHP led group to talk about their journey and encourage new starters to keep going.  |

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| **Question 12: In what other ways can health services play their part in reducing loneliness and social isolation?** |
| It is clear the health and social care agenda is rapidly changing to one that promotes the combining of physical, mental and social wellbeing into a model that has prudency, person centeredness and co-production at its heart. This social model fuses powerfully with the philosophy and core beliefs of Occupational Therapy and the move of towards treating citizens closer to home is welcomed by RCOTRCOT suggests occupational therapists, employed as Primary Care Practitioners, are already promoting faster access to physical and mental health support throughout Wales based in GP practices. Occupational therapists are focusing on building confidence and developing self-management skills, people are supported to participate in the activities that matter to them. Occupational therapists have strong links with local community groups in order to facilitate the person recovery More occupational therapy-led services will alleviate pressures on primary care. This will prevent people’s health and well-being problems from escalating, and reliance on more intensive, costly support. This will mean occupational therapists are the perfect fit for primary care addressing transitions for young people, employment and physical health at the appropriate times.Example of existing occupational therapy initiatives include: <http://cotimprovinglives.com/getting-my-life-back-occupational-therapy-promoting-mental-health-and-wellbeing/> page 14<http://cotimprovinglives.com/improving-lives-saving-money-reducing-pressure-hospitals/> pages 8-9. |

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

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| 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: |

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| Question 15: How can employers and businesses play their part in reducing loneliness and social isolation? |
| Comments:RCOT welcome the importance of employment within this consultation and this cannot be overestimated: employment it gives citizens access to an income, social contact and a role. For most adults work and employment is a significant part of their life and identity. All occupational therapists offering interventions to working age adults are in a position to ask the ‘work’ question. Supporting people to remain in, return to or obtain work is a key function of occupational therapy. As occupational therapists are trained to assess the person, the demands of the job and the working environment, they are able to identify best-fit solutions to physical & mental health problems that prevent work which can led to social isolation and lonelinessRCOT suggests that all occupational therapy posts should have employment as a key responsibility within their job specifications. Occupational therapists should be employed to lead vocational services. Agreements should be put in place to support direct working between occupational therapists and the local Job Centre Plus, in particular with Disability Employment Advisers. Occupational therapy-led return to work services can improve employment outcomes and address an unmet need that perpetuates health inequalities. RCOT have been awarded funding from the UK government to run a feasibility study to explore the effectiveness of occupational therapy clinics in GP surgeries to support people with musculoskeletal and /or mental health issues to remain in work. Looking at people’s emotional and social wellbeing will be part of the assessment as this will impact on people’s ability to manage to remain in work with an ongoing health issue. Further information can be found here - <https://www.rcot.co.uk/news/rcot-awarded-funding-run-occupational-therapy-led-vocational-clinics-gp-surgeries> |

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

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

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

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

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

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| **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:** |

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| **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:** |

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| **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:** |

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