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Pàrlamaid na h-Alba

Official Report

EQUAL OPPORTUNITIES COMMITTEE

Monday 11 May 2015

Session 4

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EQUAL OPPORTUNITIES COMMITTEE

9th Meeting 2015, Session 4

CONVENER

*Margaret McCulloch (Central Scotland) (Lab)

DEPUTY CONVENER

*Sandra White (Glasgow Kelvin) (SNP)

COMMITTEE MEMBERS

*Christian Allard (North East Scotland) (SNP)

Jayne Baxter (Mid Scotland and Fife) (Lab)

*John Finnie (Highlands and Islands) (Ind)

Annabel Goldie (West Scotland) (Con)

*John Mason (Glasgow Shettleston) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Mairi MacCuaig (Islay and Jura Youth Action)

Alison McGrory (Argyll and Bute Community Health Partnership)

Lorraine Paterson (NHS Highland)

Petra Pearce (Islay and Jura Council of Voluntary Service)

Joan Richardson (Jura Care Centre Group)

Anne Tait (NHS Highland)

Katherine Wells (Timebank)

Lloyd Wells (Islay and Jura Generic Social Work Team)

CLERK TO THE COMMITTEE

Ruth McGill

LOCATION

Ionad Chaluum Chille Ìle, Islay

Scottish Parliament

Equal Opportunities Committee

Monday 11 May 2015

[The Convener opened the meeting at 10:02]

Age and Social Isolation

The Convener (Margaret McCulloch): Madainn mhath. Fàilte gu coinneamh na comataidh.

Welcome to the ninth meeting in 2015 of the Equal Opportunities Committee. I ask everyone to switch their electronic devices to flight mode or to switch them off altogether.

We will begin with introductions. We are supported at the table by our clerking staff, official reporters and staff from broadcasting services and around the room by security officers. I welcome to the meeting all those who are observing.

I am the committee's convener. I ask members to introduce themselves in turn, starting on my left.

Sandra White (Glasgow Kelvin) (SNP): I am the MSP for Glasgow Kelvin and the committee's deputy convener.

Christian Allard (North East Scotland) (SNP): I am a North East Scotland MSP.

John Finnie (Highlands and Islands) (Ind): Madainn mhath. Good morning. I am a Highlands and Islands MSP.

John Mason (Glasgow Shettleston) (SNP): I am the MSP for Glasgow Shettleston.

Lorraine Paterson (NHS Highland): I am locality manager for mid Argyll, Kintyre, Islay and Oban.

Lloyd Wells (Islay and Jura Generic Social Work Team): I am team leader for the generic social work team for Islay and Jura.

Anne Tait (NHS Highland): I am senior charge nurse for Islay and Jura community nursing.

The Convener: We have just been joined by Alison McGrory—welcome to the meeting, Alison.

Before we begin the formal part of the meeting, I put on record the committee's thanks for the welcome and support that we have received from local people. We have undertaken a number of visits that have assisted our inquiry greatly, and I put on record our appreciation for all the assistance that we have been given on the beautiful island of Islay and for the fantastic

welcome that we got yesterday at the ceilidh, which was absolutely brilliant.

I give apologies for Annabel Goldie MSP and Jayne Baxter MSP.

The first agenda item is an evidence session as part of our inquiry into age and social isolation. I ask members of the panel to indicate to me or the clerk on my right when they would like to answer a question. When you answer the first question, I ask you to give a brief overview of your organisation and your role in it.

I will begin the questioning. The committee went to a housing estate in Easterhouse in Glasgow to hear about the effect that social isolation and loneliness have on people who live there. We have now come to a very rural place to hear about the impact that those issues have on people who live in places such as the beautiful island of Islay. Will you give an overview of the impact that you feel that social isolation and loneliness can have on people who live on Islay? Who would like to start?

Lorraine Paterson: I am happy to start. I have responsibility for the delivery of health services to the island. We are moving towards an integrated health and social care service for the island and, for me, putting the person at the centre of everything that we aim to deliver on the island will be key to helping to deal with social isolation and loneliness. It is a case of involving the public and getting feedback from the people who live on the island about the type of services that they feel will benefit them and help them to stay in the home environment and to stay healthy for as long as possible.

The Convener: Can you give some examples of that?

Lorraine Paterson: I will pass over to Alison McGrory to tell you about some of the local examples.

Alison McGrory (Argyll and Bute Community Health Partnership): My role is health improvement principal across Argyll and Bute. The published academic evidence tells us that loneliness and isolation have a clear link with premature mortality and poor health outcomes. When it comes to our person-centred approach to improving health for the whole population, we recognise that, by addressing loneliness and isolation, we can have a huge impact on population health outcomes.

That is the rhetoric for the whole population, but we have to look at the other end of the spectrum and the difference that a person-centred approach makes to individual people and their lives. We have a lot of local evidence that shows us that people are very much tuned into loneliness and

isolation being risks. When the academic evidence was first pulled together as a meta-analysis in 2010, there was not as much focus on the issue as there was on other health topics, such as smoking and alcohol consumption. When we go out and talk to real people, they say that they know about the effects of loneliness and isolation and that they do not need us to tell them what the academic evidence says. If they are living isolated lives, they know that their health is bad, their mental wellbeing is bad and their confidence is low.

People such as Lorraine Paterson, Lloyd Wells and I are involved in planning services and if we do that in isolation, away from people, we cannot have any confidence that those services will meet people's needs. The survey and consultation that we did last year were important in allowing us to do a bit of sense checking to find out whether the direction that we were going in was in line with what real people were saying. We asked questions such as "How can we increase your confidence?" and "How can we enable you to manage your long-term health conditions?" In response to those questions, the second and third priority issues that came back were loneliness and isolation. That tells us that people really recognise that there is a gap, and we have to respond to that.

There is a practical issue with lunch clubs and social groups—the sort of things that go on in healthy, vibrant communities, as the committee saw yesterday. It can be difficult for people in rural and dispersed areas to access those services. It is therefore not just about providing services but about ensuring that there is transport so that it is possible for people to get to such events.

The Convener: Would Lloyd Wells like to comment?

Lloyd Wells: I am the team leader for social work here, so I am based on Islay. When I answer your questions, I will be thinking of individual people, because the population is so small. I will be thinking of a lady who lives in Port Charlotte or a lady who lives in Port Ellen, and of a lady who is no longer with us but for whom isolation was something very different. She did not want to join the lunch club or to be picked up on a bus and taken to do the things that we traditionally provide for people. There were two things that, for her, broke up her day. One was the visit from the home carer who went in to spend time with her and do the things that she needed to have done. The other was when somebody whom she did not know walked their dog past her house and brought the dog inside. They did not even ask each other's names, but that was the thing that she enjoyed: she would pet the dog, and it gave her a break in her day. We need to concentrate on such things,

because the other things are in place: we have the lunch clubs and some transport, although that will always be an issue.

What we need is information about what individuals actually want. On Islay the number of professionals is limited, so we sit on the same groups—the health and wellbeing network, the substance misuse forum, the reshaping care for older people group and, soon, the integrated care fund group. The same people sit around the table. We do things as best we can, but sometimes we do not get the input that we need from the community. What we do get is the voice of what I could refer to as the noisy minority. I sometimes refer to them as the usual suspects—I guess that some of them are sitting behind me now.

The Convener: I think that someone has identified with that.

Lloyd Wells: That is fine, but we do not always get the views of other people. From a social work point of view, priority is everything, but there are about 10 priorities every day. For us, the priority must be providing personal care to people in their homes, and that is what we do. If there are other priorities, we can realistically tackle priorities 1 and 2, while priorities 3 and 4 always fall off the bottom of the list and are provided through other funding. Those are often the preventative bits of work that we do not get to do.

I am quite a positive person, but I have to make quite a negative point. Clearly, we need to keep people at home and not in residential care, whether that be a hospital or a care home, but their own home might actually be the place where they are most isolated. Transport here is such that having a driving licence can make the difference between getting out and about and doing things and being absolutely stuck at home. People reach a point when their state of health means that they can no longer have a driving licence, which can be massively detrimental to their daily life. You see a change in the person because they cannot get out and about.

There is a lot of negative press about home care visits lasting 15 minutes. I am not going to shoot myself in the foot and get into trouble by saying that we are doing things that we should not be doing, but I know for a fact that our home carers have a wee minute here or there just to sit and have a chat about the day, which can be invaluable. Our home carers are paid their transport, so moving them from one service user to another in a major rush is not an issue.

Anne Tait: There is undoubtedly social isolation here, but because we are a small community people become known to one another, and that is an advantage. Working closely with social work, as we do, we can enable people to stay at home

independently for longer, which is a definite benefit. We also all know one another professionally, so there is an ease of communication that helps us. As Lloyd Wells said, there are lots of clubs, but not everybody wants to join them, so we need to find other ways of preventing isolation. He also said that keeping people in their own homes might cause isolation, but it might help some people to be less isolated because they have carers going in regularly, and carers can be a lifeline: they can keep people up to date with what is happening in the community and in other areas.

John Finnie: Good morning. Members obviously have some prepared questions and the nature of the replies means that some ground has already been covered. How does an individual know what services are available locally? How are services made available through general practitioners and the like? It is all very well having services, but we have found that people can be unaware of the range that is available, although that might not be the case on Islay.

10:15

Alison McGrory: We have given that a lot of thought and it happens across Scotland. Asset mapping is the jargon—I do not know whether members are familiar with that term, but it is about mapping the support and services that are available in communities. The information has to be in an accessible format for GPs or whoever needs to find it. We had paper directories in the past but they went out of date as soon as they were printed because somebody's phone number changed or somebody changed job, so they were only good for a short period of time.

The Health and Social Care Alliance Scotland is pushing forward with the ALISS—a local information system for Scotland—search engine, and it is currently gathering all that data and making it accessible online. The consultation that I mentioned showed that some older people are not online yet. Focusing all our energy on online working is future proofing and means that we will all be fine when we are old and need to access services. However, some older people might not be able to find that information now. People across Scotland are grappling with that issue.

You hit the nail on the head. We are building up a range of services in communities, but we need to know what they are. We have the national health service and social work, but we also have a wide range of third sector and voluntary group partners. We have not quite got there, but the issue is high on our agenda.

Lorraine Paterson: When we move further forward with integration, we will bring health and

social work teams together, but we also have to forge stronger links with the third and independent sectors and with the communities where activities go on.

We need to make ourselves available and easy to work with. We have looked at co-locating the teams and having a single point of access so that we are easy for people to find and can offer them the services that are available. We need to promote ourselves. Whether we use paper or go online, there will always be gaps. We need to be out there, making ourselves available and easy to access.

Lloyd Wells: We are a long way off people knowing exactly what is going on on the island. Just last week, something happened that meant we had to ask about kinship care. I do not deal with that every day but it is part of my remit so I had to go and ask somebody on the mainland to find out whether something could be provided. That is easy for me to do because I have computers and everything at my disposal and I can ring lots of different people, but lots of other people do not have all that.

Living in a small community means that communication should be easier, but lots of small things go on that people who live a short way away do not know about, so sometimes there is replication.

Lorraine Paterson mentioned integration. A big part of that is me knowing exactly what a nurse can and cannot do and the nurse knowing what I can do so that when they talk to someone, they can tell them, "Go and see Lloyd. This is what he does," and I can do the same for them.

Alison McCrossan from the Scottish Health Council bangs that drum all the time. It is really good: I have her on my shoulder, asking about engaging the community. She would smile and be pleased with what I have said. Her message is getting across, although we are still a long way from achieving it.

At the moment, a whole lot of reshaping work is being done with the Bowmore hall. I hope to see that become a community hub where lots of different organisations could go to do drop-ins. It could also be a place where people could go to get leaflets and information. People can get leaflets from the GP surgery, the social work department or the hospital, but that is all they can get. We need to give more than leaflets: there needs to be somebody there who knows what they are talking about. The closest that we have to that is probably Sharon McHarrie, who works at the local authority service point. She is a local woman who has lived here for many years and has her finger on the pulse of what is going on. However,

she is one person, and she is not always accessible to everybody.

Anne Tait: Social prescribing on Islay could definitely be improved. Everybody does a certain amount of it, but there are gaps. A helpful leaflet has recently been produced by the third sector and distributed throughout the island. It lets people know what is happening, and I hope that it is helping. However, we need more of that sort of thing.

John Finnie: I want to ask about general practitioners. It is all very well to provide a rack of leaflets, but that is different from assuming that a busy GP will have read all of them. GPs seem to be an obvious point of contact for someone who feels socially isolated or is facing the psychological challenges that people of all ages can face. Do GPs understand the range of options that might be available to assist them in such circumstances?

Lorraine Paterson: We have a very good relationship with GPs, and they are involved in our service review group meetings. They understand the way we are moving forward with services on the island, and they are proactive and very involved. If they do not know about something, they will certainly come and ask. I would not expect there to be any break in communication or anybody to be left out, because the GP would always ask somebody.

Lloyd Wells: On Islay we have a communication meeting on a Thursday. It is held in the hospital and is attended by three or four GPs—or however many are available—along with social work and healthcare representatives. The meetings are very well attended. We talk not only about people in the hospital but about people in the community and people who have been flown to the mainland. We talk about the situation, what the medication is and what is going to be done, and we ask, “What about home care?” and “What about district nursing?” GPs hear all the solutions that everybody is throwing on to the table, so they are able to build a picture over time—as they have been doing for a long time—regarding particular situations. That allows them to say, “Oh, remember that group we talked about?”—or that lunch club, that transport issue or whatever other issue was discussed. GPs are given that information in that way on a weekly basis and it is really positive.

I do not mind saying that the difference between those meetings and the meetings that happen in Lochgilphead or Campbeltown is like the difference between night and day. The social workers whom I know on the mainland do not like going to the mainland meetings at all, but I see the meeting on Thursday as the most important meeting that we have each week. It is a level playing field.

Lorraine Paterson: The medical practices in Islay have recently changed. There used to be three individual practices operating in isolation in the three parts of the island, but we have recently moved to a principal practice model, so there is one practice covering the three sites. We have put in information technology infrastructure so that doctors working on any of the sites can access information about a patient. We have moved forward quite a bit with medical care on the island in the past six months.

Sandra White: I have an add-on question. It seems that you are working very much in tandem. What do you think about the Government's links worker programme? You seem to be operating in a similar way to that programme, which operates in the big cities through the deep-end practices but is quite expensive to roll out. Would you be in favour of the links worker programme being rolled out in Islay? You seem almost to be doing what that programme does.

Alison McGrory: I just came across the links worker programme last week at the living well in localities event that is held by the joint improvement team in Glasgow. I went to the workshop, and I was very impressed but, obviously, the service is very costly as a social prescribing model that is supported and invested in.

We have a very similar example of good practice called Lorn and Oban Healthy Options, which is a social enterprise that delivers services and has a good partnership with primary care. We aspire to have something like that across the rest of Argyll and Bute, and we will certainly use the integrated care fund to work towards that model. In my experience, however, we do not have that in MAKI—mid-Argyll, Kintyre and the islands—as yet.

John Finnie is right to say that GPs are key. Some of the anecdotal points that came up in the workshop last week focused on the fact that, going back a few years, there was some suspicion of the third sector. People asked, “Who are the third sector? Can we trust them? Do they have the same governance?” Most of us who are working in partnerships have got over that, but the same underlying view may still exist among GPs. We have to build up a level of trust and partnership working so that GPs know, when they refer somebody to a service, what is going to happen to that person and what kind of feedback they will get. We need to take a lot of steps to get to that point, but I was very inspired by the workshop on the links worker programme. I also gather that the programme has published a lot of information online.

John Mason: Somebody said to me yesterday that they can see a GP quite easily but that it is a

different one every time. Is that a problem? Is that the reality? Do GPs get to know their patients or, if there is a changeover, do they not get to know their patients?

Lorraine Paterson: Five GPs are working on the island. Two are in Bowmore and the others are in Port Charlotte and Port Ellen. There is not a huge turnover, as there are not a lot of different faces—five GPs go round. We have put in the IT infrastructure so that GPs can access the records from whatever practice the patient is from, so the GP will have all the information at their fingertips.

John Mason: Do they stay on the island for quite a long time?

Lorraine Paterson: Yes, although the GPs have recently changed and they are all relatively new, apart from the two principal practice partners. Some new GPs have come to the island because of three or four recent retirements. We have managed to fill the posts, which is a big positive for Islay, because the recruitment of GPs across Scotland is currently very difficult. Islay has recruited GPs and we now have five who will operate from three practices on the island.

John Finnie: I have a couple of quick questions. It is excellent that we are going into great detail and getting a lot of good information. I will ask about the design and promotion of services. The factors that we keep hearing about are transport and IT to provide remote support. Could you comment briefly on how important transport and IT are in the design and promotion of existing and future services on the island?

Anne Tait: Transport has been quite difficult on Islay. Various methods of transportation for patients are no longer there. We currently rely on the main bus service. For a community such as Portnahaven, the bus service is very limited. When the post bus was available, it provided a means of social interaction for the people who travelled on it—everybody knew everybody else. The bus driver collected everybody, took them to whatever they needed to go to and took them back again.

The current bus service is less easy to access because there are high steps on the buses and the times of the service do not suit people as well as the post bus did. People in places such as Portnahaven have been left more isolated. People in isolated areas—not only Portnahaven—are unable to access events that happen in the evenings, because there is no bus service after 8 o'clock. Although Timebank provides an alternative, it is not as easy to access as other methods that we have had in the past, because time has to be given back again. Transport is definitely an issue.

Lorraine Paterson: Transport was also raised at the health services review meeting on Friday.

As a group, we have asked that the issue go to the Islay transport forum, so that there can be a full and frank discussion of people's concerns about transport on the island. Transport needs to be looked at on the island to enable people to get to hospital appointments and GP appointments and just to get out and about.

We are trying our best to put in a good IT infrastructure. We are hampered by broadband size—I am not an IT expert so I will not use any jargon, but for everything that we are trying to do it is slower. It is more difficult to improve IT connections on the island.

Christian Allard: You mentioned IT and Lloyd Wells talked about the gap between communication by letter using normal mail and emailing, which is digital. Something in between is the telephone, which works very well. I cannot understand why the service does not include the normal basic telephone conversation. I have spoken to some people who found it difficult to use the service over the telephone because they had to deal with different people and they had to call back or wait to be called back. Can we not improve the service that is provided over the telephone? Maybe it is as easy as that. Before we have a fully integrated IT system to which everybody has access, we could concentrate more on basic telephone communications.

10:30

Lloyd Wells: I want to answer something that was said earlier, but I will deal with your last point first. With the inception of email, a culture has developed whereby people send emails instead of letters. Three or four years ago, if I got a letter, I would sit down, read it, write a response and put it in the post. Now, somebody emails me and they want a response straight away. It therefore becomes my first priority, but I have other things to do, which I was doing before the email came in. People rely on getting a quick response by email, but that means that people do not telephone each other, which is the most straightforward way of doing things—even over short distances, it saves time. That is a cultural thing that seems to have developed in almost all professions that I deal with, and it is not a good thing.

Christian Allard: I can see that point from your side, but I think that patients and other members of the public use the phone and want to access services that way. You went straight from letters to email, but there is a future in telephone communication, is there not?

Lloyd Wells: There is. The council moved to using a golden number, which means that any call that comes in goes to Campbeltown, the caller asks for me, the team in Campbeltown check

whether I am online or available in some other way and then the person is put in touch with me, if that is possible. However, that holds people up. People have told us that they can be waiting up to 30 minutes.

Christian Allard: Instead of concentrating on the IT system, would it not be better to concentrate on something that we know works, if it is properly looked after?

Lloyd Wells: That golden number works very well for everything across the council—for bins and everything else. However, it does not work well for us, and it is not going to be changed just for the sake of our little bit.

People on Islay get round it by just coming to the office, but not everyone can do that.

Christian Allard: Is there no way in which we can develop—

Lorraine Paterson: The move to the single point of access for the integrated team will involve a telephone number, not an email address. At the moment, informally, we use a duty-phone system, which involves a member of staff carrying a mobile phone, which ensures that, at any time, a member of staff can be contacted. However, that is an intra-staff thing and the point of the single point of access is to allow the population to get access to the team by telephone. The plan is to put that in place when we have an integrated team.

Christian Allard: You are talking about integrating health and social care services. That happened on 1 April this year.

Lorraine Paterson: It did.

Christian Allard: What happened? Is there a delay?

Lorraine Paterson: We are in a transition year. The community health partnership was dissolved on 31 March 2015, but the formation of the health and social care partnership is set for 1 April 2016. We have the year to bring it together.

Christian Allard: Did you do any preparatory work on the issue that we are discussing? Is there a gap?

Lorraine Paterson: A gap in what?

Christian Allard: Between what was there before and what will be there next year.

Lorraine Paterson: No. The service is still going on; we are just working towards bringing it closer together and making it better.

Christian Allard: People have told us that they can see that everything is in place on paper, but they are not sure about the implementation. Is it simply a matter of time?

Lloyd Wells: I would be more negative about it. The single point of contact is at the top of our list of things that we have been working towards over the past three years. However, at every meeting I have attended, I have said that there is no point discussing it because the council has its golden number and it is not moving on that—anyone across Argyll and Bute who wants to contact the council will use that golden number. I have not been able to change that in any way. Joining that together with health is not something that we can do here; it is something that we must feed back up the system. We need to say that that arrangement does not meet our needs or the needs of the community. I feel hampered by the fact that I cannot change the arrangement.

Christian Allard: Are you a bit more optimistic, Lorraine?

Lorraine Paterson: Yes—I will always be optimistic. We have to move forward and make things better for the people of Islay. The integrated service has to be accessible. There must be a single point of access for health and social care services, and it must be separate from the golden number. We cannot have a situation in which someone who calls up because a friend or a relative is, for example, having difficulty getting out of the bath or the front door is sitting listening to a whole load of options about bins or roads. They need to be able to access health and social care services quickly, and that is something that we will move forward on.

John Finnie: I have a final question for the panel about three particular categories of people. We know that loneliness and isolation affect the entire community and all age groups and social strata, but we have heard in evidence that three particular strands of people are affected: men, the lesbian, gay, bisexual and transgender community and ethnic minorities. Can you comment on that in relation to Islay, please?

Alison McGrory: I am not sure whether I can do that specifically for Islay. However, I can give you a relevant example from our review of befriending services across Argyll and Bute in that the majority of respondents to the review were female. Further, for another piece of work investigating people's understanding of the links between social relationships and their health outcomes, all the participants were female. I think that we have to work harder to engage men.

It can be difficult to reach the LGBT community because sometimes it is a hidden population. Our population is dispersed across Argyll and Bute, so the LGBT community is not necessarily a cohesive one for all Argyll and Bute: it might be one person living in Carradale and one person living in Portnahaven. There are challenges around that.

Similarly, with minority ethnic groups, we do not have a large population in Argyll and Bute of people who are not white, but that is not to say that we do not have any. Again, though, they are dispersed across Argyll and Bute and are from different groups, so they would not necessarily be a cohesive group that we could class as a BME community. There are particular challenges around that, too.

We try to address that with some of our third sector partners, and Argyll Voluntary Action is currently the third sector interface for Argyll and Bute. We have done a range of consultations with AVA in which there have been key objectives that we have had to address for the hard-to-reach groups. However, I do not think that I can say anything specific about Islay on that—sorry.

Lorraine Paterson: The only thing in the broader sphere is that any service redesign that we do is done in line with NHS Highland's fairness for all policy, so nothing discriminatory would be developed. However, that is certainly different from targeting specific groups. I would not say that there is anything specific in Islay in that regard, but anything that we would do would be non-discriminatory.

Lloyd Wells: I am thinking of individual people in this context, particularly men. There are a number of men who are isolated and on their own and have nothing to do, so they generally turn to drink, and then too much drink, and that then causes quite a few problems—for them, mostly. Some of those people have been targeted and support has been put in, mainly in the guise of housing support. That is a bit of a loose description because it literally means someone taking a person on payday to the shop and getting their food for the week, which reduces the amount of money that they spend on alcohol. That is the sort of targeted work that has helped. However, for me, there should be a whole lot more of that.

John Finnie: That is really interesting and very creative in some respects. I like creative work like that. Who facilitates that? How does that come about? For instance, how would that supported individual have been identified? Who would have said, "Well, housing support might be a route here"? That is not a route that I would ordinarily expect to hear about for such circumstances.

Lloyd Wells: No. From a social work point of view, our remit is very tight. If we are aware that there are other people working, as in the case of that housing support worker—by the way, I have to be clear that that person is my wife, so, I am positive about her, but it is not because of that. She has a remit to go out and work with people—

John Finnie: Are you sure that you are positive about your wife?

Lloyd Wells: Oh, yes, very. [*Laughter.*] We are aware that she can blur her boundaries a little bit and can get results, which is what we are about—getting positive outcomes for people. We know that the tenancy of a person whose drinking is problematic is at risk, so that fits the housing support criteria. The supported person gets practical advice in the way that I described from the support worker, who can spend a lot of time with the supported person each week, spending an hour or two hours each week to get to know them really well. That is when the support worker can make suggestions to the person who they are supporting without their feeling that they are being preached at from on high, which is how my wife gets results with two or three people. I would want that to be done for five to eight people, but there is a capacity issue. That support work does not have to be done by the housing support worker, though; it could be done by anybody else who has the time to spend, because that is what is needed.

John Finnie: Thank you very much indeed.

The Convener: Sandra White will come in briefly on that, and then we will move on to John Mason.

Sandra White: You mentioned men who do not access services and turn to drink and so on. Is it the case that, in some areas, some people will not access services because they do not want to admit that they are lonely and drinking too much? Is there a stigma that causes some people to become more isolated?

Alison McGrory: The evidence tells us that. From a local perspective, the fact that men are not accessing services reinforces that national evidence.

I am glad that I had the chance to come back in because I wanted to tell the committee about the good work that has been going on with the men's sheds network—we are piggybacking on good practice elsewhere. Because Argyll and Bute is so dispersed, we cannot roll out only one model; we have to build our service. We have sown the seed with men's sheds. We say, "They're a really good idea. Wouldn't you like to have one in your area?" Some areas have embraced that; other areas, less so. We have good practice in Oban and mid-Argyll. I think that there is an embryonic men's shed in Campbeltown. I am not sure whether there is one here yet—

Lloyd Wells: No.

Alison McGrory: The idea is that it provides a forum for men to come together. A lot of social activities—coffee, cake and a chat for example—are more geared towards women. The men's sheds network is completely different and seems more aligned to what men want.

The Convener: Is the fact that it is such a close community—everybody knows what everybody does and there is not an awful lot of privacy—a barrier to people accessing health services? Are people, including minority groups, reluctant to look for help and admit that they are isolated or feel lonely?

Lloyd Wells: Yes.

The Convener: Heads are nodding in the background, too.

Lloyd Wells: If things are difficult, you have a bit too much to drink—it is an accepted crutch. People talk about alcohol being the drug of choice for Islay. I have not seen it accepted anywhere else in quite the same way.

Sandra White: In addition to the issue of the stigma, are some people afraid that they will lose their independence if they approach someone for help? They might be taken into a care home or whatever. Is that a factor on the island?

Lloyd Wells: I do not think so. It should not be the case because it is very difficult to get into a care home, and rightly so, because we are supporting people in the community. That is what everybody will say. It is what we are working towards.

The non-statutory services are more able to blur the boundaries. I was going to say that they are more able to be like a friend, although we would certainly want to be friendly. Rather than referring people to social work, they can do things in a less statutory way and can support people better. There is a stigma associated with social work and people will say, “We can manage on our own. We can support our own family member.”

Sandra White: In the case of referrals, which happens more—that people self-refer to get help, or that you, the NHS or whoever refer people?

Lloyd Wells: There is more of the latter, particularly in the case of housing associations. If there are difficulties with someone’s tenancy or there is problematic behaviour, that is more likely to lead to a referral. District nurses and GPs also refer, because they are out there on the front line, seeing people.

Alison McGrory: I talked earlier about mapping out our assets and having them in a format that allows people to find out what is going on. That is more conducive to people signposting into services that they need. Going back to Sandra White’s point about the stigma, I note that over the past couple of years there has been a lot of emphasis in some of the more popular media on raising awareness of social isolation. We would hope that, with that higher profile, there might be less of a stigma and that people might be more able and willing to access support, should they

need it. In public health and health improvement, that is a key part of my role.

John Mason: I want to re-emphasise the point that was made about men. I was chatting to people at the ceilidh at Ballygrant hall yesterday. One lady said to me that her husband would not come to an event like that but that he would be more keen to go to something if, like men’s sheds, they were going to talk about agriculture, farming or whatever. I just wanted to throw that in.

We have talked quite a lot about social work, health services and GPs, but we have not talked an awful lot about housing. I am interested to know what the housing situation is on the island. Are a range of options available? I take the point that Lloyd Wells made when he said that he wanted to keep people at home. That is the national way of thinking, but it can lead to isolation. If somebody would benefit from being in some kind of sheltered housing or care home, is that available? Where are the shortages and where are the needs?

10:45

Lloyd Wells: We have sheltered housing schemes in Port Ellen and Bowmore, both of which were built perhaps 30 years ago and feature downstairs and upstairs levels. A lot of people cannot access the top levels, which is not very progressive. If we were building those schemes today, we would not build them in that way. Generally, people are not waiting to get into them. When a vacancy for one of the downstairs residences comes up, it gets filled, but it does not feel as if there are three or four people waiting in the wings.

The committee did not get to Jura yesterday, but it has a great progressive care centre. It is a fantastic building. Islay, which has no such facilities, could do with three or four of the same, and they would be full all the time. There are times when a person could go there instead of going into residential care. We would be talking about only a few people, because most people stay in their homes until it is not safe for them to do so and then they move to residential care.

As for the general housing population, the anecdotal evidence that we hear from the community is that there are not enough houses. That is, of course, true; many people who would want to move into their own homes are living with their parents and there are also lots of people in rented accommodation. However, there is not that much rented accommodation on the island, given that the decision facing landlords is to make their properties holiday homes rather than long-term lets.

Fortunately, we had about 10 houses built in Port Ellen about three years ago, I think—it was certainly at least two years ago—and I think that 20 houses are being built in Bowmore. That has been a really positive move and I hope that it continues. However, an on-going issue that has never really been addressed is the situation of individuals who might have lived with their family in three-bedroom social housing for 30 years and are left on their own when their children move away and their husband or wife dies. Given that the community is so small, we know where those people are. I am saying not that they need to be forced out of their homes, but that we need to make the prospect of moving to somewhere more appropriate more attractive. That would keep families moving and get a bit of a cycle going. We do not necessarily have that at the moment.

John Mason: I do not know whether the social housing is isolated or grouped together, but if an individual who was living in a bigger house in a quite isolated place wanted to move into, say, Bowmore, would it be quite easy or quite difficult to make that happen?

Lloyd Wells: That is what would happen. The housing in question is all together, and the individual would be brought into Bowmore. The issue is the provision of services; it is more difficult and less cost effective to provide services in outlying areas. Of course, it is not all about money, but it would be ideal if those people could be brought into the towns—if, of course, that suited them.

John Mason: You mentioned the centre on Jura, which sounds interesting; indeed, someone on the next panel will tell us more about it. Is it perhaps in the wrong place? Would Islay people go and stay there?

Lloyd Wells: Islay people do go and stay there. I do not want to mention any individuals by name, but I can certainly think of individuals over the past five years who have lived on Islay, got to a particular point and then moved to the centre on Jura. If they had not done so, they would have gone into sheltered accommodation on Islay. The centre is certainly used.

John Mason: Does that mean that friends cannot visit them, or that it is harder for friends to visit?

Lloyd Wells: The people in question do not necessarily have friends, so it does not make any difference to them where they are. I have spoken to people on Islay who, after receiving respite care at the centre on Jura, told me, “When the time comes, that’ll suit me nicely.”

You asked whether I thought that the centre had been built in the wrong place. Given that the people of Jura were involved in raising money for

it, writing letters and all that sort of thing, I cannot possibly say that. However, I go back to my comment that if we had three or four such centres on Islay—that might be an exaggeration; let us say two or three—we would be able to use them very well.

John Mason: I do not want to widen out the conversation too much, but I know that, for some of you, your responsibilities go all over the area. Is what we have been discussing a problem on an island such as Colonsay, which I have visited and which strikes me as being more remote than Jura? Would people there have to move to a bigger island or place?

Lorraine Paterson: Yes. Care can be provided in people’s homes, but individuals who need a higher level of care would need to go to a bigger island with a residential care home or a more supported care home environment.

John Mason: We have mentioned technology, social media and so on a bit, and some of the young people whom we met at the cybercafe yesterday said that that is how they keep in touch with their friends. People have mentioned problems with the signal, bad broadband connections and so on. I am not terribly information technology literate, but are there people on the island who cannot connect and get on to Facebook, Twitter and so on?

Lorraine Paterson: Yes.

Lloyd Wells: Definitely. I live in quite an outlying area, and my broadband speed is 1 megabit, which is not very good at all. That said, I can use my work computer at home and I am able to access everything that I need. However, there are other outlying areas where the situation is worse and people cannot get a signal at all.

John Mason: That might be more of a problem for young people, who could feel very isolated. Is that an issue on the island?

Alison McGrory: Our key issue as regards our young people is that we have a dramatically falling population in Argyll and Bute. That is because our school leavers generally leave Argyll and Bute to access further and higher education and then they find that there are not good jobs to come back to. A lot of them say that they want to come back, certainly when they get to the point in their lives where they are settling down and having families.

It is really difficult to tease out all the different issues, but broadband is one of them. If young people aspire to set up their own enterprise or business, it could be around service delivery using IT. They would not come and work in an area where there is not good broadband. We are on a journey with that. A lot of work is happening under the community planning partnership, and I think

that the issue will generally be resolved in the next few years. Again, I am not really up on the technology, but I gather that there will still be black spots in some areas within Argyll and Bute.

John Mason: Has the University of the Highlands and Islands encouraged young people to stay at home and study or is that not really happening?

Alison McGrory: It is really hard to answer that at this point. That would certainly be the aspiration given the investment that is going in.

John Mason: We have heard—maybe more in relation to the central belt—that although social media can be a good contact for young people, it can also lead to bullying. When we spoke to the youngsters at the cybercafe yesterday, they did not seem to feel that that is a problem. Is that something that you have picked up on?

Lloyd Wells: An organisation came into the school and did a whole lot of work on that issue—sorry, but I cannot remember its name. It highlighted the issue, because youngsters did not even realise that it was bullying when it clearly was. The children and young people seem to be well up on it.

John Mason: Okay.

Christian Allard: I want to come back to the population factor. We have had a lot of conversations over the past two days regarding social isolation and loneliness, and it seems to us that one of the main differences compared with the mainland is that a generation is leaving and is not coming back, not even to die. There is a missed generation on these islands and on the islands generally. We do not find that factor on the mainland. It might make social isolation and loneliness a bit more acute here than in other places. Would that be true?

Alison McGrory: I do not think that it is correct to say that that does not happen in other areas, because I live in Kintyre and it is similar to Islay in terms of people leaving the area.

Christian Allard: Would that be a factor?

Alison McGrory: In isolation? Yes, I think so. For example, when people reach that point in their lives where they need a wee bit more support, if their families all live on the mainland or wherever else in the world, they do not have that immediate source of support.

I did an investigation—I touched on it earlier—in which I looked at people's views on how social relationships impact on their health. The investigation involved focus groups. One was in a social housing complex, and people there talked a lot about their families. People who had family members to support them talked a lot about that

and about how they relied on them, but others—maybe people who never married or people who were widowed and did not have children close by—talked about families in a more negative way. Local and national evidence shows that, if people's families are not close by, it contributes to loneliness.

Christian Allard: It is not only about families; it is about friends as well. There is fear all the time that even a good relationship with a friend may be lost because they may go back to the mainland at some point for one reason or another. Do you find that issue in social work?

Lloyd Wells: We certainly do. Some people make choices about living on Islay and they come for a particular reason and some people have been here for a long time. The people who are here all have jobs—they are working in the building industry or the distilleries or in bed and breakfasts and that sort of thing—but for anybody else, there is not really anything.

In relation to youngsters having aspirations about what they are going to do, there might be a bit of an opportunity for them if their family is in farming, but farming cannot absorb lots and lots of children. If a family has three children, they cannot all run the farm. There is the issue that there is not really a great deal to keep people here.

We say that people can start up businesses anywhere, but they cannot do that if they do not have the IT to support it. That is something that the youngsters want. There are things that are not here. Because we have a small community, we cannot have a cinema or a college. We cannot have those sorts of things, so young people need to move away and then, all of a sudden, Islay does not look so attractive any more.

Christian Allard: There is a cinema—we saw the queue at it last night.

Lorraine Paterson: That was the Screen Machine.

Lloyd Wells: Yes—it is great.

Christian Allard: I have read in *The Oban Times* that teachers can now get a qualification from their home without going to the mainland, and we talked to some young people who have done that. There are solutions, but maybe they are not advertised properly. Resilience in the community and confidence for people are maybe not there yet.

Alison McGrory: I suppose that parents want the best for their children. I would like to think that my children will get any opportunity that is available to them and then, if they want to come back and live in Argyll and Bute, the opportunities will be there. That is the key thing. At the moment, there are not really opportunities for people who

have gone off and done what they wanted to do and who then want to come back.

Christian Allard: That takes me on to what we can do next. Is it a problem of society or attitude in the islands that we see so many barriers and we talk too much about the barriers rather than thinking about what kind of positive social connections we could have and how we could build on them? Are we doing some work on that?

Alison McGrory: Yes. That work is being done under the community planning partnership. The fact that the population is declining so much is the key thing for Argyll and Bute. If we do not stop that outward flow of all our skills and talent—

Christian Allard: You are going back to a problem again, rather than trying to build on the positives.

Alison McGrory: There are lots of solutions that involve building social enterprise and there are aspirations around our high-achieving young people creating their own businesses rather than going off to work for somebody else. I go back to the work that is happening on broadband and community transport—

Christian Allard: You are talking about barriers again. Instead of finding excuses for people to leave the islands, can you find excuses for people to stay, which would maybe resolve the problem of social isolation and loneliness? Do we have examples of proactive work to allow people to stay and have all the opportunities on the islands?

Lloyd Wells: We have one good example. Because of the ageing population, there will be more need for care. Rather than home caring being just a job, it can be a vocation and people can have training. Following on from whatever course young people do at school—I am not sure what it would be called—they can go into a job with the council, which is almost the only provider of home care. They can then get Scottish vocational qualifications and there will be on-going training. That is more than just what was, in some people's eyes, the old home help idea. Home care is seen as a professional career for people. Ideally, that would keep people here, because there would be something to be here for.

Christian Allard: Are we actively promoting that? Are there local campaigns to identify all the opportunities that exist on the island?

Lloyd Wells: No. That has certainly been talked about with people from the high school and there have been discussions about involving Argyll College, which is attached to the school. However, it has not gone any further than that.

Christian Allard: With previous witnesses, we have talked about a national campaign to do what we can to prevent modern society from making

people more and more socially isolated and to prevent people from feeling lonely—people are not always lonely, but they can have a feeling of loneliness. Could we have a national campaign that could be adapted to the islands? Do you have any ideas on that?

Alison McGrory: I would not say no to that because, as somebody who has worked in public health for a long time, I know that there have been successful campaigns. The detect cancer early campaign is quite a recent one. A lot of people will recognise the brand, because they see it in pharmacies, on the television and in the newspapers. There is merit in that approach, but my worry is that, on the issue that we are discussing, there would not necessarily be a unified message for the whole of Scotland. Such campaigns work when there is the same message throughout. We would have to have the ability to customise it.

Since 2011, I have been involved heavily with reshaping care for older people, and I have been saying for a long time that it is all the emphasis on local areas that is really driving that forward. Reshaping care for older people is actually a fairly dramatic change. If that had been matched up five years ago with the higher-level messages, we might have had a bit more success. We have to bring the public with us on the changes. The public are aligned to what services used to be like. When we take money out of long-term hospital beds, the public are up in arms about it and people say, "You're cutting services—that's awful." However, it is actually a good thing, because we are reinvesting the money in communities and making healthy communities that will support people to live better lives in those communities.

We try our hardest to get that message across, but I do not think that we have had a great deal of success with it yet, because people are still aligned to how things used to be. If a national campaign could have piggybacked on some of that, that might have made our lives a bit easier over the past five years.

Christian Allard: Do people have any other ideas on how a national campaign could promote the integration of health and social care to ensure that people understand it and have a say in it?

Lloyd Wells: It would certainly help if they heard about it not just from us—that is, the usual suspects—but from on high, too. That said, Islay is very different from a lot of places on the mainland, including Lochgilphead and Campbeltown, and I am not sure how much the local community would identify or associate themselves with a flashy national campaign.

11:00

Christian Allard: Such an approach worked well for bullying, for example, and we managed to run a very positive campaign about disabled people's rights. The see me campaign was also quite powerful and very positive. There is a way to run a positive campaign and adapt it to local circumstances. If you had any ideas, it would be great if you could write to us with them.

Sandra White: I want to touch on Alison McGrory's comments about the advertising campaign, which could perhaps be similar to the see me campaign. We heard evidence from a professor from Glasgow university, who gave us figures for how much is spent on primary care and how much on a hospital bed. Would you be looking for an advertising campaign that would show that we could get so much more if we spent the money on preventative measures? We need to take the media along with us, as they are the ones who push the negatives rather than the positives of primary care.

I suppose that that is more of a comment than a question.

Lorraine Paterson: It is all about a shift from associating health with hospital beds. Health is so much more than that, and integrated health and social care should be embedded in communities.

The Convener: It all comes down to changing people's mindsets and communicating clearly with them so that they know exactly what is happening.

John Finnie has a brief question about social prescribing.

John Finnie: Do people understand what is meant by the term "social prescribing", which Anne Tait mentioned? What are your views on its benefits?

Anne Tait: The term is understood by everyone, and I also think that most people here know what is available. We also have a weekly multidisciplinary meeting at which services are discussed. I just think that the issue would benefit from being highlighted more than it is.

John Finnie: Do you believe that, in order to ensure the integration of health and social care, plans should use terms such as "isolation" and "social care"?

Anne Tait: Yes.

John Finnie: Politicians like to use terms such as "preventative spend" but, as you have said, the money should be directed at trying to head off any problems. Would you advocate the inclusion of such terms in integration plans? Perhaps they are included already. I know that even different areas of the same health board can be at different

stages. Do such things feature at all in integration plans?

Anne Tait: Yes, under reshaping care for older people.

Alison McGrory: One of the 12 work streams under reshaping care was called community resilience, and loneliness came under that banner. We did a lot of really good work on that; indeed, I have included that in my online submission to the committee.

Last year, we held a conference in Inveraray, to which 50 people came, with the purpose of raising awareness and thinking through what our next actions were going to be. One of the actions from that conference has been the development of an information resource in consultation with people. It is like a credit card that people can get to allow them to access information and support if they are feeling lonely; in fact, it is a bit like social prescribing. The other resource is a ready reckoner for staff or carers.

Now that the reshaping care for older people change fund is tapering off and the integrated care fund is picking up, we have recognised that the work must carry on—it cannot simply stop at the end of reshaping care—and that it obviously goes wider than older people. Younger people have been mentioned; we know that school leavers, too, are at risk of loneliness, and we have factored that into our action plan.

John Finnie: That is interesting.

Alison McGrory has mentioned her survey a couple of times. Would it be possible to share that with the committee?

Alison McGrory: The information is in my submission.

John Finnie: Ah. Right.

The Convener: We should not assume that everyone knows what social prescribing is, so I wonder whether for the audience's benefit Lorraine Paterson can confirm what the term means. Are GPs aware of it? Do they practice it when patients come in to see them?

Lorraine Paterson: I will ask Alison McGrory to give a definition. I would suggest that GPs are learning about it, and that it is evolving.

The Convener: For example, if an older person went to their GP because they were depressed, would the GP think about talking to the patient to find out their background? If they did, they might realise that the person did not need tablets for depression but some company, in which case they might provide a list of organisations that the patient might be interested in. Is that what doctors are doing?

Lorraine Paterson: Yes, I would say so.

Lloyd Wells: We have a good recent example of that. In the south of the island, there has been a lot of work on a path running from Port Ellen to some of the distilleries, and I heard at the communication meeting that GPs are prescribing that patients take that walk three or however many times a week and are measuring their stats before and after the walk.

The Convener: Excellent. I will now put Alison McGrory on the hot spot. What is social prescribing?

Alison McGrory: It is quite difficult to define, because it means different things to different people. However, in primary care terms, it happens when a GP who perhaps cannot support a patient with conventional medicine considers what social aspects are causing their health problems. For example, they could be lonely or in debt, or they could be having problems with their weight, which might be caused by medical and social factors. A GP will have a patient-centred conversation about the person's aspirations for their health outcomes and what in the wider community might enable them to achieve better health outcomes, which might include exercise on prescription; indeed, some areas have arts on prescription. There are, for example, lots of community gardens in our area. Although there is informal signposting to them, I want things to be formalised to ensure that a GP can say, "If you go to the community garden at 2 o'clock on Monday afternoon, you'll find a group of like-minded people."

The Convener: So it could be as simple as putting a signpost outside a community garden, telling people about it. People could signpost themselves to it as well.

Alison McGrory: Indeed. I have been inspired by Mark Charlton's comments about the links work that is being done in the deep-end GP practices. Some practices have online check-in facilities, which frees up receptionists' time. After speaking to their GP, a patient spends some time with the receptionist, who, instead of just checking people in, takes on more of a social prescribing role. After all, checking people in can be a bit of a waste of time if that can be done online.

The Convener: That is excellent.

John Mason: I hope that my question is not too far off the subject. Yesterday, the isolation of skilled and professional people was raised with me as an issue. Can you comment on that? I have spoken to a few people, including dentists, and they have said that they have felt a bit isolated, because they do not have any other dentists to talk to. Golf professionals seem to like being on their own, so it is not a problem for them, but one

person who was involved in health and safety felt that they did so much work online that they never met anyone. Is that a problem?

Lloyd Wells: It can be. How many friends do you think that I have as a social work team leader? I can spend time with the social workers, but because I am their manager, I cannot really do a whole lot of that.

I play football with the locals but, having played it all my life, I know that what happens is that people play football and then go to the pub for a beer. I do not do that second bit, which is a shame; I enjoy the first bit, but not the second. Who else could I spend time with? I could spend time with the police, because I work with them.

Nevertheless, although it can be a bit isolated, I quite like that. I live out where I live and I have my family. That suits me fine, but I can see how, for other people, the isolation would not be helpful to them at all. Moreover, given that I cover the mainland as a manager, I also benefit from my contact with people and the regular meetings that I have there. If a person is on the island a lot more, they really will feel isolated.

John Mason: That was helpful. Thanks.

Lorraine Paterson: With regard to professional isolation—not just isolation as a result of being lonely and not being able to be part of the community—I should also highlight the governance around that. The move to a principal practice-based general practice model for the island means that all the doctors will work together rather than in isolation without the same quality in governance around the practice. The move towards a principal practice will counteract that professional isolation from a standards and quality perspective. It will also bring together a group of people who can share and talk, which will help.

Because the community is small, individual practitioners—a physiotherapist and an occupational therapist—have to come here to work. It is very important that they become part of and work together in the wider team so that they are not professionally isolated in the work environment and potentially professionally isolated in the community. We definitely have to work quite hard on that.

Christian Allard: I have two quick points. First of all, we talked about lunch earlier and men's sheds, which began in my home town of Westhill. Such sheds are all very well for people who are just in retirement, but not for people who are in their 80s. That makes things more difficult.

We heard an example of a lunch service for people of a certain age that was very much supported by the local community, but somehow it fell through, because it was felt that there was not

a good enough reason for supporting it. However, the service also took people to the Co-op afterwards and helped them bring home some of their shopping. I do not know what happened. That is maybe something that you could check for us.

Lloyd Wells: I think that you are referring to the Islay Disabled Endeavours and Action Ltd—or the IDEAs project—which has folded now. There is now just one such service a week where there used to be five. I can talk to you about it afterwards.

Christian Allard: That would be a good idea. That is exactly what you were talking about. Unfortunately, it folded.

Alison McGrory: We have other vibrant examples of that across Argyll and Bute, particularly in Tarbert.

Christian Allard: Maybe you can talk about that later.

Ms McGrory talked about being “patient centred”. We have had inquiries on this matter, and with the integration of health and social care, should we talk about being people centred and forget about the word “patient”?

Alison McGrory: Yes. Thank you for correcting me.

Lorraine Paterson: I described the approach as “person centred”.

Christian Allard: In your work on integration, are you really changing the jargon and ensuring that all professionals understand that they have a person, not a patient, in front of them?

Lloyd Wells: We are trying to get people to say that we are about the person rather than service users, residents or patients. That is really difficult, particularly from a health point of view, because we are talking about patients. However, we are certainly working on that.

Lorraine Paterson: In bringing together two separate organisations, we need to remember that there are two separate languages. That will be the easy bit to fix.

Christian Allard: Just use plain language. That is what people like me can understand.

The Convener: I thank everyone for coming along and giving evidence. I suspend briefly to allow our new witnesses to come in and give evidence on social isolation and loneliness in elderly and young people.

11:12

Meeting suspended.

11:24

On resuming—

The Convener: We continue our evidence session as part of our inquiry into age and social isolation. We are looking at the effect that social isolation and loneliness have on elderly people and young people. Earlier this morning, we heard a lot about the impact on elderly people, so it would be good not only to hear about that, but to have more emphasis on the effect on young people.

I welcome the second panel. I ask the witnesses to introduce themselves and to outline briefly details of the organisation that they work for and what they do.

Katherine Wells (Timebank): Hi. I am community resilience officer for Islay and Jura. I work as part of the reshaping care for older people project within the Islay and Jura Council of Voluntary Service. My aim is to decrease social isolation and loneliness and to increase health and wellbeing among the older community.

Mairi MacCuaig (Islay and Jura Youth Action): Good morning. I am representing Islay and Jura Youth Action, of which I am chairperson. It is a voluntary position. I also have another hat—I work for Argyll College.

Petra Pearce (Islay and Jura Council of Voluntary Service): I am with the Islay and Jura Council of Voluntary Service—I am the lead officer there. My job is to support and develop the third sector on Islay and Jura. The third sector includes voluntary organisations and voluntary sector community groups, charities and social enterprises. We are also in partnership with Argyll Voluntary Action and ABSEN—Argyll and Bute Social Enterprise Network—to deliver the core third sector interface services on Islay and Jura.

Joan Richardson (Jura Care Centre Group): Hello. I am chairperson of the Jura Care Centre group, which is a charitable voluntary company. We work in partnership with the NHS and social services to develop and maintain the Jura care centre.

The Convener: I ask the witnesses to speak up a little, so that people at the back of the room can hear them. Although we have microphones, some people had some difficulty hearing what members of the first panel said. A thumb has just gone up at the back—that is great; thank you.

You all work with elderly people and young people. Can you give us examples of the impact that social isolation and loneliness have on

members of the young and elderly communities here in Islay and on the islands more widely?

I will start with Mairi MacCuaig, because she is making eye contact with me.

Mairi MacCuaig: As you know, we work with young people. We offer diversionary activities and try to increase the number of opportunities to stop social isolation, but we do not always see young people who are isolated, because they are not referred to us or because they are so isolated, are so lonely or have such low self-esteem that they do not attend the weekly events.

We have various activities throughout the year that young people might drop into. Bullying might be among the issues that young people have, and they might not want to go to the clubs where the bullies are, so we also have other activities. For example, we bring over an ice rink at Christmas time. Many young people who we do not see at the weekly clubs come to that—it is on all weekend. Just under 300 people attended at Christmas time, so it is extremely popular.

There needs to be a more joined-up approach when we are looking at referrals from the health sector. If we do not have parents coming to us to say that wee Johnny is feeling isolated and asking what can be done, we will not know about the issues and we will not know who the children are.

11:30

The Convener: When we took our inquiry out into the housing scheme in Easterhouse, we heard from an organisation that went out into the streets and houses trying to identify the groups of people who do not engage with the kind of services that you provide. You are aware that there are young people, and perhaps elderly people as well, who do not come along for various reasons. What can your organisations do to identify and contact those individuals and to get them to engage and to overcome their social isolation and loneliness?

Mairi MacCuaig: We need to have more contact with health professionals. We need to make ourselves available to service providers to say, “Look, we’re here and we’re happy to have volunteers.” We have one employee who works 16 hours a week and we have a board of eight volunteers, so sometimes the board members do not have time to go out and knock on doors. However, because we live in a small community, we know a lot of people—word of mouth is an advantage and allows us to pass on information. We also use social media and encourage people to like and join our Facebook page so that they can keep up to date with news.

The Convener: Are you saying that the third sector is not getting enough support from

organisations such as social services, doctors and other support organisations in the community?

Mairi MacCuaig: I think that the support is there if we ask for it, talk about it and meet up. Everybody is stretched, which is why people volunteer. I volunteer for eight to 10 hours each week on the youth project, but I have another job, so it is not possible to meet up with professionals. We need to be flexible: they are there on our doorstep, so we just need to talk more.

Petra Pearce: It can be particularly difficult for a young person who feels isolated in a small community. If they do not like football or rugby or if they do not have an interest in agriculture, it is difficult to go out further afield and find people who share their interests. Sometimes they do not know what they are interested in because it is not available on the island, whereas if they were on the mainland they would have a wider choice and could find out what they are good at and build up their confidence and skills.

One way to address social isolation for young people is to bring more experiences across to the island, such as climbing frames, skid pan facilities and skateboard parks, to give them new opportunities and taster experiences that will bring young people together.

Transport is an issue for young people, as it is for older people. There are children outside the central villages who are unable to mix with children in the villages. There are no buses on a Sunday and there is nothing after 6 pm, so unless their parents are able to bring them in and out of the villages they cannot get in to see their friends face-to-face. That creates barriers for young people, so we need better transport links and we need to offer them more experiences.

Young people make contact through social media and Xboxes. There is some debate as to whether that is a healthy way to communicate, but in outlying areas it is sometimes the only way. It can be problematic to get an internet connection to allow them to interact fully with their friends. If someone is last on the line, they are first off when the line gets busy, so that becomes a source of frustration rather than a sense of comfort that people can communicate with their friends. Just as it is difficult for elderly people, it can be difficult for young people, because they are almost unrecognised as being socially isolated.

The Convener: Would anybody else like to comment?

Joan Richardson: Not regarding young people, but I have comments to make with regard to older people and disabled people. Jura Care Centre was set up to tackle the serious problem of loneliness and isolation among older people and disabled people on the island.

Fundamentally, there is little or no transport. In such a scattered community in which people do not drive, it is almost impossible for people to access all the services.

We started the project in 1996. Since then, the care centre has had a huge impact to the good, and older people can now join in socially, attend clinics at regular intervals, go to the GP surgery with ease, mix with people of a similar age and with young people. The care centre has developed in a way that welcomes all groups. We have a mothers and toddlers group, an art group and so on. All elements of the community mix in the care centre. It also affords reasonable sheltered accommodation for people who cannot manage on their own.

The care centre has worked brilliantly for the island, but it has not been an easy journey. The care centre group has continued to struggle because it is totally unfunded. We bought a community vehicle from the council four years ago—Lloyd Wells might correct me on the number of years—and we pay its running and maintenance costs ourselves. It is an essential part of the care centre because there is no point having a facility if no one can get to it.

We also employ a community support worker, who visits clients regularly. As Petra Pearce said, some people do not want to socialise in a group and would prefer to be in their own home. However, it is nice if someone can drop in on them from time to time to see how they are and whether they need any medical assistance.

The care centre fits the bill for our island, and we hope that we can continue. I stress the fact that we are not funded at all. We bridge an enormous gap that was left by the council. We keep on doing that because it is important that we do so. We get moral support, but not much else. Getting some real financial help would be important.

The Convener: I was due to visit the project yesterday, but the trip was cancelled due to the weather. That was sad, because I was really looking forward to it. However, I believe that you have brought some photographs and other details.

Joan Richardson: Yes, we brought some graphic representations and some pictures of the centre that might show you just what we have built.

Last year, we attempted to get Scottish Government funding for a community vehicle, but we were unsuccessful because the fund was oversubscribed—there must be dozens of groups in Scotland that are desperate to get new vehicles. However, we compiled a document as part of our application, and you might be interested to read it.

The Convener: Thank you.

Sandra White: Transport is a huge issue in the islands, for younger people as well as older people. You mentioned that you had difficulty getting funding. Is the community bus shared with other groups, such as voluntary services that get funding? Would you be able to work with them? Could you share the vehicle by, for instance, letting voluntary services use it at night and having them pay you for that?

Joan Richardson: We work with the Red Cross. The Red Cross driver can use the vehicle to transport people back and forth to hospital appointments, and the Red Cross pays for the cost of those trips. That is the only arrangement we have with another group.

It is not possible for islands to join forces. That would not work. We could not have our vehicle going over from Jura to Islay when someone needed it on Islay and then coming back to Jura. That would not be practical, physically.

Sandra White: Would the sort of arrangement that I am talking about work on Jura, though?

Joan Richardson: Yes, it would work on Jura.

Petra Pearce: I take on board what you are saying. Funding for transport is a priority. We are not funded directly for transport; in any funding application for a specific project, we build in a proportion of funding for transport. For example, we have been discussing with Mairi MacCuaig funding for a youth bus for Islay and Jura Youth Action so that she can go round the island collecting children from outlying villages to allow them to come together in one central place. That enables them to integrate better for when they move on to high school and when they meet up. We are not directly funded for transport, as far as I am aware, but we build such funding into funding applications.

Sandra White: That seems like a duplication of effort. You have transport there, and people are looking for money. Would it not be better if perhaps three groups worked together to support each other?

Mairi MacCuaig: Yes, absolutely. I think that there should be more joined-up partnership working. Transport is a high priority. We are waiting for a response to a funding bid, and transport is high on our list. There are local taxis and minibuses on the island, and we would be putting money back into the community if we hired a minibus for a Friday and Saturday night and called it a youth bus. We would also not have the expense of having to maintain our own minibus, so that is what we plan to do.

Petra Pearce: There is a fine line. We provide Timebank transport as well. We are also

concerned about small businesses and do not want to become a free taxi service. We take on board what businesses are doing within the local community.

A lot of people who are volunteering in the community do not see what they are doing as volunteering—they see it as helping out a neighbour. For example, one lady drives just short of 100 miles per week to take old people to hairdressing appointments, to do their shopping, to walk their dogs and to doctor's appointments. She does not see it as volunteering, and she does not claim any money for mileage. If she did, it would equate to about £2,000 a year in mileage costs.

To a lesser extent—I do not think that there is any greater extent than what that particular person does—a lot of that is going on. People are just doing it and do not see it as volunteering, but it is important to pay volunteers' mileage costs. The person in question is in employment and can absorb the costs, but for older people who are volunteering the mileage expenses could be the difference between their keeping their car on the road and maintaining their independence, and not. The Islay roads are relentless on cars and tyres, as you can imagine, and a lot of people have to send their cars to the mainland to be serviced. There is also the high cost of fuel to consider. Mileage expenses are a priority for volunteers on Islay and, I suspect, throughout Argyll and Bute.

Sandra White: I will come back to some of the issues, but other members want to ask questions.

John Finnie: Good morning. Mairi MacCuaig mentioned bullying, and the issue has already been mentioned to us. A lot of people might be surprised—it surprised me and several of my colleagues—to learn that bullying is an issue in the Islay community. Can you explain the extent of the issue? Bullying will contribute to social isolation. What are the education authorities doing about it?

Mairi MacCuaig: There is a lot of bullying, and in a smaller community it is more difficult to get away from the bullies. People might go to events and the people who are bullying them might be there. There is a major problem in the school, which is not being addressed properly.

We are very informal at the youth club, and the information that we get from the young people is volunteered. We do not pry or ask questions. The general opinion is that bullying does not get dealt with at school. I can tell you that from experience. My son has Asperger's and has been bullied at school, and he has been removed from a class rather than the bully.

11:45

A lot of work needs to be done. The young people that we hear from tell us that they do not think that bullying is being addressed, and because they live in a small community it is hard for them to move away from the bullying. Sometimes, the issue is a lack of education. In the case of my son who has Asperger's, it is ignorance. People do not understand why he is different socially, why he is not like them and why he cannot interact. It would be good if there was more provision in school to educate young people about disabilities. I have asked the school to make such provision available because, as a parent, I want other young people to know why he is different, but that has not happened.

We had the I am me project last year. It was fantastic, but something like that is a rare occurrence. Within our youth group, if my son is having issues or is not behaving well, he will speak to the other young people and say, for example, that it is because the music is too loud. Normally, people would just say, "He's really badly behaved." We need to educate young people in particular about disabilities.

Have I gone off on a tangent?

John Finnie: No, not at all. Such were my concerns yesterday that I have already contacted the chief executive of Argyll and Bute Council to ask about the bullying policy. I hope that that will come as some reassurance. There are enough challenges already—we have heard about the challenges of transport, IT and infrastructure—without what should be good interpersonal relationships being hampered. Does any of the other witnesses wish to talk about bullying?

Petra Pearce: The high school does not have a youth worker in place. A properly trained youth worker would be of huge benefit to the high school.

John Finnie: Can I ask about another form of isolation? You talked about the reliance on parents providing transport, given the transport frustrations. That presupposes that the parents have a car.

Mairi MacCuaig: Yes, it does.

John Finnie: Does that create isolation on the basis of wealth?

Petra Pearce: The CVS has been considering a poverty awareness project. Sometimes, our work is just putting a Band-Aid on the circumstances, whereas we should be looking at the root causes of the social isolation. There are issues such as the cost of fuel, and we could compare the island shopping basket with, say, the average UK mainland shopping basket. Some children do not go swimming, for instance. We might say, "Well,

we can subsidise swimming lessons,” but people would still have to hop in their car—which they might not be able to afford to put on the road—travel in and drop the children off. Once again, transport would come into play.

Yes, we are doing a good job. However, I feel that it is sometimes just Band-Aids and that we are not addressing the root cause, which is the affordability of living on an island.

John Finnie: That is very helpful. There could be a bus every half hour but, if people did not have the wherewithal to pay the fare, it would be academic.

Petra Pearce: Absolutely.

John Finnie: Does any of the other witnesses wish to comment on transport or IT issues?

Mairi MacCuaig: We have arranged a certificated games design course for young people, and the timing was set deliberately to avoid transport issues. The class starts directly after school, so that the young people are in school anyway. They finish at half past 3 and walk up to the class, which starts at 4 o'clock. Families are required to come only when the course finishes, at 9 o'clock. We have to think of transport costs because some people do not have a car or access to a car. If someone is volunteering or taking their child to football or swimming, there is the high cost of fuel to consider. If they do that five days a week, they are spending a lot of money on fuel.

As Petra Pearce has suggested, the cost of living on Islay is high. Everyday costs—the cost of food, for example—are really high compared with those on the mainland, and the cost of fuel on the island is just terrible. Indeed, that is what everyone talks about.

I should also mention the state of the roads. The older and younger generations are not confident about driving in the dark, because of the number of potholes and the fact that the roads are poorly maintained.

Christian Allard: With regard to transport, I am sure that everyone has heard about the IDEAs project and the need to find some solution because of the withdrawal of funding. We have been told, for example, that cars or whatever could be used instead of minibuses, and I am reminded of the A2B service in my own area in the north-east. Such approaches would be perfect for not only groups but individuals such as my daughter, who suffers from epilepsy and cannot drive. Can those kinds of project ideas be developed?

Mairi MacCuaig: It would be good if one organisation owned a bus but shared the maintenance costs. We are lucky in that the local Baptist church has a minibus that everyone can

use—in fact, I think that everyone here has used it.

Christian Allard: The A2B service is open to individuals as well as groups. Do you know about that?

Petra Pearce: IDEAs had two Berlingos and individuals could phone up and book to take them from A to B. [*Interruption.*] Someone has just told me that that was the better neighbourhoods service. I was not in post at the time and do not know why the service, which I understand was well supported, did not continue.

Christian Allard: It might be a good idea to work on a solution.

Katherine Wells: On the issue of transport for older people, I find that, in the field that I work in, it is difficult to access not just social activities for older people but healthcare. In the previous evidence session, Anne Tait mentioned the fact that the post bus does not run any more. There is now no transport to the hospital itself; the closest that you can get is Main Street in Bowmore, which leaves a walk of a half mile or more up the hill to the hospital. That is absolutely no good for many older people and those with mobility issues. I am trying to address what is a huge issue. The bus service that runs—Mundell's—has tried to get up the hill, but the roads are just too narrow and the company has said that it is not feasible to put on a smaller bus at off-peak times just to take people up to the hospital.

With regard to social events and activities, the issue is timing—there are just no services after 5 o'clock. We have some great Timebank volunteers who volunteer their time for driving, but they are very few in number. The fact is that lots of people on Islay are very busy—probably, because of the cost of living, they have more than one job; indeed, I have two jobs as well as being a full-time mum—and it is difficult to ask people to give up more of their time for volunteering. We recently sourced a volunteer through Timebank and they, along with another individual, have been put through the council driving test. We are just waiting for their protecting vulnerable groups checks to come through, but they are now able to drive the residential home's minibus. Instead of letting that bus sit there solely for the use of the home, we are trying to get people out of the home and take them to lunch clubs and different activities, and we hope to expand the facility and get people in the community to different things, whether they be out of hours or during the day.

Returning to Sandra White's point, we are trying to ensure that buses can be used by more than one organisation. There is no point in several buses sitting doing very little, and we are certainly aiming to utilise the services that already exist.

Joan Richardson: Jura has all the problems that Islay has and some extra ones. Our cost of living is far higher than that on Islay, as we have the extra and considerable cost of bringing everything over on the ferry. The roads are perhaps worse than those on Islay and it is difficult to maintain vehicles on the island. A minibus would be most unsuitable for Jura because it would be far too big. The bus that we have at the moment is always breaking springs and having other problems. In small communities and remote settlements, transport is vital for getting people to the shop. Our vehicle gets people to the shop so that they can choose the things that they want instead of having them sent, and that is very important.

The care centre on the island is also invaluable. Having a GP practice, the care centre, the shop—which the community bought out a couple of years ago—and a good school makes the community viable. Those are all important for stemming loneliness and social isolation in people of all ages. That is how we view the community—we want the whole island to develop, not just one aspect of it such as transport. Everybody is working towards that. The community is very strong and we have young people, too.

The Convener: John Finnie is engrossed.

John Finnie: Yes—I am engrossed. We are getting a lot of good information. I asked my next question of the previous panel. We have heard evidence about groups who feel isolated, such as men, the LGBT community and ethnic minorities. What is the panel members' experience of those issues?

Petra Pearce: We have investigated having a men's shed but found that being unable to get central, accessible and affordable premises meant a delay in starting that up. We have located an organisation that is willing to take the idea forward and we have found volunteers. We have identified people who would benefit from involvement with the men's shed, but we do not have the premises. The challenge for most third sector organisations is the lack of premises.

We have not identified a need for support for people from ethnic minorities. They have to go to the same shops as everybody else because the shops are limited. They go to the same schools. We do not see the issue as a problem on the islands. Everybody has to mix because there is a limit to where people can go.

I have not had specific needs identified from the LGBT community. I do not know whether Mairi MacCuaig has identified any.

Mairi MacCuaig: No. The community has made us aware that it is there, but it does not seem to

have any issues or feel the need for separate support.

Joan Richardson: In my experience, people in the islands are broad minded and adaptable in any situation. New people are absorbed without much difficulty.

Katherine Wells: I was going to talk about the men's shed, which I have been speaking to Petra Pearce about.

I run a walking group on a Tuesday—it is more of a gentle strolling group—and at least half of those who come are men. We should identify something that men feel comfortable taking part in and will enjoy. Afternoon teas are the traditional way of getting people together and they are sort of aimed at women. We have a cup of tea and a scone after our walk and everybody enjoys that, but there are two points to the walking group.

There is the social aspect. People have said to me that they look forward to the group every Tuesday because it gets them out of the house, out of their routine and out of the loneliness. There is also a massive health benefit. We have had individuals with health problems and pain who have said that they would not have kept walking if they had not been part of the group. They continue to come and their health problems seem to cease or decrease. The issue is identifying an activity that men will be interested in.

12:00

Mairi MacCuaig: We have talked about men's sheds, and the members of the first panel talked about the need to adapt men's sheds to different areas. Our youth club rents a building that has gardens at the back. We desperately need volunteers and helpers from the older community who can pass on skills to young people. We need to integrate and adapt a project that already exists, which can happen locally.

Joan Richardson: The school on Jura sometimes needs volunteers to work in the grounds—for example, to help with repairing the polytunnel or with work after storm damage. Often, a number of men of all ages come along and join in that sort of activity by offering practical help, which is what is needed.

However, it is difficult for those men to go to a social affair, unless it is a ceilidh with music or whatever. For instance, we do not get many men coming to the lunch club on Jura, although they will perhaps go to other functions. That is a problem; men are reluctant to get medical attention, too.

Sandra White: I look forward to hearing an update on community transport. Addressing transport is imperative, because it seems to be the

main issue, and there is no point in duplicating work.

I raised the issue of referrals with the earlier panel. When people go to the doctor and the health service or when they see social workers, the solution is not just to give them a couple of pills but to refer them to social activities from which they can benefit. Do you get a lot of those referrals from social work and the health service?

Petra Pearce: With health and social care integration, the third sector will have a big part to play in delivering services in the community. For that to happen, there needs to be a clear line of communication between health professionals and the third sector. At present, that is intermittent; there has been effective social prescribing, but we need to improve the process so that it becomes clear and so that health professionals get feedback on the forms of social prescribing that are available and how it has improved the health of and provided benefits for individuals.

We need to make health professionals more aware of what is available, and they need to gain confidence in working with third sector organisations. That will happen only through experience, so we need to work together better to form strong working relationships.

We have a number of clubs, such as the reshaping care for older people events and Islay Link Club. The link club is for people with mental health issues, but there is a danger that it will not continue, because of a lack of referrals. There are referrals to the reshaping care for older people services—that system works well—but not to the link club. The club needs not just referrals from the health sector but support, and not necessarily just financial support but time. For example, it needs individuals coming along once a month to help the club to set up a peer support group. That is about treating people in the community and is very specific.

Joint training would help, along with enabling health professionals to gain confidence in the third sector. The third sector also needs to gain confidence in its abilities.

Mairi MacCuaig: We do not have a lot of referrals. I have had two informal referrals, which involved somebody speaking to me discreetly in the Co-op, for example, about someone who was socially isolated. I agree with Petra Pearce that the system needs to be formalised and that additional training and resources should be provided. That includes funding—if the healthcare sector is being asked to refer people, we have to be able to meet the need. Everybody is stretched, so they may be unable to refer people further.

Sandra White: We heard from the professionals earlier about closer working; they have a year to

work towards the integration of social work and healthcare. I honestly thought that voluntary services sat on community health partnership boards. Do you sit on the CHP board? Do you meet people so that they are aware of what you have to offer?

Petra Pearce: The difficulty has been partly to do with the third sector interface. I am relatively new to my post, but I found that AVA was sitting on the community planning partnership boards and so on, so the information was not feeding back. We are addressing that as a third sector interface, and AVA, ABSEN and IJCVS are merging into a single entity. The proposed name for that organisation is Argyll community empowerment, or ACE. Through that, we should have better feedback and better input into policy decisions. I will go to the meetings to put forward an island perspective. That has not been happening, certainly in the past eight months—I do not know about previously.

Katherine Wells: I have been in post for only a year, which is not much longer than Petra Pearce. When I started, I sat down with people from social work and told them about what Timebank does and the referrals that we would find useful from them. I have certainly had a few good referrals from social work and healthcare, and we have provided a service that is slightly outside the social work remit. Some people have gone to social work and got a level of care from it but wanted something further. Because social work knew that Timebank could provide that—potentially, if we had volunteers—it came to me and I was able to fill the gap.

Educating each other in what we do and what we offer is definitely important. I attend the reshaping care for older people meetings, which social work and healthcare representatives attend as well. It is important that we keep on communicating and telling each other what services are available, because the third sector can fill quite a lot of the gaps in social work and healthcare.

Sandra White: I do not know whether Joan Richardson has an answer to my next question. Your organisation is involved in the new integrated services, and there is a link programme on the mainland—I know that it is expensive—with a link worker in the GP surgery who can facilitate provision of all the information. Would it be beneficial for all of you to be involved at that level, rather than as an afterthought? Maybe that is the wrong word.

Joan Richardson: I do not know how effectively that approach would work, to be honest. We are very much a small community of people working with each other. We have not really experienced working on a larger scale with other

groups. We were involved with the council of voluntary service many years ago and we found that a great help, but things have changed over the years and we do not have that connection any more.

Members of our group are part of the locality public partnership forum, but for referrals, we work closely with the GP. If people require transport to Islay hospital or to the airport to go to a mainland hospital, our local GP refers them to us for transport. That is the only way in which we work with another person to provide transport.

I cannot imagine how the suggestion would work out in the way that you describe, unless you could say more about what you mean and how you think it would operate.

Sandra White: I was thinking—Petra Pearce might want to answer as well—that we have social prescribing, which aims more at having preventative public services rather than people being hospitalised. The link worker would be able to tell people what is on offer, rather than the doctor prescribing tablets for depression or that type of thing.

Joan Richardson: I fully appreciate that.

Sandra White: That is beneficial in the long run. Preventative medicine is better than other approaches.

Joan Richardson: I could not agree with you more. That is the premise that we are working on. We are continually campaigning for better physio and better podiatry. We are lucky in that we have an excellent physio service and the physiotherapist comes regularly to Jura. It is essential to keep people's mobility before they deteriorate into being dependent on a wheelchair or medical services.

I could not agree with you more that preventative medicine is important. We need to keep people up on their feet, because having bad feet is the worst problem. However, that can be avoided, as can bad eyesight and falls, by preventative care. We are fully behind that in any way that we can be.

Petra Pearce: I will touch on possibly developing the Bowmore hall into something that could become a community hub, which Lloyd Wells spoke about. One of the visions for that is to have a couple of rooms in the community hub that would be open to visiting podiatrists or opticians, so that their services became less something that people went to the hospital for and more open to the wider community. We could aspire to having a link worker who worked from the community hub and did social prescribing there rather than in the hospital, so that it became more organic.

Joan Richardson: The hub is exactly what we are. We were inspired by Swedish examples of hubs being set up in remote communities way back in the early 1990s. I thought some years ago that Islay was trying to achieve something similar. If I remember correctly, the CVS proposed that small hubs should be developed around Islay, because there are different communities on Islay and not just one community. In my opinion, that would work quite successfully.

John Mason: We have covered quite a lot of areas but have not thought too much about housing. I realise that for most of you housing is not your speciality, but do you see the housing situation as a factor for isolation? I certainly want to ask you a few questions about that.

Joan Richardson: Very sheltered housing is incorporated in the care centre and people have independent lives in the centre. Extra support is on hand whenever they require it.

John Mason: How many people stay in your centre?

Joan Richardson: There are six flats, but one is dedicated to respite and quite a number of people from Islay come over to it. That gives their carers a break.

John Mason: Is being on a separate island a disadvantage?

Joan Richardson: To us? We do not feel disadvantaged.

John Mason: No—I mean whether people are happy to come to you.

Joan Richardson: It is a bit of an adventure for people from Islay.

John Mason: Is it?

Joan Richardson: Yes. [*Laughter.*] It is quite a challenge.

John Mason: How good is the ferry service between the two islands?

Joan Richardson: When it is good, it is very good.

John Mason: But it is weather dependent.

Joan Richardson: Yes, and the vessel's capacity leaves a lot to be desired. It is inadequate for the job because of its capacity. It does three times the work that it should be doing going back and forth. There is always the problem of the weather and the tides, but people can usually get across at some point in the day, when the tides change.

John Mason: Frankly, there is not enough sheltered housing provision in the city, but we have a range of provision, including Bield and

Hanover housing for people who are semi-independent, and care homes. Maybe there is a wider range of provision in the city, but you are trying to encapsulate a number of those aspects.

Joan Richardson: That is all that we can do, given the numbers that we have on the island. We could maybe do with another two flats, but it is too late for that—we are stuck with six.

John Mason: What is the need if we take Islay and Jura together? Is it for more sheltered housing or just more ordinary housing?

Joan Richardson: I am not fully aware of what either would need.

John Mason: I will maybe ask the other panel members.

Joan Richardson: A very sheltered complex would maybe suit most communities—it suits us, anyway. If people need acute care or hospital care, they need to come to Islay or go to the mainland. However, because we have the GP on hand and two community nurses on Jura, we are usually well covered with medical care.

John Mason: I will move on to the other panel members in a minute, but you said earlier that your care centre is not funded at all.

Joan Richardson: The care centre is funded, but our group is completely voluntary. We employ the community centre worker from donations, and I described the vehicle already.

John Mason: Was the building and so on funded by the public sector or by lottery funds?

Joan Richardson: Originally, the building was funded by Scottish Homes. That was quite a way back. A marvellous gentleman called David Dowie came to Jura, listened to our argument for such a place and agreed to fund it on condition that the social services joined in in partnership and helped to run it. It took a while, but we eventually got that partnership.

Scottish Homes gave the local housing association money to build the centre. West Highland Housing Association owns the whole building and everyone in it pays rent to the association, but the NHS provides the medical care and nurses and pays for cleaning the building. Social services pay for the care assistants who work there. The care centre is the hub for the island, as all the care assistants and nurses are based in it.

12:15

John Mason: That is helpful. Would the others like to see such a model on Islay? Where are the needs? We were told earlier that the sheltered

housing complexes are a little dated and have too many stairs, for example.

Petra Pearce: I absolutely agree. The sheltered housing complex is dated, and the new houses that are being built are two-storey ones. It would be nice to see more bungalows being built rather than two-storey houses.

The Jura care home is a model that we would like to follow. It brought together a community with one aim. Joan Richardson mentioned that it looks at things as a whole; we should also do that on Islay. She said that there are three or four communities on Islay, but I would like it to be looked at as one community. Transport is key to bringing those four or five communities together as one community so that we can achieve great things, as the Jura care home has.

John Mason: What about housing for young people. We have picked up in the cities and across Scotland that housing is an issue for young people, especially young people who are leaving care, although I am not sure whether that is an issue here. What about a young person who is trying to move out of home and get their first tenancy or accommodation?

Mairi MacCuaig: It is nearly impossible for young people on Islay to get accommodation through local housing. That is being addressed now where new houses are being built, but we have to look on to the knock-on effect of that. Maybe more people will come here, but are there sufficient jobs to sustain the housing that is being built?

Young people getting housing is a major issue. People in their late 20s and early 30s stay at home with their parents. That causes social isolation, as well, because they do not have their own place to have friends round to, to have parties in or whatever. That is a big issue for young people locally.

John Mason: Sometimes young people are on their own in a flat in the city and feel quite isolated, even though there are people round about them. I think that you have a better sense of community here.

Mairi MacCuaig: In that respect, yes.

John Mason: In the break, I talked to someone about young mothers on isolated farms who maybe do not have transport, for example. Are any of you involved in that?

Katherine Wells: I can comment as a mum who lives in Ballygrant. That is not an out-of-the-way farm, but the bus service is very poor and, when my husband takes the car to work, I am stuck there. Maybe it is not a terrible thing to be stuck in Ballygrant, but that is definitely an issue. We live in Ballygrant because we could not find housing

elsewhere. That is not where we chose to live; it is where we got a house and where we have to stay.

I have grown up on Islay, and this has always been an issue. As Mairi MacCuaig said, people tend to stay at home with their parents. When I came back from university, I lived with my parents because there simply was not housing. There are many empty houses on Islay, but they are holiday houses. That is a big issue for young people.

John Mason: Does that mean that someone could rent a house through the winter and then lose it in the summer?

Katherine Wells: Sometimes. Some properties are holiday houses throughout the year. It is a frustration for young people that, although there are empty houses, there is nowhere for them to stay.

John Mason: We have already heard that, when it comes to the social media side of things, the IT network is not very dependable all over the island. Do things such as Facebook and Twitter help younger people more, or can they help older people as well?

Katherine Wells: Absolutely. Through Timebank, we have had a couple of sessions on increasing people's IT skills and introducing them to Facebook. We have a couple of local pages on Islay. One is called "Islay Community", which tells people about events that are going on and what businesses are doing. We also have Facebay, which is an Islay eBay that lets people buy and sell their things. By introducing people to IT and giving them the skills to get on to Facebook and other social media sites, we are helping them to feel more connected with their community and with family members on the mainland or friends whom they do not see very often.

It is definitely a huge advantage for older people to be able to up their IT skills, as long as they can get on the internet with broadband.

John Mason: Is that relevant on Jura?

Joan Richardson: I think so. Everybody wants to be on Facebook, even older people. The new technology offers fantastic ways of communicating for many older people. They can talk with their family in Australia by going on Skype or whatever. It is a wonderful thing. We do not have much broadband—well, I have broadband in my flat, but it is sometimes very difficult to get connected. I think that more should be done to develop it.

To return to your question about housing, first it is necessary to get the land. Land is very scarce on Jura—I am not sure about the situation on Islay. The purchase of the land is always the problem. At the moment, there are quite a number of people who want to come and live on Jura, but there are no houses for them.

John Mason: I am an ignorant Glaswegian, but it is my understanding that Jura is the least-populated large island in Scotland.

Joan Richardson: Is that right?

John Mason: I have certainly read that. There is tons of space. Is the problem the fact that landowners will not sell?

Joan Richardson: Usually.

John Mason: Is planning permission a problem?

Joan Richardson: It can sometimes be a problem, but a number of houses were built on crofts in the crofting township of Knockrome. That has made a big difference—there are young families living there now.

It was quite a complicated transaction to get the land in and around the care centre. Originally, the care centre group owned some land in the centre of the village near the pier—we were given it by a landowner—but it transpired that that area of land was not going to be big enough, so we negotiated with crofters to get them to hand over their croft land at the far end of Craighouse, which was not being used. In return, the landowner who donated the original plot of land to us gave the crofters another piece of land. They were happy to donate the crofting land to us, and we transferred the ownership of the land to the housing association, which meant that it was able to build. The housing association would not build on land that it did not own.

After about a year or so, we got everything sorted out. As well as the care centre, six houses were built. They were offered to staff, and there is a teacher's house and a carer's house, and there are two older people living in houses.

John Mason: I could ask you more about that, but I will speak to you about it after the meeting, because other members want to ask questions.

The Convener: If no one else wants to comment, we will move on to Christian Allard.

Christian Allard: I am full of admiration for what you have done, Joan. We should have gone to the Isle of Jura, from which there is a lot to learn. We have taken our inquiry all over Scotland, and I think that what has been done on Jura is a fantastic example. You said that when the ferry service is good, it is very good. We need to have that positivity and to understand that we must concentrate on the opportunities as opposed to the challenges. That is a lesson for everybody to learn.

Regarding ownership, we are talking about community buyouts in other places. The men's shed in my home town was a community buyout. Are we talking about community buyout for the

hubs? I visited the one that Mairi MacCuaig spoke about, but I do not know whether there would be enough room for a shed—sheds need a lot of room. You talked about empty houses. Are there empty buildings that the community could buy out? Have you thought about that?

Petra Pearce: The Bowmore hall is owned by the community. I think that it was gifted to the community by the council. There are examples of community buyout, and there is the possibility of a community buyout in Port Ellen. It goes back to what I said about merging four or five smaller communities into one, because the community buyout in Port Ellen will benefit the people there, but the rest of the island probably will not fully access those services or benefits because of transport difficulties.

We are aware of community buyout, and if the opportunity presented itself, we would certainly step forward. However, at the moment, apart from that one specific building in Port Ellen, I do not know of any possible locations. If anyone in the room does, they should get in contact.

Christian Allard: It looks as though Jura has found the opportunities or created them. Maybe the rest of Scotland, including Islay, will need to do that. When we talk about social isolation and loneliness, we are talking about a feeling of being socially isolated that does not always reflect the facts. Jura is very isolated, yet it has responded. How can we concentrate on the local opportunities as opposed to the challenges? Are we shifting the attitude in the third sector?

Petra Pearce: We have been fortunate enough to have got a sum of money over a period of three years for the 14 project. We are very excited about it, and I am excited because my vision for the 14 project is to bring Islay and Jura together as one community instead of there being six individual communities. If we were organising an activity in Port Ellen, we would make sure that it was available to residents in Jura, Portnahaven and Port Charlotte. I hope that, at the end of three years, we will have addressed the feeling that there are four or five different communities and we will be one community with strength in numbers. We are beginning to address that.

Christian Allard: Are we going to use projects such as the IDEAs project to involve the community and empower it to do things? Do we have examples of that?

Petra Pearce: We are also setting up youth forums and senior forums. The youth forums should be in place by June, and the young people will put forward their ideas about how to address social isolation. One of the outcomes of the 14 project is increased participation in sports and the arts. Some members of the youth forum are from

Jura. Geography is among the criteria, so we are making sure that we get a wide spread of people on the forum from throughout the islands.

Katherine Wells does something called grey matters.

Katherine Wells: Grey matters is held once a month and is a forum to enable elderly people to voice their opinions and concerns about community life and to meet people. At our last meeting, we had Alan Beresford, who is the business manager for all three GP practices. As was mentioned earlier, the three practices have just joined up. It was really good to get information from Alan about how the services are going to remain largely the same and to get reassurance for the older people about service provision. In the past, we have had the police come to talk about different things, and we have had Lloyd Wells from social work, who was able to give information on issues such as telecare and the services that social work provides.

Grey matters is a really useful group for getting information. At the moment, it is a small group, but we hope to link up with a bigger group in Port Charlotte, the Port Mor lunch club, because getting people to the grey matters forum can be a difficulty.

Christian Allard: We have talked about the study by Alison McGrory on older people. Have you started to advertise the challenges and opportunities? Have there been local campaigns and, if so, have you been involved in them? Should we have a national campaign on isolation and loneliness to try to address the attitude that is perhaps not found in Jura but is found in other places? How can we change people's attitude and empower them to address the issue? Do you have local campaigns? Should we have a national campaign?

Katherine Wells: We do not really have local campaigns; I certainly cannot think of any that I have been involved in.

Christian Allard: So you did not advertise the work that I mentioned—the study that was done on older people, which I have in front of me.

Katherine Wells: Do you mean the reshaping care work?

Christian Allard: Yes.

Katherine Wells: I do not know whether it was advertised as such. I was not involved when reshaping care started—I came in when it was already in place. I certainly did not know about it before I started working for it.

We have discussed getting local people involved in reshaping care meetings. At the moment, the third sector, social work and health

sit down to discuss the issues and the way forward in addressing them. I am the spokesperson for the people who come to grey matters, and we have somebody from the public partnership forum who speaks on behalf of people there. We think that it would be beneficial if local people were part of the group and if we could advertise what is discussed so that people know what is going on and what we are doing. There definitely could be more advertising and more of a campaign locally.

12:30

The Convener: I keep missing John Finnie when he wants to come in, so I will let him in very briefly.

John Finnie: It is a very brief point. I am sorry that I did not catch your eye, convener.

I just want to say that grey matters is a brilliant name, and I am not just saying that because of the colour of my hair.

We have heard that older people are keen to embrace social media. Is there an opportunity for intergenerational work by having young people coach older people, for instance? I know that there has been experience of that elsewhere. That would bring people together. In many instances, it has broken down a number of barriers.

Katherine Wells: There definitely is a place for that. I tried to do that in the past, when we had an information day that involved a lot of representatives from various places. We contacted the high school and asked people to come down to do the IT side of things. That did not work out for whatever reason—it might have been exam time or something. We definitely need to work on that, as it could help to address isolation on both sides. If young people in the community know that there are isolated older people in the community, there is maybe more of a chance that they will drop in on them. I guess that that would also help to eliminate the stigma of loneliness. There is work to be done on the intergenerational aspect.

Christian Allard: What about a national campaign? Could we have one that said that, if Jura can do it, so can the rest of Scotland? That is a positive example of how we can tackle social isolation and loneliness, which exists across Scotland and the western world. Do you have ideas that you could share with the committee on that?

Petra Pearce: My thinking is similar to Lloyd Wells's, in that I think that it would have most impact if it was a local campaign, but that is not to say that there could not be a sort of subliminal presence nationally. Jura is something to shout about. If 300 inhabitants can achieve that, why cannot other communities do the same? There

should be something nationally but, to maximise the impact on our community, we need to do it and we need to reinforce that wider national message.

One question that was put to the previous panel was about how we make our services known to other people. At CVS, we pick up the phone and we knock on doors. Although we are working towards the people whom we deal with coming online, we realise that we are not there yet so, in order to reach those who will benefit, we go back to the old-fashioned methods.

Christian Allard: It is possible to do it. I do not know whether anyone wants to comment on having a national campaign. Joan Richardson said that a lot of things were impossible. I thought that there is no Gaelic word for "impossible".

Joan Richardson: It is a question of knowing how to do such things. Lots of community groups may think that they need to change, but they are not quite sure how to go about that. However, you are quite right to say that if they are shown an example of something working, they might say, "Oh yes—that might work here. That's something we need."

As I said, we were inspired by other examples in Sweden. Unfortunately, we did not get enough funding to go there, but we went to Orkney, where we visited various establishments. Our big inspiration was the Howard Doris Centre in Lochcarron. That was an eye-opener for us on what can be done in a very rural setting. It is such a marvellous place. We were truly inspired to carry on with our work after seeing it. It is good to know what can be done and to see it working. As Christian Allard said, were a national campaign to take place, that would perhaps spur on other people to follow suit.

John Mason: A previous committee witness said that the churches have been doing quite a lot on isolation but, because they are declining in size, they were pessimistic about the future. I do not know whether the churches count as part of the voluntary sector or whether they are separate from it. Have they been doing stuff? Are they doing stuff? Is their ability to do stuff declining?

Petra Pearce: We see the church as being part of the voluntary sector. It does good work on Islay. The Baptist bus is one example. The church in Bowmore has a drop-in centre. We have helped fund church roofs. In the coming months, a church will hold a photographic exhibition, which will bring in other people to the wider community.

The churches are declining in numbers. If we could bring them in so that we could have more of a community hub, and if we could work through the church youth groups, that might have a mutual benefit for both groups. It may be that the church

could also help to address bullying, but that is work that needs to be done.

Mairi MacCuaig: I agree. Some of the churches on Islay help more than others, perhaps because of their buildings or their location. The Baptist church certainly opens its doors. It holds coffee afternoons, and I am sure that a mother and toddlers group was using it for a while. The churches on Islay are very much part of a community hub.

The Convener: I see that no other member has any further questions to ask the panel.

That concludes the meeting. Our next meeting will take place on 28 May in Edinburgh. I thank the witnesses for coming along and giving us useful information. I also thank all our guests in the audience for coming along and taking part. I look forward to having a chat with them afterwards. I thank everyone in Islay for their wonderful hospitality while we have been here. I am sure that we will all be coming back. When I return, I will definitely visit Joan Richardson's fantastic centre.

Joan Richardson: That will depend on the ferry. [*Laughter.*]

The Convener: Thank you all very much.

Meeting closed at 12:37.

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