



Time to Talk: Compassionate Communities

Evaluation Report on the Engagement Event and Facilitated Workshops Held on 27th May 2016, Coleg Gwent, Pontypool Campus

1. Introduction

Aneurin Bevan University Health Board has secured funding from the Health Technology Challenge (Wales) Scheme and Public Health Wales (1,000 Lives) to develop and pilot a bespoke befriending service across the geographical area. This service will need to link in with already existing services operating across NCN areas. A partnership steering group has been established to take this work forward.

In order to determine the service model for this pilot a Time to Talk: Compassionate Communities event was held on the 27th May 2016, hosted by Coleg Gwent. This report provides an overarching summary of the discussions and feedback from the day.

2. National Messages

Loneliness is a significant and growing issue. Its impacts are devastating and costly, with comparable health impacts to smoking and obesity. Loneliness is 'amenable' to a number of effective interventions, particularly befriending. Effective action to combat loneliness is best delivered in partnership and it is believed that many GP consultations may have loneliness at the root of the problem (Local Government Association and Age UK- January 2016) A recent Independent newspaper article suggests that modern life is making us lonelier, and recent research indicates that loneliness may be the next biggest public health issue on par with obesity and substance abuse. A recent review of

studies indicates that loneliness increases mortality risk by 26%. Indeed, Britain has even been voted the loneliness capital of Europe.

The Joseph Rowntree Foundation have proactively engaged with communities and have published the following key messages:

- Loneliness **kills people** and communities
- Regulation **kills kindness** and **reduces action**
- Real mismatch between society's ideals and **individual experience**
- Lonely people are **vulnerable**
- Loneliness is a **safeguarding issue**

Loneliness and isolation appear to increase with age, and among those with long-term health problems. The causes of loneliness are not just physical isolation and lack of companionship, but also sometimes the lack of a useful role in society. Befriending schemes have proved one of the more effective services for combating both isolation and loneliness. Practical, flexible and low-level assistance is often most effective and individually tailored solutions can yield the best results. However, for any befriending support to be effective, we need to understand what people need and what type of befriending would help them.

Aneurin Bevan University Health Board secured funding from the Health Technology Challenge Wales Scheme to work with partners to pilot a 'Prescription for Loneliness' Befriending Service. A multi-agency steering group has been established and partners include:

- The Health Board
- Local Authorities Older Persons Representative
- Armed Forces Representation
- Ageing Well In Wales Programme Manager
- Police and Police Cadets
- Coleg Gwent
- Royal Voluntary Service

- Housing
- Older persons representatives
- Former High Sherriff for Gwent
- Local GP's/NCN Leads
- National Association of Retired Police Officers (NARPO)
- C.H.A.aT Volunteer
- Workforce and Organisational Development Lead

The evidence for a befriending service has been set out in the Local Government Association and Age UK report, published in January 2016. Within that report, they identify that:

- Loneliness is a significant and **growing issue**
- Its impacts are **devastating** and costly- with **comparable health impacts** to smoking and obesity
- Loneliness is '**amenable**' to a number of effective interventions, particularly **befriending**
- Effective **action** to combat loneliness is best delivered **in partnership**
- Many **GP consultations** may have **loneliness at the root** of the problem

A recent Independent newspaper article suggests that modern life is making us lonelier, and recent research indicates that loneliness may be the next biggest public health issue on par with obesity and substance abuse. A recent review of studies indicates that loneliness increases mortality risk by 26%. Indeed, Britain has even been voted the loneliness capital of Europe.

Loneliness and isolation appear to increase with age, and among those with long-term health problems. The causes of loneliness are not just physical isolation and lack of companionship, but also sometimes the lack of a useful role in society. Befriending schemes have proved one of the more effective

services for combating both isolation and loneliness. Practical, flexible and low-level assistance is often most effective and individually tailored solutions can yield the best results. However, for any befriending support to be effective, we need to understand what people need and what type of befriending would help them.

The extent of loneliness locally is not known. It was acknowledged that more work needs to be done to better understand this.

3. Time to Talk: Compassionate Communities Engagement Event

On 27th May 2016, Aneurin Bevan University Health Board (ABUHB), in partnership with the Steering group organisations facilitated an engagement event "Time to Talk" – Compassionate Communities. Chaired by ABUHB Equalities Lead, the purpose of this event was to raise awareness of loneliness and social isolation and the significant impact that it can have on individuals and communities. It was an opportunity for all attendees to listen to what this means for people who are affected by it, and gain a better understanding of how to effectively start to address this 'silent epidemic'. 163 people attended the event which was hosted by Coleg Gwent. Audience members included individuals who were affected by loneliness and social isolation, public services, voluntary and third sectors and members of the general public.

The morning commenced with opening remarks from the Chief Executive of ABUHB. This set out ABUHB's commitment to working in partnership to make 'Gwent' a compassionate community. The Older Persons Commissioner for Wales, although unable to attend in person, sent a recorded message outlining the importance of addressing this issue, its public health impacts and supporting our endeavours. A presentation was also provided by the lead for the Ageing Well in Wales programme which has as a key theme the need to address social isolation and loneliness amongst our older generation.

An 'impromptu' request was made by a member of Parliament to address the audience. He stated that he had raised this event at the House yesterday and would be pursuing additional parliamentary debate.

A description of and commitment to the development of compassionate communities from the Director of Nursing was well received. The Divisional Nurse from Primary Care, ABUHB's Armed Forces Lead and an NCN lead presented on the local vision and purpose of the day. A touching personal message from one of the presenters clearly indicated that people can be 'alone in a crowded room'; regardless of how many people they were surrounded by.

Invited guests, 'Active Plus' Cornwall (Veterans Inspiring People (VIP) Service) spoke about the initiative they have developed in Cornwall where they employ, through Big Lottery and other monies, injured veterans who take forward community support services. This has been an outstanding success and the veterans now support communities across the Cornwall area.

The final, and probably most important messages came from those people who had spoken to us on film about their experiences. The video gave voice to people who had never spoken publically about loneliness before and 'made real' the issues that many in our society face. It gave the audience opportunity to listen to their stories, setting the scene for what we as a community needed to think about going forward. The effectiveness of these stories is apparent in the discussions that took place within the workshops as outlined later in this paper and the overarching feedback of the event (**see appendix 1**).

4. Workshops

The audience were advised of the key themes of the workshops that would run both in the morning and the afternoon and the need to capture the flow of ideas, comments, experiences and opinions from the rich mix of the audience. This was achieved through the facilitation of two structured workshops.



Each table had a facilitator who collated all the discussions in a pack which was then collected for analysis. Eighteen packs were collected and the key points and themes from these discussions are reported at point 5.

These discussions would prove invaluable in setting the direction for what a local befriending service should look like in this area. The morning workshop asked each table to consider:

- How does social isolation and loneliness affect people
- What do people do to currently combat social isolation and/or loneliness?
- What is already available to support people who are experiencing social isolation or loneliness?
- What else may support people who are socially isolated or lonely?

The afternoon workshop aimed to bring together the thoughts and observations from the morning's discussion. Participants were asked to:

- Considering the overarching themes from this morning, the services already available and the identified gaps, what do people believe a local befriending model should look like?

5. Key Themes

- **Overarching Feedback of the Event**

Attached at **Appendix 1** is the full summary of written feedback. Attendees were asked to feedback on:

- What they found most useful about the day
- What they found least useful
- What they would take away from the day
- What ONE thing they could do personally to help combat loneliness

The feedback demonstrated a real commitment to work in partnership to combat social isolation and loneliness. 40 people signed up to the *#countmein* challenge at the event.

- **How does social isolation or loneliness affect people?**



This question highlighted the huge effect on people's lives that social isolation and loneliness can have, not just on their emotions and feelings but also influencing their behaviours and interestingly, the behaviours of others.

The comment *"...people avoid her as she is so desperate to talk to people..."* demonstrates the despair that a lonely person can feel but also that our communities do not understand what loneliness is and how to deal with it. This highlights the need for awareness raising and the growth of compassionate communities.

Much of the feedback to this question described the feelings and emotions that people experience when isolated or alone, such as:

- Fear
- Abandonment
- Anxiety
- Inadequacy
- Desperation
- Depression
- Stress
- Aggression
- suicidal thoughts and
- Vulnerability.

The intensity of these emotions in themselves is not only a challenge for peoples immediate experience, but the responses suggested that they can then lead to an escalation of the situation. It was noted that it affected self-confidence, self-esteem and social skills causing, in some cases, panic attacks; withdrawal and lack of engagement in the community and social connections.

It also had an effect on the choices people made such as depending on alcohol for solace; self-harming; self-neglect or choosing to "*...stay in their comfort zones then start to fear going out and fear people...*" and becoming a *victim* which was noted to increase their vulnerability.

Reference was made to the lack of community support and lack of public transport creating barriers for people who were socially isolated and lonely, particularly if they had other disabilities. There is still a stigma connected with loneliness and people do not like to admit this or indeed may not recognise it in themselves. Guilt was mentioned "*...sense of getting oneself into the situation...*" whilst it was also highlighted that "*...loneliness is invisible...*" and "*...you become more invisible as you get older...*", all of which emphasises further that this condition is not always recognised by those experiencing it, their families, communities and agencies they may come into contact with. This makes identifying and managing social isolation and loneliness a greater challenge.

- **What do people do to currently combat social isolation or loneliness?**

Both negative and positive coping mechanisms were highlighted through this question. A few organisation including the Hafal Project, Age Connect, CHAPS, THRIVE, Community Connectors and Silverline were mentioned as specific services that had helped people manage their loneliness. However there were a greater number of 'unofficial' management methods.

Accessing social contacts include attending social clubs, groups, the pub, community centres, volunteering, coffee mornings, classes and the church.

Some people found taking up old or new hobbies a benefit such as singing, having a pet, gardening and taking on an allotment (as it has a social network), dancing or using their bus pass to get out and travel at no extra cost.

Collecting the newspaper was seen as a useful activity whilst having the paper delivered was seen as a barrier for some to have social interaction. The change in pension payment methods was also seen as a catalyst for increased social isolation as there is less reason for people to go out and visit the post office.

Some of the methods of coping with isolation and loneliness were less positive and had more of a destructive and self-perpetuating nature to them. These included alcohol use and dependency, anti-depressants and dietary compensation.

- **What is already available to support people who are experiencing social isolation or loneliness?**

Appendix 2 demonstrates that there is a wealth of resource available already in the communities that can be used to combat social isolation and loneliness. However, the responses indicated that there are issues as well.

Whilst acknowledging that there are many services available there is also acceptance that this is not meeting the need, and several comments made reference to this point.

Firstly, it was stated that there is a "*... need to develop local based services to meet the need...*" but it was also acknowledged that people may not be aware of what is currently available or how to "*...ask for help...*", This also raised the question "*...How do we help people who seem to not want help?.....*" (for some people meaning they are labelled) and "*how do we better promote what is already available?.....*"

A further barrier to accessing services may be related to the vulnerability and fear people may have around either admitting they are lonely, or being identified

as such. Comments included "...*Fear of the unknown – will they make me move into a care home? Take all my money...?*" Comments like these emphasises the importance of, for example, explaining the support that may be available and signposting responsibly.

- **What else may support people who are socially isolated or lonely?**

Many of the comments and discussion points from this question can be themed under the following headings:

- Provision of adequate resources (personnel) and funding
- Access to venues/provision of transport
- Effective marketing and advertising
- Development of a directory of services
- Creation of a bespoke service for identified groups
- Effective leadership/partnership working
- Care for the carers
- Language appropriate to service users
- Raise awareness of social isolation and loneliness nationally) across all communities at all age groups)
- Make time (to listen)

These points are key to informing a local action plan.



Each of these issues will require a more in-depth understanding and development. However, the issue of 'time', although abstract in nature, is paramount in the development of any service. The following comment plainly explains the importance involved in listening at all points in the development of a service but also for the service itself – "...*need more listening services –*

low key rather than mental health services as this makes them become a patient".

- **Considering the overarching themes from this morning, the services already available and the identified gaps, what do people believe a local befriending model should look like?**

A wealth of information and further discussion points was provided. This feedback has been organised under six heading for the purpose of this report.

➤ **Features of a Service – what it should include/look like**

- The ability to sign post to existing services
- Provision of 1:1 contact either face to face or via the phone
- Enabling a lonely person to share a skill – pass on to a befriender
- Signposting to and development of more social groups in the form of coffee mornings/lunch clubs, tai chi and exercise groups, trips and outings, bingo, quizzes and activities
- Visits to people in their own home – with the goal for them to engage in the community
- Flexibility – matching of volunteers and 'groups' to meet needs – men to support men, veterans have specific needs etc.
- Person centred
- Peer support and mentorship
- Use volunteer strengths/interests to support others
- Volunteers from D of E, Welsh Bac,
- Development of a befriender 'Hub' system
- Use of village halls to provide weekly events
- Geographical focus- befrienders in every area
- Intergenerational- use of college students/police cadets/schools as volunteering support
- Welcoming approaches e.g. welcoming into community groups

➤ **Funding and Coordination**

- Needs ring fence funds for a coordinator role
- Secure, sustainable long term funding
- Have a central point of contact
- Have central point of contact in each locality (hubs)
- To be fully funded, non-statutory (may be set up as a Charity/CIC) and delivered in partnership
- Spend to save initiative with clear outcome measures

➤ **Referral Options**

- Self-referral
- GP
- Nurses
- Social services
- Family
- A free or local dedicated phone number
- All methods of referral
- Equitable priority for the needs of all groups
- Consider befriending services that do not need/require referral
- Many statutory and voluntary organisations will be able to identify suitable people.
- Identification of those that need support
- 'Drop in' opportunities
- Simple forms, text available and on line forms

➤ **Advertising Options**

- Public Service Boards
- General practices
- NCNs
- Local Authorities
- 3rd sector
- Police

- Housing Associations
- Social media
- Websites
- Library
- Leaflet drop
- Word of mouth
- Media campaign – including newspapers, TV and radio (local)
- Bill boards
- Pharmacy
- Paramedics
- Schools/colleges
- Prescriptions
- Hospitals
- Appropriate staff to be made aware so can signpost
- Something visual as the video had a big impact
- Post office
- Village halls, supermarket notice boards
- Pre-retirement talks

➤ **Who should benefit from befriending services?**

- Not to prioritise certain groups – everyone is important – equal priority
- Intergenerational working
- Young mums
- All ages
- Older people
- Former military personnel/veterans
- Asylum seekers
- All who are socially isolated
- Carers
- Those with mental health issues
- Disabled people
- Those who are on the autistic spectrum – use people with ASD to support others with ASD

- Equal opportunities for access to service but additional support if required such as a carer can leave the cared for with the right level of support, or a veteran having the right support/group
- Single parents
- People who are childless and advancing in years.

6. Name the Service

Prior to the engagement event ABUHB set a 'name the service' competition.

43 proposed names were offered and these were short listed to 9 (those removed basically suggested a 'dependency' name).

At the event, everyone was asked to choose their favourite name. The winner of the competition was

'Ffrind I Mi/Friend of Mine'. Coleg Gwent Students

have designed the logo (right) which has been agreed by the Steering Group.



7. #countmein challenge



Aneurin Bevan University Health Board set its own staff a #countmein challenge. Staff were asked if they would be willing/able to spare an hour a week to support a lonely person. Through the internal carousel, emails, Twitter, Facebook and promotion at the engagement event, 152 people have now taken up the challenge, many of whom are ABUHB staff. A meeting of all the #countmein volunteers is being held on the 24th of June to discuss the support they are able to offer and agree next steps.

8. Summary and Way Forward

The engagement event attendees represented a diverse community and their comments and feedback provided the partnership steering group with a wealth of valuable comments, experiences and ideas. The event was attended by those who have personal experience of social isolation and loneliness, professionals

from Health, Education, Local Authorities, Police, Armed Forces, HEI's, Volunteers, Voluntary Sector and Welsh Government.

Several benefits to the event have become apparent:

It was an opportunity to listen to how people feel and what they experience when they are lonely or socially isolated. Listening to these views has significantly raised local awareness of loneliness.

The workshops gave everyone an opportunity to express experiences, opinions and ideas. The video was a powerful 'voice' expressing the impact that loneliness and social isolation has on individuals.

'Ad hoc' comments captured on the day made it apparent that everyone learnt more about how serious this invisible condition is. It also raised awareness of how many different groups of people it can effect across all ages.

Staff at Coleg Gwent made particular comment to ensuring they raise the issue within their organisation as it was recognised that children, particularly those who are 'looked after' may be affected.

Loneliness has been historically been associated with the older generation, but this event made it clear that all ages and genders were at risk.

The workshops have enabled evidence to be gathered that describes the impact of loneliness and need to improve awareness of and access to befriending services that are already available.

The need for an accessible 'directory of services' and partnership working would be a prudent option and would enable better sign posting.

There is evidence in the feedback that there is a need for a bespoke befriending service, which effectively 'matches' the needs and interests of the individual with the interests, knowledge, skills and background of the volunteer. This will be

considered at the meeting with the #countmein volunteers where people will be asked to identify their interests.

The event was an opportunity for networking across all organisations and members of the community in a friendly and non-hierarchical arena, which allowed all voices to be heard.

The outcome of the event will allow the Steering Group to consider an informed action plan to be developed that will lead to a bespoke befriending service being created for all the community in Gwent (**see Appendix 3**). This will be funded as a pilot through the Health Technology Wales Funding. However, there is a need to further scope all existing local befriending services and work with partners to ensure information is available and services accessible.

Further discussion is needed at NCN level to determine how this initiative can be driven across the geographical area.

The Steering Group will now meet in July to consider the feedback from both the Time to Talk Engagement Event and the meeting with the #countmein Volunteers being held on 24th June 2016. An action plan will be developed.

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Claire Jordan, lead Nurse, Patient Engagement and Experience

Date: 20th June 2016

| <p style="text-align: center;">Time To Talk: Compassionate Communities Engagement Event 27th May 2016 Feedback Report</p> |
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| <p>Question 1: What did you enjoy MOST about the day?</p> |
| Meeting other people that care! And want to help alleviate loneliness |
| Networking and the video of people's stories |
| Listening to peoples experiences. Meeting and talking to others from many organisations. |
| The whole day has been very inspirational! |
| Being part of this important piece of work |
| Meeting people who are making a difference already and people who have shared their stories to help me understand |
| The videos and the workshop discussions and meeting other people. |
| The video really hit home! I particularly liked the honesty of the GP stating how difficult it was to identify loneliness and the risk of treating with medication due to lack of time to really look at the issue of loneliness. The older gentleman at the end of the film summed it all up! Heartbreaking stories but we need more of these hard hitting personal experiences! |
| The sense of togetherness that so many sectors are concerned by and dedicated to changing (loneliness) |
| Hearing people's experiences and how common loneliness is |
| Friendliness. Sharing information. |
| Learning more from some experts on my table. Moving stories to understand that loneliness has a really devastating effect on society. Workshop discussion! |
| The conversation on our table. All having a say |
| Interesting talks from different people |
| Meeting others and networking. Hearing everyone's stories. |
| Meeting new people and listening to their views and stories |
| Meeting like minded colleagues, making contacts, the opportunity work towards |

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| shared vision of services we can offer. Workshop discussions very useful |
| The social aspect, sharing of ideas and information |
| Workshops |
| Motivation and interest in the room. Great discussions in the workshops |
| Taking time to talk and listen |
| The very powerful film |
| Best event I have attended in a long while! I think the leaders of this will do what it says on the tin: make Gwent a compassionate community!!! Great to see the Trusts CEO stayed all day. Real commitment from the Top! |
| A chance to hear from a range of people and projects |
| Interesting and stimulating presentations |
| Speakers and videos showing reality of loneliness |
| Meeting people. Information about the services available in the community |
| Group discussions and positive discussions regarding how we can move forward to give support to all who need help |
| All of it! Excellent! So glad I came. |
| Good hearing about the community initiatives that are addressing loneliness |
| Hearing about other people's experiences |
| Meeting a variety of people- professionals and volunteers, carers, people who would like to be befriended |
| Personal account 'lonely in a crowded room'. Personal accounts on video film (except the music) |
| The speakers and the film were superb! Great to see the MP say he had mentioned this work in the House of Commons!!!! |
| Meeting members of other groups and networking |
| Speakers. Hearing veterans views |
| Talking to people from all walks of life |
| Compassionate Communities. Active Plus- Veterans Inspiring People |

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| The workshops. All the presentations particularly Active Plus Cornwall |
| Exchanging ideas/experiences with people on my table |
| Workshop discussions |
| It was positive to see so many people who attended today, with the combined aim of reducing loneliness. It would be good to see this become a regular event. |
| Sharing information |
| The inspirational stories and support information. Linking services |
| The film of stories and peoples experiences of loneliness, hearing from Active Plus, taking part in the workshops |
| Learning about other initiatives. Getting ideas for the Community Connector Service. promoting Community Connector services to others |
| Active Plus- great project |
| Great range of attendees |
| Presentations on different projects- increased my knowledge |
| Meeting new people |
| All of it |
| I really liked the presentations. The 'alone in a crowded room' personal account by Brian made me realise how important this topic is. He was incredibly brave. Loved, loved, loved the video! Also, we need an active plus in Wales! Great film too |
| Learning about a new undiscovered topic |
| Discussing with interested people |
| The workshop discussions- good to hear other peoples thoughts on how this will be taken forward |
| Good content, good speakers |
| Working with other organisations |
| The chance to discuss things that are really important issues- ways to help with social isolation and loneliness |
| Networking and hearing real stories |
| Ability to listen to the experiences of others |

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| Motivational speakers |
| Having a facilitator. Enjoyed it all! |
| The chance to network and finding out about Active Plus |
| Talking with others and listening |
| The video was an eye opener on what people are going through. Meeting people and sharing knowledge |
| Networking opportunities, video footage, Active Plus presentation, workshops |
| All aspects of today |
| The fact that different agencies were communicating. Raised awareness of loneliness |
| Good to talk about this |
| Networking, video, learning about Active Plus |
| The networking. The moving stories and messages. I particularly enjoyed learning about 'Active Plus' |
| Networking. Gaining ideas and signposting to other services |
| Peoples stories/video. Networking |
| The interaction with people that want to make a difference in our community and improve people's lives |
| The films were very emotional to watch but hit home to everyone and although hard needed to be watched! |
| Liaison with other local agencies |
| The video film was one of the most hard hitting but compassionate films I have ever seen. We need more of these films but not just for an event, but one we can show ALL our community. Workshops were exhilarating. Feeling really inspired and honoured to be part of today. |
| Question 2: What did you LEAST enjoy? |
| IT problems |
| Not being able to park |
| Parking |

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| All Great! |
| It was all good! |
| The facilitator being over ridden by negativity |
| Queuing for lunch! |
| All good (possibly food) |
| All good |
| Only the fact that I had to leave early to attend another meeting |
| Acoustics/loudspeakers could have been better, but the staff worked hard to address this |
| A lot of noise, difficult to hear around the table, maybe smaller groups of 5-6 would be better as larger groups means not everyone is able to speak |
| Nothing. I always take away positives from events |
| IT glitches |
| Access to venue- long walk for someone with mobility issues. No disabled parking available. Steps up to main hall (note: this was a lift but acknowledge this could have been better signposted). Should have been less people- too noisy and large |
| Nothing! This event was very good |
| Nothing |
| Parking. No disabled parking spaces. Had to park in street and 'hobble' back |
| I didn't get chance to speak to people on other tables to find out more about their roles/ideas on reducing loneliness. Could we have a list of attendees for future networking (no contact details left by the respondent) |
| Parking- but didn't spoil the day |
| Not being able to park. I missed the start as did my 3 guests |
| Not applicable- the films were very 'tear jerking' |
| Enjoyed all of it |
| Hard chairs |
| Technology issues |

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| All good |
| Nothing |
| It was hard listening to the peoples stories but this is the reality |
| Acoustics were varied |
| Nothing! |
| Enjoyed all of it |
| Nothing! |
| Technical difficulties! |
| Nothing- All Great!! |
| Question 3: What will you TAKE AWAY from today? |
| Lots of contacts and ideas |
| Inspiration! Imagination, confidence in doing more and passing knowledge to people needing company |
| Greater understanding of loneliness and its effects on generations |
| The need for all groups to come together |
| The hope that more events like today will be a regular thing. DONT LOSE MOMENTUM! |
| Knowledge of the magnitude of the problem and the need to think VERY differently |
| Remembering individual's stories that we were shown today and having these stories in my mind when I talk to people who may be lonely. |
| Enthusiasm for making a difference starting a journey to design a service that really helps people |
| We should be a more caring community/society |
| Awareness of other services. Good to know some befriending services work well |
| Try to help more in community. Not enough being done |
| Speak to people/staff in GP surgeries and try and promote awareness as many lonely people attend surgeries. Would be good to have loneliness champions in surgeries, in the hospitals, in shops even. The GP who spoke on the film and at |

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| the presentation (? Dr Mynter) could be an ambassador! He was so passionate about wanting to make a difference. |
| New ideas on how to use current community groups to link in with other groups as a means of giving cross support and resilience |
| Confidence to move forward with my ideas which concur with the vision outlined today. |
| I have met some wonderful people |
| Be mindful in approach |
| That people really do care. It just needs to be co-ordinated properly |
| Contacts, friendship and networking |
| There is lots of help out there and people want to move forward |
| A better understanding of how to get involved and help |
| Making new friendships |
| The difference individuals can make to others |
| Lots of new ideas |
| Better awareness of loneliness |
| Need to do more to change perceptions about older people and combat loneliness! |
| New contacts. More awareness |
| Reinforcement of understanding need for action! |
| It is something I have suffered from and I understand it and would like to help others with it |
| There is help out there- you just need to grab it |
| Realisation that loneliness affects all ages, not just the elderly. Knowledge to improve peoples lives and the need to give people some of my time |
| I have been considering volunteering for some time- i am definitely going to sign up! |
| Encouraged by the people involved in this and plan for a local service |

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| An even clearer understanding of the need to get befriending services up and running |
| How widespread a problem loneliness is |
| More awareness of loneliness issues in neighbourhood |
| Contacts for advocacy |
| I will take away a real feeling of being a small part of what will become a compassionate community. Really inspired. Thank you! |
| Networking contacts |
| To do whatever I can to make a difference in my personal and professional life |
| The fact that loneliness is a well being issue across all ages and all walks of life |
| The need for 'Ffrind i Mi' |
| What a huge issue loneliness is |
| That we <u>must</u> do something about loneliness |
| Lots of ideas- insight into problems lonely people face |
| Anyone can become lonely |
| Between us we can really make a difference |
| Hope, motivation and inspiration |
| That we can be surrounded by people but still feel lonely |
| Good ideas. Contact details of other networks |
| Ideas for supporting lonely people. Lots of discussion in workshops- provided food for thought. |
| There are a wealth of people ready to assist |
| Difficulties people face- increased isolation and loneliness that comes with age |
| The passion of the people |
| That we need to do more as a society to recognise and help support people who are lonely or isolated. |
| Giving an hour of your time can make a huge difference |

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| We need to work together to really make a difference |
| Networking |
| Get friends/people/neighbours to sign up |
| The hope and positivity that something will be done to help the lonely and isolated |
| The knowledge that no matter how old you are, loneliness can affect everyone |
| Wide information |
| Understanding of how loneliness affects all people |
| Meeting so many enthusiastic advocates for this work- being part of the planning |
| Enthusiasm- have met some interesting people |
| The value of this work, how much of a difference it will make and how much we still have to do |
| There is lots out there but lots more to do |
| To do more |
| Knowledge, contact names and numbers |
| Encouragement and ideas from everyone |
| More awareness |
| That there are many people out there that need company and friendship from us all |
| Further awareness of organisations aims. The involvement of other networks who have the same motivation |
| Friendships |
| More awareness of this important issue |
| Contacts and being able to link in with other organisations |
| Question 4: If you personally could do ONE POSITIVE THING to help us combat loneliness, what would it be? |
| Already supporting elderly parents |
| Continue to visit my resident neighbours and spending time with them in the |

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| communal garden (weather permitting) |
| I could help on training/advising potential befrienders. I'm a physio and could advise re physical aspects and psychological needs and befriending skills. I also have experience of caring for elderly mother and seen good/bad befrienders (#countmein) |
| Sign up for #countmein (no contact details left) |
| Talk to people about the film and people's stories. Hope this is made public! |
| Putting someone in touch with a group or organisation |
| Be able to spread the word that there is an organisation out there to help them |
| To listen and be listened to (#countmein) |
| Be more aware of those in my community who could be lonely or isolated (#countmein) |
| Make it easier to get information out to people |
| For people to access information about different groups, associations |
| Maintain interactions (#countmein) |
| Speak more to my neighbours. Try to volunteer if I can(#countmein) |
| Transport- organise transport! |
| Get GP surgeries to engage more with their community support groups/systems (#countmein) |
| Myself and my family including my 14 year old son will continue to visit a war veteran aged 91 years |
| Talk about loneliness and today's event (#countmein) |
| Take time to talk (#countmein) |
| Help to co-ordinate and sustain a friendship and support service (#countmein) |
| Will be more aware of elderly in my own community (#countmein) |
| Start to identify lonely older people and set up a service (already signed up for #countmein) |
| Be aware of lonely people, talk to people more |
| Talk to people about this really important issue. The commissioner said in her film loneliness could be seen as an epidemic! Perhaps that's what we should be saying and this should be our starting point? The 'loneliness kills' message in the presentation was powerful too! We MUST do something about this! (already |

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| signed up for #countmein) |
| Volunteer!!!! (#countmein) |
| Awareness will help me during the course of my work. Visit a lonely person (#countmein) |
| Volunteer (#countmein) |
| Become engaged with new scheme (#countmein) |
| Give my time (#countmein) |
| The best thing i can give is my time to work towards combating loneliness (#countmein) |
| Give my time to prevent loneliness (#countmein) |
| Encourage people to talk more openly about it- having experienced loneliness myself (#countmein) |
| Already involved in a support service for people with heart problems- visiting and support |
| Get the word out about services available |
| Advise on the 24 hour helpline for Silverline 0800 4708090 |
| To volunteer my time(#countmein) |
| Visit someone who lives alone- relatives do not live locally |
| Go to talk to someone who lives alone (#countmein) |
| Help to recruit volunteers (#countmein) |
| Give some time to someone (#countmein) |
| To help link lonely people to each other in my role as Community Connector |
| Talk to people more |
| Continue to provide info to people on community groups, encourage people to join a group, visit someone who is isolated- have a chat. WE SHOULD HAVE MORE EVENTS LIKE THIS! (#countmein) |
| Please make these events regular so that updates can be shared about good work across Gwent |
| Talk to people |

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| Listen to people- try to access something for them that they want to do |
| Share back at the Royal College of Nursing |
| Have connected with Bron Afon befriending service |
| To give my time to be there for someone else (#countmein) |
| Become a volunteer (#countmein) |
| Communicate what is available |
| Visit an elderly person regularly (#countmein) |
| Sell your services effectively |
| Share info with colleagues (has already been #counted in) |
| Organise and sign up to a befriending service |
| Help improve pathways and volunteer (#countmein) |
| Speak to people (has already been #counted in) |
| Understand how my elderly mum feels more than I do now |
| Be more aware of those people we work and live with, and understand they could be lonely (#countmein) |
| Promote and involve others in this topic |
| Go and befriend someone who needs it (#countmein) |
| Extend our existing services |
| Make it more aware |
| To have a central point where people can come and talk (#countmein) |
| Be more aware of loneliness when doing CHAaT visits (#countmein) |
| Speak to my colleagues. We should be screening for loneliness and referring to befriending services! |

**Services Identified at the Time to Talk: Compassionate Communities
Event**

(Note: Further scoping required across the community)

| Services Available |
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| Age Concern - befriending |
| Change Step - veteran support charity |
| RVS - Good Neighbours scheme |
| Community Hubs - Newport opened |
| Community Cafes |
| Kaleidoscope/GDAS - recovery |
| Community Connectors -18 plus |
| Church/church groups |
| Families Per mentors (Barnado's) |
| Armed Forces Champions in Job centres |
| Hafal |
| Be Independent Lifeline - Torfaen. Sign posting service |
| Silverline phone service |
| Mobile library service |
| Age Cymru |
| Community Transport |
| University of the 3 rd Age (U3A) |
| WI |
| Exercise |
| RAF Volunteer programme |
| Road for Recovery |
| Activ |
| Womens Aid |
| Working men's Clubs |
| Rotary Club |
| Robins |
| Allotment groups |

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| Royal Voluntary Service |
| Mindfulness |
| CHAAAT |
| NHS retired members working clubs |
| There is a friendship group who met in Salvation Army premises who look after people who are lonely. |
| Cardiac/Stroke Rehab |
| Monmouthshire befriending services website. |
| Social services directory of services |
| GAVO |
| Shared Lives Scheme |
| YYF Discharge leaflet |
| DEWIS |
| TVA |
| Skype |
| Silver surfers |
| GWALIA |
| Bron Afon |
| Community First |
| Connect Project |
| GWENT NARPO |
| United Welsh - Jigsaw Care |
| NERS |
| Age Connect |
| Alzheimer Society |
| Widdishens Day centre |
| Red Cross |
| Care and Repair |
| carers Education Centre |
| The Patriots (Crumlin ex bikers) |
| Richard hunt Foundation Military bereavement) |
| DACW (Drug and alcohol) |
| Lions/Round table |

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| British Legion |
| Mens Sheds |
| Beth Mitchell - runs project for homeless people , find her on Facebook |

**Proposal based on evidence and suggestions from 'Time to Talk'
Engagement Event 27th May 2016**

The following table contains the suggestions that have been drawn from the workshop content.

| Proposal | Additional actions |
|--|---|
| A single point of access 'hub' – through telephone, text, email, post | Scoping of services, directory development and partnership working |
| Bespoke befriending – ask what they would like eg: 1:1, groups, existing service and signposting | Personnel file for each volunteer including interests, background, profession etc |
| Increase partnership working and awareness | Working with education regarding health and wellbeing of communities. Have started links with Coleg Gwent and planned meeting to scope with L&W Institute. Working with LA via Provider Forum to enable better communication and partnership working including DEWIS development |
| Continue to raise awareness of social isolation and loneliness | This event has demonstrated that communities are not aware and this needs continual work – an ongoing part of the befriending service along with working with partners who are also raising awareness. |
| Effective advertising | Raising awareness of the service itself so that all organisations can sign post to it. Allow effective advertising so that communities can |

| | |
|--|---|
| | self-refer. |
| Liaise with transport companies and be familiar with current links | The 'hub' needs to have good knowledge of current public transport links. We need to meet with LA transport department to discuss outcomes from the engagement event. |