



Connecting our Armed Forces community

Poppyscotland's Response to the Scottish Government's Consultation
on Social Isolation and Loneliness



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1. Summary and recommendations

In 2014, Poppyscotland in partnership with The Royal British Legion published Household Surveys of the UK ex-Service community that highlighted the problem of social isolation and loneliness in Scotland and across the UK for veterans and / or their families. Poppyscotland and The Royal British Legion are currently exploring this topic further, and our response is based in part on initial findings from this research.

1. Poppyscotland agrees with the definitions provided by the Scottish Government as they reflect both the subjective nature of loneliness and the objective nature of social isolation. However, given our Armed Forces community is a highly mobile population, consideration should be given to a UK-wide definition.

We recommend that the Scottish Government:

2. Takes account of the research highlighted in this response in its finalised Social Isolation and Loneliness strategy.
3. Further explores the prevalence of social isolation and loneliness in the Armed Forces community, taking account of the identified gaps in knowledge outlined in this submission.
4. Includes clear funding, resources and delivery mechanisms within the Social Isolation and Loneliness Performance Framework.
5. Ensures that, where appropriate, the strategy links to other strategic frameworks, including the Scottish Government's 'Renewing Our Commitments, and Mental Health Strategies, and the Joint Strategic Needs Assessments (JSNA) used by local authorities.
6. Includes within the Social Isolation and Loneliness Performance Framework a checklist of behaviours to help spot signs of social isolation and loneliness at the earliest possible stage.
7. Makes explicit mention of the unique circumstances faced by our Armed Forces community in the finalised Social Isolation and Loneliness strategy, to ensure that the specific needs of that community are recognised and addressed.
8. Ensures that an enhanced focus is placed upon interventions to tackle social isolation and loneliness amongst our Armed Forces community when agreeing the measures and indicators to be used for implementing and evaluating the strategy.
9. Uses the criteria identified in this submission to ensure its strategy to reduce social isolation and loneliness recognises, and best meets the specific needs of our Armed Forces community.

2. Evidence for this response

A number of sections in this response refer to evidence from research on social isolation and loneliness in the Armed Forces community conducted by The Royal British Legion in partnership with Poppyscotland. This research is due to be published in summer 2018 and is based on a mixed-methods research design. Following a desk-based rapid review of the relevant literature, qualitative and quantitative strands of research were carried out including:

- 12 teledepth interviews with members of the Armed Forces community;
- Three focus groups carried out with veterans, and friends and family of Serving and veteran personnel;
- Semi-structured interviews carried out with 11 professionals in the fields of social isolation and loneliness;
- An online survey disseminated to members of the UK Armed Forces community, completed by 4,897 respondents.
- Views on loneliness expressed by veterans attending the weekly Drop-In at Poppyscotland's Inverness Welfare Centre.
- Views on social isolation and loneliness expressed by veterans and family members attending the weekly Drop-In at Poppyscotland's Ayrshire Welfare Centre.



3. Definitions

Ex-service people and family members attending a weekly Drop-In at **Poppyscotland's Ayrshire Welfare Centre** were asked what it feels like to be lonely or isolated from people or things around you. Responses included:

"Not being understood."

"Being very quiet, not talking and being frightened."

"Scared, frightened and apprehensive."

"Showing the symptoms of mental health issues"

We agree with the definitions provided by the Scottish Government as they reflect both the subjective nature of loneliness and the objective nature of social isolation. However, given our Armed Forces community is a highly mobile population, consideration should be given to a UK-wide definition.

Findings from our research indicate that the use of the terms social isolation and loneliness can be viewed as cold, academic and unappealing by some members of our Armed Forces community. Nevertheless, the definitions used by the Scottish Government reflect the linked but distinct nature of social isolation and loneliness, while also reflecting existing research and measures used to understand and assess them.

Our Beneficiary: Richard

Richard served in Iraq and experienced disturbed sleep and nightmares. He was treated in Service and was medically discharged with depression and anxiety just as his battalion was preparing for a second tour of Iraq. Richard found this to be a lonely time for himself saying: *"I didn't know what to do or where to go for help. I felt angry at how I was treated by the Army. It was a case of 'here are your bags' and you were on your own. I was not registered with a GP so I did not know how to get medical support. I moved back with my mum and I didn't know anything about housing or support. I had jobs here and there but nothing regular. My friends were still around but they were all working during the day so I was often on my own."*

Richard then turned to alcohol as a way out. In 2010, his then girlfriend became pregnant. He knew then he needed to stop drinking so that he could be a good father to his child. He asked his family for help and they suggested a therapist who had worked with veterans in the past. Richard slowly began to open up about his experiences and began to cut down his drinking. He gained more confidence and in 2012, Richard registered with the Regular Forces Employment Association. This is how he was offered a temporary role at Poppyscotland as a driver for the annual Scottish Poppy Appeal and improved his connectivity with the people and things around him.

4. Awareness of Social Isolation and Loneliness amongst our Armed Forces community

In 2014, the total size of the ex-Service community living in Scotland was estimated to be in the range of 530,000 to 545,000 people. This is against a backdrop of a UK ex-Service community numbering around 6.2 million people. The ex-Service community make up 10 per cent of the general population in Scotland and account for 9% of the total UK ex-Service community.¹

As part of ongoing research into social isolation and loneliness, The Royal British Legion in partnership with Poppyscotland carried out a survey on social isolation and loneliness over December 2017 and January 2018. 70 percent of respondents indicated that they thought loneliness and social isolation was an issue for our Armed Forces community.²

This builds upon Poppyscotland's earlier research that found that 44 percent of the ex-Service community reported that they had experienced welfare difficulty in 2013. Social isolation was reported as affecting 15 percent of the Scottish ex-Service community. Seven percent were affected by loneliness and six percent by bereavement.³

Alongside the Scotland specific report published by Poppyscotland, in 2014, The Royal British Legion also published a Household Survey of the wider UK ex-Service community. The Survey found that there were an estimated 370,000 members of the ex-service community in the UK who reported being lonely. Furthermore, the Survey reported that 1 in 6 of the ex-Service community in the UK reported experiencing some kind of relationship or isolation difficulty, equating to 770,000 people. Survey results also highlighted that problems with isolation peaked between the ages of 35-54, indicating that isolation is not just limited to older veterans.⁴

We recommend that the Scottish Government takes account of the research highlighted in this response in its finalised Social Isolation and Loneliness strategy.

Any strategy for tackling social isolation and loneliness must be predicated on the effective use of data. However, we are aware that there are a number of knowledge and data gaps relating to social isolation and loneliness. These include:

- The experience of isolation and loneliness for specific groups within the Armed Forces community, including: Reservists, Early Service Leavers, minority groups, Serving female personnel and female veterans, childless couples, specialist branches (e.g. Special Forces);
- Effectiveness of interventions with the Armed Forces community, including those that specifically target military identity;

¹ Poppyscotland and Compass Partnership, 2014, "[Health and Welfare of the ex- Service community in Scotland.](#)"

² Forthcoming social isolation and loneliness research by The Royal British Legion and Poppyscotland

³ Poppyscotland and Compass Partnership, 2014, "[Health and Welfare of the ex- Service community in Scotland.](#)"

⁴ The Royal British Legion, 2014, "[Household Survey of the UK ex-Service Community](#)"

- The role of technology in loneliness and social isolation, both as a contributor to loneliness and isolation and as a support tool;
- The impact of spousal employment opportunities on social isolation and loneliness (e.g. opportunities to socialise, integration with the civilian community, childcare);
- The impact of Service accommodation on social isolation and loneliness (e.g. single quarters, the introduction of Pay As You Dine,⁵ the Future Accommodation Model).⁶

We recommend that the Scottish Government further explores the prevalence of social isolation and loneliness in the Armed Forces community, taking account of identified gaps in knowledge outlined.

5. Clear Resource and Accountability for Delivery

Ex-service people and family members attending a weekly Drop-In at **Poppyscotland's Ayrshire Welfare Centre** were asked what changes needed to be made to stop them / veterans from being lonely or isolated in the future. Responses included:

"Encourage veterans to go to regular meetings etc."

"Carry out a survey of what civilians think of what veterans have done and sacrificed."

"More groups so you can meet people and interact in the groups."

"A safe place where we can go to in our hour of need."

Poppyscotland welcomes the desire within the strategy to recognise the needs of our Armed Forces community. This has been indicated by the inclusion of international evidence sources that looks to tackle loneliness. However, the proposed strategy (including its intended outcomes, measurements for success and indicators) only set a clear pathway for improving the lives of our Armed Forces community as a secondary product amongst the general population.

In order to provide effective, tailored support, the specific needs of the community need to be established. This would be in line with the Scottish Government's pledge under the Armed Forces Covenant and its two key principles of no disadvantage and special consideration where appropriate. In addition, a clear link has to be made between these specific needs and the more general needs that our Armed Forces community shares with other disadvantaged groups in society.

⁵ In 2006, a Pay As You Dine system was introduced to give Serving personnel the option to buy food off-base.

⁶ The Ministry of Defence is currently developing a Future Accommodation Model (FAM) for Serving personnel. Proposed changes to the accommodation offer include changing the allocation principle from Service rank to need, encouraging home ownership, and facilitating private renting.

In addition to the pathway outlined in the strategy acknowledgement of the funding and resource requirements would also be desirable in the framework.

We believe this strategy needs to link with existing government strategies, where appropriate. For example, the Scottish Government's 'Renewing Our Commitments' paper which outlines how government and partners aim to work together to give effect to the Armed Forces Covenant.

Evidence also suggests that there are links between loneliness, social isolation and poor mental health. In particular, depression has been found to have an enduring relationship with both loneliness and social isolation.⁷ For the Armed Forces community, research supports evidence of loneliness as a risk factor for depression among veteran populations.⁸ Loneliness and social isolation have also been linked with attempts or consideration of suicide among veteran populations.⁹ Based on this evidence, we believe this strategy should also link to the Scottish Government's Mental Health Strategy.

As well as the Mental Health Strategy and the structures in place for meeting the Armed Forces Covenant, other existing frameworks could be utilised, such as Joint Strategic Needs Assessments (JSNA) carried out by local authorities. Consideration of social isolation and loneliness as part of JSNAs can enable local authorities to recognise and respond to the issues of social isolation and loneliness locally. JSNAs could also be used to consider how additional initiatives can be targeted at members of our Armed Forces community in a local area.

We recommend that the Scottish Government includes clear funding, resources and delivery mechanisms within the Social Isolation and Loneliness Performance Framework.

Where appropriate, the social isolation and loneliness strategy should also link to other strategic frameworks, including the Scottish Government's 'Renewing Our Commitments', and Mental Health Strategies, and the Joint Strategic Needs Assessments (JSNA) used by local authorities.

Veterans who attend the weekly Drop-In at **Poppyscotland's Inverness Welfare Centre** shared their thoughts on what they felt needed to happen to stop them from being lonely or isolated in the future. Responses included:

"More groups to meet people."

"There is nothing in Moray"

"A bigger network of befriending for veterans."

"I was recently on holiday with 6 guys, me and one other were veterans and the other 4 didn't know what we were talking about."

⁷ Victor and Yang, 2012

⁸ Martin and Hartley, 2017

⁹ Porter et al., 1997; Burnell et al., 2017

6. Access to support for our Armed Forces community

Our Beneficiary: Thomas

When Thomas left the Army, he went into a depression and found himself in trouble with the law. This led to him becoming rather isolated from those around him. He was referred to Veterans 1st Point by his doctor who diagnosed him with Post Traumatic Stress Disorder. Thomas was then signposted to Poppyscotland where he accessed the Employ-Able programme.

He said: *"Initially I was nervous meeting new people and my confidence was at rock bottom. I did not want to ask for help and I felt weak. My Employ-Able support worker made me feel at ease and we talked through my employment options."* From accessing Poppyscotland's Employ-Able programme, Thomas secured funding to undertake a plastering course which helped him find work and reconnect with his family, friends and wider society.

Existing research coupled with initial findings from our research tell us that members of our Armed Forces community face a range of barriers in accessing support.

Stigma and the association of asking for help remains a major barrier for our Armed Forces community. We found that those discharged within the last five years from Service were less likely to seek medical advice and were more likely to ignore their own health problems assuming that their health problems would improve on their own. This group were also more likely to avoid seeking help because they worried what others might think about them.

Moreover, various UK research has examined the barriers that impede help-seeking behaviour and engagement with treatment in military populations; these barriers include stigma,¹⁰ practical or logistic barriers to care,¹¹ negative attitudes related to mental health problems or mental health treatment,¹² poor recognition of the need for treatment,¹³ the effect of military culture and gendered (masculine) help-seeking.¹⁴

Members of our Armed Forces community also appear to lack the language and skills for speaking about social isolation and loneliness. Consequently, this may further hinder their ability to seek support. In our research, a majority of respondents indicated that they would not feel able to speak about loneliness and social isolation because they would feel awkward or embarrassed, with the next largest group citing a concern of not knowing what to say.

¹⁰ Iversen et al., 2011, Sharp et al., 2015

¹¹ Iversen et al., 2011

¹² Forbes et al, 2013

¹³ Iversen et al., 2005

¹⁴ Iversen et al., 2005

Although a number of Armed Forces organisations offer support services such as befriending, community navigators and group activities, it is possible that these might not always appeal to some members of our Armed Forces community or that they simply may not know how to go about accessing them. An important point to note is that while initiatives such as Veterans Breakfast Clubs or Activity Centres exist across the UK including here in Scotland, the monitoring and evaluation of these services is variable. Therefore, there is a lack of meaningful data from services aiming to reduce social isolation and loneliness.

Focus groups carried out with family members of Serving and veteran personnel as part of our research found that there is appetite amongst this cohort for a pragmatic checklist of behaviours. Likewise, our survey findings indicated that there is appetite for tips on having conversations about these issues, with almost seventy percent agreeing it would be helpful.¹⁵

We recommend that the Scottish Government includes within the Social Isolation and Loneliness Performance Framework a checklist of behaviours to help spot signs of social isolation and loneliness at the earliest possible stage.



¹⁵ Forthcoming social isolation and loneliness research by The Royal British Legion and Poppyscotland

7. General and Specific Triggers for our Armed Forces community

Our Beneficiary: Alan

Alan joined the RAF in 1984 and has served in Scotland and on the Falkland Islands. During Service, he was in an accident, suffering a severe back injury that has caused him pain to this day. Alan's back injury plagued him for years and during which time he experienced relationship difficulties. In 2008, he was left with nothing financially after trying to help his then partner who was addicted to heroin and cocaine. Alan experienced depression and also ended up homeless for a while. This was an immensely hard and lonely period in his life. Alan eventually found a job and a house. He settled in well, but his back was causing him problems and he had to give up work. Poppyscotland helped Alan in practical ways by funding a new bed and chair that took account of his back problems and which allowed him to use his computer so that he could write about his feeling as a way to overcome his mental health and depression problems.

We are pleased to note that the Scottish Government's draft strategy brings together a list of causes of social isolation and loneliness. We agree that all the causes listed can lead to people being isolated and feeling lonely from their immediate surroundings and wider communities.

Existing evidence suggests that there are a number of general risk factors for those experiencing social isolation and or loneliness. This includes:

- Life transitions (e.g. parenthood, retirement, moving to a new area);
- Age (particularly middle and older age);
- Relationship breakdown or bereavement;
- Lack of digital connectivity or having the knowledge or skills to utilise it.

However, there also appears to be unique triggers for our Armed Forces community for social isolation and or loneliness. These include:

- The mobile lifestyle;
- Life in Service can lead to isolation due to little or no access to family, friends or the external environment.
- A culture of self-sufficiency and emotional repression;
- Homesickness upon entry to Service, followed by loss of identity and social support networks upon exit;
- Increased volume of transitions, compared to the general population;
- Geographically dispersed families and long periods of family separation;
- Relationship breakdown due to the pressures of Service life;
- Injury, illness and sudden discharge from Service;
- Difficulties with transition back to civilian society.

It is important to note that the causes of social isolation and loneliness are complex, and will often depend on an individual's situation and life experiences, as well as their existing resilience. Evidence on the direction of the relationship between health and social isolation and loneliness remains unclear.¹⁶ However, recent figures from the ONS highlighted that in England, those with a long-term limiting illness or disability report experiencing loneliness more often.¹⁷ It is important to be attuned to various elements of an individual's situation such as health, community and relationships, and what attitudes they have towards these.

It is also worth noting that members of the UK's serving Armed Forces community will eventually become civilians, and as such may experience unique triggers for social isolation and loneliness during Service, followed by risk factors shared by the general population post discharge (e.g. age, health, disability etc.). Therefore, it is possible that members of our Armed Forces community are vulnerable to a greater number of trigger points for loneliness and social isolation, compared to the general population.

We recommend that the Scottish Government makes explicit mention of the unique circumstances faced by our Armed Forces community within its finalised Social Isolation and Loneliness strategy, to ensure that the specific needs of that community are recognised and addressed.



¹⁶ Victor et al., 2000

¹⁷ Pyle and Evans, 2018

8. Measures and Indicators

Veterans who attend the weekly Drop-In at **Poppyscotland's Inverness Welfare Centre** were asked if they felt lonely or isolated. Responses included:

"Sometimes but I like my own isolation at times."

"Sometimes, you need your own space – I don't want to share things with those who are non-veterans or members of the Armed Forces community."

"At the drop in sessions we can share things and know you are not the only one."

"I feel isolated out with my own group and people."

In terms of measures and indicators specific to our Armed Forces community, Poppyscotland urge the Scottish Government to ensure that an enhanced focus is placed upon interventions that actively make a difference for the community. This can be achieved by:

- Understanding prevalence in our Armed Forces community;
- Challenging stigma, so members of our Armed Forces community do not suffer in silence;
- Promoting prevention and early intervention;
- Improved awareness, support accessibility, and digital connectivity for all so that issues can be more easily recognised and talked about;
- Better integration into civilian community, to counter potential loss of military identity and camaraderie after discharge and to ensure smooth transition into civilian life;
- Providing education and preventative support to avoid escalation of issues to crisis;
- Education of the general population around the unique pressures of Forces life, to counter a perceived lack of understanding from the civilian community;
- Providing dedicated support to family members;
- Providing holistic support options that can be tailored to an individual's specific needs and tastes.

We recommend that the Scottish Government ensures that an enhanced focus is placed upon interventions to tackle social isolation and loneliness amongst our Armed Forces community when agreeing the measures and indicators to be used for implementing and evaluating the strategy. The criteria set out above can help achieve this.

9. Further Information

Poppyscotland merged with The Royal British Legion in June 2011, although it continues to operate as a distinct charity within the Legion's group of charities. Poppyscotland is responsible for running the Scottish Poppy Appeal, which raises over £2.8m each year. Poppyscotland is the leading charity supporting serving and ex-Service men and women and their families in Scotland, providing a wide range of services to meet their needs, both directly and through enabling grants to other service providers. www.poppyscotland.org.uk

If you would like any further information, please contact Usman Ali, Public Affairs and Campaigns Manager at Poppyscotland on 0131 550 1584 or 07458008673 or at u.ali@poppyscotland.org.uk

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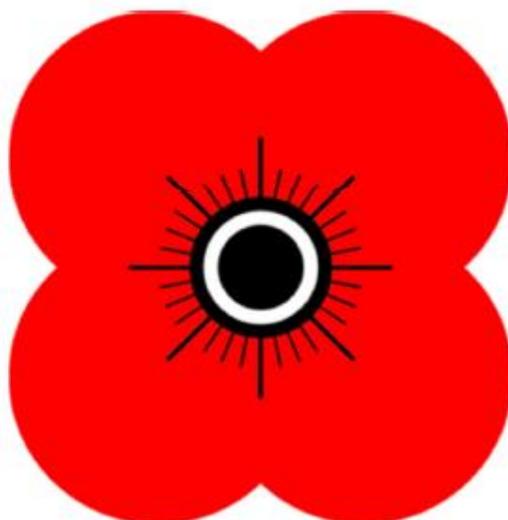
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Poppyscotland was established in 1921 as The Earl Haig Fund Scotland but adopted our current name and logo in 2006 to reflect our revised fundraising activities and welfare services work. In June 2011 Poppyscotland merged with our sister charity The Royal British Legion (TRBL), which operates in England, Wales and Northern Ireland, to form the largest charity group supporting the Armed Forces community across the whole of the UK. We continue to operate as a distinct charity within the TRBL group of charities, relying on public donations to allow us to continue our life-changing work.