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Building the social relationships of older people in Wales: challenges and opportunities

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Mae'r adroddiad hwn ar gael yn Gymraeg / This report is available in Welsh

Purpose

In an era of overlapping, successive challenges that include health, economics and global environmental changes, this paper explores the challenges and opportunities to building social relationships and networks amongst older people in Wales, which can be a protective factor for health.

The purpose of this paper is to:

- Provide a rapid review of older people's social relationships and networks and how the COVID-19 pandemic and more recent cost of living challenges have impacted it, using national and international evidence.
- Identify policies and practice which promote, sustain and strengthen older people's social relationships and networks as a means of overcoming challenges and building the social capital of current and future older generations.

The data included in this briefing relates to people aged 50 and over but varies according to availability.

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Key points

- 'Social capital' is understood to describe social relationships and networks, including those with family, friends, neighbours, and the wider community, characterised by trust and reciprocity.¹ **The social connections and networks we have within our communities are fundamental to our health and well-being.**²
- **Older people increasingly make up a greater proportion of the population in Wales** and globally. The fact that people are living longer should be celebrated. However, changes to the make-up of the population brings with it new social and economic opportunities and challenges.
- **Older people have an important contribution to make, and roles to play, in their communities, and reap health benefits from doing so.** However, a lack of social connection has been shown to impact negatively on health and well-being.
- **Older people have a greater sense of belonging in their communities.**³ They appreciate the value of mutual support between family, friends and neighbours and appear more pre-disposed to helping and supporting others than current younger generations.⁴
- **Increased levels of social capital were a feature of the community response to the recent COVID-19 pandemic**, such as volunteering and informal help and support for family and neighbours. Whilst many older people rose to the challenge of the pandemic by providing informal support in their communities, **those shielding due to ill health or disabilities were at risk of isolation and loneliness.**⁵
- **Communities in Wales that were best able to respond to the challenge of COVID-19 were those with pre-existing social capital** e.g. a strong base of volunteers with good local knowledge and active local organisations. Digital access and skills were also important, with age the biggest predictor of digital exclusion.
- **Older people are torn between a desire to return to social activity and concerns about the cost and health implications.** The COVID-19 pandemic has undermined the social confidence of many older people, particularly those in ill health or with disabilities⁶ and the rising cost of living is leaving low-income older people with less money to spend on travel and social activities.⁷
- **Barriers to social capital creates inequalities as to who can benefit.** For older people, poor health and physical functioning, poverty, stigma, lack of skills, poor transport, time constraints, inadequate volunteer management and other caring responsibilities have been identified as potential barriers to volunteering.⁸ **The older people who would benefit most from opportunities to develop their social capital face the greatest barriers.** While the COVID-19 pandemic has eased, this is exacerbated by the current cost-of-living crisis.
- **Even in times of crises, it is essential to facilitate social reconnection and relationship building to maintain and improve health and well-being for all.**

1. Preface



The communities in which we live, work and play are important determinants of our physical and mental health and well-being, and social capital is central to this. 'Social capital' is broadly understood to describe social relationships and networks, including those with family, friends, neighbours, and the wider community, characterised by trust and reciprocity.⁹ These can include being part of organisations and institutions such as religious groups, sports clubs and community action groups, as well as activities such as volunteering and civic participation, which includes voting and involvement with local councils and political parties. This paper will focus on exploring one key area of social capital: social relationships and networks.

Social relationships and networks are a valuable protective factor in sustaining psychological well-being and good health throughout a person's life.¹⁰ Factors which undermine well-being, such as living alone or in poverty, can be mitigated by neighbourhood social capital and cohesion, from good local services to having neighbours that look out for each other and help with practical tasks.¹¹ Indeed, irrespective of social status, those with good social networks who participate in social activities feel better psychologically and have healthier behaviours.¹² Those who experience loneliness are more likely to be depressed, have poor sleep quality and are at increased risk of heart disease.¹³ However, people with strong social relationships are around one and a half times more likely to survive a life-threatening illness than those with weaker social links.¹⁴ Recent research by Public Health Wales found that social and human capital was a significant factor in differences in self-reported general health, mental well-being, and life satisfaction'.¹⁵

Increased levels of social capital, such as volunteering and informal help and support for family and neighbours, was a feature of the community response to the recent COVID-19 pandemic. However, not all people were able to participate in or benefit from this increase. Communities in Wales that were best able to respond to the challenge of COVID-19, were those with pre-existing social capital, such as a strong base of volunteers with good local knowledge and active local organisations. These were then able to work together with the public sector, often supported by digital infrastructure to facilitate volunteering.^{16 17}

Social capital is, therefore, of central importance to policy makers and service providers looking to improve health and reduce health inequality through improved social connection and participation in communities across Wales.

2. We are an Ageing population

Older people increasingly make up a greater proportion of the population in Wales and globally. The population aged 65 and over in the UK is projected to increase by almost a third in the next 20 years¹⁸, and by 2050 the median age in the UK is expected to have risen to 44.5 compared to 40.5 in 2020.¹⁹ The proportion of older people is expected to increase in Wales so that by 2038, 1 in 4 people will be aged over 65.²⁰ At the same time, trends of decreasing fertility globally and in Wales will result in a future population composition that will include a higher proportion of older people and a decreasing working age population.²¹

The fact that people in Wales are living longer should be celebrated, it reflects improvements in healthcare, and living environments, to name a few examples. But it also marks a change in the make-up of the population, which brings with it new social and economic opportunities and challenges. Socially there are more care givers for grandchildren and other family members and a swelling cohort of 'custodians of culture' carrying shared memory and knowledge of our past.²² Economically it means an increase in older consumers of goods and services and an increase in educated and experienced workers. It also brings challenges to the economic sustainability of current pension fund approaches and current models of health and social care services.²³ An increase in the population aged over 75 means an increase in the proportion living with long term health conditions and increased pressure, due to the volume and complexity of demands made, on the NHS.²⁴

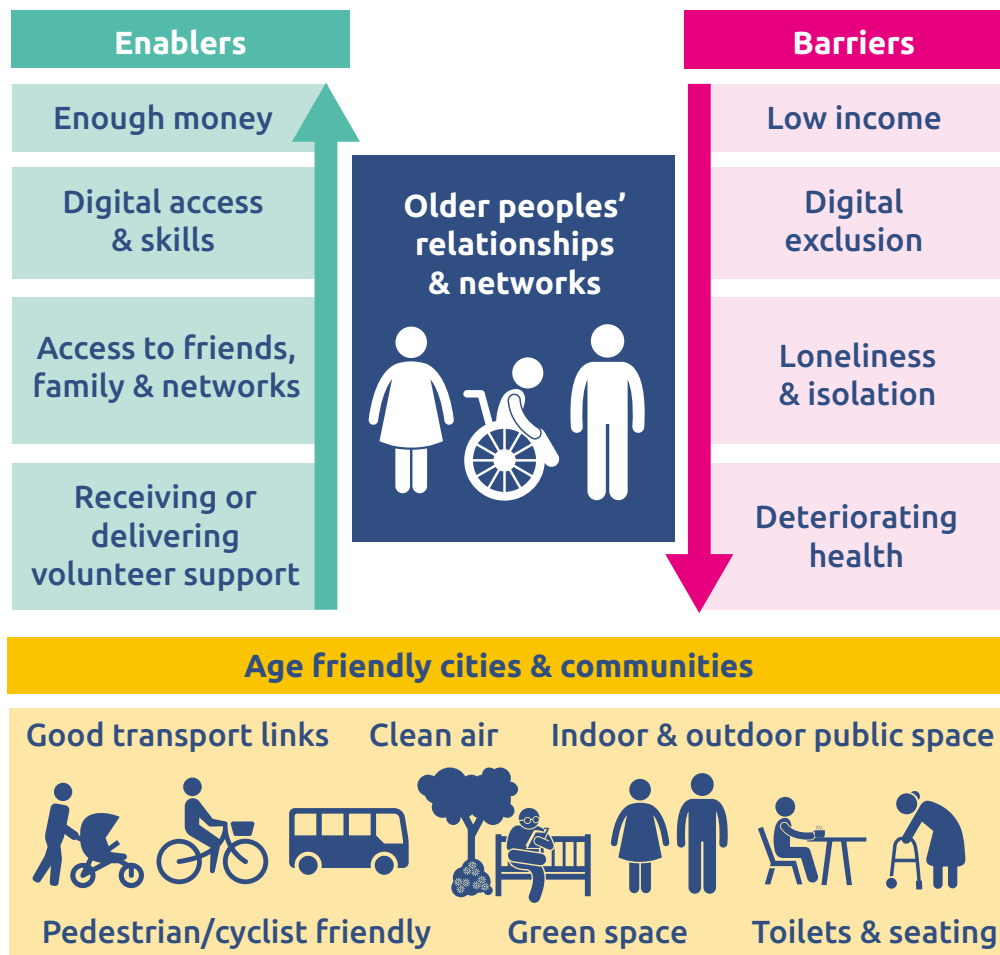
It is therefore important to consider today how to support current and future generations of older people to live longer years in good health, enabling and supporting older people to play active roles in Welsh communities.



3. Older people's social capital in action

This section of the report explores the enablers and barriers to building older people's social relationships and networks, with a focus on the impact of current crises such as COVID-19 and the cost-of-living crises.

The diagram below illustrates the enablers and barriers identified through this rapid review.



3.1. Enablers

There are many ways in which older people contribute to and benefit from strong relationships and networks in their communities, with positive consequences for their health and well-being. These include employment, unpaid care, volunteering, and culture.

3.1.1. Employment

Many older people are working later in life. Prior to the pandemic employment rates for those aged between 50 and 64 had been increasing, with a third of the workforce aged over 50 in March 2020.²⁵ For some this may be so they can continue to enjoy the benefits of working life, for others it will be to help create a more secure future, while for others it may be out of financial necessity. Social connection and interaction are also important aspects of work for all ages, not least for older workers, and meaningful work can provide physical, mental and emotional stimulation that benefits health.²⁶ Older workers life experience and knowledge can also bring benefits to the workplace.²⁷

3.1.2. Unpaid care

Many older people take on responsibility for the care of relatives, often alongside working. Grandparents play a significant role in the care and development of children with a "grandparent army" offering an average of 8-11 hours a week of childcare, as well as contributing financially "towards clothes, toys and hobbies, leisure activities and pocket money".²⁸ In Wales in 2020, two fifths of families were relying on help from grandparents to look after their children.²⁹ This enables many parents to work and offers intergenerational companionship for children. Caring for grandchildren creates opportunities for older people to make meaningful social connections, providing a source of positive emotions, as well as increasing access to otherwise inaccessible social circles.³⁰

Positive relationships with parents and grandparents, particularly mothers and grandmothers, support intergenerational transmission of civic participation.³¹ Grandparents can also support the transmission of language, a mother tongue or second language, to their grandchildren.³²

As well as childcare, older people also provide care for their relatives: in Wales the peak age for providing unpaid care for elderly, frail or ill family members from 2016 to 2020 was between 45 and 64.³³ In 2019 there were an estimated 400,000 unpaid carers in Wales and the expectation is that this will rise to over half a million by 2037.³⁴ Caring for others improves some people's well-being whilst it decreases the well-being of others.³⁵ Wales has the highest proportion of older carers and carers providing more than 50 hours a week of unpaid care.³⁶ When the demands of caring start to negatively impact the quality of life and well-being of the carer then additional support will be required. Under the Social Services and Well-being (Wales) Act 2014 unpaid carers have a legal right to a carer's need assessment regardless of their financial means, or the amount or type of care they provide, to ascertain what support may be required so that the carers well-being isn't negatively impacted by providing care to others.³⁷

3.1.3. Volunteering in the community

Volunteering can improve physical and mental health, create opportunities for using and developing new skills and promote social inclusion.^{38 39} Volunteers also contribute to the progression of social and environmental causes and support in social policies such as long-term care.⁴⁰ The average age of those volunteering through the Royal Volunteering Service UK (previously known as the WRVS) is 66, many of whom work with older people, providing befriending services and supporting them to live as independently as possible in their communities.⁴¹ In 2019-20, nearly a third (30%) of 65 to 74-year-olds in Wales volunteered compared to 27% of 16–24-year-olds.⁴² Older people, particularly those that have retired, are generally also more likely to be involved in civic participation, such as working on local councils.^{43 44}

The current generations of older people have been found to place great value on being part of communities where people look out for each other.⁴⁵ They appreciate the value of mutual support between family, friends and neighbours and are more pre-disposed to helping and supporting others than younger generations.⁴⁶

3.2. Barriers

Evidence also suggests that there are barriers to building relationships and social networks. While most older people live without financial or physical concerns and have full and active lives, others experience physical discomfort, poverty and/or mental health issues. For people in these situations, who would benefit most from having opportunities to grow and develop their social relationships and networks, these barriers include having a low income, digital exclusion, access to volunteering opportunities, and loneliness and isolation. For those living in urban areas having limited, or no, access to good quality green space, which is known to increase opportunities for social contact, increase physical activity and provide support for health challenges such as obesity and psychological health problems, is also a barrier.⁴⁷ These factors create inequality in who can benefit from the health and well-being gains that come from social capital.

3.2.1. Low income

Those with lower incomes do not necessarily have fewer relationships.⁴⁸ However, evidence shows that there is a gradient of social capital which aligns with income and deprivation.⁴⁹ Low income is a barrier to accessing social resources that can benefit health and well-being, such as exercise classes and gyms, social clubs, leisure and cultural activities, health and social care services as well as the costs of travel. Low income is also associated with lack of digital skills and access to technology in the home; often a prerequisite in terms of finding information and joining community activities, social groups and, more so since the pandemic, public services (see also next section).⁵⁰ Additional costs incurred by disabled people and carers, who are often older, can also limit opportunities for community participation.⁵¹

Wales has higher levels of poverty than other parts of the UK,⁵² increasing the chance of being poor in later life. Welsh data shows that poverty is a risk factor for loneliness with nearly 4 in 10 (37%) people in material deprivation reporting being lonely compared to just over 1 in 10 who were not materially deprived.⁵³ Health is the leading reason for people aged between 50 and 64 to be out of work, with those with the fewest assets most likely to stop for their own health reasons or to care for others.⁵⁴

Pensioner poverty has been rising across the UK since 2013/14 from 1.6million (14%) to 2.1million (18%) in 2020/21 with those living in the private or social rented sectors at higher risk. Factors including austerity and the cost-of-living crisis impact the ability of people in middle age to make pension savings, risking poverty in older age.⁵⁵ Women are more likely than men to experience pensioner poverty.⁵⁶ As women tend to live longer, that means more years living in poverty. In Wales, 84,000 of those aged 65 or over are estimated to be living in poverty.⁵⁷ Moreover, older people claiming pensions were more likely to be living in deprivation if there was someone with a disability in their household, or to be living in a low-income household if they are from an ethnic minority.⁵⁸

3.2.2. Ageism

Ageism affects people across the life course but can limit life profoundly as we grow older and can cause people to be excluded from society and its institutions.⁵⁹

Regarding employment practices, older people are less likely to be employed or be offered training at work and are often subject to stereotypes about their ability to do the job.⁶⁰ Stereotypes of older people are so deeply ingrained in our culture that, as well as being subject to institutional and interpersonal ageism, older people can internalise messages about ageing which can limit the activities and social opportunities they feel able, or allowed, to take part in, with a risk of negatively impacting their social networks.⁶¹

3.2.3. Digital exclusion

The number of people aged between 65 and 74 who use the internet increased from just over half (52%) in 2011 to more than 8 in 10 (83%) in 2019.⁶² Age is however, the biggest predictor of digital exclusion and it is greatest at the intersection between older age, low level of education and low income.⁶³ Of those who remain offline, nearly three quarters (71%) had no more than secondary education and almost half (47%) were from low-income households. Semi-skilled and manual workers were more likely to say that their digital skills are not good enough and less than a quarter (23%) of the workforce had received digital skills training from their employer.⁶⁴ This suggests that future older generations on lower incomes will continue to risk digital exclusion.

Many have a need for digital access but are disadvantaged due to lack of alternatives.⁶⁵ Some older people feel a genuine, deep seated fear and lack of confidence in using the internet, so a rights-based approach requires that a range of ways of gaining access to and using services is made available.⁶⁶ Welsh Government commit to this person-centred approach in the Digital Strategy for Wales (see also 5.4).⁶⁷



Older people are more likely to have smaller social networks or live alone. Those that are online are using the internet more since the pandemic as more services have gone online, and they may use the internet to reach out to people if they are feeling lonely. However, having fewer people to ask for support or check things with in-person increases their exposure to cybercrime.⁶⁸



3.2.4. Access to volunteering

Volunteering can provide opportunities for those experiencing social exclusion, including boosting their personal, social, and cultural resources and improving their employability.⁶⁹ Volunteering also helps address social and health inequalities, both for volunteers drawn from less advantaged groups and for the recipients of volunteering.⁷⁰ However, like many other activities, it has resource costs and therefore people from more disadvantaged areas may be less likely to volunteer.⁷¹ For older people, poor health and physical functioning, poverty, stigma, lack of skills, poor transport, time constraints, inadequate volunteer management, and other caring responsibilities have been identified as potential barriers to volunteering.⁷²

3.2.5. Loneliness and isolation

More than 4.3 million people in the UK aged between 45 and 74 live alone.⁷³ Welsh survey data shows that, overall, younger people are more likely to experience feelings of loneliness.⁷⁴ However, a Senedd committee inquiry reported that while younger people may be more likely to express it, “older people experience a wide range of risk factors for loneliness and isolation.”⁷⁵ Factors related to social, physical and health changes and challenges that come with growing older can also increase older people’s risk of becoming isolated, lonely and disconnected from social networks.⁷⁶ Older adults living in local authority housing with lower education levels were found to be at greater risk of loneliness as they aged.⁷⁷ Risk factors for experiencing loneliness and isolation as one ages include needing care or becoming a carer, experiencing bereavement, finishing work or giving up driving, and developing disabilities of older age, such as sensory loss.⁷⁸

3.2.6. Unpaid care

Most people will have caring responsibilities at some stage of life, whether for children, grandchildren or for older or ill relatives or friends. In 2021 over half of those providing unpaid care in England and Wales were aged over 50 and were predominantly women.⁷⁹

Caring for a loved one can make it hard to sustain social networks, unless someone is available to take over the care. Age UK found that almost a third of unpaid carers aged 65 and over were experiencing feelings of loneliness and isolation.⁸⁰ Time taken providing unpaid care reduces opportunities for paid work which reduces earnings and access to social contact.⁸¹ Carers providing more than 20 hours of care a week were more likely to come from low-income households, thus are likely to face financial and time barriers to accessing social networks.⁸²

Issues which may negatively impact the social networks and well-being of grandparents caring for their grandchildren include the demands of caregiving, the grandparent's own health, the resources available to them and whether they are balancing care with work commitments.⁸³

3.2.7. Communities with a lack of green urban space

For those living in towns and cities, having civic centres with green, safe accessible space has been shown to underpin stronger social cohesion.⁸⁴ Having more trees and green spaces such as parks and gardens in urban spaces attracts people out to walk, cycle and participate in outdoor leisure and outdoor recreation. This brings people together and supports social cohesion as well as providing support for physical and mental health.⁸⁵ Urban green space and physical activity are negatively associated with stress.⁸⁶ Access to urban green space has been shown to be of greater benefit to the mental health and well-being of people from low socio-economic groups than more privileged groups.⁸⁷ As we age we face increasing health challenges, understanding the interplay between green space and social cohesion, to inform strategic intervention to address health challenges, are likely to have benefits for older generations.⁸⁸

4. The impact of successive challenges to older people's relationships and networks

4.1. COVID-19 and associated measures

Being older, living in deprived communities and having pre-existing health conditions are all factors that elevate the risk of people becoming seriously ill or dying due to COVID-19.⁸⁹ Between March 2020 and June 2021, 9 in every 10 deaths from COVID-19 in Wales were of people aged 65 or older.⁹⁰ A reluctance to seek medical help due to fear of COVID-19 infection and disruption of health care service provision has also led to a backlog of unmet health needs among older people in particular.⁹¹ While COVID-19 presents a direct health risk to the older population in Wales, it also has indirect health impacts due to how it affects social capital.



The measures to contain the COVID-19 pandemic focused primarily on severely limiting all types of social contact. Restrictions were even greater for those with increased risk of severe illness from COVID-19, like older people, whom Welsh Government urged to 'shield' between March and August 2020 and from December 2020 to the start of April 2021 by staying at home. Over 70% of the people that lived alone and were urged to 'shield' were 60 years or older.⁹² As the pandemic progressed the idea of 'support bubbles' for those 'shielding', isolating or living alone provided much needed support and social interaction. However, for some older people the pandemic caused them to experience loneliness for the first time, as well as exacerbating loneliness for those who were experiencing it previously.⁹³

During the pandemic, there was an increase in people communicating digitally. While this provided much needed opportunities to socialise for some, those with limited social connections and those less able to access services and support online became more isolated and continued to struggle.⁹⁴ Prior to the pandemic 32% of those who had never, or not recently, used the internet in the UK were aged 50-69 and 67% were over 70, the pandemic exacerbated this situation.⁹⁵ Welsh Government provided over 1000 devices to care homes for virtual NHS appointments and to help families keep in touch.⁹⁶

Social restrictions meant that many grandparents reduced or stopped contact with their grandchildren, and this impacted negatively on their well-being and mental health.⁹⁷ The valuable roles grandparents play in family life, providing companionship and guidance to children, and childcare, enabling parents to work, was highlighted by their absence.⁹⁸

Measures to contain the spread of the virus prevented face-to-face volunteering and temporarily ended the face-to-face activities of community hubs such as places of worship and entertainment venues. However, older people's informal support of friends and neighbours took on greater significance.⁹⁹ In March 2021, more than a third (37%) of people in the UK aged between 50 and 64 reported giving practical help to family, friends or neighbours.¹⁰⁰ Between May and August 2020, two thirds (66%) of people aged between 65 and 74 reported checking on their neighbours who might need help, compared with 41% of those aged 16 to 24 years.¹⁰¹ Older people living in neighbourhoods with a more settled, stable community where social networks were already well-established were able to adapt this social capital and support each other more effectively than those with a high turnover of residents.¹⁰²

Older people, aged 50-64, were slightly more likely than middle-aged people to be furloughed in 2020, and older people were also more likely to be long-term unemployed compared to younger age groups.¹⁰³ Moreover, a third of workers made redundant during the pandemic were over 50 and they were half as likely to be re-employed, with the least well off more likely to fall out of work.¹⁰⁴ The impact of the pandemic has had a longer reach for older people in terms of employment in the UK. Economic inactivity rates have been falling for 50 – 64-year-olds since 1986, however, from 2020 this has been reversed and there have been increases for three consecutive years.¹⁰⁵ This has impacts on social capital directly, by preventing older people from participating socially at work, and indirectly, by negatively affecting their financial security, which can be a barrier to activities that increase social capital.

4.2. The cost-of-living crisis

The scale of the impact of cost-of-living crisis on public health has the potential to be on a par with the COVID-19 pandemic and will hit those with lower incomes, both those in work and retired, the hardest. Older people who are at the highest risk are those on low or insecure incomes and those living in deprived areas. Women, ethnic minorities and disabled people are at higher risk and being in more than one of these groups can compound the risk.¹⁰⁷

In November 2022 Office for National Statistics (ONS) data showed that 50% of 50–69-year-olds and 47% of over 70s reported that they would be unable to save money in the coming twelve months compared to 35% for both age groups in November 2021.¹⁰⁸ More recently the British Geriatric Society raised concerns about the impact the cost of living was having on their patients' health due to being unable to afford a healthy diet, living in cold homes and being unable to afford transport to medical appointments.¹⁰⁹

Being on a low income means that a larger proportion of income is spent on basics, including heating and food.¹¹⁰ Poverty amongst those who have retired was already rising prior to the pandemic.¹¹¹ With the cost-of-living crisis now pushing up the cost of essentials, more older people are likely to find themselves less able to spend money on the things that might have previously enhanced their social relationships and networks, such as travel, visiting friends, social activities or grandchildren. In the summer of 2022, it was widely reported that many retired older people were returning to the workforce as their retirement income was not enough to cover their costs.^{112 113}



To support households with rising living costs, Welsh Government and the UK Government provide additional financial support to those on low incomes, which includes a large proportion of the older population.

Reducing financial hardship for older people may enable them to spend more on activities that enhance their social relationships and networks, while better public transport may improve their ability to access their communities and local services.

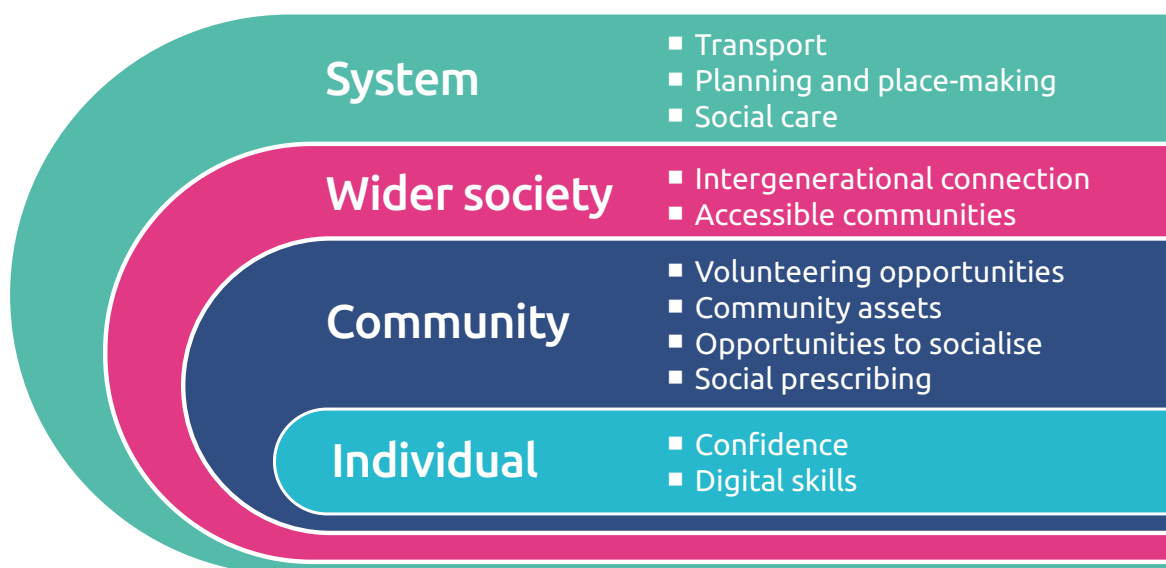
Though data shows that, as society emerged from the pandemic, older adults may have had better mental health outcomes than expected, pressures from the cost-of-living crisis will, inevitably, impact on levels of isolation and loneliness and mental health and well-being for many. An Age Cymru survey reporting in June 2022 found respondents reporting tension between a desire to return to social activity and being concerned about the cost and health implications.¹¹⁴ Many had lost the confidence to return fully to their previous levels of social activity, with nearly 4 in 10 (38%) saying they did not feel confident getting out and about in their local community. Some respondents mentioned challenges with regaining a social life and fear of loneliness.¹¹⁵

The COVID-19 pandemic and the cost-of-living crisis has had, and continues to have, wide-ranging impacts on older people's social capital. Our experience of COVID-19 has emphasised that social relationships and networks are a vital building block for good health and well-being. Indeed, recent analysis by Public Health Wales finds that 'social and human capital' explains a significant part of the gap between the best and worst health outcomes in Wales – on a par with income security.¹¹⁶ Therefore, even in times of crises, in parallel with income protection and maximisation, it is essential to facilitate social reconnection and relationship building to maintain and improve health and well-being for all.

5. Opportunities in policy and practice to support building social relationships and networks among older people

A public health approach to social capital involves having both short- and longer-term approaches in place to increase social relationships and networks.

This paper illustrates how these approaches take place on multiple levels, as illustrated in the infographic below.



5.1. System level opportunities

System level opportunities are often large-scale interventions introduced by governments that can help to address the root cause of the issue, rather than the symptom. Examples of opportunities that support the improvement of older people's ability to build social relationships and networks include transport, improved social services and planning and placemaking including increasing green urban infrastructure.

Wales has several high-level policy levers which can be drawn on to support opportunities to build social relationships and networks. [The Well-being of Future Generations Act \(Wales\) 2015](#) provides several public bodies under the Act with a duty to help enable "local people to come together in communities to meet and build social networks".

The [Social Services and Wellbeing \(Wales\) Act 2014](#) recognises the health and well-being benefits of relationships and community support networks; local authorities 'must empower people to produce innovative solutions for delaying, preventing and meeting the needs for care and support through local networks and communities'.¹¹⁷

Both these pieces of legislation have a co-productive approach to designing and delivering services at their heart. This means engaging with and understanding older people as

stakeholders and older people working in 'equal and reciprocal' relationships with professionals, on improving communities and designing services that impact their lives.¹¹⁸

The Welsh Government's [Age Friendly Wales: our strategy for an ageing society](#) adopts a rights-based approach and promotes equality and social justice for older people across a range of policy areas, including policies that address longer term goals for sustaining older people's engagement in their communities including:

- [Connected Communities](#). *A strategy for tackling loneliness and social isolation and building stronger social connections.*
- [Llwybr Newydd: the Wales transport strategy 2021](#). *Our strategy to shape the future of transport in Wales.*
- [Strategy for unpaid carers](#). *What we will do to improve the recognition of and support of unpaid carers.*
- [Action on Disability: the right to independent living framework and action plan](#).

The strategy aims to “unlock the potential of today's older people and tomorrow's ageing society” and focuses on the following four overarching objectives:

- Enhancing well-being.
- Improving local services and environments.
- Building and retaining people's own capability.
- Tackling age related poverty.

Planning and placemaking policy in Wales is also intended to support community cohesion by aiming to develop public spaces that promote people's prosperity, health, happiness and well-being.¹¹⁹ [The World Health Organisation](#) supports a Global Network for Age-friendly Cities and Communities. Within the context of the UN Decade of Healthy Ageing (2021-2030) the network will stimulate and promote cities and communities around the world to become increasingly age friendly. Welsh Government have provided support to local authorities in Wales to become World Health Organisation recognised 'Age-Friendly' cities and communities.

[The World Health Organisation](#) describes Age-friendly cities or communities as places that are health promoting and inclusive by design. This will be reflected in structural aspects such as accessible and safe houses, buildings and town and city centres with good facilities such as public seating and toilets. They will have good transport links and an environment that facilitates safe walking and cycling so people can stay active, connected and able to engage in all aspects of community life.

System level opportunities in practice - transport and travel

- The provision of free bus passes for over 60's in Wales has been shown to increase their use of public transport and actively support their social capital by facilitating engagement with their communities for work, learning, leisure, providing care and seeing family.
- In September 2023 the law in Wales will change [reducing the speed limit from 30 to 20 miles per hour in residential and built up areas](#) with pedestrian activity. The aim is to reduce road accidents and pollution and make communities safer and more accessible for all ages, including older people, to walk and cycle.

5.2. Wider societal opportunities

We define wider societal opportunities as those that relate to the attitudes and norms of Welsh society. Opportunities at this level require us as a society to change the way in which we behave and think, for example thinking more about intergenerational connectiveness and the social accessibility of communities for all.

Intergenerational activities are known to reduce levels of isolation and loneliness across generations, improve the mental and physical health and well-being of adults and older adults and improve the confidence and knowledge of children and young people.¹²⁰

An [Intergenerational Resource Toolkit](#), produced by The Children's Commissioner for Wales with the Older People's Commissioner for Wales, provides resources to encourage schools and groups of older people to establish intergenerational groups in local communities. The resource is available on the Children's Commissioner for Wales's website, which also includes film examples of intergenerational projects.

Social exclusion is commonly reported by people with dementia and their families. Dementia-friendly and inclusive communities have emerged as an idea that contributes to the mitigation of social exclusion, by strengthening knowledge and understanding of the condition amongst the wider community.

Wider societal opportunities in practice

- Aneurin Bevan University Health Board have an established volunteering service, [Ffrind i Mi](#), to address loneliness and isolation which incorporates intergenerational practice. In 2018 the multiple partners involved in the service prepared an Intergenerational strategy for the service to build on the positive impact of the cross generational work that was already taking place.
- Brecon has become a [dementia friendly town](#). Older people with dementia are at particularly high risk of loneliness and isolation. By providing dementia training to local businesses and public service staff, Brecon aims to become more welcoming to people with dementia.

5.3. Community level opportunities

Community level opportunities operate at the local level and can be facilitated through service design or by community initiatives. Examples include increasing volunteering opportunities, making the most of community assets to support opportunities for communities to come together, and social prescribing.

Volunteering is widely recognised as both beneficial to communities in building social capital and for the health and well-being of individuals. Volunteering is usually delivered via charitable or community organisations and can take many forms. Traditionally volunteering often involved longer-term face-to-face activities, however, more recently, particularly since the pandemic, virtual volunteering such as telephone befriending has increased. Some volunteer roles require specific skills which can be met by professional organisations or individuals and strategic volunteering on boards, committees or becoming a trustee of charity which involves considerable responsibility.¹²¹ The WCVA now have a volunteering databank for Wales where statistics, information and research about charities, social enterprises and non-profits can be found.¹²²

The value of volunteering in providing responsive support in communities, and in support of health and social care, was known prior to the pandemic. Seeing it in action during the pandemic has stimulated renewed interest in ensuring that structures and networks are in place to facilitate such a response both in preparation for future health, economic or environmental challenges and to support current and longer-term health of individuals and communities.

Community level opportunities in practice – volunteering

- [Helpforce Cymru](#) is a Welsh Government funded three-year programme led by the Wales Council for Voluntary Action (WCVA) aimed at mobilising and maximising engagement in volunteering to support health and social care services in Wales. Together with a network of partners including the Bevan Commission, Social Care Wales and Richard Norton Consulting a [Framework for Volunteering Health and Social Care](#) has been produced which aims to support planning, delivering and supporting volunteering to 'hold the gain' that has been experienced in terms of volunteering in support of health and social care during the pandemic. The framework is intended to be long-lasting resource that will be reviewed and updated.

Places where people can come together for practical support as well as social interaction are important for building social relationships and networks within communities.

Community level opportunities in practice – community assets

- In October 2022, in response to the cost-of-living crisis, Welsh Government announced funding for local authorities to set up [‘warm hubs’](#), which quickly opened up across the country. At a time when many older people in particular were struggling to heat their homes sufficiently, the hubs were a place to stay warm, with many also providing food and opportunities for social contact, which all helps to maintain health and well-being. However, responses to the Age Cymru survey published in June 2022 suggests that those offering ‘warm hubs’ should be mindful of older people who have health or disability issues and are anxious about mixing in large crowds because they may catch COVID-19 or flu. Continued promotion of voluntary mask wearing, and good sanitation and hygiene can help support higher risk older people. Some local authorities funded the provision of additional activities and resources in warm hubs to combat the potential stigma of attending just to stay warm.

A new Welsh Government National Framework for Social Prescribing¹²³ is in development. Social prescribing is a relationship-based approach that reconnects people with networks and resources within their own community to improve well-being. It proposes a multi-sector referral model, moving away from the previous referral approach through healthcare and primary care.¹²⁴ Successful social prescribing depends on the assets available within the community and has been growing year on year in Wales over the past three years.¹²⁵

Community level opportunities in practice – social prescribing

- The [Healthy Blaenavon Partnership](#) offers a range of activities to support older people to age well. It is supported by the Aneurin Bevan University Health Board and Torfaen County Borough, among others. Older people particularly value the fact that it provides opportunities to meet new people, socialise and get out of the house even though money is tight.

5.4. Individual level opportunities

Individual level opportunities are those that target support at individuals to enable them to build stronger social relationships and networks, such as digital literacy and advocacy.

With the internet increasingly becoming a gateway to social activity and a means of communicating with friends and neighbours, not being able to get online, or have the knowledge or confidence to do so, is a major barrier to older people's social capital. Consequently, work to address digital inclusion of older people is vital. However, with thousands of older people in Wales still offline, it is important to preserve alternative communication and information routes whilst promoting full digital inclusion in the longer term.

Individual level opportunities in practice

- [Digital Communities Wales](#) is a Welsh Government funded service delivered by Cwmpas and works with organisations working with people who could benefit from support with digital confidence and skills development. They provide equipment, training, and volunteer mentors who are available for individual support.
- [Digital Heroes](#) is a Welsh Government initiative to encourage children and young people to use their digital skills to support others to get online. Initiatives include school groups connecting with communities of older people in residential homes or community cafes to share digital skills.
- [HOPE](#) (Helping others participate and engage) is a partnership project between; Age Cymru, Age Cymru local partners and Age Connects Wales partners across the whole of Wales. HOPE delivers independent advocacy for older people (50+) and carers across Wales. It aims to support people at an early stage in their issues or concerns to prevent them slipping into crisis.

6. Conclusion

Strong relationships and social networks are a vital protective factor in the health of all but are particularly important for older people. Connecting with, and contributing to, family life and the wider community supports psychological well-being as we age and helps mitigate against ill health and thus contributes to reducing the pressure on health and social services. In addition, healthy, fit parents and grandparents practically support and enrich family life and the valuable volunteer support provided by older people, in key services and civil society, extends their impact on the wider community and future generations.

However, COVID-19 has provided challenges to sustaining older people's social relationships and networks, as well as providing a renewed understanding of the benefits and value of enabling greater social capital. We must not forget the lessons from COVID-19, as we face the cost-of-living crisis, that relationships and social connections play a vital protective factor for health.

We need to continue to develop our understanding of social capital and its value in supporting today's community health and tomorrow's community resilience. This means thinking about what we can do directly with social prescribing, volunteering, and befriending as well as how we can nurture it indirectly by considering it in relation to areas such as transport and planning.

The policy direction in Wales is aligned with a public health approach to improving older people's social capital. The Well-being of Future Generations (Wales) Act 2015 is a valuable driver of community-based action to support the infrastructure and social changes required to facilitate older people's social capital. Despite a strong policy framework, the prevailing economic headwinds will make implementation challenging, not least due to competing issues including the many crises of service delivery in health and care services.

However, there is no doubt that prioritising a strong focus on supporting older people's social capital has the potential to reap social and health rewards for both individuals and communities. It has the, already recognised, potential to be a key mitigating factor in addressing emerging health challenges both currently and in years to come.



Further reading

World Health Organization
Collaborating Centre on Investment
for Health and Well-being

GIG Cymru
NHS WALS
Iechyd Cyhoeddus
Cymru
Public Health
Wales

Ufforddwrth Cymru
Welsh Government

Influencing the Health Gap in Wales: Decomposition analysis discussion paper

The Welsh Health Equity Status Report initiative (WHESRI)

GIG Cymru
NHS WALS
Iechyd Cyhoeddus
Cymru
Public Health
Wales
Research and Evaluation

University of
BRISTOL

WeVA
CoGC


The
Health
Foundation

Sustaining community-led action in recovery: Learning lessons from the community response to COVID-19 in Wales

Summary report

2022

Charlotte NB Grey, Lucia Homolova, Valerio Maggio, Nina Di Cara,
Sally Rees, Claire MA Haworth, Alisha R Davies and Oliver SP Davis




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Unpaid carers in Wales: The creation of an e-cohort to understand long-term health conditions amongst unpaid carers in Wales

Fangzhou Huang, Jiao Song, Alisha R. Davies




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University
Prifysgol
Abertawe

Unpaid carers in Wales: The determinants of mental wellbeing

Fangzhou Huang, Laura Bentley, Yuzhi Cai, Karen Hodgson, Jiao Song,
Alisha R. Davies



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