



Social Isolation and Loneliness in the Highlands

Conference Report

March 2026, Inverness

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1. Introduction

Befriending Networks and Befrienders Highland hosted a one-day conference on 10 March 2026 to explore the experiences and impacts of social isolation and loneliness, and the responses in the Highlands. The event focused on policy, research and practice.

With keynote speakers¹ from NHS Highland, Scottish Government, Befriending Networks and Befrienders Highland, and an audience² comprising volunteers, practitioners, managers from the voluntary and community sector and public sectors. The conference created space and time for cross-sector and cross-community discussion, deliberation, and action planning.

The event was funded by Befrienders Highland and supported in a strategic partnership by Befriending Networks.

Conference Objectives

- To increase the profile of social isolation and loneliness in the Highlands with all stakeholders.
- To bring together groups and organisations in the Highlands who are working to reduce social isolation and loneliness, and to build understanding of what others are doing and build connections between them.
- To use recent data on social isolation and loneliness in the Highlands to encourage action to support public health outcomes and improve joint working across different sectors.
- To bring a range of different stakeholders to the discussion to increase understanding of the impact of befriending interventions and stimulate support for further investment in befriending.

¹ See Appendix 1 (Conference Agenda)

² See Appendix 2 (Delegate Organisations)



2. Background

Over the years, much work has been done to understand the extent and nature of social isolation and loneliness in the Highlands, and there is recognition that it manifests differently for different people and in different places.

In 2016 the Director of Public Health in NHS Highland produced a report, [Loneliness and Health](#), which detailed the extent of this issue in the Highlands and support for responses to it.

Our communities then experienced the Covid-19 pandemic from 2020-2023, and the landscape changed again. In recovering from the impact of Covid-19 and with other societal changes, we do not yet have a clear and detailed picture of how loneliness and health are experienced in the Highlands, the trajectory this may take over the next 10 years, or a plan to address loneliness and isolation.

Nationally, the Scottish Forum on Social Isolation and Loneliness have called for a 10-year framework for social connection to include research, measurement and interventions which will alleviate chronic loneliness.



Image 1: Delegates participating in group discussions



3. Executive Summary

This report presents the insights gathered from small group discussions held throughout the conference on social isolation and loneliness in the Highlands. The discussions brought together representatives from the third sector, NHS, local government and community organisations to identify barriers, share effective practices, and develop policy recommendations.

Loneliness was recognised as a significant public health issue in the Highlands, exacerbated by social isolation from geographic remoteness, transport limitations, digital exclusion, and fragmented service provision. There was a recognition that loneliness and social isolation are not the same thing and potentially require different policy responses.

While numerous community-led initiatives exist as interventions to loneliness or social isolation, their impact is constrained by short-term funding, insufficient coordination, and structural inequalities.

The report recommends a shift toward long-term, preventative, and collaborative policy approaches, supported by sustained funding, improved transport infrastructure, and stronger partnerships between statutory and third sector services.

There is recognition throughout that work to raise awareness and remove stigma about loneliness would be beneficial.



Image 2: Volunteers share their experiences of the benefits of befriending



4. Purpose of the Report

The purpose of this report is to provide a policy-oriented analysis of key themes emerging from small group discussions focused on understanding and addressing social isolation and loneliness in the Highlands. It aims to inform decision-makers in health, social care, and local and national government of the challenges and opportunities identified by practitioners and community representatives.

5. Context

Loneliness is increasingly recognised as determinants of both physical and mental health. In rural regions such as the Highlands, these issues are compounded by geographic, demographic, and economic factors which can create social isolation. There is a need for tailored and locally responsive policy interventions.

Loneliness in the Highlands (Scottish Household Survey 2024)

- 15% of all Highland residents have experienced loneliness some, most, or all of the time in the past week.
- 32% of single adults in Highland have experienced loneliness some, most, or all of the time in the past week.
- One third (33%) of single pensioners in Highland have experienced loneliness some, most, or all of the time in the past week.

In Scotland,

- The loneliest age groups are our oldest (those aged 75+) and our youngest adults (16-24 year olds) residents.
- Those in the most deprived areas are over twice as likely to experience feelings of loneliness.
- Disabled people are over twice as likely to experience loneliness as non-disabled people.



Delegates had access to presentations which explored the context of loneliness and isolation policy, research and interventions.

- [Scottish Government Minister, Kaukab Stewart MSP – Recovering Our Connections 2023-26](#)
- [Befriending Networks, Susan Hunter – Loneliness, Isolation and Social Connection](#)
- [NHS Highlands, Jennifer Davies – Loneliness and Public Health](#)
- [Befrienders Highland, Judith Robertson – Befriending as an intervention for social connection.](#)

Definitions

- **Social isolation** is the absence of social interactions and connections with other people. It can be voluntary or involuntary. It is ok to like to be alone or in solitude. (Wigfield, 2024)
- **Loneliness** is an emotional feeling, when you have a lack or loss of companionship. There is a discrepancy between the quantity and quality of social relationships that you have, and those you want. (Wigfield, 2024).
- **Chronic loneliness** is harmful to physical and mental health. Chronic loneliness can be associated with the persistence of the feeling, the frequency of the feeling, and the intensity of the feeling of loneliness. (Wigfield and Ypsilanti, 2024)
- **Social connection** is an umbrella term to describe how people relate to and interact with each other. This includes the structure, function and quality of the relationship. (World Health Organisation, 2025)



6. Methodology

The findings in this report are derived from facilitated discussions across multiple small groups during the conference. Reflecting on the stimulus provided by keynote speakers and from their own experiences, each group addressed a common set of guiding questions relating to:

- Current challenges and barriers
- Effective practices and existing initiatives
- Gaps in provision
- Policy recommendations for local and national stakeholders

Notes from these discussions were recorded by group note-takers, compiled by the event organisers, and analysed to identify recurring themes, consensus positions, and divergent perspectives.

7. Groups at Increased Risk of Loneliness

Older Adults

Older people living alone, particularly in remote areas, were identified as one of the groups most vulnerable to chronic loneliness. Reduced mobility, bereavement, and loss of local services contribute to their isolation.

Young People

Young people were also identified as an emerging at-risk group, with concerns raised about declining social skills, increased reliance on digital communication, and limited opportunities for in-person social engagement in rural areas. Participants noted a 'loss of hope', changing social norms, increased mental ill-health and a mismatch between online social networks and quality social connections.

'Easy to ignore' Groups

Unpaid carers, individuals with disabilities, migrants, and people living in very remote communities were described as 'hidden' populations who may not be able to engage with traditional support services. There was a view that these groups were 'easy to ignore' rather than 'hard to reach' but do need services designed in inclusive, accessible and informed ways which remove barriers. Specific industries were also noted in that discussion where there was a view that isolation and loneliness may be more prevalent in the following industries: fishing, farming, and forestry.



8. Key Challenges Identified

Stigma

Participants identified stigma, associated particularly with loneliness, as causing both under-reporting of loneliness and a reluctance to seek help or engage in social opportunities. The ability to identify and name the emotion of unwanted loneliness can be difficult and may be compounded with other wellbeing factors such as low self-esteem, confidence, or anxiety. In a small community the stigma of being seen to need help and support can be further isolating factors.

Geographic Isolation and Rurality

Participants consistently identified rural geography as a defining factor shaping social isolation in the Highlands. Long travel distances, dispersed populations, and limited access to services contribute to reduced social contact and difficulties accessing support and/or services.

Transport Limitations

Transport was described as one of the most significant practical barriers to social participation. Limited public transport routes, infrequent services, and high travel costs prevent many individuals, particularly older adults and those on low incomes, from accessing social and community activities. The new £2 cap on the cost of journeys may help to alleviate this.

Digital Exclusion

While digital services are increasingly used to deliver information and social opportunities, many communities in the Highlands experience unreliable connectivity or lack digital skills. The transition away from landline communication has further increased vulnerability for some residents. Digital and automated services for shopping and banking have also reduced opportunities for social interactions.

Fragmented Information and Services

Participants reported that individuals often struggle to identify available support due to fragmented information systems and outdated service directories. This results in underutilisation of existing services and inefficiencies in referral pathways. Practitioners explained awareness of other organisations but did not have specifics of what services they were currently able to provide.



9. Funding and Resource Constraints

Long-term planning and making sustained interventions across all sectors was felt to be hampered by current funding conditions and constraints on available resources. Specifically:

Short-Term Funding Cycles

Short-term project funding was identified as a systemic barrier to effective service delivery. One-year funding cycles limit the ability of organisations to plan strategically, retain staff, and build long-term relationships with service users. It creates a changing landscape of services which are available to the community, to professionals to signpost, and for volunteers to support. Participants highlighted the significant administrative effort required to apply for and report on multiple funding streams, diverting time and resources away from frontline service delivery.

Lack of Strategy

The lack of an overall strategy to respond to loneliness and social isolation means there is little awareness of who is doing what across the Highlands, recognising what is working well, and where potential gaps and duplication exist. Funding structures were seen to encourage competition rather than collaboration among third sector organisations, undermining collective efforts to address both loneliness and social isolation. There was desire amongst conference delegates to be collaborative, to work in partnership, to avoid duplication, and to take coordinated approaches to best serve communities.

10. Service Delivery and System Integration

Role of the Third Sector

Third sector organisations were widely recognised as delivering essential, community-based support that is often more accessible and trusted than statutory services. However, participants expressed concern that these organisations are undervalued within formal health and social care systems.

Integration with Health Services

Although referral pathways from health services to community organisations exist in some areas, they are often inconsistent and lack reciprocal communication. This limits continuity of care and reduces opportunities for coordinated support.



Preventative vs Reactive Approaches

Participants observed that current systems are heavily weighted toward crisis response rather than early intervention. This reactive approach was viewed as both less effective and more costly in the long term. The policy landscape which was presented by the Director of Public Health included the Scottish Government's Population Health Framework and Public Sector Reform. These include primary, secondary and tertiary prevention policy commitments but were yet to be felt, by conference delegates, consistently in practice.

11. Effective Practices and Community Assets

Community-Led Initiatives

Participants highlighted numerous examples of successful local initiatives, including social groups, arts and cultural programmes, and informal peer support networks. These initiatives were regarded as being most effective when locally led and responsive to community needs. From some delegates there was desire for valuing initiatives which operate at the 'hyper-local' level.

Social Prescribing and Link Working

Social prescribing was identified as a promising model for connecting individuals to community-based support, particularly when link workers have strong knowledge of local services and adequate capacity to provide follow-up support. Some did recognise that this may be more challenging in very rural areas. There was also insight shared that for some individuals the greatest barrier is stepping through the door of the service, so whilst linking and signposting can take place it does not always result in the person taking up the opportunity.

Importance of Physical Community Spaces

Access to welcoming and accessible community spaces was seen as critical to sustaining social interaction and community cohesion. For these spaces to be intergenerational was also considered important. The loss of local facilities such as post offices, pubs, and community halls was identified as a contributing factor to increasing isolation.



12. Recommendations

Strategic and Funding Recommendations

1. Develop a 10-year public health plan for alleviating loneliness in Highland communities which has been co-created between the voluntary and community sector, NHS Highland, and other public bodies.
2. Create a leadership role which will champion Social Isolation and Loneliness in Highlands within NHS Highland board and/or Highland Council.
3. Commit to multi-year funding arrangements for community-based programmes addressing social isolation and loneliness which can create stability, sustainability and longer-term impact and outcomes.
4. Work with funders to prioritise the continuation and scaling-up of proven initiatives which alleviate loneliness and address social isolation.
5. Develop funding mechanisms that incentivise and support collaboration rather than competition between organisations, achieved through effective commissioning and facilitated thematic networks.

Information and Awareness

1. Develop and maintain a single, regularly updated directory of community services accessible to both professionals and the public. ALISS was cited as a tool which can be beneficial with greater coordination and use.
2. Implement public awareness campaigns to reduce stigma associated with loneliness and which will encourage help-seeking; alongside a wellbeing education campaign to understand, identify and respond to loneliness before it becomes chronic.
3. All partners should consider loneliness and isolation across the life course and the opportunities to take an intergenerational response.



Local Infrastructure: Transport, Digital and Physical Spaces

Infrastructure for people and place were regarded as essential components for communities to thrive and as enablers to social connection.

1. Improve rural transport provision to enable participation in social and community activities, this would include leadership and coordination with voluntary and community sector and the services that communities need to be able to use.
2. Consider transport accessibility as a core component of social inclusion and public health policy.
3. Invest in digital infrastructure in rural areas while maintaining non-digital service options for those unable or unwilling to engage online.
4. Provide community-based digital skills training to support inclusion.
5. Map the availability of community-gathering spaces and prioritise areas where there are gaps in provision.

Integration Across Sectors

1. Strengthen partnerships and coordination between health services, local authorities, and the voluntary and community sector through shared planning, joint commissioning, and improved referral pathways.
2. Embed social isolation and loneliness screening within routine health and social care assessments.
3. Collaborate with existing infrastructure in nature, arts, sport, environment which can create the conditions for social connection and are essential to primary prevention.
4. Establish a coordinated volunteer recruitment campaign, highlighting the benefits of volunteering for social connection.



13. Conclusion

Addressing social isolation and loneliness in the Highlands requires recognition that rurality fundamentally shapes both risk factors and service delivery challenges. Policy responses must therefore be flexible, locally informed, and supported by long-term investment.

A coordinated approach across government, health services, and community organisations is essential to ensure that resources are used effectively and that individuals can access timely and appropriate support.

The conference discussions highlighted both the scale of social isolation and loneliness in the Highlands and the strong foundation of community-led activity already in place to address it. However, systemic barriers, particularly short-term funding, transport limitations, and fragmented service coordination continue to limit the effectiveness and sustainability of these efforts.

A strategic shift toward prevention, partnership, and long-term planning is required to create resilient and socially connected Highland communities.



Image 3: Delegates networking to share experiences and learning

Appendix 1: Conference Agenda



Social Isolation and Loneliness in the Scottish Highlands

Conference Agenda

10 March 2026, 10am - 3pm

10:00	Registration and Refreshments
10:30	Welcome and Introductions - Judith Roberston, CEO Befrienders Highland
10:50	Loneliness and Social Connection - Susan Hunter, CEO, Befriending Networks
11:10	Ministerial Address, Kaukab Stewart MSP, Minister for Equalities (by video link)
11:20	Discussion Groups
11:50	Keynote Presentation: Jennifer Davies, Director of Public Health, NHS Highland
12:30	Lunch and Networking
1:30	Responding to Loneliness - Judith Robertson, CEO Befrienders Highland,
1:50	A conversation with Volunteer Befrienders - Cath, Morris, and Susan
2:05	Discussion Groups
2:45	Event Plenary and Close




Appendix 2: Delegate Organisations

Age Scotland	Highland Third Sector Interface
Albyn Housing Society	Impact Funding Partners
Badenoch Shinty Memories Group	LEAP Sports Scotland
Befrienders Highland	MECOPP (Gypsy Travellers Community Health Team)
Befriending Networks	Mikeysline
Black Isle Cares	Myself-Management
Centre for Rural Ministry	NHS Highland
Chest Heart and Stroke Scotland	North Coast Helping Hands
Clachnacuddin Football Club	Red Chair Highland
Combat stress	Soirbheas Glens Befriending
Connecting Carers	The Bradbury Centre
CrossReach	The Highland Council
Eden Court	Urram
Forres Area Community Trust	Vector 24
Feis Rois	Visiting Friends
Generations Working Together	Voluntary Health Scotland
Highland Hospice	



Appendix 3: Summary of Evaluation feedback.

- 79% of delegate left the event with new ideas for responding to social isolation or loneliness.
- 62% of delegates strongly agreed (and 38% agreed) that the event brought together groups and organisations in the Highlands who are working to reduce social isolation and loneliness, and to build understanding of what others are doing and build connections between them.
- 59% of delegates strongly agreed that the event increased the profile of social isolation and loneliness in the Highlands.
- 89% of delegates agreed that the event brought a range of different stakeholders to the discussion to increase understanding of the impact of befriending interventions, and stimulate support for further investment in befriending.
- 100% of delegates agreed that the event used recent data on social isolation and loneliness in the Highlands to encourage action to support public health and improve joint working across different sectors.



Appendix 4: Signposting and further reading

Further Reading

Scottish Government (2023) – [Recovering Our Connection 2023-26](#)

CHSS and Befriending Networks (2025) – [Manifesto for Social Connection 2026](#)

World Health Organisation (2025) – [From Loneliness to Social Connection: charting a path to healthier societies](#)

Scottish Government (2025) – [Population Health Framework](#)

Public Health Scotland (2026) – [Public Health Approach to Prevention](#)

Signposting

Befriending Networks – www.befriending.co.uk

Campaign to End Loneliness – www.campaigntoendloneliness.org

Tackling Loneliness Hub – www.tacklinglonelinesshub.org

Loneliness Awareness Week – www.lonelinessawarenessweek.org



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