

Loneliness Learning Programme

Welcome!

Use this workbook to follow the structure of the course and to aid your participation in the activities.

This workbook contains information and frameworks that you can refer to in the future.

About us

The Campaign to End Loneliness believes that people of all ages need connections that matter.

We've been experts in the field of loneliness and connection since 2011 and our vision is that everyone can live a life free from chronic loneliness.

We do this by developing the evidence on loneliness to make a practical difference; bringing together the community of organisations who care about the issue; and making the case for action on loneliness across society.

@EndLonelinessUK

Learning Objectives

The Loneliness Learning Programme has been designed to increase your understanding of loneliness and equip you with the practical skills and knowledge to identify and take action on addressing loneliness amongst patients and visitors.

The overall learning objectives for this course are centred around 4 sessions:

1. **Introduction to loneliness:** Understand the individual, subjective nature of loneliness and the difference between loneliness and isolation.
2. **Understanding how loneliness is caused and experienced:** Understand the key triggers and risk factors for loneliness.
3. **Addressing loneliness:** Talking about loneliness and identifying ways in which we can better support people at risk of loneliness in our own community and workplace.
4. **Self care in the workplace:** Tips for managing stress, addressing workplace loneliness, and the five ways to wellbeing.

Session 1: Introduction to loneliness

Definition of loneliness

Loneliness is an emotional response to an unwanted situation. We can all feel lonely, regardless of our age or background.

The definition of loneliness that we use is:

“Loneliness is a subjective, unwelcome feeling of lack or loss of companionship, which happens when there is a mismatch between the quantity and quality of the social relationships that we have, and those that we want.” (Perlman and Peplau, 1981)

The causes and how people respond to loneliness vary from person to person. Loneliness is located in the individual and how they feel. Everyone will have a different experience and reason for why they feel the way they do.

Types of loneliness

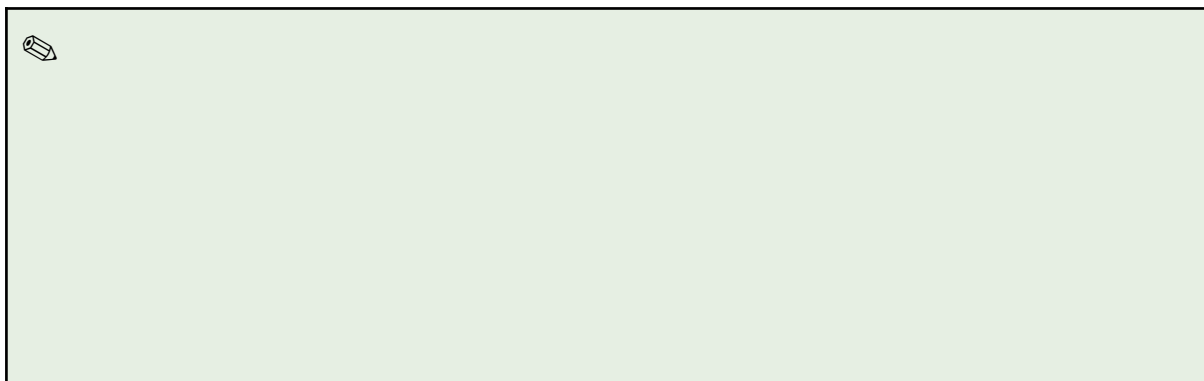
There are different types of loneliness: social, emotional and existential loneliness. These can overlap and be experienced to different extents at different times.

Social loneliness: the absence of a satisfactory network of friends, family or community.

Emotional loneliness: the absence of a significant other with whom a close attachment or meaningful relationship exists, such as a partner or close friend.

Existential loneliness: this refers to an experience of feeling entirely separate from other people, often when confronted with a traumatic experience.

What thoughts, feelings, or situations come to mind when you think of someone being lonely?



Loneliness vs social Isolation

Unlike loneliness, social isolation is a relatively objective measure of the number of relationships someone has. It is also not necessarily a negative experience.

Social isolation can increase the likelihood of social loneliness, but it is possible to be isolated without being lonely, and it is possible to be lonely without being isolated.

Activity

Consider these 3 case studies. Based on what you have learned so far, do you think they are likely to be socially isolated, socially lonely, or emotionally lonely?

<p>Max (age 73) has lived alone for five years since his wife died.</p> <p>He often chats with other people in the community, although he would like to get to know more people.</p> <p>His daughter lives in another part of the country and he talks to her when he needs emotional support. Knowing she understands him makes him feel seen.</p> <hr/> <p>Is Max...</p> <p><input type="checkbox"/> Socially isolated?</p> <p><input type="checkbox"/> Socially lonely?</p> <p><input type="checkbox"/> Emotionally lonely?</p>	<p>Gloria (age 22) is six months into her first pregnancy.</p> <p>She doesn't know anyone else nearby who is pregnant or who has a baby.</p> <p>Although her friends living close by are kind to her and they do nice activities together, she feels they do not understand what she is going through or that she could ever attempt to explain.</p> <hr/> <p>Is Gloria...</p> <p><input type="checkbox"/> Socially isolated?</p> <p><input type="checkbox"/> Socially lonely?</p> <p><input type="checkbox"/> Emotionally lonely?</p>	<p>Simone (age 65) had a long career which took her around the world and she is now happily retired in the countryside.</p> <p>She smiles and waves at her neighbours when she sees them, but she is content with not getting to know them.</p> <p>Her sister and nieces are a few hours away. She looks forward to seeing them on special occasions and having heart-to-hearts, but she doesn't need them regularly.</p> <hr/> <p>Is Simone...</p> <p><input type="checkbox"/> Socially isolated?</p> <p><input type="checkbox"/> Socially lonely?</p> <p><input type="checkbox"/> Emotionally lonely?</p>
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Degrees of loneliness



Although we often say that someone is lonely, there are differences in frequency and duration, as well as intensity.

Loneliness may be an occasional, transient feeling that someone can manage. In fact, an intensity of feeling that is short lived may helpfully motivate individuals to reconnect with other people.

When we feel lonely often or always, this is defined as chronic loneliness. This long standing nature of loneliness can inhibit our social connections and cause harm.

Activity

Consider these 2 case studies. Based on what you know, do you think the loneliness described is chronic or transient?

<p>Bhavik, 28, is a junior doctor from Brighton. He has just moved to Leeds to complete this training. He doesn't know anyone in the city and works very long hours so he doesn't have much capacity to meet new people.</p> <p>He often spends his time-off alone, watching movies, and he has gradually slipped out of regular communication with many of his friends back home.</p> <p>However, he loves cycling and he is excited to rejoin his cycling club when he moves back to Brighton next year.</p>	<p> <i>Chronic loneliness or transient loneliness?</i></p>
<p>Christina is 84 and has lived alone for 7 years since the death of her husband.</p> <p>Her daughter lives far away and although they keep in touch over the phone, they only really see each other once a year at Christmas.</p> <p>Christina is physically mobile but has had a few falls in the past few years, which has shaken her confidence and she doesn't often leave the house.</p>	<p> <i>Chronic loneliness or transient loneliness?</i></p>

How does loneliness affect people?

Loneliness can have negative effects on our: feelings, mental health, physical health, and our social interactions and behaviour.

These effects might not be experienced all at once. They can occur to varying degrees and in varying combinations.

The effects of loneliness
<p>Feelings</p> <p>Loneliness can evoke distressing and negative feelings, such as fear, sadness, emptiness, and helplessness.</p> <p>We can also feel abandoned and not understood by others.</p>
<p>Behavioural</p> <p>Loneliness can affect the way we interact with other people. For example, we may withdraw from others and avoid social situations, which can in turn increase our feelings of loneliness.</p> <p>Daily routines and self-care can also become harder to maintain when we don't have the social support around us.</p> <p>The psychological and behavioural effects of loneliness are closely linked.</p>
<p>Mental health</p> <p>Loneliness can affect how we think and feel about ourselves and the world around us.</p> <p>The psychological effects of loneliness can include a loss of self confidence and self-esteem, increased sensitivity to social rejection, and an increased risk of stress, depression and anxiety.</p> <p>Although loneliness is not a mental health problem in itself, feeling lonely can affect our mental health, and having a mental health problem can increase our likelihood of experiencing loneliness.</p>
<p>Physical health</p> <p>Chronic loneliness, when someone says they feel lonely <i>often</i> or <i>always</i>, is linked to health risks including:</p>

- Poor cardiovascular function, such as high blood pressure
- Increased risk of coronary heart disease
- Impaired immune system
- Increased progression of frailty
- Increased risk of dementia
- Decreased memory and learning
- Struggle in fighting off smaller illnesses (due to increased stress levels)

The impact of loneliness on wider society

There is also growing evidence about the knock-on effects of loneliness on wider society and the economy.

Social care and healthcare

Research indicates that lonely people need more social and healthcare than they otherwise would. For example:

- Older patients living alone are 50% more likely to access emergency care services and:
- 40% more likely to have more than twelve GP appointments per year.

(Dreyer K, Stevenson A, Fisher R, and Deeny SR, 2018)

Productivity

The cost of loneliness to UK employers has been estimated to be £2.5 billion every year. These costs are primarily due to:

- Increased staff turnover
- Lower wellbeing and productivity
- The impact of caring responsibilities
- Ill health and associated sickness absence

(Co-op and New Economics Foundation, *Cost of loneliness to UK employers*, 2017)

Can you think of other ways that loneliness might impact wider society?



Session 2: Understanding how loneliness is caused and experienced

What puts someone at risk of loneliness?

We can all experience loneliness at any age or stage in our lives. However, there are a range of factors that can increase someone's risk of experiencing loneliness:

- A. Personal characteristics and circumstances
- B. Structural factors
- C. Psychological factors
- D. A precipitating event



A. Personal characteristics and circumstances

There are a range of individual characteristics, living situations and circumstances that can predispose people to loneliness and/or intensify feelings of loneliness when it occurs.

Age	Healthy and mobility	Social care needs
Housing status, e.g homelessness	Financial status and security	Cultural norms
Gender	Migration status	Ethnicity
Social skills	English language skills	Marital status, e.g being divorced or widowed
Sexual orientation	Providing unpaid care	

B. Structural risk factors

The environment in which we live, including economic and social contexts, can increase or intensify feelings of loneliness. This is what we mean by structural risk factors. Structural risk factors include:

Local services and infrastructure

Fewer or lower quality local services, including public transport, community centres, affordable housing, care support, childcare, and social services.

Buildings and shared spaces

Poor physical or isolating environments, such as the buildings and streets where we live and work not providing adequate opportunities for safe and informal connection.

This can also include spaces being physically inaccessible or unwelcoming, such as buildings without step-free access or gender neutral facilities

Social and cultural norms, attitudes and perceptions

Some social and cultural norms pre-dispose people against social connection. For example, some people report feeling a decline in community spirit, which is compounded by the rise of digital and online engagement.

The stigma of loneliness and our reluctance to open up and talk about how we are feeling can also make it harder for us to reach out and establish the connections we want and need. People might even think they are undeserving of support, or feel reluctant to seek help in fear of wasting someone's time.

Societal expectations about ages and stages of what life 'should' look like when we are going through particular life transitions can also worsen feelings of loneliness by amplifying the mismatch between the connections we want and those we have.

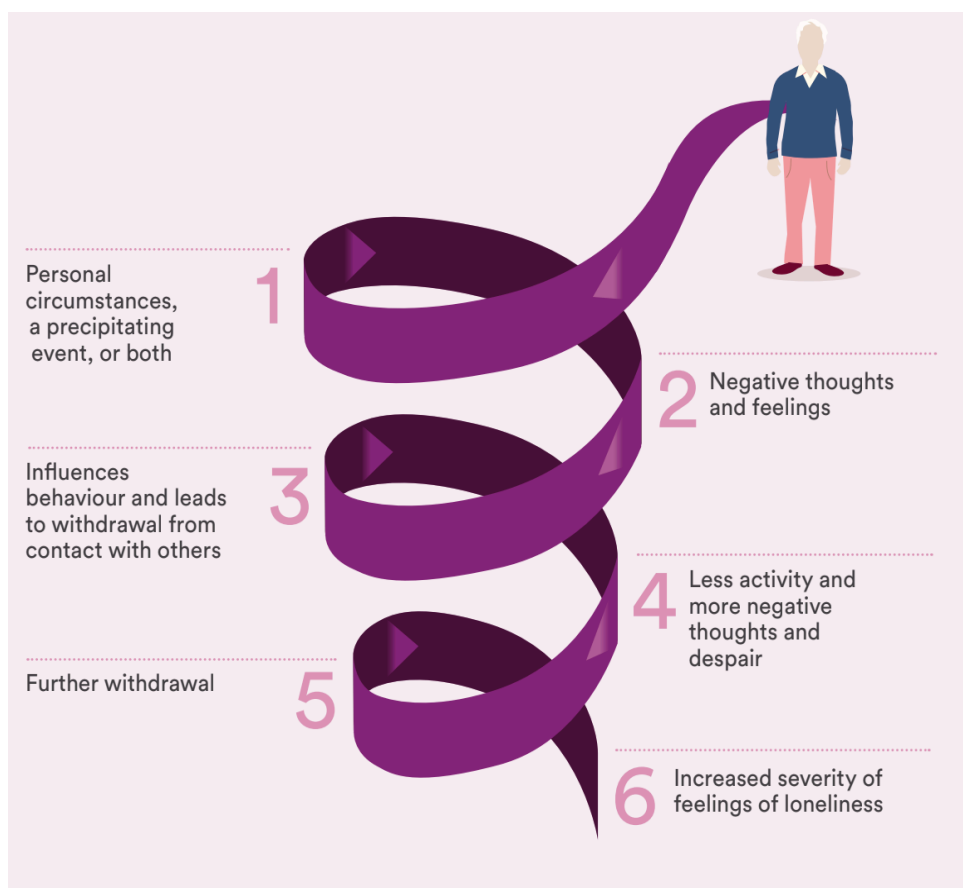
C. Psychological risk factors

People describe thoughts and feelings of loneliness with words like anxiety, fear, shame and helplessness. These powerful emotions can influence how we act.

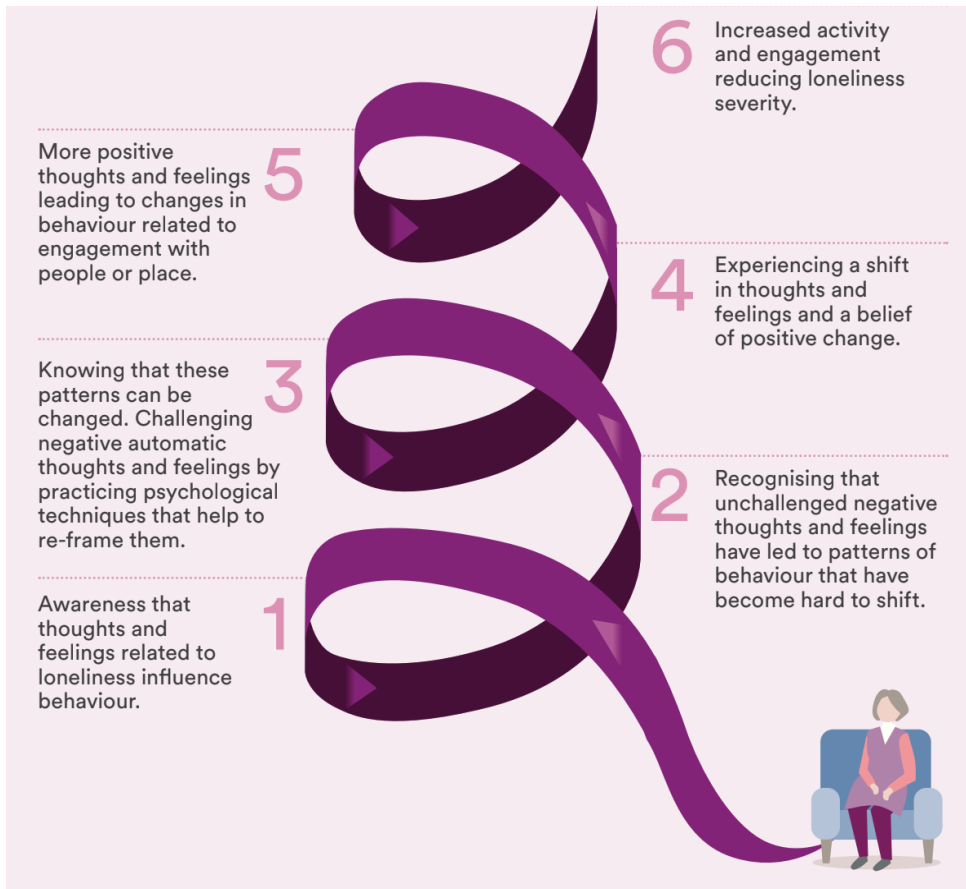
Behaviour linked to loneliness can in turn set off a **downward spiral** of more negative thoughts and despair, leading to more intense feelings of loneliness and more prolonged periods of isolation.

The same process can be made to work in reverse to produce positive change. Various psychological approaches are designed to bring about changes in thoughts, feelings and behaviours and thereby generate an **upward spiral** out of loneliness.

Downward spiral of loneliness



Upward spiral out of loneliness



Mental health: stress, depression and anxiety

Although loneliness is not a mental health problem, being lonely can put us at greater risk of having a mental health problem and vice versa. Depression and anxiety are strongly associated with loneliness and play a role in predisposing, precipitating and perpetuating it.

Loneliness is both a cause and contributor to depression, and when loneliness and depression coexist, there is an increased risk of early mortality.

Loneliness can raise our levels of cortisol (a stress hormone) due to the distressing emotions that often come with it, further compounding the ill effects on our mental health, and potentially affecting our ability to seek support.

Social anxiety has been found to be a particularly important risk factor for loneliness, as this common type of anxiety disorder can cause overwhelming fear of everyday social situations, making it harder for us to make and maintain the connections that are important to us,

The relationship between loneliness and mental health problems means that by alleviating one we may be able to reduce the other.

Social cognition

Cognitive biases are ways of thinking about the world that may not reflect reality. This is an important psychological factor associated with loneliness and describes how people perceive or make sense of social situations.

- Loneliness can make us anticipate or interpret social situations differently and more negatively. For example: being more fearful, more sensitive to social rejection cues, fearful of being a burden to others, being distrustful of others.
- This perception of social situations can make people avoid others and withdraw further and make loneliness more likely to become chronic or severe.
- A social cognition bias affects the way we perceive and interact with our social network in a way that increases the risk of loneliness.

Attributional Styles

This describes how someone understands the reason for their loneliness and how they explain it to themselves. External, variable attributions leave room for a clear way out of loneliness.

- People who are lonely are more likely to believe the cause of their loneliness is internal (to do with themselves) rather than external (to do with the situation they are in). This can affect confidence, self-esteem and self-efficacy.
- People who are lonely are more likely to see their loneliness as stable and unlikely to change. These feelings can have an impact on motivation.

For example:

- *I'm lonely because I've just chosen to move to my retirement home and I haven't had time to meet other people*
- *I'm lonely because I'm too busy with work and looking after my children to make friends*

Coping Styles

Your coping style is the way you deal with difficult situations.

- People with an emotion-focused coping style tend to respond to situations by trying to manage their emotions.
- People with a problem-focused coping style tend to direct their energy towards dealing with their problems.

For example:

- Someone with an emotion-focused coping style might respond to loneliness by lowering expectations about relationships or trying to deny their feelings when they have difficult emotions. This makes a person's loneliness **more likely to become chronic**.
- Someone with a problem-focused coping style might respond to the early signs of loneliness by improving relationships or seeking external help. This is associated with **lower levels of loneliness**.

Self-esteem and self-efficacy

Self-esteem is how we perceive our own self-worth. Self-efficacy is the belief in our ability to succeed in specific situations or accomplish a task.

- Having low self-esteem and poor self efficacy makes someone less likely to go out and make meaningful friendships and so increases their risk of loneliness.
- Conversely, having a high self-esteem and self-efficacy can help to overcome feelings of loneliness

Personality traits

Some personality traits are linked to the likelihood of loneliness in later life:

- **Neuroticism**: the tendency to easily experience psychological distress and have difficulty regulating emotions

Some personality traits are associated with decreased risk of loneliness in later life.

- **Conscientiousness**: the tendency to be careful, diligent and organised, including in obligations to others.

Early life experience

Negative childhood experiences can increase your risk of loneliness, such as conflict between parents, bullying and economic hardship.

Internalised ageism

Our own attitudes to ageing can affect our loneliness. If people expect to be lonely in later life they are more likely to be lonely. It becomes a self-fulfilling prophecy.

D. Precipitating events

Life events and transitions can be triggers for loneliness, such as:

- Bereavement
- Changing or moving jobs
- Moving to a new area
- Having children
- Divorce
- Retirement
- Experiencing discrimination



Can you think of other life events that might increase someone's risk of experiencing loneliness?

A large, empty rectangular box with a black border, intended for writing answers. In the top left corner of the box, there is a small, simple line drawing of a pencil.

Activity

Consider these case studies and identify the risk factors for loneliness. Do you think their loneliness is likely to become chronic?

Example:

<p>Charlie (79) from Cambridge has just moved into a care home because of his mobility problems.</p> <p>The home is further away than his family had hoped, making it difficult for them to visit regularly.</p> <p>He is LGBTQ+ and is finding it difficult to connect with others in the care home.</p> <p>He has asked his carer about activities he can attend to make new friends.</p>	<p>What are the personal risk factors?</p> <p>_____</p> <p><i>LGBTQ+</i></p> <p><i>Poor mobility</i></p>	<p>What are the structural risk factors?</p> <p>_____</p> <p><i>Lack of transport</i></p>	<p>Was there a precipitating event?</p> <p>_____</p> <p><i>Moving into a care home</i></p>	<p>Do you think their loneliness is likely to become chronic?</p> <p>_____</p> <p><i>Charlie's family struggle to visit him and over time this could lead to him feeling more lonely</i></p>
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<p>Pravina (45) separated from her husband recently and her only child moved to uni earlier this year.</p> <p>She is struggling being alone at home: missing her daughter and adjusting to all the free time. She considers herself 'privileged' and doesn't feel like she is a real case to get help.</p> <p>She feels like she will be lonely forever and she can't imagine meeting a new partner. Gradually it has affected her work performance.</p>	<p>What are the personal risk factors?</p> <p>_____</p>	<p>What are the structural risk factors?</p> <p>_____</p>	<p>Was there a precipitating event?</p> <p>_____</p>	<p>Do you think their loneliness is likely to become chronic?</p> <p>_____</p>
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<p>Albert (88) lives alone in a high-rise council building. He has limited mobility and finds it difficult to leave his flat.</p> <p>His friends from the estate have mostly passed away. However, Albert has an extroverted personality and has made a lot of effort to become friends with the family who have moved into the flat opposite.</p> <p>He regularly joins them for lunch and they take him on days out occasionally.</p>	<p>What are the personal risk factors?</p> <p>_____</p>	<p>What are the structural risk factors?</p> <p>_____</p>	<p>Was there a precipitating event?</p> <p>_____</p>	<p>Do you think their loneliness is likely to become chronic?</p> <p>_____</p>
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<p>Dani (14) is a young carer. She juggles looking after her mum who is disabled, with her schoolwork and other commitments at school.</p> <p>She doesn't want to tell her teachers or relatives she is carer because of fear of separation from her mother. Additionally, she barely has any time to see friends.</p> <p>Dani is conscientious: she gets good grades at school and still attempts to do extracurricular activities. She wants to go to university and get a good job so her mum will be looked after.</p>	<p>What are the personal risk factors?</p> <p>_____</p>	<p>What are the structural risk factors?</p> <p>_____</p>	<p>Was there a precipitating event?</p> <p>_____</p>	<p>Do you think their loneliness is likely to become chronic?</p> <p>_____</p>
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<p>Ava (76) has lived alone for 3 years since the death of her husband.</p> <p>She sees her son and granddaughters every other weekend, but she takes it hard when they are unable to visit due to other commitments.</p> <p>Throughout her life, she has experienced poor mental health and has taken antidepressants. This affects her self-esteem. She also doesn't want people to know she is lonely for fear of judgement and stigma.</p> <p>This means Ava feels unable to build meaningful relationships.</p>	<p>What are the personal risk factors?</p> <p>_____</p>	<p>What are the structural risk factors?</p> <p>_____</p>	<p>Was there a precipitating event?</p> <p>_____</p>	<p>Do you think their loneliness is likely to become chronic?</p> <p>_____</p>
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<p>Craig is approaching 55 and works on a construction site.</p> <p>His work is often unreliable and for many years he resolved to deal with money problems by himself. This was to alleviate the pressure on his wife and children.</p> <p>He finds it difficult to open up due to experiences he had as a child: there wasn't a culture of opening up in his family and he has always kept his problems to himself.</p>	<p>What are the personal risk factors?</p> <p>_____</p>	<p>What are the structural risk factors?</p> <p>_____</p>	<p>Was there a precipitating event?</p> <p>_____</p>	<p>Do you think their loneliness is likely to become chronic?</p> <p>_____</p>
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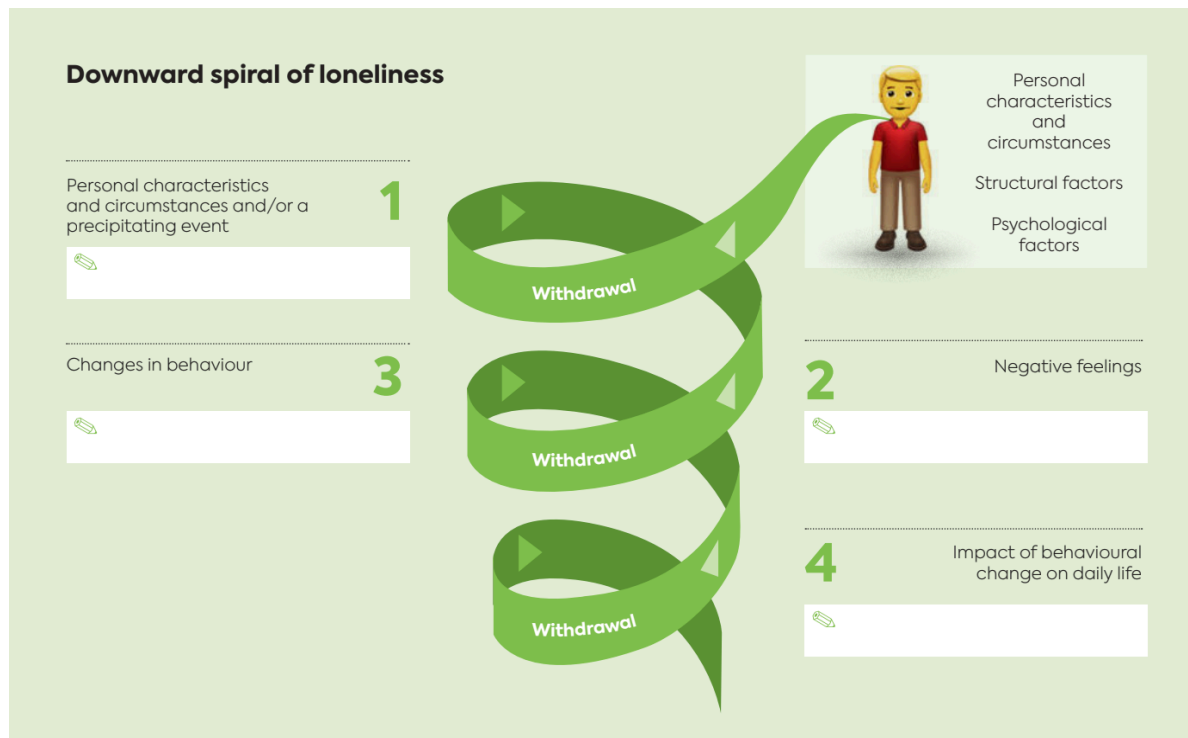
<p>Mahmoud (27) is a refugee who has fled his hometown in Libya and has recently come to the outskirts of Birmingham.</p> <p>He is currently waiting for asylum, living in a hostel with those in a similar situation. However, he does not know many people and has limited English skills.</p> <p>He'd like to go into town to meet more people from the Libyan community, but transport is too expensive.</p>	<p>What are the personal risk factors?</p> <p>_____</p>	<p>What are the structural risk factors?</p> <p>_____</p>	<p>Was there a precipitating event?</p> <p>_____</p>	<p>Do you think their loneliness is likely to become chronic?</p> <p>_____</p>
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<p>Daniel (40) has cerebral palsy and lives in a residential care home.</p> <p>He goes to his sister's house once a week for Sunday lunch, but he finds it difficult to socialise with her family as they are often on their phones and he doesn't feel listened to.</p> <p>At the care home, he finds it difficult to make new friends because he distrusts new people and doesn't open up. He tries to manage his expectations by telling himself he doesn't need friends.</p>	<p>What are the personal risk factors?</p> <p>_____</p>	<p>What are the structural risk factors?</p> <p>_____</p>	<p>Was there a precipitating event?</p> <p>_____</p>	<p>Do you think their loneliness is likely to become chronic?</p> <p>_____</p>
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Activity

In this session, we learned about how the effects of loneliness can interact with one another in a downward spiral of loneliness.

Use the downward spiral model as a formula to create an example case-study.



Notes



Session 3: How to address loneliness

We all have a role to play

We all have a role to play in tackling loneliness:

- As individuals, we can help by reaching out to others
- Organisations can support staff and act in their communities
- All parts of government can also ensure services find and support people at risk of loneliness.

Loneliness has been called the public health crisis of this generation. As a result, public and political attention on loneliness has sharpened and since 2018, there has been government loneliness strategies in England and Scotland. The loneliness strategy in Wales launched in 2020.

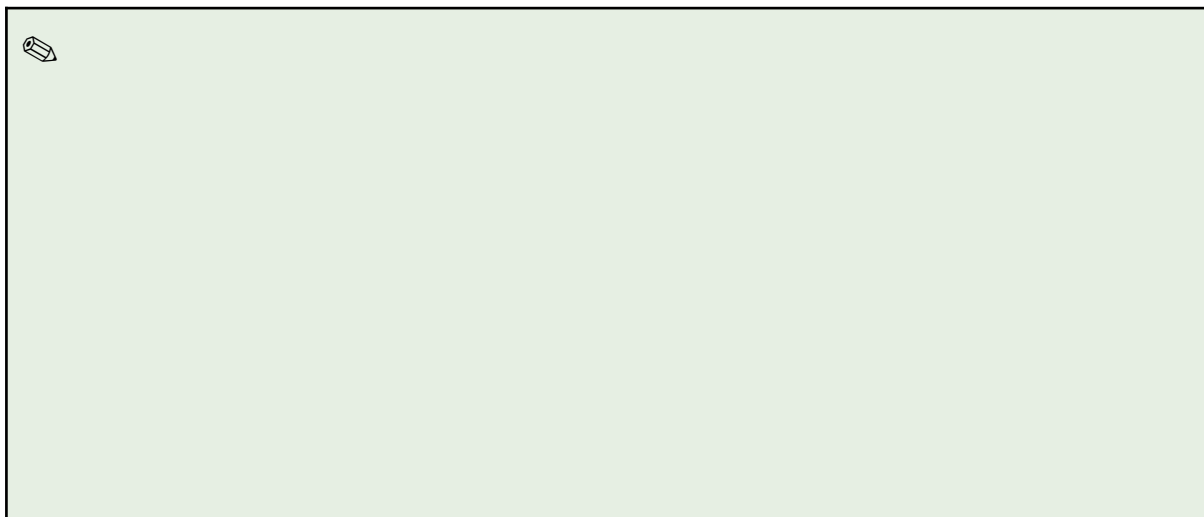
Looking out for loneliness

Loneliness can be difficult to spot as feelings of loneliness are personal and subjective, and people who are experiencing loneliness often don't want to say how they are feeling due to the stigma associated with it.

We should never assume that people are lonely, but some common signs to look out for include:

- They are frequently unwell
- They are experiencing increased tiredness
- They get stuck on the negatives
- They are spending more time alone
- They are less productive (particularly in relation to work)

Are there other potential signs of loneliness you have observed in patients?



Talking about loneliness and handling difficult conversations

There is no single best way of having a conversation about loneliness.

Asking people if they feel lonely can seem difficult and it can be tempting to avoid using the words 'lonely' or 'loneliness'. However, if the conversation is sensitively approached, and by reassuring people that loneliness is experienced by many people for different reasons, it is fine to ask about loneliness directly. People may even welcome the opportunity to talk about their feelings.

The sense of anxiety we might feel when asking someone about their feelings of loneliness, and not knowing how they might respond, is a very natural response. Some tips to help navigate these feelings include:

- **Keep an open mind:** reframing the conversation in our minds as an everyday chat, rather than something more daunting, can help the conversation flow more easily
- **Breathe:** the calmer you are, the better equipped you'll be able to respond to what the person is telling you in a calm and professional manner
- **Slow down and listen:** be comfortable with any silences and allow people the opportunity to share what they're feeling
- **Be empathetic and respond non-judgmentally:** it can be daunting for a person to say they are feeling lonely, so acknowledge their feelings and reassure them that you are listening and hear what they are telling you
- **Signpost:** listening to someone and making them feel heard and seen is very important, but you are not there to 'fix' the challenges they are experiencing. If appropriate, you can let people know about support organisations available and, with their consent, you can ask them if they would like you to make a referral to an appropriate organisation or link worker on their behalf
- **Look after your own mental health:** make sure there is someone else in your organisation you can talk with about the challenging conversation. Depending on what was disclosed to you, you may also need to follow the safeguarding policy for your workplace and follow support through more official routes

The small and friendly interactions we have on a daily basis are really important. In any conversation, a person can feel heard, empathised with, and respected. In listening and recognising another human being you are helping to alleviate loneliness.

Sometimes, someone might share with you that they would like to make changes to increase or improve their social relationships. You can reassure them and help them to take the first steps to reconnecting to the support they need.

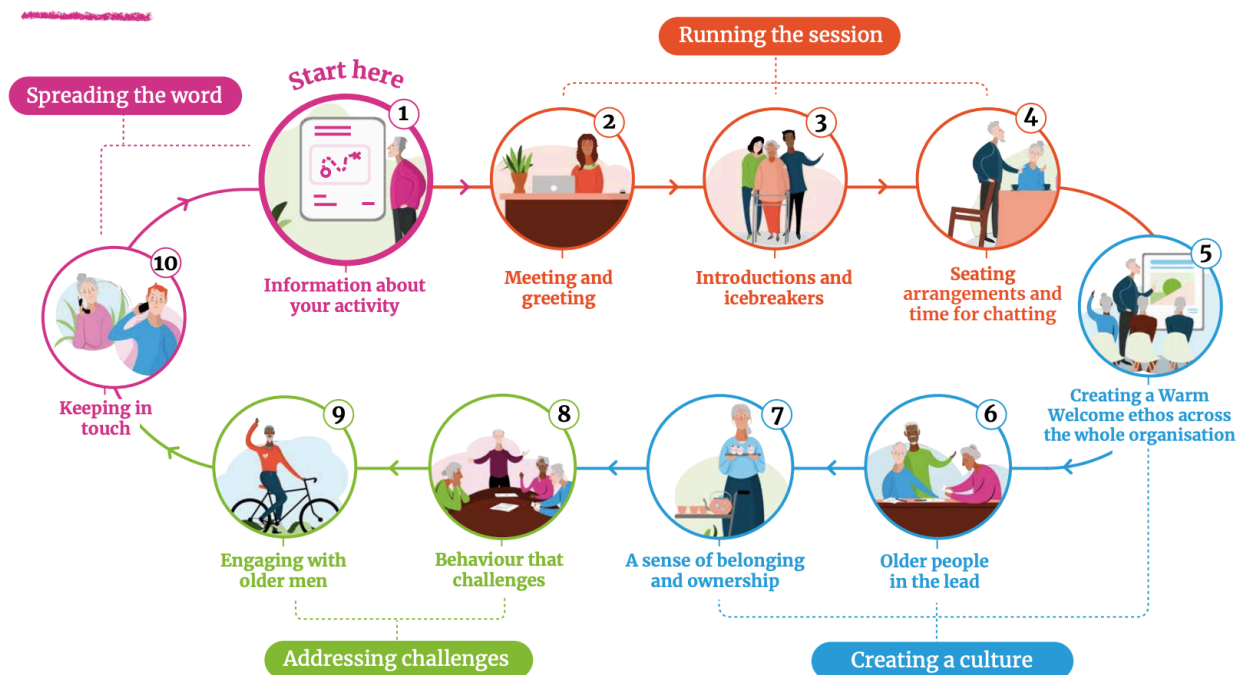
Creating an open and friendly environment

The **Warm Welcome** framework, developed by Ageing Better in Camden, highlights how being welcomed to a community activity can have a big impact on an individual's wellbeing and can determine whether they will return.

There were ten main elements for creating a Warm Welcome which encouraged social connection and a sense of belonging in an activity setting, but these can also be applied to public facing roles, particularly:

- Providing information: include details of where people need to go, what will happen when they get there, ensuring it is clear, accessible and informative
- Meeting and greeting: reception staff can define how welcome someone feels in a space - being greeted with a smile can put people at ease

Creating an open and friendly environment in your practice can help 'put at ease' patients who may be lonely.



If you or someone you know is feeling lonely

There are many different types of activities, services and initiatives available nationally and locally which can increase the quantity and/or quality of a person's relationships. You will find sources of support and signposting at the end of this workbook.

Supporting and maintaining existing relationships: We can encourage people to reach out to friends and family, sometimes a friendly chat can make a big difference. Alternatively, an email or a text can start a conversation with someone they may have lost contact with.

Group-based approaches: The range of support and services delivered in groups is very broad and includes groups that come together for purely social reasons as well as those that are interest or hobby-based.

Group-based activities can be particularly effective when they:

- are targeted at a specific group eg men
- focused on a shared interest or have an educational focus
- involve participants in running the group

While getting involved in groups can be an effective way of developing new social connections, it is not always easy for the loneliest individuals to integrate into new groups and activities, especially after a long period of isolation. People may need support and encouragement to attend and to continue attending.

Volunteering: volunteering is a good way to meet others and gives people the opportunity to participate rather than receive, and to engage in a socially valued role. It can give people a sense of purpose and identity, and these can be vital factors in how they feel about their social connections.

Social prescribing services within primary care can connect people to community groups and statutory services for practical and emotional support, via a link worker. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses. Social prescribing exists in several formats, with different names and its potential for reducing loneliness and isolation has been demonstrated.

Buddying/Befriending: One-to-one friendship provision can support older people who are unable to connect with existing relationships or have practical barriers, such as disabilities, that prevent them from getting out.

The most common form of one-to-one approaches are befriending services through which an older person is matched with a worker or volunteer who visits or telephones them on a regular basis, although there is also scope for greater use of technology in this area.

Befriending services are expanding to engage recipients in becoming befrienders and creating specialist models for particularly at-risk groups.

Providing psychological approaches/Mental Health support: Psychological support services should be made available to individuals experiencing loneliness who need help in changing their thinking about their social connections. Mindfulness, Cognitive Behavioural Therapy (CBT) and access to Improving Access to Psychological Therapies (IAPT) are evidenced to be effective at addressing loneliness and should be made available as an option to those experiencing loneliness. Bereavement support for those with complex grief can also be helpful as bereavement is a key risk factor for loneliness.

Managing loneliness alone

Some people find that reaching out to connect with others is the best way to deal with their loneliness while others will feel that they prefer to deal with their loneliness alone.

These are ways to manage feeling lonely alone, which you can suggest.

The first step is to encourage the person to notice and acknowledge that they are feeling lonely. Everyone will have a different experience of loneliness and different reasons for why they are feeling this way. You can then suggest they try the following:

Distraction from loneliness: doing things to distract yourself from your feelings can be a temporary way of coping with loneliness. Activities can include doing something creative, going outside and walking, reading, gardening, or listening to music.

Over time these interests can develop and it can be helpful to take time to plan the week to include doing something enjoyable. Looking forward to an event can be as helpful as enjoying the activity itself.

Spend time outdoors: Going outside regularly, be it in their garden or a walk to the park, library or a browse in charity shops, is a great way of feeling better and a part of the outside world. It can help people feel more connected to their neighbourhood and enjoy the natural world and local environment. Being outdoors in nature (or 'green and blue spaces') can have a positive effect on mood and wellbeing.

Focus on the good things in life: When we're feeling lonely we can sometimes get ourselves into a negative frame of mind. It can help to try and focus thoughts on the good things in life. Remembering happy times such as a holiday and thinking about the good things in your life will help you to stay in a more positive place.

Look after yourself: Prioritise looking after yourself, making sure you are eating healthily, being as active as you can and sleeping well.

Promising Approaches

'Promising Approaches' is a framework developed by the Campaign to End Loneliness, working with many public, voluntary and academic sector organisations. It helps us understand the different types of approaches to addressing loneliness and how they work together to create an effective response to loneliness.

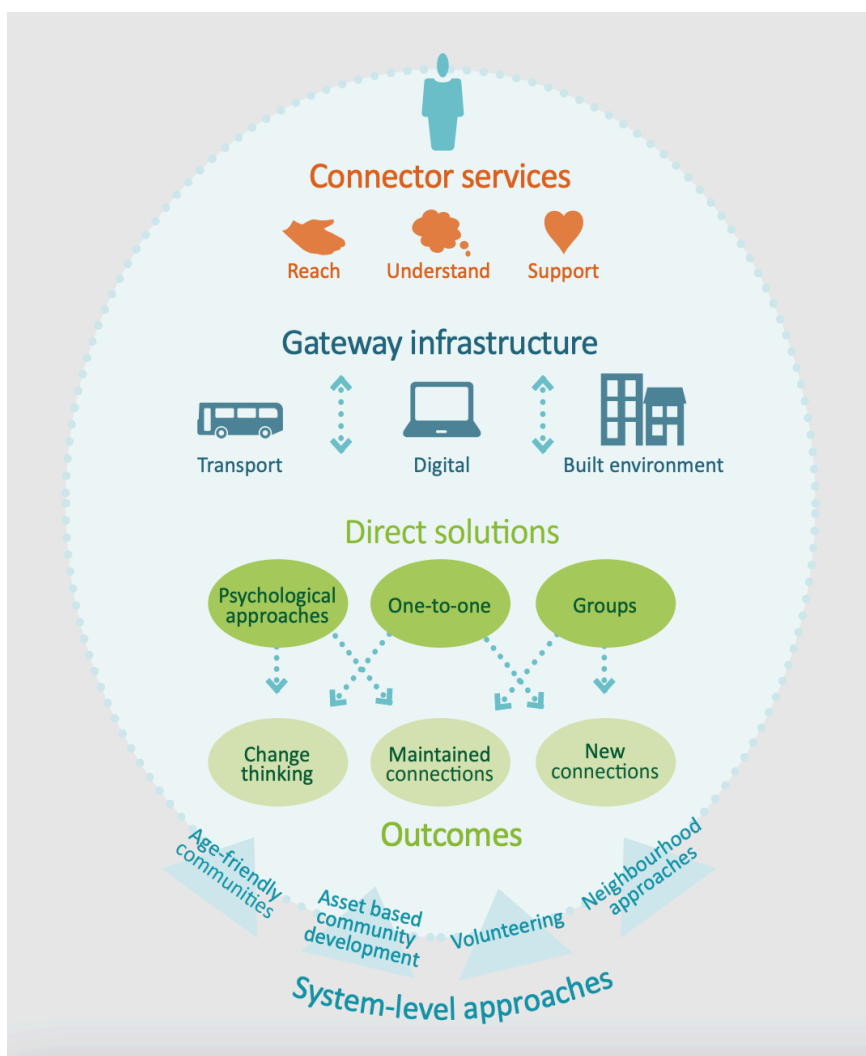
The two main building blocks of the Promising Approaches Framework:

- **Connector Services:** identifying individuals who are feeling lonely and connecting them to appropriate solutions.

- **Direct Solutions:** projects that help to match the person who is feeling lonely with the connections they want.

The enablers needed to make it happen:

- **Gateway infrastructure:** physical infrastructure needed in communities, such as transport, built environment and digital access, to support people to maintain existing relationships, and facilitate access to and enable smooth running of services
- **System-level approaches:** system-level approaches create the environment in communities which enables loneliness to be addressed. They are not interventions, but rather ways in which local authorities and other institutions can encourage and support communities to develop approaches, groups and activities. These approaches underpin community responses.



Where does your role sit within the Promising Approaches Framework?

Session 4: Self care in the workplace

Workplace loneliness

Good quality and meaningful connections at work is linked with higher wellbeing, greater engagement, and improved performance. If not addressed, loneliness can lead to:

- Higher rates of burnout, depression and anxiety
- Lower overall life satisfaction, work engagement and productivity
- Greater absenteeism and staff turnover
- Lonely employees withdrawing and appearing less approachable to their colleagues

Loneliness can affect us at any stage in our career, however there are some career transitions and life stages that might increase our risk of experiencing loneliness at work. This includes entry level employees and new starters, employees returning from a long period of absence such as sick leave or parental leave, employees promoted to a senior management position, and employees approaching retirement. Attention and support should be provided to help mitigate and address the risk of loneliness for these colleagues.

The Employers and Loneliness guidance (DCMS, 2021) identified five key areas for addressing loneliness in the workplace.

1. Culture and infrastructure
<ul style="list-style-type: none">• Embedding loneliness awareness as part of a broader wellbeing strategy• Taking organisation-wide approaches to improve job quality and wellbeing, and asking for input from colleagues• Helping to facilitate meaningful social connections at work, whether through social activities, cross-collaborative working groups, or training• Proactively asking employees about loneliness. This can help to gain a better understanding of how big an issue loneliness is, and also helps to open up a conversation about it, thereby challenging the stigma of loneliness• Workplace loneliness champions
2. Management
<ul style="list-style-type: none">• Ensuring managers are equipped with the skills and training to talk about and identify loneliness in an understanding and empathetic way• Ensuring managers know where to signpost people for support and guidance within the organisation (such as occupational health or an Employee Assistance Programme)

3. People and networks

- Support networks for colleagues who match those groups most at risk of loneliness (such as colleagues with caring responsibilities, or approaching retirement)
- Personal and professional networking (opportunities for colleagues to connect, share and learn from each other)

4. Work and workplace design

- Having space for one-to-one interaction and group discussion
- Good channels of communication and support (including for colleagues working remotely)

5. Role in the wider community

- Your connection within the wider community, and how you play a role in addressing loneliness
- Taking part in volunteering through work, thereby helping to come together whilst feeling good about giving your time

Case study: Re-engage

Re-engage works within communities developing social groups for older people who live alone and have limited or no social networks. Key features that they use to promote staff relationships and target loneliness include:

- REACH strategy champions - a group made up of staff at all levels to talk about health and wellbeing, as well as personal experiences
- Buddy system to support new and existing staff
- Interest groups (using MS teams) to talk about hobbies and interests - such as gardening and arts and crafts

Case study: Zurich's Evolving Programme

Zurich Community Trust has established the Evolving Programme which is aimed at supporting Zurich retirees. It provides them with the opportunity to use their valuable skills and experience developed at work in the community whilst also learning new ones. Employees who have given formal notice of their retirement can now take one paid half-day per week during the last six months of their employment to volunteer in the community. The programme helps employees approaching retirement better understand what type of activity might appeal to them once in retirement to ensure they remain socially active and involved.

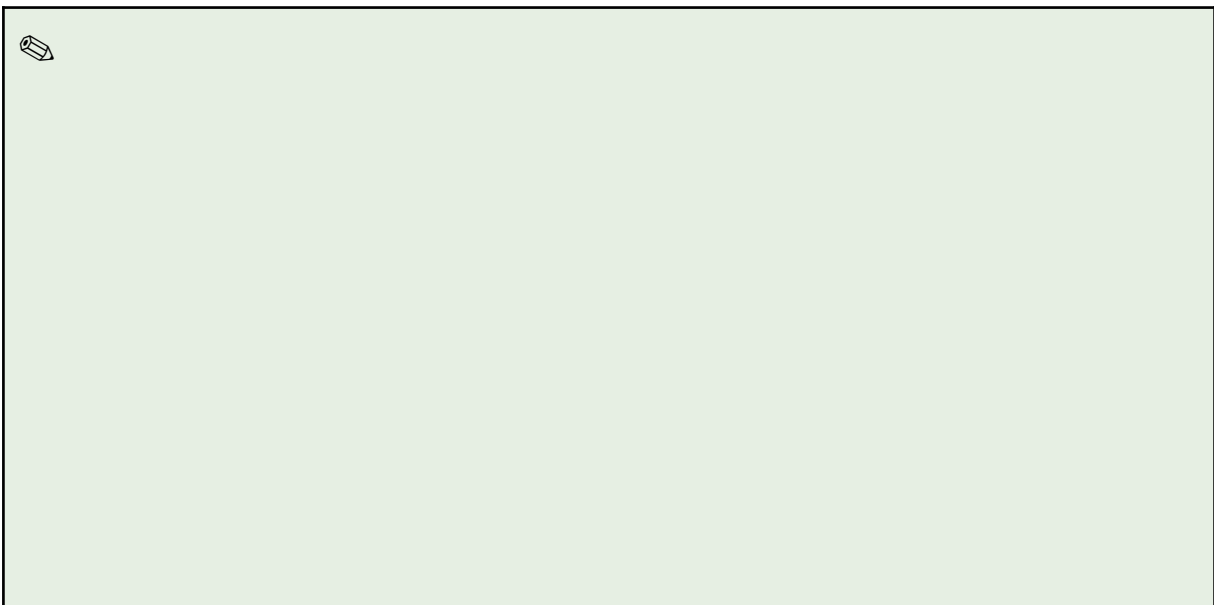
Case study: Age UK

Age UK promoted 'Happy to Chat' badges that staff could wear at the launch of the Jo Cox

Commission's loneliness report and have taken part in local 'Great Get Together' events. These events give staff a fun opportunity to socialise and encourage them to talk to staff they might not usually talk to.

Their commitment to inclusivity helps to foster a supportive environment and encourages people to reach out to one and other. They find that even on their staff intranet, there's a place for shop staff who are based over many different locations to interact with each other about their common interests.

What existing resources, tools, and support can you access to help mitigate the risk of loneliness at work? What action could you take within your own role to support yourself and colleagues who might be feeling lonely?



Managing stress

What causes us to feel stressed will vary from person to person. There might be one big event in our life which is causing us to feel stressed, or a combination of factors.

The UK Health and Safety Executive (HSE) defines work-related stress as:

The adverse reaction people have to excessive pressures or other types of demand placed on them at work.

Work-related stress can occur when people feel they don't have the resources or support to cope with these demands, such as:

- They are not able to cope with the demands of their job (**demands**)
- They are unable to control the way they do their work (**control**)
- They do not receive enough information and support (**support**)
- They are having trouble with relationships at work or are being bullied (**relationships**)
- They do not fully understand their roles and responsibilities (**role**)
- They are unclear of changes or what is happening at organisational level (**change**)

If left unchecked, stress at work can damage our overall physical and mental health, as well as our performance. Signs that colleagues might be suffering from excessive stress include:

- **Changes in work performance:** such as declining or inconsistent performance, increased time at work, lapses in memory, lack of holiday planning or usage
- **Withdrawal:** reduced social contact with others, arriving late to work,
- **More sickness absence and staff turnover:** time taken off work for stress-related factors, or high turnover
- **Conflict and emotional:** such as arguments within the team, irritability, or appearing more sensitive and crying
- **Feelings:** staff feeling more negative and isolated from others, or saying work is having a negative impact on their lives

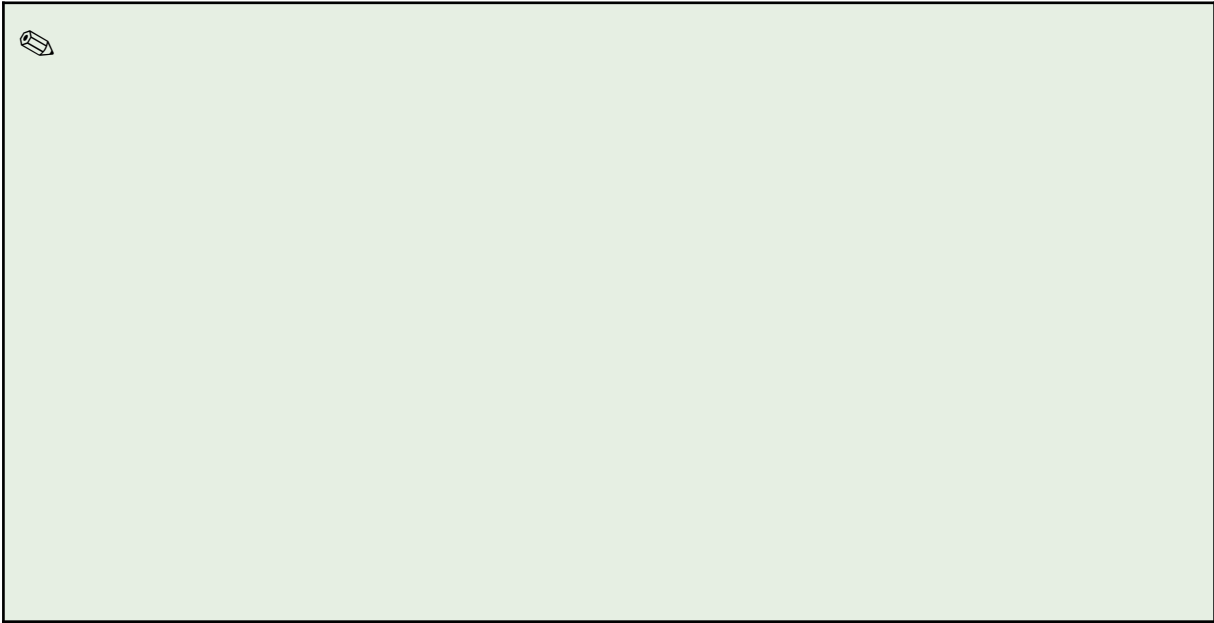
If you are feeling stressed at work, the first step is talking it through with your line manager. Together, you can identify what is causing the stress and what steps can be taken to reduce or eradicate it. This could include speaking with an Employee Assistance Programme, undertaking a stress risk assessment, or attending training.

There are steps we can all take to establish a healthier work-life balance and manage our stress:

- **Connect with others:** it can help to share how we are feeling with others. This could be with a trusted colleague, friend or family member. Spending time with people we care about can also help us focus on the good things in life and see things from a different perspective.
- **Take a break:** it's important that we take the time to restore our energy and look after our own wellbeing, including taking breaks and annual leave.
- **Make time to unwind:** aim to spend your time outside of work doing something you enjoy, whether that's listening to a podcast on your way home, testing out a new recipe for dinner, or spending time on your hobbies
- **Self care:** such as being active, eating healthily and ensuring we get good quality sleep

- **Accept that some things are out of our control:** recognise that we have control over our own thoughts and actions, but sometimes things will happen that we have no influence over

What do you find helps you in managing your stress levels at work? Are there any actions you would like to take? Take a moment to note down your own thoughts and reflections.



Five ways to wellbeing

The Five Ways to Wellbeing are evidence-based actions that you can do in your daily life to help improve your wellbeing. Our colleagues at the What Works Centre for Wellbeing outline the five ways:

1. **Connect** - feeling loved and having positive, supportive relationships, particularly with friends and family, is critical for promoting wellbeing. They act as a buffer against mental ill-health for people of all ages and can help us cope with things outside of our control. Meaningful relationships are also a top priority for children in order for them to have a happy life.

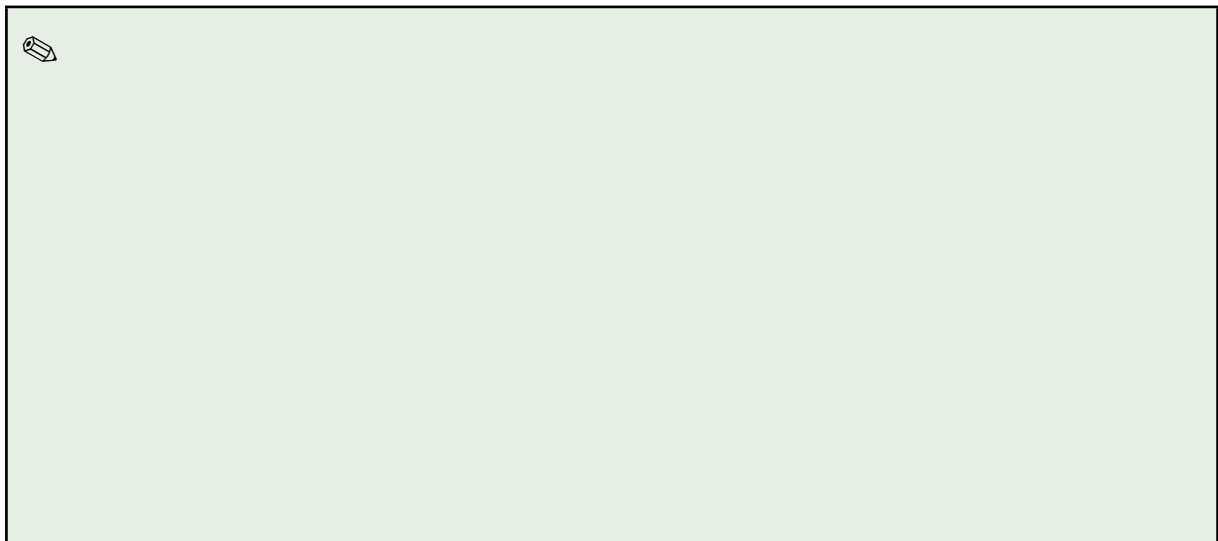
2. **Be active** - regular physical activity is associated with lower rates of depression and anxiety across all age groups. We also know that taking part in sport and dance can have a positive impact on young people's wellbeing. So get outdoors in green and blue spaces, and get active with others to boost positive mood, feelings of worth and purpose, and longer term resilience.

3. **Take notice** - taking some time to enjoy the moment and the environment around you can enhance your wellbeing.

4. **Keep learning** - continued learning through life can improve life satisfaction and optimism. Whether it's learning to knit or mastering your first words in a new language, setting and hitting targets can create positive feelings of achievement.

5. **Give** - giving your time can be good for your wellbeing, particularly if you're in need of a pick me up for your mood. So why not consider signing-up to volunteer?

What do you do to look after your own wellbeing? Are there any actions you would like to take? Take a moment to note down your own thoughts and reflections.



Further support

If you or someone you know is feeling lonely, the following organisations can help:

Age UK: information and advice services for older people.

T: 0800 678 1602 (8am - 7pm, daily)

W: <https://www.ageuk.org.uk/services/information-advice/>

Befriending Networks: directory of local befriending projects across the UK.

W: <https://www.befriending.co.uk/directory/>

Campaign Against Living Miserably: support on a range of issues for anyone who needs it.

T: 0800 58 58 58 (5pm - midnight, daily)

W: <https://www.thecalmzone.net/help/get-help/>

Cruse Bereavement Support: resources and one to one support if you are grieving.

T: 0808 808 1677 (various hours, daily)

W: <https://www.cruse.org.uk/get-support/>

Family Lives: family support services offered through a helpline, live chat and email support.

T: 0808 800 2222 (various hours, daily)

W: <https://www.familylives.org.uk/how-we-can-help>

Independent Age: advice, information and support for older people.

T: 0800 319 6789 (8:30am - 6:30pm, daily)

W: <https://www.independentage.org/get-support>

Mind: a range of support and an infoline signposting service.

T: 0300 123 3393 (9am - 6pm, Monday to Friday)

W: <https://www.mind.org.uk/>

Opening Doors London: connecting LGBTQ+ people over 50 with activities, support and information.

W: <https://www.openingdoorslondon.org.uk/>

Re-engage: provide social connections for older people.

W: <https://www.reengage.org.uk/>

Samaritans: a free listening service for whatever you are going through.

T: 116 123 (24 hours, daily)

W: <https://www.samaritans.org/how-we-can-help/contact-samaritan/>

Sense: a range of advice, support and services on disability and loneliness.

T: 0300 330 9256 (9am - 5pm, Monday to Friday)

W: <https://www.sense.org.uk/get-in-touch/contact-information-and-advice/>

SupportLine: confidential and emotional support for people who are isolated or at risk.

T: 01708 765 200

W: <https://www.supportline.org.uk/>

The British Red Cross: a range of resources and a dedicated helpline if you feel lonely or worried.

T: 0808 196 3651 (10am - 6pm, daily)

W: <https://www.redcross.org.uk/get-help>

Young Minds: practical advice and support for young people, as well as parents of young people.

Text YM to 85258 (24 hours, daily)

Parents Helpline: 0808 802 5544 (9:30am - 4pm, Monday to Friday)

W: <https://www.youngminds.org.uk>

Congratulations on finishing the
Loneliness Learning Programme!

We hope you have learnt about loneliness
in a way that empowers you to enact
impactful and long-lasting change in your
role, organisation, and wider
communities.

@EndLonelinessUK
