Campaign to EndLoneliness
CONNECTIONS IN OLDER AGE

Promising Approaches Revisited:
Effective action on loneliness in later life

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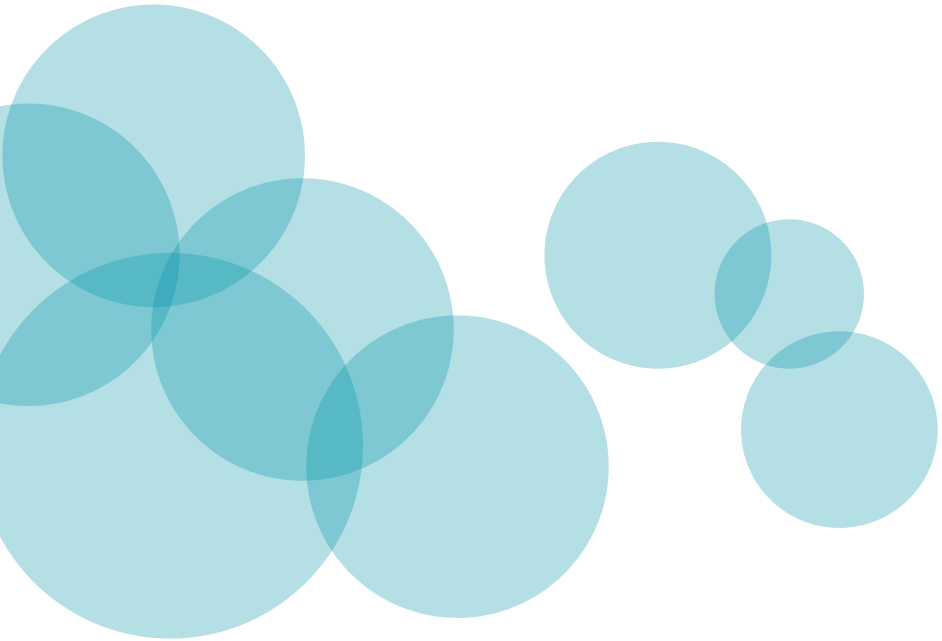
About us

The Campaign to End Loneliness believe that people of all ages need connections that matter. Having the friendship and support we need is a fundamental part of our wellbeing and when loneliness becomes entrenched in later life it can be hardest to overcome. We do that by evidence-based campaigning, facilitating learning on the front line and connecting different parts of the loneliness community such as academics, front-line practitioners, decision-makers and businesses.



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Introduction

About this guide

Since the publication of the first *Promising approaches to reducing loneliness and isolation in later life* in 2015, real progress has been made in the work to address loneliness across all four nations of the UK at both national and local levels.

Loneliness is now understood as a significant threat to public health, and the importance of social connection and relationships has been brought into sharp relief by the Covid-19 pandemic. National strategies are in place across three of the UK nations and action is being taken across sectors. Public awareness of loneliness is increasing, and public campaigning is working to reduce the stigma of loneliness, sending a clear message that loneliness can affect anyone, at any time of life.

With the case for action now accepted, this updated guide sets out what action is needed. Drawing on the expertise and experience of leading figures in the field, academic literature and other evidence, we present an update to the first framework published in 2015, in which we showcase new approaches and examples, and update existing ones.

The framework helps to make sense of the different ways we can address loneliness, and explains how these approaches fit together to create an effective community response. The guide offers examples of these approaches in action so that organisations can find inspiration from others.

The guide is intended to:

- Help commissioners and funders of services who support older people – including adult social care, health commissioners and public health teams – to identify the gaps in provisions in their communities
- Support service providers to deliver more effective loneliness interventions; and
- Shape future research to increase our understanding of loneliness, and how to address it

What has changed

From the work of the Campaign to End Loneliness to bring focus to the health implications of loneliness, to the appointment of the world's first Minister for Loneliness, recent years have seen real acceleration of the loneliness agenda.

National strategies

In December 2017, the Jo Cox Commission on Loneliness published its final call to action, following a year in which a coalition of organisations and cross-party MPs worked, initially under the leadership of, and then in the name of, Jo Cox MP.[1] The Commission helped to broaden the loneliness debate across all age groups, and to highlight the loneliness of particular groups including disabled people and carers. Jo Cox's name and legacy helped bring loneliness to the Prime Minister's attention – who went on to commission the UK's first national strategy on loneliness.

National strategies for loneliness have now been published in three of the four UK nations:

- England's strategy *A connected society: a strategy for tackling loneliness – laying the foundations for change*, published in October 2018[2]
- Scotland's strategy *A Connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections*, published in December 2018[3]
- Wales's strategy *Connected Communities: a strategy for tackling loneliness and social isolation and building stronger social connections*, published in February 2020[4]

While there has been an increase in action to address loneliness in recent years in Northern Ireland, there is currently no overarching strategy. However, the Northern Ireland Commissioner for Older People (COPNI) Priorities for Action include, ensuring 'older people are connected to their communities and do not experience loneliness or social isolation.' There is also growing cross-party commitment through an All-Party Group on Loneliness, and an active third-sector Action Group on Loneliness Policy which is leading work in the area.

Local leadership

This period has also seen more local authorities choosing to act on loneliness. Following concerted advocacy by the Campaign to End Loneliness and others, loneliness has become recognised as a priority by a significant number of local areas in England;[5] and has been prioritised by authorities across Scotland, and in Wales and Northern Ireland where they are taking forward action as part of their work on age-friendly communities.

Cross sector action

Since 2015, we have also seen growing recognition across sectors of the need for action on loneliness. Businesses have become increasingly involved in the agenda, not least through the Co-op's major partnership with the British Red Cross, and initiatives such as Aviva's work in Norwich that is profiled in this document.

A shift in discourse

Alongside action by institutions, we have seen increased public discourse on loneliness. The stigma that surrounds loneliness has significant implications for those who experience it; they may experience feelings of shame and self-blame affecting their willingness and ability to seek help. Since 2015, several public-facing campaigns have sought to break down the stigma, emphasising its nature as a universal experience that affects people of all ages. The Jo Cox Commission encouraged the public to wear badges saying that they were 'Happy to Chat'. Other public-facing campaigns followed, including the Campaign to End Loneliness's 'Be More Us' and the UK Government's 'Let's Talk Loneliness' campaign.

While these campaigns have achieved considerable reach, we do not know a lot about their impact on overall public attitudes to loneliness. However, thoughtful and sensitive campaigns that focus on loneliness can help individuals feel more comfortable discussing it, and can encourage action across sectors.

Undeniably, the Covid-19 pandemic has served to amplify the conversation around loneliness, and, in turn, has exacerbated it for some groups.[6] We discuss the implications of the pandemic further on page 9.

Together, these shifts create the backdrop for our new revised guide.

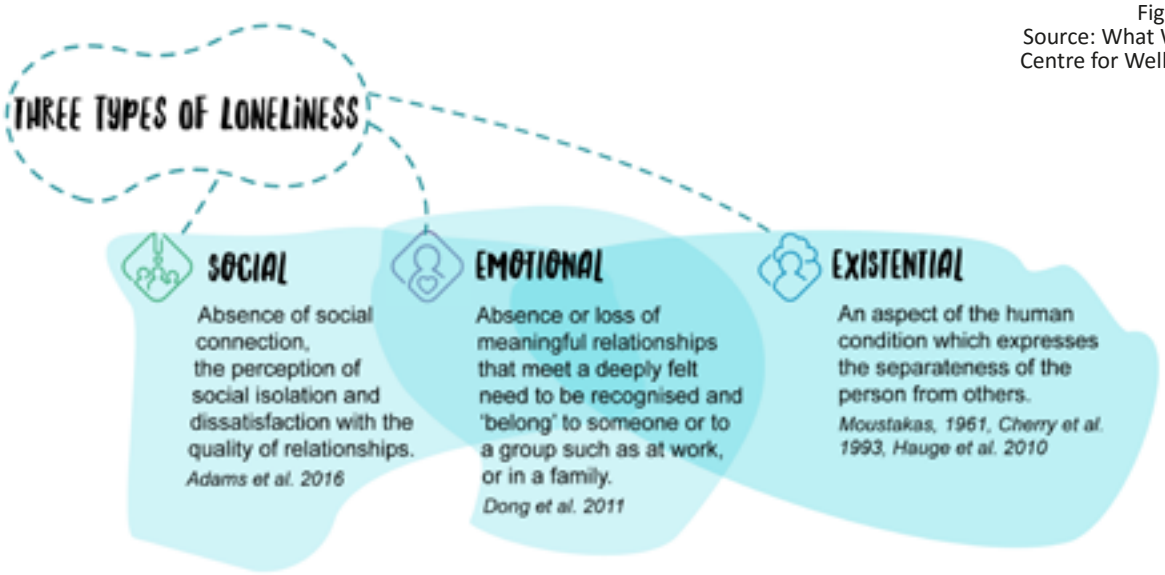


Figure 1:
Source: What Works Centre for Wellbeing

What is loneliness?

The UK Government strategy, *A connected society, defines loneliness as 'a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.'* [7]

It is often talked about in the same breath as social isolation but there are important distinctions. While social isolation is an objective state – defined in terms of the quantity of social relationships and contacts – loneliness is a subjective experience. It is deeply personal – its causes, consequences and, indeed, existence are impossible to determine without reference to the individual and their own values, needs, wishes and feelings.[8] It can be experienced in different ways and at different times.

Loneliness can affect anyone, at any age or stage of life. However, it is when loneliness becomes chronic – when we are lonely often or always – that it causes harm.

In our recent report, *The Psychology of Loneliness*, we explored in more detail the core components of the experience of loneliness, and how it impacts on, and is impacted by, our psychological characteristics and states.[9] Critically, we demonstrated that loneliness can set us on a damaging downward spiral which makes it harder and harder to escape. It is vital that our responses to loneliness are informed by an understanding of these psychological impacts, and in particular that we recognise that simply ensuring people have opportunities to connect is not, and will not be, enough for those who experience chronic loneliness.

In previous years, there has been a tendency to talk about loneliness in relation to different life stages, with an emphasis on early adulthood and later life when levels of loneliness tend to be higher.[10] However, more recently there has been greater emphasis on the role of transitions in creating the risk of loneliness.[11] This drives an understanding of loneliness as a life course issue that can affect people at any age, and supports an 'all age' approach to the issue.

The Covid-19 crisis brought into sharp focus the links between loneliness and life transitions like bereavement, and an increasing recognition of the need to provide support which is tailored to the specific circumstances and triggers of individuals' loneliness.

Growing public attention to loneliness in our communities has been accompanied by a shift in our understanding of its impact, and, in particular, its implications for mental and physical health. We now know that, for example:

- Loneliness is associated with increased mortality risk for both men and women
- Lonely individuals are at higher risk of the onset of disability
- Loneliness puts individuals at greater risk of cognitive decline, and one study concluded that lonely people have a 64% increased chance of developing clinical dementia[12]

Among older adults in the UK, levels of loneliness have remained relatively consistent over recent decades, with around 10% of those over 65 experiencing chronic loneliness at any given time.[13] However, as the population of older people has grown, the absolute number of individuals experiencing loneliness often or all the time has increased.

Because loneliness impacts on health and wellbeing, it has significant implications for the economy. A recent study commissioned by the UK Government concluded that a conservative estimate of the cost implications of severe loneliness was around £9,537 per person every year.[14] Previous work by the London School of Economics estimated the potential cost savings associated with addressing the loneliness of an older adult, who is severely lonely, to be in the region of £6,000 across their later life.[15]

A growing body of evidence outlines key risk factors for chronic loneliness which include both intrinsic characteristics and extrinsic factors within the environment.

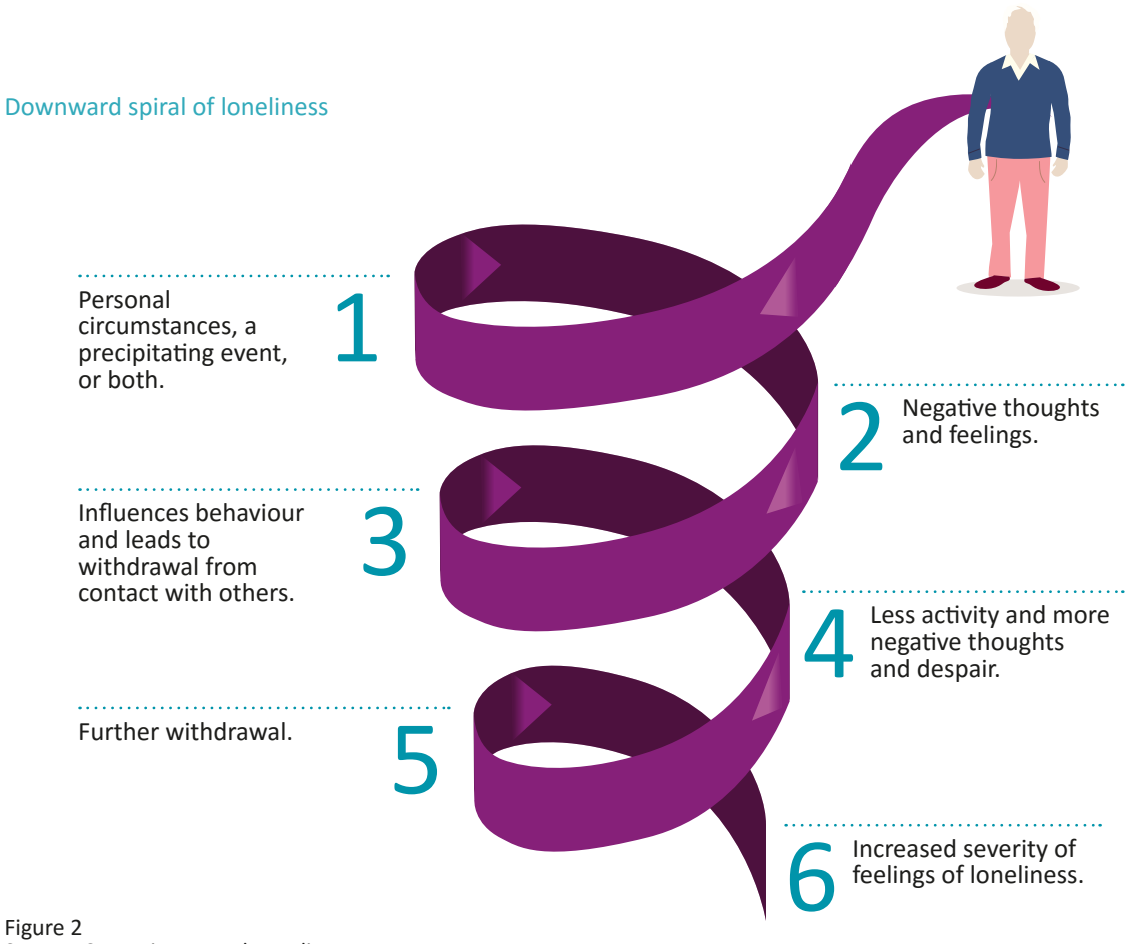


Figure 2
Source: Campaign to End Loneliness (The Psychology of Loneliness)

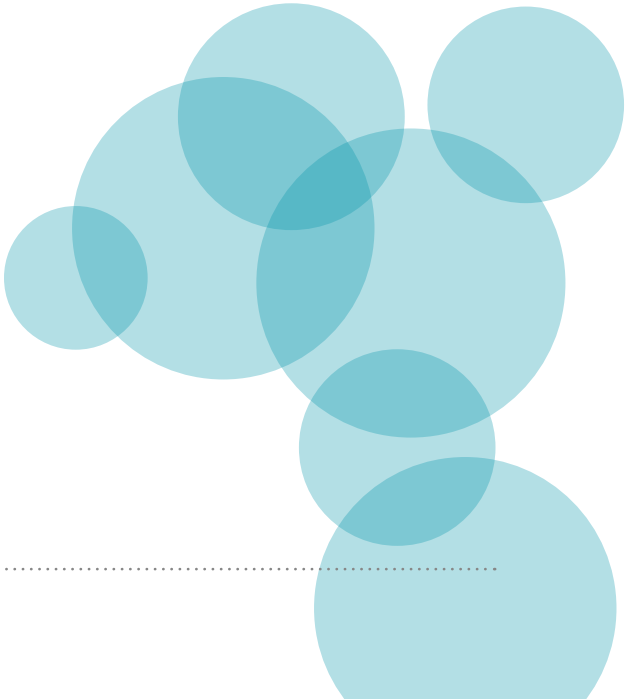
The evidence suggests that key risk factors include:

- Age – people aged 75 and over are at greater risk of loneliness than younger older people
- Ethnicity and language – some older people from black, Asian and minority ethnic groups report higher levels of loneliness than their white British counterparts
- Living arrangements and marital status – those who live alone and/or are divorced are more likely to be lonely
- Geography – some studies suggest loneliness is higher in rural than urban areas, but high levels are found in deprived urban areas
- Housing – people living in residential care are lonelier than those living in the community
- Health and disability status – those reporting poor mental or physical health, and disabled people are more likely to be lonely
- Poverty – people on low incomes are more likely to be lonely
- Psychological characteristics and responses – our loneliness levels are linked to how we understand, make sense of, and respond to social situations, and to our own attitudes towards ourselves and to ageing
- Providing informal care – carers are more likely to experience loneliness
- Sexual orientation – studies show high levels of loneliness among older lesbian, gay and bisexual people[16]

Because loneliness is a subjective experience, the routes out of it will differ from one person to the next. Different people need different types of relationships to sustain them and there is no correct 'dose' for friendship or companionship. Most organisations seeking to reduce loneliness among older adults emphasise the importance of supporting people to develop relationships of meaning and purpose. However, the evidence suggests that, alongside close personal relationships, we also need a network of looser relationships.[17] There is increasing recognition of the importance of these 'weak' or 'thin' ties in helping people to feel less lonely.[18]

In this guide, we explore the approaches that are being taken in different communities to ensure that people who are lonely have the opportunity to develop and sustain relationships that will meet their needs, including both 'thin' and 'thick' social ties.

Just as we did in 2014-15, we started this process by listening to the experts – people with an overview of work to address loneliness in communities from a range of disciplines including academics, leaders of service delivery organisations, policy thinkers, funders, commissioners and government experts (see Appendix 2). We asked them which approaches they felt showed most promise in addressing loneliness, and why. We used these insights to update the framework of approaches and we then consulted the literature to examine the state of the evidence around these approaches. Following this, we sought examples of the approaches in practice, wherever possible profiling those for which efforts have been made to demonstrate impact.



Covid-19, lockdown and loneliness

The Covid-19 pandemic, during which everyone experienced at least some degree of separation from their family, friends and colleagues, has brought the issue of loneliness into sharp relief. The 'universal' experience of separation and the widespread experience of loneliness brought significant attention to the issue, and drew a response across communities, and a commitment, for example from the UK Government for new investment in the issue (with £5 million allocated to charities addressing loneliness as part of the Covid-19 response in England).

The narrative of lockdown loneliness featured heavily, and many community groups, including hastily formed mutual aid groups operating at neighbourhood levels, came together to think about how to offer some contact to people who might otherwise have none.

However, the evidence demonstrated a complex picture of lockdown loneliness. Overall levels were similar to those previously observed, but loneliness was particularly high among younger people, and significant numbers reported that their wellbeing was impacted by it during lockdown.[19]

While everyone experienced some degree of separation and many experienced a significant gap between the social connections that they had expected and those they had, experiences of loneliness were not universal. Some faced particular challenges including:

- Extreme forms of isolation – including for those in the 'shielding' group, those who were clinically vulnerable, those who lived alone, and those who experienced barriers to connecting remotely due to the digital divide, or disabilities including sensory impairment and mobility issues

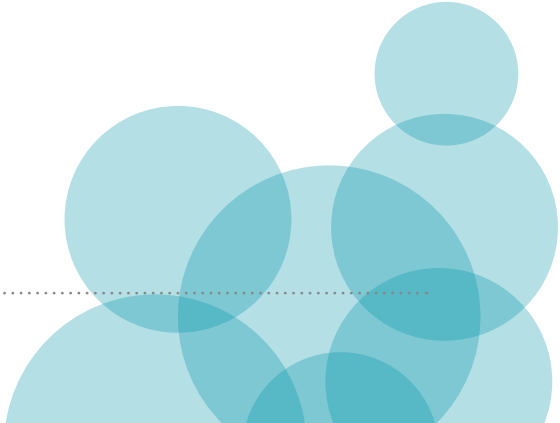
- Those used to high levels of contact prior to lockdown, or with high expectations of social connection
- Strains in relationships, especially as lockdown went on, including those with caring responsibilities, many of whom had to manage with less outside support, and who were unable to access formal and informal respite

The Covid-19 pandemic also had a significant impact on many organisations delivering interventions to address loneliness. Organisations which had offered face-to-face contact were forced to make a rapid shift towards supporting people remotely, either by moving activities online or via the telephone, or even by delivering support over the doorstep or by post.[20] Meanwhile, many organisations experienced a significant decrease in their income with one in 10 charities not expected to survive the crisis.[21]

In this report, we profile a wide range of loneliness responses which were in place before the pandemic, and a small number which were developed to meet specific needs arising from it. We spoke to all the organisations whose work is featured in this report about their response to the pandemic and uncovered a number of key themes:

- Rapid adaptation: organisations were forced to respond rapidly to the emerging situation, and did so extremely effectively – many got new offers up and running within a few days or weeks
- Checking in: most organisations focused on checking in with the individuals they worked with in the first phase of the crisis, and many became involved in supporting individuals to meet basic needs like food and medicine
- Telephone support: many organisations developed a telephone support offer for their service users/members during the lockdown period
- Remote delivery: many organisations experimented with remote delivery, often online but also used group calls or delivered resources to people's homes to enable them to participate in activities from home like arts and crafts packs, exercise DVDs and plants and seeds to grow
- Reaching new people, but struggling to reach existing participants: most organisations reported that remote delivery enabled them to engage with people who may previously have struggled to access face-to-face support including those formerly involved in groups they had to leave due to declining mobility, for example. However, most organisations also found that some of their members/participants were unable to engage with remote delivery and required more intensive forms of one-to-one support
- Challenges around volunteering: while many organisations reported attracting new volunteers to their work during the lockdown period, we also heard concerns around sustaining this support beyond lockdown. At the same time, many older volunteers had to avoid volunteering for social distancing reasons and, as a result, missed out on vital social connection. As lockdown eased, organisations faced challenges in re-engaging these volunteers due to health and safety concerns on both sides.

Many organisations told us that, while the pandemic had created enormous challenges, it had also brought about positive change. Many were planning to incorporate new models developed during the pandemic into their model for the long term.



Chapter 1: A framework for loneliness interventions – refreshed

The 2015 *Promising Approaches* publication set out a framework for understanding different approaches to addressing loneliness, and how they work together in a community to create an effective response to individuals' experience of loneliness.

This framework was built around an understanding of the three central mechanisms for addressing loneliness which De Jong Gierveld et al. extrapolate from the definition of loneliness proposed by Perlman and Peplau, and which was adopted by the UK Government. These mechanisms are:

- Maintaining and improving people's existing relationships
- Supporting people to develop new relationships
- Changing how people think and feel about their relationships[22]

The updated framework, set out in this report, has been adjusted to reflect the approaches which are now being taken in communities to achieve these three ends.

Our framework is grounded in a universal understanding of loneliness and so it can be applied to work on loneliness across all ages. However, the approaches we showcase here relate primarily to work with older adults.

In relation to other age groups, the mechanisms through which the approaches are delivered, the language used to describe them, and the settings in which they are established, may differ. For example, young people's organisations emphasise that social prescribing services do not always work for young people. Therefore, these may not be a significant form of 'connector service' for young people; and schools and universities are likely to, instead, deliver approaches like support and training in social skills. Similarly, in relation to working-age populations (increasingly up to the age of 70 and over) the workplace is likely to be a significant focus of delivery.

How to use this framework

For strategic bodies such as local authorities and health authorities: the framework sets out the different categories of action that are needed in each community. Strategic bodies can use the framework to think about what approaches are in place in their community, and to identify gaps.

Most communities will already have a range of approaches in place under each of the categories in the framework. The key question is whether these are optimally

designed for impact on loneliness. For example, by building an understanding of loneliness, and the potential needs of lonely individuals into outreach schemes and social prescribing programmes, they can form a vital part of the community response to loneliness.

Similarly, in most areas there are community groups and activities which are already open to everyone, but they may not be known to front-line staff working with lonely individuals, and groups may need additional support to provide the kind of environment in which lonely people can feel comfortable.

Other areas already take a place-based approach to addressing challenges or work to encourage volunteering. Again, integrating these ways of working into an overall strategic approach to addressing loneliness, and forging links across different parts of the system, will enable communities to build an effective 'ecosystem' to address loneliness in the round.

For organisations delivering interventions: the framework can help identify where their work fits into a wider set of approaches to addressing loneliness. It can help organisations to understand the unique contribution they make to the work, and to identify the kinds of organisations they might link with to help strengthen the overall community response.

For researchers: the framework can help to differentiate the range of approaches taken to address loneliness, and to identify how these interact with others. Initially, the framework was developed to address a concern that research was making unfair comparisons – 'apples and oranges' – trading off social prescribing schemes against activity groups, for example. The framework seeks to demonstrate, instead, how these types of approach work together to address people's loneliness.

The framework sets out the broad categories of approaches, and the most common types of approach that sit underneath them. In the following chapters, we examine the specific interventions, activities and services that deliver these kinds of approach.

Direct solutions

These are the groups and activities that are most readily recognised as loneliness interventions, and that have been subject to most scrutiny in the literature on the subject. They are discussed in more detail in Chapter 3.

Direct solutions reduce loneliness by doing one or more of the following:

- Supporting people to **maintain and improve** their existing relationships
- Helping people to make **new connections**
- Enabling people to **change their thinking** about their social connections

Most loneliness interventions support people to develop *new* relationships through bringing people together in groups or one-to-one scenarios. However, work to support people with their existing relationships, either by enabling them to stay in touch or by helping them to improve relationship quality, is also vital. Work to support people with the psychological aspects of loneliness is also increasingly recognised as a valuable approach in its own right.[23]

Communities need to offer a **range** of direct solutions so that people can find a solution that fits their particular circumstances, and that gives them opportunities to connect with people in ways that work for them.

Connector services

Connector services are needed to provide the loneliest individuals with the support they need to access and engage with the direct solutions available in communities.

Connector services are those which:

- **Reach** lonely individuals
- **Understand** the nature of an individual's loneliness so that a personalised response can be offered
- **Support** lonely individuals to access appropriate services, helping them overcome practical and emotional barriers

These are the first steps taken in the work to reduce an individual's loneliness, and provide a way into the more commonly recognised interventions like social groups and befriending schemes (discussed in more detail in Chapter 2).

Gateway infrastructure
Gateway infrastructure helps people to connect and is vital for an effective community response to loneliness. Where this kind of infrastructure is unavailable, inappropriate or inaccessible, it renders service delivery difficult and makes it hard for people to connect.

This infrastructure includes:

- Transport
- Digital technology
- The built environment

This is discussed in more detail in Chapter 4.

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.

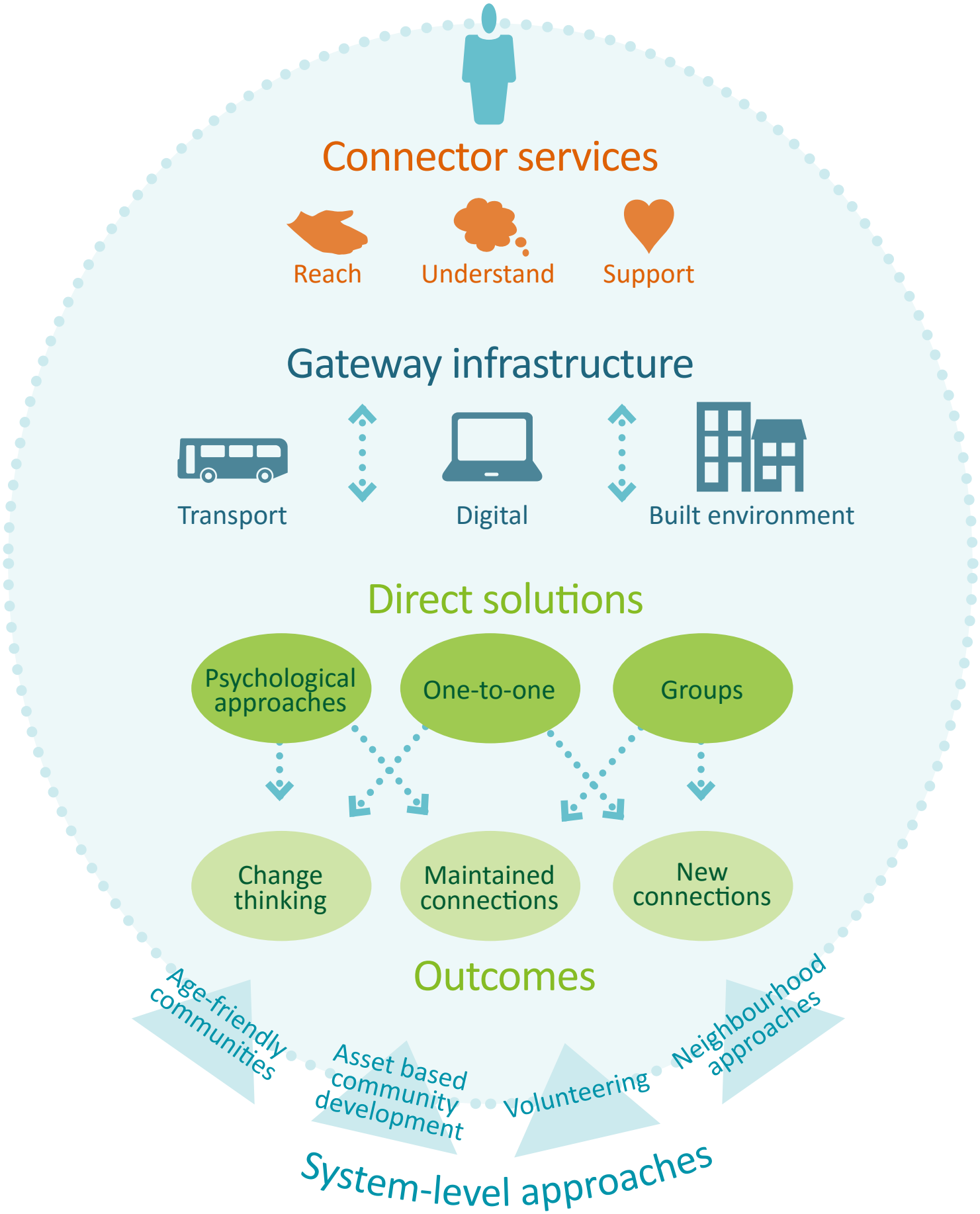
They have a dual effect – they enable the creation of the social activities and groups that support thriving social connection, and the conditions in which loneliness is less likely to thrive, for example by encouraging participation and volunteering so that people stay connected, or by challenging ageist attitudes that can leave younger and older people feeling marginalised.

In the same way that good infrastructure is necessary to allow people to connect with each other and with groups, system-level approaches are necessary to support communities to develop and sustain groups and activities where people can connect. They include:

- Neighbourhood approaches
- Asset based community development (ABCD)
- Age-friendly communities
- Volunteering

This is discussed in more detail in Chapter 5.

Promising Approaches Framework



Cross-cutting themes and icons

The icons displayed here are used to highlight these themes in our case studies.

Tackling loneliness requires an inclusive approach that is accessible to all. As well as ensuring that services and activities are in place across each of the categories in the framework, specialist or adapted provision may also be necessary. The following cross-cutting themes need to be considered.

Urban vs rural communities

The approaches taken to loneliness are likely to look different in different communities. What is possible and desirable in urban communities may not work in rural settings, and vice versa.

We highlight approaches taken across a range of different geographies, recognising that they should be tailored to the communities which they target.

Action in the workplace

Whether in the statutory, not-for-profit or private sector, organisations have a critical role to play in addressing loneliness not just in their work as service providers and holders of community assets but also as employers. In this guide we highlight approaches being taken in the workplace to address loneliness. This is likely to be an increasingly important locus of action in future (see Chapter 6).

Intergenerational approaches

Loneliness does not discriminate and people can experience it at any age. Yet responses to loneliness have tended to be delineated by age, particularly in the literature where there is significant work on loneliness among older adults, and more recently, a strong emphasis on the need to better understand what works in addressing youth loneliness.

However, in practice many community initiatives take an all-ages or 'intergenerational' approach to address loneliness, bringing together people across the generations, and enabling them to find 'peers' in whatever way makes sense to them.

In the Joseph Rowntree Foundation's *Neighbourhood approaches to loneliness* programme, many of the approaches had an intergenerational element.[24] Similarly in Klee's review of ABCD approaches among older people, intergenerational projects were a common result.[25]

Often 'intergenerational' initiatives are narrowly construed as being about bringing together children or young people with older adults (as in the initiatives to bring toddlers into care homes). However, the term encompasses a wide range of approaches which recognise that people of different ages may, together, find a common cause and companionship. As such, it applies to many of the initiatives showcased in this guide.

Working with marginalised people

This guide also showcases approaches among communities that are often poorly served by mainstream services, and who may want or need specialist provision. These include:

- Black, Asian and minority ethnic (BAME) people
- Lesbian, gay, bisexual and trans+ (LGBT+) people
- Disabled people and people with long-term conditions
- Carers
- People living in residential care settings

Black, Asian and minority ethnic older people

Research demonstrates that loneliness is significantly higher among some, but not all, older people from minority ethnic communities, and that key risk factors for loneliness are more prevalent among older people from BAME backgrounds who make up a growing proportion of the older population.[26] However, much less is known about what works in addressing loneliness in these communities.[27]

Language and cultural requirements sometimes mean community specific interventions are needed, and this may be particularly so among people with dementia as it is often accompanied by a loss of ability to use second languages. Creating opportunities for cross-cultural interaction is also vital.

Lesbian, gay, bisexual and trans+ people

Similarly, research suggests that older LGBT+ people are particularly vulnerable to loneliness and social isolation because they are more likely to be single, live alone and have lower levels of contact with relatives.[28] There is also evidence that this group experiences problems in accessing mainstream provisions, and lack confidence in these services to meet their needs.[29] As such, there is a case both for the development of specialist support for older LGBT+ people to enable them to connect to others with whom they feel comfortable, and for action to support LGBT+ inclusion in mainstream services for older adults.

Disabled people and people with long-term conditions

Disabled people and people who live with long-term conditions are at significant additional risk of experiencing chronic loneliness.[30]

These groups can face particular challenges in accessing support for loneliness, in some cases, due to the inaccessible venues and lack of appropriate transport, or a lack of adaptation of the provision itself, for example for people who have sensory or cognitive impairment, or dementia.

While action to improve the accessibility and inclusiveness of mainstream provision is important, there is also a case for specialist provision for disabled people and people with long-term conditions, including, but not limited to, the provision of opportunities for peer support.[31]

Carers

Carers face particular barriers to connection.[32] While practical issues – including a lack of respite care – often limit carers' ability to connect, they can also feel distanced from the wider community due to their unique circumstances, and sometimes due to stigma surrounding their loved ones' conditions. They may also experience deterioration in the quality of their relationships with the person they care for.

Carers need a range of support in addressing their loneliness, including practical support to connect with others; they often find it helpful to link with other carers for peer support, but also need support with maintaining existing relationships.[33]

Some studies among carers of people with dementia have demonstrated that providing online support can be an effective way of helping them to stay connected. However, these need to be balanced with other forms of connections.[34]

Older people in care settings

There is a growing understanding that communal living is not an effective antidote to loneliness, and that, in fact, older people in residential care demonstrate worrying levels of loneliness and isolation.[35] In recent years there has been a concerted effort among many care providers to increase levels of connection between residents within care settings, and with the wider community.

Although the literature on how best to address loneliness and isolation in care settings is not well developed, there are some initiatives which have been evaluated and seem to demonstrate beneficial effects. These include:

- Introducing companion animals as an alleviation to loneliness in themselves, and as a means to foster and catalyse social connections between residents and others
- Linking care residents and the wider community – often on an intergenerational basis, for example linking care homes with schools
- Creating social environments in homes, for example arranging chairs in smaller groups, and even creating spaces that look like pubs and cafés

However, research in extra care housing has demonstrated the potential limitations of the new connections developed between residents of communal living schemes, showing that the relationships which were most meaningful to older people in these settings remained those that they had developed *before* entering the schemes.[36]

Beyond local

It is important to note that for marginalised communities the neighbourhood may not be an appropriate locus for connection. People may feel alienated from their neighbours, or there may simply not be enough peers to bring together a group within a locality. It will therefore be important to make provision for communities of interest and identity to come together in ways that are meaningful to them.

Where communities of interest and identity are geographically dispersed, and where people have faced barriers to meeting face to face, virtual forms of connection have often been a solution, although only for those who have access to, and confidence in using digital technology. Examples include online forums and peer support groups for people with long-term conditions, chat rooms and matching sites, for example for people from certain LGBT+ communities.

During Covid-19, these communities of interest have, in many cases, strengthened and grown, acting as a lifeline for many people during isolation. Many previously geographically based groups have benefited from being able to extend their reach.

Chapter 2: Connector services

Connector services address one or more of the key challenges faced in supporting people who are affected by loneliness. They are:

- **Reaching** lonely individuals
- **Understanding** and responding to the specific circumstances of an individual's loneliness, rather than offering a 'one-size-fits-all' response and
- **Supporting** individuals to take up the services that would help them make meaningful connections

These are the vital 'first steps' in working with a lonely individual, and supporting them to become less lonely. In practice, many approaches and services sit across these categories, for example identifying individuals and then understanding their personal circumstances and needs; or working to develop personalised plans to address the need for social connection, and then supporting individuals to put them into action.

Connector services are not always explicitly framed as loneliness solutions. Often, they are holistic and person-centred services, aimed at promoting healthy and active ageing, building resilience and supporting independence. While these services are effective ways of addressing loneliness, they generally support wider outcomes too.

These approaches fit with the grain of reform of health and care services, with increasing recognition of the value of addressing people's practical, social and emotional needs alongside their clinical needs as part of an approach to helping people live and age well.[37]

However, to be most effective these services need to be explicitly designed with tackling loneliness in mind, for example, by building understanding of the risk factors for loneliness into referral criteria, in ensuring that the techniques used to understand individuals' needs and wishes give time and space for people to express their loneliness, and in providing access to a wide range of options for improving the quality and quantity of people's connections.

2.1. Reaching lonely individuals

Lonely individuals can be difficult to identify because the stigma attached to loneliness might deter them from asking for help, or from readily revealing their needs,[38] and also because many lonely individuals are isolated.[39]

While significant efforts have been made to reduce the stigma of loneliness over recent years, it remains a barrier to accessing support. Without proactive outreach, loneliness initiatives may only serve people who are more outgoing, and those more able to support themselves.[40]

Evaluating outreach processes is difficult as reductions in loneliness do not result directly from the identification of individuals, but only once effective interventions are put in place. Consequently, the evidence base in this area is weak. However, Age UK's evaluation of a range of projects, including outreach, demonstrated that the overall programme resulted in reduced loneliness.[41]

Three broad categories of approach are being taking to reaching lonely people:

a) Using data to target action
These approaches use available data on the risk factors for loneliness to identify affected areas or households, and to target services. In 2016, Age UK published a comprehensive set of loneliness 'heat maps' and these have been used in some areas to identify where to target local door knocking.[42] During the Covid-19 pandemic, data sharing has been a key tool in identifying individuals who may need additional support, and has been critical in identifying many isolated individuals. However, it is not yet clear to what extent the levels of data sharing seen during the pandemic will continue beyond the crisis phase.

b) Eyes on the ground
In contrast to the relatively 'high tech' world of data matching, other areas have opted to work through human networks, in recognition of the fact that the majority of lonely individuals have *some* contact with the outside world.[43] These initiatives work by recruiting and training individuals and professionals within a community with whom older people may be likely to make contact, to help them recognise the signs of loneliness, and to direct them to sources of support. These models build on 'gatekeeper' services, first developed in the USA where evaluation showed that 'gatekeepers' were effective in identifying and engaging with older people who might not, otherwise, access services.[44]

Case study 1

The Great Wirral Door Knock

The Great Wirral Door Knock is an initiative led by Age UK Wirral as part of the Ageing Well Strategy Wirral, led by Wirral Council. It aims to engage with isolated older people, and respond to their needs through a partnership between the fire service, police, local communities and the local authority.

The team used Age UK's loneliness 'heat maps' to identify areas of the Wirral in which there were likely to be large numbers of lonely residents. They then worked with a wide range of local organisations, including, as well as emergency services, Citizens Advice and Wirral Change (an organisation supporting people into employment), local social housing landlords and other local community and faith organisations, to bring together a team of people who would knock on doors in the local area, and talk to people about how they were. Each door is knocked on by a pair of volunteers from different organisations. The team have now completed Door Knocks in eight areas across the Wirral.

The aim of the Door Knock is to provide people with information and signposting to local services and support. Each conversation starts by asking people what they like about the local area, and progresses from there using a guided conversation. Volunteers are given information to share with people, and a tick list which they use to capture key areas of interest, and to support them in making referrals. The team carries a consent form in case onward referrals are necessary.

The team found that people of all ages are generally receptive to the Door Knock and they have been able to link people with a wide range of practical, social and emotional support as well as have friendly chats. After each session, the team takes back records of the conversations, and identifies key emerging themes. Referrals for organisations involved on the day are made there and then, but all other referrals are followed up afterwards.

Evaluation of the first Door Knock on the Mill Park Estate, in 2016, showed:

- 1,100 doors were knocked on, and 300 conversations held
- 76 referrals were made to partner organisations
- Seven volunteers were identified and trained within Age UK Wirral
- Six people attended the local lunch club and cited the Door Knock as the reason they had decided to attend
- A bereavement support group was set up in partnership with Carer Connections in response to the number of people who cited bereavement as the reason they felt isolated

During the Woodchurch Door Knock, Mrs A answered the door to two volunteers from Woodchurch Methodist Church. They told her about groups in the local church and invited her to call in to find out more. Mrs A attended the church the following day and met other members of the group and found out about other activities. Mrs A said that in a short space of time she could see the difference this one knock at the door had made for her future. She said:

> "If the volunteer hadn't knocked on my door, I would have carried on living in misery."

www.ageuk.org.uk/wirral/

c) Links to the health service
Linking services – to support people with loneliness – to health services combines the thinking from (a) and (b) above. Poor physical and mental health are key risk factors for loneliness, and health professionals are also often among the few people with whom lonely individuals have ongoing contact.

Social prescribing (which is discussed below) is a prime example of using links with the health system as a means of reaching a cohort likely to be at risk of loneliness. However, this approach is also used in secondary care settings, for example in 'Home from Hospital' schemes, and initiatives such as the Ageing Well programme.

While these approaches are often established to achieve health system outcomes, such as reductions in GP visits, or reduced Accident and Emergency admissions, if sensitivity to loneliness is built into the service design, they can also be effective in reducing loneliness.[45]

2.2. Talking and understanding – a personalised response to an individual issue

Because loneliness is a subjective experience based on individual perceptions of the value of different social relationships, and often linked to a range of practical, social and emotional barriers to connection, it requires a personalised response.[46]

Lonely individuals often need support to identify and overcome barriers to the connections they want and need, and to make meaningful and valuable links in their community. Many people need practical support, for example help in claiming benefits, and in accessing care services, as well as support in identifying groups and activities that will work for them. Others need support in overcoming obstacles to quality relationships with existing connections, including help getting online, or accessing transport, or psychological support with relationships.

There are a wide range of services and support that offer people the opportunity to develop personalised plans to meet goals, but at the centre of many of them is a conversation. Organisations use a range of different techniques to support these conversations from motivational interviews to guided conversations. To effectively address loneliness, people must be given the space to explore their needs and wishes, and to express their emotional issues in their own time.[47]

Sometimes these conversations make use of 'First Contact Tools' and checklists[48] but they must be accompanied by a human touch and a flexible conversation to enable people who may not immediately recognise their need for support with social issues, and to help them identify potential solutions. Building trust with an individual worker is vital.[49]

Case study 2

Age NI – Living Well Moyle, Northern Ireland

Living Well Moyle provides wraparound support for older people based on a guided conversation with a Living Well coordinator through which individuals identify goals and agree a plan. Volunteers then provide ongoing support to the individual, helping them reconnect to their local community, be more physically and socially active, build capacity, confidence and resilience, and achieve the goals they set for themselves.

Living Well Moyle is provided through partnership between Age NI, the Health and Social Care Board, the Public Health Agency, the Integrated Care Partnership, the Northern Health and Social Care Trust, Causeway Coast and Glens Council, local GPs and the local community and voluntary sector, including COAST Network and Community Navigator. It is supported by the Dalriada Pathfinder Partnership and enables adults living with chronic health conditions, especially those who are older or require support to remain independent, to live the lives they want to live.

Launched in 2016, the project is open to anyone in the Northern Health and Social Care Trust who is over 18, has a long-term health condition and either an unplanned hospital admission or visit to an emergency department. The majority of service users are aged 50 years and over. Older people are referred to the programme under a risk stratification process, where information is shared through the partnership and all referrals signed off by the GP.

Living Well Moyle supports people to access a wide range of activities and support provided by project partners and in the wider community. Past activities include joining clubs and support groups (including reminiscence evenings, film nights, and art and musical events), going out for coffee or a walk.

The programme's outcomes are measured using validated measurement scales including the Short Warwick-Edinburgh Mental Wellbeing Scale and a single item loneliness scale.* Between 2019 and 2020 measured outcomes demonstrated there had been a:

- 52% reduction in loneliness experienced by service users
- 57% improvement in mental wellbeing experienced by service users
- 30% improvement in mental wellbeing experienced by volunteers and
- 24% of service users experiencing meaningful change (3-8 point rating) and an increase in mental wellbeing

> "Got out of bed and left the house which I was not doing previously."
>
> Anonymous

> "One of the most invaluable services I have ever come across."
>
> Anonymous

www.ageuk.org.uk/northern-ireland/get-involved/volunteer/living-well-moyle/

* See Appendix 3

Social prescribing

Since publication of the first *Promising Approaches* guide, there has been a significant upsurge in interest in social prescribing.

In England, rolling out access to social prescribing services was a flagship pledge in the UK Government's Loneliness Strategy. It has been matched by significant new investment in NHS link workers through the NHS Long Term Plan for England, and, most recently, the investment of £5 million in a new National Academy for Social Prescribing.[50]

The NHS scheme is accelerating the pace of growth in social prescribing. However there are already a range of different forms of 'community connector' schemes in operation across England, which share a set of common features.[51]

In Scotland, Community Link workers are being recruited across Primary Care. Additionally there are a number of community connector models based in the voluntary sector. In Wales, there is a comprehensive network of community connector schemes led by local authorities. Schemes are also being developed in Northern Ireland.

Evidence of the impact on loneliness of social prescribing has increased since our last publication, with studies collecting both qualitative and some quantitative data on the positive impact on loneliness and isolation.[52]

However, it is important to recognise that it is not just the quality of the social prescribing schemes that impacts on individuals' levels of loneliness, but also the services into which individuals are referred. In some schemes, such as in Rotherham, the services into which people are referred are funded as part of the scheme, but in most NHS social prescribing schemes, link workers depend on the existence of a range of assets in the local community which are not directly funded.[53] Ensuring that social prescribing schemes are part of a broader community response to loneliness is therefore vital to their success.

Case study 3

Social Navigation Service

The Social Navigation Service (SNS) serves the Primary Care Network (PCN) across South Cambridgeshire, North Hertfordshire and North Essex. It provides a holistic approach to health by identifying what matters most to the person. The Social Navigators take time to talk through any non-medical issues the person may need support with and which affect their mental and physical health. A key focus of their work is to reduce isolation.

The SNS began in 2018 as a pilot throughout the South Cambridgeshire District and County Council as part of an innovation fund. The purpose was to alleviate the workload of GPs, to reduce isolation and inactivity and improve certain health outcomes. The service is now under the PCN's GP contract, funded by the NHS for the next five years. This PCN includes five practices which serve a population of 44,000 patients. There are currently two Social Navigators working in the service.

Essentially providing a social prescribing service, the Social Navigators take a holistic approach to health and wellbeing, dealing with any non-medical issues that affect a person's physical or mental health. They work with a patient to find out what matters to them and direct them to opportunities, activities or services that might help. In some cases, the Social Navigator can support someone to take the first steps to joining a new group or activity by going with them.

Most of the people who use the service are older – 75 years and above – although it is open to any PCN patients over 16 years of age. The service is promoted through the information screens in GP practice waiting rooms, through leaflets and by the Social Navigators getting to know groups and people in their communities. They also have links with the parish councils, churches and voluntary sector. Since the pilot started in 2018, the SNS has evolved and created more opportunities to help patients. The practice now offers a dementia support service once a month, South Cambridgeshire Living Well with Hearing Loss workshops, and they were about to pilot a dance for health scheme before the Covid-19 pandemic. The service is free of charge for patients. Costs are associated with staff and running costs.

The service recorded a reduction in GP attendance by service users of 20% since it started. They had previously used the Short Warwick-Edinburgh Mental Wellbeing Scale and the UCLA Loneliness Scale and are now about to use the ONS 4 Scale and Patient Activation Measurement tool to understand impact on wellbeing.* These measurement tools will be used at the entry point and after six and 12 months to understand changes over time. They have also captured some qualitative data about the impact of their service on individuals through case studies.

> "Thank you for all the help, one of your social prescribers has been giving me over the last months with my anxiety/depression, she always brightens me up and, I think, has gone above and beyond even ringing me at weekends to make sure I am OK."
>
> Patient feedback

www.grantamedicalpractices.co.uk

www.cambridgeshire.gov.uk/directory/listings/granta-wellbeing-hub

* See Appendix 3

Case study 4

Glasgow Council for the Voluntary Sector Community Connectors

The Glasgow Council for the Voluntary Sector set up the Community Connector scheme in 2015 to target over 60s to help with health and wellbeing issues. The scheme is run in partnership with local housing associations, and covers just over half of Glasgow city. It was developed as a two-year pilot which extended to three years. It emanated from the city-wide **Reshaping Care for Older People** approach which highlighted that older people wanted local face-to-face support with accessing services. Community Connectors was developed based on research into the best link-working approaches across the UK. The scheme takes a community navigator approach that builds in coaching, lifestyle management and buddying support.

The scheme is staffed by a small team, including managers, practitioners and client liaison officers who provide support with paperwork and referrals. It also includes a volunteer coordinator. Practitioners are embedded within local housing associations. The scheme offers five interconnected services:

- Signposting – which tends to be suitable for carers and more resourceful individuals
- One-to-one person-centred coaching – through which individuals develop a Personal Outcome Plan that identifies people's hopes and aspirations and the support they need to achieve them
- Lifestyle management – which involves help with pacing, medication management, sleep hygiene etc
- Buddying
- Advocacy – both for the individuals, and to influence wider policy and commissioning across health and local authority bodies

The service supports around 500 people a year and referrals are made across the three geographical areas of the host housing associations: Shettleston Housing Association, Queen's Cross Housing Association and Southside Housing Association, although referrals are open to anyone regardless of housing tenure. Referrals also come from local authorities, GP surgeries, health professionals, hospital discharge services, occupational therapists, and via leaflets and posters in newsagents and post offices. The scheme also engages in outreach out and about including in supermarkets. It is funded by Glasgow's Health and Social Care Partnership and costs around £360,000 a year.

Around 65% of those using the service identify as socially isolated or at immediate risk of social isolation.

The service uses the 'Good Conversations' model to understand what matters most to people, and charts progress against a range of outcomes on a bespoke wheel, with progress checked every three months.

The conversation model involves supporting people to identify the things that matter to them and to identify changes they want to make. Conversational prompts prepare people to look for small changes, by asking questions like:

- What would be the smallest sign of progress?
- What would let you know that you have made that progress?
- What would you like to be telling me about the next time I see you? (To elicit from them their description of their preferred future to help increase motivation)
- What difference would that make?
- How confident are you about doing what we've talked about?

Among service users, 80% report improvements in connections, and 40% in wellbeing.

> Managing pain, dealing with symptoms of my growing brain tumour and failed treatment left me feeling suicidal. I didn't know where to turn. I could not cope with such devastating news. Being in isolation made everything worse. Your calls kept me going, you got me answers to my questions, you got me effective pain relief and helped me understand my feelings and decide what support I needed. I don't feel alone any longer, I feel relieved I'm getting the support and services I need. I'm feeling good and less fearful about the future. It feels good to have some peace of mind.
>
> AD

www.gcvs.org.uk/our-projects/communityconnectors/

Read the supplementary case studies that have also helped inform this report
www.campaigntoendloneliness.org/wp-content/uploads/promising_approaches_revisited_supplemental.pdf

2.3. Supported access

Loneliness damages people's confidence and fear can limit their willingness to engage with new activities.[54] As a result people often need support to access services and to help them overcome loneliness.

Approaches that seek to address this often work by linking lonely individuals with a trusted 'buddy' or 'mentor' with whom they can develop a relationship, and who offers practical and emotional support to help them achieve their goals. This role is different to that of an adviser or an assessor in that the mentor or buddy may well join them in activities, or provide other practical and emotional support to help them achieve their goals.

This role is also different to befriending in that it is normally time limited, and focused on the achievement of specific objectives such as connecting with others or with groups in the community, rather than offering a long-term connection.

Often these approaches are delivered in tandem with services that assess individual needs, and support the selection of appropriate local services. For example, in the Reconnections service, individuals are supported by a volunteer until they become confident enough to engage independently. In some services the same individual takes on both roles.

There is some, limited, evidence that mentoring schemes are effective in addressing loneliness.[55] Services, such as Reconnections, which offer supported access, have been shown to be effective, but it is hard to disaggregate the specific impact of the support for accessing services from the impact of the service as a whole.[56]

Case study 5

Reconnections

The Reconnections approach started as a pilot with Age UK Herefordshire and Worcestershire in partnership with Social Finance, and commissioners from the County Council and the Clinical Commissioning Group (CCG), who came together to develop a new model to address loneliness. The pilot was funded by social investors via a Social Impact Bond.

Since March 2020, Reconnections was commissioned directly in Worcestershire by the local authority and CCG as an 18+ service. The model was also adopted by Independent Age who are piloting the approach among older people in Barking and Dagenham and Havering, and Guildford and Waverley.

The Reconnections approach centres on working with individuals in their local area to support them to grow their networks and build their resilience. Most people are with Reconnections for a period of around six months and during this time they grow the quantity and quality of their connections, by being supported to link with people and activities that are meaningful to them. In some cases this involves supporting people to join new groups, in others it may involve helping someone to become more confident using the bus so that they can visit family.

Reconnections is supported in each pilot by a service manager and delivered by a team of case workers, a volunteer coordinator, a service administrator and a wider network of around 150 volunteers.

The service administrator is the initial contact for potential Reconnections clients and referrers. After discussing eligibility and suitability for the service they pass the referral to a caseworker.

Caseworkers undertake a 'getting to know you' conversation and co-produce a Reconnections plan. They also assess whether someone can be supported by a volunteer or whether they need to remain in direct contact with the case work team. Case workers manage caseloads of around 40 and tend to stay involved personally with individuals who have complex needs and are in touch with multiple other professionals, while other clients are supported by volunteers. The main cost of the scheme is staffing, although the team have a small pot for marketing and to provide seed funding for activities that people want to undertake.

The service generally works with people aged 65 and over, but in recognition of the higher levels of deprivation and health inequalities in the London boroughs, the service can also work with younger people.

Clients undertake a baseline assessment with further reviews at three months and six months, and after 12 months they complete questions including the MYCAW scale and the UCLA and single item loneliness scales. *

* See Appendix 3

The Worcestershire pilot demonstrated that clients were significantly lonelier, and had more complex cases than had initially been expected when the service was first designed. The caseworker role was introduced in response to this learning and was retained by the subsequent pilots.

Reconnections clients are more likely to be women than men, but the scheme has positive engagement with men. People reach Reconnections through a wide range of referral partners including statutory services alongside a wide range of other community organisations, and local businesses. In the Worcerstershire pilot, the team also spent significant amounts of time out and about in the community, holding pop-ups in shopping centres, and at community events to support self-referral and raise awareness of how the local community might support the agenda.

The scheme uses a guided conversation based around the Five Ways to Wellbeing; the emphasis of the conversation is on finding ways to improve wellbeing, balancing what people want and need with how they may also be able to contribute and find purpose.

During the pilot phase, 64% of clients felt less lonely as a result of participating in Reconnections. There was an average drop of -1.39% at six months and -1.28% a year after receiving the service (against a target of -0.8%) on the UCLA loneliness scale, meaning that reductions in loneliness were being sustained.[57]

> Last Christmas I was lonely and depressed. This year I have made so many new friends, started new activities and found joy and pleasure doing hobbies I had forgotten and left behind.
>
> Reconnections Worcestershire service user

www.independentage.org/reconnections/service
www.ageuk.org.uk/herefordshireandworcestershire/our-services/reconnections/

Read the supplementary case studies that have also helped inform this report
www.campaigntoendloneliness.org/wp-content/uploads/promising_approaches_revisited_supplemental.pdf

Chapter 3: Direct solutions

Connector services can only be effective if there are services and support to which people can be referred, and in which they can develop meaningful relationships.

'Direct solutions' offer people a route to achieving a better match between the relationships they want and those which they have. They help to reduce loneliness by:

- Supporting individuals to **improve or maintain** existing relationships
- Fostering and enabling **new connections**
- Helping people to **change their thinking** about their social connections

3.1. Supporting and maintaining existing relationships

Two key things can be done to support people with their existing relationships:

- Helping people to keep in touch with one another by ensuring they have access to infrastructure which supports connection
- Providing people with support to improve the quality of their relationships

Improving access to **transport** and **digital technology,** and ensuring that the **built environment** supports connection, for example providing people with places and spaces to meet and connect, are vital contributions to supporting people with their existing relationships. This Gateway infrastructure is discussed in Chapter 4.

The other way in which people can be supported with their existing relationships is through relationship support, and social skills training. These approaches have not received significant focus as potential solutions to loneliness. However, studies looking at couple relationships suggest there are correlations between poor relationship quality and loneliness.[58] Interventions in couple, and other relationships, may therefore be effective in reducing loneliness. Similarly, there is some, limited, evidence that social skills training may be effective beyond the groups to whom it is usually offered – for example children with learning disabilities – in reducing levels of loneliness.[59]

While relationship support services are available up and down the UK, they are not often considered part of the loneliness response, and more work may be needed to bring approaches from relationship counselling into the support offered to people who are lonely. However, light touch support with social skills is sometimes provided by link workers and mentors as part of connector schemes and there is a case for more work to understand and evaluate how best to incorporate this support into these schemes.[60]

Case study 6

Living Together with Dementia

The Living Together with Dementia (LTwD) programme was created by the charity Tavistock Relationships and aims to improve the quality of life and mental health of couples living with dementia through couple-focused psychosocial interventions. It was born of a recognition that little attention was paid to the impact of dementia on the relationships between a person with dementia and their carer – usually their spouse, but sometimes a son or daughter. It was built on insights around how dementia disrupts people's attachments, and the impact this has on relationships. Dementia can leave people with the illness, and their carers, extremely isolated and lonely.

The programme involves couples meeting on a regular basis with a professional trained in the LTwD approach, who visits them at home. The couple discuss their experiences and feelings and carry out everyday activities together which are filmed so that later, their interactions, thoughts and feelings can be discussed. The focus is on increasing emotional involvement and understanding between the partners, and finding new strategies for enhancing this.

LTwD is a person-centred intervention, working with the uniqueness of each couple's life experiences and tailored to their strengths and needs. It utilises the resilience of the couple's relationship and the capacity for the relationship to survive and act as a protective resource, and supports couples to adjust to dementia, helping to contain care needs.

The scheme started with seed funding from the Young Foundation and has since been funded in Camden, and City and Hackney in London and in Bristol. However, funding has tended to be time limited. Tavistock Relationships continues to offer training in the programme for a range of professionals, training them to work with couples following a dementia diagnosis in a two-to-three-day training course which is followed up with ongoing supervision. The programme is also available at the Tavistock Centre with fees payable on a tapered basis depending on the means of the individuals involved.

Evaluation to date has shown that a significant number of those carers who were experiencing high levels of 'carer burden' at intake, moved to a low-burden group at the end of the programme. The proportion of 'improvers' was significantly higher than the proportion of those carers who reported higher burden at the end, which is notable because of the progress of the dementia that was experienced over the same period, and the impact this would normally be expected to have on 'carer burden'.

Plans are being developed for further evaluation of the programme and couples are being recruited to this trial at present. Couples generally find their way to the service via the Tavistock Relationships website, but more proactive recruitment is underway via London GPs to support the planned trial.

> "The other day my husband came into the kitchen and asked if he could help me when I was making dinner. He hasn't done that for years... I thought he was making a connection with the work we have been doing with you – and I thought, thank you.
>
> Participant

tavistockrelationships.org/relationship-help/living-together-with-dementia

3.2. Supporting new social connections

There are two main categories of direct intervention to support people to develop new connections – group-based approaches, and one-to-one approaches.

a) Group-based approaches
We heard a strong consensus from our experts that for people who would benefit from making new connections, participating in group activities will, in most cases, be the most effective route. However the evidence around the impact of group based interventions to addressing loneliness is mixed, and the most recent overview of reviews on the effectiveness of loneliness interventions concluded that there is no one-size that fits-all approach to alleviating loneliness in the older population. What is most important is that approaches are tailored to individual preferences and needs.[61]

In 2005, Mima Cattan's systematic review of loneliness initiatives[62] found that the most effective loneliness interventions for older adults are

- Age group-based and targeted at a specific group
- Focused on a shared interest, or with an educational focus
- Involve older people in running the group

These criteria remain core to understanding the kind of groups that can support people in reducing loneliness. However, these criteria encompass a wide range of groups which vary in their activities, make-up and type.

We know that most people want to connect with other individuals with whom they feel they have something in common. While Cattan's framework suggests that groups should be centred around shared interests, in reality we can share many things. The vital thing is to ensure there are a broad range of opportunities available to enable people to find others they can connect with.

We can find connection through shared:

- *Values*
- *Experiences*
- *Identities*
- *Histories, or even a*
- *Sense of humour*

In recent years, there has been significant work on understanding the impact of different types of groups, and activities, from peer support groups, to physical activity groups, choirs, arts activities, faith groups etc. Much of this evidence is of relatively low quality, although there have been robust studies of group-based physical activity that have shown positive impacts on loneliness.[63]

In reality, different group types will suit different individuals, not just because people have diverse interests and motivations for getting involved, but also because they want to connect in a range of ways. While some people find meaning and purpose in friendships, others find more formal roles most meaningful.

Some people thrive in purely social situations, while many prefer to develop relationships based on mutually understood roles, for example working together with others to achieve a common goal.

The table overleaf sets out just some of the different group activities, and how they can provide people with different ways to get involved and relate to different interests. The examples in the table are illustrative, not definitive. Links will take you to examples of some of the activity types.

Types of group-based activity

Way of getting involved →

Nature of activity	**Informal socialising**	**Volunteering**	**Holding a formal role**	**Participating in something**	**Learning together**	**Peer-to-peer / reciprocal support**
Sports and physical activity	Jazz Up Your Life*		GoodGym coaches (see page 80)	Walking football Walking Friends Wales*	Zumba classes	Sporting memories groups*
Arts and creativity	Knit and natter groups		Greater Manchester Culture champion	Men's Sheds / Tools Company – Age UK Exeter*	Art classes	Singing for the Brain (see page 62)
Social groups	PALS Group Pembrokeshire*					Sage LGBT social groups*
Sharing identity or experiences	Carers Drop-in Project 360 veteran's drop-in* HereNI*	Buddy scheme	Late Spring Ambassador (see page 44)		Carers courses	North East Young Dads and Lads* Parkinson's UK Forum*
Food	Lunch clubs	Sunshine Café*			Cookery classes	Diaspora community shared meals
Helping out or making change		Engaging in community development (see pages 77 & 78)	GDA's Drivers for Change (see page 41) Tenants' associations	Kilburn Older Voices Exchange (see page 43)		Mutual aid groups
Learning new skills		Community First Responder	Acting as a magistrate	IT courses	University of the Third Age (U3A) Open Age (see page 39)	Peer support groups / buddying schemes
Spiritual	Attending services and events in the faith community	Helping out with faith community activities	Taking on roles, for example, lay preacher	Attending services	Study groups	Faith-based support groups

*Read the supplementary case studies that have also helped inform this report
www.campaigntoendloneliness.org/wp-content/uploads/promising_approaches_revisited_supplemental.pdf

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. The support in accessing services offered by connector services (as discussed in Chapter 2) is vital. However, there is also increasing recognition that the way in which groups operate can be more or less effective in welcoming lonely individuals. Work by Ageing Better in Camden, part of the National Lottery Community Fund's Ageing Better programme, has sought to articulate the key features of groups which are particularly effective in giving support to overcome loneliness and isolation – an approach they characterise as a 'Warm Welcome'.[64]

Case study 7

Warm Welcome

The Warm Welcome approach was developed on the back of insights generated from the National Lottery Community Fund Ageing Better in Camden programme, which is led by a multi-agency programme team hosted by Age UK Camden. It emerged from a review of work across the programme to connect older adults to community activities, and the growing recognition that not all community groups and activities were equipped to support people who were lonely to connect.

Warm Welcome is a framework for community activities to follow to enable them to effectively 'pull' older people towards their activities. It complements other activities within the programme like social prescribing through which people are encouraged to connect with opportunities (which offer a 'push' towards connection).

The Warm Welcome approach sets out a range of things groups need to do to be effective, including activities and functions, such as designating a 'meeter and greeter' to welcome new people, and telephoning new joiners after their first time, and checking up on people who stop attending to see how they are doing, and providing support with transport.

The approach also recognises the skills and behaviours that group facilitators need to ensure groups are inclusive, including by creating an active welcome, encouraging friendships but avoiding cliques and managing challenging behaviours and conflict.

Such approaches are crucial because the experience of long-term loneliness can impact people's social skills and confidence. Getting the welcome right can make an enormous difference to whether groups are effective in tackling loneliness. However, not all funders of groups and activities recognise the importance of these approaches or the skills required to manage them in a light-touch way. Though they do not need huge resources, they do need deliberate planning.

> When you live on your own, I might have had a heart attack last night, and she's ringing me up to say are you coming, and no answer, alarm bells and I love that, that feeling that I am wanted and welcome.
>
> Warm Welcome group participant

The Ageing Better in Camden programme invests nearly £460,000 in 30 organisations offering a Warm Welcome approach across their groups. Each group engages in its own publicity and outreach, and also receives referrals from Ageing Better in Camden's outreach team and community connector service.

Through this work, Ageing Better in Camden has connected with 5,268 older people of whom around 65% were women and 34% men, ranging from age 50 upwards. Data from evaluation showed that those who engage in more activities tend to have lower loneliness scores on average. It also showed that those who got involved with helping others were more likely to see reductions in their loneliness levels.

www.ageingbetterincamden.org.uk/warm-welcome-approach

Below we showcase a wide range of group activities offered in different settings to demonstrate the enormous diversity in the ways group activities are developed, funded and delivered. Most communities will need a range of group activities to meet people's diverse needs and desires, and to ensure that those at most risk of loneliness or who may be marginalised, are included. Commissioners and funders need to consider how best to deploy their resources to meet the range of their communities' needs.

Case study 8

The Cares Family

The Cares Family is a group of charities that work across five local areas in north, south and east London, Manchester and Liverpool under the umbrella of a parent charity. The charities seek to expand community and connection in rapidly changing cities by bringing older and young people together to reduce loneliness and isolation through relationships; and to improve people's confidence and their sense of community belonging.

The Cares Family had an overall budget of £1.7 million in 2019/20, 80% of which covers staff costs. The key sources of funding are from community fundraising (including from high net worth individuals and corporate partners), and from trusts and foundations. The Cares Family was supported to scale its approach through funding from the National Lottery Community Fund, Nesta and the Esmee Fairbairn Foundation.

It uses local heritage to help reduce the gaps between people, and to build meaningful relationships across divides through four core programmes:

- Social clubs which offer group activities centred around creating time for laughter and new experiences. Groups are made up of between 10 and 150 people who participate in technology workshops, and visits to local businesses, to choirs and dance parties. Social clubs are organised by members of the Cares team, who book venues and communicate with older and younger people about the events, and organise facilitators, performers, DJs etc. The events are built around a particular activity or area of interest which helps people who may be more nervous about chatting to get involved. Everyone is welcomed to the event, and introduced to other participants so that people immediately feel connected.
- Outreach through which the team connects with older and younger people and encourages them to get involved in Cares' activities. The outreach team works in a range of community settings including pharmacies and GP surgeries, local faith groups, pubs and betting shops, and by knocking on doors. The team also undertakes home visits where needed. They spend time talking to people about their lives and interests, building trust and helping them to identify things they might be interested in doing – whether that is attending events or support to get involved with other programmes.
- Love Your Neighbour which offers people one-to-one connections in their own homes or out and about. Friends are given a £40 budget to enable them to buy in board games, films or takeaways, or to go out and enjoy a trip to the café or other community activity together.
- Community Fundraising which offers another way for older and younger people to come together to share time and camaraderie, and to build a stake in the community while keeping all the activities free.

Data from 2016 for North and South London Cares suggested the majority of participants were female and that most lived alone. Most older neighbours were aged 70 and older.

North London Cares and South London Cares have been the subject of multiple evaluations over the years – data collection has been a challenge across these studies, but the overall conclusion has been that the work of the Cares Family is effective in reducing loneliness particularly among older neighbours, and in improving people's sense of belonging and connection.

> I got really lonely. The only place I went was to the supermarket and the library. South London Cares saved my life. I would've been housebound. You have a purpose to get up in the morning.
>
> Older neighbour, South London Cares

www.thecaresfamily.org.uk/home/

Case study 9

Open Age

Open Age is a charity which works with older adults in the London Boroughs of Kensington and Chelsea, Westminster, Hammersmith and Fulham and Brent to deliver high quality, low cost group activities to older people across three main areas:

- Physical activity – exercise classes from ballet to boxing as well as more clinical programmes for frail older people
- Adult community learning – a range of non-qualification-based structured learning courses
- Arts and culture – a programme of activities many of which are delivered in partnerships with organisations such as the Saatchi Gallery, the Tate Modern and the Science Museum

As well as working from its own three centres, Open Age makes use of a wide range of community venues, putting on 350 activities per week reaching 1,500 older people each week. The organisation has an active membership of 4,500 older people.

Open Age charge a standard fee of £1 per hour for most sessions. In 2019/20 the organisation spent £1.7 million and ran 14,000 hours of activity with over 76,000 individual attendances.

The only criteria for being involved is being aged 50 or over. In practice most members are in their 70s and 80s; 78% are female but Open Age offers a specific men's programme. The ethnic make-up of participants broadly represents that of the local population – 56% are white British; 11.5% are black; 8.5% are Asian; and 3% are of mixed backgrounds; 52% of participants live alone; 68% have a disability or long-term condition; 5% identify as having caring responsibilities.

Most participants find their way to Open Age through word of mouth, a conversation with their GP or with professionals in another charity. However, an outreach and support team supports people facing barriers to access. Open Age also take referrals from the Kensington and Chelsea's My Care, My Way team – an integrated care service for older people.

Open Age's 'link up team' offer 10 to 12 hours of support to individuals to help them engage with the charity. It meets people in their homes and works to identify which activities might suit that individual. It also supports people with joining groups, accompanying them on their first visit where necessary. They also employ a men's coordinator who plays a similar role to the link-up workers.

Open Age gather regular feedback from members. It has also undertaken an annual survey. In the last one in December 2019, members reported that, as a result of being involved with Open Age:

87% experienced improved wellbeing
77% had increased energy
69% had more friends
84% were more motivated
82% improved their physical activity level
80% had increased confidence

In addition, 51% of members reported fewer visits to their GP and 47% fewer visits to hospital or community services.

> I used to spend my days watching telly. I wasn't motivated. I was just sort of stagnating. Once I started going to the classes, it put a bounce back in my step and I'm looking at things in a different way now... I really enjoy... [Open Age]. It's done a lot for my... I don't know if mental health is the right word, but it's given me a focus to get up and out.
>
> Irene 68 years

www.openage.org.uk/

Case study 10

Glasgow Disability Alliance

Glasgow Disability Alliance (GDA) is a Disabled People's Organisation run by, with and for disabled people, with over 5,000 members across Greater Glasgow. It was formed in 2001 to give disabled people a voice, to reduce social isolation and loneliness and to build participation and a sense of community. It provides a space for people to connect with each other, with services which can support them and it brings both disabled people and policy makers and service designers together so that they can hear how best to work with disabled people and improve access. Initially it was a response to long-running concerns that key decisions about health and social care were being made without the insight and participation of disabled people.

GDA works across the generations. As well as providing services and connections for people, it also champions and supports disabled people in their work to get their voices heard. Participation is not time limited, nor is it dependent on membership, and people can access multiple programmes.

Programmes include:

- Free accessible information
- Welfare rights service, which in its first year secured over £1 million worth of benefits entitlement
- A wide range of free learning and personal development courses
- Drivers for Change – a programme which empowers disabled people to build their confidence and voices individually and collectively to contribute to policy discussions and co-design responses and services with government, local government, health bodies or other public or third sector partners looking for insight and consultation
- Community clubs – offering help with setting up and keeping clubs going, budgeting, opening bank accounts etc
- Additional supports which have been developed and offered during Covid-19, including a Wellbeing service – telephone support and informal counselling, a Lifeline service – food and medication deliveries and a digital support programme providing devices, access to broadband and intensive digital coaching.

A key aspect of GDA's work is that it is free, and offers support to enable participation like providing personal assistants (PAs) to help with personal care, help to get food, get coats on and off, literacy support and moral support. Transport had been identified as fundamental to helping disabled people access programmes, so free taxi transport is arranged. GDA also builds in communication supports, for example British Sign Language interpreters, note takers, language interpreters and accessible formats for materials.

People can self-refer to GDA, and referrals are also received from health and social care bodies, housing providers, third sector organisations, community and day centres, and others. It also runs stalls at events, hosts daytime pop-up events at supermarkets, regularly runs workshops and makes presentations to third sector and statutory referral bodies.

The organisation is also active on social media and produces an online and offline newsletter that goes to all members, and to every GP surgery, social work department, community centre and care home in Glasgow City. Word of mouth from members is a powerful advertisement for the organisation.

To ensure that people feel welcome and included, PAs are available at all events to check people in, welcoming and accompanying them, and introducing them to staff and other members. Where potential new members are anxious, phone calls are made ahead of the day to make arrangements to support them to participate. First-time learners are given priority for courses, and their experiences are tracked.

Volunteering roles are informal and members are encouraged to participate in a range of programmes including the Purple Poncho Players (a drama company that helps to improve awareness and visibility of disabled people), Drivers for Change and peer-to-peer facilitation.

The organisation receives funding from Glasgow City Council, Glasgow Health and Social Care Partnership (GHSCP), National Lottery Community Fund and from the Scottish Government in recognition of its Strategic Intermediary status and ability to bridge national policy and local delivery.

All members fill in evaluation forms on joining and on completion of courses – these include rating their levels of confidence, connections and improvements. The organisation also gathers feedback through focus groups and case studies.

> I love the days with GDA. It takes away the feelings of isolation I sometimes feel when I feel down. It is also great to learn new skills when having fun. It makes the day go so quickly.
>
> Member feedback

> Getting the taxi, lunch and personal support meant I could come along and try something new with nothing to lose. I was a bit reluctant, but now I am hooked – it was brilliant, so much better than expected and I really did enjoy meeting new people, even though this terrified me!
>
> Member feedback

gda.scot/

Case study 11

Kilburn Older Voices Exchange

Kilburn Older Voices Exchange (KOVE) is a group for older people in the Kilburn and West Hampstead areas of London who want to get together and improve the local area.

At the heart of KOVE's work is a commitment to bring people together to overcome social isolation. Twice monthly 'bench to bench walks' offer gentle exercise and a chance to chat, including over refreshments at the end, while the film club includes a chance to watch and then discuss a film. These and other activities are largely funded by Ageing Better in Camden as part of the National Lottery Community Fund Ageing Better programme.

KOVE has a long history of campaigning on issues that affect older people. The group works with councillors and council officers to improve the local environment through the provision of benches (so older people can rest while shopping, exercising, getting out for a break etc), access to public toilets and better bus shelters.

KOVE's activities have an impact on individuals as well as benefiting the wider community. From April 2018 to March 2019, 366 people attended at least one KOVE event (up from 298 the previous year), with total attendances of 1,194 (up from 1,138). The 2019 satisfaction survey found that through involvement with KOVE, 30 out of 33 respondents said they had met new people, 21 said they felt less isolated, and 23 felt more involved in their local community.

A recent success was the refurbishment of the bus stop on Abbey Road, after several years of campaigning by KOVE. New seating and side panels were installed and it has been hailed as good news for people visiting the nearby Abbey Community Centre. KOVE is also making it easier for older people and others with mobility issues to cross major roads safely. The crossing near Sainsbury's only allowed seven seconds to cross but after a KOVE team met with Transport for London officers, this was increased by four seconds.

> KOVE takes care of people who come on the walks and makes sure all participants feel comfortable and supported.
>
> Bench-to-bench walk participant.

www.kove.org.uk/

Case study 12

Late Spring

Late Spring is an initiative of Age UK Oxfordshire which offers bereavement support groups across the county.

Late Spring was set up in response to feedback from older people about the lack of support for people who were struggling with bereavement. It is funded from the charity's core funds, from charitable donations and fundraising.

It provides an opportunity for people aged 60 and over who have been bereaved to meet twice a month for coffee and cake and for facilitated peer support. There are 25 groups across Oxfordshire embedded in their local communities, meeting in community halls, local churches, a Waitrose community room, and other accessible venues.

Groups vary in size from six to 28 people, and individuals come to Late Spring via the organisation's website, leaflets in GP surgeries, via links with the bereavement charity Cruse and local hospices, and through social prescribing. However, the primary route in via word of mouth. Partners on the ground are crucial to spreading the word and Age UK Oxfordshire's community information network team help to ensure people know about Late Spring.

Late Spring offers people ongoing support as they live their lives. People joining the groups have an initial telephone call with the group facilitator who finds out more about the individual and ensures that when they come through the door they will have already formed a relationship and their needs are understood.

A number of longstanding Late Spring group members have now taken on ambassadorial roles to help raise awareness of the group, support new members, and sometimes visit potential members who may be uneasy about coming to the group for the first time.

Group facilitators guide the conversation and ensure groups are inclusive but they see their role as providing 'air traffic control' while the groups themselves 'fly the plane'. Similar issues come up each year and longer-standing group members share their experiences with newer members.

Many Late Spring members have formed friendships with others in the group, going out together and sharing holidays and trips. However, Late Spring also plays a role in helping members with their existing relationships, by offering people a neutral space to think about how to manage other family members' reactions to bereavement, and to navigate tricky occasions such as Christmas and anniversaries which are a key theme each year.

The cost of the running the 25 groups is £35,000 which covers the cost of facilitators' time and the venues. Teas, coffee and cakes are provided too although a donation pot is left out if people wish to contribute.

In a recent survey, 84% of participants said they had made new friends as a result of coming to Late Spring and 51% said they felt less alone; 37% reported feeling more confident.

> It's hard and you get lonely, but it feels good to talk about it. I've felt a lot lighter since coming here… it does the world of good to laugh and be with others who understand.
>
> Late Spring group member

www.ageuk.org.uk/oxfordshire/our-services/late-spring/

Case study 13

National Theatre of Scotland: The Coming Back Out Ball

In 2019, the National Theatre of Scotland and the Australian company All the Queen's Men (ATQM) launched an initiative in partnership with Eden Court (Inverness), Luminate and in association with Glasgow City Council to challenge social isolation among LGBTI+ people aged 50 and over. The programme hosted a series of social dance events across Scotland and was intended to culminate with The Coming Back Out Ball in June 2020.

The purpose of the social dance clubs was to give space, visibility and opportunity for people to connect and celebrate partnerships. Eden Court and others provided access to spaces to host the clubs. The events attracted mixed groups, reaching in total between 100 and 130 people, including people who identified as male, those who identified as female, and people at different stages of their 'coming out' journey – including those who had only just come out and some not 'out' to all of their contacts. There was less representation from those identifying for example as non-binary and people of Asian, African or Caribbean heritage.

In total 28 live dance clubs have taken place, with an average of two a month, taking place regularly in Glasgow and Inverness alongside pop-up dance clubs in Ayr, Edinburgh, Perth and Lyth.

The project also established a community forum which helped to steer the project, and this includes regular Social Dance Club members and is open to all. There is also a monthly newsletter to keep participants updated.

The 12-month programme was funded mainly by the National Theatre of Scotland, including the running of additional engagement activities to encourage participation. The group put significant effort into making the environment feel safe, including by ensuring there were no cameras at the events unless agreed by all members ahead of the event. A closed Facebook group was developed to enable people to remain in contact.

> "I began coming along to Social Dance Clubs to improve my social life and contacts with the looming prospect of my daughter going off to university in a new city. Be careful what you wish for as not only have I made lots of great new friends but it has increased my confidence and hopefully my employability skills and work prospects, as well as improving my mental wellbeing and helping my fitness and weight loss. The dance clubs are a great place to meet new people who have been nothing but welcoming and supportive.
>
> A Social Dance Club attendee

www.nationaltheatrescotland.com/events/the-coming-back-out-ball

Read the supplementary case studies that have also helped inform this report
www.campaigntoendloneliness.org/wp-content/uploads/promising_approaches_revisited_supplemental.pdf

b) One-to-one approaches

Befriending remains one of the most common forms of loneliness intervention. For those who are unable to connect socially with groups outside, long-term one-to-one friendship support at home has long been the only available solution. The most common form is traditional 'befriending' services through which an older person is matched with a worker or volunteer who visits or telephones them on a regular basis.

The evidence around the impact of befriending is mixed with some studies showing small positive effects on loneliness while most show no positive effect.[65] The fact that 'befriending' is not clearly defined poses a challenge to the evidence base which might support its effectiveness. Not all befriending services are the same – some are based on linking people to peers, others are based around activities, some focus on activities outside the home, others offer specialist support for at risk groups who may struggle to engage with wider provision. Some befriending schemes are based on in-person visits, and others are delivered over the telephone. Studies often conflate services which offer a one-to-one relationship as the end-game with those that connect or reconnect individuals to wider social contacts through an (often time limited) one-to-one enabling, mentoring, or other supportive intervention.

However, befriending remains highly valued by its recipients. We have some understanding of what people value about befriending support

People who use befriending schemes value

- *Good conversational skills*
- *Empathy in their befrienders*
- *Opportunities for emotional support*
- *Reciprocal social exchange through safe confiding relationships*[66]

For those for whom 'getting out' to the wider community is impossible (due, in many cases, to inadequate social care provision) befriending offers one of the only routes to human connection. It may therefore be a 'humanitarian response' to a lack of social contact rather than a solution to loneliness.

However, it will be important to develop the evidence further around what makes befriending most effective.

During the Covid-19 pandemic, the range of organisations offering telephone befriending has increased significantly and many existing services who offered face-to-face services have shifted to the telephone. While it is unlikely that significant quantitative evidence will have yet been gathered about the impact of these services, evidence from case studies and testimonials suggest that it has been highly valued.

The pandemic has, however, also forced many providers of group activities to consider how their support can be offered remotely, opening up the possibility that, in future, there may be more options available to those who are unable to connect with activities outside their home. A priority should be to evaluate the impacts of group-based and one-to-one remote activity to understand which approaches are most effective in reducing loneliness.

Case study 14

Age UK's Telephone Friendship Service

The Telephone Friendship Service is a national service run by Age UK which offers older people the chance to be matched with a volunteer for a regular friendly chat.

The service is free of charge and works with older people and volunteers all over the UK. Referrals come from local Age UK and the Silver Line partners, social services, the NHS, from family and friends (with consent), and from older people.

The service is available to anyone aged 60 and over who would benefit from a regular weekly telephone chat, though it is not always suitable for people with memory loss, dementia or mental health issues who need a higher level of support. Members are 74% female and their average age is 82. The service currently supports over 7,000 calls between older people and volunteers every month and makes short weekly calls to another 650 older people.

Once referred, the older person is contacted to make sure the service is suitable for them and to collect information on their hobbies, interests and life experience. New members of the service initially receive short weekly 'Good Day calls' from Age UK staff.

The Good Day calls allow staff to find out more about the member, and to ensure they are offered any advice or support they need. After a few weeks, Age UK's Friendship Coordinators match the member with a volunteer, based on their common interests and a weekly friendly chat is arranged.

The Friendship Coordinator team onboards volunteers, completes references and checks and offers ongoing training and support to volunteers. Friendship Coordinators are the first port of call for any concerns a volunteer has about their telephone friend.

Volunteers and older members are encouraged to exchange postcards, photos and greetings cards with each other (via the Age UK office so no personal details are exchanged). Members also receive birthday and Christmas cards and newsletters to help them feel part of the service and connected to Age UK.

This scheme was initially piloted in Gloucestershire, and was then developed into a corporate volunteering opportunity with companies allowing their staff to make weekly calls from work. The scheme partners with 20 companies supporting over 300 friendships. Since 2016, members of the wider public have been able to volunteer for the scheme and this has allowed rapid expansion. The scheme has further expanded as a result of Age UK's new partnership with the Silver Line.

It costs Age UK an average of £5 to provide each friendship call. The programme is funded by a mixture of grants and foundations, community fundraising and corporate support.

Calls are recorded and monitored, and Age UK conduct regular evaluations which show that the service has a consistently positive impact on the average UCLA loneliness score for its members.

A member survey in 2018-2019 showed:

- 99% of members said calls made them feel at least a little less lonely and 60% said the calls made them feel a lot less lonely
- 21% of members said they had increased social contact in their communities; 17% accessed services they didn't know about before and 23% felt more active
- 93% of members told us their wellbeing had improved since having calls

It also showed that 98% of volunteers enjoyed their volunteering experience.

Age UK are now developing peer-to-peer group calls for members, and have successfully piloted this approach. Age UK plan to expand this offer in future as either an alternative or an add-on to one-to-one calls.

> "I look forward to the call every week. I organise my dinner around it so we can have a good chat. I do look forward to it. You know, I'm just sitting here all day, especially now when we can't go out because of coronavirus. You know, I'm only going out once a week to do my shopping, but apart from that, I've got nothing to do. So I do really look forward to chatting to her on a Sunday. She's as good as gold. I'd very much recommend it to other people. It's another lifeline really.
>
> Friendship service member

www.ageuk.org.uk/services/befriending-services/sign-up-for-telephone-befriending/

Case study 15

Opening Doors London

Opening Doors London (ODL) is the only charity in the UK working specifically with older people who identify as lesbian, gay, bi and/or trans. Starting as a project of Age UK Camden, ODL became a charity in its own right in 2016. Its aim is to ensure that older LGBT+ people can live happy, healthy and independent lives that are free from loneliness, isolation, prejudice and discrimination. Since becoming a charity in its own right, ODL now provides services nationwide.

ODL provides social activities, one-to-one befriending, specialist support for those affected by dementia and for those with carer responsibilities, and an intergenerational volunteering programme. It also works with organisations to support their understanding of the needs and experience of older LGBT+ people through training and their national quality standard, Pride in Care, designed for organisations wanting to demonstrate that they are providing inclusive services to the Care Quality Commission and potential clients.

The majority of members self-refer after hearing about ODL from someone involved, or seeing literature in a local library, or GP office etc. However, referrals from external agencies (particularly adult social services) have increased following the delivery of training to front-line staff.

ODL is funded by a range of funders including the National Lottery Community Fund (Reaching Communities), City Bridge Trust, and Mercers, through donations and occasional legacies and through earned income.

In a survey of members in 2019:

- 89% said they felt they could be themselves without fear of being judged by others at ODL
- 82% said they felt more connected to the LGBT community because of their involvement with ODL
- 61% said they felt more comfortable attending ODL groups/events than other mainstream services
- 69% said that ODL has made them feel less isolated
- 68% felt that ODL has benefitted their mental health

Ronald is a 67-year-old man who was referred to ODL by his mental health support worker who wanted ODL to help him make new connections to become more included in society, and build his confidence.

Ronald was matched with a volunteer, Lucy, as he had said that he felt more comfortable with women. At their initial befriending meeting they immediately got along and began weekly meetings with agreed time boundaries. Lucy takes an interest in the things he is interested in and took him to the RAF museum for his birthday. She

has also supported him through a number of traumatic events. As Ronald's confidence has grown, he has introduced Lucy to people in his area who he gets along with, including the staff in his local café. Since the Covid-19 lockdown, they have been speaking twice a week on the phone and are now meeting up in the park for socially distanced chats.

ODL supports Lucy to help her maintain appropriate boundaries with Ronald, and the team regularly check in with his mental health support worker who informs them of any changes or additional needs.

www.openingdoorslondon.org.uk

Read the supplementary case studies that have also helped inform this report
www.campaigntoendloneliness.org/wp-content/uploads/promising_approaches_revisited_supplemental.pdf

3.3. Psychological approaches

The third category of Direct Solutions supports people to overcome loneliness by addressing the expectations, thoughts and feelings they have about their relationships. These approaches address what Masi et al. called 'maladaptive social cognition'.[67] In the previous *Promising Approaches* guide, we identified the enormous potential of these approaches, but found that they were yet to be put into practice in most areas.

The potential for psychological approaches to address loneliness has been further explored in detail in our recent publication *The Psychology of Loneliness.*[68] This report demonstrates clearly how loneliness can create a negative spiral of emotions about ourselves and those around us, but with effective interventions, individuals can be supported to come out of this spiral.

While loneliness is not a mental health issue in itself, mental health problems, particularly depression and social anxiety, can cause loneliness, while loneliness can cause mental health problems. There is a similar relationship with dementia, where loneliness can cause cognitive decline and dementia can lead to people becoming lonely. By contrast, building an individual's self-esteem, their self-confidence and self-efficacy can enable people to make stronger connections.

At present, Mindfulness and Cognitive Behavioural Therapy are recommended for individuals suffering from depression,[69] and there is some good quality evidence of their efficacy in addressing loneliness, and for the effectiveness of Positive Psychology.[70] These three approaches share key principles. They identify the automatic negative thoughts and feelings which can become overwhelming over time and can influence behaviour. They use specific techniques to challenge these patterns and replace them with more manageable and positive ways of responding.[71] However, these approaches are not currently part of mainstream responses to loneliness.

A number of partnerships within the National Lottery Community Fund's Ageing Better programme offer psychological support as part of their work to address loneliness among people aged 50+ with positive results.

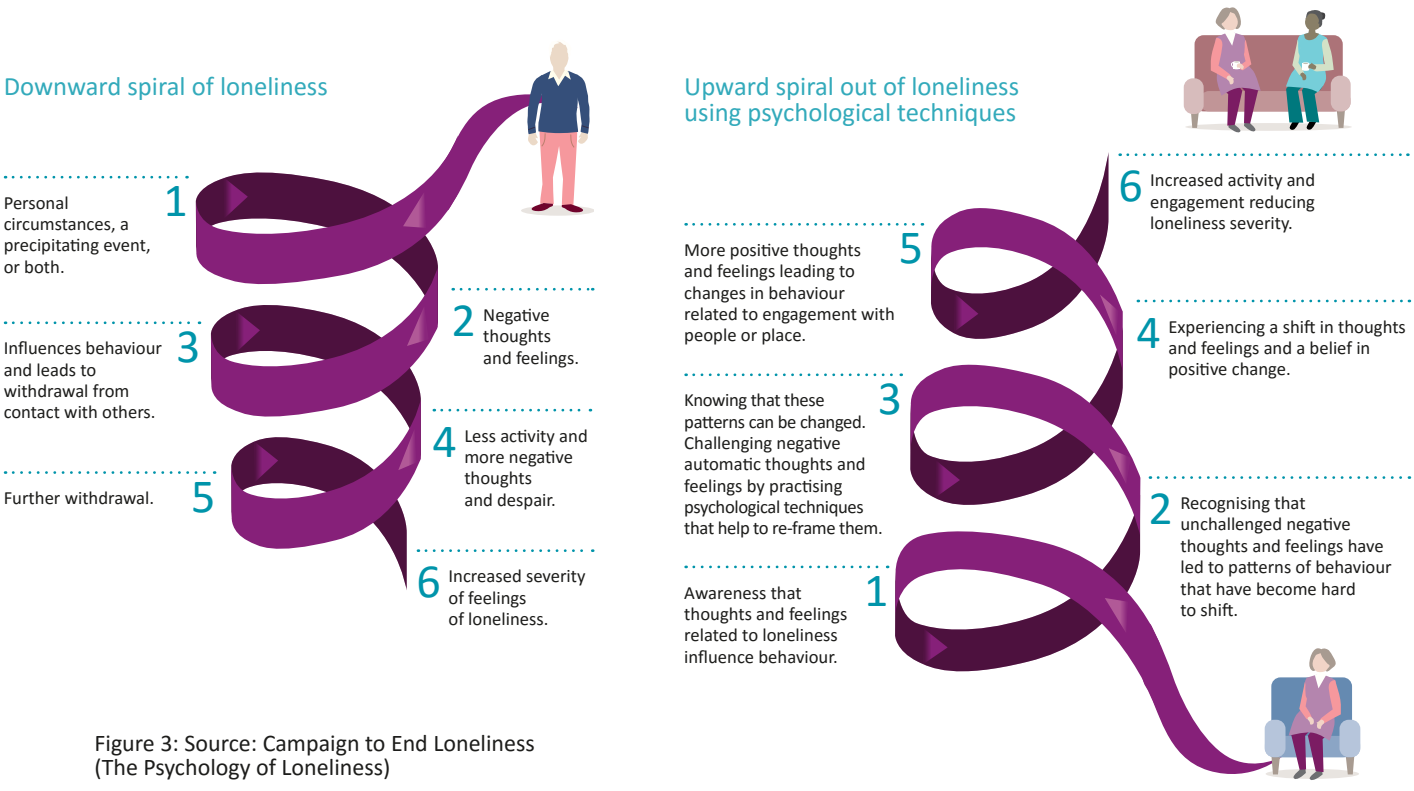


Figure 3: Source: Campaign to End Loneliness (The Psychology of Loneliness)

Case study 16

Middlesbrough Ageing Better Outreach Project

The Outreach Project is run by Middlesbrough and Stockton Mind as lead partners in the Middlesbrough Ageing Better programme, and is delivered by a small team of outreach workers and psychological therapists working together to offer holistic person-centred support, including to older adults experiencing loneliness and social isolation.

It is an open access service for all adults over 50 living in Middlesbrough. Most participants were at the younger end of the age spectrum between 50 and 65.

The scheme was built on a desire to test the potential benefits of breaking down barriers between practical support and therapeutic work by allowing professionals to take on learning from both disciplines, enabling therapists to get more involved in individuals' lives and giving outreach workers the opportunity to work in a more therapeutic way with service users. It is delivered by a small team of two outreach workers and 1.5 full-time-equivalent therapists. Support was not time limited and barriers to staff working across disciplines were reduced.

Initially it was expected that the programme would result in people connecting to community groups and activities but in practice this did not often happen. Often the main outcome was people being more comfortable with their circumstances, and more able to manage their loneliness.

Findings from an evaluation undertaken in 2016 suggested the programme achieved positive improvements in levels of loneliness (measured on the DeJong Gierveld Scale), wellbeing, anxiety and depression. However, sample sizes were relatively small at that stage.

Participants were referred into the programme by a range of local agencies and self-referrals were also encouraged by local campaigns, by writing letters to people who were known to the programme but who had not engaged with activities, and through connections with bereavement services, Improving Access to Psychological Therapies programmes etc.

Originally the programme envisaged significant proactive outreach as part of the activity, including working through local shops and services but, while these organisations did have an understanding of who was lonely in their communities, this did not translate into a willingness to make referrals.

> I have depression, which blocks my thinking, I was lonely and isolated and also have physical health problems, these can become worse when you cannot get out of the house. I cannot thank you enough for getting me through my struggles. When you visit me, I feel as though my spirits have been lifted. The sessions have helped me with depression and anxiety.
>
> Service user survey response

www.ageingbettermiddlesbrough.org.uk/about-us/

Case study 17

The Banks Group

The Banks Group is a surface coal mining, property and renewable energy company based in the north-east of England and Scotland with 340 employees. In February 2019, it introduced a new approach across the workforce called 'Managing Mental Wellbeing' with the aim of addressing mental health issues in the workforce, often caused or exacerbated by the loneliness and isolation that, in particular, their miners can feel, working on their own in a truck all day.

The cost of assessing and/or treating employees with mental health problems had been increasing, so a Mental Wellbeing Strategy Team was set up to develop a new approach to support employees.

The team realised the main issue was reaching people. As one staff member put it: *'The majority of the workforce are miners who drive 200 tonne dump trucks: they're tough cookies. They're not used to showing their emotions and find it difficult to understand mental health.'*

To address these issues the company put in place a range of measures including:

- Increasing the number of Mental Health First Aiders (volunteers with two days training from Mental Health England) from three to 12 and including 'guys from the shop floor' as many miners 'didn't want managers to know their problems'
- Putting publicity and contact details for the Mental Health First Aiders on the TVs in break rooms and around all sites and offices
- Logging anonymous records of conversations (face-to-face or by phone) to identify key issues (for example money worries)
- Arranging awareness-raising events including talks from the Samaritans and drug and alcohol specialists. The company joined 'Time to Change' and took part in Mental Health Awareness Week in 2019 and 2020
- Using an ex-NHS counsellor with 30 years' experience for 'lighter mental health issues' so the company doesn't have to wait until a crisis before sending an employee for (a much more expensive) private assessment
- Distributing a new employee handbook with key 'help numbers'

There are early signs that these actions are having an impact. There is feedback that awareness of isolation and the effect on mental health has been raised throughout the business. A colleague from the Samaritans observed that *'Our counsellors didn't realise some of your guys [working for Banks Group] were struggling through isolation.'*

Good use is made of the Mental Health First Aiders; there are less reported mental health problems and the cost of employees' treatment to the company has decreased. The Health and Safety manager says: *'We can't prove this is all down to the Mental Health Strategy programme but there seems to be a recognition it has made a difference.'*

There is also anecdotal evidence that the support mechanisms put in place have been appreciated and are effective.

> You don't have to be suicidal to need someone to talk to.
>
> Anonymous miner

As most mining work has continued during the Covid-19 pandemic, the main effect of the pandemic has been that conversations with Mental Health First Aiders have had to move to the phone. During lockdown, the company also developed a service known as 'Banks @ Home' where a rota of Mental Health First Aiders have weekly 30-minute phone calls with everyone who is isolating/shielding or working from home.

The Mental Health Strategy and activities will continue after lockdown. Already there are new volunteers for the Strategy Team or to become Mental Health First Aiders.

www.banksgroup.co.uk/8-reasons-to-work-for-banks-page/

Case study 18

Wellbeing Practitioners – Age Better in Sheffield

The Wellbeing Practitioners programme is provided by Sheffield Mind as part of the National Lottery Community Fund programme Age Better in Sheffield. The scheme offers counselling support to people aged 50 and over in Sheffield, with an emphasis on encouraging people who might not normally access psychological support to take part. Sessions take place in people's homes or in other community venues which offer privacy and in which people feel comfortable.

The team engage in active outreach and the scheme accepts referrals from GPs and community mental health teams, as well self-referrals. Referral rates are good which the team attributes to trust in the Sheffield Mind brand.

There are 1,600 counselling sessions available per year through the programme. To date 69% of participants were female and 31% male, with 75% of participants aged 51 to 70 and 25% aged 71 or over; 87% of participants were white British.

The cost of the programme was £247,000 in year one and this covers the employment of six full-time therapists of mixed genders, ages and ethnicities. This diversity of the staff has been important in establishing the credibility of the service.

Wellbeing Practitioners offer up to 24 sessions of counselling. Evaluation found that the service offered an important alternative to the much more limited support offered under the Improving Access to Psychological Therapies programme, and that this could be especially important for older adults.

A survey of participants in the Wellbeing Practitioner service and a linked peer mentoring service found that 61% of respondents stated that, since receiving the service, they needed to see their GP less often about their mental health; 78% of respondents answered 'yes' to the question: 'Do you feel that you have been in more regular contact with people such as family, friends, colleagues, neighbours or others in your community?' Some respondents reported increased confidence and improved communication skills and 68% said that they had tried something new or rekindled a previous interest.

Counsellors found that, because they often visited clients in their own homes, they were able to engage with their clients' lives more holistically, offering more rounded support than in a traditional counselling environment. Evaluation also demonstrated the importance of home visiting in enabling older people to benefit from counselling.

> "Wholeheartedly recommend this service. I feel it has almost literally saved my life to have someone to talk to who also has skills, understanding of the situation and competence! I can't tell you what a lifeline it has been – as a carer it is easy to become isolated and the service has reconnected me to the world as well as myself. I hope it can continue to benefit others too.
>
> Former client, female, age 76.

www.agebettersheff.co.uk/what-we-do/projects/wellbeing-practitioners/

Chapter 4: Gateway infrastructure

Gateway infrastructure describes the infrastructure needed in communities to support people to maintain existing relationships, and to facilitate access to, and enable the smooth running of, services, groups and activities through which people develop new connections. Where this infrastructure is absent or inaccessible, it can create serious barriers to connection.

4.1. Digital access

The impact of technology on loneliness has long divided opinion. While some have argued that the increasing use of technology has exacerbated exclusion, particularly among older people who remain less likely to be online, others have emphasised the vital role that technology can play in enabling older people to maintain – and, to a lesser extent, develop – their social connections.[72] More recently there has been debate about the role of social media and other forms of online connection in loneliness, especially among young people. While critics point to the role that 'curated' social media content can play in setting up unrealistic expectations for relationships and connections, others emphasise the role it can play in bringing people together around shared interests and identities.[73]

While there is some evidence that technology-based support for loneliness can be effective, interventions studied often involve a degree of face-to-face connection, for example, in the provision of online training. It is, therefore, hard to identify clearly what part technology plays.[74] Although there have been some experiments with, for example, chat bots and Artificial Intelligence as a form of companionship, in most interventions the technology *itself* does not provide the new relationship, rather it enables, or creates the catalyst for, new social connections.

Digital technology can also enable people to maintain and deepen connections. It can support the efficient delivery of other interventions designed to address loneliness, for example the recent Department for Digital, Culture, Media and Sport/Nesta Tech4Good challenge encouraged innovation in the use of technology as an enabler in interventions to reduce loneliness.

While the consensus among most experts has been that connecting online should not be a substitute for face-to-face contact, the Covid-19 pandemic has forced many people to embrace online connection, and to rely exclusively on digital connection for sustained periods. Experts consulted for this

report tended to feel that digital contact was providing a significant degree of comfort to people who could not connect otherwise, but that there were some groups for whom it did not work well, including some people with sensory impairments, low levels of literacy or cognitive impairment. There were also some people who did not find it a satisfactory substitute for face-to-face contact. For these groups, organisations were generally finding workarounds – most often providing support by telephone or at social-distance on the doorstep.

The crisis also laid bare the scale of the digital divide, and the nuances within it, demonstrating that there is not one digital divide, but multiple divides between those who have basic equipment and those who do not, but also between those who cannot afford or cannot access WiFi and/or data, those who lack digital skills, and those who lack the confidence to access services and support online.

In response, there has been an upsurge in activity to address the digital divide across the generations with large national programmes in all four nations and many smaller organisations taking their own initiatives.

Case study 19

DevicesDotNow

The DevicesDotNow Campaign is a joint programme by Good Things Foundation and Future. Now – a cross-sector coalition of organisations with an interest in digital inclusion – set up in response to the need to address the digital divide during the Covid-19 pandemic.

The campaign is a call to industry, government and the third sector for donations of cash or equipment to provide devices to people that need them. Donations are matched to people via the network of UK Online Centres which are independent organisations around the UK who deliver digital inclusion support.

Online Centres can apply for devices for people that they identify as in need – they set up the device, personalising it as required, and deliver it safely to the individual. They also provide support with using devices and find that older adults are often in particular need of support.

The network encompasses a wide range of organisations including libraries, adult education organisations, community learning centres and social enterprises, as well as organisations that work with specific groups such as young people, or older people. A number of local Age UKs are part of the network.

Many centres are already well connected with their communities and have been able to identify people who need devices. Others have forged links with organisations such as local housing associations to identify people who may benefit.

By July 2020, 202 community partners had been involved in allocating devices, with 500 more awaiting devices. Data suggests that 25.8% of recipients were aged 65 or over, and 24.4% were in the 'shielding' category; 53.6% were fully isolating during lockdown. The scheme has a target to reach and supply devices to 10,000 people at an estimated cost of £2.5-3 million.

An interim impact report found that 82% of people say they have used the device to keep in touch with family and friends. The scheme has heard strong testimonies of the impact of their work on enabling people to connect through lockdown. Devices have allowed people to connect with family members, and some people have made new connections with services and activities.

> By being able to use video calls on the device, it has made me feel closer to family and friends. I live alone and have previously been feeling lonely.
>
> Scheme recipient

A key point of learning from the scheme is that its value goes beyond the provision of the device – for many people, the new relationships of trust forged with people at the Online Centres have also been valuable.

While this scheme was developed as a direct response to Covid-19, the organisations involved are planning how to continue this work because the pandemic has laid bare how vital personal access to the internet at home is if we are to close the digital divide.

www.goodthingsfoundation.org/devicesdotnow

Case study 20

Chinese Community Centre – Birmingham (CCC-B) – WeChat

The Chinese Community Centre Birmingham (CCC-B) is a registered charity working with Chinese people across the City of Birmingham and the wider West Midlands.

CCC-B has a number of programmes, including a Health Development project which offers wellbeing and physical activity sessions, talks on health issues, and support around medical interpretation. The centre also provides advocacy and support on a range of practical issues. There is a carers' support service and support for people who are bereaved.

CCC-B offers a range of social groups which meet every Thursday to eat and chat together, as well as access to volunteering and community capacity building. There is also a befriending service for people with long-term conditions and older people which is provided by a team of volunteers supported by staff.

There are around 300 active members of the centre, but two groups who particularly rely on the centre are older people and a group of parents with disabled children. Most people find their way to CCC-B through word of mouth, although it accepts referrals from a range of providers. The centre has been operating for more than 40 years.

The centre receives funding from the local authority and CCG for its work in supporting health and wellbeing outcomes. A small number of classes, such as a sewing group, charge a small fee of £2-3 for materials but most classes are free.

In recent years, staff at CCC-B have been working informally, along with their wider work, to encourage older members of their community to embrace WeChat. In the past three to four years, the popularity of WeChat has grown significantly among the Chinese diaspora community. The CCC-B started to use WeChat to communicate about its activities, and has slowly worked with older members to help them understand the potential of the technology and to build up their skills.

The ability to chat with friends and 'broadcast' across large groups has proved popular and the simple interface (which is akin to WhatsApp) and Chinese language/character on screen prompts, make the app accessible to people who are not able to read English. The CCC-B has found WeChat effective in sharing information about events – 'flyers' are broadcast to members, and can be easily shared. WeChat has also been helpful in allowing people to share pictures of medical letters etc, allowing them to get rapid advice and support from staff.

The CCC-B staff have mainly supported people informally, rather than through formal training. Staff chat to members about the app, and how to access it, and how it might help them in interacting with the Centre and with friends and family in the UK, China and other countries. They now have over 200 people using the WeChat group, including many older members.

There are some barriers to using the app – in particular, it requires a lot of storage space and data. In some cases, staff had to speak to members about upgrading their phones. They found family members helpful in supporting older people to make decisions about new devices and contracts.

With a small injection of funding from the Ageing Better in Birmingham programme, the Centre was able to buy 10 smart phones for people to try out. They also ran 20 light touch training sessions delivered through volunteers, although this was not as effective as the staff simply talking people through how to get online.

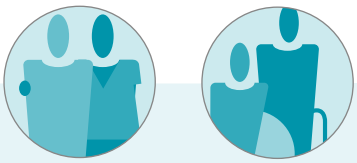
The Centre found that once people made the leap online, they started to develop confidence to use other apps, such as voice messaging, video calling and photo sharing.

Collecting formal data on outcomes is challenging due to the low literacy levels of many service users, but the Centre regularly asks for informal feedback and this suggests that people benefit from having a new way to connect with others. They have also received positive feedback from those they have supported to get online.

> It makes it so easy for me to show you the letter I received. I can't read it but now you can explain it to me.
>
> CCC-B member

chinesebirmingham.org.uk/

Case study 21



Singing for the Brain – online

Singing for the Brain is an Alzheimer's Society initiative which brings together people with dementia and their carers to sing and make music together. The programme was developed by people with dementia in collaboration with professionals including music therapists.

Singing for the Brain groups are tailored to the people involved in terms of the music shared, and whether they incorporate movement/other activities etc. As important as sharing music, is the socialising and peer support the group allows. Groups are facilitated by people from a range of backgrounds who are interested in working with people with dementia.

Before the Covid-19 pandemic, Singing for the Brain met in a wide range of community settings, delivering around 200 groups across England, Wales and Northern Ireland, although some areas were better served than others. In some areas, groups were commissioned by local authorities or health services, in others they were funded through charitable sources.

When the pandemic hit, Alzheimer's Society had to rapidly reassess how to support the people who were part of Singing for the Brain groups. They started to work through the potential for online delivery, considering issues including safeguarding and information governance, and how facilitators might work online. Following pilots to refine the offer, Alzheimer's Society now offers around 100 Singing for the Brain groups via Zoom.

Members of existing groups were invited to join Zoom groups. Some have been unable to access groups due to lack of internet access and/or familiarity with Zoom. Alzheimer's Society has not had the capacity to offer in-depth support with access or to provide technology for people to access these virtual groups.

However, some groups have seen significant growth, and referrals continue to come from local Alzheimer's Society services and via the Society's Dementia Connect service. The online offer has also enabled some previous participants who had struggled to travel to reconnect with groups.

Online Zoom groups mirror the face-to-face offer as far as possible, using breakout rooms to enable people to chat informally, and providing access to song lyrics on screen instead of paper. The main difference is that the groups are not able to sing together so participants only hear their facilitator, and their own voices. This has been strange for some participants but others have found they feel greater freedom to sing knowing no one else is listening.

At the time of writing, Alzheimer's Society had no plans to restart face-to-face groups, and are exploring ways to widen access to Singing for the Brain by creating a package to allow third parties to set up and deliver their own groups.

Pre-Covid-19 evaluation found that 100% of people with dementia and 99% of carers felt that Singing for the Brain:

- Gave them social contact
- Made their life better

Feedback from the virtual sessions has been positive:

> We both enjoy the singing as we all see and keep in touch with friends, carers, helpers and guests. We know it's not the same as being face to face, but it's good considering the circumstances.
>
> Virtual Singing for the Brain participant

> Thank you… it was so uplifting to once again join in with yourself, the volunteers and all our family at Singing for the Brain, you have such a gift for making me feel so relaxed and happy for the time we spend with the group.
>
> Virtual Singing for the Brain participant

www.alzheimers.org.uk/get-support/your-support-services/singing-for-the-brain

Read the supplementary case studies that have also helped inform this report
www.campaigntoendloneliness.org/wp-content/uploads/promising_approaches_revisited_supplemental.pdf

4.2. Transport

There is good evidence of the importance of transport in keeping people socially connected.[75]

Where transport is appropriate, accessible and affordable it can both help people keep up their existing connections, and help them to foster connection. Transport hubs, and even forms of public transport can provide important places for moments of connection, and recent initiatives such as the Go Ahead group's 'Chatty Buses' have sought to maximise this potential.[76]

However, where transport is not available, is inappropriate or inaccessible it is not just a barrier to maintaining existing social connections, it also hinders the operation of services designed to reduce loneliness and isolation. If people cannot access groups and activities, then they cannot do their job in keeping people connected.

In some areas, transport providers have hung opportunities for social interaction around the provision of an accessible and affordable transport service to groups who are unable to use public transport, for example offering shared transport to the shops, with specific time for socialising in the supermarket café built into schedules – these services benefit from significantly reduced stigma over 'traditional' social clubs.

Unfortunately, the evidence base around the impact of these schemes is limited.

Case study 22

Bus Buddies

Bus Buddies is one of a number of services delivered by Pembrokeshire Association of Community Transport Organisations (PACTO), an organisation that brings together the very small rural community transport operators across the county. It provides support and companionship for people who need additional support to be able to use community or public transport to get out and about.

Not having access to transport can be isolating. Bus Buddies started in 2016 in response to a growing concern that people were unable to access community transport or they were at risk of losing access because they were getting too frail to use it. For example, people with mild to moderate dementia were able to use the transport, but were often not ready when drivers came to pick them up. PACTO realised that if a volunteer was able to arrive ahead of the journey to support the person to get ready they could continue to use the transport. Similarly, some people needed support to engage in or access activities or services at their destinations.

The Bus Buddies idea was piloted using funding from Pembrokeshire Association of Voluntary Services through an innovation grant. This provided evidence used to seek further funding from the National Lottery Community Fund for a five-year project up to 2021.

Bus Buddies operates throughout Pembrokeshire alongside community transport operators. Individuals are matched with a volunteer to support them with what they need to get out and about. This might be to build confidence and do travel training; to support wheelchair users or people with visual impairments; to go out for a coffee or to the shops together; to attend a class or group where the Bus Buddy will either join in or sit and wait for the activity to finish, and travel back with the person. Some volunteers support drivers as general passenger assistants on minibus dial-a-ride services.

The service is available to anyone over 18 who needs additional support to use community or public transport. The majority of people who are referred are over 65 years old. Referrals mainly come from community connectors, but community transport services and others can refer and self-referrals are accepted. PACTO advertise the service but find that word of mouth works best. The service is free of charge although individuals pay for their own travel unless they have a bus pass. The costs for the service are associated with staff time, volunteer expenses and training costs.

An interim evaluation was conducted in December 2019 to understand the difference the project made. At that time, Bus Buddies had helped 363 people. The report suggests the service had helped most service users become less isolated and provides examples of buddies. '*Helping some people overcome anxieties, gain confidence and make friends, supporting others to maintain crucial relationships with long-standing friends or a life partner and allowing one to sustain a much valued role in the community*'.[77]

www.pacto.org.uk

Case study 23

Upper Tay Transport Group

The Upper Tay Transport Group (UTTG) started in late 2018 as part of the Rural Wisdom project, which supports older people to lead change in rural communities in Scotland and Wales.

The Upper Tay area, around Aberfeldy, is the most 'access deprived' in Scotland according to the Scottish Index of Multiple Deprivation. Better transport is vital to improve access to core services and social activities to prevent older people becoming isolated and lonely.

UTTG is tackling this situation by aiming *'to increase transport options in the Upper Tay area, particularly for isolated and vulnerable people and to enable people to access services.'*

The group started after a 'Let's Talk Transport' event in Aberfeldy in October 2018 which provided people with a chance to talk to the council's Public Transport Unit, and explore how the local community could help meet the area's transport needs. This brought together volunteer drivers with the existing Hospital Car and Lift-Share schemes, community councillors, and other individuals who were keen to improve transport.

By summer 2019, UTTG had increased training opportunities for volunteer minibus drivers; produced a film, timetable and leaflet called 'Having Fun on the 91' to inspire people to use the local bus – to use it or lose it; developed a close partnership with Perth and Kinross Council and other organisations and networks, and carried out a survey to inform a local Transport Action Plan.

With support and activities growing to include more focus on community lifts, lift sharing and bike hire, the UTTG has now adopted an environmental agenda as well as a social one. The new strategy – Better Transport for Communities and Environment – was launched in March 2020 just before Covid-19.

Over the last year, UTTG has secured grants of £75,000 from a range of funders, including the Community Transport Fund, to pay for a part time coordinator (now in post since autumn 2019), bike hire and training, and development of a community transport hub – due to open in September – over the next three years.

During lockdown, activity has slowed down but the Hospital Car scheme has continued through Covid-19 and the group has kept a presence in the local media. The Steering Group continues to meet remotely to plan for the future. UTTG is making the case for a community bus and plans are afoot for a visitor and tourist centre in Aberfeldy. This will include the hub, which will provide a base for UTTG, and a place where people will be able to book lifts and hire bikes.

Members of the group say they are proud of the impact they are having on community cohesion, through bringing together local people over transport, and enabling isolated people without a car to get out and about to meet others.

> I am so delighted to have the opportunity to use Community Lifts in Aberfeldy. It will enable me to get to the doctors and optician and to my exercise class on a Monday. I can't manage to walk there now. Maybe I will also go to see my friend in Kenmore too. Thank you.
>
> Sadie Fraser, local resident

> What a great idea Community Lifts is. It has been brilliant in enabling me to get to appointments and to see my friend and to the exercise class. And such nice drivers too. It is a great help to me.
>
> Ida Warren, local resident

www.spanglefish.com/UpperTayTransportGroup/

ruralwisdom.org/

4.3. The built environment

This is a new addition to the framework which experts strongly emphasised in our discussions.

People needed places and spaces in which to connect in their communities, and the quality of the design and the accessibility of the built environment could either enable or disable people in connecting with one another.

Our 'built environment' category encompasses a broad range of approaches, including:

- Designing housing to support people in getting out and about, and to encourage connection between residents (for example in the provision of communal areas)
- Planning public spaces to give people confidence in leaving their homes with good lighting, well kept pavements, benches and public toilets
- Accessible and affordable community spaces in which community groups can meet
- Ensuring cafés, pubs, shops and libraries offer places which are inclusive and accessible for people to meet informally and for groups to use
- Making private sector spaces, such as spare meeting rooms, available for use by the wider community
- Care homes and supported housing schemes offering their communal spaces for use by the wider community

Work by the Ambition for Ageing programme in Greater Manchester, part of the National Lottery Community Fund Ageing Better programme, has explored the role of social infrastructure in supporting social connection.[78] Their work sets out the evidence which demonstrates how different kinds of infrastructure play a role in enabling people to connect. However, there is a lack of rigorous evaluation of the impact on loneliness of specific social infrastructure projects and projects in the built environment.

Case study 24

The Loneliness Lab

The Loneliness Lab is a partnership between the social enterprise, Collectively, and the international property and infrastructure group, Lendlease, which has brought together a diverse group of people and organisations to explore how to design out loneliness from the urban environment.

The Loneliness Lab involves a wide range of individuals and organisations, including developers, local authorities, design agencies, architects and others. Since its launch, the online community has grown to over 600 people. As a collective, they are seeking to understand what drives loneliness through the [study of the] built environment, to experiment with ways to address loneliness through interventions, and to influence industry and encourage policy change.

The work is structured around five key areas:

- Housing
- Workplaces
- Public realm
- High streets and community infrastructure
- Youth loneliness

Each theme has been taken forward in a different locality with work on the public realm focused on Camden and the area around Euston, work on young people in the International Quarter London in east London, and work on high streets and community infrastructure around Elephant Park in Southwark.

A part-time core team at Collectively provides project and community management support as well as innovation expertise, bringing together communities of practice to take forward work on their priorities. To date, Lendlease has provided seed funding for the Lab.

A key focus of the Loneliness Lab model is on embedding action within Lendlease and their relevant partners in place-based settings. Staff across Lendlease have a remit to consider how to design out loneliness in their work; and requirements around tackling loneliness have been built into briefs for consultancy across a range of projects.

In Euston, community groups are coming together with Lendlease, Camden Council, Central Saint Martins and key consultants working on the master plan for the area, to think about how to design connection into the public realm. In Southwark, the community have been thinking about how to make the area more welcoming and give it a greater sense of identity in its own right (rather than as a place to pass through or commute from). The ‘Elephant says hi’ initiative has engaged a wide range of local individuals and organisations who are creating community events and welcoming places to help foster a sense of place.

By bringing together individuals from the community with public and voluntary sector organisations, and with large corporations, the project is helping to foster a broader

understanding of how businesses can play a role in tackling loneliness. At Lendlease the commitment to tackling loneliness goes beyond the normal understanding of 'Corporate Social Responsibility' and is championed across the organisation. Collectively have facilitated sessions for a wide range of Lendlease staff, encouraging them to connect the work to their personal experiences of loneliness.

> The Loneliness Lab has changed the way we address social impact at Lendlease. Colleagues from across the organisation were encouraged to participate in the initial 'innovation sprint' hosted in 2018, and were inspired to think about how to address loneliness through their day jobs. As a result many of them are still working actively on this agenda two years on, from our workplace strategy team embedding connection into how we plan office spaces, through to our development teams working with the local community, retailers, contractors and estate managers to more welcoming and inclusive places to live, work and play.
>
> Paul King, Managing Director Sustainability & Social Impact – Europe, Lendlease

lonelinesslab.org/

Case study 25

Wealden District Council and Pub is the Hub partnership

Wealden District Council, which covers a mostly rural area of East Sussex, has partnered with Pub is the Hub to help local pub operators to diversify, and to offer more community spaces to support people who may be at risk of loneliness.

Wealden District Council partnered with Pub is the Hub in recognition of the fact that, in many communities, the pub is an important space for socialising and publicans are often aware of regulars who come to the pub in search of company. Many see themselves as the eyes and ears of the community. In rural areas, pubs can be the only community space so they have the potential to play a key role in addressing loneliness.

Pub is the Hub is a national not-for-profit organisation that offers support and advice to communities to increase the number of services and activities on offer in local pubs, and to reconnect pubs to their communities.

Wealden District Council's Community and Regeneration team puts the Pub is the Hub in touch with local pub proprietors. Its representatives make regular trips to pubs, with officers from the council, to build relationships with publicans, and suggest how they might develop their community offer.

As a result, pubs in the Wealden area are now offering theatre nights, libraries, dementia-friendly pubs and computer classes, many of which are delivered through partnerships brokered by Pub is the Hub. These events help publicans to attract new customers, widen the experience for their regulars, and reinforce the pub as a central, vibrant part of community life.

For example, Pub is the Hub linked pubs in Wealden with the Applause Rural Touring Company, and production company INN Crowd. With help from an Arts Council grant, they put on performances in several local pubs, with pubs often offering a set menu alongside performances. Many pubs were fully booked for these events which offered the opportunity for people who cannot travel long distances to the theatre to experience professional performances.

Pub is the Hub also linked pubs with the Barclay's Digital Eagles to offer computer classes on weekday mornings. It linked pubs to the East Sussex County Council library service to open mobile libraries in pubs across the district.

www.wealden.gov.uk/business-support/pub-is-the-hub/

Case study 26

Support and Action for Women Network (SAWN), Oldham

The Support and Action for Women Network (SAWN) was established in 2005, and became a registered charity in 2009. It supports black African women who were born outside the UK, by helping them to manage their transition to living in the UK, and to connect with, and thrive within, the local community. It does this through a range of projects linked to health, economic inclusion, advocacy, mental health, general wellbeing, socialising and friendship.

The organisation was awarded funding of just under £2,000 in 2018, from Ambition for Ageing Oldham (facilitated by Action Together and Age UK Oldham) to set up a weekly coffee morning for older people in the local community which is hosted in SAWN's furniture shop.

The coffee mornings are designed to support inclusion. They are open to anyone from the local community aged 50 or over. While the organisation exists to support black African women, the group attracts people from a wide range of backgrounds. The coffee group meets regularly for conversation, and sometimes speakers are invited to cover particular areas of interest to the community. The group recently invited some members of the Windrush generation to share their experience with more recent migrants. Other sessions are led by the group's interests. They meet every Tuesday from 10am to 12 noon, but this is normally followed by an informal lunch with group members bringing and sharing food, and often continues until 2pm. The group has around 16 to 25 participants.

While the majority of participants are women, there is a small group of local men who regularly participate. One often brings a guitar and supports a singalong.

The group has brought together people who – in normal circumstances – would have probably never met. Group members engage in each other's lives, for example organising Christmas decorations and birthday celebrations for those who had not previously had the opportunity to celebrate.

The organisation is well known in the local community and the shop is easily accessible by local bus routes. Referrals come from a range of sources including adult social care, the local authority, and local older people's organisations. Many people hear about SAWN through word of mouth.

It receives support from a range of sources, including a small income from its furniture shop. Funding from Age UK (Oldham) covered refreshments and meeting space and the costs of travel for volunteers who help encourage new members of the community, many of whom lacked the confidence to take the first steps, to come along and join in.

Key learning from the programme emphasised the importance of the group's informality, and the combination of freedom to simply share thoughts and issues, while also tackling difficult issues including race hate, female genital mutilation, and other key concerns in the community.

> Coming here reduces my stress, I laugh myself silly and then forget my problems for a moment.
>
> Group participant

www.sawn.org.uk

Case study 27

United Welsh Connect Project

The United Welsh Connect Project works with seven sheltered housing schemes and one Extra Care scheme in Blaenau Gwent and Monmouthshire, to help people build social connections by sharing skills with one another. It is led by United Welsh, a registered social landlord which manages over 6,000 homes across 11 local authorities in Wales.

The Connect Project is a two-year venture funded by Comic Relief. It was set up in response to the recognition that community assets, such as communal areas, within United Welsh's sheltered schemes, were underutilised, that tenants were spending much of their time in their homes and were not socialising. The project identified a number of priority outcomes, including improving mental and physical wellbeing, increasing social connections and empowering people to create change within their housing schemes.

Two Connect facilitators were appointed to work closely with older tenants living across eight United Welsh housing schemes, to explore their strengths and interests and how they felt about connecting to their community. Weekly coffee mornings were set up to establish relationships with tenants and to understand more about their skills and needs. Facilitators then supported tenants to co-produce and run activities that respond to their needs, and to utilise their skills, and to link to others in their community.

Over 158 tenant or volunteer led activities were created during the two-year project including 'knit and natter' sessions, men's dens, cooking and meal sharing, crafts, music lessons and chair aerobics. Facilitators ensure are relevant to residents, and as inclusive as possible. Activities are naturally sustainable because they are owned by the residents.

The Connect Project has supported tenants to build relationships across the community. One scheme organised an intergenerational choir with a local primary school - children and tenants now meet on a weekly basis and regularly perform together. They also come together for social activities through regular 'Friendship Afternoons'.

The impact of services has been assessed using the Campaign to End Loneliness Measurement Tool (three question survey)* and by gathering case studies. These suggest that the project is improving social connections.

> "I was bedridden for two years and the project has given me the opportunity to join in with other people and I like to join in with as many activities as possible.

Connect participant

www.unitedwelsh.com/

www.housinglin.org.uk/Topics/Inspirational-Achievements/united-welsh/

*See Appendix 3

Chapter 5: System-level approaches

System-level approaches are strategic policies or practices that are adopted at a community level – they are not services or interventions. Communities that adopt the approaches highlighted here will be more likely to develop sustainable and effective services to reduce loneliness.

These approaches help to ensure that services are *of* the community, and support efficient use of resources. But their inherent values also support inclusion and connection – making it *more likely* that the community will be equipped to address loneliness.

5.1. Neighbourhood approaches

While not everyone feels connected to people in their local community, the neighbourhood remains an important locus for action on loneliness.

This is because research demonstrates that older people spend more time in their immediate neighbourhood, and often feel a greater commitment to their neighbourhood. Therefore the immediate locality is an extremely significant influence on their wellbeing.[79]

In addition, there are practical benefits to addressing loneliness neighbourhood by neighbourhood. Breaking areas down into more manageable chunks allows more effective targeting and outreach efforts.

The move to 'place-based' working, in which work is arranged around places defined by a sense of community, rather than in administrative silos, has gained significant traction in recent years. In a place-based approach, issues – including health inequalities, poor housing, social isolation, ineffective services, and limited economic opportunities – are addressed holistically across the community.

These approaches can be particularly effective in picking up issues like loneliness which influence and are influenced by outcomes across a wide range of institutional responsibilities from health, to housing, to transport, to care services.

The Neighbourhood Networks in Leeds have led the way in establishing a neighbourhood-based approach to ageing. They have used the older people's Outcomes Start to gather evidence about the impact of engagement with neighbourhood networks on feelings of connectedness and wellbeing. However, there is a lack of evidence around the specific impact of place-based approaches on loneliness.

Case study 28

Leeds Neighbourhood Networks

The Leeds Neighbourhood Network consists of 37 locally based schemes run by committees that are representative of the communities they serve. They aim to empower older people to feel included in their local community, and to have greater choice and control in their lives.

The current network of 31 autonomous, independent organisations (covering the 37 areas) is underpinned by five-year grant agreements with Leeds City Council with the option of a further five years funding. At the heart of the grant agreements are four key outcomes that all the organisations can achieve in ways defined by and unique to their local communities. They are: reducing social isolation; increasing local contribution and involvement; improving choice and control; and improving wellbeing and healthier life choices.

Each of the 37 schemes delivers a range of services, shaped by local people to meet these outcomes, including health-related activities, digital inclusion, social groups, outings and trips, information and advice as well as practical support. These services are largely delivered by volunteers, many of whom are older people.

Self-referral is the most common way into a Neighbourhood Network Scheme, but agency referrals are also accepted. The grant funding is primarily for the benefit of older citizens aged 60 and over. However, the majority of schemes are flexible and engage with adults who are younger, or allow friends, family members and carers to benefit. In 2019/20, an estimated 303,100 contacts were made between users and the Neighbourhood Network Schemes, across an estimated membership of 25,522 people.

In 2019/20, the total annual cost to Leeds City Council of the Neighbourhood Network Schemes was £3,301,892. (This included a funding contribution of £300,000 per annum from the NHS Leeds CCG). The grant funding is further supplemented through engagement with other projects such as luncheon clubs, targeted work to reduce levels of frailty, and further community projects using asset based community development approaches. On top of this, Neighbourhood Networks bring in their own funding from a range of sources, such as service charges, fundraising, grant bids, and trading ventures.

Neighbourhood Network Schemes collect a range of monitoring data to evidence the wide scope of their activities. This also includes a recently introduced approach to measuring individuals' outcomes. This personalised approach looks to establish the expectations and ambitions an individual hopes to achieve through engaging with a network scheme. These expectations and ambitions are then reviewed by the Neighbourhood Network Scheme to see how well they are doing in meeting those expectations.

> If Richmond Hill Elderly Action hadn't of been there for me, I wouldn't be here now, it's as simple as that. You helped make my wife's last days more bearable and you were there for me when reality hit and I just couldn't cope.
>
> 84-year-old male.

www.opforum.org.uk/nns/

Case study 29

Aviva and the Norwich Together Alliance

Aviva set up and convened the Norwich Together pilot in October 2019, which sought to test a place-based leadership approach to their Corporate Social Responsibility work.

The pilot brought together the public, private and third sectors to focus on combatting loneliness among people in Norwich, the site of Aviva's headquarters. The issue was chosen following desk-based research on what the issues of concern were in the region, after consulting with charities such as the British Red Cross and the Co-op Foundation on the theme; reviewing local council research on trends as part of the desk research; and conducting focus groups to choose which one of the three issues were of most concern. They then commissioned a YouGov poll for Norfolk to validate which issue Aviva should focus on.

The aim of the pilot was to bring people and organisations together to address loneliness and amplify what services already existed for people to use. Terms of reference were developed and the alliance has grown to 23 members. Responsibility for convening the Alliance has now passed from Aviva to Business in the Community and they will continue to develop the long-term strategy.

Research among the local population showed that there were low levels of awareness among family and friends of those at risk on how to seek support with loneliness, with only 19% of respondents confident about where to find support. Following the first year of the pilot this had risen to 28%.

Prior to the launch of the Alliance, Aviva already had a small pot of funding, gathered from a ring-fenced fund from fees paid by the general public to use Aviva's employee car park. This was deployed to fund organisations addressing loneliness and isolation with decisions made through a process in which employees would 'sponsor' organisations for consideration by a panel of volunteers. Over the course of the pilot a wide range of events were run to tackle loneliness in Norwich and 18,000 people engaged with the issue. These included:

- The Friendliest Friendly – which involved hosting around 1,500 people at friendly matches at Norwich City Football Club with attendees asked to invite someone in need of social connection. Attendees included 80 residents from local care homes, and winners of competitions in the local newspaper. The matches were promoted with an emphasis on fostering connection (rather than stigmatising loneliness), and electronic messages at the ground reinforced the message and highlighted the city digital platform where people could find out more. The events also included a 'chatty space' where people could connect, and local charities were given space to promote their work
- Thought Leadership Conference – bringing the public, private and third sectors, as well as members of the public, together to think about simple ways to feel more connected
- Providing space for organisations to meet
- Aviva sponsored the light parade element of the Love Light Festival in Norwich which brought together over 5,000 people over one night. The festival was led by Norwich Business Improvement District and was intended to bring people together at a time when loneliness can be felt most keenly.

www.aviva.co.uk/services/more-from-aviva/norwich-together/

5.2. Asset based community development

Asset Based Community Development (ABCD) is an approach based on the principle of identifying and mobilising individual and community 'assets', rather than focusing on problems and needs, or 'deficits'.

A number of communities have taken an ABCD approach to addressing loneliness, including many in the Ageing Better programme partnerships funded by the National Lottery Community Fund.[80]

An ABCD approach may be an effective way of ensuring that services and support developed within a community is impactful in addressing loneliness, because it is most likely to lead to communities finding solutions which are:

- What people want
- Built around involving people
- Sustainable

The evidence base on ABCD approaches, and their impact on loneliness specifically, remains under-developed.[81] However, given the importance of feeling valued in making relationships meaningful there is a strong case that an approach based around citizen involvement and assets would result in the development of the kind of groups, activities and services which have been shown to be effective in addressing loneliness.[82]

Case study 30

Leeds Community Connectors, the ABCD approach

In Leeds, Community Connectors are residents and part of the wider ABCD approach that focuses, identifies and builds on the strengths and assets of a community. It is about sharing local people's skills, gifts and talents so that people are better connected, and feel less socially isolated and can build foundations for a healthy, safe and stronger community.

The ABCD programme was initially set up using funding from the SeNS (Seniors Network Support) European Project which ended in 2015. It was piloted through three third sector Neighbourhood Network Schemes in three areas of the city – Calverley, Middleton and Harehills.

The aim was to support older people to be more connected to where they lived, and develop networks and friendships. The approach involved recruiting a 'community builder' in the neighbourhood who identified, encouraged and supported people in the community who had gifts or talents to share. Residents who lived in the area and had a willingness to identify assets, and to focus on what was strong in the area, and be able to help make things happen became 'community connectors'. Community builders supported community connectors to turn their ideas for community activity into action. Each area had a small amount of seed funding – 'small sparks fund' – to help develop activity groups, and undertake action based on what local people identified as a priority.

Over time, Action for Gipton Elderly (AGE), one of the Neighbourhood Network Schemes adopted an asset-based service delivery model for all their work. AGE is now funded as an ABCD Community Catalyst to support other organisations interested in the ABCD model across Leeds. The impact of the ABCD community builder/connector pilot has led to funding being secured to establish 11 more ABCD sites across Leeds.

> "It's not rocket science, it's simple, it's about common connection and common interest. Communities know what they need and when they need it. It's allowing communities to be their own community taking the lead, leading the change and changing what matters to them.
>
> Karen Woloszczak, Action Gipton Elderly Manager – Community Builder

www.abcdinleeds.com/

Case study 31

St Monica Trust

PositiviTEA, Stockwood Growing Together and Stockwood STAR Bereavement Peer Support project are three community-led groups working to reduce loneliness and isolation amongst older people in Bristol.

They were all supported by St Monica Trust through the Bristol Ageing Better partnership. These groups were either identified as meeting a need or developed out of conversations with people in the community. St Monica Trust takes an ABCD approach so that every person feels valued, and has roles and responsibilities.

The PositiviTEA group meet every Monday afternoon in the local library to focus on positive things that are happening, and to share stories with each other. It's a small group of six to eight people, with some regulars and others that drop in from time to time. It's free to join – a donation can be given for tea or coffee – and the library provides a room free of charge. Through their conversations, the group have established a mutual interest in art, and other shared interests, and are exploring opportunities to venture into other activities which will engage more local people.

Stockwood Growing Together is a group that has come together to develop some green space, in the Children's Centre, into a community garden to benefit everyone. Most of the group are older people – some are experienced in gardening, others just have a go. They did a 10-week 'Grow Your Group' course to understand about how to work together and achieve sustainability. Since the project started over two years ago, they have received support from the Co-op, and funding from the Children's Centre, St Monica Trust, The Royal Horticultural Society, and donations from the public which has been used to buy materials to develop the garden. The group hosts community events at the garden and is now self-sufficient. They meet every Thursday afternoon but those involved can turn up at other times.

Stockwood STAR Bereavement Peer Support project was developed following conversations with different people in the community. The Community Development Worker from St Monica Trust identified that there were a lot of people on a bereavement journey, and feeling quite isolated. There didn't appear to be a peer support group available to them. Using the Nextdoor app, the Community Development Worker put a request out to engage interest from local people to help set up and run a peer support group. Overnight, six people responded. Over the following seven months more people showed an interest, and eventually a core group worked together to develop the idea and establish the Stockwood STAR Bereavement Peer Support project – a free group for people who are grieving or at difficult transition period in their life. The group run sessions every first and third Tuesday of the month and provide a safe space for people to receive support, listen to, and share stories and experiences with others who have experienced loss. Like Stockwood Growing Together, it runs itself, and the team of local people have ownership of the project. A local church provides a room free of charge. There is now interest in cascading this model across Bristol, which will be delivered by the Community Development worker in her other role as a freelance trainer.

The three groups are supported by the Greater Stockwood Alliance, which brings people together to build connections across the community. Local people are signposted to attend

the community groups from many local institutions such as the medical centre, social prescribing service, pharmacies, the Co-op, churches, libraries, sheltered housing and schools. The groups also use notice boards to reach people who do not use social media. While Bristol Ageing Better is aimed at reducing social isolation and loneliness, and supporting people over the age of 50 years, the community groups are also keen to run intergenerational activities and therefore refrain from advertising a particular age on their marketing material. However, the majority of people engaging in these activities are older. The scheme gathers a range of qualitative and quantitative data on the impact of their work. Information and case studies are available on the website.

> I like being out in the open space, I get good thoughts. I can be myself. I've made lots of friends here, it's nice… Some of the other chaps have mental health issues too and we support one another, treating each other as equals – you can practice being a 'normal' human being. Everyone is really lovely with a good attitude.
>
> Growing Together participant[83]

www.bristolageingbetter.org.uk

5.3. Volunteering

The central importance of volunteering, as both an enabler of effective loneliness interventions and a way of preventing loneliness, was also highlighted by our experts.

Involving people as volunteers gives them the opportunity to participate rather than receive, and to engage in a socially valued role. Positive experiences of volunteering can give people a sense of purpose and identity, and these can be vital factors in how they feel about their social connections. Therefore, building an emphasis on volunteering into the strategic approach to loneliness in a community can be an effective way of delivering cost-effective interventions, and enabling more people to connect.

A review for the Centre for Ageing Better concluded that while contributing to the community (whether through formal volunteering or more informal involvement) has positive impacts on volunteers' own wellbeing and social connection, there is not enough evidence to show that volunteering in itself can reduce people's loneliness.[84] However, volunteering may help to prevent loneliness by enabling people to keep up their social connections, especially if they can be supported to maintain their volunteering as life changes.[85]

During Covid-19 many older volunteers had to step away from their roles, with those over 70 encouraged to adhere to strict social distancing, and many older adults on the shielding register. Lots of organisations which were reliant on older volunteers had to rapidly recruit new volunteers, some of whom are now returning to work and less able to give their time. It will be important for organisations to consider how to re-engage older volunteers in ways that work for them, including through remote and more flexible options. This is important to ensure organisations can benefit from older people's skills, and older people can benefit from this vital route to connection.

Case study 32

People Helping People – York

'People Helping People' was launched in November 2017, and sets out a city-wide approach to working with people and communities to address three key shared priorities – loneliness and isolation, health and wellbeing; and realising young people's potential.

The strategy was developed by a partnership involving the city's local authority, universities, Community Voluntary Sector, and other organisations from across the voluntary, community and social enterprise sectors. Its aim is to shift the tendency of statutory services to respond to local problems by commissioning services, and instead to partner with people in the community to develop solutions.

Based on best practice from the international Cities of Service impact volunteering model, the strategy seeks to mobilise citizens as volunteers to tackle local challenges in order to make a measurable difference to people's lives. It is rooted in an asset based approach which supports citizens to identify and share their skills, passions and gifts through community action.

The approach has enabled the development of a number of linked prevention and asset based programmes, and has ensured that these can be delivered sustainably during a period of tight public finances.

For example, the GoodGym scheme was introduced to the city with an initial grant of £25,000, but is now self-sustaining. Through GoodGym, runners sign up to get fit by doing physical tasks like manual labour for community organisations, preceded by a group run. Committed runners then have the chance to do regular weekly runs on their way to social visits with lonely and isolated older people who act as the coaches – motivating them to run.

The programme has delivered 400 'mission runs' and 800 coach visits; 93% of older people feel more connected after being visited by a runner, and are no longer lonely or isolated, and 92% of runners agree that GoodGym increases their motivation to exercise.

Building on the learning from GoodGym, and from a new movement of volunteers, including many students and young professionals, a new charity was set up called Move the Masses, which focuses on addressing loneliness, and improving health and wellbeing. Their 'Move Mates' programme sees volunteer walking buddies paired up with people who do not have the confidence to get out of their own home, and often face chronic loneliness and isolation. The scheme has now recruited 80 volunteers and has delivered 400 walks.

> The real benefit has been the listening, talking and sharing experiences with my walking buddy which has improved my wellbeing and isolation.
>
> Move Mates participant

The People Helping People programme is underpinned by the city's Local Area Coordination work – coordinators are embedded in communities throughout the city and work with individuals to think about what a good life would look like for them, and how they can unlock their strengths to achieve such a life. They play a crucial role in linking individuals to opportunities to participate in the People Helping People programme. As a result, 2,300 vulnerable people have been connected with community activities, and are now contributing as valued citizens through Local Area Coordination.

www.yorkcvs.org.uk/people-helping-people-effective-city-led-volunteering-in-york/

5.4. Age-friendly communities

The Age-Friendly Communities Framework, developed by the World Health Organization, includes a number of key domains around which communities need to take action to ensure that people living in those communities can age well.[86] At the heart of the framework is a commitment to shift policy and practice away from a negative framing of later life to support healthy and active ageing, and inclusion and participation throughout life. The framework encourages authorities to consider how their communities support inclusion across a range of key domains including social connection and participation.

Communities that commit to becoming Age-friendly are, therefore, well placed to address loneliness and social isolation because adopting these frameworks acts as a prompt to cross-sector action, not only on loneliness as a stand-alone issue, but also on some of the key factors which underlie loneliness including transport, housing, and, crucially, attitudes to ageing.

Being part of the Age-Friendly Communities movement encourages creative thinking about ways to ensure that services and facilities enable older people to remain socially connected, and that proactive steps are taken to make these services available to older people. In 2012, Manchester became the UK's first Age-Friendly-City, and Greater Manchester is now committed to becoming the UK's first Age-friendly city region. They are part of a growing global network supported by the World Health Organization.

Programmes such as Dementia-Friendly Communities[87] can also help with prompting cross-sector and community-wide action on inclusion.

Unfortunately, while social connection is intended to be a key consideration in those areas seeking age-friendly or dementia-friendly status, evidence is not yet developed on whether the adoption of such initiatives has a direct impact on loneliness among older people. However, research demonstrates that negative attitudes to ageing can present a barrier against older people taking up support available to enable social connection. Therefore, efforts to address these attitudes within a community are likely to be part of the solution.[88]

Case study 33

Age-friendly Belfast

Belfast's commitment to becoming an Age-friendly City has brought focus to the issue of tackling loneliness.

The Age-friendly Belfast Plan is driven by a sub-group of the Belfast Strategic Partnership – the Partnership – the Healthy Ageing Strategic Partnership (HASP). HASP has 15 members from across the statutory, voluntary and community sectors.

Age-friendly Belfast convenes the Citywide Group on Preventing Isolation and Loneliness, a coalition of public and third sector organisations. The group has used the *Promising Approaches* framework to identify gaps in the local services. It has a three-year strategy with a focus on training, pathway development and supporting more one-to-one services. A training needs analysis has been identified as a priority for loneliness and isolation to support staff, volunteers and older people who come across lonely people and do not know how to talk to, or help them.

The Age-friendly Belfast Plan aims to combat loneliness through support for direct services, hosting events, and developing key messages. Partners work together to support older people's groups and organisations across the city. They also drive strategic change through action on issues including community support and health services, transport, housing, outdoor spaces, communication and information, respect and social inclusion, civic participation and employment, and social participation (the eight domains of the World Health Organization's Age-friendly Communities Framework).

In 2014 and 2015, Age-friendly Belfast piloted a grants programme to reduce loneliness and isolation – 18 projects were funded and reached 1,300 older people, with 340 people showing measurable reduction in feelings of loneliness and isolation.

Age- friendly Belfast has two full-time and one part-time staff members, employed by Belfast City Council, alongside £85,000 per annum core monies for programme costs funded by Belfast City Council, the Health and Social Care Board through Belfast Local Commissioning Group, and the Public Health Agency.

Occasionally they receive funding pots for specific projects. For example, during 2014-2015, the Public Health Agency provided funding to run the grant programme on tackling loneliness and isolation.

Some examples of work undertaken through Age-friendly Belfast include:

- Organising annual Positive Ageing Month in October with over 200 events across the city, and over 10,000 people attending
- Developing programmes and events to engage older people across the city, for example the annual Age-friendly Belfast Convention in Belfast City Hall with over 100 older people; regular tea dances; and 'Be Prepared' information events across the city

- Supporting Greater Belfast Seniors Forum (G6) – a voluntary group of representatives of the six area-based older people's forums in Belfast which raises awareness of older people's issues including poverty, and calls for changes to health and social care provision, transport and welfare
- Hosting a Day of Action on Loneliness and Isolation in June 2019 in Belfast City Hall – in collaboration with the Campaign To End Loneliness and other organisations in the Citywide Group on Reducing Loneliness and Isolation – using the brand 'Be More Connected' (developed from Campaign to End Loneliness's 'Be More Us' brand)
- Developing Age-friendly and dementia-friendly neighbourhoods

The impact of Age-friendly Belfast is tracked across a range of surveys throughout Belfast, as well as through focus groups and workshops. In 2017, 84% of older people agreed that Belfast is a city where they can live life to the full – an increase of 5% since 2014.

www.makinglifebettertogether.com/age-friendly/

Chapter 6: Making it happen

Who is responsible?

National leadership

National governments have a critical role to play in setting the strategic context for action on loneliness, measuring levels of loneliness in the population and encouraging consistent measurement of the impact of interventions, as well as funding research and development to create new responses.

They also have responsibility for putting in place the building blocks for connected societies – setting out the planning regulations and funding settlements that influence the built environment, and transport provision; ensuring communities are digitally connected, and that technology is affordable; and ensuring disabled people and people with long-term conditions can access the care and support they need to live independently.

As noted, there are now national strategies in place for tackling loneliness across three of the four UK nations, with cross-party commitment in Northern Ireland to take action on loneliness.

The national strategies set out the framework for action in each nation, and, while each nation is a product of its unique national context, they share some common threads. In particular:

- A focus on loneliness across all ages
- An emphasis on the need to encourage more connected communities as a means of preventing loneliness
- A recognition that addressing loneliness requires action across sectors, and at the level of individuals, families and communities as well as institutions

However, while these strategies helpfully recognise the breadth of issues that impact upon and are impacted by loneliness, and pledge action across a range of governmental portfolios, some of the bigger structural issues underpinning loneliness – such as inadequate social care support to enable people to live independently, lack of transport and poverty – are side-stepped.

Furthermore, across all the strategies, there was a lack of significant new funding. For example, the UK Government programme allocated funding only to small pilot programmes with an emphasis on building the evidence around what works, rather than investing in long-term programmes or infrastructure. Meanwhile, the funding promised in the Scottish strategy has not yet gone live.

In England, a one-year progress report by the independent Loneliness Action Group found that progress was being made against a majority of pledges in the loneliness strategy.[89] However, the review recognised that many of these pledges related to exploratory work like piloting and convening, and that more concerted action was needed.

Action at local level

While national strategies play an important role in setting the agenda on loneliness, much of the action required takes place at local level. As such, local government and health bodies have a critical role to play in driving action on loneliness.

England
In England, the 152 Health and Wellbeing Boards, in bringing together health authorities with local government and others, have a critical leadership role to play in loneliness, and many now recognise loneliness as a key priority.[90] National leadership bodies including the Local Government Association, the National Association of Local Councils, and the Association of Directors of Public Health have produced a range of guidance for local leaders to support them in taking action on loneliness.[91]

Scotland
In Scotland, the 32 Health and Social Care Partnerships which bring together local authorities, health boards, and third sector partners, play a similar role in setting strategic priorities and driving local action. The National Performance Framework is another key driver for action on loneliness and community connection in Scotland. All national and local bodies are measured against it, and it includes a measure of loneliness as well as measures of satisfaction with the local neighbourhood and mental wellbeing.[92]

Wales
In Wales, seven Regional Partnership Boards have overall responsibility for health and care services, and for population wellbeing, bringing together health boards and local authorities, along with housing, education and third sector organisations. At local authority level, Public Services Boards, which were created under the Wellbeing of Future Generations Act, also have responsibility for producing wellbeing plans, bringing together a range of statutory and other local actors with a focus on long-term planning across issues including community cohesion and wellbeing. The National Strategy for Older People in Wales (2013-2023)[93] is another key driver of action in Wales which is overdue a refresh. Action on loneliness is also being driven forward as part of the Older People's Commissioner for Wales' push towards an Age-friendly Wales.[94]

Northern Ireland
In Northern Ireland, Health and Social Care Trusts have a critical role to play in addressing loneliness along with local authorities and the regional Public Health

Agency. Community Planning processes across Northern Ireland have been a helpful tool in driving action on loneliness, and action is also being taken forward as part of a drive around Age-friendly Communities, and through the recently established Age-friendly Network which sits across each local council area (including in Belfast – see case study). However, fewer areas are developing all-age agendas for loneliness.

At local level, action on loneliness requires commitment from elected members and officials, as well as from health system and public health leaders to produce a whole system response including proactive commissioning of effective interventions.

Local leaders need to make a firm strategic commitment to tackling loneliness as a priority. They need to identify the system-level approaches that will be most effective for building a community-wide response in their area, and then they should use the *Promising Approaches* framework to assess what assets already exist in the community that can play a role in addressing loneliness and where there are gaps to fill.

Action by business

There is increasing recognition of the need to stimulate action across the private sector – as seen, for example, in Norfolk's 'In Good Company' campaign which includes a significant emphasis on action by the private sector.[95]

The role of private sector organisations – both as employers and as holders of community assets – is being increasingly recognised, and businesses are coming together to think about how they can address loneliness through adapting their work in these areas. Both as partners in wider cross-sector programmes and in their own work, engaging businesses in work to tackle loneliness will be an increasingly important priority.

As more people work for longer and spend significant amounts of their time at work (whether in the workplace or at home),[96] the need to consider how work can be a locus of action on loneliness grows ever more important. This will be particularly important in the context of changes to working practices, including the shift towards home and lone working, as a result of the Covid-19 pandemic.

What works in addressing loneliness?

While commitment to action on loneliness grows, the gaps in evidence around what works in tackling loneliness continue to act as a barrier to investment in loneliness interventions.

The evidence base on loneliness remains patchy.[97] Reviews have found limited quality evidence to draw upon and, as a result, there is no definitive answer to the question 'what works?'

A number of programmes over recent years have sought to address this gap, notably the National Lottery Community Fund's Ageing Better programme, and more recently the UK Government's Building Connections Fund. There have also been efforts to develop the evidence base around interventions such as social prescribing. The evidence that is emerging from these programmes will, over time, give us a more definitive understanding of what approaches are most effective in addressing loneliness.

However, while high-quality quantitative evidence around the impact of different interventions on loneliness is limited, many organisations are gathering data about the impact of the work they do. Across the four nations of the UK, people, communities and organisations are working to address loneliness, and to develop new responses to changing circumstances – most notably the Covid-19 crisis – and gathering feedback from their service users about the difference they make. This provides an important building block in developing a firmer understanding of what works.

Building the evidence base

Building the evidence base on loneliness remains a priority. As this guide demonstrates, there are many organisations gathering qualitative data which demonstrates the impact their services are making, but few are gathering the kind of quantitative data that allows for comparisons between approaches.

The UK Government has now committed to national measures of loneliness – these are the ULCA 3 question scale and a single item loneliness question. The Scottish Government has adopted a single item loneliness measure as part of its national outcomes framework, while in Wales, loneliness is measured using the De Jong Gierveld Scale as part of the National Survey for Wales and reported on as one of the National Indicators in the Wellbeing of Future Generations Act.[98] More detail on these scales is set out in Appendix 3.

In England, the What Works Centre for Wellbeing has produced guidance for organisations using the UK Government's scales to assess the impact of their work.[99] However, a number of key initiatives aimed at reducing loneliness are not currently required to use these measures to assess their impact. For example, the measurement framework for social prescribing encourages the use of the ONS 4 subjective wellbeing measure – a free-to-use measure based on four questions – but not the loneliness scales.[100]

Some providers have argued that the UK Government measures are unsuitable for capturing the impact of the full range of loneliness interventions. In particular, the measures may be difficult to use by organisations who connect people to wider support. They may also be less suitable for drop-in activities. These measures may also be less useful in demonstrating the impact of activities that are intended primarily to build community and connection and which are intended to prevent loneliness, as they may not capture change as a result of the intervention.

However, unless strides are made in gathering more data on the impact of interventions on loneliness, we are

unlikely to be able to move forward in our understanding of what works. Gathering more robust evidence will require commitment on the part of funders and commissioners in ensuring that resource is allocated to the provision of appropriate training and support to enable measures to be used.

At the same time, measures should also be kept under review, and investment in refining them should be prioritised.

Given the widespread use of wellbeing measures in initiatives which have potential to impact loneliness, it will also be important to understand the extent to which measures of subjective wellbeing, such as the ONS 4 and WEMWBS, correlate to levels of loneliness, and whether progress against these measures can be taken as a proxy for addressing loneliness.* Work by the What Works Centre for Wellbeing echoes the findings of earlier studies which suggest that there are overlaps between loneliness and poor wellbeing but these are not perfect proxies.[101]

We also need to better understand to what extent there are other measures that can be used as proxies for loneliness. Potential options include objective measures of connectedness, as well as other positive subjective measures, like confidence and self-efficacy. However, at present we do not know which ones are the best fit. We also need to understand better how impacts on loneliness correlate to impacts on costs – especially costs to the health and care system.

* See appendix 3 for more information on measurement scales

Conclusions and recommendations

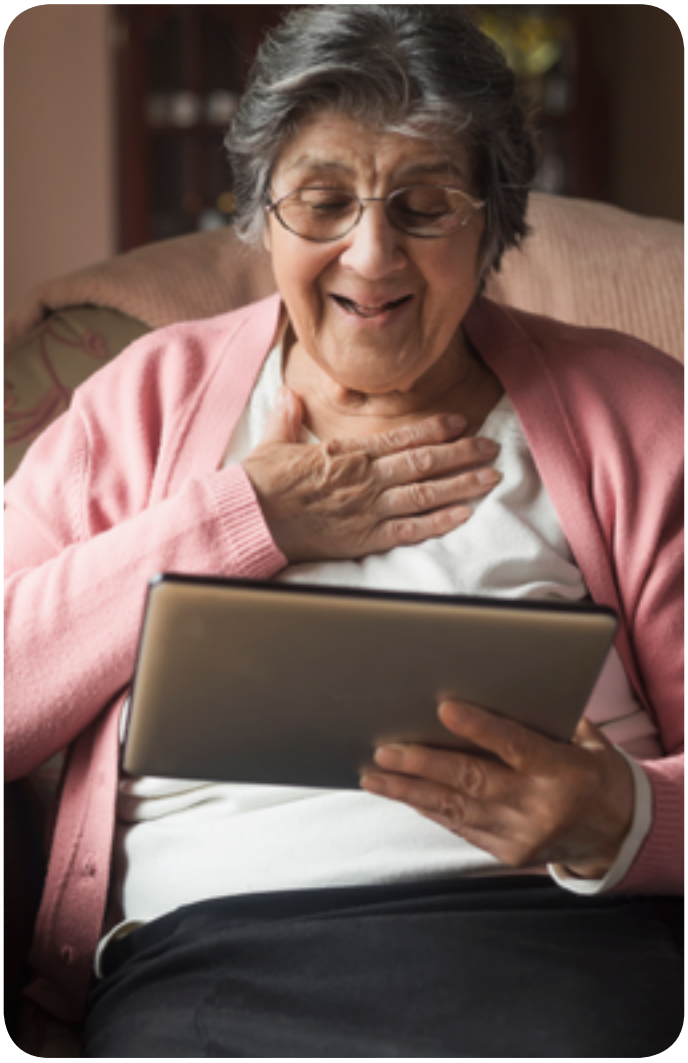
Refreshing this guide, five years on from the publication of the original version, has demonstrated that there continues to be a vibrant community of organisations working across the four nations of the UK to address loneliness and isolation.

In updating the guide, we have identified new evidence relating to a small number of approaches, and seen how, by consciously building understanding of the nature of loneliness into their actions, organisations have been able to use a wide range of community assets to support people to feel more connected and to enjoy more positive relationships. However, it is clear there is still a long way to go in creating a robust evidence base about what works in addressing loneliness.

In updating the framework we have sought to make clearer how different approaches work together. We have added an important new category concerned with the potential for initiatives within the built environment – both in terms of its construction and its use – to enable people to develop and maintain their connections.

The need for action across sectors, and within whole communities is now widely recognised, and there are promising initiatives across the spectrum. However, we have yet to see whole-systems responses to loneliness being implemented consistently in every area.

To progress this agenda, we need to see action that supports more communities to put in place community-wide responses to loneliness, with effective approaches across all categories of the framework.



National governments need to play their part by:

- Committing to continued investment in action on loneliness, moving beyond piloting to implementing approaches that work across key areas including community infrastructure and space, housing, transport and social care
- 'Loneliness proofing' policy and strategy across government departments to ensure that government activity supports connection

A key priority will be to ensure that Covid-19 response and recovery planning recognises the importance of connection to community resilience. National governments should commit to ensuring that strategies for recovery are loneliness-proofed.

In addition, national governments will need to lead action to address some of the critical needs that have emerged during the Covid-19 crisis as the pandemic continues, and beyond into the recovery. There is a need for urgent action to:

- Address the digital divides that blight people's ability to connect, including the divides based on lack of access to technology, lack of access to broadband, data poverty, and lack of digital skills and confidence
- Proactively reach those who have been, and who may remain, particularly isolated during the crisis including those who are clinically vulnerable
- Build more social and emotional support into emergency response programmes, for example by ensuring food security and medicine delivery programmes are organised to facilitate social connection
- Support those who have been affected by the psychological impact of loneliness, providing evidence-based psychological interventions
- Provide support for those who have been bereaved as a result of Covid-19, and who are experiencing grief for other reasons
- Shore up the social infrastructure upon which community responses to loneliness depend, including the voluntary, community and social enterprise sector, as well as community assets such as libraries and community venues

While national governments must continue to lead, local authorities remain in the driving seat of community responses to loneliness – along with health authorities and others such as the police and fire and rescue. A 'whole system' response to loneliness is required, and this must lead to a proactive approach to commissioning effective interventions in communities, and in setting the framework for action across sectors.

At a local level:

- Local leaders need to make a **strategic commitment to tackling loneliness** as a priority

Those responsible for commissioning services must:

- **Invest in approaches** that show promise, and fund the development of further evidence around them
- Be explicit and intentional in the effort to combat loneliness ensuring that an **understanding of the psychology of loneliness** informs service design that helps build people's confidence, self-esteem and self-efficacy
- Ensure that loneliness support is **inclusive** and **accessible** – bearing in mind the cross-cutting themes emphasised in Chapter 1, and recognising that this may require the development of specialist support across communities of interest and practices, as well as places
- Review the **risk factors** for loneliness and map how interventions in the community will meet the needs of these groups. Be particularly mindful of the digital divide
- Develop a **whole-system** response to loneliness, recognising the role different types of services play in responding to the complex and individual experience of loneliness. Include approaches in **all categories** of the framework
- Commit to **evaluating impact** (see below).

Those involved with service provision must:

- Make their own **connections:** Few organisations provide the full range of support needed to address loneliness. Providers need to assess what contribution they make to the overall framework of loneliness interventions, and build the necessary partnerships to deliver more effectively with other providers
- Learn from **best practice,** for example ensuring approaches are informed by an understanding of the **psychology of loneliness, including** by implementing the principles of **warm welcome** in group-based activities
- Play their part in **building the evidence:** As long as there is a shortage of evidence of the impact of loneliness initiatives, excuses will be made for not funding this vital work. External evaluations are costly but all organisations can build into their programmes the opportunity to gather data about their impact. By using recognised and accredited tools, even if only with a sample of services users, we can start to create a reservoir of comparable data, improving the evidence base, and building a clearer picture of which initiatives work best and why

All those involved with research must support the development of more and better evidence of the impact of loneliness initiatives. For this to happen:

- **Commissioners and funders** should ensure that projects receive adequate funds to engage in high-quality evaluation, and encourage the use of recommended loneliness tools and measures to asses impact and allow comparisons to be made between initiatives
- **Service delivery organisations** must commit to measuring the impact of their services on loneliness rather than relying solely on proxy measures
- **The research community** should encourage the use of consistent measurement tools in assessing impact on loneliness; and contribute to the development of **new tools** to measure the impact of initiatives that are less easily evaluated using existing tools, including those that seek to prevent loneliness, and those that want to offer a casual drop-in environment; the community should work with organisations to understand what, if any, measures can be used as appropriate **proxies** for impact on loneliness

Appendix 1 – List of case studies

Appendix 2 – Experts consulted

NB – Experts offered comments in their personal capacity. Organisations are listed for information

Tim Anfilogoff	Herts Valley Clinical Commissioning Group
Anne Callaghan	Campaign to End Loneliness
Paul Cann	Founder – Campaign to End Loneliness
Laura Caton	Local Government Association
Jim Cooke	Co-op Foundation
Richard Dowsett	National Lottery Community Fund
Olivia Field	British Red Cross
Peter Gilheany	Forster Communications
Bethan Harris	Collectively
Ramona Herdman	Department for Culture Media and Sport – Loneliness Team
Robin Hewings	Campaign to End Loneliness
Nancy Hey	What Works Centre for Wellbeing
Steve Huxton	Independent Consultant
Dan Jones	Independent Consultant
George Jones	Office of the Older People's Commissioner for Wales
Kalpa Kharicha	Campaign to End Loneliness
Angela Kitching	Age UK
Diarmaid Lawlor	Scottish Futures Trust
Deborah Morgan	Swansea University
Andy Nazer	Campaign to End Loneliness
Paul Okroj	Chest, Heart and Stroke Scotland
Hannah Pearce	Age UK
Tom Scharf	Newcastle University
Claire Stevens	Voluntary Health Scotland
Catherine Underwood	Nottingham City Council
Jill Wells	Co-op Foundation
Andrea Wigfield	University of Sheffield
Jenny Williams	Ecorys

Appendix 3 – Overview of measurement tools

UCLA 3 loneliness scale

The UCLA 3 loneliness scale is a shortened version of a scale developed by researchers at the University of California, Los Angeles.

There are three questions:
1. How often do you feel that you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others?

And three possible responses:
- Hardly ever or never
- Some of the time
- Often

For more information see: www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys

Single item/direct measure

The UK Government has adopted the following single item loneliness question for use in national surveys:

How often do you feel lonely?

There are five possible responses:
- Often/always
- Some of the time
- Occasionally
- Hardly ever
- Never

For more information see: www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys

The De Jong Gierveld Scale

The De Jong Gierveld Scale asks respondents to say how they feel about a series of statements. The original scale included 11 items, but the Welsh Government uses a shorter six-item scale which includes the following statements relating to emotional and social loneliness.

Social loneliness
- There are plenty of people I can rely on when I have problems
- There are many people I can trust completely
- There are enough people I feel close to

Emotional loneliness
- I experience a general sense of emptiness
- I miss having people around
- I often feel rejected

A scoring system is then applied to generate an overall loneliness score.

For more information see: mvda.info/sites/default/files/field/resources/De%20Jong%20Gierveld%20Lonliness%20Scale.pdf

The Campaign to End Loneliness measurement tool

The Campaign to End Loneliness measurement tool contains three key statements:

1. I am content with my friendships and relationships
2. I have enough people I feel comfortable asking for help at any time
3. My relationships are as satisfying as I would want them to be

Respondents are asked to give one of the following answers: Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Don't Know

Answers are scored from 0 to 4 (with strongly disagree scoring the highest), to give a possible range of total scores from 0 to 12, with 0 being the least lonely, and 12 being the most.

For more information see: www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf

ONS 4 Subjective Wellbeing Measure

The ONS 4 Subjective Wellbeing Measure is based on four questions. Each question is answered using a scale from 0 to 10 where 0 means 'not at all' and 10 means 'completely'.

Each question measures a different aspect of wellbeing:

- Life satisfaction: Overall, how satisfied are you with your life nowadays?
- Worthwhile: Overall, to what extent do you feel that the things you do in your life are worthwhile?
- Happiness: Overall, how happy did you feel yesterday?
- Anxiety: How anxious did you feel yesterday?

The scores can then be used to assess overall levels of wellbeing.

For more information see: www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide

Older Person's Outcomes Star™

The Older Person's Outcomes Star™ was developed by consultancy organisation Triangle in consultation with service providers and commissioners from Camden, Westminster, Brent and Hammersmith and Fulham, as one of a series of Outcomes Stars™ which are intended to measure and support progress for service users towards a range of goals.

The Stars are an integral part of the relationship between an individual and their keyworker and are designed to be completed collaboratively. Each version consists of several scales which are mapped on a Star Chart onto which the service user, in collaboration with the worker, plots where they are on their journey.

The outcomes for the Older Person's Star are:

- Staying as well as you can (physical and mental health)
- Keeping in touch (use of time and social networks)
- Feeling positive (motivation and managing change)
- Being treated with dignity (choice and control)
- Looking after yourself (self-care and mobility)
- Staying safe (safety)
- Managing money (economic wellbeing)

The Outcomes Star™ for older people has a focus on re-enablement, and measures progress towards maximising independence and wellbeing. The model of change is from 'cause for concern' to 'as good as it can be' so that all older people can reach '10' and the Star captures the difference that services make.

For more information see: www.outcomesstar.org.uk/using-the-star/see-the-stars/older-persons-star/

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a scale of 14 positively worded items, with five response categories for assessing a population´s mental wellbeing.

Individuals are read a series of statements about their feelings and thoughts, and asked whether they have experienced these over the past two weeks. The scale ranges from 'none of the time' to 'all of the time'.

The Scale was funded by the Scottish Executive National Programme to improve mental health and wellbeing, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

Many organisations use a shortened version of the Scale, which consists of seven questions. This is known as the Short Warwick-Edinburgh Mental Wellbeing Scale.

For more information see: www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx

MYCAW – Measure Yourself Concerns and Wellbeing

MYCAW is an individualised questionnaire which was originally designed for evaluating complementary therapies in cancer support care, but is now in use in other settings.

It involves asking people to identify two key concerns or problems to work on and then regularly monitors the extent to which these concerns are bothering people. It also asks people about their wellbeing and health.

For more information see: www.bris.ac.uk/primaryhealthcare/resources/mymop/sisters/

The Patient Activation Measure (PAM®)

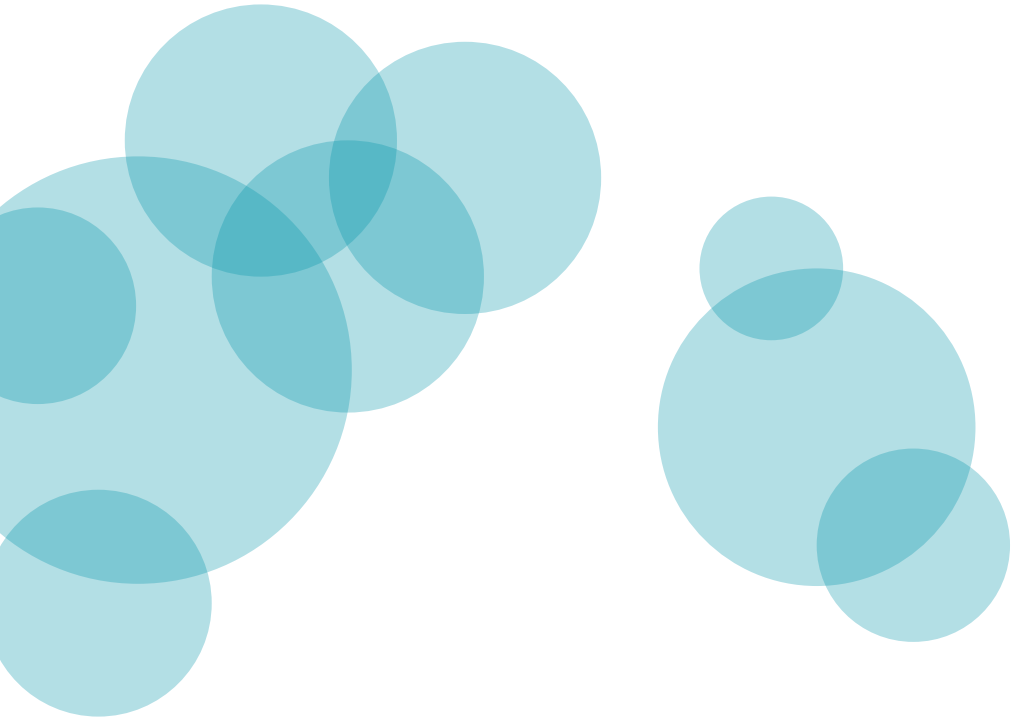
The Patient Activation Measure is a validated, licenced tool that helps to measure patients' knowledge, skills and confidence, and the extent to which people feel engaged and confident in taking care of their condition.

Individuals are asked to complete a short survey of 13 questions relating to their ability to manage their own health. These are answered on a four-point scale from 'Agree Strongly' to 'Disagree Strongly'.

Based on their responses, they receive a PAM score (between 0 and 100). The resulting score places the individual at one of four levels of activation, each of which reveals insight into a range of health-related characteristics, including behaviours and outcomes. The four levels of activation are:

- Level 1: Individuals tend to be passive and feel overwhelmed by managing their own health. They may not understand their role in the care process.
- Level 2: Individuals may lack the knowledge and confidence to manage their health.
- Level 3: Individuals appear to be taking action but may still lack the confidence and skill to support their behaviours.
- Level 4: Individuals have adopted many of the behaviours needed to support their health but may not be able to maintain them in the face of life stressors.

For more information see: www.england.nhs.uk/personalisedcare/supported-self-management/patient-activation/pa-faqs/#Q3



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