Campaign to EndLoneliness
CONNECTIONS IN OLDER AGE

The Psychology of Loneliness

Why it matters and what we can do

About the Campaign to End Loneliness

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 frontline and connecting different parts of the loneliness community such as academics, frontline practitioners, decision-makers and businesses.

Published July 2020

Foreword

Since becoming minister for loneliness I have become ever more struck by the seriousness of loneliness and the impact it has on people's lives. It can affect our health, wellbeing, productivity, and self-esteem.

It was always true that loneliness could affect anyone, but now the coronavirus and social distancing measures have meant that more of us than ever have some idea of what it is to be lonely. The dynamism and sense of mission of the voluntary organisations who address loneliness has also been a real feature of this period.

The Government's 2018 loneliness strategy recognised the need to improve the evidence base about what works to tackle loneliness. We created the Building Connections Fund in partnership with the National Lottery Community Fund and Co-op Foundation both to directly address loneliness and to learn more about better ways of doing so. This report is an early product of that fund and I am pleased to see that it has brought to the fore some aspects of addressing loneliness that are not often spoken about.

The focus is often on the social and practical elements of a project or activity that aims to connect people and of course this is important. However, individuals across the country working to bring people together will recognise the human aspects of this report. The way that being lonely can undermine self confidence and take us further from social life. The need for support on the journey out of loneliness. How the best way of helping people is to see their strengths and help them unlock their own capabilities.

This is the first policy report on the psychology of loneliness in the UK. I hope that the way it crystallises what many people are doing instinctively can be used to spread these approaches, so everyone can connect in order to live full and satisfying lives.

Baroness Diana Barran MBE,
Minister for Civil Society

The purpose of this report

This report aims to address the current gap in our understanding of the psychological and emotional aspects of loneliness. We cover the role these play in our ability to form meaningful connections and how this knowledge can inform and improve the support for those experiencing loneliness, particularly chronic and severe loneliness.

This is a first step on that journey and further work is needed to build on what we have learned. This work complements rather than underplays the significance of social and structural factors – like socio economic, gender and ethnicity differences – that contribute to loneliness, on which much has been reported before. We have focussed on the experiences of older people.

What we have done

The Campaign to End Loneliness commissioned the UKRI Loneliness and Social Isolation in Mental Health Research Network, UCL to carry out an extensive scoping review for this report. They examined academic literature, reports from the third sector, and undertook stakeholder consultation to find the psychological factors which contribute to loneliness and evidence of interventions that have potential to target these factors. The evidence base in this important area is emerging and shows promise.

We have also:

1. consulted widely with policy and practice stakeholders to understand the implications of these findings
2. spoken to a wide range of older people about their views on the psychological aspects of loneliness and the kind of services they would like to see
3. identified examples of innovative projects that are already delivering services that incorporate psychological approaches to loneliness in their work.

We are very grateful to our Advisory Group who have given us a great deal of insight and support throughout this work.

This report aims to integrate sources of evidence and expert knowledge to reach conclusions that have practical implications for improving the lives of older people who are lonely, particularly those experiencing chronic loneliness.

The coronavirus pandemic has highlighted loneliness as an issue and in particular internal ways of managing loneliness when it has been harder to connect in the external world. We hope this report will contribute to an understanding of how we re-emerge from the pandemic in the coming years.

Contents

Executive summary

Loneliness happens when the social connections that people want don't match their actual experience of relationships with others. It is an emotional response, and as such, it is important that we draw more on the insights from psychology than is currently the case.

This report is our response to the commitment made in the government's loneliness strategy to improve the evidence base about what causes loneliness and how to tackle it.

We have finalised it during the first months of the coronavirus pandemic that has had such a deep effect on our social behaviours and wellbeing. As a result of lockdown millions of people say loneliness is affecting their wellbeing and there has been unprecedented action across all levels of government and society.

As meeting physically has often been impossible due to lockdown, there has been an increased understanding of the role of psychology to deal with loneliness. The subject has never been more relevant.

We hope that the evidence and insights in this report will shine new light on this issue and improve our collective ability to tackle loneliness. This report is the first policy report on loneliness and psychology in the UK and there is still much to learn. The case for action is clear.

The psychology of loneliness

People describe thoughts and feelings of loneliness with words like anxiety, fear, shame and helplessness. These powerful emotions can influence how we act. They can create a downward spiral where loneliness causes someone to withdraw further from family and friends and so become lonelier.

Loneliness can affect how we anticipate and interpret our social experiences. This can mean we are more apprehensive or fearful of social situations or pick up on social rejection cues too readily. Another way that loneliness can worsen is if we see the cause of our loneliness as something that will not change: that it is just part of who we are or of becoming older.

Events in earlier life, personality types and styles of coping all affect our risk of loneliness in later life.

While loneliness is not a mental health issue in itself, mental health problems, particularly depression and social anxiety, can cause loneliness. In the other direction, loneliness can cause mental health problems. There is a similar relationship with dementia, where loneliness can cause cognitive decline, while dementia can lead to people becoming lonely.

There is not a complete picture of exactly how all these factors come together but enough is known to develop psychological approaches that complement social and structural measures.

Psychological approaches for loneliness

There are a number of psychological approaches that can help people with loneliness. The three with the most relevant research evidence are cognitive behavioural therapy, mindfulness and positive psychology.

In practice, we found that these are generally not used as single approaches in isolation, but used in a mixture that best suits the situation. The insights and application of these approaches are not confined to the work of accredited therapists, but have a much wider application amongst a range of practitioners and services seeking to address loneliness.

Cognitive behavioural therapy helps people understand their thoughts, feelings and behaviours so they can change some of these to manage their difficulties.

Mindfulness can help people become aware of their thoughts during difficult times and choose to accept or reject them.

Positive psychology promotes positive emotions, helping people to override negative feelings and thought patterns.

These are the approaches that our work to date has established as most promising. Others may be effective but we know less about them, which is one reason why more research in this field would be valuable.

The limited research in this area also emphasises why we need to look to other sources of knowledge and to learn from innovative practice and lived experience.

What we can do

To understand how the insights of psychology can help people, we spoke to a large number of older people, practitioners and policy makers. We found that psychological approaches have the potential to be used to tackle loneliness in three broad categories.

1 Individuals can understand how loneliness affects them and those around them and build this understanding in to their everyday lives. This can be promoted by public campaigning.

2 Organisations providing services for people who may be lonely can adjust their work to use some of the learning about the psychology of loneliness. Group activities, social prescribing and emerging psycho-education courses can all use these insights to improve the design of their services. Many already do.

3 There is a group of people with chronic loneliness which may be part of a complex set of problems or due to difficult life events such as bereavement. This group may be best helped by one-to-one support directly focused on helping them alleviate loneliness using psychological techniques.

People have been touched by loneliness in new ways as a result of the coronavirus pandemic.

As we emerge from these unparalleled times there is a clear public will to recover and grow as a society. We believe these recommendations will help us do that.

Our priorities for action

Practical and academic evidence from around the world shows that the key priorities for action are:

- **Public health messaging that emphasises the importance of meaningful social relationships and the psychological and emotional aspects of how to nurture them.**
- **Building in learning on how thoughts and feelings influence people's experience of loneliness into the design of services such as social prescribing as well as group activities.**
- **Expanding older people's access to specialist one-to-one counselling such as IAPT and increasing support for bereavement and depression.**

1

Introduction

The definition of loneliness as a subjective and unwelcome feeling shows the need to consider the role of psychology in how it is tackled.

What we mean by loneliness

Understanding loneliness helps us to think more clearly about what can be done about it. In the UK we generally define loneliness as:

> **'a subjective and unwelcome feeling which results from a mismatch in the quality and quantity of social relationships we have and those that we desire[1]'**

This roots loneliness in psychology and shows how loneliness is different to social isolation. Social isolation is not necessarily a negative experience. Loneliness is. Social isolation is a relatively objective measure of the number of relationships someone has.

Loneliness is located in the individual and how they feel. It explains why loneliness can be experienced within a crowd and that being alone does not necessarily mean being lonely.

In this cognitive discrepancy theory of loneliness, cognition – how we get knowledge and understanding through thought, experience and emotions – explains the negative thoughts and feelings of loneliness experienced when our social relationships are unsatisfactory.

This model gives space for different ways people can be lonely. Social loneliness is the absence of a network of friends, family or community. Emotional loneliness on the other

hand is the lack of a confidante or a trusting, loving relationship, even within a good social network. Another type of loneliness, though probably less common, is existential loneliness. This is a feeling of separateness from others and is most commonly associated with people with a life-threatening illness or those experiencing trauma[2]. These types of loneliness are not mutually exclusive. They are likely to overlap and be experienced to different extents at different times.

Although we often say that someone is lonely, there are differences of frequency, duration and intensity. Loneliness may be an occasional, transient feeling that someone can manage or may be more long-standing and chronic in nature.

An intensity of feeling that is short lived may helpfully motivate individuals to reconnect with other people[3,4]. Whereas, severe and chronic loneliness can inhibit social connections in a number of ways that are outlined below.

Two dimensions of intensity are important here – **emotional significance** and frequency or **duration of distress**.

Emotional significance

The emotional significance of any perceived lack or loss in a person's social network is likely to be more important than the number of less significant contacts. For example, it is difficult to see how lots of casual acquaintances would provide protection against loneliness in anything like the way that having a strong, satisfying, intimate bond with a partner, other family member or very good friend would. The impact of bereavement and its strong association with loneliness is testament to this.

Understanding loneliness as emotional, social or existential is helpful but it is more realistic to think of it in terms of a spectrum, where the lack of more emotionally significant relationships has a bigger impact than the lack of less significant relationships.

It also appears that deficiencies at either end of the spectrum will lead to a different kind of distress. More significant emotional loss tends to lead to feelings of depression, whereas more social loneliness, tends to correlate with feelings of anxiety[5]. It is commonly thought that emotional loneliness is more acutely painful, whereas further back along the spectrum, social loneliness is experienced as a mixture of feeling rejected or being 'unacceptable', coupled with a sense of boredom[6].

Duration

The other important factor which contributes to the intensity of loneliness is the frequency that someone experiences feelings of loneliness. Most people experience the feeling of loneliness occasionally – and again, for most people this is of little significance. On a spectrum it is most likely to be associated with low intensity. However, some people experience the emotional feeling of loneliness 'most or all of the time'. This is a chronic experience of loneliness and would clearly be most closely associated with the intense end of the spectrum.

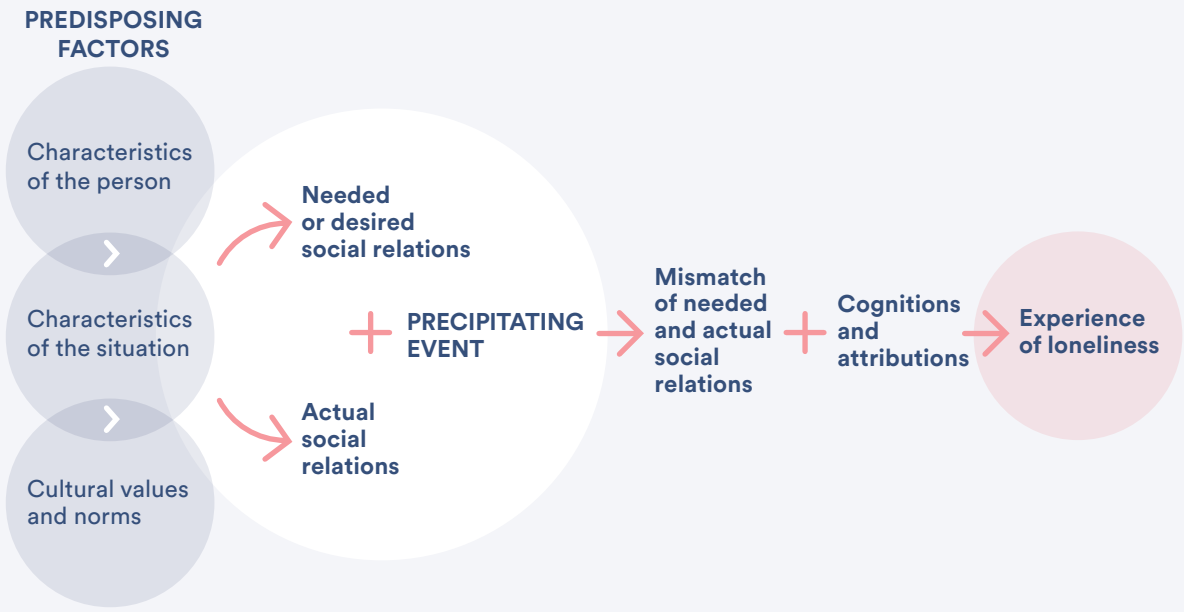
People experiencing higher intensity of loneliness are the ones we are most concerned about and who warrant particular support. With an understanding of the varied nature of loneliness we are in a better position to find what will best alleviate it.

How internal and external factors cause loneliness

Perlman and Peplau[7] described their model of loneliness with the graphic below.

Figure 1

Model for the causes of loneliness



In this model of loneliness we can see that there are predisposing factors, a precipitating event, a mismatch of needed and actual social relations alongside cognitions and attributions leading to an experience of loneliness.

Predisposing factors include:

Personal characteristics

This describes how the person's psychological tendencies manifest in their thoughts, feelings and behaviours. These psychological factors are the main focus of this report. Other personal characteristics include health and mobility. These are not included in this report as their relationship with loneliness has been widely reported.

Characteristics of the situation

In essence these are sociological and demographic factors such as socio-economic status, gender, ethnicity, living situation and family circumstances. While important, we have not addressed them in this report because they have already been so extensively analysed in many of the core texts and reports on loneliness.

Cultural values or norms

These include social roles, status and identity. All of which influence how people interpret their situations and judge their satisfaction or otherwise with family and friends.

It is through the lens of these factors that a precipitating event, like a bereavement, is then internally analysed according to someone's cognition and attributional style (see Chapter 2) to produce a conclusion that there is a mismatch between the volume and quality of their needed and actual social relations.

The intensity of the experience of loneliness will vary from person to person but can be understood simplistically as a function of the emotional significance of the relationships the person feels they don't have, combined with the frequency that they experience the emotional distress associated with this situation.

The model shows how internal and external factors interact to lead to experiences of loneliness. We know a lot about the more objective risk factors for loneliness in later life. They include individual level risk factors such as living alone, wider societal factors such as the quality of the environment, and life changes of which bereavement is the most significant. These risk factors can overlap and there are cumulative effects over a lifetime, although only a minority of older people are continuously lonely over time[8].

Reflecting our better knowledge of external risk factors, most current ways of supporting people who feel lonely have focused on creating opportunities for people to connect with other people.

We know a lot less about the more internal issues, such as how someone perceives their circumstances and their ability to respond to them.

Incorporating both the internal and external aspects of loneliness to shape interventions has potential to better tailor support for loneliness[9].

2

Psychology of loneliness

Chapter 1 showed that loneliness is more than a product of external factors – it is also influenced by how we think. The next step is to look at what loneliness feels like and what ways of thinking are helpful or unhelpful in dealing with it.

> **"I don't think it's so much that you're lonely as you're missing the person you've spent your life with. You miss them, don't you?**
>
> **Yeah, I think you miss somebody and you miss them being there, but the loneliness is in your head, isn't it?"**

Qualitative research can help us understand what loneliness means to people. It also helps us gain a deeper insight into the emotions, thoughts and feelings that are distressing and unwelcome.

Loneliness and negative emotions

Research from around the world has shown that loneliness includes a range of negative emotions:

Anxiety and fear have been described as common companions to loneliness in later life[16].

These emotions show the personal and private nature of loneliness that is experienced both when alone and with or in relation to others. They describe the stigma of loneliness, the difficulty in talking about it. It can be a 'silent suffering'[17] where people use distancing or denial as an attempt at self-preservation[18].

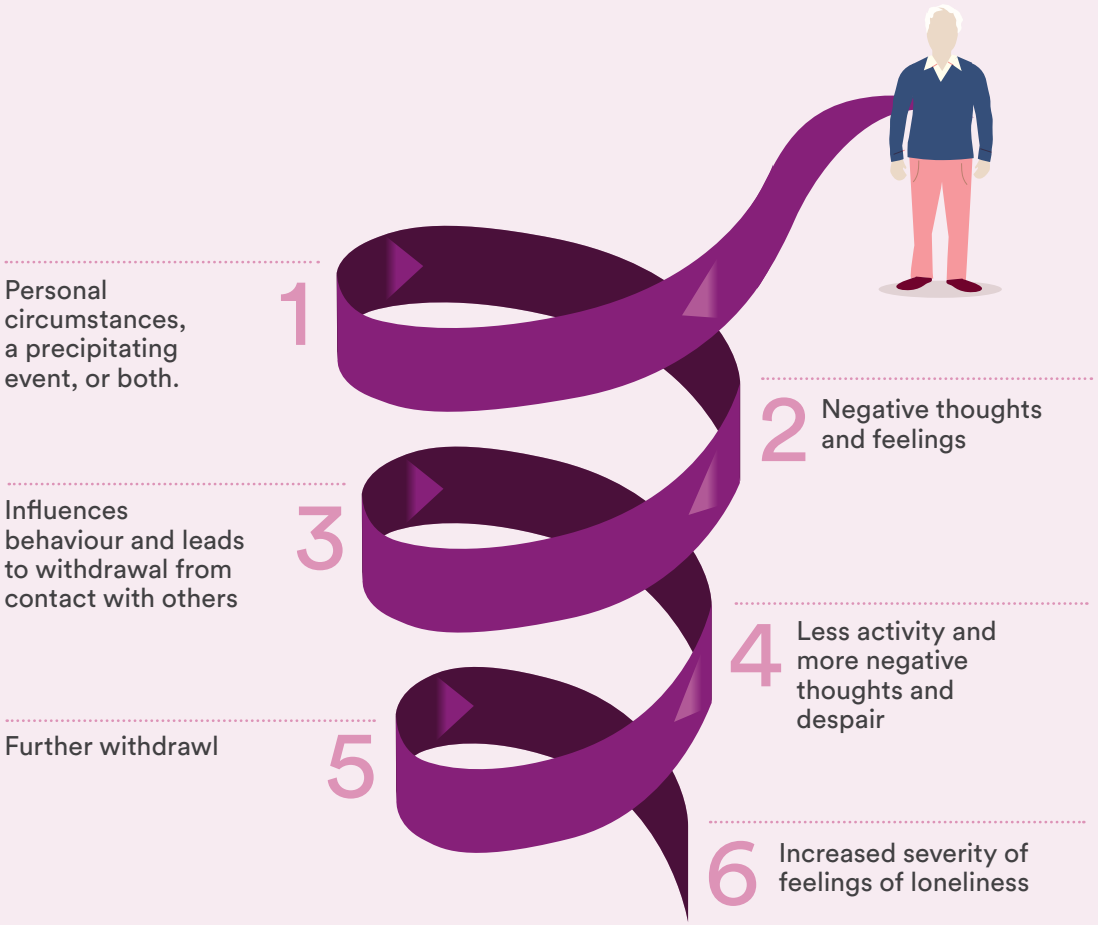
> **"Sometimes I do feel really lonely inside which I can't talk about. Sometimes you can talk to your friend about things, it can help in that way, but even then you have a big struggle within yourself."**

How being lonely can influence how we act

The feelings of loneliness can lead to a loss of confidence and influence behaviour, perhaps causing people to withdraw from contact with others. This behaviour can in turn set off a **downward spiral** of more negative thoughts and despair, leading to more intense feelings of loneliness, leading to more prolonged periods of isolation.

Figure 2

Downward spiral of loneliness



The same process can be made to work in reverse to produce positive change. Various psychological approaches (outlined in Chapter 3) are designed to bring about changes in thoughts, feelings and behaviours and thereby generate an **upward spiral** out of loneliness.

Figure 3

Upward spiral out of loneliness using psychological techniques

6 Increased activity and engagement reducing loneliness severity.

5 More positive thoughts and feelings leading to changes in behaviour related to engagement with people or place.

4 Experiencing a shift in thoughts and feelings and a belief of positive change.

3 Knowing that these patterns can be changed. Challenging negative automatic thoughts and feelings by practicing psychological techniques that help to re-frame them.

2 Recognising that unchallenged negative thoughts and feelings have led to patterns of behaviour that have become hard to shift.

1 Awareness that thoughts and feelings related to loneliness influence behaviour.

Psychological factors affecting loneliness

There are a range of psychological factors that affect loneliness.

Different studies have taken different approaches to understanding the psychological aspects of loneliness and so the different factors often overlap. This also means we do not have a single complete picture of how they all fit together or precise understanding of their relative importance.

It is clear, however, that there are psychological factors that make people more likely to become lonely, cause loneliness or maintain it. In other words, they predispose, precipitate and perpetuate the experience of loneliness and so are relevant throughout the Peplau and Perlman model.

Why attributional styles matter

People who are lonely can understand the reasons for their experience in different ways. Attributional style is how people, often unconsciously, explain various life events to themselves[19]. This is important because how people understand the causes of their loneliness can have important effects on their self-esteem, expectations for the future, emotional reactions, and coping behaviour. One of the most useful models[20] of causal attribution suggests people tend to explain their situations using two key factors:

- Whether the cause is to do with themselves or to do with external situations.
- Whether the cause is likely to be stable or variable over time.

Where someone attributes the cause of their loneliness to internal factors then this is likely to impact on their self-esteem, with inadequacy, self-blame, lowered self-worth and even shame being a possible feature.

The stability factor is especially important for the person's future expectations. Perceiving that loneliness is due to stable or unchangeable causes is likely to lead a person to anticipate prolonged loneliness, which in itself could de-motivate them from trying to tackle their loneliness. Variable causes – things that we might be able to change – should allow for greater optimism about the ability to improve our social connections.

Saying "I'm lonely because I'm old" would represent an internal, stable attribution over which the person would tend to feel that they have little control or ability to change. This could very likely lead a person into chronic loneliness. Saying "I'm lonely because I've just chosen to move to my dream retirement home and I haven’t had time yet to meet other people" would represent an external, changeable situation which leaves open the prospect of loneliness being temporary.

Attributional styles are critical to the experience of loneliness and how it can be addressed. If people feel that they have little chance of being able to change their situation then they are much more likely to lose motivation to change.

Coping styles

These different attributional styles overlap with different styles of coping with loneliness. A systematic review[21] of the association between loneliness and coping strategies found those with a more problem-focused coping style, so one that tends to deal with the external problem, might aim to improve their relationships. But people with an emotion-focussed coping style, who manage a situation by managing their emotions, might aim to lower their expectations about relationships. Problem-focussed coping strategies are associated with lower levels of loneliness than emotion-focussed strategies.

People we spoke to for this report in focus groups described how they preferred to cope.

> **"I probably don't like that working round in my head because I would find I'd always want to find actual practical solutions to my problems."**

How perception affects loneliness

People who feel lonely can have biases in how they process their social experiences. This is called social cognition. It affects the way information about other people and social situations is processed, stored and applied.

Those experiencing loneliness will vary in their social cognitions compared to those who are not lonely. They may be more inclined to process information negatively and more attentive to social rejection cues.

They may have a greater fear of rejection, being a burden or a distrust of other people. Taken together, if someone is lonely, they are more likely to react to and process information in a way that perpetuates the difficulty[22].

> **'The individual is forever appraising others for their potential as providers of the needed relationships, and forever appraising situations in terms of their potential for making the needed relationships available... (Loneliness) produces an oversensitivity to minimal cues and a tendency to misinterpret or to exaggerate the hostile intent of others[23].'**

Personality and early life experiences

The purpose of understanding the influence of early life experiences and personality traits is not to be fatalistic but to help us understand what can be done. These characteristics affect how we interact with others and therefore loneliness. Over time personality traits are likely to affect loneliness as well as the other way round.

One personality trait associated with an increased risk of loneliness is neuroticism[24,25,26], which is a tendency to easily experience psychological distress and have difficulty in regulating emotions. Other personality types have been found to be associated with a lower risk of loneliness. One example is conscientiousness, which may manifest itself as being organised, dependable, preferring to plan rather than be spontaneous[27]. Another is extroversion, the inclination to be assertive and seek stimulation from others[28].

Longitudinal research has explored the impact of early life experiences and likelihood of loneliness in later life[29]. A range of adverse childhood events – such as conflict between parents, being bullied over a lengthy period and economic problems in the family – may lead to people becoming less resilient, more insecure and more likely to be lonely.

Self-esteem, self-confidence, and self-efficacy

Self-esteem, self-confidence, and self-efficacy are terms which describe a combination of personality characteristics and coping mechanisms which are related to loneliness. Being lonely is associated with lower self-esteem and limited use of active coping mechanisms[30,31].

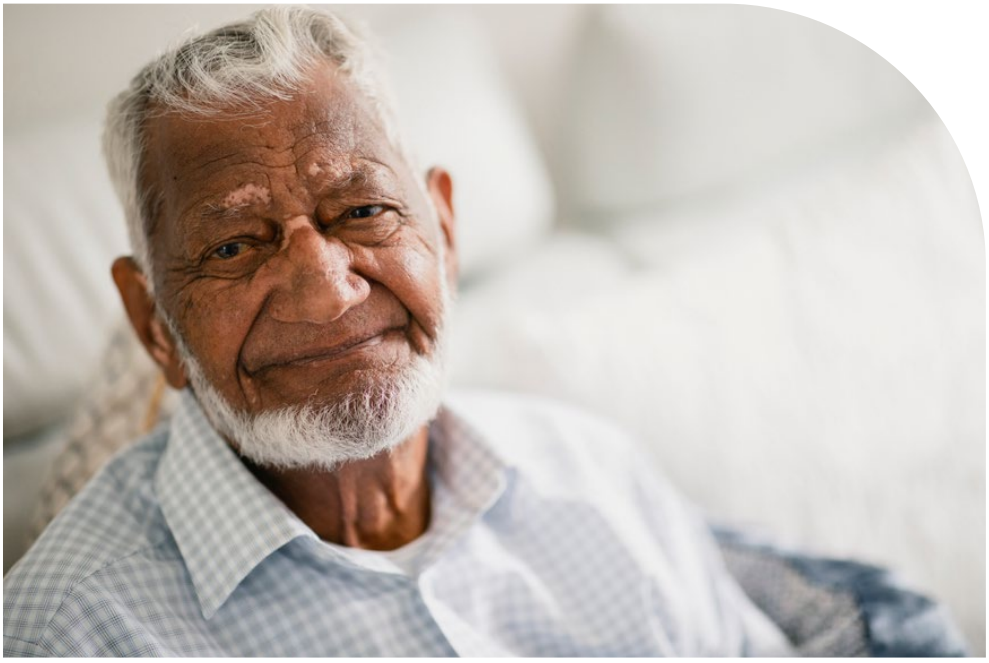
Self-efficacy is the belief in one's ability to succeed in specific situations or accomplish a task, for example, going out and making meaningful friendships. Poor self-efficacy is associated with loneliness while believing in your ability to succeed and change situations will protect against it[32].

Societal values and cultural norms

The psychological factors discussed above are at individual level but we live our lives in wider society and are affected by its cultural norms.

Our social identity – the groups we think of ourselves as members of – can make it easier or harder to take part in social situations. If a lunch club is mainly attended by women then a man may feel less willing to join. Similarly, our self identity can have an impact on how much we participate socially. Someone might not want to join something aimed at older people because they do not want to think of themselves as old[33]. The well documented stigma of loneliness[34] can then be a further barrier.

Ageism includes both internalised and societal attitudes to ageing and older people and is the most commonly experienced form of prejudice in Europe[35]. It affects what older people expect of themselves and their place in society, and how society perceives older people and their value to society[36]. This can lead to loneliness because there is evidence that expectations of loneliness in later life



predict actual loneliness. Internalised ageism appears to generate a 'self fulfilling prophecy' whereby those who in their younger years believe that loneliness is an inevitable part of getting older have been found to experience much higher levels of loneliness in later life[37,38].

Loneliness and mental health

Loneliness is not a mental health problem in itself. Despite overlaps they are distinct though having mental health difficulties may lead to loneliness while loneliness can help cause mental health difficulties.

Loneliness is both a cause and contributor to depression[39,40] and when loneliness and depression co-exist there is increased risk of early mortality[41]. This is important as depression is the most common mental health problem in later life. It is estimated that it affects 22% of men and 28% of women aged 65 or over[42].

This relationship between depression and loneliness means that by alleviating one we may be able to reduce the other.

Loneliness is also associated with anxiety, particularly social anxiety[43]. Large-scale longitudinal studies suggest that social anxiety is a particularly important risk factor for loneliness[44]. This is a common type of anxiety disorder where a person feels fearful or anxious in some certain or all social situations, including meeting new people or exchanges within everyday situations.

It is more than shyness, often starts in young adult life and can lead to a long-lasting and overwhelming fear of social situations. It is one of the most common anxiety disorders. Estimates of lifetime prevalence vary but are as high as 12%, compared with about 6% for generalised anxiety disorder[45].

Loneliness and cognitive impairment

The relationship between loneliness and cognitive impairment is also likely to be two-way. We know that loneliness is associated with an increased risk of dementia. The pathways to explain this may be neurological, stress related or because people who are lonely have less social participation and so less cognitive and sensory stimulation. It is also likely that having cognitive impairment increases the likelihood of loneliness because of reduced social participation; maintaining community participation and social networks is one way of reducing dementia risk[46].

Psychological factors suggest ways to tackle loneliness

It is clear that a wide range of psychological factors play an important role in chronic loneliness. They are not independent of each other and we do not have a full understanding of how they interact. However, the understanding we already have shows new ways of addressing loneliness.

Some of these factors are at societal level, such as the need to address the damaging norms and stereotypes in ageism. Meanwhile, when people feel lonely they think and act differently to when they do not feel lonely[47] and so action is required at the individual level as well.

3

Psychological approaches for loneliness

As well as understanding how psychology is involved in loneliness, there is increasing evidence of psychological approaches that show promise for alleviating loneliness in later life.

Psychological approaches that show promise

There are various psychological approaches that can help people gain more awareness and control of their thoughts, feelings and behaviours. Approaches that target the cognitive biases and attributional styles we described in the last chapter can help to change the way those who are lonely think about their social relationships[48]. A meta-analysis of loneliness reduction interventions found that the most effective interventions addressed the negative perceptions you have of yourself and how others perceive you[49].

The psychological approaches are listed separately below, but there is much cross fertilisation between them and the principles within them can be delivered in a number of different ways.

Cognitive behavioural therapy

Cognitive behavioural therapy, also known as CBT, is a psychological approach that enables people to understand their thoughts, feelings and behaviours and helps to change some of these to manage their problems. A key part of this is identifying the negative thinking patterns that people can feel trapped in, helping them to break free from these and to feel better.

CBT focuses on equipping people with the tools to address current problems in their lives and relieve the symptoms they are facing, before making links to the past and how their beliefs started.

CBT is widely used in the NHS and is recommended for a number of difficulties including anxiety, depression and panic attacks. There is evidence to suggest that it can address loneliness in later life[50,51,52] and in the wider adult population[53,54].

CBT usually starts by looking at negative automatic thoughts in order to help people to identify them and look for evidence to support or dismiss them. This is important because people often fail to recognise that their thoughts are not necessarily facts, but rather assumptions or beliefs about a type of situation or what other people might be thinking about them. These assumptions can be a feature of a person's core beliefs that they have held about themselves since early childhood. With CBT the aim is to help people develop a new belief which is more helpful to their wellbeing. This can be very relevant for people experiencing loneliness or isolation, particularly where they are experiencing difficulties forming connections with other people.

There are a variety of techniques used in CBT including keeping thought records, relaxation and breathing and progressive muscle relaxation.

One principle intervention is identifying and challenging people's unhelpful thinking styles. Examples of common unhelpful thinking include:

Catastrophising – the tendency to blow negative things out of proportion and think the worst of any situation. This thinking error can be one of the most damaging ones because constantly interpreting future events in the worst possible light undermines confidence and can significantly de-motivate.

Black or white thinking – the tendency to only see the extremes of a situation. There is never a middle ground, and this way of thinking can inhibit the possibility of flexibility in people's responses.

Mind reading – this is when people imagine that they know what the other person is thinking. The reality is that we can never know, we can only ever guess. This thinking error is at the heart of so many difficulties that people encounter with other people. People can imagine so many hurts and slights visited upon them without a shred of evidence.

Identifying these tendencies helps challenge them with more realistic and effective thoughts, and so decreases emotional distress and self-defeating behaviour.

Mindfulness

Mindfulness is based on a cognitive philosophy which helps people become more discerning about the workings of the uncontrolled mind. Mindfulness is commonly defined as:

> **'The awareness that arises from paying attention, on purpose, in the present moment and non-judgmentally[55].'**

This awareness is experienced by practicing certain meditation techniques which essentially involves concentration on an object of meditation, commonly the breath. The experience of trying to concentrate in this way enables people to see that thoughts arise outside of their control. It shows that even when concentrating on something else it is very hard, if not impossible, to stop thoughts popping into your head. For most people it also becomes clear how repetitive their thought patterns tend to be. It shows how thoughts can circulate endlessly, with little resolution, except to make people feel worse. Becoming aware of this helps people realise that thoughts are not facts, they are generally uninvited fantasies about the future or partial assumptions or beliefs about the past. They should therefore not be taken at face value but instead treated with some scepticism to ensure they are relevant and helpful to personal wellbeing.

A key part of meditation is guiding the attention back to the object of meditation when the mind inevitably wanders.

This practice enables people to realise that they have some form of awareness which exists outside normal trains of thought. In other words, people can become aware of the fact that their attention has been overtaken, can break the spell of these thoughts and revert back to placing their attention on the meditation object again.

The application of this to mental wellbeing is that people can become aware of their thoughts during difficult times. They can then stand back a little from them and asses their validity or usefulness in maintaining wellbeing. They can then choose to reject or accept them. Mindfulness provides a space between the event that produces a thought and how someone then chooses to react to it. In psychological jargon this is referred to as de-centering. It is a very important skill for mental wellbeing because it challenges automatic thought patterns. If these negative thoughts are left to operate outside of awareness, they can dominate consciousness and leave people with little control over their emotional responses. In the context of loneliness it challenges the mind's tendency to ruminate obsessively on fears about, or negative assessments of, a person's ability to engage with others, which can undermine efforts to become more connected.

There is some research evidence base which suggests that mindfulness can alleviate loneliness in older populations[56] and the wider adult population[57]. Significantly, mindfulness is recommended by the National Institute for Health and Care Excellence (NICE) for depression.

Positive psychology

Positive psychology focuses on producing a state of wellbeing by using techniques to promote positive emotions, with the intention these will override negative emotions. The discipline developed as a reaction to the exclusive focus on mental illness and pathology which previously dominated psychology. In contrast, positive psychology focuses on the factors which promote and maintain wellbeing and make life worth living.

Positive psychology works with the positive events and influences in life, including:

- experiences like happiness joy, inspiration, and love
- states and traits like gratitude, resilience and compassion
- topics like character strengths, optimism, life satisfaction, wellbeing, self-esteem, self-confidence, and hope.

Positive psychology teaches people how to harness the power of shifting their perspective on life in order to maximize the potential for happiness in everyday behaviours.

One of the main frameworks for promoting wellbeing is **PERMA**:

P positive emotions

E engagement in satisfying tasks

R relationships – communicating positively with other people

M meaning and sense of purpose in life

A achievement – setting and attaining meaningful goals in life

A series of practices and techniques help people fulfil these key elements for wellbeing.

They include:

- focusing on what you have to be grateful for in life
- savouring the lived experience
- ways to challenge negative thought patterns
- learning how to be more optimistic when faced with difficulties
- evidence based strategies to strengthen positive emotions like five ways to wellbeing
- addressing the barriers to happiness such as being biased towards thinking negatively or comparing oneself to others
- using your personality strengths to address life changes.

People's tendency towards optimism or pessimism is a reflection of how they explain or attribute the causes and implications of events that happen to them. Optimists and pessimists tend to react to adversity in three different key ways:

- **Permanence** – is the situation going to last forever or will it pass quite quickly?
- **Pervasiveness** – does it affect many areas of my life or just the one that it first impacted on?
- **Personalisation** – to what extent have I caused the situation?

Optimistic people tend to interpret a difficult situation as:

- **Transient** so see the situation is not permanent and whatever difficulty is experienced now will fade away in the future.
- **Specific** to that one area of life and doesn't leak into other aspects so it is not pervasive. The result of external events or conditions and not a challenge to their confidence in their own abilities.

Pessimistic people, on the other hand, tend to interpret a difficult situation as:

- **Long-lasting** or so regular as to be an almost permanent feature of their lives.
- Something which undermines other important aspects of their lives and so the unease tends to **pervade** the rest of their lives.
- Something that they have brought upon themselves because of their own failings. They tend to ignore any external causes and **personalise** the reasons for the difficulty.

A more optimistic attributional style can be developed by learning a set of skills to be more aware of thought processes. People can also learn to be alert to the characteristics being pessimistic brings and begin to challenge them.

There is a growing interest in strengths-based positive psychology interventions for mental health that are now being applied within the field of loneliness[58].

Other approaches

It is important to add that whilst CBT, mindfulness and positive psychology are approaches which currently have the most research evidence for reducing the psychological aspects of loneliness, this does not mean that other approaches are not effective. It just highlights that we know less about them and more research is needed.

Other approaches that show promise in specific population or care settings include acceptance and commitment therapy[59], reminiscence therapy[60,61,62,63] and humour therapy[64].

The limited research in this area also emphasises why we need to look to other sources of knowledge and to learn from innovative practice and lived experience.

How do we use these findings?

From our scoping of innovative services and support for loneliness, we have identified several examples where principles of these psychological approaches are already being applied within loneliness programmes. The examples vary in terms of how **explicitly** or **implicitly** the psychology of loneliness is included within the approach.

Using the information in this report, we call for organisations to:

1. identify which aspects of their work include knowledge of the psychology of loneliness
2. design future programmes of work to explicitly include psychological approaches to loneliness
3. evaluate the impact of these programmes on reducing loneliness.

This will help to identify which factors or combination of factors are effective at reducing loneliness and for whom, and to develop the evidence base for loneliness interventions further.

4

What we can do

The insights of psychology are already being used to tackle loneliness.

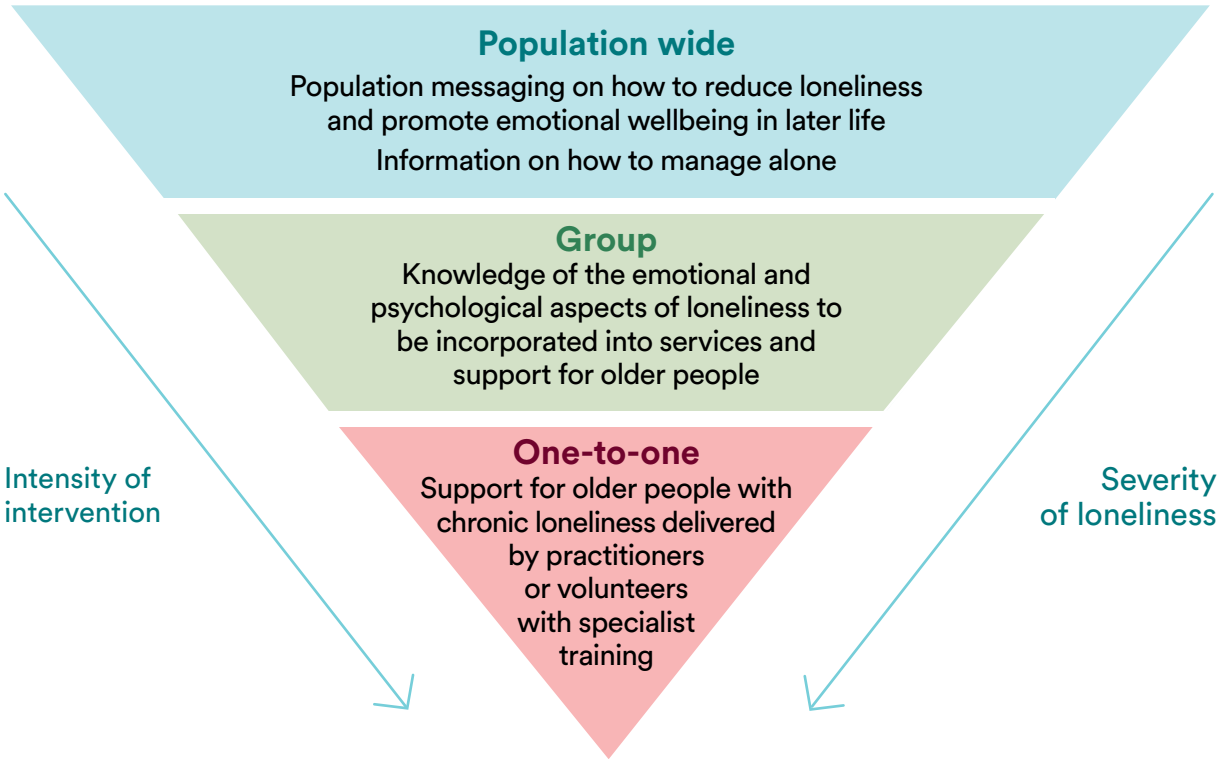
These can be grouped into three key approaches:

1. **Public campaigns to promote an awareness of loneliness**, how it affects people and what can be done to prevent loneliness becoming severe.
2. Organisations providing services that reach people who may be lonely can **adjust their work to reflect the psychology of loneliness**.
3. There is a group of people with chronic loneliness who may be best helped by **support directly focused on helping them alleviate loneliness using psychological techniques.**

These approaches are presented as an inverted triangle to reflect:

- the size of population that the intervention is appropriate for
- the severity of loneliness
- the intensity of the intervention.

Examples are presented to illustrate each tier of the triangle along with case studies of innovative practice.



Population-level messaging and managing alone

The widest tier of the triangle targets the general population as loneliness is something everyone experiences. Population-level messaging on loneliness, including information on what you can do for yourself, can be used to prevent loneliness from becoming severe.

Population messaging needs to be better **informed by the psychology of loneliness** if it is to be comprehensive. The psychological and emotional aspects of loneliness need to be considered alongside the social and structural if we are to better understand the experience of loneliness, how it can be alleviated and challenge its stigma.

Public health campaigns about later life have focused more on looking after physical wellbeing than on emotional and mental wellbeing. **Loneliness as an aspect of emotional and mental wellbeing** is as important as physical wellbeing and needs better public awareness.

Messaging also needs to emphasise the importance of **meaningful social relationships**. This points to the **quality** of relationships as well as the **quantity**. Paying attention to our relationships as we age, particularly through life transitions, is key.

Focus group participants described how effort, reciprocity, acceptance and managing expectations were important features of maintaining relationships over time.

> **"If you don't speak to people they won't speak to you because this is the way life is."**

Whilst living alone is a risk factor for loneliness, greater awareness of the experience of loneliness within long-term relationships and whilst living with others is needed.

Loneliness within relationships may be due to the quality or the nature of the relationship which limits wider social connections and networks.

Population level public campaigning about loneliness is increasing; two case are included as examples of tackling the stigma of loneliness and encouraging people to talk.

The Campaign to End Loneliness' Be More Us campaign included much needed evaluation which shows that loneliness is an issue that engages the public. The government's #LetsTalkLoneliness campaign encourages people to talk openly about loneliness and offers advice on what to do for yourself.

Campaign to End Loneliness' Be More Us campaign

CASE STUDY 1

A digital campaign based on small moments of connection

Be More Us is a digital campaign on loneliness created by the Campaign to End Loneliness in 2018. It has been massively successful in reaching over 100 million people with its messages about how small moments of connection can help with loneliness. It encourages people to celebrate the things people share and inspires people to take time to connect and to celebrate small moments of connection. The videos about loneliness and making connections have been key to the success of the campaign, exceeding the targets for reach and engagement.

How videos encourage people to connect

The main assets of Be More Us have been a series of awareness raising videos that were widely shared on social media. Evaluation has shown that the videos emotionally connect with their viewers. They are aimed at people of all ages and the campaign helps to reduce the stigma of loneliness and show how loneliness can affect anyone. Be More Us was helped to grow by people sharing and liking the campaign's digital content on Facebook, Twitter and other social media platforms. Stakeholders who were interviewed explained that the video content was being used and shared with people as a way of explaining loneliness and to raise awareness.

#LetsTalkLoneliness campaign

CASE STUDY 2

Loneliness strategy prompts campaign

After the UK government published its Loneliness Strategy for England in October 2018 part of their goal was a commitment to tackling the stigma of loneliness and promoting the importance of social connections. In June 2019 the #LetsTalkLoneliness campaign was launched to help raise awareness and tackle stigma. As it says on its website, 'All of us can experience loneliness at some point in our lives. It's time we started talking about it.' It seeks to encourage everyone to start the conversation and say it's OK to feel lonely and it's OK to talk about it.

Partnership approach

At the centre of the campaign is its website which brings together organisations, resources and inspirational stories that are united in a shared aim, to get more people talking about loneliness. The campaign is formed of eight partners: Marmalade Trust, Campaign to End Loneliness, Jo Cox Foundation, Public Health England, Co-op Foundation, British Red Cross, Community Fund, and HM Government. The #LetsTalkLoneliness campaign has helped to grow this conversation by bringing people, their stories and organisations together to tackle loneliness and create connections.

Together with their partners, including organisations like the Co-op Foundation who launched a youth focused aspect of the campaign, the campaign has seen the strategy come to life. Young animators have interpreted the stories of other young people experiencing loneliness and organisations across the UK have added themselves to the shared map, highlighting what support is available at a local level.

Sharing stories to destigmatise loneliness

This campaign encourages people to get involved by sharing their stories online in order to show how normal it is to feel lonely and highlight that no one should be ashamed or embarrassed to talk about their feelings.

Loneliness and managing alone

Research shows there are ways of managing the negative thoughts and feelings of loneliness that can be practiced alone. Our focus groups also suggest that many – though not all – people are receptive to the idea of managing loneliness through psychology suggesting that public campaigning along these lines could be effective

Making time to reflect on personal triggers to loneliness or what has caused loneliness to persist is an important first step in helping to work out what might help shift these feelings. **Writing thoughts down** can be useful. It helps to slow down and work through the unhelpful thought patterns, which in itself can generate feelings of having greater control.

Whilst loneliness is often described as a lack of meaningful relationships with other people, there is also evidence of how our sense of **connection with the environment** affects us. Spending regular time outdoors, with or without other people, can help to ease feelings of loneliness. Going outdoors, stepping into a garden or balcony, or even looking out of a window can provide a sense of connection with nature or the outside world[65] which has been shown to promote physical and mental wellbeing for older people[66].

Activities can provide distraction from negative thoughts. These vary enormously from simple pastimes like reading, listening to the radio, or doing puzzles to more **creative interests** like gardening, arts and crafts and singing.

There is increasing evidence to show that taking part in creative pastimes or an activity that **gives a sense of purpose** can help manage loneliness and improve wellbeing[67].

Actively **focusing on the positive** and developing a sense of optimism can affect wellbeing and can be practised as a coping mechanism. This includes identifying what brings pleasure in your current situation as well as thinking back to the past with a focus on the good times.

A **focus on the short-term** future, including **making plans**, can also feel more manageable than focusing far into the future. Thoughts about the longer term can be further complicated by life events which may be harder to control. Short-term planning includes having a structure to the day or week. It also helps to identify times when loneliness may be felt more acutely to consider what specific strategies may help at these times.

Talking about loneliness as well as other emotions can be difficult. Knowing that loneliness is something everyone experiences at some point can help to normalise the feelings and make them easier to talk about. As can knowing loneliness can arise from circumstances out of our control rather than because of personal failure. Identifying a person that is trusted or phoning a support line (like The Silver Line, Age UK, Mind) can help. We also know that making the effort to initiate small moments of connection can distract from loneliness and have the potential to develop more meaningful connections or re-ignite old ones.

What older people say

Many of the strategies above were described by the focus group participants to cope with their loneliness. They described techniques which helped them challenge their negative thoughts and feelings, aid reflection, build their confidence and externalise their inner thoughts.

Examples of mindfulness activities to manage thoughts and to be in the moment were described and included using colouring books, deep breathing, visualisation and imagery. This participant who struggled with loneliness and depression after her husband died, described the way she maintained a connection with her husband and how writing things down helped her think things through.

> **"I just keep my husband's photo there, and every morning I ask him, I'm going to do that, do you agree with me, or can you give me some advice. I put it down on the paper, I'm going to do this, that and that. So which is the best one? And I myself decide what to do, but actually he helps me."**

This participant who was lonely and lived alone described how her pastime provided a sense of purpose which was an important motivation for her.

> **"If you've got a purpose, it will keep you going, and that's why I'm saying to you, knitting something for somebody, then you know you've got that purpose and it helps."**

The daily routine and effort involved was an important aspect of feeling well for this participant.

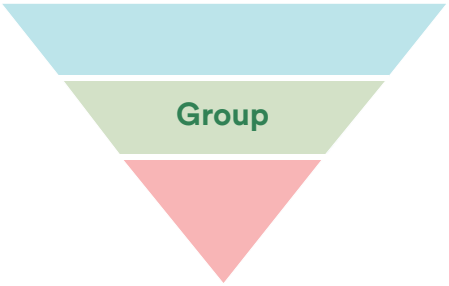
> **"I have a little routine every morning. I make myself do this and I feel better for it and I make myself have a walk to the garage every morning and back, and I feel better for it. I don't always feel like doing it, but I do do it."**
>
> **[What made you set up that routine?]**
>
> **Well, it's just I do a few exercises, showers, and I walk to get the paper and come back again. By the time I've walked to the garage and spoken to people, 'Good morning' and I get back in the house, I feel fine, you know? But I think if I got up and didn't, I wouldn't."**

Recommendations:

Population-level messaging needs to:

- **include the psychological, social and structural aspects of loneliness in order to be comprehensive**
- **emphasise the importance of meaningful social relationships over the life course**
- **include strategies to manage alone**

Implications for existing services and support for older people



The middle tier of the triangle represents how we can use knowledge of psychological aspects of loneliness to shape existing practise.

Understanding how psychological factors influence loneliness and distort how people perceive and experience social encounters has great potential to help shape the delivery and content of existing community support for older people.

Psychological and emotional barriers to engagement and staying engaged

There are good examples from practice and our focus groups of how the psychological and emotional barriers to engagement have been incorporated to tailor services. The features described below were largely introduced by motivated individuals rather than the knowledge being formally embedded into training for those who run services or as codes of practice for staff, volunteers or those attending.

Community venues that are **accessible and inviting spaces** can minimise the stigma of loneliness. Spaces that offered access to multiples services and activities were popular and well used. These included information (for example benefits, legal advice and accessing community services), adult learning opportunities, a social space and provision of hot food. **Confidentiality and trust** within groups as well as the communities in which they are placed, was an essential feature that need to be made explicit.

> **“All the people who come are (from) this area, but we’ve all decided that once we’ve finished from there, that’s it, we don’t take it out, you know? It doesn’t matter what it is.”**

Recognising the effort to first attend, particularly for those who find social situations challenging, is important. So too is an awareness of the impact that loneliness and difficult life events can have on confidence and self-esteem.

> **“I put my coat on and get the keys, but as soon as I wanted to step out, I couldn’t come out. I was really frightened to come out, you know, but for some reason, I couldn’t come out. It took a long time.”**

> **“But it’s a big step for some people, perhaps they haven’t got the confidence. It’s a big step for some people to do something the first time.”**

Dedicated time is needed to ensure the initial welcome is well managed and to help people integrate. This can mean challenging cliques and stronger personalities within the existing group which may stand in the way of newcomers feeling included. This community group volunteer describes the support offered to new members.

> **He came along and he found it very difficult, and he was quite a shy man as well. I'd say, 'I've put you with somebody that you can chat to.' Because all our group are very friendly with the people that come along, our members, we always say, always chat to them because it's very hard to walk in your first time, to walk into a group of people, you don't know anybody. I have to say, a few of our members can be a little bit cliquey, 'You can't sit there because that seat's taken.' But we blow that out of the water!"**

Time and skills to encourage people to talk, open up and build trust are important. Taking the first steps to make small talk and then building on that, exploring interests whilst using good listening skills were described as developing 'the art of conversation'. On-going support and an awareness for those who may have lost confidence and are struggling to engage or develop social connections within the group was necessary, as is follow-up for those who stop attending.

> **Luckily I saw him the first time, he'd just gone out of the building, and I said, 'Please don't leave, take five minutes, I know it's upsetting.' Because it does to all of us. (lots of agreement) We all hear a song and it reminds us of somebody, doesn't it, and we get emotional. He's now coming regularly and he said it saved his life. He said, "I was so lonely and I love coming"**

Participants found **smaller sized groups** easier to attend and several examples of peer support that developed within them was shared. Participants also described an underlying recognition of loneliness without the need to talk directly about it.

> **I think when we're all together, we just assume that we all feel lonely because we're all alone, do you know what I'm saying? You don't talk because you're no more lonely than the person sat next to you if you're in a group.**
>
> **"We can to say to one another, 'I had a bad day yesterday'."**

Innovative examples of tailored services and support were identified as part of work for this report, in which **people felt they had been listened to and the service had responded**. They were described using terms such as 'pleasure', 'space to learn' 'freedom', 'empowerment'. And in turn, they provided a space in which meaningful relationships could be formed:

> **[It] can be lonely within the family [at home]. At the centre they are like sisters."**

Recommendations

Psychological and emotional barriers to engagement should be part of training for those who develop or deliver services for older people.

Ageing Better Camden Warm Welcome

CASE STUDY 3

The need to feel welcome

The degree to which someone feels welcome in a group can have a big impact on their desire to participate and attend. As a result it can have a definitive impact on their sense of wellbeing. Ageing Better Camden looked into the aspects of a group that made people feel welcome and wrote a report of their findings outlining what it takes to create a 'Warm Welcome'[68].

How to create a warm welcome

They found that how welcoming a group felt was influenced by:

- meeting, greeting and introductions
- seating arrangements
- opportunities for social interaction and relationship building
- fostering a sense of community
- the communication strategies of the groups.

These elements have a real impact on whether or not older people maintain attendance at community groups where there are opportunities to increase social contact and decrease loneliness.

Staff create a welcoming ethos

It is important for any staff or volunteers running groups to embody the welcoming ethos. This is demonstrated through their personalities and commitment to carrying out welcoming tasks such as creating a positive welcome and making sure the entire group takes on the shared responsibility of creating a welcoming atmosphere. Creating a welcoming environment needs everyone from the management, facilitator, staff and volunteers to the group members themselves.

Traits that encouraged a welcoming environment included: humour, positive attitude, warm and caring demeanour, being non-judgmental and encouraging personality. People liked to be greeted when arriving, having someone acknowledge them, smile and help them find where they needed to be.

Introductions are important

Introductions should be made at each event to welcome newcomers and make people aware of the other people in the group. This was especially helpful in the initial moments of meeting a group, but many also expressed that knowing names encourages ongoing conversation and helps people to have a sense of belonging in a group. How groups handle introductions can have a longer lasting impact than might be initially understood.

Pay attention to activity design and inclusivity

A welcoming approach should also be built into the activity design allowing for as many opportunities as possible for social interaction. Facilitators should have time to spend with participants and the participants need to have time to talk together either during or after an activity. Facilitators need to manage group dynamics which allow friendships to form, which encourage attendance, but also ensure new people are able to join without feeling excluded from those relationships.

Important aspects of this are ensuring that everyone has an opportunity to contribute to group discussions; encouraging participation in informal conversations; and acknowledging individual's efforts, contributions and achievements within the group. It may also mean finding ways to address behaviours that challenge when they occur.

Providing refreshments also helps people feel welcome. Smaller group sizes enabled more interaction amongst group members. Seating arrangements should be paid attention to with smaller round tables being preferred. Not saving seats and or mixing up seating helped new people to feel more comfortable coming into an already established group.

Ways of continuing to make a person feel welcome in a group included people remembering and revisiting details about them which helps to build relationships and helps people feel valued as part of the group and community.

Impact on wellbeing

Camden's research showed that people enjoying the time they spent in groups made people feel more positive and confident. And conversely, unfriendly groups impacted negatively on participants' wellbeing.

Social prescribing

Social prescribing, as proposed within the English Loneliness Strategy and NHS Long Term Plan, exists in several formats, with different names. Its potential for reducing loneliness has been demonstrated. Social prescribing aims to improve access to non-clinical support and activities provided by the community and voluntary sector to help improve health and wellbeing.

The idea is that the person seeking support and the link worker find a solution together. Within the different models of social prescribing, most focus on sign-posting and encouraging people to take up social or health related activities. Fewer allow for the complexity of loneliness to be explored, to understand the influencing factors and the individual's inner narrative[69]. For social prescribing to be effective in building meaningful connections for people who feel lonely, the psychological barriers to connectedness must be identified and addressed.

Referrals to social prescribing schemes may be via several routes including by health and social care workers such as GPs and the primary care team, social workers and hospital discharge teams, third sector organisations as well as self-referral.
To identify older people as being lonely requires a combination of knowledge and skills in these practitioners and volunteers.

They are:

- knowledge that the risk factors for loneliness can be psychological as well as social, structural and associated with key life changes
- awareness of the stigma of loneliness, the challenges of talking about it and the language that may be used to describe the negative emotions associated with loneliness
- empathy, openness, warmth and respect to facilitate a conversation about loneliness
- listening skills to understand the cause of loneliness and to help tailor the response
- experience of participant led discussion, using open-ended questions, building in the time to do this.

The Campaign to End Loneliness developed a framework for conversations about loneliness which draws on the principles of motivational interviewing in an earlier report, Missing Millions.

In addition, core principles used within counselling – which are not exclusive to counsellors – can be effectively used in a wide range of professional and voluntary sector roles and settings including those that have contact with people experiencing or at risk of loneliness.

These principles include considering the context of the support, listening and responding skills, empathy, a trusting relationship and personal skills. Further details are included in Appendix 2.

This helps people recognise when someone needs to talk, respond using appropriate skills and allows a safe listening space. If someone needs further support they can help with sensitive signposting or referral processes.

To ensure the psychological aspects of loneliness are addressed, discussions need to explore:

- how the person thinks and feels about their loneliness and how it affects them
- how they feel in social situations and what help they need to initiate and maintain connections
- individual coping preferences and personality.

Recommendations

For those funding, commissioning or delivering social prescribing:

- **Ensure link worker training covers specific information about the nature of loneliness – the stigma that can surround it, the psychological factors that underlie it and how loneliness can affect our social connections and relationships over time.**
- **Ensure that link workers are able to make referrals to services which offer psychological support – including local IAPT services as well as voluntary, community and social enterprise (VCSE) sector support and peer support groups.**
- **Community-based resource guides should include a directory of local psychological support along with plain English information on the support these services can offer.**

Reconnections

CASE STUDY 4

One-to-one support for those reporting loneliness

Reconnections Hereford and Worcestershire was a pilot project run by Age UK Herefordshire and Worcestershire and completed its service this year having helped reconnect over 3,000 people.

The service provided tailored one-to-one support for lonely older people to help them them identify, talk about and make a plan to overcome their feelings of loneliness. This was achieved through forming friendships, building confidence and connecting with relevant interests or activities. The pilot used a network of volunteers and community-based organisations as well as a team of paid staff.

Referrals could be made to the pilot through public services, community organisations, families and individuals. There were four voluntary and community sector organisations providing the core service and around 150 volunteers. The four delivery organisations were: Simply Limitless, Worcester Community Trust, Onside Advocacy, and Age UK Herefordshire & Worcestershire.

Reconnections impacted positively on wellbeing

In its evaluation of the service, the London School of Economics found that those who had participated in Reconnections had reported positive impacts on their wellbeing[79]. This was found in the changes in self-reported psychological wellbeing and a decrease in loneliness. All of the participants were able to indicate different positive changes in their lives linked in some way to Reconnections.

Benefits of volunteer conversations

The interviews in the evaluation also suggest that some people who experience loneliness do not have any great desire to engage in new activities, but simply really value the opportunity to have a regular conversation with a volunteer. These conversations followed the five ways to wellbeing and lasted for six months. They included coaching, challenges, encouraging, new ideas and introductions as well as helping with any practical or emotional support needed to achieve their goals.

The purpose was to increase social connections and resilience so that at the end of the six months they had a strong network around them and personal coping strategies in place. Many of the volunteers became friends with service users and continued to stay in touch in a personal capacity afterwards. The relationship was a natural and mutually beneficial one.

Returning confidence impacts on loneliness

Taking part was a catalyst for some of the participants to engage in further social activities, or for instance, to regain the confidence to start driving or volunteering, or even just leave the house on their own again. The importance of getting out and communicating with other people as a way of coping with recent bereavement was also seen as another benefit of participation by an 87-year-old one man who was in phone contact with a volunteer on a weekly basis.

Many who participated found their improvement in wellbeing was linked to a return in confidence and self-esteem, and that overcoming loneliness has a lot to do with a sense of being valued by others and having a sense of purpose. This sense of purpose could come from doing something new that they deem useful or it could just be following a motivational approach which leads them to believe their life has purpose and the things they are already doing have new meaning.

Psychological approaches and the prevention of loneliness

Having meaningful connections is an important part of wellbeing and ageing well.

The psychological approaches in this report have implications for wider preventative work on wellbeing in later life of which alleviating loneliness is an important part. The approaches can also be integrated into learning opportunities on wellbeing and resilience in later life.

Some examples are outlined in this section.

Five Ways to Wellbeing

The five ways to wellbeing is an evidence-based collection of practices which promote wellbeing. Although not developed specifically to address loneliness these practices can be framed and delivered in such a way that they can be a very effective tool to reduce the risk of loneliness. The first component, Connect, very clearly addresses the loneliness agenda. The other four are potentially very effective ways for people to engage in connection with others.

Give is probably the most effective of the components for addressing loneliness and the psychological and emotional features of it. There is a huge evidence base to support the effectiveness of putting other people first in someway, typically through some form of volunteering. Giving is also closely linked with the development of a strong sense of purpose.

The framework doesn't need to be promoted as a stand alone idea. The concepts and practices can be incorporated within any other loneliness prevention intervention, like social prescribing, Men in Sheds or luncheon clubs.

Five Ways to Wellbeing

Connect... 1

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in the local community. Think of these as cornerstones of your life and invest time in developing them. Building these connections will suppport and enrich you every day.

Be active... 2

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercise makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice... 3

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savor the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning... 4

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things makes you more confident ans well as being more fun.

Give... 5

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with people around you.

Positive Movement

CASE STUDY 5

Classes that emphasise the mind body connection

Positive Movement is a wellbeing programme for older people with mobility problems or who are living with long-term conditions. Group-based, it combines gentle movement and breathing techniques drawn from the Alexander technique and a simplified form of yoga called Adaptive Yoga. It also provides participants with subtle tools derived from mindfulness which they can use during times of stress, anxiety or pain. The hour-long classes are followed by a social time, providing an opportunity to talk and share over a cup of tea. The programme is currently being delivered in 18 venues throughout Hertfordshire and Bedfordshire and online during the pandemic.

The classes are taught by qualified yoga teachers who have additionally undergone an 8-day training programme in the Positive Movement method. The method is largely based on the Alexander Technique, an approach which encourages people to become more aware of their bodies, teaching them ways of improving posture and moving more efficiently. Studies have shown that it can help reduce body tension and relive problems such as back pain, neck ache and other musculoskeletal conditions,

Each class provides 10 to 15 places for participants. Classes are held in accessible and appropriate community venues such as church halls and community centres. Sessions are relaxed and fun. With its emphasis on mental health providing participants with tools to cope with stress, anxiety and pain, Positive Movement is more than a simple exercise programme.

Improvements in physical and mental wellbeing

Benefits of the three elements of the Positive Movement programme, (Adaptive Yoga, the Alexander technique and mindfulness) have been shown to be a reduction in pain, improvement in mobility and wellbeing and help with managing anxiety and the programme's evaluation has supported these findings. The top three outcomes of the programme thus far are:

- improved physical and mental wellbeing
- improved mobility
- decreased social isolation.

After participating in classes for 20 weeks 90% said they had more energy, 81% said they were more confident, 79% reported they were less anxious and 67% said they got out and socialised more. One participant said, "I have learned ways to relax through the mindfulness things we do in class." Another reported it lifts their mood, while someone else it gives them purpose. One participant explained, "It stops a lot of us in the group from being lonely."

Psycho-education

Learning about and exploring how some of the psychological approaches in this report can be used to improve wellbeing and resilience in later life and so reduce the likelihood of significant loneliness can be done more formally through courses. These courses are known as 'psycho-educational'.

Loneliness interventions with an educational component have shown to be effective for reducing loneliness[71]. Some examples of psycho-education based group interventions are included below and in the case study.

One example is the Increasing Social Competence and social Integration of older Adults experiencing Loneliness (I-SOCIAL) intervention[72]. It includes a mix of both individual and group sessions, CBT-based support provided by counsellors, group activities, exploring personal barriers and individualised suggestions for social activities in the participant's neighbourhood. In a pilot trial, loneliness was significantly reduced in those receiving the intervention and for three months afterwards.

Another example which aimed to improve mental wellbeing is the Exploring What Matters course[73]. It is a community-based course for the general adult population (including older people) and run by volunteers in their local communities.

It draws on psychological self-determination theory and focuses on three key areas.

1. Helping participants discover what matters for their lives using mindfulness, gratitude techniques and personal reflection.
2. Fostering friendship, connection, and social trust.
3. Using goal-setting and social commitment tools to translate thoughts into action to make small behavioural changes to daily routines.

The course increased wellbeing and social trust, reduced measures of mental ill health, which were sustained two months after the course ended.

Psycho-educational courses can help people manage life changes like retirement which are known risk factors for loneliness. These courses can be helpful in planning for a change, being alert to triggers and learning strategies to cope with challenges. The Transitions in Later Life Programme is an example of this.

Transitions in Later Life Programme

CASE STUDY 6

Psycho-educational courses to prepare for later life transitions

Retirement is one of the key transitions in later life and it can be for many a trigger for loneliness. This case study looks at seven pilot projects in the Transitions in Later Life Programme, funded by Calouste Gulbenkian Foundation (UK branch). The different projects encouraged people to equip themselves psychologically for life transitions such as retirement by learning psychological techniques to help them.

Psychological tools and approaches introduced

The projects delivered were group-based interventions aimed at people aged 50 plus which sought to build resilience and emotional wellbeing. A number of psychologically based tools and approaches were used including:

- planning and goal-setting
- self-reflection
- self-coaching
- storytelling
- relaxation techniques
- mindfulness
- meditation
- cognitive behavioural therapy.

Future outlooks were transformed

The evaluation of these projects showed that the people who participated in one of these pilots reported a transformative change in their attitude and outlook as a result. In particular, their confidence and readiness for the future increased. They developed resourcefulness, displayed positive attitudes to ageing and the future, became aware of their social connections and reported reduced loneliness and having a sense of purpose. There were also modest changes in terms of confidence in facing challenges and changes, wellbeing, social connectedness and resilience.

Time for reflection critical to impact

Participants enjoyed having the time to reflect, think about what they wanted from later life and how that could be achieved. It left them feeling in greater control and more confident about their future. These courses gave people permission to pause, to not commit right away to meeting other people's expectations about how they would spend their time in the future until they had taken time to work out what they wanted for themselves. They reported feeling more equipped to deal with change and face challenges head on.

The course also enabled them to reflect and take stock of their strengths, skills and personal attributes. This helped participants develop a greater sense of self-worth and self-belief, particularly among those who felt they had little to offer before.

Importance of social relationships and a sense of purpose

People who participated reported a greater appreciation of the importance of their social relationships and the role they would play in their life going forward. They released their relationships would change once they retired and they recognised the importance of being proactive and making a concerted effort to keep up regular contact with friends and family.

Many people reflected that much of their sense of purpose and self-worth was derived from their work and that going forward they would need to find new sources of a sense of purpose. By making plans and setting goals they were provided with a sense of achievement and self-worth that added to a sense of purpose.

The project evaluation report can be found here:
https://gulbenkian.pt/uk-branch/publication/evaluation-transitions-later-life-pilot-projects/

Resilience

Psycho-education courses can also help develop resilience. Resilience has several definitions but common to many is the ability to bounce back in the face of adversity. The ability to be resilient to stresses on social connections and networks over life is likely to reduce the severity of loneliness. And so, ways of enhancing resilience in later life are important in addressing loneliness.

Positivity and optimism, along with spirituality, are important factors for an individual's emotional and personal resilience in later life[74].

The psychological approaches outlined in this report include techniques to reframe negative thinking patterns and encourage more positive and optimistic ways of thinking.

Spirituality and religion played an important role in managing loneliness for many of our focus group participants and examples were drawn from different religions. Key aspects were practices and beliefs which promoted reflection and from which they drew strength, as well as a sense of community with shared beliefs that supported each other.

Ageing Better Leicester

CASE STUDY 7

Group support targeting south Asian women

The city of Leicester in the Midlands is one of the country's most diverse with 50% of the population comprised of BAME groups. Its largest ethnic minority group is the south Asian community. As part of the Leicester Ageing Together programme, groups targeting BAME older people were started at the Highfields Centre. They provide an extensive range of services, from playgroups and youth clubs, adult learning and advice, to new arts and sports services and the H-Café. The centre is deeply embedded in the local community and provided those participating in the Ageing Better programmes and their gatekeepers with a sense of trust and rapport before they joined.

One of its most successful projects was the elders group which attracted over 60 participants every year of the programme, mostly women from a south Asian background. Staff with participants developed a culture in which they were able to give each other mutual support as well as learn new skills.

Teaching health and wellbeing

As part of this project there were some one-off courses offered to help the women with their health and wellbeing. One of these courses was the Life after Loss course which addressed recent bereavement, unresolved emotions from past bereavements as well as other losses. It introduced themes around health and wellbeing including maintaining physical and mental wellbeing, healthy lifestyle, self-care, where to get help and coping strategies. The course equipped people with methods, tools and resources to cope, move forward and take care of their mental wellbeing. Participants had the opportunity during the course to explore future plans such as learning, volunteering and other life changes.

Groups offer peer support

In the groups the women found they had the opportunity to acknowledge some of the issues they were facing which helped them confirm that they were not alone in their situation and that many others find themselves in similar situations. The women began to support each other and have built a support network with extra support available from staff. They found they could share their concerns or issues with a group of people of a similar outlook and then be able to get advice or support whatever the case may be. By participating in peer support the women found a sense of purpose because they felt needed. Feedback from women who came to the groups said they found that attending helped improve their confidence and self-esteem.

Pay attention to language, culture and faith

A key reason for its success was the ability of the course leader to speak Gujarati, Hindi and Urdu, the primary languages of the participants. She was also a practising Muslim and well versed in the scriptures. She reflected that among the women who participated, there was a deep sense of duty and attachment to family, community, faith and culture which can be positive but can also sometimes provide a barrier to engagement and seeking help.

The group leader also used her knowledge of the Prophet's life and the Koran to offer a reframing of participants' thinking about depression. Many felt that their own experience of depression had been caused by displeasing God. The course leader, however, was able to point out that the Prophet himself had experienced bouts of depression during his 40 years of persecution. "So it's changing that mind-set but using religion and culture very much at the forefront of what we're doing."

As part of their discussions around mental health it became clear there is still a stigma around these issues and the role that people's religion had in their perceptions. Some view the way they feel through a religious lens such that they are feeling a particular way because of how faithful they have been and they view prayer as a way of supporting themselves.

The group leader also introduced mindfulness to the women by breaking down the concept and connecting it to their culture and faith. It was introduced as visualisation and imagining was tailored to their particular sense of what was beautiful and comfortable. For instance she would say: "You feel very heavy with all your worries on your shoulders, the tension that's there. Imagine God is taking them from you, is taking them away, you feel lighter. Imagine yourself feeling lighter." This seemed to connect for the women and they were encouraged to apply these skills they learned at home.

Group-based settings

Many examples in the middle tier of the triangle are group-based initiatives. The interactions within well-run group-based activities can generate benefits in themselves, over and above the explicit reasons for coming together, such as shared interests, activities or learning.

Focus group participants described how hearing the views of others in groups helped to explore feelings, validate experiences and provided opportunities for peer support.

> **"Listening to other people's views and working it out in your own way. Not necessarily doing what other people told you, that wasn't the solution. The solution was to actually sit and listen, and see different sides to the point where you think, Jesus, that wasn't a problem at all; I know what the problem is."**

This participant who was lonely following a relationship breakdown sought group based support which included writing down thoughts and feelings.

> **"I was writing how angry I was because of the situation I was in. Then we went back to join the group and each of us read a little bit of what we'd put down. And that was quite cathartic, it was, it was quite healing that you realised you weren't the only one with feelings like that."**

Skilled facilitation of group-based activities is important. It includes the ability to manage disclosure of sensitive information, handling differences of opinion and potential distress as well as creating an environment of trusted relationships with shared language and respect.

Bereavement

The loss of a partner, family member, friend or network through death can evoke a range of distressing emotions and life changes including living alone and reduced social connections.

Bereavement is one of the principle risk factors for loneliness. Almost a third of bereaved older people aged 65 years and older report being very lonely, compared to just 5% who have not lost their partner. More than one in five people said that loneliness was the hardest thing to cope with after the death of their partner with older carers being at greater risk of loneliness both before and after the death of their partner[75].

Support for bereavement plays a key role in tackling loneliness. The main provider of bereavement support is the third sector. The format of support includes telephone helplines, peer support either in group settings or via social media as well as one-to-one support. Bereavement support can be placed across the middle tier and tip of the triangle. The review for this report identified early research evidence that loneliness can be alleviated whilst grief is being supported, using technology-based support[76,77].

Bereavement is a time when people may be more likely to ask for help but accessing support for grief can be challenging. Focus group participants described the difficulties they had faced when seeking support, commonly via their doctor.

Many were told that the distress of grief is a normal experience, not requiring specialist support. Others encountered long waiting times for referral.

> **"Because that's what I find, you report to the doctors... and by the time your appointment comes up, it's gone past nine months, so the damage has been done."**

Whilst family and friends are the route to alleviating loneliness for many, older people have reported the difficulties of talking about loneliness with them alongside grief[78].

Timely bereavement support which includes discussions about loneliness have the potential to reduce loneliness and prevent it becoming chronic.

Recommendations:

- **Given that bereavement is a key risk factor for loneliness, adequate bereavement support is needed around the country.**
- **Increase one-to-one active listening and counselling support, particularly in relation to bereavement, and also depression.**

Cruse and ExtraCare Bereavement Supporter Project

CASE STUDY 8

Bereavement support

The Bereavement Supporter Project seeks to support people living and working in ExtraCare to learn how to support someone following a bereavement or loss. Started in 2017, it is a five year partnership between Cruse Bereavement Care and the ExtraCare Charitable Trust and is funded by the National Lottery Community Fund[79]. It uses a public-health approach to bereavement support and seeks to develop the capacities of communities to support their friends and neighbours through the process of grief. One of the key outcome measures of the project is that older people involved with the programme are more active, more engaged, more independent, less isolated and better supported after bereavement.

The project seeks to help bereaved residents and staff and those supporting them by providing information and increasing awareness of grief, how it is experienced and what support services are available. This includes information on the impact grief can have on physical and mental health, strategies that residents and staff can use to support themselves and each other and signposting to further support.

A large part of the project involves the recruitment and training of ExtraCare residents to become Bereavement Supporters who can offer listening support to their bereaved peers. The project also seeks to provide clear signposting for residents and staff who require further specialist support so that it can be accessed easier and quicker.

Informal support

The Bereavement Supporters provide what is known as informal support to their bereaved neighbours which can take many forms. This can include a bereaved person contacting a Bereavement Supporter directly to access either one-off or on-going support, but is often a casual conversation initiated in a communal space that may cover many topics of which bereavement is one. It was shown in the evaluation that the informal route, while not formal counselling was equally important and may be the only way some residents feel comfortable discussing their grief. People who had accessed this support said they valued having someone trained, caring and non-judgemental to talk to. One resident said: "'I feel that the volunteer who visited me was experienced and she understood how to help me. I felt comfortable in confiding in her in view of her experience".

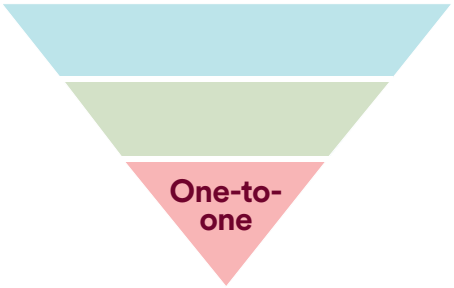
Reducing isolation and talking about grief

Many staff members reported feeling bereaved when a resident dies, and through the project they welcomed the opportunity to open up a dialogue about death, dying, and bereavement both personally and professionally. Staff appreciated being able to reflect on their current practice and consider ways in which they might better support residents, and each other, after a bereavement.

Residents reported feeling depressed, isolated, and overwhelmed before contacting a Bereavement Supporter. Preliminary findings have also revealed that some residents who have received support from a Bereavement Supporter welcomed the opportunity to share their grief and feel heard. There is some evidence that speaking to a Bereavement Supporter has reduced social isolation and encouraged residents to resume meaningful activities.

For those who have received training from Cruse or become a Bereavement Supporter they report that they have been encouraged to develop their knowledge, skills and confidence in order to support the bereaved people in their communities. They are motivated by wanting to feel like they are making a difference within their communities and wish to be valued for their skills, experience and expertise. Overall, those involved in the project report they are now more comfortable having difficult conversations about death, dying and bereavement.

Specialist support



The tip of the triangle represents the smallest proportion of older people with the most chronic or severe loneliness, which may be part of a complexity of problems.

This group may benefit from support that is delivered by qualified and accredited therapists or volunteers with specialist training in emotional and psychological support. It will usually be delivered on a one-to-one basis.

Dedicated and expert support can allow the subjective experience of loneliness to be explored as well as individual coping styles. It also allows scope for the perceived causes of loneliness to be explored. The stigma and difficulty of talking about the causes of loneliness in later life – including bereavement, mental health, poverty, stressful caring responsibilities, and loss of purpose or role – need to be recognised. So does the stigma of talking about loneliness itself. Different routes for support may be applicable based on someone's experience of loneliness.

The main route for psychological support in the NHS is through Improving Access to Psychological Therapies (IAPT). CBT is one of several psychological approaches used to effectively treat mental health problems such as depression and anxiety in IAPT. Depression and anxiety are strongly associated with loneliness and play a role in predisposing, precipitating and perpetuating it.

Given this and the early evidence of the effectiveness of psychological treatments for loneliness, it suggests that chronic loneliness may be reduced in older people receiving psychological support for these mental health problems.

The benefits of talking therapies has been widely promoted by the NHS. However, two key barriers to uptake of these services for older people need to be addressed. Firstly, whilst such therapies are at least as effective for older people as for those of working age, fewer older people are either referred to or access IAPT themselves. Those aged 85 plus are five times less likely to be referred to IAPT than those aged 55 to 59. This is despite people aged 65 plus having the best IAPT recovery rates[80].

Secondly, people's attitudes can be barriers to challenge. There is a similar stigma associated with talking about mental health problems and loneliness. NHS England and Age UK have campaigned to encourage older people to seek help for their mental health and lose the stiff upper lip. Although loneliness and mental health problems can co-exist, it is important that the promotion of these services avoids loneliness being considered a mental health problem.

What older people say

Some of these attitudes were mirrored in the views of older adults who participated in our focus groups. The oldest amongst them, aged 75 and over, were most reticent. Most participants had not sought any psychological support for their loneliness and there was a widespread lack of knowledge of the range of options available. They described the challenges of talking about loneliness as well as emotions more generally alongside a generational stoicism.

People said they felt self-conscious and proud.

> **"You don't like to say you need counselling. I wouldn't like to say I needed it."**
>
> **"I find it difficult to share how I feel, because it's embarrassment. You don't want to be judged."**
>
> **"I think it's our generation. You put up with a lot, you got on with things, you didn't go into therapy (sorry to use the word) but you know, you'd feel you'd failed if you'd done that. Well, you've got to get over all that, haven't you?"**

Understanding the views of those who have not sought support is important when considering potential barriers to uptake and how services and support are promoted. The views of those who have used psychological approaches is presented later in the report. In addition, the demand on organisations like Age UK, The Silver Line, Cruse and Relate from older people seeking emotional support would suggest that these services are valued by those who use them.

Innovative practice

Whilst the academic evidence is emerging there are examples of innovative practice in the third sector of psychologically driven approaches for older people, including support for those with chronic or severe loneliness. Two such case studies from the Ageing Better Programme are included here.

Ageing Better Middlesbrough

CASE STUDY 9

Providing outreach and psychological support

Ageing Better Middlesbrough offers its psychological support in a two tiered service that includes outreach and psychological therapy. The outreach workers are the first point of contact and give practical advice and help to support people feeling lonely to make positive changes. If necessary people can be offered therapy in addition to the support offered by the outreach worker.

This extra support is for people whose loneliness is affecting their mental health. Many people accessing services have complex lives and are dealing with multiple issues in addition to loneliness and isolation. In particular, the psychological support is for people who have more issues for which the solutions cannot be found through community development approaches.

The team in Middlesbrough found that providing therapy with outreach support wrapped around it is crucial. People need practical support at the same time as therapy to help them deal with the complex issues in their lives. Support to manage things such as debt, housing problems, filling out forms and navigating the social care system are also needed.

Another role of the outreach worker is that they can prepare them for therapy by building their confidence, explaining what they will gain by starting the therapy and ways it can help. This makes it feel like one seamless service rather than separate interventions. This helps to reduce the stigma of starting therapy.

Psychological support reveals the complexity of loneliness

One of the key lessons learned in Middlesbrough is how entangled loneliness is with other problems. They found loneliness is intertwined with other significant issues. These include but are not limited to childhood trauma, long-term physical health conditions, unemployment, caring responsibilities, substance misuse, domestic violence and poverty. This showed loneliness is not a stand alone issue. It is a piece of the bigger picture.

Characteristics of the support provided were the need to be flexible, informal and long term. Some people had as many as 30 sessions with a therapist before moving on. The services works with people until they are ready to stop and allow breaks and flexibility with appointments.

They found it takes time to develop a therapeutic relationship. In particular, it takes time to uncover complex and historical issues such as childhood trauma. People might not open up about these things until they have developed a trusting relationship with the therapist. Many of the therapy sessions take place in people's homes as it's where they feel safe and because of difficulties getting out.

Age Better in Sheffield Wellbeing Practitioners

CASE STUDY 10

Intensive counselling at home

Wellbeing Practitioners is a scheme which offers Age Better participants intensive counselling. The service is delivered by professional counsellors at Sheffield Mind. The service is flexible in terms of where the counselling sessions take place, acknowledging that some people feel most comfortable meeting the counsellor in their home, particularly early on in the scheme.

Participants found out about the scheme through various sources, such as their GP, Age UK and Community Support Officers. Others self-referred due to their knowledge of Sheffield Mind as a mental health organisation. For many, referral came after a mental health crisis or long-term illness.

Service designed to tackle loneliness

Most participants had become isolated as a result of trauma and bereavement, mental health break down, or in their roles as carers. The services they received through the scheme had helped these participants address their social and emotional isolation. In some cases this had led to getting out and about, but for others this was more about enabling them to manage their emotional health.

Participants confront their pasts and gain confidence

In the project's evaluation report, participants reported what they learned and how the programme helped them tackle their loneliness. In particular they used the psychological techniques to examine their pasts and with the support of the service they gained confidence to re-engage with the world.

One participant's account reveals how the counselling had helped to explore how her past had influenced her present experiences and feelings. One woman recalled how the counsellor's psycho-dynamic approach allowed her to explore her own history and the impact of losing loved ones on her identity. Another participant said: "Through the counselling it didn't completely wipe out my problems and my mental health but it just made me aware of why I think the way I do, why I feel the way I feel and helps me to find strategies to cope with how I feel with depression on a day to day basis, and also to understand others and to sympathise and empathise with people."

A number of participants discussed the way in which the Wellbeing Practitioner service has supported them to gain in confidence. There is evidence that participants' involvement in the Wellbeing Practitioner scheme has sometimes led to them going on to access other opportunities, such as volunteering, mentoring and taking up other Age Better provision.

Lower loneliness and improved wellbeing

The evaluation of the service showed that following engagement 47% of Wellbeing Practitioners participants reported lower levels of loneliness and 80% reported higher levels of wellbeing.

What older people say

Some of the people in our focus groups had personal experience of psychological support (both from earlier in their lives as well as in later life) or knowledge based on experiences of close friends and family. The decision to consider psychological support was rarely the first choice of support. Triggers for engaging with these options included after reaching rock bottom or in response to being offered pharmaceutical options such as anti-depressants which were negatively perceived.

Most with experience of cognitive behavioural approaches were positive about their experience and could apply techniques to other challenges. This participant described how CBT had helped to identify the underlying problem to their distress and manage a difficult relationship.

> **"And that [CBT] helps, that does help. Basically I've got a load of issues and I did CBT. It's putting stuff into slots and then you can focus on something else. So if someone annoys you, OK, they've annoyed you, you put it there and you just learn to leave it."**

Those with knowledge of CBT based on the experience of others were open to the principles, but also recognised that this would be difficult for people who had no support to give it a try.

> **"I haven't [tried it] but I know it can change a negative to a positive so if you are lonely, you go to your doctor and he recommends perhaps that for you. You start thinking differently...**
>
> **I would [try it] if I needed to, yeah, but it's difficult really because I'm all right, I can do these things, but people perhaps can't leave the house because they're invalided in the house, and they haven't got any family at all. It's totally different for them than it is for me."**

Others had experience of counselling, including work based support, mindfulness and positive psychology and some drew on spirituality and religion.

> **"I did, in my profession. I've had, you know, whatever you'd like to call it, and it was suggested that I went to some counselling, only a few sessions, and I found it extraordinarily helpful, it enabled me to accept certain things which I'd probably said, no, that's not me... Yes, it made me accept something that I didn't want to accept, as it were, yes. Nothing terrible, but it was helpful."**

There were differences in people's ability or desire to be self-reflective about their emotions including their loneliness. Some expressed a preference for more guided conversations. Mentoring or goal-focused conversations were perceived as more constructive than counselling.

> **"But then I'm also searching for an answer, I'm not just talking, just to get it out of my chest, but I'm also looking for an answer. And if there is no answer from the counsellor, for example, they're not allowed to do that, you see, in talking therapy, for example, they're only there to listen you know?"**

Recommendations:

- **Promotion of equal access to IAPT and other talking therapies for older people.**
- **For older people with mental health problems, support for loneliness to be included within support provided through IAPT.**
- **Consideration of how talking therapies are described, including plain English summaries, to encourage older adults to use these services given the low uptake in this age group.**
- **Greater service flexibility to include choice of location, appointment time and offer of an accompanying advocate or family member.**
- **Increased capacity in qualified practitioners or trained volunteers working in the community with open access referral routes to offer psychological support for older people with severe or chronic loneliness. Support to be incorporated into trusted and non-stigmatising existing community services.**

5

Summary of recommendations

Understanding the psychological factors that trigger and perpetuate loneliness can improve the effectiveness of interventions for loneliness. This report provides a first step on that journey.

This report aims to help shift the current focus on interventions for loneliness from being those that simply promote opportunities for people to come together, toward those that address how loneliness affects how people think and feel.

Support for loneliness can be better tailored to individual need, and so be more effective, if it recognises both the internal and external aspects of an individual's experiences of loneliness.

England is the first country to have a loneliness minister and cross-government strategy. The strategy recognises the need to develop new ways of tackling loneliness.

We can do that by recognising the psychological aspects of loneliness as well as the social and structural.

To this end, we need:

- to develop public health messaging, that emphasises the importance of meaningful social relationships in later life, with a call to action to pay attention to them as we age
- to incorporate the learnings on how thoughts and feelings influence people's experience of loneliness within the range of existing interventions
- development and promotion of psychosocial learning opportunities promoting wellbeing and resilience in later life
- to ensure social prescribing staff are properly trained on the emotional and psychological aspects of loneliness and how best these can be addressed
- expansion of older people's access to specialist one-to-one counselling, so that older people's access to IAPT is equalised and in line with those of rest of adult population
- increase one-to-one active listening and counselling support, particularly in relation to bereavement and also depression.

More evidence is needed on interventions that include psychological approaches to alleviating loneliness.

We call for organisations working with older people to:

- identify which aspects of their work address the psychology of loneliness
- design future programmes of work to explicitly include psychological approaches to loneliness
- evaluate the impact of these programmes on reducing loneliness.

To develop the evidence base for loneliness interventions further, research studies need a longer-term follow-up and to collect data on potential adverse effects and costs.

Evaluations and research need to use the measures for loneliness recommended in the Loneliness Strategy so that findings are comparable.

Although loneliness is a government priority, lack of funding and resources represent huge barriers to service delivery and integration of different approaches, with community organisations being compelled to focus on their core activities as opposed to extended activities and evidencing impact. Time and skills are needed to support the psychological aspects of loneliness outlined in this report and to evaluate effectiveness of the different approaches. Adequate funding is needed if support for the loneliest older people is to be improved.

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Acknowledgements

The Campaign to End Loneliness would like to express our gratitude to several individuals and organisations for their contribution to the work in this report.

In particular, we would like to acknowledge the part played by Guy Robertson, Director of Positive Ageing Associates and author of The Ten Steps of Positive Ageing, at every stage from conception through to write up.

We would also like to thank:

Our Advisory Group who have guided the project throughout its course:

- Jeremy Bacon and Jo Pybis, British Association of Counselling and Psychotherapy
- Ben Collins and Huw Thomas, Relate
- Andy Langford, Cruse Bereavement Care
- Dr Helen McCormack and Dr Jo Rodda, Executive of the Old Age Faculty of the Royal College of Psychiatrists
- Guy Robertson, Management group, Campaign to End Loneliness.

The team, led by Professor Roz Shafran, at UKRI Loneliness and Social Isolation in Mental Health Research Network based at University College London, for their informative scoping review of the evidence, consultation with individual experts and stakeholder event.

The participants of our focus groups who generously gave us their time and shared their views and experiences.

We would also like to thank the organisations and individuals within them who helped to convene focus groups:

- Camden Ageing Better
- Re-engage
- Leicester Ageing Together
- Irish Network Stevenage
- Care Network Cambridgeshire
- Alzheimer's Society Peterborough

All those who attended our stakeholder event to discuss the implications of this work:

- Vinal Karania, Age UK
- Javairia Durrani, Ageing Better Middlesbrough
- Olivia Field, British Red Cross
- Emily Georghiou, Centre for Ageing Better
- Alexander Robertson, Cruse Bereavement Care
- Ramona Herdman, DCMS
- Elenor Styles, DCMS
- Bronwen Moss, DCMS
- Chantal Lommel, Hertfordshire Adult & Family Learning Service
- Simon Tucker, Independent Age
- Rob Hunter, Leicester Ageing Together
- Paul Raper, Optimistic Ageing Project
- Rachael Frost, UCL
- Meryl Davies, Re-engage
- Nicky Forsythe, Talk for Health
- Janette Powell, Reconnections

Thanks also to Kate Jopling who generously gave her time.

Appendix 1:
Characteristics of focus group participants

As part of this work, we consulted 60 people in seven focus groups. We purposively recruited for diversity to gather a range of views. Participant characteristics are outlined in the table below. Most were aged between 60-79 years (age range 52 – 99 years) and the large majority (88%) were female. In terms of ethnicity, just over half identified as White (White UK, White Irish or White other) and just under half as from BAME groups, predominantly Asian Indian. Just over half lived with someone, (partner, spouse or family member), 45% lived alone and 60% were either widowed or single. Just over 70% lived in owner-occupied housing and a similar proportion had basic education (up to the age of 16 years). Participants lived in a mixture of urban, suburban, semi-rural and rural areas.

	Number	%
Age (years)		
50-59	2	3.3%
60-69	17	28.3%
70-79	24	40.0%
80-89	9	15.0%
90+	5	8.3%
Missing	3	5.0%
Gender		
Female	53	88.3%
Male	7	11.7%
Country of birth		
UK	24	40.0%
Another country	35	58.3%
Missing	1	1.7%
Ethnicity		
White UK	24	40.0%
White Irish	6	10.0%
White other	1	1.7%
Mixed ethnicity	1	1.7%
Asian Indian	25	41.7%
Black Caribbean	1	1.7%
Missing	2	3.3%
Current living arrangements		
Lives alone	27	45.0%
Lives with spouse/partner	16	26.7%
Lives with another family member(s)	14	23.3%
Other	2	3.3%
Missing	1	1.7%
Current marital/civil partnership status		
Single	6	10.0%
Married/Civil partnership	20	33.3%
Separated/Divorced	3	5.0%
Widowed	30	50.0%
Missing	1	1.7%
Current housing		
Owner-occupied	7	11.7%
Council rented	4	6.7%
Housing Association rented	1	1.7%
Private rented	1	1.7%
Sheltered housing	1	1.7%
Other	2	3.3%
Missing	2	3.3%
Age completed education		
Before the age of 15 years	20	33.3%
Age 15 or 16 years	22	36.7%
Between 17 to 20 years	10	16.7%
After the age of 21 years	7	11.7%
Missing	1	1.7%

Appendix 2:
British Association for Counselling and Psychotherapy (BACP) Counselling skills competence framework

The Counselling skills competence framework identifies five distinct areas of skills and abilities that can be used to safely and effectively support another. The five areas are:

Professional context: this focuses on safety, ethics, boundaries and confidentiality; creating the conditions in which it is safe to share vulnerability, thoughts and feelings. This is also about limits of ability and awareness of the requirement to signpost to more suitable support.

Listening and responding skills: a wide range of listening and responding skills are used to meet someone's needs and support them to make positive changes in their life.

Empathy: This is an extremely valuable quality. By being able to step into someone else's shoes and see the world through their eyes offers understanding on a deep level; which in turn allows someone to speak honestly about their struggles and problems without fear of judgement or punishment.

Working alliance: A combination of listening and responding skills, empathy and non-judgement are key ingredients to forming a working alliance where the needs and agenda of the person being supported are paramount. A strong working alliance that builds on foundations of trust, clear boundaries, understanding and acceptance are a powerful catalyst for change.

Personal qualities: Personal qualities are important to ensure that the professional offering help and support is not working from their own agenda and forcing that agenda upon the person they are working with. With self-care and professional support and guidance, a professional will be better able to draw on their own personal qualities to enhance their work.

Counselling skills will assist any practitioner to:

- **Recognise** when someone needs to talk.
- **Respond** using appropriate skills and qualities to facilitate a safe listening space.
- **Refer** by sensitively signposting or referring when someone needs further help or assistance.

Further details can be found here:

https://www.bacp.co.uk/media/8890/bacp-counselling-skills-competence-framework-may20.pdf

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The Campaign to End Loneliness is hosted by Independent Age, 18 Avonmore Road, London, W14 8RR who are responsible for the Campaign's governance, management, employ its staff, and guarantee its funding. Independent Age is the operating name of the Royal United Kingdom Beneficent Association, registered charity number 210729 (England and Wales) SC047184 (Scotland)

The work was majority funded by the Building Connections Fund, a partnership between Government, The National Lottery Community Fund and the Co-op Foundation.

COMMUNITY FUND

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