THE MISSING MILLION:
IN SEARCH OF THE LONELIEST IN OUR COMMUNITIES

Campaign to
EndLoneliness
CONNECTIONS IN OLDER AGE

Contents

Executive summary

The public and political attention on loneliness has sharpened significantly in recent years as the social, economic and moral case for tackling loneliness grows in awareness, evidence and support. In the United Kingdom, there are an estimated one million, one hundred thousand people over the age of 65 who are chronically lonely. We are in desperate need to identify these missing million lonely older people.

Members of the Campaign's Learning Network, alongside many other interested parties, have expressed strong interest in further guidance and ideas on how to address the challenge of identifying loneliness. In response, we have launched the *Missing Million* report with three main aims:

- **To help commissioners and service providers develop methods to help them identify older people experiencing, or at risk of experiencing, loneliness.**

- **To help commissioners and service providers to put these methods into practice.**

- **To help front line service providers to better understand and respond to loneliness and engage older people experiencing loneliness in constructive dialogue.**

The report is divided into three sections. The first section, **Identifying loneliness**, describes different ways of identifying older people experiencing loneliness, along with some ideas for collaboration and innovation. The report has focused on two types of approach that start from different places but that are complementary. The first is a top-down approach: what data is available to help locate older people experiencing loneliness and to identify geographical areas that are likely to contain older people at risk of becoming lonely? The second is bottom-up: how might local, hidden intelligence be surfaced and used to help identify older people who are lonely?

The second section, **Applying the methods**, explains how the methods described in the first section have been put into practice as foundation services, and illustrates how different methods can be complementary and combined. It also gives examples of identifying and engaging older people from groups which have a relatively high risk of experiencing loneliness.

The third section of the report, **Talking about loneliness**, aims to help front line staff and volunteers prepare for and engage in constructive dialogue with older people experiencing loneliness in ways that can bring about positive change. It addresses the question of how to speak with an older person experiencing loneliness or who is at risk of becoming lonely.

Key Findings

Each section of the report provides key summary points that distil the most important learning from the material presented and discussed. These are:

IDENTIFYING LONELINESS

- **Use data to inform decisions** – a number of data sources detailed in the report provide direct and indirect perspectives on loneliness among older people. Visualising data in maps is a powerful way of understanding and communicating the problem of loneliness in a given area.

- **Harness local capacity and intelligence** – working with communities taps into the knowledge and capability held by local people to identify, engage and support older people experiencing loneliness in their areas.

- **Develop partnerships** – loneliness is personalised, multidimensional and requires a range of individuals and agencies to coordinate and respond.

APPLYING THE METHODS

- In order to successfully identify older people experiencing, or at risk of experiencing, loneliness, a range of foundation services are required. These are the first steps in finding individuals experiencing loneliness and enabling them to gain support that meets their specific needs. Foundation services have three main aims: identifying and establishing contact with lonely individuals (reaching); drawing out the specific circumstances of an individual's loneliness and establishing the most appropriate help (understanding); and supporting individuals to make use of available services (supporting).

- It is necessary to combine different methods and data sources in order to effectively identify older people experiencing loneliness.

- Cross-check data analysis with the local experience of your staff and volunteers on the ground and with those of partner organisations.

- Social prescribing projects and bereavement services are two important forms of foundation services.

- The expanding range of open data, data visualisation packages, health informatics and the internet of things, provides new ways of identifying older people experiencing loneliness.

- Services should seek to understand their specific target audience(s) and develop and test different tones and mediums of communication in promoting their service. Care needs to be given to ensure services are advertised in ways that are accessible to particular vulnerable groups, such as older people with sensory impairments who experience loneliness.

TALKING ABOUT LONELINESS

- **Foundations for a conversation:** use the skills and qualities of empathy, openness, warmth and respect to facilitate a conversation about loneliness and the psychological distress it causes.

- **Problem-solving conversations:** structure and facilitate dialogue to help people identify and plan their own solutions.

- **Resourcing:** identify and promote the internal capabilities of a person, and encourage the use of groups and other external resources that suit the person and what they want to achieve or experience. Create community directories and use social media and technology to facilitate this.

10 Key Recommendations

Throughout the report, summary recommendations are offered which provide ways of applying the materials and case studies presented in each section. The key recommendations for service providers and commissioners of services in the report are:

1 **Review the risk of loneliness within your community using the Age UK loneliness heat map.** Overlay your service locations onto the map and overlay the map with data showing the location of individual service users. Consider whether it is likely that your service has high penetration rates into high risk areas and what might be done to communicate your service in hotspot locations.

2 **Map your local Risk of Loneliness Index data.** Hold a multi-stakeholder workshop to assess how well current service provision corresponds to the spatial distribution of loneliness among older people across the locality. Engage your local Age UK office, health and wellbeing board, fire and rescue service, local third sector organisations, housing associations, relevant public services, and key local businesses (for example, local supermarkets and leisure providers) in your local workshop.

3 **Engage with your local fire and rescue service** and explore how you can collaborate on loneliness among older people within a broad safe and well agenda. Seek to use Exeter data to guide resource allocation and, where technical capability allows, enrich the power of this dataset by combining it with other forms of data about the local population.

4   **The Community Insight tool** gives rich information about localities and can help point to determinants of loneliness in a given neighbourhood. In areas in which it is important to understand and mobilise local community assets (including local residents), the Connected Communities method can be employed to use local people and knowledge to identify older people experiencing loneliness (and other vulnerable groups), and the sometimes hidden potential in communities that can help to alleviate loneliness.

5   **Work with partners to create a community resource directory** that details a range of appropriate services and support for older people experiencing loneliness. Consider producing this in a range of electronic and hard copy formats and distribute widely, including to staff and volunteers who may come into contact with older people experiencing loneliness.

6   **Work with local GP surgeries** to establish social prescribing schemes that specifically address loneliness among older people.

7   **Work with registrar departments, hospices, and GP surgeries** to ensure recently bereaved older people are given information about local opportunities for social contact.

8   **Ensure older people with sensory impairments are supported** to access mainstream and specific services and support.

9   **Work with older people who are already engaged in your service/activities** to identify and engage other older people who may be experiencing loneliness or who are at risk of becoming lonely.

10   **Base your approach to engaging in dialogue about loneliness with an older person** on the core conditions: communicate empathy, genuineness and regard for the person you are talking with. Do not speak in ways that infantilise or patronise the other person.

Introduction

Loneliness in context

Loneliness is a problem that goes beyond a painful emotional experience. Research shows that loneliness and social isolation are harmful to our health. The effect of a lack of social connection on mortality exceeds the impact of well-known risk factors such as obesity and physical inactivity, and has a similar influence as cigarette smoking.[1] As well as being harmful, loneliness is common: there are an estimated one million, one hundred thousand people aged 65 and over who are chronically lonely. In addition, 17 percent of older people are in contact with family, friends and neighbours less than once a week and 11 percent are in contact less than once a month.[2] Within the trend of rising single person households, over half (51 percent) of all people aged 75 and over live alone.[3] An indicator of the atomisation of many older people's social world is that two fifths of all older people (equating to some 3.9 million people) say that television is now their main source of company.[4]

As loneliness affects our health, from high blood pressure and higher use of medication to increased likelihood of developing dementia[5] and depression[6], so it in turn affects our pockets. Loneliness has significant cost implications for the NHS, social care and the wider economy. Lonely individuals are more likely to visit their GP,[7] undergo early entry into residential or nursing care,[8] and be admitted to accident and emergency services.[9]

1   Holt-Lunstad, J., Smith, T., and Layton, J. (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 7(7). Available at: http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316

2   Victor, C., Scambler, S., Bowling, A., and Bond, J. (2005). The prevalence of and risk factors for loneliness in later life: a survey of older people in Great Britain. *Ageing and Society*, **25:** 357–76

3   ONS (2015) *Labour Force Survey.*

4   Davidson, S. and Rossall, P. (2014) Evidence Review: Loneliness in Later Life. London: Age UK. Available at: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf

5   Holwerda, T., Deeg, D., Beekman, A., Van Tilburg, T., Stek, M., Jonker, C., and Schoevers, R. (2012). Research paper: Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL). *Journal of Neurology, Neurosurgery and Psychiatry*

6   Cacioppo, J., Hughes, M., Waite, L., Hawkley, L, and Thisted, R. (2006) Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychology and Aging*, **21 (1):** 140-51

7   Cohen, G., Perlstein, S., Chapline, J.. Kelly, J., Firth, K., and Simmens, S. (2006) The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults. *The Gerontologist*, **46 (6):** 726-734

8   Russell D., Cutrona C., De la Mora, A., and Wallace, R. (1997) Loneliness and nursing home admission among rural older adults. *Psychology and Aging,* **12(4):** 574-89

9   Geller, J., Janson, P., McGovern, E., and Valdini, A. (1999) Loneliness as a predictor of hospital emergency department use. T*he Journal of Family Practice*, **48(10):** 801-4

At the Campaign to End Loneliness, we believe that no-one who wants company should be without it. We aim to reduce loneliness in older age by creating the right policy and funding conditions for groups and individuals working to tackle the issue. We work with a wide range of organisations to seek the following change:

1   **Higher quality and more effective services and activities.**

2   **Better use of existing support, especially by the most lonely.**

3   **More commissioning and/or development of services and activities targeting loneliness.**

Aims of the Missing Million project

In 2015 we published *Hidden Citizens*, which explored current understandings of and approaches to identifying loneliness and aimed to provide innovative insights into how policy makers and practitioners can improve their outreach.[10] Since its launch, the public and political attention on loneliness has continued to sharpen as the social, economic and moral case for tackling loneliness grows in awareness, evidence and support.

With this growing focus, members of our Learning Network,[11] alongside many other interested parties, have expressed strong interest in further guidance and ideas on how to address the challenge of loneliness. In response, we launched the *Missing Million* project with three main aims:

1   **To help commissioners and service providers develop methods to allow them identify older people experiencing, or at risk of experiencing, loneliness.**

2   **To help commissioners and service providers to put these methods into practice.**

3   **To help front line workers to better understand and respond to loneliness and engage older people experiencing loneliness in constructive dialogue.**

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10 Goodman, A., Adams, A., and Swift H.J. (2015) *Hidden citizens: How can we identify the most lonely older adults?*
London: The Campaign to End Loneliness

11 See http://www.campaigntoendloneliness.org/campaigns/learning-network/

Method

To meet these aims we formed an advisory group to help us shape and contextualise the project and to help focus the project in areas that could add most value to our existing work and to that of partner organisations.

We recruited participants through our advisory group and our Learning Network, and held discussions and undertook interviews with a wide range of stakeholders directly and indirectly concerned with addressing loneliness. These included public service and health commissioners; housing providers; a range of health and social care providers; a range of community and voluntary sector leaders, managers and front line staff; representatives from older people's groups; and academics working on issues around loneliness.

The focus of these conversations was on how organisations and individuals seek to identify older people experiencing loneliness, either directly through the communities of place or interest they work with; through use of direct data and proxy indicators that indicate loneliness; through partnerships with others; or through stimulating innovation.

As a result of these conversations, we were sent or directed to a range of national and local strategies, project plans and evaluations, and several methods were demonstrated to us directly. The material gathered through our discussions and review of documents has led to the case studies that populate this report.

During the course of the project, initial examples, draft principles and emerging ideas were discussed with experts at our annual Learning Network Conference in January 2016. This gave us feedback on the methods of identifying older people experiencing loneliness that appeared to be most accessible and useful to a broad range of stakeholders.

Draft findings were also shared and discussed at the Castlehaven Community Association in North London. A group of local, older members of the Association, with experience of loneliness and of engaging and supporting others who had or were experiencing loneliness, gave particularly rich and insightful feedback on how to find and communicate with older people experiencing loneliness.

This report

Inevitably, given the scale nature of this project and the complexity of understanding and addressing loneliness, there are many models and interventions currently being used and developed that have not made it into this report. This report has tried to focus on providing practical content and ideas that work across multiple areas and settings. Links are provided to additional material wherever possible and readers are encouraged to make use of these as well as the many case studies that exist on our website.

However, a clear theme coming through the conversations held during this project is the importance of understanding the whole, individual person in the context of their socio-economic environment and cultural values. Loneliness is a complex issue and, as such, interviewees felt that there is not necessarily a single best way of responding to it.

While we have tried to present clear rationales and guidance on using the methods of identifying older people experiencing loneliness outlined in this report, we also hope that readers will reflect on the material presented and adopt or integrate whatever resonates best with their own constituencies and remits.

A question to hold in mind while reading this report might not be "what works?" but rather "what will work here and for whom?" For several of the organisations participating in this project, an appreciation of the complex, multi-dimensional and personalised nature of loneliness seemed to act as a helpful catalyst for more effective partnership working and for driving innovation.

The report is divided into three sections. The **first section** is broadly aimed at **commissioning teams**, including **those who provide research and data analysis** to help inform and prioritise commissioning decisions. It describes different ways of identifying older people experiencing loneliness, along with some ideas for collaboration and innovation.

The **second section** speaks largely to **service designers and providers** and is shaped by our recently published Loneliness Framework. It illustrates how the methods in the above section are being used in practice to identify older people experiencing loneliness.

The **third section** of the report aims to help **front line workers and volunteers** prepare for and engage in constructive dialogue with older people experiencing loneliness, in ways that can bring about positive change.

The **final section** of the report gives our overarching conclusions from the *Missing Million* project and about the roles all of us have in working to alleviate loneliness.

IDENTIFYING LONELINESS

This section of the report describes some effective ways in which commissioners and service providers can identify older people experiencing loneliness and those at risk of becoming lonely. The next section illustrates how they have been put into practice.

Our *Missing Million* project has focused on two types of approach, which start from different places but are complementary. The first is a top-down approach: what data is available to help locate older people experiencing loneliness and to identify geographical areas that are likely to contain older people at risk of becoming lonely? The second is bottom-up: how might local, hidden intelligence be surfaced and used to help identify older people who are lonely?

Summary of main points

- Use data to inform decisions – a number of data sources detailed in the report provide direct and indirect perspectives on loneliness among older people. Visualising data in maps is a powerful way of understanding and communicating the problem of loneliness in a given area.

- Harness local capacity and intelligence – working with communities taps into the knowledge and capability held by local people to identify, engage and support older people experiencing loneliness in their areas.

- Develop partnerships – loneliness is personalised, multidimensional and requires a range of individuals and agencies to coordinate and respond.

- Maximise social value – the process of designing and commissioning services can be used to maximise benefits for older people experiencing loneliness through the Public Services (Social Value) Act.

Data-driven approaches

Data is used to guide resource allocation decisions in every public service domain but, as loneliness is related to a wide range of factors, accessing and selecting data can be problematic. Below, two examples of data sources are given: one which focuses on perceived loneliness, and another which includes a range of factors that can drive loneliness or act as a risk factor.

ENGLISH LONGITUDINAL STUDY OF AGEING

The English Longitudinal Study of Ageing (ELSA) collects rich survey data on the health, social, wellbeing and economic circumstances of the English population aged 50 years of age and above.[12] ELSA surveys include specific questions on loneliness, making it one of the few datasets that provides direct data on the issue. The questions asked in the ELSA survey are given below.

ELSA questions on loneliness

Now think about the past week and the feelings you have experienced.

Please tell me if for much of the time during the past week, you felt lonely?   YES/NO

How often do you feel lonely?

1   HARDLY EVER OR NEVER   2   SOME OF THE TIME   3   OFTEN

RECOMMENDATION: **There is a lack of good quality evidence on the impact that different types of services have on loneliness. Consider whether and how you measure loneliness and the impact your interventions have on it. Consider using the Campaign to End Loneliness Measurement Tool, which asks respondents about the extent to which they agree with three statements:**

1. I am content with my friendships and relationships.

2. I have enough people I feel comfortable asking for help at any time.

3. My relationships are as satisfying as I would want them to be.

Measuring loneliness will allow you to build evidence in your local area and service. For more information, see our Measuring Your Impact on Loneliness in Later Life report, which details the advantages and disadvantages of four different ways of measuring loneliness.[13]

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12 See http://www.elsa-project.ac.uk/

13 Campaign to End Loneliness (2015) *Measuring Your Impact on Loneliness in Later Life.* London: Campaign to End Loneliness.
    Available at: http://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf

Age UK and the Office for National Statistics (ONS) have analysed ELSA data to understand the key factors associated with being lonely and the relative risk that each factor contributes to feeling lonely. Analysis of the data shows six factors as being statistically significantly associated with being lonely:

- self-reported health status

- household size

- housing ownership

- activities of daily living (ADLs)

- multiple eye conditions

- marital status

The poorer your health, the smaller your household size (for example, a one-person household), having a mortgage (compared to outright ownership and renting), and being divorced or separated is also associated with an increased risk of being lonely.[14]

On this basis, Age UK and the ONS have constructed a 'loneliness heat map'. The ONS National Wellbeing Team ran a model, using only those factors for which 2011 Census data exists (marital status, self-reported health status, age and household size) on the individual records held in the 2011 Census microdata files.[15] This produced the relative likelihood of loneliness amongst those aged 65 at different sized administrative geographies, allowing interested parties to map the data for their own locality.

Data is available at local authority level, Middle Super Output Area (MSOA – roughly equivalent to large neighbourhood), Lower Super Output Area (LSOA – roughly equivalent to the size of an electoral ward) and Output Area (OA – roughly equivalent to street level, or around 125 households).

The loneliness heat maps allow commissioners and service providers to identify which localities have a higher risk of loneliness among the older population. In the example of the Coventry local authority area, loneliness is mapped across all lower output areas and reveals significant differences in the risk of loneliness among people aged 65 and over. There appears to be a high concentration of loneliness in the city centre, with a 'spoke' of high risk areas stemming to the north from the centre. Other clusters of high risk areas appear at the north east, south east, and western tips of the local authority boundaries. This example confirms the value of mapping data in order to help target local resources where they are most likely to be needed.

However, those using the data should note that the index does not take account of variations within individual and community resilience, norms and assets. These will affect how an individual person and their surrounding community respond to risk factors of loneliness, and thus the degree to which loneliness is experienced.

14 Age UK (2016) *Age UK's Loneliness Heat Map – Questions & Answers*, London, Age UK. Available at http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age_UK_Loneliness_Heat_Maps_FAQs.pdf

15 Iparraguirre, J. (2015) *Predicting the prevalence of loneliness at older ages*. London: Age UK. Available at: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Predicting_the_prevalence_of_loneliness_at_older_ages.pdf . A less technical summary of this paper is available at http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age_UK_loneliness_risk_index_summary-(July2015).pdf

The index therefore serves as a useful guide for targeting resources in areas with a high risk of older people experiencing loneliness but no assumptions about the experience of loneliness should be made about individuals either within or outside of high risk areas.

Example: Risk of loneliness heat map for people aged 65+ for Coventry Lower Super Output Areas
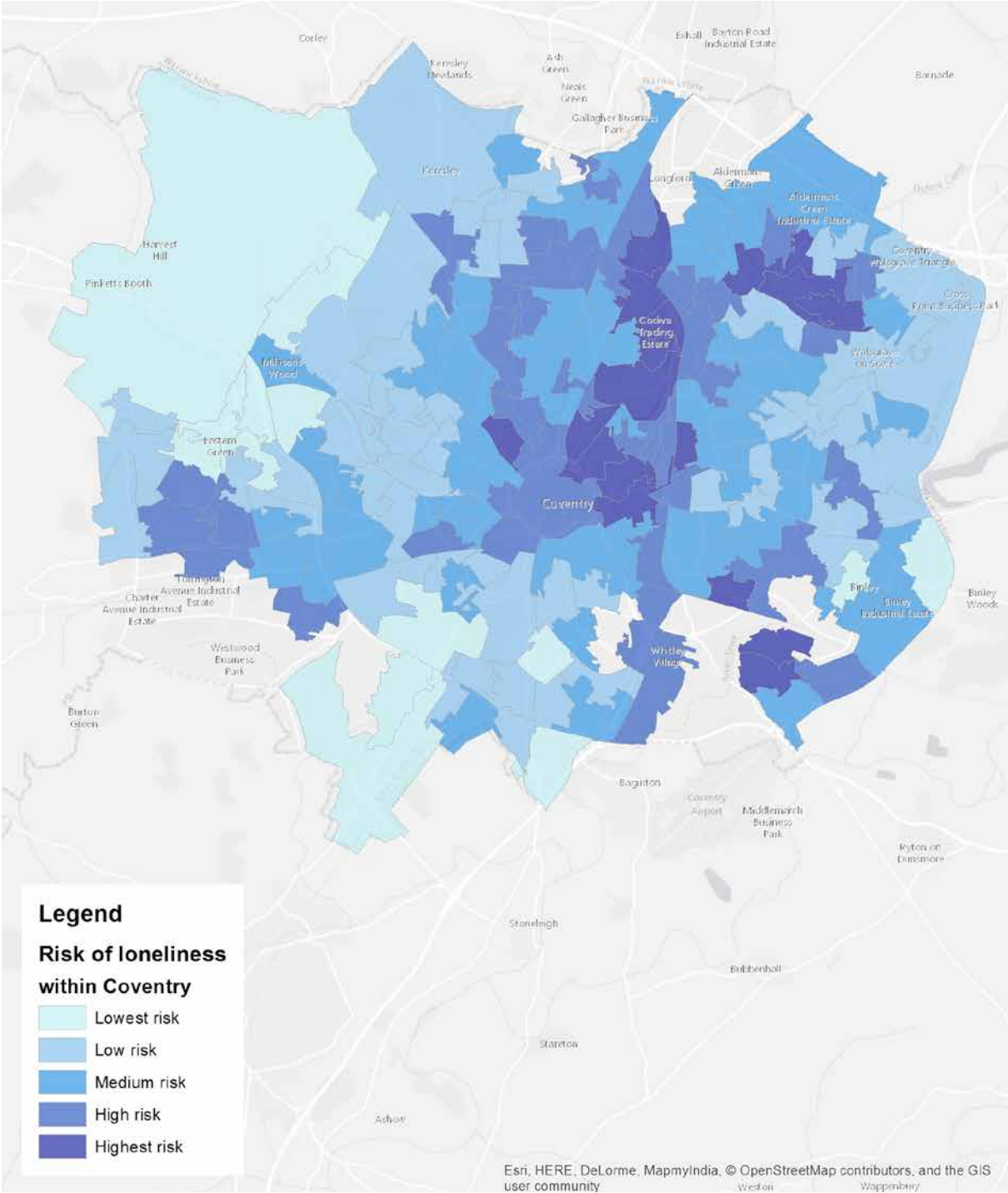
Those wishing to obtain Risk of Loneliness Heat Maps and associated data for their localities can use the following links:

Topline data maps and more information

- For more information about the available data and how it has been constructed, go to http://www.ageuk.org.uk/professional-resources-home/research/loneliness-maps/. This link includes contact information for Age UK who can provide assistance in understanding and using the data.

- To map data at the local authority level, go to http://data.ageuk.org.uk/loneliness-maps/england-2016/.

Detailed Risk of Loneliness Index scores for small areas (output areas)

- Go to www.ukcensusdata.com/postcode/ and type in your postcode(s). Note the code for the output area that contains your postcode.

- Go to http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/what-can-i-request/published-ad-hoc-data/census/demography/index.html and download the CT0467_2011 Census - Log odds of loneliness for those aged 65 and over - Local Authorities to Output Areas England and Wales ZIP file

- Open the file and read the explanatory note. Look up your index value for the output area(s) of interest

> **RECOMMENDATION:** Those working in local areas to identify older people experiencing loneliness should access and map the Risk of Loneliness Index data for their local area using the links above. To maximise understanding and use of the loneliness heat map, we recommend contacting Age UK.

EXETER DATA SYSTEM

The National Health Applications and Infrastructure Services (NHAIS) System contains a wealth of information about our health. Within this, the Exeter system is a database of all patients registered with an NHS GP in England and Wales, so is highly inclusive of most population groups. It can operate as a web-enabled viewer that can provide accurate and up-to-date information about individuals and activities based on GP presentation data.

An advantage of this data set is the ability to work at the individual level. Individual households containing older people with a high risk of loneliness are identified (although their names are not made available, meaning that a visit or some other contact with an identified household is required in order for a local service to engage with the individual person). It also means that older people who are lonely but who live in 'low risk of loneliness', areas according to modelled data, are not missed and can be identified and engaged.
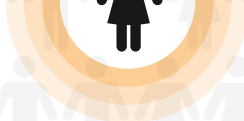
In order to protect patient confidentiality, access to the data is restricted but a pioneering data sharing agreement between the NHS and Springboard[16] (a partnership between Cheshire Fire and Rescue Service [CFRS] and Age UK Cheshire), illustrated the potential value of the data in combating loneliness. A significant proportion of those interviewed during the course of this project bemoaned the lack of effective and timely data sharing between organisations which could help those on the ground better identify and engage with older people experiencing loneliness. They pointed to Springboard's work as an example of the benefits of partners being willing to step outside of existing procedures and explore how data could be shared in safe ways in the interests of older people experiencing loneliness.

Exeter data, supplemented with other indicators of loneliness from open data sources (such as assisted bin delivery, home oxygen therapy, fuel poverty, distance from bus stops, MOSAIC, or long-term conditions data), allowed households to be ranked and prioritised according to certain risks (this combined data is sometimes referred to as 'Open Exeter').

As older people living alone (particularly those having suffered a fall) are a higher risk group for domestic fires, this aligns to a high degree with those at risk of loneliness. CFRS officers carry out home visits to vulnerable people and households and can then broker contact between them and a range of support services, such as those to improve health, address poverty, and improve social connectivity. The trusted brand and status of the fire service and of officers carrying out home visits means a high success rate in engaging vulnerable people at home and brokering contact to local agencies. Collecting data in these home visits and consent to pass it on to relevant support services/organisation also protects the confidentiality of the original GP data.

The success of the Cheshire scheme has led to a wider collaboration between the NHS and the Fire and Rescue Service. Fire services have always been concerned with prevention and crisis response and will now be aiming to extend the 670,000 home safety checks carried out in 2015 to include a higher number of 'Safe and Well' visits to reduce both fire and health risks. This began across 46 fire and rescue services in April 2016.

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16 See http://www.cheshirefire.gov.uk/partnerships/springboard and http://www.springboarddirect.co.uk/

This means that there is huge potential for local partnerships to form with local fire services that can make use of local Exeter data, and the trusted status and operational capacity of local fire services. More broadly, there is great potential for fire services to engage with commissioners and become a key part of local health and wellbeing strategies. West Sussex County Council, for example, has integrated its Community Development team and Fire and Rescue Service to help better build community resilience. The County's Fire and Rescue Service Area Manager explains that:

> "By simply signposting or referring to our partners we can help people access the additional support they may need. This could be help to prevent a fall in the home, support for those in a caring role, crime or scam prevention advice, assistance to reduce social isolation as well as a range of other information or support services."

In order to help promote the new Safe and Well agenda, the County Council and Fire and Rescue Service have made a short film aimed at both partner organisations and vulnerable people in the community who may appreciate the value of receiving a home visit.[17]

RECOMMENDATION: Those with a concern or remit for supporting older people experiencing loneliness should build a relationship with their local fire and rescue service and explore what collaboration is possible and how the capacity and capability of each partner organisation can come together to greatest effect on reducing risk to life through fire, ill health, and loneliness. Guided by Exeter data, fire and rescue service officers and volunteers can prioritise visits to particularly vulnerable households and act as a broker in making connections between a lonely older person and a local service or activity.

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17 Available at https://www.westsussex.gov.uk/news/new-film-showcases-broader-role-of-fire-service/

COMMUNITY INSIGHT

Data on specific issues such as loneliness can be difficult to access, analyse, and map, or require specific technical capability. Data that is not collected frequently can also decay in its usefulness, particularly if local conditions or the wider socio-economic context has changed significantly since the last data point.

The Community Insight tool was developed by the Housing Associations' Charitable Trust (HACT) and provides neighbourhood maps and profiles that are simple to construct and that draw on the most recent open data sources which cover all major social and economic indicators.[18] The platform allows bespoke themes, such as loneliness, to be created and allows data to be mapped on bespoke geographies. The tool can therefore be helpful for commissioning teams, organisations or service teams which have a particular remit (for example: poverty, dementia, bereavement, or alcohol use) or geographical constituency (such as housing stock areas, or a regeneration area) and need to respond to a specific driver of loneliness in a particular area.

Examples of potential loneliness indicators on Community Insight

- Older people social care benefit
- Pensioners in poverty
- People providing intensive unpaid care
- Population aged 65+
- People with mental health issues
- Caravan/temporary accommodation
- People with long-term limiting illnesses aged 65+
- Indices of Deprivation geographical barriers sub-domain
- Health
- Knee replacements
- Hip replacements
- Strokes
- Multiply deprived households
- Income deprivation affecting older people

- Mood and anxiety disorders indicator
- Main language not English and can't speak English well
- Care home with(out) nursing residents
- Sheltered housing residents
- Rural tenants
- One person households
- Pension credit claimants (who are single)
- Pensioner living alone
- People arriving in UK aged 65+
- Provides 20+ hours unpaid care a week
- Widowed
- Bereaved (working age)
- Deaths (all causes, or some specific causes)

18 See http://www.hact.org.uk/communityinsight

Two examples of the kind of output available from Community Insight are given below. The first shows prevalence data for widowhood mapped at the local authority level, while the second zooms in to show the variation of widowed households in a single local authority area.

Being able to map a range of data at different spatial scales allows commissioners and service providers to understand hotspots of potential contributors to loneliness among older people and to target the type and scale of resources accordingly.

For example, by comparing a number of indicators of loneliness across Sussex, it can easily be seen that some neighbourhoods have higher rates of potential isolation (older people living alone or widowed), while others have higher rates of poor health and poverty. These differences may provoke different strategies at the local level for addressing loneliness.

Example outputs: Widows in (i) Sussex and (ii) Brighton
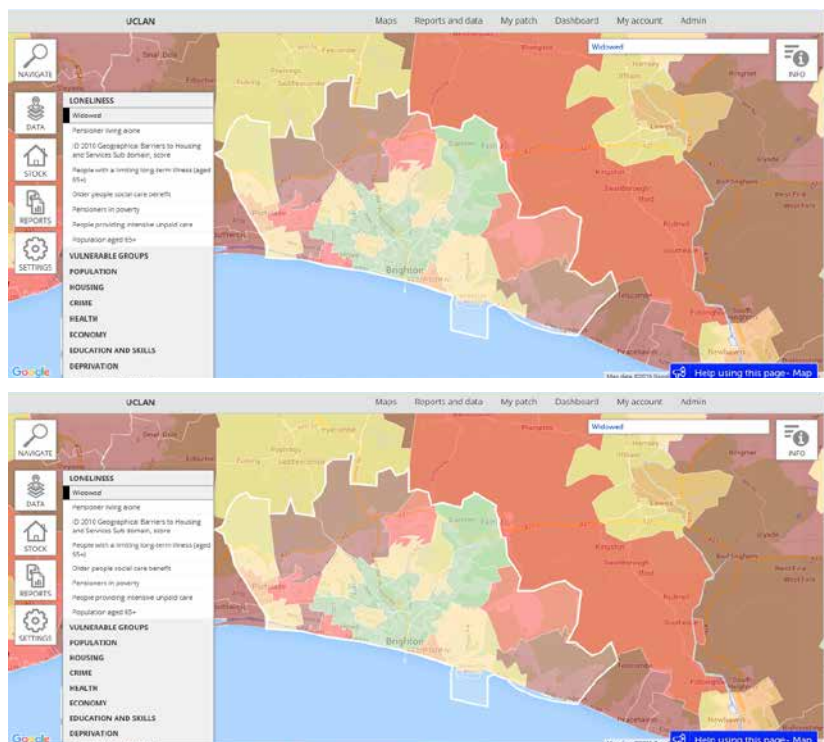
RECOMMENDATION: Those needing to understand specific indicators of loneliness (or a range of indicators), and those who wish to map and analyse up-to-date data on a range of geographical boundaries, should consider investing in access to the Community Insight tool. By using the mapping tool, indicator dashboard, and the detailed, automatically-generated profiles for each area it is possible to understand differences across your area of interest.

Community-driven approach

Alongside top down, data driven approaches to identifying older people experiencing loneliness, commissioners and service providers can benefit from bottom up, emergent approaches that harness the hidden wealth of communities: the informal, local intelligence, social networks, and community assets that support and are vital to achieving social outcomes. One such method of understanding, tapping into and growing this community capital is the Connected Communities method.

CONNECTED COMMUNITIES

This approach was developed as a response to formal area-based community regeneration initiatives that relied on professional teams delivering local services in specific neighbourhoods. Such initiatives often understood the communities they worked in solely through the problems and deficits they faced (unemployment and crime rates, educational under-attainment, and public health problems, for example).

Connected Communities seeks to understand neighbourhoods predominantly in terms of the individual and community assets, and the formal and informal social relationships that exist. In understanding how a community functions through its social infrastructure, local networks can be 'woven' to be more inclusive and socially productive. By this we mean that new and different connections between people that better help to deliver social outcomes for people in a community, such as reduced loneliness, can be encouraged and sustained.

In a local approach, it is important to understand the specific norms and assets available in any given community. In the Joseph Rowntree Foundation's work on neighbourhood loneliness, for example, one of the action research sites (Bradford Moor) had three times the number of risk factors identified by local people compared to the other three sites, and was able to use local knowledge to help coproduce[19] ideas for how to identify and engage people experiencing loneliness as a result the locally specific risk factors.

The Connected Communities approach was tested across seven neighbourhoods in England in a five year action research project to improve social inclusion and mental wellbeing through a partnership between the Royal Society of Arts (RSA), the Centre for Citizenship and Community at the University of Central Lancashire (UCLan), and the Personal Social Services Research Unit at the London School of Economics (LSE). The method has since been adapted and is being used in a number of contexts, for example to understand and improve how people in North Manchester access social support, and to coproduce inclusive networks for health and wellbeing in neighbourhood in Coventry[20].

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19 By coproduction, we mean "a way of working whereby citizens and decision makers, or people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it" (Skills for Health, (n.d.) *Work with people and significant others to develop services to improve their mental health.* Available at https://tools.skillsforhealth.org.uk/competence/show/html/id/3833/). Coproduction involves a cycle of planning, designing, and evaluating. Key phases include shared identification and analysis of the problem; co-design and planning of services; co-decision making in the allocation of resources; co-delivery of services, including the role of volunteers in providing the service; and co-evaluation of the service, which restarts the cycle. For more information on coproduction see for example http://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/defining-coproduction.asp

20 For an account of the Connected Communities method see https://www.thersa.org/discover/publications-and-articles/reports/connected-communities-how-social-networks-power-and-sustain-the-big-society/. For an account of the findings from the five year action research project see https://www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities/. For the continuing work of the Centre for Citizenship and Community see http://www.uclan.ac.uk/research/explore/groups/centre_for_citizenship_and_community.php.

The main stages of the Connected Communities approach, which are initiated by commissioners/service providers, are outlined below.

OVERVIEW OF CONNECTED COMMUNITIES METHOD

1. Partnership. Commissioner(s), service provider(s) and local residents come together to discuss their understanding of the neighbourhood and the dominant issues as they see them (or that serves as the focus of collaboration, e.g. alleviating loneliness). The Connected Communities method is explained to local partners: it is a model that views change, and a person's experience of themselves, as being dependent on the relationships they have (or don't have) and the feedback, opportunities, support, messages, and information they get through them. The local partnership decide if this is appropriate for the area and issue, and is an approach they wish to adopt.

2. Team. A team of local residents (alongside commissioning and/or service provider staff as appropriate/interested/available) are trained in the Connected Communities method, including: how social networks function in communities and how support, resources, information and attitudes are exchanged through local networks; and how to map local assets, relationships, and feelings/experiences of loneliness.

3. Mapping and analysis. Neighbourhood assets, relationships and loneliness are mapped by a survey carried out by the team of trained community researchers, supported by local staff and Connected Communities researchers. Through the community researchers' local intelligence, all parts of the neighbourhood, including socially isolated residents, can be identified and engaged. Data analysis creates a 'map' of the local community's social relationships and shows which people are most isolated and lacking in social support. It also reveals a wide range of formal and informal social support that could be better used to support older people experiencing loneliness. By mapping the relationships people have and the support they get (or don't get) across a whole neighbourhood, it becomes possible to work with the local community to build new connections between people that can alleviate problems such as loneliness.

4. Co-design interventions. Results are relayed to partnership group and to the local community through open, reflective workshops. Results are discussed and unpacked. Low/no cost interventions are designed from the data, exploring how social assets uncovered by the data analysis can be mobilised to reduce loneliness.

5. Test, learn and adapt. Interventions are implemented and evaluated against key metrics (for example, measures of loneliness). Emergent innovation is supported as local capacity and networks grow – confidence and know-how that enables greater effectiveness in alleviating social exclusion grows in the community.

Ultimately, loneliness requires a social solution that brokers sustainable contact between isolated individual and local social assets (other local people, organisations, groups, businesses and services). The Connected Communities method has found that undertaking the research with the local community and encouraging individual and collective feedback on the results is in itself a valuable way of identifying older people experiencing loneliness and acts as a catalyst for change, even before new interventions are put into practice.

While this is a bottom up approach to identifying older people experiencing loneliness, it can complement data-driven approaches. Use of the ELSA data, Exeter data, and Community Insight tool, for example, can be used to identify the specific neighbourhoods in which there is a higher risk of older people experiencing loneliness. Once these areas are identified, approaches such as Connected Communities (or other co-productive, Asset-Based Community Development approaches) can be used to drill down into localities and both identify and help specific individuals. The next section of the report gives examples of how the top down, data-driven approaches, and the bottom up Connected Communities method are being used in practice.

RECOMMENDATION: **Methods such as Connected Communities should be used to harness local intelligence and capacity to identify older people experiencing loneliness, understand the reasons why they are lonely, and engage in supporting them to become more socially included.**

The relative advantages and disadvantages of the different types of methods outlined above are summarised in the table overleaf.

DIMENSION	LONELINESS HEAT MAPS	EXETER DATA	COMMUNITY INSIGHT	CONNECTED COMMUNITIES
Coverage	Data available for a range of geographies down to roughly street level	Data available at individual household level	Data available for a range of geographies down to roughly street level	Data collected directly in the area of interest
Focus	Data focuses directly on the risk of loneliness according to statistically significant factors	Data includes range of potential indicators of loneliness	Data includes range of potential indicators of loneliness	Data can include direct focus on loneliness and range of explanatory factors
Timeliness	Data is modelled on Census data from 2011	Data tends to be updated every six months	Uses most up-to-date open source data available	Collects a current snapshot of an area that can be revisited
Comparability	Provides a consistent measure of loneliness across areas	Provides consistent proxy indicators of loneliness across areas	Provides consistent proxy indicators of loneliness across areas	Concentrates on bespoke measures according to local needs; some comparability between small number of study areas
Access	Data publicly available but requires some degree of familiarity with data sources and their use	Data restricted to certain organisations, such as Fire and Rescue Services	Uses open source data but tool is available only to licensed users	Data collected by communities themselves
Expertise required	Simple online mapping tool available; assistance available from Age UK	Requires degree of familiarity with data handling and analysis	Simple online mapping tool available; assistance available from HACT for licensed users	Requires familiarity with social network methods; assistance available from Centre for Citizenship and Community (CCC) for areas wishing to partner
Cost and resourcing	No cost	No cost	Cost of license to use tool	Requires volunteer and/or staff time, and support from CCC if required
Indirect benefits	Engaging with Age UK adds understanding, local links and ideas	Can overlay multiple datasets, including 'open data'	Allows focus on bespoke geographies, not just administrative boundaries	Creates local community network and capacity for action within the process of data collection

Partnerships

While the above methods can be used to good effect within single organisations, their value is amplified when results are shared across multiple partners. This aids common understanding and dialogue between interested parties. To this end, data mapping is a useful tool as it efficiently communicates complex data in an accessible format.

While it is somewhat outside the scope of this report to analyse the ingredients and processes that make partnerships effective in identifying loneliness among older people, most interviewees stated that collaboration and coordination across a range of actors is essential in understanding and working out how to respond to a highly prevalent, complex experience.

Commissioners and service providers all work in partnership to varying degrees and effect, whether that is through Joint Strategic Commissioning, multi-agency partnerships such as health and wellbeing boards, or transactional arrangements between commissioners and providers. Health and wellbeing boards increasingly have an explicit focus on loneliness, particularly among older people.

Nottingham City Council's Vulnerable Adults Plan, for example, brings together local authority and community services to improve access to health and social care services and create a local environment in which people feel safe to access services and feel understood and supported by the people in them. The Plan includes specific work on social isolation and loneliness. Alongside this, a Vulnerable Adults Workforce Strategy has been developed to bring together all who work or volunteer with vulnerable adults in the city, including those in health institutions, police and probation, housing, local businesses, and the third sector.[21]

In doing so, the strategy aims to focus attention on the common issues of early intervention, prevention and choice, facilitate collaboration, and build a confident and competent workforce. One example includes specific training for some of the front line workers who may come into contact with older people experiencing loneliness, such library service advisers and assistants, fitness instructors and leisure centre staff.

Dedicated funding pots to tackle social isolation and loneliness have also recently emerged, in recognition of the widespread and damaging effects of loneliness. In 2015, the Scottish Government announced a £300,000 Social Isolation and Loneliness Fund aimed at preventing vulnerable young and older people becoming lonely or isolated and driving sustainable local partnerships and innovation.[22] In 2014, a three year initiative launched by the Lloyds TSB Foundation for Scotland included a new focus on targeting 'coldspots'; those geographical areas that either do not apply for funding, or that are unsuccessful in doing so.[23]

Both initiatives illustrate ways of driving responses on particular themes and from particular areas. Local commissioners and/or partnerships could consider seeding similar local initiatives in order to generate a focus on identifying and addressing loneliness in ways that would foster innovation and coordinate local organisations and resources.

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21 See http://gossweb.nottinghamcity.gov.uk/VA/index.aspx?articleid=15896

22 See http://news.scotland.gov.uk/News/Tackling-loneliness-226c.aspx

23 See http://www.civilsociety.co.uk/fundraising/news/content/17570/lloyds_tsb_foundation_for_scotland_launches_new_strategy

A common theme to emerge from stakeholder interviews was the relatively limited time senior commissioners, local business leaders, leaders of third sector organisations, technologists, designers, utility companies, academics and other interested parties were able to spend with each other to build relationships and collaborate on responses to loneliness. This was often not seen as anyone's specific remit.

One response is to try and create 'hubs' through which a range of organisations can contribute and refer. Brightlife is a multi-agency partnership testing 'social pharmacies' that 'stock' access to social assets and issue 'prescriptions' to people who are referred to them by GPs or who self-refer.[24] A wide range of social prescriptions are available, such as exercise classes/activities, or access to Men's Sheds. The social pharmacy is itself a commissioning hub, with local organisations applying to join a bank of potential providers and older people deciding which of those providers they would like to commission. Brightlife encourages innovation from local providers and offers support to local organisations in developing their ideas to make them as sustainable and impactful as possible.

Drawing on the above, the following themes appear to be common and important to ensuring effective partnership working on loneliness:

- Develop a common, multi-agency strategy that makes use of the total set of available expertise and assets across the locality, including that of older people themselves.

- Develop an understanding of identifying loneliness across multiple organisations, through common workforce training. Make every contact with a (potentially) lonely older person matter through the variety of interactions staff and volunteers have with the public.

- Develop common data by asking the same questions about loneliness of older people (for example, using the questions within the English Longitudinal Study on Ageing).

- Develop a shared resource directory that collates all local, relevant means of support into a single document that can be distributed electronically and in hard copy.

- Explore what data individual organisations have or could collect on loneliness among older people, and how this might be safely shared.

- Consider pooled funding to help identify older people experiencing loneliness.

- Spend time together as partners and bring in outside perspectives and expertise to help develop best practice and stimulate innovation.

24 See www.brightlifecheshire.org.uk

Social value

The focus of much of this section has been on how the use of resources (data, social assets, and partnerships) can be used by commissioning teams and others to identify and address loneliness. However, the commissioning process itself is a tool that can be used to add value and build capacity to this aim. The Public Services (Social Value) Act requires local authorities and other commissioners of public services to consider how their services benefit people living in the local community and how they can improve the social value of their public service contracts.

When buying in services, in order to maximise secondary benefits, commissioners and providers could discuss not only what is delivered but how and where it is delivered and by whom. An example of how the Act might be used to impact on loneliness is given by the Cabinet Office's Centre for Social Impact Bonds:[25]

> *"If a local authority wanted to provide a 'meals on wheels' service for elderly people, it might first speak to potential users and suppliers along with other interested stakeholders. If the results of the consultation showed that many potential users suffer from loneliness and social isolation, it might be recommended that a service where people are collected and taken to a local community centre for their meals would help combat these problems of loneliness and isolation.*
>
> *The local NHS trust may also suggest that older people would benefit from contact with health professionals for routine medical services which could take place at the community centre. The local authority might therefore decide to procure a 'meals on wheels' service which is based on bringing people to a local community centre, instead of meals to people's homes."*

This example illustrates the importance of understanding the holistic, lived experience of those receiving a public service. Rather than restricting consultations on services to a single or narrow aspect of their identity, lifestyle or need, understanding the context in which people live and receive services opens up the opportunity to add value to individual service users by changing the design of the service.

RECOMMENDATION: **Where public services touch on the needs of older people, create a specific requirement for service providers to understand the degree of loneliness faced by their service users and to build in ways of delivering the service that enable older people experiencing loneliness to be identified and supported.**

The next section of this report illustrates how these methods of identifying loneliness have been put into practice, and includes a number of other related examples that focus on high risk groups.

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25 See https://data.gov.uk/sib_knowledge_box/social-value-act
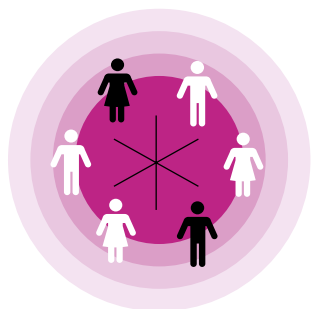
APPLYING THE METHODS

To help think about and organise a system of services and support effective engagement with older people experiencing loneliness, the Campaign, in partnership with Age UK, has recently published a new Loneliness Framework which reflects the full range of interventions needed in a local area to support older people experiencing this very individual problem. They are categorised into four distinct types, summarised below.

LONELINESS FRAMEWORK[26]

Foundation services – services to reach and understand the specific needs of those experiencing loneliness.

Direct interventions – a menu of services that directly improve the number or quality of relationships older people have.

Gateway Services – improving transport and technology provision to help retain connections and independence in later life.

Structural Enablers – creating the right structures and conditions in a local environment to reduce those affected by, or at risk of, loneliness.

This framework has been developed to guide local authorities and commissioners and is a helpful structure for organising examples of interventions that engage older people experiencing loneliness. While, in some cases, interventions are multidimensional and span different categories, the task of identifying and engaging older people experiencing loneliness largely falls under foundation services.

This section of the report explains how the methods described in the first section have been put into practice and illustrates how different methods can be complementary and combined. It also gives examples of identifying and engaging older people from groups which have a relatively high risk of experiencing loneliness. Our website provides further examples and case studies across all four dimensions of our Loneliness Framework.

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26 See http://campaigntoendloneliness.org/guidance/theoretical-framework/

THE MISSING MILLION: IN SEARCH OF THE LONELIEST IN OUR COMMUNITIES

Summary of main points

- In order to successfully identify older people experiencing, or at risk of, experiencing loneliness, a range of foundation services, aimed at reaching, understanding and supporting them, are required.

- There are a range of methods and case studies available to inform and guide local action. However, care should be taken to ensure that the ingredients necessary to successfully implement a means of identifying and engaging older people experiencing loneliness are present in your area.

- Combining different methods and data sources appears to be the most effective way of identifying older people experiencing loneliness.

- Cross-check data analysis with the local experience of your staff and volunteers on the ground and with those of partner organisations.

- Any interventions aimed at alleviating loneliness needs to understand the particular patterns of social relationships, norms, assets and opportunities in the particular locality in which it is being proposed and used.

- Social prescribing projects and bereavement services are two important forms of foundation services.

- The expanding range of open data, data visualisation packages, health informatics and the internet of things, provides new ways of identifying older people experiencing loneliness.

- Older people themselves are key to identifying and engaging other older people who are at risk of loneliness.

- Services should seek to understand their specific target audience(s) and develop and test different tones and mediums of communication in promoting their service. Care needs to be given to ensure services are advertised in ways that are accessible to particular vulnerable groups, such as older people with sensory impairments who experience loneliness.

Loneliness Heat Maps in practice

The Loneliness Heat Maps described in the above section are currently being applied and tested by Age UK and local partners, through a series of pilot projects across the UK. Capacity within local Age UK teams is being grown to support interested parties in understanding and using the Index. The two case studies below can be considered as examples of 'reaching' types of foundation activities, as described by our Loneliness Framework.

USING THE INDEX TO TARGET RESOURCES

Bromborough is an area within the Metropolitan Borough of Wirral, in Merseyside, and is situated within the geography covered by Age UK Wirral. Bromborough has pockets of very high and high risk loneliness, as shown in the Age UK loneliness heat map (below).

One of the services offered by Age UK Wirral is a scheme called Friends in Action, which offers friendship and companionship, and provides support with a range of everyday practical tasks. The Friends in Action team overlaid the Age UK loneliness heat map with local data on who the organisation was reaching. The comparison revealed to the team that there was a gap in provision of social activities for older people experiencing loneliness in Bromborough.
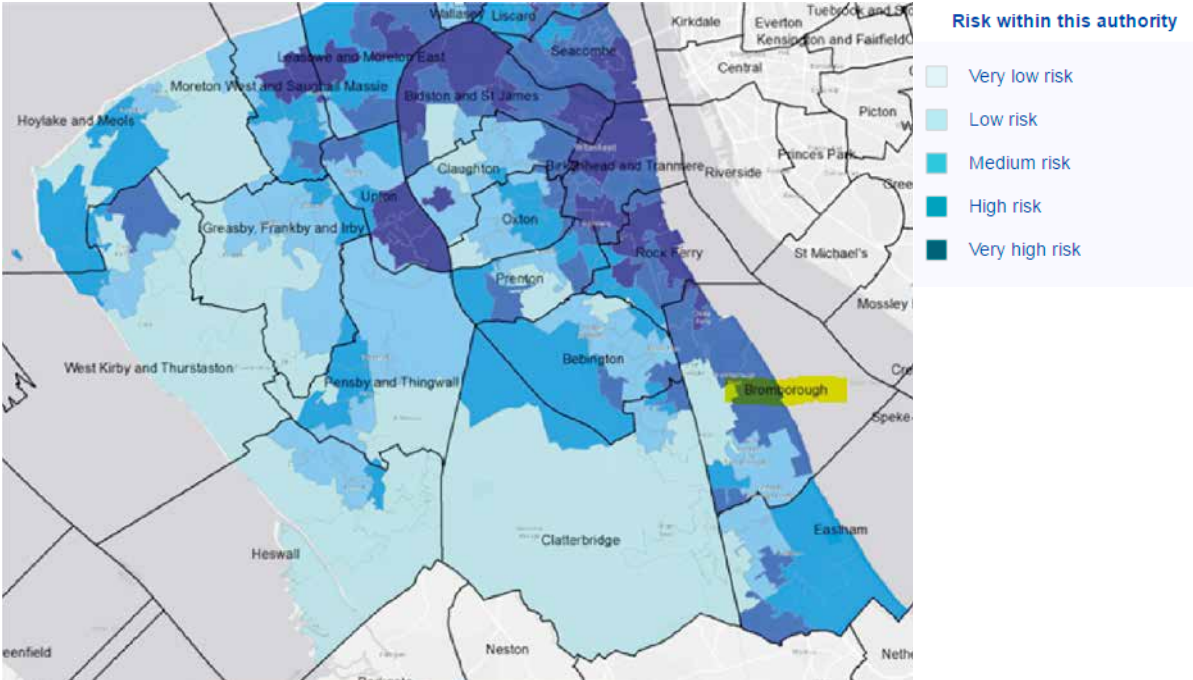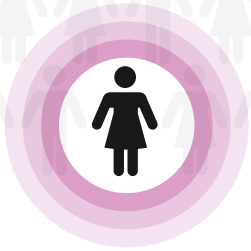
The Friends in Action team, as a consequence of this information, set up a monthly coffee morning which has around 10 to 15 older people regularly attending, and older people attending have made friends and exchanged phone numbers. This coffee morning is soon to be extended into a monthly lunch club. The identification of this gap and provision of service has provided support to help older people build their social network and in turn reduce their sense of loneliness.

A Friends in Action team member said:

> "The loneliness heat map has been very beneficial in identifying the local hotspots and has helped identify an area where Age UK Wirral had no venues or any social hubs for clients to meet and engage with each other. Therefore this has provided a great opportunity to set up a regular meeting place venue in Bromborough every month."

RECOMMENDATION: Review the risk of loneliness within your community using the Age UK loneliness heat map. Overlay your service locations onto the map. Are they located in high risk of loneliness hotspots? Can they be easily reached by older people residing in hotspots? What means of transport exist between hotspots and service locations?

Overlay the map with data showing the location of individual service users (for example, home postcode data). Are those attending your service predominantly from high risk of loneliness hotspot areas? Consider whether it is likely that your service has high penetration rates into high risk areas and what might be done to communicate your service in hotspot locations.

USING THE RISK OF LONELINESS INDEX TO ENGAGE PARTNERS AND DEVELOP COLLABORATIVE STRATEGY

Rotherham is a Metropolitan Borough in South Yorkshire with an industrial heritage. The subject of loneliness in later life has been an area of concern in Rotherham for some time, and Age UK Rotherham has led on the Rotherham Less Lonely Campaign since 2010. The heat map below illustrates that a high risk of loneliness among older people in Rotherham is still a cause for concern.

In recent years, the priority for the Local Authority and other local agencies has focused on issues in relation to children and young people, meaning that keeping the issue of older people experiencing loneliness on the agenda has been particularly challenging.
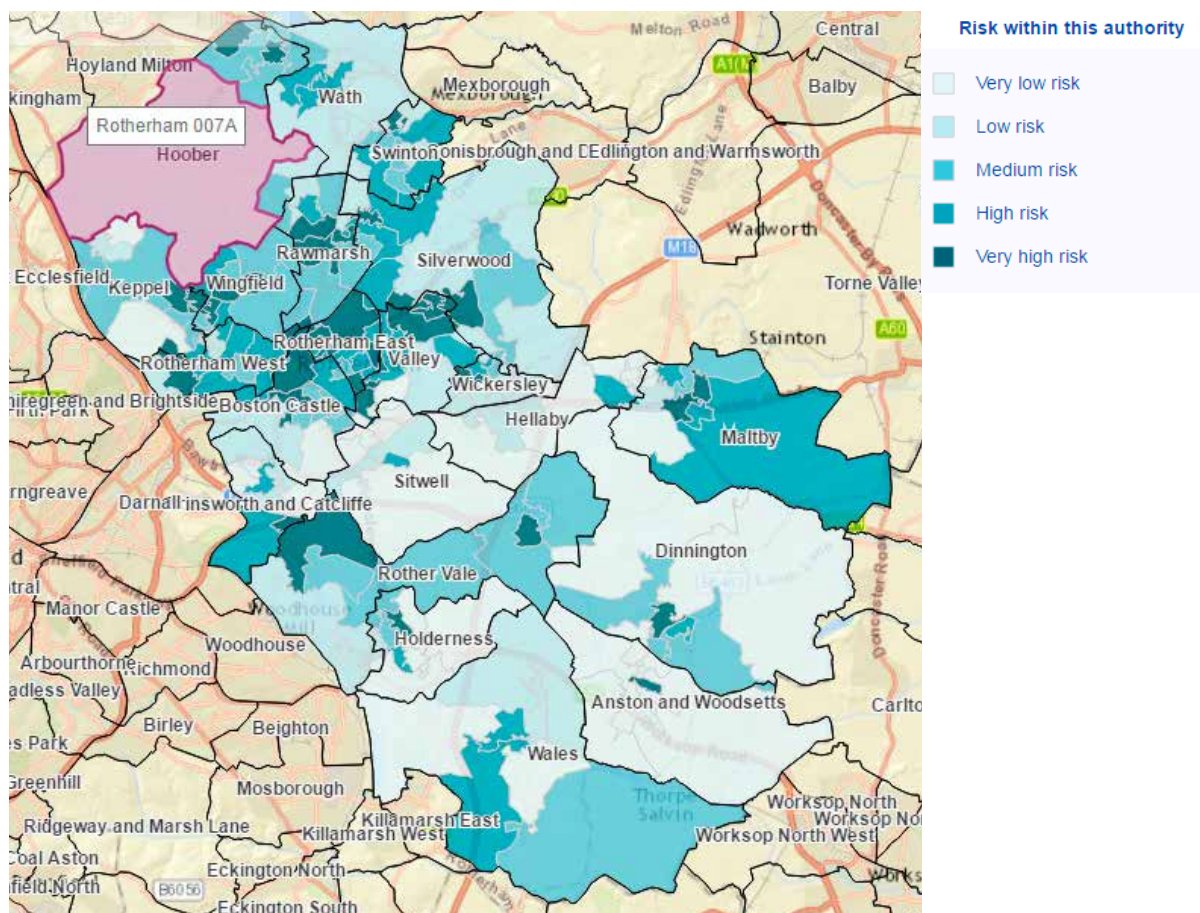
In response, Age UK Rotherham recently led a risk of loneliness workshop with partner organisations from the local community, including the police, fire and rescue service, adult services, public health, ethnic minority representatives, and other voluntary organisations. The presentation of the Age UK loneliness heat map led to interesting and fruitful conversations with local partners. The session was well received by all partners and the heat map helped re-engage them with the issue of loneliness in later life.

As key decision makers were present, some strategic actions were agreed to make sure this issue is highlighted more strongly in the work of the Rotherham Together Partnership, Safer Rotherham Partnership, and the Rotherham Health and Well-Being Board.

Reflecting on the workshop, a local Age UK staff member said:

> *"This type of work is vital in providing us with a robust local evidence base to remind partners that the impacts of loneliness in later life need to be part of their business as well."*

Similarly, an adviser from Age UK said:

> *"It was great to hear how enthusiastic everyone was about our work and how it would actually be used on the ground. They have lots of ideas that we would never have been able to suggest."*

RECOMMENDATION: **Map your local Risk of Loneliness Index data (as described in the previous section of this report). Hold a multi-stakeholder workshop to assess how well current service provision corresponds to the spatial distribution of loneliness among older people across the locality. What gaps exist, and how might partners make the most of their individual and collective capabilities in order to close gaps and identify and engage with a greater proportion of older people experiencing loneliness? Engage your local Age UK office, health and wellbeing board, fire and rescue service, local third sector organisations, housing associations, relevant public services, and key local businesses (for example, local supermarkets and leisure providers) in your local workshop.**

Exeter data in practice

Following the work of the Springboard partnership, as described in the previous section of this report, fire and rescue services are given access to detailed health data on individuals from the Exeter dataset. A number of local services are using the data to prioritise their resources, deliver on the Safe and Well agenda, and forge partnerships with other agencies in their localities. The case study below shows how Kent Fire and Rescue Service have used Exeter data to add to their understanding of their locality and to collaborate with partners in priority neighbourhoods. This is an example of a 'reaching' activity, as categorised by our Loneliness Framework.

APPLYING EXETER DATA AND DEVELOPING PARTNERSHIPS

Kent Fire and Rescue Service began using Exeter data in 2015, having previously experienced data sharing as an ongoing problem that hindered the Service's ability to know and engage with their community to the most effective degree possible. Locally, the Service prioritises home visits for vulnerable people – a shift from the previous strategy of making them available to all households on demand (as resources allowed). Priorities for home visits include those aged 70 years old and over; those with mobility, mental health, physical health or disability issues; those who live alone; and those with children under five years old.

However, a first cut of their Exeter data revealed that they had more than 50,000 people who were a combination of smokers, aged 75+ or with mobility issues. This represented more than two years work to reach these residents with home visits.

By combining Exeter data with Mosaic data (a unique consumer classification based on in-depth demographic data), and with incident data from the Service's own management information system, Kent FRS was able to identify more geographically focused priority areas. Critically, the data analysis was also cross-checked with the knowledge of the local area held by officers on the ground. This helped to check and validate the analysis, understand some of the local dynamics on the ground that increased vulnerability, and further hone the targeting of resources.

The Service established a specialist team to conduct home visits and work holistically with the people they aimed to help, working to alleviate the risk of fire and improve the health and wellbeing of vulnerable local residents.

In a similar timeframe, Medway Health and Wellbeing Board identified reducing social isolation as one of its key priorities in 2014 and developed a strategy to address this. As part of the implementation plan for this strategy in 2015-16, members of the Medway Public Health team met with Kent Fire and Rescue Service officers to discuss the possibility of collaborative working. As a result a new social isolation pilot is about to commence focusing on the priority areas identified in the data analysis. The pilot will include home visits from Kent Fire and Rescue Service staff who will specifically ask about loneliness and take a baseline measurement of the individual's level of loneliness. The Fire and Rescue Service staff undertaking home visits have been trained by Medway Council's Mental Health Promotion Specialist to help make engagement with older people experiencing loneliness as effective as possible.

Stay Connected, a community directory of all formal and informal support available in the local area, has been produced by Medway Council and will be distributed during home visits. Where necessary, Service staff/volunteers will work through this booklet with older people experiencing loneliness and help to identify appropriate sources of support and broker contact with a relevant organisation. Return visits will be scheduled for three months after the initial appointment and the individual's level of loneliness will be re-measured.

Within the target area, door knocks will also be given to all other households on the street in which a vulnerable person has been identified and visited. The rationale for this is that other households in the immediate vicinity may be likely to contain similar residents and similar social dynamics. Being in contact with every house in a focused vicinity also helps to create a common neighbourhood agenda and understanding, and can help to weave a network of social support around a lonely older person.

As the approach is new in the Medway area, the Public Health Team at Medway Council and the Kent Fire and Rescue Service have not to sought to 'fix' the scheme in stone, and instead are adopting a 'design experiment model'. Learnings from the pilot are collected as the scheme goes along, both through the feedback of staff and volunteers delivering the service,and through formal measurement of change. This flexibility is appropriate for pilot initiatives and maximises the opportunities for improving outcomes for older people experiencing loneliness over a short time period.

The shift to a Safe and Well agenda has also highlighted the importance of the Partnership Manager role within the Kent Fire and Rescue Service. While some partners have worked with the Service for some time, dating back to the focus of crime and disorder partnerships, and understand the evolving remit of the Service, other local organisations are yet to realise the public health and community development aspects of the Service's work. This means that the Service takes time to go out and engage with a range of local organisations and raise awareness of their expanded agenda and the capabilities they can bring to the table.

In addition, many local organisations and services have experienced a high turnover of staff in recent times due to financial pressures and structural reorganisations, which can affect the institutional knowledge partners have of the Service. Repeated partner engagement and a variety of communication channels are therefore important in building up awareness of the Service in local organisations' consciousness. Fire and rescue services also provide important local capacity to help identify and engage older people experiencing loneliness, especially in a time that many local services are facing funding pressures and having to find new ways of working and collaborating on social outcomes.

RECOMMENDATION: **Engage with your local fire and rescue service and explore how you can collaborate around loneliness among older people within a broad safe and well agenda. Seek to use Exeter data to guide resource allocation and, where technical capability allows, enrich the power of this dataset by combining it with other forms of data about the local population.**

Community Insight and Connected Communities in practice

The first section of this report described the bottom up, collaborative Connected Communities method. Through the first five year action research programme to test and develop the approach in seven multiply-deprived neighbourhoods across England, a wide range of local initiatives to improve social inclusion and mental wellbeing were developed.[27] They included, for example, a sustainable network of previously isolated single women; action learning groups focused on the wellbeing of local Black and Minority Ethnic residents; a 'Come Dine with Neighbours' scheme run by a local Bangladeshi women's group; a programme of social events for older men; building local car maintenance capacity; a social prescription app (the Social Mirror); community organising teams; and local, sustainable mental wellbeing groups. All initiatives were developed in response to the specific patterns of social inclusion and exclusion found in social network and asset mapping, and the specific local norms, social assets and opportunities in each locality.

The case studies below outline how use of the Community Insight tool can help to identify appropriate neighbourhoods for the Connected Communities approach (and other forms of Asset Based Community Development), which is another type of 'reaching' foundation service as defined by our Loneliness Framework.

SOCIAL NETWORKS AND AGEING IN PLACE

Orbit Housing Association has long recognised the importance of attending to the wellbeing of their tenants, and has become increasingly engaged with the issue of alleviating loneliness as part of this work. Consequently, Orbit has sought to adopt innovative strategies for combating loneliness and improving a sense of belonging and attachment to place for the people in its housing.

Working with the Centre for Citizenship and Community at the University of Central Lancashire, data analysis was undertaken on a range of neighbourhoods in which Orbit has concentrations of housing stock, using the Community Insight tool and internally held data. After discussion, including with other local stakeholders, a neighbourhood within Coventry was chosen as this was an area with few community resources, high indicators of disadvantage, and high indicators of loneliness.

A recruitment campaign was run locally to attract volunteer community researchers, who were then trained in research methods and ethics, and who drew on their local lived experience to help design the survey instrument. The community research team used their local knowledge and understanding to gain access to as many different parts of the community as possible, undertaking surveys door to door, and recruiting participants in waiting and bumping spaces (for example, bus stops, in shopping areas, GP surgeries, and community facilities). The survey also included people who come into the area to work, as they are an important (and sometimes missed) part of the potential asset base available to help reduce loneliness.

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27 See https://www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities/

The survey instrument includes a range of questions that focus on the social relationships and forms of support people experience. The project identifies whether the source of support is local to the area or whether it is being accessed from afar. As a result, the research reveals the types of relationships people have or don't have, what they get or don't get from them, and how they feel about them. In this way, loneliness can be understood as a consequence of the patterns of relationships in a local area. The survey also reveals the perceived barriers that stop people feeling connected to a place and that stop them extending their social networks.

Analysis of the data shows the importance of family relationships and faith communities in the local area, and highlights the potential of small local businesses, interests in food, and intergenerational contact in alleviating loneliness. The range of social assets used by local people can form a valuable community resource directory to share across the community.

The research identifies the most isolated older people participating in the survey and the project seeks to include them, alongside a wide range of other local people, in co-designing solutions to social exclusion and other local issues. Wherever possible, new interventions will be designed and delivered by local people themselves, enabling local relationships to build, thickening the local social network, and increasing frequency and familiarity of contact in the neighbourhood.

In a separate project, Orbit and the Centre for Citizenship and Community are using similar methods to help understand the range of social, physical, health, and economic factors that support older people ageing well in their communities. The project includes neighbourhoods in Stratford and Norwich, as well as in France and China. Understanding the local factors that support ageing helps reduce the risk of loneliness among older people as it enables their support network to be better understood and maintained. It also helps to avoid older people having to move to new locations, bringing with it a risk of fragmenting the social networks which protect against loneliness.

RECOMMENDATION: The Community Insight tool gives rich information about localities and can help point to determinants of loneliness in a given neighbourhood. In areas in which it is important to understand and mobilise local community assets (including local residents), the Connected Communities method can be employed to use local people and knowledge to identify older people experiencing loneliness (and other vulnerable groups) and the sometimes hidden potential in communities that can help to alleviate loneliness.

Community resource directories

Localities have, at least to some degree, a mix of public services, community and voluntary sector organisations, informal groups, and public spaces and amenities. The above examples illustrate the value of creating a community resource directory in order to support a lonely older person to access opportunities that might fit an individual's interests, values, culture, and time. To this end, creating a directory of local assets can be a useful reference tool when addressing loneliness and can facilitate self-help if the directory is made available through home visits (as above), online or distributed in hard copy through GP surgeries and other key gateways in a community. This task can be considered as an 'auxiliary reaching' activity in our Loneliness Framework.

In constructing community directories it is important to know about the organisations and services listed, not just to know of them. Engaging in a new group or activity can be a daunting prospect for a lonely older person: knowing who to contact, what types of people use the service/attend the group, whether there is a waiting list, whether there is a cost, knowing what to expect in engaging and starting for the first time are some of the factors that can guide an older person in deciding whether a service, group, or activity is right for them. Just as people's experience of loneliness is personal to them, so pathways out of loneliness are personalised (albeit with some commonalities). A recent BBC film, The Age of Loneliness, for example, illustrated the breadth of responses to loneliness that included seeking new friends or partners, mindfulness meditation, tea parties, caring for and walking dogs, taking up computer classes, and volunteering.[28]

Many local authorities have online community directories. The London Borough of Brent community directory lists over 800 local community and voluntary sector groups and is searchable by geography, theme, issue, and type of person (for example, gender, ethnicity, and age).[29]

The size and richness of the community and voluntary sector in Brent illustrates the complexity of the task in assembling the necessary data and keeping it up to date. Creating shared, cross-agency community directories has the advantage of sharing intelligence, cost and workload, and creating common understanding, formats and networks.
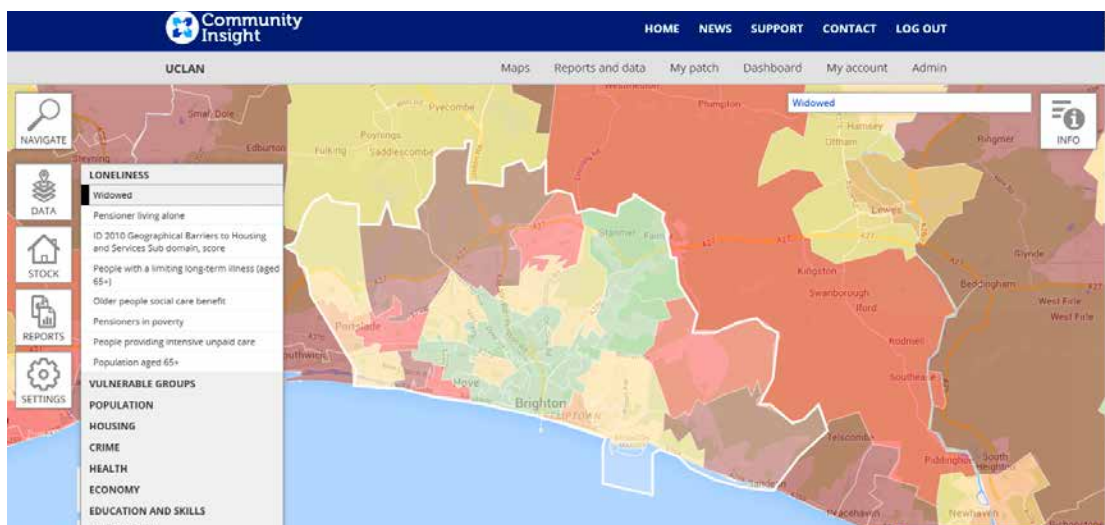
As illustrated in the Connected Communities case study, community asset mapping that harnesses local knowledge can be effective in extending the range and type of known local opportunities, and in keeping costs down by crowdsourcing data.

The OPEN Glasgow Community Map is an online tool for discovering, collecting, and sharing community knowledge.[30] By registering with the site, local people can add assets to the map along with a range of descriptive data; including type of service, details of what is provided and how, opening hours, and contact information.

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28 See http://www.bbc.co.uk/programmes/b06vkhr5

29 See https://www.brent.gov.uk/your-community/community-directory

30 See http://open.glasgow.gov.uk/community/

RECOMMENDATION: **Work with partners to create a community resource directory that details a range of appropriate services and support for older people experiencing loneliness. Consider producing this in a range of electronic and hard copy formats and distribute widely, including to staff and volunteers who may come into contact with older people experiencing loneliness. The process of constructing the directory may in itself raise awareness of the issue of loneliness, and also help to identify new organisations and groups that come into contact with older people experiencing loneliness.**

Other examples of foundation services

As indicated in our Loneliness Framework, activities and services that contribute in different ways to alleviating loneliness among older people are often multidimensional and sit across different categories of service. Below, several short examples of such services are given, emphasising the foundation service aspect to them in each case.

The examples given are by no means exhaustive. There are many other examples of similar foundation services and of other types of foundation services such as community navigators, 'home from hospital' schemes, and initiatives that work with local businesses. While the case studies below reflect some important aspects of how foundation services can identify older people experiencing loneliness, more are available on our website.[31]

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31 See http://campaigntoendloneliness.org/guidance/foundation-services/ for further case studies of foundation services

SOCIAL PRESCRIBING

As health professionals are often some of the few people who have regular contact with individual older people, social prescribing schemes can be effective 'reaching' foundation services that can help to identify loneliness. These are mechanisms through which primary care services refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary/community sector.

The Rotherham Social Prescribing scheme, for example, is funded by NHS Rotherham CCG and employs a dedicated social prescribing service project team.[32] GPs identify eligible patients by asking them about depressive symptoms, their social network and lifestyle and refer them (mainly older people with one or more long-term conditions) to the scheme for a home visit so as to better understand their specific needs, capabilities and interests and connect them with appropriate community based services.

Critically, in order to offer accessible, appropriate and personalised prescriptions, a range of local third sector organisations are contracted, including the local Age UK, Alzheimer's Society and Sense.

Sense, for example, provides arts and wellbeing opportunities (pictured below) for people with sensory impairments, to allow them to experience companionship, peer-to-peer support and develop new skills which enable self-expression through art.

Activities provided through social prescriptions are time-limited, in order to foster independence and to allow space to be freed up in the local system for others in need. Some of the group projects delivered by Sense and seeded through the social prescribing scheme have since become self-funded by the participants.

A review of the evidence on the effectiveness of social prescribing schemes found that they can be effective in reducing social isolation and loneliness, with participants experiencing increases in their psychological wellbeing.[33] A further study with a small number of people with sensory impairments who had engaged in a social prescribing service that offered integrated services, art-based activities and voluntary sector support, indicated that participatory arts programmes can help alleviate loneliness amongst older people with sensory impairments, build self-confidence and new friendships, and increase mental wellbeing.[34]

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32 See http://campaigntoendloneliness.org/guidance/case-study/social-prescribing-scheme/ for more information on the impact and structure of this scheme.

33 Thomson, L.J., Camic, P.M., and Chatterjee, H.J. (2015). *Social Prescribing: A review of community referral schemes*. London: University College London

34 Vogelpoel, N. and Jarrold, K. (2014) *Social prescription and the role of participatory arts programmes for older people with sensory impairments. Journal of Integrated Care,* **22(2)**: 39-50

The Sense Social Prescribing Project in action

© Sense

> **RECOMMENDATION:** Work with local GP surgeries to establish social prescribing schemes that specifically address loneliness among older people.

BEREAVEMENT

Bereavement, and any associated trauma and life transition that follows, can be a catalyst for an older person to experience chronic loneliness. Identifying and engaging people who have been bereaved is therefore an important aspect of 'reaching' and 'understanding' foundation services in any locality. In recognising this, the Sefton Partnership for Older Citizens prepared a local community directory of relevant support networks and activities, which is then shared with their local registrar department. In turn, this is handed out to bereaved family members when a death is registered. Similarly, such directories of support should be made available to local GP surgeries and hospices, to complement the variety of support services they can offer directly.

Community directories should include both mechanisms of support to specifically help people with their grief, as well as activities that enable social connection. While there are many theories and models of grief, the Dual Process Model identifies two types of stressors: loss oriented tasks/stressors refer to working through the emotional aspects of grief; while restoration oriented tasks/stressors refer to attending to life changes, doing new things and developing new roles and relationships. Adaptive coping takes in both tasks, oscillating between the two in order to find temporary respite from one. Commissioners and service providers should ensure adequate support and capacity for both sets of tasks to help bereaved older people adapt to their changed life circumstances in as healthy a way as possible.

> **RECOMMENDATION:** Work with registrar departments, hospices, and GP surgeries to ensure recently bereaved older people are given information about local opportunities for social contact.

MAKE SENSE

As described above, those with sensory impairments can be more likely to experience loneliness and social isolation. In partnership with Sense, Age UK Islington is piloting a 'supporting' foundation service to recruit and train volunteers to work with clients with sensory impairments on a one-to-one basis over 12 weeks to explore how they would like to (re-)connect with activities in their local community and to help make that happen.[36] Fostering confidence and familiarity with using Dial-A-Ride and public transport is recognised as a key need and desire for clients helped by this scheme. The initiative illustrates how to build the capacity of people to access mainstream transport provision (and other services), as well as being concerned with creating new provision.

> **RECOMMENDATION:** **Ensure older people with sensory impairments are supported into accessing mainstream and specific services and support.**

COPRODUCING COMMUNITY

The Castlehaven Community Association (CCA), in the London Borough of Camden, recognises the importance of coproduction as one of the means of tackling loneliness effectively in the local area. The Association is a membership organisation, with some 300 local members as well as additional informal users. This creates a strong sense of belonging and stake in the wellbeing and effectiveness of the organisation, its membership, and its wider community. CCA recognises the great potential of its members in helping to identify and engage older people experiencing loneliness (or those at risk of becoming lonely) and drawing them into the inclusive network and activities of the CCA. It asks members to look after each other's wellbeing and to help recruit other local older people, who may be experiencing loneliness (for example, male members recruiting and welcoming isolated local men).[37] In this way it acts as a 'reaching' and 'supporting' foundation service.

> **RECOMMENDATION:** **Work through older people who are already engaged in your service/ activities to identify and engage other older people who may be experiencing loneliness or who are at risk of becoming lonely.**

35 Stroebe, M., & Schut, H. (1999) The dual process model of coping with bereavement: Rationale and description, *Death Studies,* **23(3)**: 197-224

36 See http://www.ageuk.org.uk/islington/volunteering/volunteering-opportunities/

37 A similar learning point is seen from a current international study – ODESSA – on supporting ageing-in-place that uses the Connected Communities method. The Chinese site involved in the study, Ningbo, matches 'young old' volunteers to support 'older old' people in their community in ageing well in their homes and neighbourhood. See http://www.uclan.ac.uk/research/explore/projects/odessa.php for details of the study.
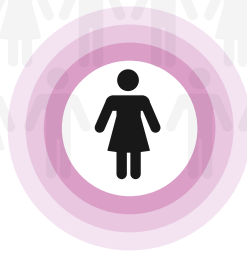
TECHNOLOGY

Social media, smartphones and tablets, health informatics, the internet of things, and other forms of technology can all serve to increase loneliness and social disconnection for those unaccustomed to using them. The Castlehaven Community Association (CCA) recognises the usefulness of technology as a means of addressing loneliness, as well as the nervousness many can feel around unfamiliar software and hardware. In response, CCA have run 'tea and tech' sessions. 'Traditional' means of engagement (tea and cake) are put alongside engaging technology. Older people are invited to bring in their kit and are taught to use them by young adults working in local businesses and local secondary school students.

The process of enabling older people to use technology to help alleviate their loneliness is also beneficial in creating inter-generational contact, and, in the case of secondary school students, older people have participated as research subjects for oral history coursework assignments, adding depth to contact between older and younger people as well as a sense of reciprocal expertise and usefulness. The 'tea and tech' sessions can be seen as a 'supporting' form of foundation service.

The expansion of health informatics and the internet of things provides new possibilities for commissioners and service providers, as well as individuals, to help identify social isolation and loneliness and provide cost-effective means of addressing risk and loneliness.

The Howz App,[38] for example, monitors everyday electrical devices around the home to build an understanding of what constitutes 'normal' use of various products (for example, kettles) and can record how often an older person leaves the house or opens the front door to receive visitors. Sensors around the home also monitor heat, light and movement and can build a picture of regular activity within a given household. Analysis of data from a household is available through a smartphone app and if the technology detects abnormalities in usage, such as a lack of visitors to the home or an extended period of staying in the home, people in a pre-designated support network can be alerted with suggestions about action to take.

RECOMMENDATION: Ensure older people can use the internet and social media in order to help stay connected to their family, friends, and local community. For older people experiencing loneliness with health and/or mobility issues, explore how smart home devices can help identify periods of isolation and potential loneliness.

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38 See http://howz.com

LIBRARIES

Not all foundation service are principally defined according to a specific driver of loneliness (such as bereavement or a health issue). Libraries are a key hub in many communities and often familiar and important resources for older people, particularly in areas that have seen the loss of other facilities such as day centres, neighbourhood pubs, and local churches or other faith based establishments.

The conventional model of a library is one in which people from the community visit a fixed location in order to access books, other materials and services. This model, however, has limitations for those older people who are housebound, vulnerable, and experiencing loneliness. Those working in libraries have become increasingly aware of older people experiencing loneliness. While mobile libraries have been in operation in various areas for some years, Hackney Community Library Service, for example, has responded by establishing a Telephone Reading Group in partnership with RSVP (Retired and Senior Volunteer Programme). This allows housebound people to participate in a traditional book club that would otherwise be unreachable.[39] The reading group runs on a conference call basis with up to eight participants in each group. The service has demonstrated an impact in reducing loneliness among participating older people, both through the direct experience of participating and feeling a sense of belonging through friendships that have developed as a result.

Promotion of the service through a variety of local and national channels has been key to extending its reach to older people experiencing loneliness. This has included making a short film, promoting the service through local adult social care networks and communications, and working local and national press. As a result, key stakeholders, such as local councillors, have championed the scheme, furthering its profile and therefore reach. The scheme is an example of a foundation service that blends 'reaching' and 'supporting', by inviting older people experiencing loneliness to both engage and in and help provide a service that takes their needs into account and connects them to others with common interests.

Communication

A key theme apparent across all case studies, and which emerged in all interviews undertaken as part of this project, was how to communicate initiatives to their target audience. Across our conversations, opinions and approaches were divided into asset and deficit based approaches, and general and specific messaging.

One stakeholder with long-standing expertise on social marketing and communicating with older people drew a contrast with communicating with young people, which generally employs a higher degree of segmentation and sophistication. They described many attempts to engage older people as:

> *"Shockingly stereotypical: it is all caravans and cardigans."*

A study exploring the 'language of old age' found that the negative terms and attitudes around older people are damaging to older people themselves, as well as to wider society.[40]

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39 See http://readinggroups.org/your-stories/meet-hackney-libraries-telephone-reading-group

40 Lindley, E. and Broome, S. (2013) *Sex, skydiving and tattoos: The end of retirement and the dawn of a new old age?* London: Hanover Housing

The director of a community based mental wellbeing intervention avoided using 'pathologising terms' in communicating their programme to older people experiencing loneliness and focused on the benefits of social connectedness, learning new skills, and supporting other people. Visual communications such as flyers and posters were vibrant, colourful and fun. The programme invested significant time, money and effort in its communication, experimenting with different language, emphasis of message, visual design, and type and placement of communication (for example, local newspapers, flyers, and posters in different locations) and tested what level of response was received from different types of people. Throughout this process, marketing and communication of the programme was tailored to suit specific target groups:

"Invest in a good copywriter: unless you have good communication, you have nothing."

Other people interviewed in this project communicate more overtly and directly on loneliness. Several workers in libraries and community centres had noticed an increase in the number of older people self-identifying as lonely and engaging with their problem directly, and so supported direct messaging on flyers, newsletters and posters that asked people if they were lonely, with invitations to activities and events and contact with workers and volunteers. This may reflect a gradual shift in social norms and stigma around engaging with the concept of loneliness (and of mental health issues more broadly).

Most interviewees and case studies explored in this project emphasised the use of word of mouth, and often directly encouraged and asked older people already engaged in activities to recruit others in their neighbourhood who they felt might be lonely and would benefit from participating.

For all relevant services and activities, particular thought should be given to how to engage those with some form of sensory loss. According to Sense, there are some 250,000 older people with dual sensory loss, which is projected to double by 2030, who are more likely to be lonely and socially isolated. In making programmes accessible to older people with sensory loss, multiple channels of communication should be used as some will be inaccessible to people with certain impairments.

For all interventions aimed at engaging and working with older people experiencing loneliness, using trusted messengers and interfaces (such as GP surgeries and fire and rescue service officers) can increase take up. Building local political support for specific schemes and to champion work to reduce loneliness in older age was also described as an effective strategy in raising awareness of loneliness and fostering effective responses.

RECOMMENDATION: **Consider whether your communication (content and visuals) and channels are appropriate to your target audience. Ensure good copywriting. Test different types of messages, visuals formats and channels with your target audience and evaluate which means of communication prove most effective. Consider whether directly approaching your target audience about loneliness is more or less effective than emphasising the benefits of engaging in a service.**

The final section of the report provides guidance and ideas on how to prepare for and hold a conversation about loneliness.

TALKING ABOUT LONELINESS

This section addresses the question of how to speak with an older person experiencing loneliness or who is at risk of becoming lonely. It is primarily aimed at those who work or who are active in some way on the front line of loneliness: the many and varied staff, volunteers and citizens who might come into contact with a lonely older person.

However, this section may also be helpful to both commissioners of services, and those responsible for designing, delivering and evaluating services. Commissioners and service providers should try to enable constructive conversations with older people experiencing loneliness and seek to support the ideas in this chapter through the strategies and services they produce and deploy. Ultimately, the purpose of commissioners and service providers is to create the opportunities and conditions for constructive engagement with older people that facilitates change and alleviates risk.

It is also important to note that there is *no single best way* of having a conversation about loneliness. Loneliness lives in many different contexts: those experiencing it have differing internal and external resources to call upon; while those engaging with older people experiencing loneliness have different types of knowledge, experience, capabilities and support to mobilise, institutional remits and obligations, and time.

Consequently, the foundations of this chapter concentrate on preparation and relating, rather than specifically what to say or do, which will vary with the individuals concerned. The outlines and ideas in this section should help to shape your own approach to talking about loneliness in your own context, rather than dictating it.

Summary of main points

- Prepare the ground: know what loneliness is and how it manifests for older people.

- Foundations for a conversation: use the skills and qualities of empathy, openness, warmth and respect to facilitate a conversation about loneliness and the psychological distress it causes.

- Problem-solving conversations: structure and facilitate dialogue to help people identify and plan their own solutions.

- Resourcing: identify and promote the internal capabilities of a person, and encourage the use of groups and other external resources that suit the person and what they want to achieve or experience. Create community directories and use social media and technology to facilitate this.

- Attend to yourself and your own organisation: explore your own views about loneliness and help your organisation to own and lead on the problem of loneliness.

Preparing the ground

Having identified an older person who is lonely, or who is at risk of becoming lonely, how do you talk to them about what they're feeling, and about what they might do about it? At one end of the spectrum, it may be that a person recognises themselves as being lonely and is actively seeking to make changes in their life to address their loneliness; at the other end, it may be that their loneliness is unacknowledged and that they are experiencing multiple, perhaps long-standing factors that contribute to their loneliness.

In any case, it is important and helpful to prepare yourself ahead of having a conversation about loneliness.

WHAT IS LONELINESS?

In working with people who are lonely, or who are at risk of becoming lonely, it is helpful to know what loneliness is, why it occurs, and how it manifests. Our *Hidden Citizens* report describes loneliness as:[41]

> "a negative experience that involves painful feelings of not belonging and disconnectedness from others. It occurs when there is a discrepancy between the quantity and quality of social relationships that we want, and those that we have. Thus, loneliness is a subjective psychological perception."

41 Goodman, A., Adams, A., and Swift, H.J. (2015) *Hidden citizens: How can we identify the most lonely older adults?* London: The Campaign to End Loneliness. Available at http://www.campaigntoendloneliness.org/hidden-citizens/

So talking about and alleviating loneliness is likely to involve understanding the individual's own experience, understanding their social world and facilitating or enabling some form of social solution. It might involve discussing something that the person finds, at least to some degree and in some way, psychologically distressing. It is important to hold these dimensions in mind when preparing your conversation.

WHY DOES LONELINESS OCCUR?

Our *Hidden Citizens* research also identified a number of pathways into loneliness, which separate into internal and external factors.

Internal factors reflect the importance of understanding the person:

- their socio-economic characteristics
- values
- beliefs
- personality
- resilience
- self-esteem and confidence (or lack thereof)
- the way they understand and relate to themselves and others

External factors reflect the importance of understanding the person in context:

- what does their social world look like to them, and how is it experienced?
- Does the person have supportive relationships with family and friends?
- Are there local formal or informal social groups to which the person belongs or could belong?
- Are there factors that prevent social connection, such as a lack of transport?
- Has the person experienced a recent significant change in their life (this might include bereavement, moving house, retiring, physical ill health, stopping driving, and so on)?

In talking about loneliness, it is important to map out and understand the internal and external factors that might be contributing to loneliness, and to understand the ways they might interact.

While these factors are important to understand as triggers for loneliness, it is also helpful to understand why loneliness occurs. Why do we feel loneliness at all and what is its purpose?

Professor John Cacioppo, a social neuroscientist, argues that loneliness evolved as an aversive biological signal aimed at promoting vigilance with regards to our wellbeing and survival. Just as hunger is an aversive biological signal telling us to nourish and protect our body, so loneliness is a signal that tells us to attend to our social connectedness. As our brains are hard-wired in such a way that make us 'social creatures', attending to loneliness is important for our long-term survival. Various research has shown that many people view and experience loneliness as stigmatising, making it hard to identify people who are lonely and to talk about loneliness with people who are experiencing it.[42] As Cacioppo says:

> *"With the myth of rugged individualism, we think of loneliness as some kind of mental defect or weakness, rather than as an inherent trait like hunger, thirst or pain."*[43]

Experiencing chronic loneliness can also raise our stress levels and, perhaps counter-intuitively, make us more likely to perceive social interaction as threatening rather than supportive. Those experiencing loneliness can therefore sometimes appear hyper-vigilant, defensive, and difficult to connect to. Part of the task in talking with a chronically lonely older person is to understand this process and engage in a non-judgemental manner.

The point of describing this perspective on loneliness is to help normalise, validate and de-stigmatise what a lonely person is experiencing. Feeling lonely means our biological systems are doing what they are supposed to be doing; they are telling us that there is something we need to change about our social world and the way we are interacting with it. It is normal to feel lonely but we need to listen to and act on the signal.

RECOMMENDATION: Before you engage a lonely older person in conversation, know what loneliness is, what it means, how it is experienced, and what its purpose is.

Foundations for a conversation

Our *Hidden Citizens* report identified a wide range of risk factors that increase the likelihood of someone experiencing loneliness. These included living in rural environments with poor transport connections, having a lack of family nearby, having a caring responsibility, living on a low income, bereavement, poor mobility, losing hearing and/or sight, and having certain long-term conditions (such as dementia), as well as a range of other possible characteristics, situations, or experiences. Sometimes, a person experiences multiple risk factors simultaneously.

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42 Lau, S. and Gruen, G. (1992) The Social Stigma of Loneliness: Effect of Target Person's and Perceiver's Sex. *Personality and Social Psychology Bulletin.* **18(2)**: 182-189

43 Cacioppo, J. (2010) *Connected Minds: Loneliness, Social Brains and the Need for Community.* London: RSA. Available at: https://www.youtube.com/watch?v=iu6RM_Ib30A

There are many different types and models of helping in many different settings. There are more than 400 types of psychological therapies alone that aim to alleviate mental distress in some form or other.[44] It is well beyond the scope of this report to evaluate the effectiveness of different approaches to helping older people experiencing loneliness in different contexts but it may be helpful for front line workers to reflect on their own approach to helping and to incorporate some fundamental common principles.

These are aimed at deepening and improving communication and providing the conditions in which loneliness can be addressed. While some front line workers have specialist knowledge and experience of working with some particular issues, no-one is an expert on all things. And while many older lonely people may have life events and circumstances in common, their experience of those events and their ability to cope with them will vary from one person to the next. It is therefore important to understand the individual person in their particular context by focusing on relating to the person in question.

American psychologist Carl Rogers argued that a key reason why people experience loneliness is:

> *"the lack of any relationship in which we communicate our real experiencing, and hence our real self, to another. When there is no relationship in which we are able to communicate both aspects of our divided self, our conscious façade and our deeper level of experiencing, then we feel the loneliness of not being in real touch with any other human being."*[45]

Establishing genuine contact with a lonely older person invites the possibility of acknowledging and addressing loneliness. In developing his person-centred approach, Rogers put forward six conditions that, if present, will facilitate positive change. These are paraphrased and explained below:[46]

CORE CONDITIONS

1. Two people are in psychological contact.

2. The person receiving help is in some way vulnerable or anxious (incongruent).

3. The person giving help is congruent in their relationship.

4. The helper experiences unconditional positive regard for the person they are helping.

5. The helper experiences an empathic understanding of the person they are helping and tries to communicate this in some way to the person they are helping.

6. The helper manages to communicate their unconditional positive regard and empathic understanding to the person they are helping at least to a minimal degree.

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44 Cooper, M. (2015) *Existential Psychotherapy and Counselling – Contributions to a Pluralistic Practice.* London: Sage

45 Rogers, C. (1980) A Way of Being. Boston Massachusetts: Houghton Mifflin

46 Rogers, C. (1957) The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology,* **21**: 95-103

While these conditions speak to a psychotherapy or counselling context, Rogers suggested that these qualities foster positive change in all relationships, institutional environments, and learning processes. Many people working in a wide range of helping professions integrate Rogers' 'core conditions' into the foundations of their work. So in talking about loneliness, consider:

EMPATHY

Generate a deep, accurate understanding of what loneliness means to the individual and how they experience it; what is it like to inhabit their internal frame of reference and world of feelings, attitudes, experiences and behaviours?

> *"The organisation challenges ageism. Don't make assumptions about me – I don't like bingo and I don't do it here, thank God!"*
>
> Older People Focus Group Participant

> *"Don't make assumptions about what older people can do and want to do. Ice-skating and tenpin bowling with older people and young people have been our most popular activities. Bingo has been among the least successful – and it is effectively played in isolation. We try and remove limits and expectations about roles and interests. Older people just need the opportunity and some support and encouragement to try new things."*
>
> Stakeholder interview

CONGRUENCE

This is about being genuine, honest, or 'real'. In this context, it also means noticing what you are experiencing in trying to help someone and sharing this with them, if it is in their best interests to do so.

> *"You have to be honest with yourself to work here, to work genuinely with older people and like what you do. And you have to be honest with older people, don't be afraid to challenge or speak to them in the same way you would anyone else, always gently and with respect of course but be consistent."*
>
> Stakeholder interview

UNCONDITIONAL POSITIVE REGARD

Warm, non-judgemental acceptance of the other person as whatever they are in that given moment during your helping relationship with them. Understand that confronting painful feelings and changing their behaviour in some way can be a big step and a daunting challenge.

> *"If you're having a conversation with a lonely person, let them talk. Find out about them, be interested, just accept them for who they are. My daughter asks me why people are nice to me. I say to her it's because I'm nice to them."*

Older People Focus Group Participant

Collectively, these qualities can help a person to feel safe, understood and confident; to accept and trust themselves and realise their innate resourcefulness to cope and grow; and to be open and genuine with themselves and other people. The case study below illustrates how basic active listening and counselling skills can be taught and used to help people support each other in engaging and addressing loneliness, as well as other forms of psychological distress.

TALK FOR HEALTH

Talk for Health is a social enterprise and programme that brings together a group of up to 12 people and teaches them how to understand and talk about their own experience and feelings; how to listen effectively and respond emphatically to others; and how to set up an ongoing Talk for Health group for sustainable connection and wellbeing.[47] The programme has been evaluated and found to significantly improve wellbeing in individual, intrapersonal, and social outcome domains.

The programme is based around empathetic, respectful and congruent communication. In order to have a meaningful conversation about loneliness, all participants are encouraged and helped to 'unmask' themselves. People often compare their internal selves with others' external selves. By acknowledging loneliness and vulnerability, feelings become validated and normalised.

In some cases, people experiencing loneliness will need help in developing relationship skills. For example, an individual may be low in confidence, or egotistical, hyper-vigilant or aggressive in some way without meaning to be. The fostering of these skills in a safe group helps to build the capacity in an individual to connect with others and alleviate loneliness.

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47 See http://www.talkforhealth.co.uk/programmes/

The group setting and dynamic is an important aspect of how Talk for Health works. In a review of interventions aimed at preventing social isolation and loneliness among older people[48], it was found that 9 out of 10 effective interventions were group based and with an educational or specific support input (for example, a bereavement group). Conversely, 6 out of 8 ineffective interventions focused on providing one to one social support (such as telephoning older people experiencing loneliness) or one off health assessments. This would seem to indicate that for front line workers, one to one support may be best used to facilitate connecting older people experiencing loneliness to groups, rather than seeking to treat or alleviate loneliness itself.

There are, however, important counterexamples. The Silver Line is a free confidential helpline providing information, friendship and advice to older people that is open 24 hours a day.[49] From November 2013 to May 2016, it has taken over 880,000 calls and has reached some of the most lonely older people. The service offers a safe and flexible way for older people to self-identify as lonely and, as an important first step, make contact with a key hub.

Picking up the importance of brokerage, the Silver Line Connects service helps older people experiencing loneliness to access local services. It also runs Silver Circles, which facilitates group conversations for people with interests in common. So what are some of the ways front line workers can build the resources of older people to help tackle their loneliness?

COMMUNICATION PROCESS

Implicit in empathic communication is the importance of paying attention to tone. The use of an infantilising voice is more often than not experienced as disrespectful and humiliating and can bring about a self-fulfilling prophecy: older people come to believe they are no longer independent, contributing members of society and assume a passive, dependent role which can reinforce a sense of loneliness.[50]

Similarly, "over-accommodation", in which speakers adopt overly polite, simplified, slower and louder verbal communication, is often experienced as patronising and can have the effect of "instantly ageing" older people spoken to in this way.[51] Infantilisation and over-accommodation are to be avoided when speaking with older people.

> **RECOMMENDATION:** Base your approach to engaging in dialogue about loneliness with an older person on the core conditions: communicate empathy, genuineness and regard for the person you are talking with. Do not speak in ways that infantilise or patronise the other person.

48 Cattan, M., White, M., Bond, J. and Learmouth, A. (2005) 'Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions'. *Ageing and Society,* **25(1)**: 41–67

49 See http://www.thesilverline.org.uk/

50 Arluke, A. and Levin, J. (1984) Another stereotype: Old age as a second childhood, *Aging*, **346**: 7-11

51 Giles, H., Fox, S. and Smith, E. (1994) Patronizing the elderly: Intergenerational evaluations, *Research on Language and Social Interaction,* **26(2)**: 129-149

A framework for a conversation

As well as developing knowledge about loneliness, preparing yourself, and knowing how to communicate in a way that can foster open, productive dialogue, it can be helpful to hold in mind a structure for how to have a conversation with a lonely older person. One such possible structure is Gerard Egan's 'skilled helper' model and, while there are many ways to shape and organise problem-solving engagement, this model has been used and integrated into many different professional domains.[52] An outline of the stages and steps within the model is given below. Working to this approach, plans are revisited and adjusted as new perspectives and possibilities become apparent in dialogue and through the process of addressing loneliness itself.

However, it is important to note that this is a structure for a problem-solving approach that would likely involve a series of conversations over time (although it may be possible to use the model in one sitting). Often, front line workers can feel responsible for solving someone's problems and reducing the loneliness they experience. Whether this is possible depends on multiple factors: the remit, experience, skills, knowledge, network of the helper and the time available to them; the internal and external resources of the older person; and the relationship between the helper and person being helped. Put another way, the solution to a person's loneliness cannot be 'delivered'. It requires coproduction between the individual and their network of family, friends, helpers, neighbours, and others in their wider communities of place and interest from which they have become isolated or distant. But in any conversation, a person can feel in contact with another human being, be heard, empathised with, and respected. In listening and recognising another human being you are helping to alleviate loneliness.

STAGE 1 What is happening? (Exploring)	**Step 1:** Facilitate the person to tell their story, to review their loneliness and what is happening now
	Step 2: What is it the person is not seeing? Are there aspects of the problem that are not acknowledged, are there opportunities that are unidentified or unused?
	Step 3: There may be multiple dimensions to a person's loneliness (multiple aspects of the problem), and multiple opportunities to address them. Help the person to identify the 'right' part of the problem, and the right opportunities – what is it that will make a difference to them?
STAGE 2 What solutions are there? (Scoping solutions)	**Step 1:** Help the person imagine a different future and feel hopeful about change. How would they like things to be? What would they be doing differently, and how would they feel about it? Are there people who model what they would like to be doing/how they would like to be?
	Step 2: Help the person select realistic goals that fit the problems and opportunities identified in Stage 1. The goals should be the individual's (not the helper's)
	Step 3: Help the person identify the incentives in tackling their loneliness: what benefits will accrue for the person? Are there factors that make change necessary?

52 Egan, G. (2002) The Skilled Helper –A Problem-Management and Opportunity-Development Approach to Helping (Seventh Edition). Pacific Grove, CA: Brooks/Cole

STAGE 3 **What do I do? (Action)**	**Step 1:** Help the person imagine a different future and feel hopeful about change. How would they like things to be? What would they be doing differently, and how would they feel about it? Are there people who model what they would like to be doing/how they would like to be?
	Step 2: Help the person select realistic goals that fit the problems and opportunities identified in Stage 1. The goals should be the individual's (not the helper's)
	Step 3: Help the person to construct a plan that maps out where the person wants to get to

A more directive approach aimed at changing behaviour, particularly if a person is experiencing ambivalence about addressing their loneliness, is motivational interviewing. This approach builds on Rogers' humanistic view that people have an innate desire for positive change and that choice and responsibility for change lie with the individual concerned. Motivational interviewing facilitates rather than imposes goals and change, and is directive in the sense that the helper directs an individual to focus on and resolve their ambivalence. Direct persuasion, reasoning or argument is not seen as an effective approach to dialogue, and can increase resistance in the person being helped or push people into changes that they do not feel ready for.[53] In using motivational interviewing, a helper facilitates exploration of both sides of a person's ambivalence.

Older people identified several relevant examples in a focus group undertaken as part of our *Missing Million* project. One example is paraphrased as:

> *If I join a group I might feel less lonely, less depressed and feel better about myself; but I feel safe being alone and I fear being not liked, which would make me feel more depressed and like I have nothing to contribute.*

In exploring both sides, the helper selectively seeks to reinforce the older person's self-motivation and intention to change. A 'brief motivational interviewing' approach has been developed for use in short, single sessions. The following case study illustrates how motivational interviewing is used as a catalyst for supported change.

53 Rollnick, S., and Miller, W. (1995) What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23: 325-334

LIVING WELL

The Living Well programme aims to support frail or vulnerable older people to live the lives they want, to the best of their abilities.[54] It works by listening to an individual's story; connecting them with public service and community/voluntary sector based support and sources of information as required; and, critically, puts the needs of the individual before that of the organisation.

Engagement with the programme begins with a guided conversation between the individual and an Age UK coordinator trained in motivational interviewing. In this collaborative dialogue, the individual is helped to identify their goal(s) and based on this a support plan is developed. Volunteers provide continued support in building the person's relationships and social capital. In becoming more connected to their community, beneficiaries of the programme can experience improved physical activity, social contact, health and wellbeing.

Support and social contact is often simple and straightforward: enabling someone to go for walks, or supporting them with day to day tasks. However, the innovation and change-making potential of the approach is in the use of motivational interviewing as the starting point for change, and the network of resources and local know how that is mobilised as a result.

> **RECOMMENDATION:** Develop a framework within which to talk about loneliness with an older person. Hold the framework loosely, Be guided by it but allow the person to go at their own pace in moving towards their goals (with gentle encouragement or challenge), rather than rushing them through the stage in your framework.

Resourcing

The above begin to show some of the ways of resourcing an older person in coping and responding to loneliness. This includes using conversation to notice, identify, encourage and strengthen a person's internal resources (including their hope, motivation, preferences, values, learning about themselves and their situation) and external resources (family and friends, connections to social groups, services, leisure and hobby activities, volunteering and so on). Helping a person identify and achieve small, realistic goals in the first stages of working to reduce their loneliness can be an effective way to increase their internal resources and begin to access external resources.

In talking about loneliness and helping the person move towards feeling connected to their local neighbourhood, being familiar with a range of local services and support can be useful. The previous section of this report recommended that local community resource directories be prepared. As in the case of Kent Fire and Rescue Service officers and volunteers, talking together to identify possible sources of support or social activity can help the person choose the best available option for them.

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54 See https://www.kernowccg.nhs.uk/about-us/pioneer for more information and http://knowledgebucket.org for project documents and toolkits

Technology

Social media can have a productive and powerful role in assisting an older person in feeling less lonely, particularly when it is used to augment and facilitate 'real world' social contact and interaction (rather than replace it), to maintain networks of care and support, and to facilitate participation in communities of interest and place that would otherwise not be possible.

One such technology is Rally Round, which is provided by Health2Works and supported and made available through local authorities, NHS Trusts, third sector organisations, and housing associations.[55] The online platform enables family members, friends and carers to create and organise a network of support for a frail or older person, allowing tasks, contact and activities to be shared and seen by the whole network.

For some older people, using social media will be an unfamiliar experience and something that serves to increase rather than decrease a sense of loneliness. A similar process can also be experienced for older people suffering a sensory loss who may be unfamiliar with the specific technologies aimed at helping them adapt to their impairment. Conversations about the use and level of comfort around technology may be helpful in knowing whether an older person needs support in developing the technical know-how and particular norms, social skills or etiquette required in using a new technology and online social space.

As described in the previous chapter of this report, the Castlehaven Community Association, for example, have run 'tea and tech' sessions to facilitate conversations between young people and older people. These help to demystify social media and technology and grow older people's confidence and ability in using them.

> **RECOMMENDATION:** Help to build the internal and external resources of the person, including helping to identify appropriate services and support, and building their confidence and capability in using technology to stay in touch with family, friends, and the wider community.

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55 See https://www.rallyroundme.com/welcome

Conversations in organisations

While various employers and institutions have become more open and concerned with fostering the mental wellbeing of their employees (almost 400 organisations pledged to end mental health stigma through Time to Change), loneliness is rarely addressed. Many workforces across the UK are experiencing significant change, which in some cases means people lose colleagues, networks, roles, an aspect of their identity, purpose, structure, and/or social interaction. More generally, workers retire, take redundancy, have extended periods of leave, or go on maternity or paternity leave. Organisations have a network of people who have at least a risk of becoming lonely.

A theme that came up in several stakeholder interviews in this project was about attending to the culture and behaviour of your own organisation: of owning the problem and starting the conversation about loneliness. Several referenced or suggested holding regular 'organisational community events' of people past, present and those taking a break. There was recognition of the importance of including and looking after volunteers, which for many organisations are vital aspects of their capacity and who sometimes become volunteers due to the fact they are lonely.

Sometimes this is a difficult conversation to start and can benefit from external facilitation from an organisation with expertise in the field, such as the Joseph Rowntree Foundation. A maxim borrowed from air travel safety demonstrations and often heard in helping professions is "put your own oxygen mask on first".

EXPLORING LONELINESS IN YOUR NEIGHBOURHOOD OR ORGANISATION

The Joseph Rowntree Foundation's three year action research programme on neighbourhood approaches to understanding and reducing loneliness produced a set of resources aimed at individuals, groups, communities and neighbourhoods.[56] Among the resources is a plan for groups or teams to come together across a series of five one hour workshops. These aim to: introduce loneliness; explore perceptions of loneliness; talk about loneliness; reduce the fear of talking about loneliness; and build on approaches to tackling loneliness.

In helping others to address and overcome chronic loneliness, it is necessary to explore your own personal and professional perspectives. What does loneliness mean to you, how do you experience it, are you comfortable talking about it, what might you find helpful (or unhelpful)? The reflection and discussion prompted by these workshops can help front line workers (and their institutions) discover what they can do to alleviate loneliness for themselves, their colleagues, and others in their communities.

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56 See https://www.jrf.org.uk/report/loneliness-resource-pack

It can provide helpful input and internal resources for communicating in a congruent, empathic way and to show warmth and respect for the people that need help in addressing loneliness.

RECOMMENDATION: Practice having your own conversations about loneliness within your organisation. Attend to the wellbeing of your own personal and professional network and to yourself.

Conclusion

With over half of all people aged 75 and above now living alone, loneliness concerns an increasing number of individuals, public services, community and voluntary sector organisations, and businesses. The *Missing Million* project was initiated in response to calls from a wide range of people and institutions asking for detailed guidance and ideas on how to address the rising challenge of loneliness in their constituencies.

We hope that this report answers those calls. More specifically, we hope that this document gives commissioning teams and service providers a range of methods to help identify older people experiencing loneliness in their patch, and illustrations of how they work in practice. We hope that front line workers and volunteers feel better prepared and capable in how to talk with older people experiencing loneliness.

Alongside numerous case studies, this report makes 'micro-recommendations' throughout, encouraging policy leads, providers, practitioners, and people concerned with loneliness to adopt and adapt particular methods and ways of working. Links to further sources of information are provided wherever possible. Each chapter also contains summary learning points that distil the key messages from the discussion of methods and examples. Rather than repeat those here, we offer an overarching reflection in our conclusion.

Loneliness is a complex problem, experienced subjectively and individually. It can be understood through many lenses, examined through many methods, and responded to in many ways. Often there is no single best way of working, although existing evidence supports some specific methods and points to group activities being more effective than one-to-one based support (although group engagement may come about as a result of establishing an initial one-to-one relationship). This points to the need of a system approach. Our Loneliness Framework (illustrated below) shows a way of thinking about the full range of interventions needed from stakeholders across a community, beyond the health and social care sector, to support older people experiencing, or at risk of experiencing, loneliness.

Such a system needs to be coproduced by a broad range of partners, including local older people themselves. This report has shown that localities hold a range of knowledge, access and expertise across its people and institutions. This includes public health specialists, fire and rescue services, and organisations dedicated to supporting older people (such as Age UK). It includes a range of service providers that focus on specific drivers of loneliness (such as bereavement, sensory impairment, or poor health), and community hubs (such as libraries) that can reach into isolated parts of the local population. And it includes older people (as well as other age ranges), with a diversity of capabilities and connections to other older people.

The task for local leaders, such as health and wellbeing boards, is to cohere these sometimes disconnected elements into a network that can foster relationships, share data, provide common training for staff and volunteers on loneliness, refer cases to each other, and learn and innovate together.

Creating a local loneliness framework that maps local assets, capabilities, relationships and provision in your own area is a helpful first step. Creating a shared local resource directory of activities, services and support that speak specifically to loneliness can establish a common reference point for local stakeholders and is a valuable resource for local organisations and older people experiencing loneliness.
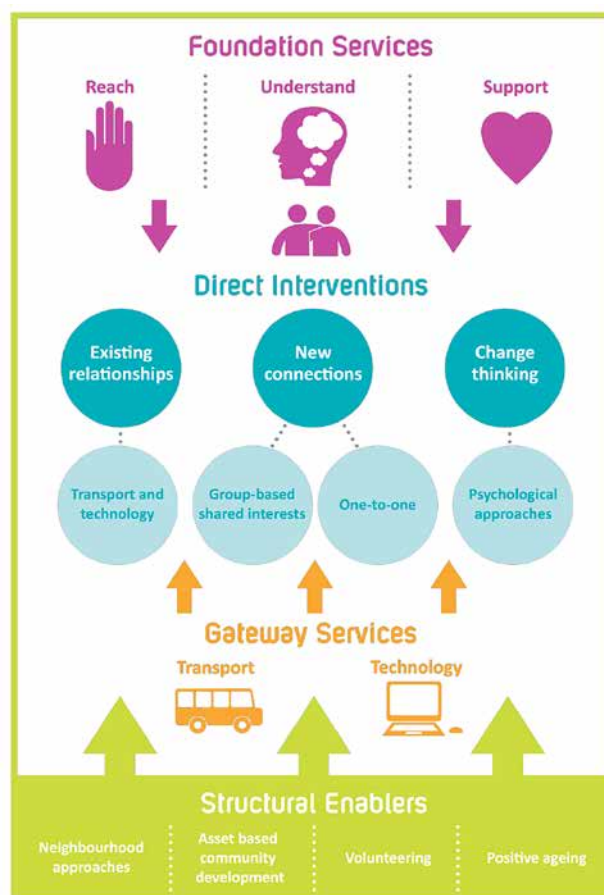
The Campaign to End Loneliness is keen to support you in developing your local framework and in applying the methods of identifying and engaging older people experiencing loneliness described in this report. For more information or support, see our website at www.campaigntoendloneliness.org or contact us at info@campaigntoendloneliness.org.uk or on 020 7012 1409.

About The Campaign to End Loneliness

The Campaign to End Loneliness inspires thousands of organisations and people to do more to tackle the health threat of loneliness in older age. The Campaign to End Loneliness is a network of national, regional and local organisations and people working together through community action, good practice, research and policy to ensure that loneliness is acted upon as a public health priority at national and local levels.

About the Author

Steve Broome is a freelance researcher, evaluator and project/service developer working across community development, mental wellbeing, social networks, substance misuse, criminal justice, and local economic development. He was previously the Director of Research at the Royal Society of Arts (RSA) for six years, and has worked as a visiting lecturer in research methods, a programme manager in community regeneration, and as an economic development consultant. Steve is the co-author of *What's Normal Anyway?*, a book exploring the lived experience of various mental health problems, and is an Associate at the Centre for Citizenship and Community at the University of Central Lancashire.

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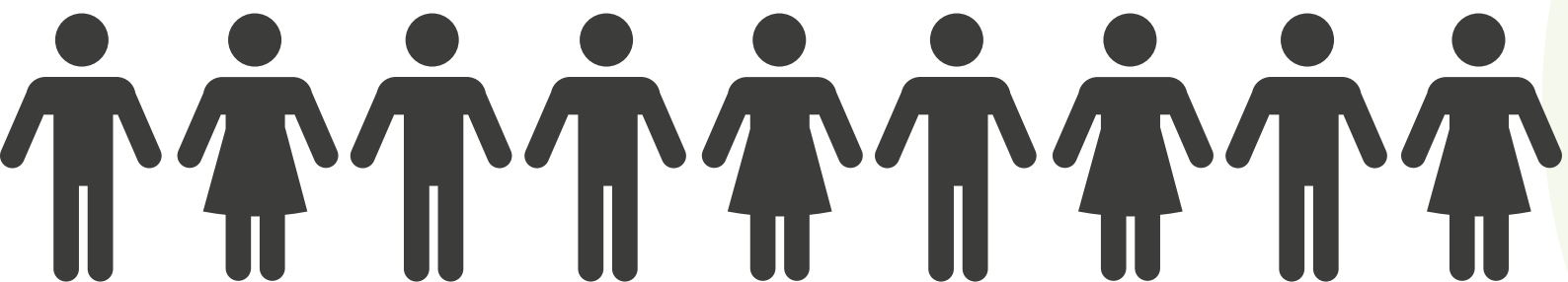
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