

LGA/ADASS/ADPH Joint Submission to Office of Civil Society Consultation on a National Strategy for Loneliness

Key Messages

1. Loneliness can affect people of all ages throughout the life course; the largest group experiencing loneliness are older people, while young people aged 16-24 are most likely to report feeling lonely.¹
2. Loneliness has a major impact on individuals – on their lives, their relationships and their wellbeing. It is a societal issue as well as a serious public health concern which can be as harmful as smoking 15 cigarettes a day. Tackling loneliness is a preventative measure that improves quality of life for individuals and reduces long-term costs for health and social care.²
3. Loneliness is best tackled by a system wide approach involving all partners, particularly the voluntary and community sector, under the strategic leadership of a Health and Wellbeing Board (HWB).
4. Councils make a significant contribution to the mental wellbeing of their local communities, including preventing and tackling loneliness. However, the funding crisis facing the sector means a focus on high need health and social care and less money for prevention and the wider council services that help to improve mental wellbeing and reduce loneliness.
5. Local government in England faces an overall funding gap of almost £8 billion by 2025 just to maintain services at current levels. The next Spending Review will be make or break for local services and must recognise the urgent need to tackle the funding gap facing local government to improve the lives of residents and reduce pressure on other parts of the public sector.

About the LGA

6. The Local Government Association (LGA) is a politically-led, cross-party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. It aims to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.

About ADASS

7. The Association of Directors of Adult Social Services (ADASS) is a charity. Its members are current and former directors of adult care and social services and their senior staff. Its objectives include:
 - a. Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time
 - b. Furthering the interests of those who need social care services regardless of their backgrounds and status and
 - c. Promoting high standards of social care services

About ADPH

¹ <https://www.local.gov.uk/loneliness-how-do-you-know-your-council-actively-tackling-loneliness>

² <https://www.local.gov.uk/loneliness-how-do-you-know-your-council-actively-tackling-loneliness>

8. The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

Why loneliness is a priority for local government

Prevention and public service pressures

9. There is increasing recognition that loneliness is a serious problem, with far reaching social implications for individuals' quality of life and society at large. Councils have a general imperative to do what they can to alleviate personal suffering and distress and communities also have a role to play looking out for each other and encouraging social interaction with people who might be lonely.
10. There is a strong case for considering loneliness as a key preventative measure in shifting from acute and long-term care to self-help and support in communities. There is a growing body of research showing that loneliness is a serious condition which can have a harmful effect on individuals' physical and mental health, as well as bringing costs to public finance, particularly health and social care, and to the economy.
11. Loneliness is associated with higher rates of depression, high blood pressure and dementia. It leads to higher rates of premature mortality comparable to those associated with smoking and alcohol consumption – around 30 per cent higher than for the general population.³
12. Lonely individuals are more likely to visit their GP and hospital emergency departments; three-quarter of GPs say that up to five of their patients each day attend mainly because they are lonely. People who are lonely also have a higher incidence of falls, and are at increased risk of needing long-term care, including residential and nursing home care. This results in significant and potentially avoidable costs to public services.

Risk factors

13. One of the highest risk factors for experiencing loneliness is age. Recent figures estimate that around one million people aged 65 or over often or always feel lonely, a figure set to rise with the ageing population.⁴ Associated risk factors in old age are low income, poor physical or mental health, and living alone in isolated rural areas or in deprived urban communities. The Campaign to End Loneliness also flags specifics of ageing that can cause loneliness, for example becoming a carer or adjusting to life after retirement can be difficult due to changes in identity, role and daily routines.⁵
14. Loneliness is also prevalent in other age groups. Risk factors for adults of working age are similar to those for older people – unemployment, being female, caring responsibilities, new parents, never being married, widowhood, poor support network, poor physical or mental health, disability, and cognitive impairment. For those in

³ <https://www.local.gov.uk/loneliness-how-do-you-know-your-council-actively-tackling-loneliness>

⁴ <https://www.local.gov.uk/loneliness-how-do-you-know-your-council-actively-tackling-loneliness>

⁵ Campaign to End Loneliness, [Fact Sheet: Risk Factors. Loneliness and isolation a toolkit for health and wellbeing boards](#) (2012).

employment, working unsocial hours can also affect social networks and increase the risk of isolation in the individual and their families.⁶

15. People who are experiencing significant life changes including recent migration, parenthood, separation, bereavement, leaving prison or retirement are at increased risk of experiencing loneliness. Those experiencing crisis points in their life, such as domestic abuse, homelessness or substance abuse, are also at greater risk of experiencing loneliness. Risk factors often overlap and reflect many of the social determinants that lead to health inequalities.
16. Survey data shows the importance of people who receive social care, and their carers, receiving adequate social contact. According to the 2016/17 adult social care outcomes framework survey, a higher proportion of service users aged 18 to 64 reported having as much social contact as they would like (49.0 per cent) compared to those aged 65 and over (43.2 per cent). Unlike service users, a higher proportion of carers aged 65 and over (38.3 per cent) reported having as much social contact as they would like compared to carers aged 18 to 64 (32.3 per cent).⁷ If social contact is not recognised as a need then a stream of different staff providing care and support is likely to lead people to increased loneliness.
17. Loneliness is also a significant issue in children and young people. A poll by Action for Children found that 39 per cent of the 500 children surveyed felt lonely in the last week.⁸ Feelings of isolation can be due to mental health issues, conflict within the home, moving to a new school or area, losing someone close to them, leaving care, social media use and avoiding social situations as a result of bullying. Loneliness can have harmful effects on a young person's mental and physical health, reduce future employment opportunities and increase the risk of involvement in criminal activity⁹.
18. In addition certain groups are more likely to feel lonely. Recent reports showed that 1 in 4 young carers reported feeling lonely in the past week.¹⁰ Leaving care is a particularly challenging time for young people. Care leavers face significant barriers in society and experience challenges obtaining employment, training, housing and recognition within their communities that can contribute towards mental health conditions and social isolation. Recent research from Scope has also uncovered that a shocking 85 per cent of young disabled adults from the 18-34 year-old age group feel lonely. As a result, over half of working age disabled people who have felt lonely in the past year said they experienced depression (62 per cent) and anxiety (58 per cent); and half (49 per cent) experienced stress.¹¹
19. Rural areas have a unique set of circumstances that can increase social isolation and therefore the risk of loneliness. These include an increasingly older population with accompanying health and care needs, limited public transport which can affect ability to

⁶ Harrington JM. Health effects of shift work and extended hours of work. Occupational and Environmental medicine. 2001 Jan 1;58(1):68-72.

⁷ <https://www.gov.uk/government/statistics/measures-from-the-adult-social-care-outcomes-framework-england-2016-17>

⁸ <https://www.actionforchildren.org.uk/news-and-blogs/press-releases/2017/november/charity-reveals-devastating-impact-of-loneliness-on-uk-parents-children/>

⁹ <https://www.damekellyholmestrust.org/Appeal/Loneliness>

¹⁰ www.local.gov.uk/sites/default/files/documents/LGA_Meeting%20the%20health%20and%20wellbeing%20of%20young%20carers_22%2019_January%202018.pdf

¹¹ <https://www.scope.org.uk/press-releases/nearly-half-of-disabled-people-chronically-lonely>

access services and poor digital connectivity which can affect access to services and ability to connect using technology.

20. Loneliness related to where people live is not confined to rural areas. The ONS identified that people who feel they belong less strongly to their neighbourhood report feeling lonely more often, as do those who have little trust of others in their local area.¹²
21. It's important to recognise that not everybody who experiences loneliness will articulate that feeling to friends, family or professionals. For example, some people who have experienced a trauma, autism, anxiety or dementia might struggle to form social relationships but still benefit from social connections. Tackling sensitive issues requires expertise, confidence and knowledge in order to deliver the message effectively in line with Making Safeguarding Personal and the Making Every Contact Count approach.

Social isolation

22. Whilst loneliness is often associated with social isolation, these two concepts, though linked, are distinct. Loneliness is a psychological state which may be related to lack of social contacts or close emotional attachments, but may also be experienced by people who have a range of relationships. For example, a parent of a disabled child might have a wide circle of friends but feel lonely if nobody else in that circle has experienced a similar situation. Similarly, an adult with a learning disability living in supported housing might feel lonely if all of their social contact is with other supported housing residents and staff and there is no connection to the wider community.
23. Social isolation is an objective state in which an individual has poor social connections, sometimes linked to issues such as disability, discrimination or lack of transport. Loneliness and social isolation often - but not always - go together; for example, people living in rural areas may experience loneliness compounded by social isolation.

The contribution of local government to preventing and tackling loneliness

24. Local government has welcomed the higher national profile given to tackling loneliness as a result of the Jo Cox Commission. The LGA engaged with the Commission and welcomed the recommendations. ADASS was pleased to hold a roundtable with the cross-government loneliness strategy team to contribute to the development of the strategy.
25. We have continued to engage Ministers and national partners. We worked with Age UK and the Campaign to End Loneliness to publish guidance about how councils can tackle loneliness¹³ and recently launched guidance for councillors about how their leadership role can help to strengthen local action on loneliness.¹⁴ We were also involved with Age UK's initial work to develop a suite of proxy indicators that would allow councils and partners to know where lonely people are most likely to be in localities. The advantages of this over a survey is that it is not self-reporting and therefore also helps to identify people who might not be known to public agencies. Discussions to develop a national indicator to measure loneliness should build upon work to date, reflect the needs of commissioners and not add to councils' data collection burdens.

¹²<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>

¹³ <https://www.local.gov.uk/combating-loneliness>

¹⁴ <https://www.local.gov.uk/loneliness-how-do-you-know-your-council-actively-tackling-loneliness>

26. We are involved in the Cabinet Office's early discussions on a common data standard for the local services that can help to address loneliness. Subject to piloting and funding, this could be developed into an app that connects people to local services, events and opportunities to help tackle loneliness.

Loneliness as a strategic priority

27. Effective action to combat loneliness is best delivered in partnership and councils are ideally placed to bring together very local partnerships in their community. There is a particularly important role for the voluntary and community sector as commissioned partners who often deliver community based services, such as good neighbour schemes. Many councils also encourage voluntary and community sector organisations they commission to evidence and show innovation with targeting people who might benefit from projects. However, the fragility of the voluntary and community sector risks the availability of initiatives to which people can be signposted and referred, as well as capacity to support prevention of abuse and neglect, and early intervention. While some areas have good voluntary and community sector capacity, others have very little. Councils will need to respond accordingly by stepping in to bridge gaps.

28. Loneliness links into the wider prevention and mental health agenda. Councils have a range of statutory duties directly related to mental health, statutory duties that support mental wellness, non-statutory duties they undertake on mental health, and non-statutory duties that have an impact on mental wellness – including promoting wellbeing and combating loneliness.

29. Many areas have made loneliness an explicit public health priority – a health and wellbeing issue which is 'everyone's business'. As such it is covered in the local Joint Health and Wellbeing Strategy, as well as specific strategies and measurable delivery plans for groups, such as older people and mental health.

A locally-led whole place approach

30. Councils are leading a 'whole place' approach to tackling loneliness which seeks to harness the contribution of a range of "gateway" services like transport, technology, spatial planning and housing, which make it easier for communities to come together. Examples include:

- identifying options for affordable and accessible transport such as bus passes
- age-friendly driving and parking
- considering social networks as a public health issue when considering major planning developments.

31. The social and wellbeing value of assets such as libraries, parks, community centres, museums and green spaces is increasingly recognised.¹⁵ For example, public libraries are important places where people can come to meet others. They have extensive reach to all groups in society, especially black and minority ethnic people.¹⁶ Sefton Library Service goes out into homes and care homes to record the life stories of local people in the first stages of memory loss, to provide a reminiscence tool for the patient's care and a valuable primary history account. Research suggests there are significant associations between frequent library use and reported wellbeing, and also between improved access

¹⁵ <http://www.artshealthandwellbeing.org.uk/appg-inquiry/>

¹⁶ <https://www.gov.uk/government/publications/libraries-deliver-ambition-for-public-libraries-in-england-2016-to-2021/libraries-deliver-ambition-for-public-libraries-in-england-2016-to-2021>

to health information through libraries and reduced calls on services such as GPs.¹⁷ People who self-report as healthy are less likely to report loneliness.¹⁸

32. Councils are increasingly supporting intergenerational projects to help strengthen social connections and understanding across different age groups. In particular, projects that enable school age children to participate in activities at care home settings help to strengthen the focus on quality of life (as well as care needs) and combat loneliness.
33. Councils help to provide the leadership and create the conditions for specific community approaches that support tackling loneliness including:
 - establishing age-friendly, dementia-friendly and mental health-friendly communities, including for people with learning disabilities and/or autism.
 - developing volunteering, including people who might not ordinarily volunteer
 - mobilising peer support, and intergenerational support in neighbourhoods.
 - tailored support to excluded groups such as care leavers, for example travel and leisure discounts.
34. Councils provide or commission many of the wrap around services that support people in vulnerable circumstances and/or crisis points, such as supported housing, domestic abuse, homelessness support, substance and alcohol abuse and money advice. Councils ensure people's interdependent needs are looked at in the round and that they are able to access personalised support. Helping people to connect with their communities can be a vital way of supporting people in vulnerable circumstances to move out of crisis.
35. Local government also works in partnership with the private sector to support businesses such as post offices, pubs and corner shops that are an important part of the community and major places where people meet, talk and build on their experiences. The LGA has been particularly involved in promoting opportunities for councils to support the local post office network. The post office is often valued by local people as an accessible, convenient, friendly place where they have a chat with people as well as access postal, public and financial services, make payments and obtain public information.

Front-line staff

36. Tackling social isolation and loneliness could also significantly reduce incidences of safeguarding, improving outcomes for people and reducing the cost to the public purse.
37. Social isolation can be a risk factor; for instance if a person is isolated and that provides an opportunity for exploitation. It could also be an impact factor; the experience of abuse may cause trauma or make it harder for someone to connect with others. Social isolation can be used as a means of abuse for instance with mate crime or situations involving coercive control. It can also be a cause and impact in relation to self-neglect and carers can become isolated as a result of the caring responsibilities. Tackling loneliness for some of these people will require highly-skilled intervention.
38. All front-line staff play an important role helping to identify people experiencing or at risk of loneliness and signposting them to local services or community connectors. Making Every Contact Count (MECC) is an approach to improving health and reducing health inequalities developed by the NHS and local government. Every contact with a customer

¹⁷ http://www.artscouncil.org.uk/sites/default/files/download-file/Evidence_review_economic_contribution_libraries_2014.pdf

¹⁸ <https://www.campaigntoendloneliness.org/loneliness-research/>

should be seen as an opportunity to encourage discussions about health and wellbeing.¹⁹ Social workers have a key role, working with people in their families and communities, building trust and maintaining strong relationships that enables personalised support to be offered. Councils also commission services such as health visitors and school nurses who can help support good transitions, for example by providing invaluable support to new parents, school-aged children and parents of older children to access services and other local networks.

39. It's important that senior leaders ensure there is a culture of permission that enables professionals to connect people with similar experiences when this is wanted. Within this an appropriate and proportionate regard to risk planning in line with the [Making Safeguarding Personal](#) principles is significant, emphasising wellbeing alongside safety.

Interventions to tackle loneliness

40. Projects to address loneliness can be successful in terms of outcomes for individuals and cost effectiveness. They are generally low-cost or cost-neutral and can provide a good return on investment. Councils have a strong track record of commissioning voluntary and community groups to deliver initiatives that tackle loneliness, such as befriending schemes.
41. For example, Gloucestershire Village and Community Agents scheme, which identified and supported lonely, isolated older people, gained in a return on investment of £3.10 for every £1 spent. Living Well Cornwall, which included interventions to tackle loneliness, has shown a 41 per cent reduction in the cost of hospital admissions, and an eight per cent reduction in social care costs. Link Age Bristol supported lonely older people to lead fuller, more active lives with a return of at least £1: £1.20.²⁰
42. While there is a growing evidence base about the cost effectiveness of community interventions to tackle loneliness, these are often small-scale pilots reliant upon short-term funding, which makes scaling-up successful interventions and sustaining them in the longer-term challenging. The recent £20 million fund for community-led initiatives to tackle loneliness is welcome, but this must lead to the sustainable scaling-up of successful interventions to ensure it makes the biggest difference.²¹
43. The Royal College of GPs Chairman, Professor Helen Stokes-Lampard, recently called for GPs to be able to refer patients to social activities to help combat loneliness and for a national publicity campaign to highlight the condition.²² The potential of social prescribing to tackle loneliness is immense and is an idea whose time has come. By connecting people with local community services and activities we can improve the health and wellbeing of large numbers of people. There needs to be greater public awareness of loneliness as a serious illness and to challenge the stigma attached to it.

Technology

44. Technology can help people to build and maintain social connections, for example apps to connect new mums with each other. Technology is also helping people to identify

¹⁹ <https://www.local.gov.uk/making-every-contact-count-taking-every-opportunity-improve-health-and-wellbeing>

²⁰ <https://www.local.gov.uk/loneliness-how-do-you-know-your-council-actively-tackling-loneliness>

²¹ <https://www.gov.uk/government/news/20-million-investment-to-help-tackle-loneliness>

²² <http://www.rcgp.org.uk/about-us/news/2018/may/national-campaign-needed-to-tackle-loneliness-epidemic-says-rcgp.aspx>

people at risk of loneliness. For example, Leeds City Council commissioned the development of Care View, a downloadable and free phone app designed to help people register their concern about people in their community. The app suggests a range of triggers such as post piling up or overgrown gardens. The information generates a heat map which can be followed up by an appropriate service.²³

45. Technology is not a substitute for human contact, and won't be right for everyone, but it is increasingly being used to help people. A recent review found that technology based initiatives, such as IT training to use social media or telephone befriending, were among the most effective of all studied interventions in tackling loneliness.²⁴ It can be particularly effective with reaching and supporting people who because of a trauma, disability, anxiety or illness might not want face to face contact, or find it difficult to meet people.
46. However, too many people still do not have access to a reliable internet or mobile connection that enables them to improve social connections through technology. This is a particular challenge in rural communities where the vast majority of the "final five per cent" are still unable to receive superfast broadband speeds. Ofcom's latest figures reveal only 60 per cent of rural premises can receive an outdoor 4G signal from all operators, falling to 19 per cent for indoor coverage²⁵.
47. We also need to support people to develop the digital skills that will enable them, for example, to keep in touch with family and friends through Facebook or to join a Whats App group that brings together people with a shared interest. Despite improvements, 21 per cent of UK adults (11.5 million people) still do not have basic IT skills, with older people most likely to lack digital know-how.²⁶ There is an opportunity to scale-up relatively low cost interventions, such as volunteer digital champions, to achieve a step-change in digital skills that will deliver a range of benefits to individuals, communities and the public sector.

Funding pressures

48. Despite the relative cost effectiveness of loneliness interventions, the scale of the funding pressures facing local government are such that expenditure is increasingly channelled towards those with higher needs, leaving less money for investment in other often discretionary services (such as culture and leisure) that help to improve mental wellbeing, tackle loneliness and prevent more costly public expenditure in the longer-term.
49. By 2020, local authorities will have faced a reduction to core funding from the Government of nearly £16 billion over the preceding decade. That means that councils will have lost 60p out of every £1 the Government had provided to spend on local services in the last 8 years. 168 councils will receive no revenue support grant at all next year.²⁷

²³ <https://democracy.leeds.gov.uk/documents/s149264/Appendix%201.pdf>

²⁴ Hagan, R, Manktelow, R, Taylor, B, Mallet J. (2014) Reducing loneliness amongst older people: a systematic search and narrative review, *Aging and Mental Health*, 18:6, pp 683–693.

²⁵

https://www.local.gov.uk/sites/default/files/documents/27.1%20Post%20Brexit%20England%20Commission_v06WEB.pdf

²⁶ https://www.thetechpartnership.com/globalassets/pdfs/basic-digital-skills-standards/basicdigitalskills2016_findingssummary.pdf

²⁷ <https://www.local.gov.uk/moving-the-conversation-on/funding>

50. Public health funding in England will be cut by 9.7 per cent by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut in 2015/16.ⁱ Although Directors of Public Health (DPH) have been acting to manage these cuts without detriment to outcomes they have reached the limit of available efficiencies. Cuts to public health funding may result in cuts to interventions which can help to prevent loneliness and mental illness, as well as promote health and wellbeing throughout the life course.
51. Adult social care faces a £3.5 billion funding gap by 2025 just to maintain current service levels. Care and support can help to reduce loneliness by improving people's quality of life, supporting independence and choice, but this is at risk from the scale of the budget pressures facing councils and the consequent reduction in services. The LGA has launched its own social care and wellbeing green paper to kick-start a desperately-needed debate on how to pay for adult social care and rescue the services caring for older and disabled people from collapse.²⁸
52. Despite the recent increased investment, a historical lack of funding for children and young people's mental health is leaving service thresholds so high that around 75 per cent of young people experiencing a mental health problem are unable to access any treatment.²⁹ The LGA's Bright Futures campaign is arguing for children and young people's mental health services to be properly funded.³⁰

What do we want from a national strategy?

53. We welcome the fact that loneliness is increasingly recognised as a national priority. The publication of a national strategy will no doubt help with awareness raising. At a local level public health, working with partners such as children's services and mental health, has an opportunity to advise the public on the action they can take to prevent loneliness from taking hold.
54. A national strategy to tackle loneliness that reflects cross-Government commitment is an opportunity to provide national leadership, a shared policy framework and a clear set of priorities which can also help to shape local conversations between partners on tackling loneliness. However, it must not be overly prescriptive and should allow local partners the freedom to put in place strategies to tackle loneliness that reflect local need.
55. Government must also recognise that the most effective interventions to tackle loneliness are delivered locally and that the funding crisis facing local government risks achieving a step-change in the numbers of people experiencing loneliness with consequent impacts for individuals, communities and the public purse.

Recommendations

56. We encourage the Government to reflect the following recommendations in the national loneliness strategy:
57. **Recognition and funding of local government's key role** – as leader of place shaping communities that bring people together, funder of public services with extensive reach that help to promote health and wellbeing, and also as commissioner of specific interventions to tackle loneliness in partnership with the voluntary and community sector.

²⁸ <https://www.local.gov.uk/about/news/lga-launches-own-green-paper-adult-social-care-reaches-breaking-point>

²⁹ <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs>

³⁰ <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs>

- 58. Commitment to support both people of all ages who self-identify as lonely and those who do not articulate their loneliness but might still benefit from social connections** - the strategy needs to reach the most excluded people in our communities who for often complex reasons (see paragraph 21) are reluctant to accept support and/or are not known to public agencies.
- 59. A national public awareness campaign** - the public's understanding about the problems of loneliness is limited, so public health messages can help people realise the importance of building and maintaining social relationships for people of all ages and all abilities. Public health messaging can also help to dismantle the stigma associated with loneliness. This should be taken forward in conjunction with ADPH and ADASS.
- 60. Use the whole public workforce more effectively and further strengthen the contribution of wider information and advice services** – continue to raise awareness about Making Every Contact Count (MECC) amongst frontline professionals including healthcare staff. The strategy needs to clearly articulate the safeguarding issues around supporting people who experience loneliness. ADASS, ADPH and LGA are keen to develop guidance to support front-line staff to connect up people with appropriate and proportionate regard to managing risk in line with the Making Safeguarding Personal principles. Support staff providing welfare benefits advice, fire safety checks and signposting to community activities and services to help connect people with voluntary and statutory services.
- 61. Health leaders to seize the potential of social prescribing to help tackle loneliness and recognise the role of the arts, culture and physical activity in promoting wellbeing** - the potential of social prescribing to tackle loneliness is immense. By connecting people with local community services and activities we can improve the health and wellbeing of large numbers of people. Medical practitioners and commissioners should also be trained in the role of the arts, culture and physical activity in promoting wellbeing, particularly loneliness, making use of their visible presence on many high streets – and offering safe locations where there is no prejudice against people seen entering them, unlike job centres or facilities for mental health support.
- 62. Loneliness to be considered as a key preventative measure in shifting from acute and long-term care to self-help and support in communities across the health and care system**, including Integrated Care Systems (ICSs) and Sustainability and Transformation Partnerships (STPs). Tackling loneliness should be addressed within the preventative strands of ICSs and STPs.
- 63. Support for the voluntary and community sector to scale-up proven and cost-effective interventions** – the success of social prescribing and other referral schemes relies on the voluntary and community sector to offer the opportunities and activities to which people can be referred. The recent £20 million fund for community-led initiatives to tackle loneliness is welcome, but this must lead to the sustainable scaling-up of successful interventions to ensure it makes the biggest difference.
- 64. Ensure that there is universal access to reliable digital connectivity and people are supported to develop basic digital skills** - Government and Ofcom must work with broadband and mobile providers to ensure that people are able to access a reliable internet connection that improves access to public services and facilitates making social connections, especially in rural places. Government should also ensure voluntary and community sector organisations are supported to scale-up interventions to achieve a step-change in digital skills.

- 65. Pilot the Cabinet Office’s initiative to promote a common data standard for publishing the availability of local services that can help to address loneliness in partnership with local government and other key partners.** The potential of easy discovery of service availability independent of service provider or locality would encourage the app development market to identify and connect people to local services, events and opportunities based upon their location, special circumstances and eligibility. Such an approach helping to tackle loneliness is a powerful proposition. A shared solution would stop service providers duplicating data publishing requirements and would also identify the quality and choice of local services across different areas of the country.
- 66. Build upon Age UK’s work to develop a loneliness measure using proxy indicators,** such as number of people in households and age, that will enable councils to identify areas where potentially lonely people might live so that support and information can be targeted. This would complement the Government’s proposal to develop a survey based national indicator which will provide a useful national overview, but might not give councils enough information to reach all those experiencing or at risk of loneliness.
- 67. Government departments to embed tackling loneliness in their strategic planning** – the Government needs to mirror councils’ ‘whole place’ approach by recognising that a sustainable and preventative approach to tackling loneliness needs to extend beyond health and care, and embrace the breadth of services with a contribution to make.

Case Studies

Mendip District Council

Patients in Mendip seeing a doctor can be referred to Health Connections Mendip, a team employed by the 11 Mendip general practices. Patients can discuss what is important to them and the team can help them access the support they might want. The End Loneliness Campaign in Mendip signposts people to clubs and activities, such as Talking Cafes, line dancing classes, community transport, men's sheds and befriending services. Health Connections Mendip have a team of more than 600 Community Connectors – such as café owners, drivers, supermarket staff – who on average talk to about 20 people a year which means more than 12,000 signposting conversations a year. Health Connections Mendip works as part of a team which includes primary care, secondary care, adult social care, voluntary sector, town and district councils and the wider community. This partnership working has led to a 20 per cent reduction in local hospital admissions which has resulted in a £2 million saving for the public purse. Every £1 spent on the scheme saves the NHS £6.³¹

Sevenoaks District Council

Sevenoaks District Council has gifted £40,000 to fund a new '[Pop-Up Pop-Ins](#)' project in which weekly events are held at village halls and pubs to help people who are feeling lonely. The events provide people with a place to go for advice and information, as well as the chance to have a tea or coffee while meeting new people. They offer free exercise taster sessions and advice on nutrition, falls prevention, healthy lifestyles and local volunteering opportunities, while giving access to the council's services and referrals for funding for home adaptations/improvements to address mobility issues.³²

Derbyshire Trusted Befriending Network

The Network ensures that isolated and vulnerable adults across Derbyshire are able to find befriending services. All organisations who are part of the network have been quality-approved, so people accessing these services can be confident that they are safe and well run. The Trusted Befriending Network is managed by South Derbyshire Community and Voluntary Service (CVS) and they maintain a directory of trusted befriending providers in Derbyshire. Independent research into the value and impact of voluntary befriending services found that:

- those who receive support from befriending services say that it reduces isolation and improves their social and community connection, independence and wellbeing
- more than 1,100 lonely and isolated people across Derbyshire benefit from over 70,000 hours of befriending support given by 765 volunteers from 28 befriending services – if they were all paid for the time they give, this would cost £762,000
- for every £1 spent on providing volunteering services the social benefits and cost savings to other services are worth £8.59³³

Sefton Council

Staff across health, local authority and voluntary sectors have thousands of contacts every day with individuals and are ideally placed to promote health and well-being. Making Every Contact Count builds on this and utilises the thousands of interactions that council people have with individuals and communities to encourage changes in behaviour that have a positive effect on their health and wellbeing.

³¹ <https://www.local.gov.uk/about/news/loneliness-initiatives-cutting-emergency-hospital-admissions-20-cent>

³² <https://www.local.gov.uk/about/news/loneliness-initiatives-cutting-emergency-hospital-admissions-20-cent>

³³ <https://www.derbyshire.gov.uk/social-health/adult-care-and-wellbeing/getting-out-and-about/befriending/derbyshire-trusted-befriending-network.aspx>

Up until the end of April approximately 1,100 people across Sefton had been trained in Making Every Contact Count, which ensures that these individuals have the skills, knowledge and confidence to have those healthy conversations with the communities they work with.

The programme continues to be rolled out across the Council, community and voluntary groups, and training will also be delivered to potential new foster carers. This approach is not only allowing our communities to flourish but is a significant positive move towards the Council's wider early intervention and prevention programme and in the long-term will reduce reliance on Council and other statutory services.

Nottingham City Council

Young carers can often feel isolated and alone. Their caring responsibilities mean they have little time for themselves. Nottingham City Council and its young carers service provider Action for Young Carers (AYC) have developed an app for young carers in Nottingham, helping them to access advice and support and find out when activities are taking place.

Since the app was introduced the numbers using the young carers service has increased; in the first year following launch by nearly a third. There are now just under 400 people receiving support with 150 regularly using the app at any one time. Young carers are encouraged to sign up to it when they have their full assessments. It is also available in schools and has proved particularly popular among the 10 to 15 age group.

Those who have signed up report how it has helped them get the help that they need. One young carer, aged 12, finds it really useful for keeping in touch with what is going on, – and knowing that support is there when they need it is really reassuring. "AYC supports me and they've helped me to see that there are other young carers just like me and I'm not alone. They give me a break from being a young carer and listen to me. I like going to AYC because I feel I can be myself."

Norfolk Library Service

Norfolk library service were inspired to act by a county council wide campaign to tackle loneliness. Their response has been to double the number of weekly social activity sessions from 57 to 113 across the county's library network. A common set of standards have been agreed within the service to ensure that wherever someone turns up for a session it will be warm, welcoming, and well-planned, and run by proactive staff. The sessions vary according to the interest of different communities – from arts and crafts, to social games, to local history. To monitor the impact of the programme, staff routinely gather 'impact stories' from every session using a standard data sheet which asks them for evidence of the difference made to individual library users and to the council's strategic objectives. This has been designed in partnership with the public health team, and informed by the Joint Strategic Needs Assessment.

Dorset friendship club

People First have set up a friendship club in Dorset to create opportunities for people who have a learning disability to meet in their local community, to make friends and have fun. Members choose where they meet and what they do. It might be things like meeting up for a meal in the pub, a quiz in a café, going ten pin bowling or having an adventure walk around town. The group is supported by volunteers. Over time people grow in confidence and long-standing relationships develop.