

Combating loneliness

A guide for local authorities



Foreword

There is growing recognition that loneliness is a serious problem, with far reaching implications, not just for individuals, but also for wider communities, which merits the attention of local authorities.

Whilst in the past, loneliness was sometimes viewed as a trivial matter, it is increasingly understood to be a serious condition which can affect a person's mental and physical health very detrimentally.

Acute loneliness has been consistently estimated to affect around 10-13 per cent of older people. Indeed, recent estimates place the number of people aged over 65 who are often or always lonely at over one million. While there are clear links between isolation and loneliness, it is important to make the distinction between the two.

The terms loneliness and social isolation are often used interchangeably, but it is possible for people to be isolated but not lonely and vice-versa.

But why is loneliness an issue of concern for local authorities? Apart from the general imperative for public services to do what they can to alleviate personal suffering and distress, there is also very strong evidence that loneliness can increase the pressure on a wide range of council and health services. It can be a tipping point for referral to adult social care and can be the cause of a significant number of attendances at GP surgeries.

A recent systematic review found that loneliness can increase the risk of premature death by 30 per cent and a study from Brigham Young University, in Utah, USA, revealed loneliness can be more harmful to health than smoking 15 cigarettes a day.

With an increasing number of older people facing a future paying for their own care and support services, or perhaps avoiding them if they feel they cannot afford them, loneliness could be an even bigger issue.

All of this takes place against a background of severe financial challenges facing councils in their delivery of adult social care. Providing direct statutory services is unlikely therefore to be an option in many cases.

The good news is that there are practical steps which councils can take to address the issue, and these are set out in this guide. There are many general activities and services which can help address isolation (cultural activities, drop in centres etc) – but there also needs to be a specific focus on addressing loneliness and some specialist mental health services for doing this.

In this guide, we set out a range of actions for effectively combating loneliness building on the latest evidence. The guide focusses on older people but we anticipate that the recommendations will be beneficial to other age groups

Even at times of such austerity it should be possible to resource the required actions through some redirection and reprioritisation, and through galvanising capacity within local communities. Loneliness is a clear public health issue, with its incidence greatly affected by socioeconomic factors, and we therefore hope that health and wellbeing boards and council public health functions focus some of their attention on this important social issue.

For all these reasons we are very pleased to have been able to work so constructively in partnership with the Campaign to End Loneliness and Age UK to produce this guide.



Councillor Izzi Seccombe
Chair, LGA Community Wellbeing Portfolio

**“A sad soul can kill you quicker,
far quicker, than a germ”**

John Steinbeck



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Combating loneliness:

A summary

Key messages

- Loneliness is a significant and growing issue for many older people.
- Its impacts are devastating and costly – with comparable health impacts to smoking and obesity.
- Loneliness is amenable to a number of effective interventions, which are often low cost, particularly when voluntary effort is harnessed.
- Taking action to address loneliness can reduce the need for health and care services in future.
- Effective action to combat loneliness is best delivered in partnership.
- Action to combat loneliness should take place in the context of a wider strategy to promote older people's wellbeing.
- Many GP consultations may have loneliness at the root of the problem.

Recommendations for action

- Consider 'addressing loneliness' as an outcome measure of council strategies – including the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).
- Work at the neighbourhood level, to understand and build on existing community capacity and assets.
- Recognise and respond to individual needs and circumstances by both making sure general services are geared up to meet the needs of those who are lonely, as well as providing specific interventions as required.
- Pooling resources, and intelligence across organisations and developing new partnerships may increase the benefits for those who are hard to reach or isolated.

- Do a local needs assessment or intelligence report.
- Use the loneliness framework from 'Promising Approaches to Reducing Loneliness and Isolation'¹ guide produced by the Campaign to End Loneliness and Age UK.
- Use the Joseph Rowntree Foundation (JRF) Loneliness Resource Pack to inform action.

First steps

- Engage with other partners – loneliness is a multi-faceted issue and effective responses should be delivered in cross authority partnerships including the voluntary and community sectors.
- Define the local loneliness issue – understand the nature of the problem and who is at risk in your area. This could be informed by the local JSNA or JHWS.
- Agree a plan of action to reduce loneliness, and a way of measuring progress over time.
- Involve older people, including those experiencing or at risk of loneliness, in mapping local assets, determining responses, and co-producing solutions.
- Consider the significant role of councillors and their understanding of the local area and support that may be available.

¹ Age UK and the Campaign to End Loneliness. Promising approaches to reducing loneliness and isolation in later life. Available: www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

Introduction

This document has been produced by the Local Government Association (LGA), Age UK and the Campaign to End Loneliness, to guide those interested in taking action at a local level to combat loneliness. It offers a brief summary of key research on the issue of loneliness, and some practical steps every local authority, working in collaboration with other local partners, can take to tackle the problem. These practical steps are illustrated by case studies drawn from around the country.

What is loneliness?

Whilst loneliness is often associated with social isolation, it is important to understand that these two concepts, though linked, are separate. Loneliness is a subjective state – a response to people’s perceptions and feelings about their social connections – rather than an objective state.

Academic research is clear that preventing and alleviating loneliness is vital to enabling older people to remain as independent as possible. Lonely individuals are more likely to:

- visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term care (Cohen, 2006)
- undergo early entry into residential or nursing care (Russell et al, 1997)
- use accident and emergency services independent of chronic illness. (Geller, Janson, McGovern and Valdini, 1999).

It is possible for individuals to be lonely, but not isolated, or isolated, but not lonely. Therefore loneliness requires a more subtle response, often going beyond efforts simply to maintain number, or frequency, of social connections. Loneliness takes a number of forms.

A distinction is often drawn between social loneliness and emotional loneliness, so that ‘emotional loneliness is the absence of a significant other with whom a close emotional attachment is formed (eg a partner or best friend) and social loneliness is the absence of a social network consisting of a wide or broad group of friends, neighbours and colleagues’.² Loneliness can be a chronic condition which is exacerbated with advancing age, or a condition which flares up in later life in response to life events.

How prevalent is loneliness?

Research over decades has found a fairly constant proportion (10-13 per cent) of older people feeling lonely often or always. Over the same time period, there has been a growing percentage of older people who sometimes feel lonely. As populations age, ever more individuals are likely to be lonely. Recent estimates place the number of people aged over 65 who are often or always lonely at over one million. Key risk factors for loneliness include being in later old age (over 80 years), on a low income, in poor physical or mental health, and living alone or in isolated rural areas or deprived urban communities.

² www.southglos.gov.uk/documents/about_loneliness.pdf

The population that is socially isolated, and therefore at risk of loneliness, is considerable. Recent studies show that:

- over 1 million older people say they are always or often feel lonely³
- 12 per cent of older people feel trapped in their own home⁴
- 6 per cent of older people leave their house once a week or less⁵
- 17 per cent of older people are in contact with family, friends and neighbours less than once a week, and 11 per cent are in contact less than once a month⁶
- over half (51 per cent) of all people aged 75 and over live alone⁷
- a recent systematic review found that loneliness can increase the risk of premature death by 30 per cent⁸.

Studies have found that, aside from age, several other factors are associated with loneliness. These include living alone, never being married, widowhood, support network type, poor health, cognitive impairment or poor mental health.

These factors are common and often overlap in older age, giving a rationale to provide particular support to those going through the changes and transitions of growing older that might lead to loneliness. Loneliness has wide reaching implications for both the individual experiencing it and their community. With an ageing population and an increase in the numbers of people living alone loneliness is becoming more prevalent

Why tackle loneliness?

The links between loneliness and poor health are well established. In their 2012 review of the evidence on loneliness and

3 TNS survey for Age UK, April 2014

4 TNS survey for Age UK, April 2014

5 Age UK Loneliness Evidence Review. July 2014

6 Campaign to End Loneliness Evidence research (Victor et al, 2003)

7 ONS 2010

8 Holt-Lunstad J, Smith TB, Baker M, et al. Loneliness and Social Isolation as Risk Factors for mortality – a Meta Analytic review. Perspectives on Psychology. 2015

social isolation, the Social Care Institute for Excellence highlighted that being lonely has a significant effect on individuals' health.

It is associated with higher blood pressure and depression, and leads to higher rates of mortality-comparable to those associated with smoking and alcohol consumption. It is also linked to higher incidence of dementia, with one study reporting a doubled risk of Alzheimer's disease in lonely people compared with those who were not lonely. As a result of these health impacts, lonely individuals tend to make more use of health and social care services, and are more likely to have early admission to residential or nursing care.

Tackling loneliness is, therefore, relevant to a number of important agendas for local authorities, in particular public health. Councils should ensure that loneliness is recognised as a public health issue, and, if appropriate, is proposed as a priority for health and wellbeing boards.

Tackling loneliness not only alleviates the suffering, and improves the quality of life, of individuals, but it also brings wider benefits to local communities. For example tackling loneliness can reduce the demand for costly health, care and other interventions and, by reconnecting individuals to their communities, it can give renewed access to older people's economic and social capital.

Whilst hard cost benefit analysis of loneliness is still scarce, existing data indicates good returns on investment. Given the high cost of the health, social care and other services required by lonely individuals if their circumstances are not addressed, there is a strong case for investment in this area, particularly given the relatively low cost of many effective interventions.

Gloucestershire Village and Community Agents, a scheme to identify the most lonely and isolated resulted in savings to Gloucestershire health and social care services totalling £1.2 million, with every £1 that the scheme cost, the return on investment is calculated to be £3.10.

Recent work undertaken by Age UK Herefordshire and Worcestershire found that Social Impact Bonds can be a useful way to fund and test innovative ways of identifying and supporting those suffering from loneliness.⁹

Interventions in the area of loneliness have long been carried out in partnerships between statutory and voluntary organisations, and have involved harnessing substantial amounts of voluntary effort.

Investments to combat loneliness need not be onerous, as often they are a case of ensuring better targeting of existing resources, or working with local organisations and local communities to galvanise and direct existing capacity.

As the examples above show, pooling resources across statutory and voluntary organisations can increase the benefits for those hardest to reach, and offers a cost effective solution in straitened financial times. Further inventive partnerships should therefore be encouraged.



⁹ <https://www.socialfinance.org.uk/resources/publications/investing-tackle-loneliness-discussion-paper>

“Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely.”

Michael Marmot (2010) – Fair Society, healthy Lives (The Marmot Review)

Health and wellbeing boards should be mindful of the serious nature of loneliness and its impact on wider health and wellbeing. Loneliness can be properly understood as a public health concern: it is correlated with socio-economic deprivation, housing status, and societal factors, and is highly amenable to interventions at a population level as well as individual level.

A significant number of directors of public health teams take the lead on loneliness and social isolation within their local authorities.

Also there are a number of policy levers that we should be drawing attention to. For example, addressing loneliness has been endorsed as a key form of prevention of social care needs in the Government’s Care Act guidance, and was recognised by the Kings Fund as a way of making best use of the Better Care Fund. More information and policy briefings can be found in the Campaign to End Loneliness’ online guidance: campaigntoendloneliness.org/guidance/policy-landscape/

It is clear that early intervention has a preventative effect, and in turn brings significant savings. Recognising loneliness and social isolation as both a cause and consequence of wider ill-health, is important, as is understanding the potential of effective loneliness interventions to bring wider benefits such as increased physical activity, and renewed emotional resilience.

A framework for combating loneliness

The Campaign to End Loneliness and Age UK have developed a framework¹⁰ to tackle loneliness. The framework features four distinct categories of intervention that could be put in place to provide a comprehensive local system of services to prevent and alleviate loneliness:

Foundation Services

that reach lonely individuals and understand their specific circumstances to help them find the right support.

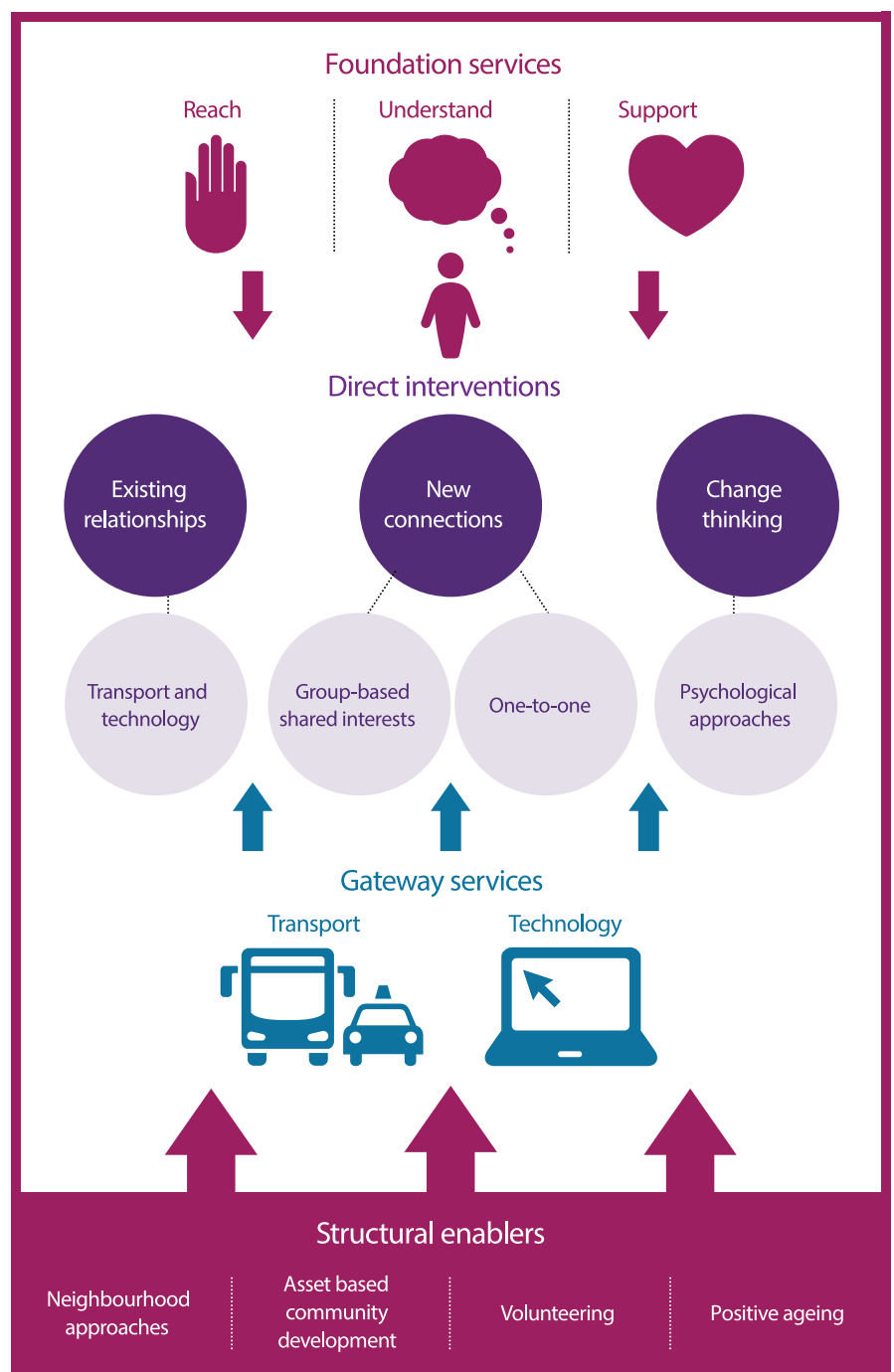
Gateway Services

like transport and technology that act as the glue that keeps people active and engaged, and makes it possible for communities to come together.

Direct Interventions

that maintain existing relationships and enable new connections – either group-based or one-to-one support, as well as emotional support services.

In developing these services, commissioners should consider what **Structural Enablers** are needed in their communities to create the right conditions for ending loneliness, such as volunteering, positive ageing and neighbourhood approaches.



10 www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

Given the multifaceted nature of the issue, strategies to end loneliness are most effective when they are undertaken in partnerships which reach across local authorities, and into other agencies, and as part of a strategic approach to the wider issues facing older people. The nature of the loneliness challenge should be explicitly understood, and practical steps to tackle the problem should be identified at the strategic level across the authority and at the levels of the neighbourhood and the individual.

This publication will aim to build on the main sections of the framework and provide a useful check for adult social care, clinical commissioning groups and public health teams when planning how to address the loneliness experienced by older people in their local populations.

Online guidance

The Campaign to End Loneliness' online resource, Loneliness and Isolation: Guidance for Local Authorities and Commissioners is regularly updated with factsheets, templates, case studies and videos on how to deliver the interventions set out in this framework. Visit their guidance:
www.campaigntoendloneliness.org.uk

The remainder of this guide focuses on action to combat loneliness specifically, recognising that, whilst many general activities and services can help address isolation (for example cultural activities, drop in centres etc), to be most effective some will need to be targeted differently, or delivered in new ways. And, in many areas, additional specialist services will be needed to address some of the specific issues facing lonely individuals. As the case studies throughout this document show, when providers take time to understand and address the loneliness challenge, innovative services can be developed.

In taking forward action to combat loneliness local authorities should be mindful of the need to establish a clear definition of loneliness, to inform how services are set up and evaluated.

In particular, attention should be paid to the distinction between loneliness and social isolation, ensuring that the nature of loneliness as a subjective response to the lack, or low quality, of social contact, rather than an objective state, is properly taken into account.

A strategic approach to tackling loneliness

Initiatives to combat loneliness will be most effective if they are built into an overarching strategy for promoting older people's wellbeing with brings together actors from across the local authority and other local agencies, explicitly recognises the issues of loneliness and social isolation, and sets out clear steps to tackle them.

Building the issues of loneliness and isolation into an overarching strategy will require a number of actions, including:

- research/data analysis to understand the extent of loneliness and isolation within the community
- engagement with older people, including as far as possible those experiencing, or at risk of loneliness, to assess the issue and identify and coproduce solutions
- relationships across the local authority and beyond to bring together all those who can make a difference to loneliness and isolation, including health and social care, information and advice, housing, leisure providers and voluntary and community organisations
- a top-to-bottom commitment to tackling loneliness, with clear objectives and actions set out at all levels from elected members and chief officers, to community projects and front line staff.

11 campaigntoendloneliness.org/guidance/

Raising awareness

Central to success in tackling loneliness, are efforts to improve awareness of the issue, both among professionals, and older people themselves, reducing the stigma of speaking up about what can seem a deeply personal issue and ensuring that local services understand the role they can play in combating loneliness.

Public health

Public health is changing, the focus from treating sickness to actively promoting health and wellbeing there is potential to increase the focus on older people, and to ensure that loneliness is recognised as a priority.

Public health interventions designed to address other key health challenges facing older people can, if properly targeted, also impact loneliness and social isolation. Conversely, failure to recognise the extent of loneliness and to provide services in a way that is sensitive to this issue can limit efficacy of broader health interventions.

For example:

- efforts to increase physical activity to meet new guidelines for activity among the over 50s also create opportunities to increase social interactions and build social networks
- efforts to tackle drug and alcohol misuse can be more effectively targeted if loneliness is recognised as a potential contributing factor
- health screening and preventative interventions can be capitalised upon to also identify, and address, or build resilience to, loneliness and isolation
- falls prevention programmes can be understood as not just a means of reducing costly hospital admissions, but also an opportunity to maintain mobility and existing social connections.

All the lonely people: Social isolation and loneliness in County Durham

The Director of Public Health at Durham County Council in her annual report in 2014 focussed on the single theme of social isolation.

<https://democracy.durham.gov.uk/documents/s48104/Item%2016%20-%20Appendix%203%20-%20DPH%20Annual%20Report%20-%20All%20the%20Lonely%20People%20Social%20Isolation%20and%20Loneliness%20in.pdf>

Neighbourhood action

Neighbourhood-level responses to loneliness are vital, as research has shown the importance of communities in either protecting people from, or exacerbating, loneliness. Neighbourhood action will be particularly important in building and harnessing communities' own capacity to tackle loneliness.

Activity at the neighbourhood level should flow from authority-wide strategy, and should involve a tailored approach, dependent on local circumstances and recognising the particular assets and challenges present in each community.

Supporting neighbourhoods to build their resilience to loneliness makes good sense. Research demonstrates that older people spend more time in their immediate neighbourhood and often feel a higher degree of commitment to their neighbourhood, making the immediate locality an extremely significant influence on their wellbeing.

Loneliness and social isolation among older people in rural North Yorkshire

This piece of work built on a survey about loneliness and social isolation among older people in rural North Yorkshire, carried out by North Yorkshire Older People's Partnership Board (NYOPPB) in 2009

php.york.ac.uk/inst/spru/research/summs/loneliness.php

Creating age friendly communities

Applying an age-friendly lens to place-based policies can help to combat loneliness. Given the issues of frailty and loss of mobility, common problems with transport and the reduced tendency to move to new areas as we age, older people's lives are more affected by their local environment than some other age groups. Conditions within localities can either increase the risk of loneliness, or help to combat it.

Research shows that small interventions to improve the physical environment of neighbourhoods, the services available, and way people within neighbourhoods interact can make them more conducive to healthy independent ageing. The characteristics found to have a positive impact on older people are increasingly being understood and defined as age friendly communities.

The World Health Organisation's Age Friendly Cities initiative was the product of a global effort to identify the key features of an age friendly community. The UK now has its first designated age friendly city, in Manchester, and many other areas are taking steps to improve their communities.

Creating age-friendly communities requires action in three key domains:

- Action on places: including improving the availability of public meeting places and green spaces; providing public seating, improving pavements to reduce the risk of falls; and improving street safety with measures such as street lighting and other community safety initiatives.
- Action for people: including facilitating local social activities; encouraging intergenerational contact; ensuring local people have a voice in local decision making, for example through ward assemblies; and encouraging volunteering and neighbourliness.
- Action on services: including ensuring local bus services and community transport go to the places older people want, at times they want to travel.
- Improving parking: particularly for those with restricted mobility; providing accessible facilities, such as libraries, clean public toilets; ensuring local shops and services are within reach; and providing local sources of information and advice.

By addressing issues in these three key domains authorities can ensure they maximise opportunities for older people to remain socially connected, and reduce the risks of isolation and loneliness.

Successful efforts to improve localities start with listening to older people and engaging them in how to improve quality of life in their local neighbourhood. To ensure that social isolation and loneliness are addressed, these issues should be raised explicitly and authorities should seek, wherever possible, to include older people who are experiencing, or at risk of, loneliness in discussions. This can be done in the context of more general meetings in local areas focussed on developing a vision of how to make the locality more age friendly and socially inclusive.

Age friendly Coventry

Coventry City Council, Age UK Coventry and Coventry University, have formed a partnership to plan and implement the World Health Organization (WHO) Age Friendly Cities (AFC) programme. The partnership works closely with Coventry Older Voices (an umbrella group of older people's groups).

Benefits of the programme include combining resources and aligning strands of work across the different organisations. Coventry University is working with researchers to develop and source funding and accessing partnerships internationally. Coventry City Council's contribution is led by the Cabinet lead for Health and Wellbeing, with support from public health and other departments to produce programmes to improve health and wellbeing for older people, for example, city centre interactive 'totem poles' with information targeted at older people. The programme also has partnerships with a variety of statutory and voluntary organisations across the city. Age UK Coventry has ensured representation and continuous dialogue with older people.

Following engagement: social participation, transport and communication and information were identified as initial priority areas for the city. The partnership oversee the monitoring of the action plan based on these priorities. For more information about Age Friendly Coventry please visit: www.coventry.gov.uk/downloads/file/17176/coventry_age_friendly_city

A place-based approach – maximising the use of all resources

Loneliness initiatives will deliver best results if undertaken in the context of a wider place-based approach to neighbourhood challenges, bringing together all local actors and making the best use of existing capacity within the community. This means breaking down the silos between different agencies and looking at how to do things differently.

Three key actions are required:

- **Building up a picture of community assets** – particularly those assets which are likely to enhance older people's social interaction and resilience against loneliness. Taking an asset approach to communities requires a shift in mindset, from a deficit approach which focuses on problems, needs and deficiencies, to looking at capacity, skills, knowledge and resources, and building on these. Asset mapping exercises involve looking at the strengths and abilities of individuals within a community, as well as looking at community resources. There are a number of tried-and-tested approaches to assessing community assets including asset mapping, asset based community development, appreciative inquiry, participatory appraisal, and open space technology.
- **Regular discussions between local service providers and gatekeepers of resources** – in most areas this will include sheltered housing scheme managers, GP practice managers, schools, faith groups, voluntary organisations, and the fire service etc, alongside adult services. Meetings should have a specific focus on working out how to make better use of resources to secure outcomes for older people, with an emphasis on identifying gaps and avoiding duplication. This approach is already successfully being used.

- **Creating an infrastructure for delivery** – place-based approaches are most successful where local infrastructure exists to drive forward the actions identified as necessary. Effective infrastructures bring together statutory providers with the third sector and other less formal local groups and actors to work together and include models such as community development and neighbourhood networks.

The Joseph Rowntree Foundation: Loneliness Resource Pack to inform action

JRF have produced a set of resources to help individuals, groups, communities and neighbourhoods take a closer look at and reduce loneliness.

www.jrf.org.uk/publications/loneliness-resource-pack

www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf

Cotswold District Council Loneliness and Isolation Project

Research commissioned by Cotswold District Council, in partnership with the Gloucestershire Police & Crime Commissioner looked at the extent of loneliness and isolation in the Cotswold District amongst those aged over 65, to understand the emotional and physical wellbeing of isolation and to identify current and future initiatives and services to counter this condition.

www.cotswold.gov.uk/media/777430/Loneliness-Report.PDF

Evaluating your impact

Services that aim to reduce loneliness can be evaluated for their effectiveness using a number of tools, regardless of their capacity or experience.

The Campaign to End Loneliness have produced guidance: 'Measuring your impact on loneliness in later life' that outlines the structure and design of four scales to measure impact, explains how to score and interpret the results, and set out their strengths and limitations.

Four loneliness scales are recommended:

- the Campaign to End Loneliness measurement tool
- the De Jong Gierveld loneliness scale
- the UCLA loneliness scale
- single-item 'scale'.

The four scales have a range of different strengths and limitations. For example, the Campaign to End Loneliness tool has been developed specifically for people providing services or running activities, whilst the Gierveld scale is a well-evaluated measure of different types of loneliness. See the guidance: 'Measuring your impact on loneliness in later life' for further information.

Cost effectiveness

In a climate of limited budgets and resources, it can be useful to demonstrate the effectiveness of a loneliness intervention. There is an emerging evidence based of the savings to local health and social care services as a result of loneliness investment. Examples include:

- Gloucestershire Village and Community Agents activities resulted in savings to Gloucestershire Health and Social Care services totalling £1,290,107 between 2012-14, with every £1 that the scheme cost, the return on investment is calculated to be £3.10.¹²
- Rotherham Social Prescribing Scheme: commissioned by NHS Rotherham Clinical Commissioning Group (CCG) and delivered by Rotherham Voluntary Action, this measured patients' progress towards social outcomes and predicts a £3.38 long term return on investment.
- Living Well Cornwall: initiated by Age UK and NHS Kernow CCG this program is designed to build self-reliance and self-confidence in participants and has shown a 41 per cent reduction in the cost of hospital admissions and a 3.1 return on investment. The scheme has also led to a 8 per cent reduction in social care costs.

¹² www.grcc.org.uk/downloads/gloucestershire-village--community-agents-cost-benefit-analysis-2014.pdf

- Link Age Bristol: a community development partnership targeting older lonely people cites an initial social return on investment of at least £1:£1.20.

Addressing loneliness through building community capacity

A number of approaches have been shown to be successful in supporting communities to develop their capacity and, thereby, their resilience to loneliness. These start with the need to understand what is already available in the local community. Building on this knowledge, local authorities should consider the following actions:

- Establishing a community navigator scheme – whereby a network of navigators, connectors, agents, or facilitators provide support to individuals on the ground to make the most of community opportunities, but also help to identify gaps in services or ways services could be improved.
- Moving beyond consultation to coproduction – involving people and communities not just in commissioning, but also delivering services, and ensuring that the potential contributions of older people as supporters, advocates, workers and volunteers is maximised.
- Establishing timebanks etc – so that older people can not only benefit from volunteer provided services, but also make their own contribution, fostering a culture of reciprocity and giving people back a sense of purpose within their own communities. Timebanking naturally builds connections between people in local communities and addresses the sense of a lack of purpose which is a key feature of loneliness.
- Supporting community events – through small grants, or support in kind of staff time or resources, to help to build up the community's confidence and capacity.
- Identifying and empowering community leaders – drawing on existing assets in the community to communicate and drive forward shared objectives.

Gateshead Older People's Assembly

Whilst Gateshead Older People's Assembly is 'The voice of older people in Gateshead', members are aware that they are unable to reach everybody, particularly those older people facing loneliness or social isolation.

Assembly members decided to find a way to tackle the issues and after a series of workshops devised a means of enabling older people to make contact and build friendships with others who may be in a similar situation. The idea of 'Friendship Groups' was born.

Working with individuals

While authority-wide strategy and neighbourhood responses are vital building blocks in addressing social isolation, loneliness is an individual experience and it is vital that action is taken to identify, support and enable those people who suffer as a result of it. A number of approaches have been shown to be effective.

Identifying and reaching those in need

The very nature of loneliness, and its links to lack of regular contact with others, means creative solutions are needed to identify those who would benefit most from loneliness initiatives. At the simplest level knocking on doors has been shown to be effective, particularly when those door-knocking do so alongside trusted members of the community, such as police community support officers.

Understanding risk factors

Various factors have been found to increase older people's risk of experiencing loneliness and isolation. Understanding the potential risk factors for loneliness can help to better target initiatives, and to provide tailored solutions to those who are often hardest to reach.

These risk factors also have implications for important health inequalities. Potential risk factors for loneliness include:

- living alone
- poor health
- being aged 80+
- loss of friends
- having no access to a car/ never using public transport
- living in rented accommodation
- living on low income or on benefits as main income
- having no access to a telephone
- hearing and sight loss.

The Friendship Programme

This service from Age UK Northumberland delivers a regular telephone call to older people each week and provides company for many older people. Through the Friendship Programme the organisation is also able to provide lunch trips for clients who use the service together with a peer support programme to 'link up' clients who wish to extend their social networks. During consultations with clients it was found that many people asked for home visits as part of the service.

Targeting the most lonely and isolated

As a first step, local authorities and commissioners may want to plan how to identify and reach those who are experiencing loneliness in their local populations. This will ensure that limited services and support will be targeted at those most in need.

A number of data sources may be useful, for example Office of National Statistics (ONS) data, NHS health and wellbeing data and lifestyle or behaviour surveys.

Variables can include, but not limited to, households that:

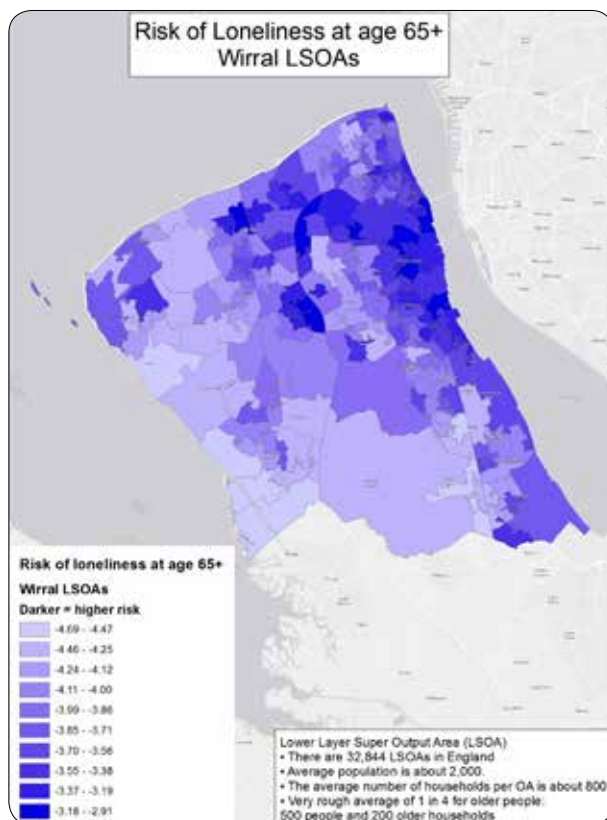
- have a head of household aged 65-74, or 75+
- have one occupant
- report various health issues including mental illness, anxiety and depression
- do not own a car
- speak to their neighbours less than once a month or never
- say they are not satisfied with their social life
- have a low annual income
- require help with bin collection
- have bereaved older people.

Age UK has produced the only index specifically designed to target loneliness. Analysing data from the English Longitudinal Study of Ageing (ELSA), the research identifies the key factors associated with being 'often lonely' and, critically, weights them by their relative contribution to loneliness risk which has enabled them to construct a proper, evidence-based index. They show that self-perceived health is far more important to the overall picture, with social isolation measures playing a smaller but key role. Other elements, such as deprivation and rurality, are in the mix, but are not big enough in their effect to be statistically significant.

The index has been produced in collaboration with the Office for National Statistics. The full tables can be found here – www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/what-can-i-request/published-ad-hoc-data/census/demography/index.html

More information on the index can be found in the methodology paper on the Age UK website ([www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age_UK_loneliness_risk_index_summary-\(July2015\).pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age_UK_loneliness_risk_index_summary-(July2015).pdf?dtrk=true)).

Heat map of loneliness risk in Wirral



Age UK is currently using its Loneliness index in a series of pilots and projects across the UK. In a couple of these areas, it has supported local authorities' work to reach lonely people – Age UK Blackpool and Age UK Wirral are prime examples. This includes producing a heat map of loneliness risk in Wirral (see above). The interim results from our pilots are showing a strong correlation between people reporting as sometimes and often lonely in areas where the Age UKs are proactively using the index for targeting.

A number of local authorities are leading the way in identifying vulnerable people.

These include Gloucestershire County Council, which has created a map of public health variables that could lead to loneliness such as age, living alone, not owning a car, being on a low income and reporting issues such as anxiety and depression.

The local authority has used the tool to identify areas with the greatest risk of social isolation and this has led to one district council setting up focus groups to get to grips with the issue.

First contact schemes – eyes and feet on the ground

First Contact Schemes train individuals who older people are most likely to come into contact with on engaging people experiencing loneliness and make appropriate referrals to local services.

There are two main types of first contact schemes:

- **Agency Based Referral Schemes** – existing local service providers train their staff (for example post offices and libraries) to identify older people who might otherwise not have known about/accessed existing services to address loneliness.
- **Agent Based Referral Systems** – 'community' or 'village' agents are paid staff or volunteers working to identify the individual needs of excluded/vulnerable people in a local area.

The Rural Access Project – Northumberland

The service provides supported outings (cultural and shopping) to older vulnerable or isolated people with mobility difficulties in the rural north of the county.

Using links to the health service

Health professionals have regular contact with older people at risk of experiencing loneliness and systems can be established to identify and refer individuals onto services and support. Initiatives include:

Social prescribing – where 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.

Home from Hospital schemes – hospital staff identify older people who may be experiencing/are at risk of loneliness

because of an illness and introduce them to local services to receive support. The Royal Voluntary Service's 'Hospital 2 Home'¹³ service model supports vulnerable older adults during and after hospital discharge and offers short-term support.

Other known ways that local authorities and services reach older people experiencing or at risk of loneliness includes through leafleting, direct mailouts and local radio, television and magazine articles. Making use of local business can also be effective, for example, a local charity distributing loneliness questionnaires through local pharmacies to increase referrals to its service.

Over three quarters of GPs say they see between one and five lonely people a day
(Campaign to End Loneliness Poll, 2013)]

What services to offer?

Services and initiatives that reduce loneliness are those that directly increase the quantity and/or quality of a person's relationships. There are likely to be number initiatives that already exist in a local area that are available to older people but it is important that individual needs are understood and met. To meet the varied levels and types of individuals' needs, a wide range of services and activities should be available, so a choice or 'menu' of direct interventions should be available for:

Supporting and maintaining existing relationships

Transport and technology are key in enabling an older person to maintain their existing relationships and the lack of access or availability of these services can be a serious barrier to an individual's social connections. Both services also have a far wider impact on an older person's independence and their ability to access a range of services that can help reduce loneliness. Their importance is explored in the next section.

¹³ www.royalvoluntaryservice.org.uk/get-help/services-we-provide/practical-support-at-home/home-from-hospital?gclid=CIPM6paCv8UCFQsHwwod0msA4g

Supporting new social connections

Services that support older people to develop new relationships broadly fall into two categories:

Group-based approaches: Examples of social activities can include community choirs, coffee mornings and faith groups. Group-based activities can be particularly effective when they:

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

Group-based activities can also be effective when there are additional benefits offered other than just social contact, for example learning, health promotion, or support through difficult circumstances (mainly bereavement).

Buddying: One-to-one friendship provision can support older people who are unable to connect with existing relationships or have practical barriers, such as disabilities, that prevent them from getting out. The most common form of one-to-one approaches are befriending services through which an older person is matched with a worker or volunteer who visits or telephones them on a regular basis, although there is also scope for greater use of technology in this area. Befriending services are expanding to engage recipients in becoming befrienders and creating specialist models for particularly at-risk groups.

Providing psychological approaches

Psychological support services should be made available to individuals experiencing loneliness who need help in changing their thinking about their social connections. Mindfulness and Cognitive Behavioural Therapy (CBT) are evidenced¹⁴ to be effective at addressing loneliness and should be made available as an option to those experiencing loneliness.

¹⁴ www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

In Warwickshire a menu of psychological services is made available to older people who are experiencing a range of mental health issues, with positive impacts on their wellbeing. However, while the linkages between these mental health issues and loneliness and isolation are recognised, the more intensive services are only available to those with other mental health diagnoses.

Good Friends (Good Neighbouring)

Good Friends is a volunteer project with a difference. Good Friends focusses on the ways people can help to improve the life of their older or vulnerable neighbours.

This project bridges the gap between voluntary social services such as Age UK Darlington's 'Rely on Me' Befriending and Neighbourhood Watches 'just watching' approach. A network of Good Friends keeps a watchful eye on their older, isolated and/or vulnerable neighbours. They provide support and friendship. They also assist with a range of issues which if left unaddressed could compromise their ability to live safely and independently.

Transport and technology

Access to transport and technology can be key in enabling social connection, not only in supporting older people to maintain their existing relationships, but also in enabling services that support the development of new connections. The lack of availability of, and access to, these services could be a serious barrier to social connection.

Transport

Accessible and affordable transport is key to retaining connections and independence in older age. Local commissioners are encouraged to work closely with planning teams to develop and maintain an age-friendly approach to local transport.

Community transport – community transport is that which is organised on a non-profit

basis by voluntary organisations, community transport groups, and other non-statutory bodies. A number of voluntary organisations offer transport services for activities including shopping assistance, or traveling to social activities. Community transport can be flexible and responsive, and be particularly useful in dispersed rural communities, where buses have fewer passengers and destinations can be more diverse.

Accessible, affordable and safe public transport

– it is important that older people have affordable, accessible and safe access to public transport. Accessible transport should meet a range of mobility and sensory needs of older passengers and providers should to ensure adequate provision of information is available.

Age-friendly driving conditions and parking facilities

– driving can be an essential transport option for older people, particularly in rural and more remote residential areas. Heavy traffic, poor road conditions, inadequate street lighting and poorly-positioned signage can be barriers to confident city driving, particularly for older people. Planning and transport commissioners should consider the full range of environmental factors that affect older people, for example parking bays being located close to buildings and increased drop-off and pick-up bays to improve accessibility.

Wavelength

Wavelength is a voluntary organisation which provides televisions and radios for isolated and lonely people; there is no cost to the recipient. In some exceptional cases, they can also help cover the cost of a TV licence or aerial for beneficiaries who don't already have one. Wavelength takes care of all installation and delivery. Beneficiaries cover a wide spectrum, but typically they are over 75 years of age and living with chronic sickness, disability or mental health problems.

For further information about this charity, visit wavelength.org.uk

Technology

The impact of technology on loneliness among older people has been hotly disputed, with some arguing that the increasing use of technology has exacerbated the exclusion of older people, and others pointing to the vital role that technology can play in enabling older people to maintain (and, to a lesser extent, develop) their social connections¹⁵. A recent review¹⁶ found that technology based initiatives were among the most effective of all studied interventions in tackling loneliness. Technology can help reduce those experiencing or at risk of loneliness through:

- supporting existing relationships
- themselves be the source of a new relationship eg telephone befriending
- enable, or create the catalyst for, new social connections
- create the opportunity for new face-to-face relationships, eg in the provision of IT training.

Technology can also offer a cost-effective way of providing wider services and support. Technology-based provision may sometimes represent the 'best case scenario' in a time of limited resources, even though face-to-face provision may be preferred. The early use of telecare solutions also support independent living, allowing users to remain in their home and community environment for longer, avoiding relocation induced loneliness.

¹⁵ www.campaigntoendloneliness.org/?s=technology

¹⁶ 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.



Rotherham Social Prescribing scheme

The Rotherham Social Prescribing scheme is operated by Voluntary Action Rotherham (VAR) on behalf of NHS Rotherham CCG as part of a wider Integrated Case Management programme in primary care. VAR employs a Social Prescribing Service project team – a Manager and five Voluntary and Community Sector Advisers. A risk stratification tool is used by GP practices to identify eligible patients (mainly older people with a variety of long-term conditions). Advisers discuss patients at risk of unplanned hospital admission within the integrated case management teams and patients identified as needing non-clinical means of support to improve their health and wellbeing are referred to the social prescribing scheme.

Advisers then carry out a home visit to undertake a social need assessment and link patients into appropriate services in the voluntary and community sector. Many services are funded under contracts with local voluntary and community sector organisations including the local Age UK, Citizens Advice Bureau, Alzheimer’s Society and Sense. Services include befriending and enabling; dementia services; carers’ respite; community engagement groups; advice and information; advocacy; sensory services; therapeutic services and community hubs based on an asset based community development (ABCD) model. There is also capacity to spot-purchase solutions for patients whose needs cannot be met by the main providers.

Services are time-limited, as a pathway to independence, with an emphasis on enabling patients to take control. Patients’ progress towards social outcomes is measured using a specially developed tool. It has eight measures associated with different aspects of self-management and wellbeing; from sleeping habits and managing symptoms, to work and volunteering, to friends and family.

During the pilot phase of the project (April 2012 to March 2014) 83 per cent of patients experienced positive change in at least one social outcome area where 27 per cent of

patients made progress against the family and friends outcomes, with 69 per cent of those with a low score on this measure at baseline making progress.

There were also significant benefits to the NHS:

- inpatient admissions reduced by 21 per cent
- Accident and Emergency attendances reduced by as much as 20 per cent
- outpatient appointments reduced by as much as 21 per cent.

The pilot phase cost £1.1 million. An independent assessment of the return on investment estimated that the longer-term return on investment could reach £3.38 per pound, if the benefits being achieved by the end of the pilot were sustained over a five year period. In addition the value of patients’ wellbeing benefits was estimated as between £819,000 and £920,000 by the end of the pilot. The CCG has re-commissioned the service.

“The only person I talked to was the Tesco delivery driver... One day feeling my life was totally worthless, I visited my GP. She said she had heard about a new thing called ‘social prescribing’... She did not offer me pills. This was great! ... Now I have friends, I go out for meals; I’ve been on day trips to the coast, the animal park and other places. There’s always something to look forward to.”

Contact:

www.varotherham.org.uk

Men in Sheds Scheme

Age UK Exeter's Men in Sheds scheme was set up to offer a facility for men aged over 50 to meet for a few hours a week in the familiar environment of a shed or workshop.

The men come together to socialise over refurbishing and renovating tools and garden equipment to be donated to charities and organisations in the UK and Africa, or to be sold to raise money for Age UK Exeter. The scheme operates four days a week.

For two days a week the project is open to men who can manage the work and environment independently and on the other two days the Shed offers a more managed environment so that men with physical disabilities and/or mental health needs can safely enjoy the shed – this is Tools Company. Through this programme regular shed attendees act as 'Buddies' for older men who would not otherwise be able to access the Shed, who are known as 'Chaps'.

The scheme was initially funded by a £10,000 grant from Nesta as part of the Ageing Well Challenge Prize. During the grant period the Shed supported 19 Chaps to attend the Shed regularly. Now that the Nesta grant has come to an end the scheme is funded by a number of trusts and foundations, and benefits from in-kind donations of tools and training from corporate supporters.

The project as a whole costs approximately £32,000 per annum, with salary costs making up around 80 per cent of the costs (to ensure appropriate risk and safety levels on all four days). The scheme is widely advertised through posters and local media etc. 'Chaps' are referred to the scheme by Mental Health teams, Social Services, Age UK Exeter and the Royal Devon and Exeter Hospital.

The scheme also accepts self-referrals. It has attracted men who have not attended and do not want to attend day centres, clubs and other activities where the primary focus is on chat.

Evaluation of impact over the six month period supported by Nesta demonstrated that participation in Tools Company resulted in:

- an increase in the amount of time in which older men were engaged in meaningful activities each week
- a reduction in feelings of loneliness and isolation among all participants
- increased social contact and lasting friendships between older men
- Age UK Exeter have produced a short guide entitled 'Create Your Own Tools Company' to support other organisations to replicate their model in other areas.

“I love the company. Because of my depression I'm not very sociable so I come for the company. There are people here with lots of skills and I'm still learning skills and I'm still learning things. I know what we are doing is helping other people. I must say I felt at a loss when I retired. I missed the male company and the camaraderie. This place brings us all together”

Contact:

<https://www.ageuk.org.uk/exeter/our-services/men-in-sheds-and-tools-company/>

Brighton and Hove Carers Centre Male Carers Support Group

Brighton and Hove Carers Centre Male Carers Support Group was established in May 2009 in recognition of the fact that male carers can have particular support needs and had not been coming along to other groups or coffee mornings run by the Carers Centre.

It is funded by Brighton and Hove City Council and run by a Sessional Work Group Coordinator who is employed 10 hours a month by the Carers Centre, and is supported and supervised by a full-time member of the Carers Centre staff.

The group meets twice a month in community settings such as cafés and has established a monthly coffee morning and a monthly social activity. A core group of men come along regularly, most of whom are caring for their partners. The group is relaxed and has a mainly social focus. The Sessional Work Group Coordinator calls people who are interested in joining the group, and explains that members do not have to talk about their personal life or their caring role if they don't wish to.

Outside the group the Coordinator offers one-to-one support and any casework is referred back to the Carers Centre. At the monthly coffee morning the carers decide on their next activity. All activities are provided free of charge, and in the past these have included bowling, pool, mini-golf, fishing, and cinema trips. Meals are very popular and the group holds an end of year meal and a 'Male Carers Big Breakfast'. When planning activities the group are mindful of carers' own access needs. Evening and weekend activities work best and activities last no more than a couple of hours in the local area, as this is the maximum amount of time most members can take away from their caring role.

The Centre pays transport costs for members with mobility difficulties to enable them to access the group.

An evaluation questionnaire is sent out annually to the group's mailing list asking the men to assess the group's usefulness in managing issues like stress, depression, feelings of isolation and ability to cope with the caring role, on a scale of 1–5 (where one represents a low rating and five a high rating).

For the period April 1 2013 to March 31 2014 average scores ranged from 3.75–5.

“Aside from the survey results which are very positive, I am aware that some of the men are forming friendships outside of the group and I have noticed the quality of the interaction between them has improved greatly. This is especially true of those members of the group that have been attending for a number of years, they seem to take pride in the group and are very welcoming and supportive of new members, it is as if they feel some ownership of the group which is a very positive thing.”

Contact:

www.thecarerscentre.org

Dorset Befriending Service

The scheme was initially set up in response to concern by a local GP that a number of older patients were making repeated trips to the GP and to Accident and Emergency, for reasons which were primarily to do with their isolation.

The scheme is available on a referral or self-referral basis to older people throughout the county. Older people who are referred to the scheme are assessed by the coordinator or a customer support volunteer, in order to work out what kind of support will best meet their needs and wishes. Support is available on an on-going basis, for as long as older people want to receive it.

The scheme offers a range of options including:

- home visits
- accompanied and wheelchair walks
- shopping and general errands
- sitting to relieve a carer
- dog walking
- card and board games
- trips out and socialising
- reading and help with correspondence.

The scheme is funded by donations and fundraising. It was initially set up using legacy funds. The scheme costs around £7,000 per annum to run (excluding costs for the service manager), and is coordinated and delivered entirely by volunteers who are supported by the part-time service manager.

The scheme has 110 clients, with the majority aged between 80–94 years old. All overheads included, it costs just £3.50 per person each week to provide companionship, encouragement and a supported sense of wellbeing.

“My volunteer is a very nice lady and I look forward to her visits. Sometimes we play scrabble and she has taken me shopping, and offered to take me to other places where I might like to go. I count myself lucky to have been given the opportunity to receive visits from a volunteer, it certainly has made a difference to my life.”

Contact:

www.royalvoluntaryservice.org.uk

Psychological Support Services – Age UK Warwickshire

Warwickshire's Psychological Support Services is a county-wide scheme

offering a range of interventions aimed at improving wellbeing and supporting older people. A counselling service is available to clients who are aged over 55, or who are caring for someone aged over 55, offering up to 25 sessions with a trained counsellor who provides emotional support, confidential, non-judgemental listening, and help to work through difficulties. Sessions are generally held in individuals' own homes, and referrals are accepted from a wide range of agencies. Self-referrals are also taken. The scheme is funded through a combination of grants from trusts, core funding and individual client donations.

The service has recently started to gather impact data using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS – see Appendix 3) with measures taken during the initial assessment phase and then after the final counselling session. To date a mean increase of six points on the WEMWBS has been recorded among clients undergoing counselling. Also available is a scheme called 'Support, Time and Recovery', which focuses on improving wellbeing, increasing self-management skills and reducing isolation. The service is funded by Warwickshire County Council and through client donations and is available to clients aged over 55 who have a diagnosis of depression, stress or anxiety. The scheme offers up to 25 sessions with a volunteer who helps clients work towards identified goals and to take steps to improve their wellbeing.

Although the service often deals with issues of isolation and loneliness, it is not available to those whose only request is to reduce isolation, and self-referrals are not accepted. Referrals are accepted from GPs, Community Mental Health team and other mental health service providers. Regular reviews and on-going monitoring are carried out, to identify any changes in client needs.

These clients can then transition to different parts of the Psychological Support Service, for example counselling or CBT, with little delay. Similarly clients who have had 25 sessions and made improvements, but who are not ready for discharge, can be provided with lower intensity services.

Evaluation shows that clients make a mean improvement of 20.2 points on the WEMWBS scale, following involvement with the 'Support, Time and Recovery' programme. Lower level interventions offered by the service include 'Wellbeing in a Box', which enables individuals to learn techniques to increase confidence and find ways to manage low mood or improve sleep. This is a short-term intervention involving the provision of self-help guides or 1–5 low level sessions. It is funded by Warwickshire County Council. The organisation's befriending service also forms part of the Psychological Support Service.

“I couldn't have asked for anyone better, she has made such a difference – giving me more confidence and listening without pressure. To have someone to talk to and know you can say anything at all and in confidence is wonderful.”

Support, Time and Recovery Client

Contact:

www.ageuk.org.uk/warwickshire/our-services/psychological-support-service/

Springboard Cheshire

Springboard is a partnership between Age UK Cheshire and Cheshire Fire and Rescue Services (CFRS) that uses advanced data sharing to target home visits to older people by CFRS staff, who act as a gateway to a range of early intervention and support activity.

Springboard was developed out of a desire to maximise the value of the CFRS's work to provide safety advice and information to older people. In 2005 CFRS and Age UK Cheshire started to work together with the local authority and NHS to identify data sets that would help pinpoint older people who were most likely to be in need of support, due to the presence of a range of risk factors for poor wellbeing in later life.

A data sharing protocol was established to allow CFRS to use 'personal' NHS data, and this is overlaid with information from the index of multiple deprivation, MOSAIC and other open data sets, for example on households receiving assisted bin collections. Using this information Springboard delivers around 30,000 'smart' home visits per year. They have a 98 per cent success rate in being invited into homes, due to the trusted brands of partners CFRS and Age UK.

At each visit a 'contact assessment form' is used as a gateway to a menu of support options including help with building or improving social networks, healthy lifestyles, advice and information, maximising income and reducing unnecessary expenditure, as well as receiving fire safety advice from CFRS. Social isolation is addressed by connecting people to local resources, signposting to befriending services, tea/coffee clubs, social and leisure networks and Men's Sheds schemes, maximising income, and offering lifestyle and confidence building, educational opportunities and opportunities to volunteer.

This joint community capacity approach focuses on people's capabilities rather than deficits. Springboard's work has led to more people receiving help and support at home who are below local social care eligibility levels – using community networks and developing community capacity – and an increase in the number of older people who are involved with their communities.

“I now feel far more confident, it's a great comfort to know that you are there.”

Contact:

www.cheshirefire.gov.uk/partnerships/springboard

Shopping service enables older residents

Age UK Kensington and Chelsea's shopping service enables older residents of the borough who are unable to use public transport to do their shopping, while also providing an opportunity to socialise. Older people are transported to a local supermarket, for an extended trip over lunchtime, to shop, enjoy a meal and socialise.

Referrals to the scheme come from a range of sources including social services, friends, family and self-referrals. A home visit is undertaken to ensure that the individual meets the criteria for the service. Once accepted, clients are free to ring and request a place on the trips.

There are two trips per week and places are allocated largely on a first-come-first-served basis, although other factors – such as time since last trip and level of support needed – are taken into account. No advance bookings are taken, and clients are advised that generally speaking they will be allocated a place no more than once a fortnight.

Older people are collected at their homes by volunteers using a minibus from Westway Community Transport, and are taken to one of the local supermarkets, according to a rota. Volunteers support shoppers from the moment they leave their houses to their return – while some clients need to be pushed in a wheelchair, others simply need help carrying shopping to the kitchen.

The service is funded by the local authority the Royal Borough of Kensington and Chelsea and the money goes towards the cost of the transport and the coordination of the service. Clients make a £1.50 contribution towards the costs. The cost of the trips is around £15, or £4 per hour, per client – a substantial saving on the cost of using a home care service.

The service provides additional benefits in ensuring client can choose their own shopping and get cash back, are able to leave the house, and can have a cooked meal and socialise with others they feel comfortable with.

An internal evaluation in 2012, based on a members' survey emphasised the value shoppers placed on the social contact provided by the service.

“The only day I leave the house is Wednesday when I go to the shops with Age UK Kensington and Chelsea. It is great to meet other shoppers. Everyone is very friendly and you always feel welcome to the group. Volunteers will push my chair around the shop and will assist me to get on and off the bus. I have carers who come daily to help me at home but it is good to leave the house and meet other people. I particularly enjoy the time we spend at the restaurant when we chat and have a meal together.”

Contact:

www.ageuk.org.uk

Contact the Elderly

Contact the Elderly operate a lifeline of friendship organising free monthly Sunday afternoon tea parties for people aged 75 and over, who live alone with little or no support from friends, family or statutory services. The provision of transport is integral to the model as guests are collected from home and driven to tea parties by a regular volunteer driver. There are currently over 7,300 volunteers supporting over 4,500 older people in 560 groups across England, Scotland and Wales.

Each tea party group is formed of six to eight older guests, three to four volunteer drivers, a bank of volunteer hosts and a volunteer coordinator. The group visits a different host each month but the volunteer drivers stay the same, ensuring that friendships are formed over time.

Older people are allocated to a local group on completion of an application form. The charity accepts referrals from third parties including other charities, healthcare professionals (including GPs and Occupational Therapists), long distance friends and family. The groups are promoted through local print media, by existing volunteers and guests, social services and with leaflets and posters. More recently the charity has been working with the emergency services (particularly the Fire Service) and GPs to reach out to some of the most isolated older people.

The charity is funded primarily by trusts (48 per cent) and corporate supporters (27 per cent). The remainder is made up of grants (10 per cent), individual and community giving (11 per cent) and legacies (3 per cent). To launch a new Contact the Elderly group and support it for 12 months costs the charity around £5,200; maintaining an existing group costs around £620 per year. Contact the Elderly calculates that if volunteers were replaced by staff the cost of running each group would be approximately £7,000 per year.

In May 2014 a survey of 1,200 guests highlighted the profound difference tea parties make:

- 96 per cent of guests say the tea parties give them something to look forward to
- almost 90 per cent have made friends with volunteers
- over 80 per cent have made friends with other guests
- 80 per cent of guests feel happier as a result of joining a group
- almost 80 per cent feel less lonely since joining a group.

Participant quote:

“The volunteers are absolutely wonderful, wonderful people. You can’t find better people. They have a smile on their face every time they pick you up, a smile on their face every time they drop you off. Nothing is too much for them. It’s made my life more than just sitting at home all day.”

Contact:

www.contact-the-elderly.org.uk/

Leeds Seniors Network

The Leeds Seniors Network aims to work with and enhance natural linkages; skilling up local people to be even more effective at making connections, and supporting networks and groups. The overall aim is to support older people to live longer at home, have an active social life and remain integrated in their local community.

It is part of the SeNS European Project (Seniors Network Support) and is based around the idea of developing better networks and connections between older people and their friends/families in local communities. There are two elements to the SeNS project in Leeds:

- recruiting Community Connectors through an asset based community development (ABCD) approach in three areas of the city – Calverley, Middleton and Harehills
- linking virtual and actual networks.

Community Connectors:

Three third sector Neighbourhood Network Schemes have been commissioned to act as Community Builders to recruit volunteer 'Community Connectors' to identify and connect with people who are not already engaged with groups and activities and to support them to turn their ideas for community activity into actions. These individuals come from a wide range of backgrounds and have a whole range of 'day jobs' – they are selected because of their strong networks in the community and their willingness to help make things happen. Each area has a small amount of seed funding (Small Sparks Fund), to help develop actions.

Linking virtual and actual networks:

This programme helps individuals, groups and organisations who work with older people to improve their IT skills, with a view to helping those older people who cannot get out and about to maintain their connections and join groups using the Internet.

The project cost £84,000 in total, which was 50 per cent funded by the European Union and matched by Leeds City Council. Part of the funding was to cover management of the project, part to award as small grants to seed fund ideas and activities.

The project is being independently evaluated. The learning from the SeNS project will be rolled out as part of Time to Shine, a city wide initiative, being funded as part of the Big Lottery Fund Ageing Better Programme.

“The people I’ve connected have helped each other. I won’t say they’ve necessarily become close friends, but it’s about other people feeling useful and helping them feel useful, that they still have skills... The thing I feel most proud of is that I got people talking to each other.”

Community Connector

Contact:

campaign.toendloneliness.org/guidance/case-study/seniors-network/

Viridian provides social housing and Active Online

Viridian provides social housing and Active Online is their free Internet training scheme for residents aged 50 and over. The scheme provides free one-to-one training sessions in individual's own homes, and no computer equipment or Internet connection is needed to participate, as trainers bring tablets with them.

The project started with a pilot, which tested both one-to-one and group-based models of training, and trained 80 residents aged 50 and above. This has now been rolled out to all areas in which Viridian works. Two hundred and fifty residents have signed up since January 2014, and the target is to have 300 residents signed up by January 2015.

The scheme now operates on a one-to-one basis only, as the pilot showed that this model worked better both for Viridian and its residents. Viridian works with two trainers: Student@Home (who provide the majority of the sessions) and UCanDoIT (who provide specialist support and technology for residents with additional needs, such as visual impairments, learning disabilities or dementia).

The scheme is advertised widely through Viridian's newsletters and website, through housing officers and scheme managers. Residents can also self-refer. Student@Home run 'taster sessions' at retirement schemes, and residents aged over 50 who do not live in retirement schemes are called directly to offer training.

Viridian is committed to ensuring all customers have access to the training and therefore has invested in the Active Online project. The average cost per person during the pilot phase was £373, with an extra £90 per resident spent on purchasing a tablet. However the scheme no longer provides free tablets or Internet connection as it was found that after training, most residents were happy to buy their own equipment.

The pilot phase of the project was fully evaluated and found that:

- 76 per cent of residents found a tablet easy to use
- 61 per cent felt more in touch with the world around them
- 80 per cent of the participants found their new skills valuable
- residents enjoyed using online games as it kept their minds active
- residents used Skype to stay in touch with family and friends.

“I just click on and I can Skype Greece where my other family is. I can Skype them and see them, you know it is out of this world.”

Contact:

www.ucandoit.org.uk/news/reaching-new-audiences

Where to get more information

Age UK is the country's largest charity dedicated to helping everyone make the most of their later life. Age UK provides a wide range of services and its information and advice reaches 5 million people each year. The Age UK network comprises around 170 local Age UKs reaching most of England. Our family also includes Age Cymru, Age NI and Age Scotland.

Tackling loneliness in later life is a key priority for Age UK, that's why we recently launched our 'No one should have no one' campaign. To find out more about our work to combat loneliness, and about your local Age UK, please visit www.ageuk.org.uk/no-one/

For more information on our loneliness risk index and mapping, please contact our research team at research@ageuk.org.uk

The Campaign to End Loneliness believes that no one who wants company should be without it. Our work inspires thousands of organisations and people to do more to tackle the health threat of loneliness in older age through community action, good practice and evidence.

Age UK Oxfordshire, Independent Age, Manchester City Council, Royal Voluntary Service and Sense provide governance and strategic direction for Campaign. We are network of over 800 organisations and over 2000 supporters across the UK and work to:

- keep loneliness in the news and high on the social policy agenda
- promote higher quality and more effective support from service providers
- campaign for local authorities and commissioners to take a leadership role on reducing loneliness in later life in their local populations.

The Campaign to End Loneliness has produced an online guidance resource for local authorities and commissioners that is regularly updated with factsheets, casestudies, videos and templates.

Visit campaigntoendloneliness.org/guidance/strategic-approach/ or email us at info@campaigntoendloneliness.org.uk for more information and to contribute new case studies to the guidance.

Useful research

www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

www.campaigntoendloneliness.org/wp-content/uploads/CEL-Hidden-People-report-final.pdf

www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf

Measuring National Well-being, Insights into Loneliness, Older People and Well-being, ONS 2015

www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/older-people-s-well-being/art-older-people-s-well-being--2015.html

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