

Combating loneliness

A guide for local authorities



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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 the population 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 be clear about 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, and so clarity about what we are talking about is important.

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.

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 three tiered framework for tackling loneliness – at a strategic level, in local communities and through one-to-one work with individuals.

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 socio-economic 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 to produce this guide.

A handwritten signature in black ink, appearing to read 'David Rogers', with a horizontal line underneath.

Cllr David Rogers OBE
Chair, LGA Community Wellbeing Board

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; and close links to deprivation.
- 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.

Framework for action

- Include 'addressing loneliness' as an outcome measure of council strategies for ageing – ensuring that it is recognised and acted upon across every area of the authority's work.
- 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.

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.
- 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.

Introduction

This document has been produced by the Local Government Association's Ageing Well programme 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 partnership with other local actors, 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.

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"¹. And 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.

1: Burholt, V. (2011) in Safeguarding the Convoy – A Call to Action from the Campaign to End Loneliness, Age UK Oxfordshire, 2011

How prevalent is loneliness?

Research over decades has found a fairly constant proportion (six-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 lonely². 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 health³, and living alone or in isolated rural areas or deprived urban communities⁴.

2 Victor, C. (2011) in Safeguarding the Convoy – A Call to Action from the Campaign to End Loneliness, Age UK Oxfordshire, 2011

3 One Voice: Shaping our ageing society, Age Concern and Help the Aged, 2009

4 Scharf, T. (2011) in Safeguarding the Convoy – A Call to Action from the Campaign to End Loneliness, Age UK Oxfordshire, 2011

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

- 12 per cent of older people feel trapped in their own home⁵
- six per cent of older people leave their house once a week or less⁶
- nearly 200,000 older people in the UK do not get help to get out of their house or flat⁷
- 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 month⁸
- over half (51 per cent) of all people aged 75 and over live alone⁹.

5 Spotlight on Older People in the UK, Help the Aged, 2006

6 One Voice: Shaping our ageing society, Age Concern and Help the Aged, 2009

7 One Voice: Shaping our ageing society, Age Concern and Help the Aged, 2009

8 Loneliness, Social Isolation and Living Alone in Later Life, Victor, C et al, ESRC Growing Older Programme, 2003

9 General Lifestyle Survey 2008, table 3.3 (GB), ONS, 2010

Why tackle loneliness?

“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.”¹⁰

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.

The links between loneliness and poor health¹¹ are well established. In their recent review of the evidence on loneliness and social isolation, the Social Care Institute for

10 Burholt, V. (2011) in Safeguarding the Convoy – A Call to Action from the Campaign to End Loneliness, Age UK Oxfordshire, 2011

11 Windle, K, Francis, J, Coomber, C. Preventing loneliness and social isolation: interventions and outcomes, Social Care Institute for Excellence, 2011

Excellence highlighted that being lonely has a significant and lasting 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.

Loneliness is strongly correlated with socio-economic deprivation, with high levels of loneliness in deprived urban areas, for example, it is also correlated with living alone, and in rented accommodation.

Tackling loneliness is, therefore, germane to a number of important agendas for local authorities. In particular, as the public health function moves back into local government, councils should ensure that loneliness is recognised as a public health issue, and 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 will reduce the demand for costly health, care and other interventions and, by reconnecting individuals to their communities, it will give renewed access to older people's economic and social capital.

Whilst hard cost-benefit analysis of loneliness interventions 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. In one study a cost saving of £300 per person per year was estimated to result from befriending costing £80 per person, and savings of £900 per person from a £480 intervention through community navigators¹² (see page 30) who work with individual older people to link them into local services.

¹² Windle, K, Francis, J, Coomber, C. Preventing loneliness and social isolation: interventions and outcomes, Social Care Institute for Excellence, 2011

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.

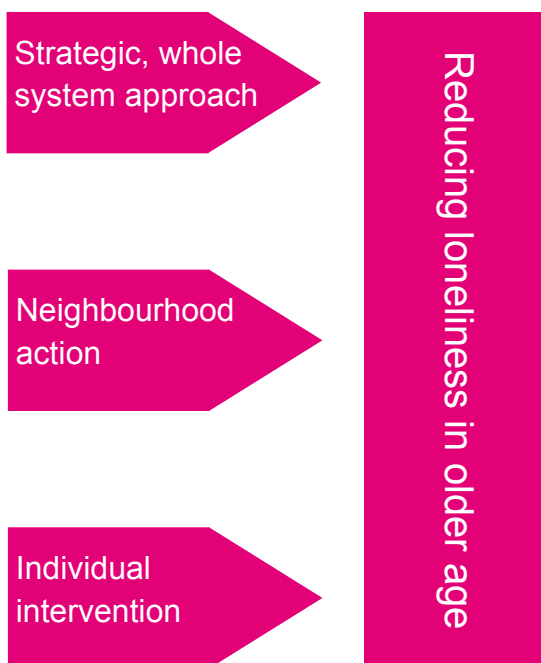
Resourcing efforts to combat loneliness need not be onerous, as often they are a case of ensuring better targeting of existing resources, or partnering with local organisations and local communities to galvanise and direct existing capacity. As the examples below show, pooling resources across statutory 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.



A framework for combating loneliness

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 document sets out actions which local authorities, and other statutory bodies and their partners, can take to tackle loneliness, setting them in the context of an overall framework for action.



Reducing loneliness in older age – individual intervention

The same framework can be applied to efforts to promote older people's wellbeing more generally and many local authorities are already working with local older people to identify and respond to their needs, and to prepare for future population ageing. Numerous resources are available to support local authorities in developing their older people's programmes and many of these can be found on the Ageing Well website, which includes written guides, case studies, toolkits and videos.

See <http://www.local.gov.uk/ageing-well>

A good place to grow older: Ageing Well

The Ageing Well programme has produced a self-assessment toolkit to assist local authorities in developing a whole systems approach to ageing.

It sets out the need for:

1. **An agreed understanding of the big picture:** Authorities should have an agreed understanding of what they need to do, and a strategic approach to making their area a good place to grow older. This should be developed with older people, be based on a good understanding of local information, and should improve services, and make a difference. There should be clear plans in place across all partners for action and reporting progress.
2. **Mechanisms to support and enable older people's contribution:** Older people should be able to make an active and valued contribution to their community. They should play a part in the planning, delivery and monitoring

of services and be involved in making decisions that affect their lives.

3. **Strong partnerships, to organise for better lives:** Partnerships should be organised so that older people are empowered to live full, independent and active lives. Partners should work together to learn from each other, avoid duplication, remove barriers and make a difference.
4. **Making a difference with less:** Partners should understand the financial implications of an ageing society, and jointly develop plans with older people based on this understanding. These plans should make a difference to older people's independence and wellbeing, and deliver more for less.

To download the toolkit visit:
<http://www.local.gov.uk/ageing-well>

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 contacts, 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 which 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 actors 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.

Manchester's strategic approach to ageing provides a framework within which combating loneliness can be integrated into numerous aspects of the authority's work...

Manchester has been designated the UK's first age-friendly city and is part of the World Health Organisation's Global Network of Age-friendly Cities. The city's work to combat loneliness takes place under the umbrella of the Valuing Older People (VOP) programme (see www.manchester.gov.uk/vop) and is guided by the Manchester Ageing Strategy, launched in 2009, which sets out a 10 year plan to make Manchester, 'A Great Place to Grow Older.'

The strategy highlights tackling loneliness as a key challenge for the city, identified through feedback from older people and professionals, and through research.

Mainstreaming the challenge

The VOP team aims to influence policy and delivery in every area of the authority's work to ensure that issues affecting older people (including loneliness and isolation) are factored in. For example, through VOP's influencing work, tackling loneliness and isolation has been integrated into local regeneration frameworks.

Organising strategically, delivering locally

One mechanism for delivering the Ageing Strategy at a neighbourhood level is the VOP Locality approach, in which VOP Networks are organised at ward level throughout the city. The networks work in defined geographical areas to improve services and opportunities for older residents, by bringing together all the services and community organisations operating in the locality to identify local concerns, take collective action, share ideas and find solutions to local issues.

Each VOP Network develops a local action plan based on officer feedback, consultation events, questionnaires and their contact with local older people's groups. The networks also provide information, offer small grants and other support to local groups and community organisations, help to coordinate provision in an area, and act as a hub for older people's services and issues. This unique structure offers a very practical means of translating city-wide objectives into local delivery.

Responding to need

The existence of joined up local networks to deliver on Manchester's overall objectives has been crucial in ensuring that genuine gaps in services can be identified and plugged, whilst avoiding duplication. Different localities have developed different responses to loneliness, many have created new social opportunities using existing community resources such as the new breakfast club at Heathfield Hall, and others have developed outreach programmes, such as Healthy Ardwick's scheme to visit older people in their homes,

working alongside police community support officers.

In addition, VOP has developed city-wide programmes, such as the VOP Cultural Offer for older people. The Cultural Offer working group, made up of the city's main cultural providers, has attracted around £750,000 for new projects to engage older people with the cultural offer in the city, and has been developed to maximise inclusion. In response to feedback from older people that doing things together and having buddies was a priority, the scheme has developed a Cultural Champions programme which has a particular focus on engaging people with ongoing group activities, as a means of establishing effective social networks.

Improving understanding

As part of its strategic approach to ageing, Manchester has also commissioned a loneliness guide for frontline officers to help improve understanding of the complexities of the issue, and is working with voluntary and private sector partners to investigate how new technologies can reduce loneliness and isolation.

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.

The Belfast Healthy Ageing Strategic Partnership's social isolation training has helped professionals better understand and respond to isolation, and given older people renewed ability to cope with life events...

Belfast's Healthy Ageing Strategic Partnership brings together partners from the statutory and voluntary sectors in the city to promote joined up planning and delivery of services to improve the health, wellbeing and independence of older people in Belfast. It is currently focussing on combating social isolation as one of its key themes, and established a working group in October 2009 to take forward these efforts.

After extensive mapping exercises and research, the group agreed that providing frontline workers with training to raise awareness of social isolation should be a priority.

Training on social isolation

Working group members dedicated time and used their existing resources to design and deliver a training programme. The programme aims to support participants to identify older people who are isolated; enable them to use the Seniors Info Resource (see below); inform them about relevant services; and enable them to refer isolated individuals to appropriate services. It is delivered by four key agencies (the Healthy Ageing Strategic Partnership, Volunteer Now, Engage with Age and Belfast Trust).

Combating Social Isolation training has attracted a diverse range of professionals including social workers, community safety wardens, housing officers, community development workers, and floating support coordinators. And participants come from a range of statutory and voluntary sector providers.

Training for older people

The Combating Social Isolation group also included training on the Seniors Info Resource for older people's groups in Belfast.

The Seniors Info Resource is a wide-ranging directory of information for older people in Belfast. It provides general advice and information on where services and support can be accessed. It has been developed in partnership with representatives from the statutory, voluntary and community sector, as well as older people, and provides a key link for frontline workers and older people for referrals.

The training was developed to empower older people to get involved in combating social isolation and to spread awareness of the services which are available to older people in Belfast. It aims to give older people a clear understanding of the directory and what is in it, and to help them learn how to signpost others using the directory.

Evaluation

Follow up evaluations are circulated to training participants three months after their courses, to gain feedback.

Feedback from the Combating Social Isolation training has been positive. Participants said that it had increased their awareness of services and what to look out for when working with older people in the community.

Seniors Info training has also received positive feedback. Participants admit that if given the directory alone they would not look at it, but with training they have time to understand it and they would now know where to go to find solutions to any problems which may arise in future.



Public health

As the new infrastructures for promoting health and wellbeing begin to operate, there is potential to increase the focus on older people, and to ensure that loneliness is recognised as a priority.

“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 clearly correlated with socio-economic deprivation, housing status, and societal factors, and is highly amenable to interventions at a population level as well as an individual level.

Furthermore it is clear that early intervention has a preventative effect, and in turn brings significant cost savings¹³.

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.

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 the 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.

¹³ Windle, K, Francis, J, Coomber, C. Preventing loneliness and social isolation: interventions and outcomes, Social Care Institute for Excellence, 2011

Kirklees Council's Social Prescription Service is working with health professionals to identify lonely older people and connect them with community activities...

The Social Prescription Service is a Kirklees Council funded project, supported by the council's Community Partnership team and delivered in partnership with the Kirkburton Health Centre, and the Denby Dale Centre (DDC) – a local registered charity which works to address social isolation across South Kirklees. The aim of the project is to reduce loneliness and social isolation by supporting people to know what is happening in their community and become more involved in the activities that interest them.

Working with GPs and other health professionals

Patients of the Kirkburton Health Centre and of neighbouring practices, who are identified as potentially isolated and lonely, are referred to the Social Prescription

Service by GPs, health visitors, nurses and other health professionals. Many of those referred live alone, or are new to the area, and self-referrals to the scheme are encouraged. Once referred, people are invited to attend a weekly afternoon surgery, run by Denby Dale Centre at the Kirkburton Health Centre, at which they discuss, in a one-on-one chat with project staff, their personal circumstances, interests, and what they would like to get out of the project. People are then offered a range of options taking into account their mobility, confidence and any other factors they consider important.

Support to get involved

DDC often refers people to its own activities and those of other community groups in the area. Those who need a little bit of extra support in making first contact with a new group are supported by DDC staff on their first visit, or are linked with a named person to meet and greet them and help familiarise them with the activity and other group members.

Tracking progress

The project is still in its infancy and regular meetings are held to track progress, share information and review and improve service promotion and delivery. So far, feedback has been very positive with many people saying they feel more confident and less isolated as a result of being involved with the project.

The project continues to evolve as doctors and other practitioners and partners get used to the service and fully appreciate the benefits to those referred.

One early positive outcome has been the valuable links being made between health professionals, the voluntary sector and community individuals, which have improved dialogue about how to support each other in contributing to the healthcare and wellbeing of the community.

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.

Whilst loneliness tends to be more prevalent in deprived urban and remote rural communities than in other neighbourhoods, research has shown that some communities are able to buck this trend¹⁴. Therefore

¹⁴ Scharf, T. (2011) in Safeguarding the Convoy – A Call to Action from the Campaign to End Loneliness, Age UK Oxfordshire, 2011

supporting neighbourhoods to build their resilience to loneliness makes good sense.

Conducive conditions – age friendly communities

Given the issues of frailty, 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 sections of society. 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 ageing¹⁵. The characteristics found to have a positive impact on older people are increasingly being understood, systematised 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 community¹⁶. The UK now has its first designated age friendly city, in Manchester (see page 11), and many other areas are taking steps to improve their communities. Support is available to elected members and officers in undertaking this work. For example, Age UK's Pride of Place scheme¹⁷ offers councillors the chance to sign up as Pride of Place advocates, and

¹⁵ Global Age-Friendly Cities: A Guide, World Health Organization, 2007

¹⁶ Global Age-Friendly Cities: A Guide, World Health Organization, 2007

¹⁷ <http://www.ageuk.org.uk/get-involved/campaign/better-neighbourhoods-pride-of-place/advocates/>

in return receive training and support in making local connections and improving their neighbourhoods; and the Ageing Well programme pump primed an age friendly communities learning network for local authorities¹⁸.

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, 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.

¹⁸ <http://www.local.gov.uk/ageing-well>



North East Lincolnshire Older People's Health and Wellbeing Programme has reaped a substantial social return on investment, by helping older people to set up their own local groups...

North East Lincolnshire's Older People's Health and Wellbeing Programme works with older people in their communities to identify and meet local needs.

To meet the need for new opportunities for social engagement, the programme has provided support to older people to establish 12 new social clubs, with an average of 200 people attending each week. The programme team adopts a partnership approach, working to support older people to put together seed funding bids and grant applications, and learning and sharing best practice examples with each other. All 12 clubs are now fully sustainable at no cost to the managing organisation (Care Plus).

Older people as solutions

The programme's approach is to mobilise local older people as solutions, rather than as problems. The team uses local people's knowledge, gained through surveys, and undertakes early mapping of an area to ensure it does not duplicate, or go into competition with, any other service. Requests for support come both from older people and other local organisations, and the team works with them to find out what is needed, and get it set up – for example they have supported a local housing association in setting up social clubs in their group dwellings. The team encourages local people to use their life experience and gain additional skills to ensure ownership and self-sustaining of a project. At times this has required the team to go native and work outside a normal corporate, risk-averse model.

Benefits of the programme

The benefits of the programme include:

- increased health and wellbeing along with social networks
- increased ability, confidence and opportunities
- increased participation
- maximising social value
- improving health literacy.

Partnership working

The programme is run by a steering group comprising voluntary sector groups, public sector agencies and representatives from all 12 social clubs. The programme's community-led approach has enhanced partnership working, and helped to increase the profile of other agencies to give them a foot in the door in hard-to-reach communities.

The programme attributes its success to its strong focus on using local knowledge, and working to break down, rather than put up, barriers to making things happen.

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. For more information on these techniques see IDEA's A glass half full (<http://www.idea.gov.uk/idk/aio/18410498>), and the Ageing Well website (<http://www.local.gov.uk/ageing-well>¹⁹).

- **Regular** (though not necessarily frequent) **discussions between local service providers and gatekeepers of resources** (identified through asset mapping etc) – 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

in Manchester, where local Valuing Older People Networks hold regular neighbourhood coordination meetings to bring together frontline staff from a wide range of local services to share intelligence and successes (see page 11).

- **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.

¹⁹ A glass half full: how an asset approach can improve community health and wellbeing, IDEA, 2010; <http://www.local.gov.uk/ageing-well>

LinkAge Bristol is an area based approach which is working with local older people to identify and respond to the need for new opportunities for social engagement...

LinkAge Bristol is an area based approach to working with older people, and a range of statutory and voluntary sectors partners, to create good neighbourhoods to grow old in. The programme is founded on what older people say, with each LinkAge hub being guided by an older people's advisory group.

The programme works to tackle loneliness and isolation by:

- supporting existing community groups to be sustainable
- helping to set up new activities and groups
- providing befriending schemes
- encouraging volunteering.

New groups and activities

LinkAge is providing a diverse range of opportunities for older people to engage and develop new peer groups and friendships. Feedback from older people has shown that being part of a group and having access to peers provides support through very difficult times, such as losing friends, family or partners, and dealing with health, mental health or other emotional issues. Older people have also reported that their physical and mental health has improved as a result of attending and/or running their groups.

After feedback from older people, LinkAge is also undertaking intergenerational work to give older and younger people the opportunity to share their skills and experiences; this is having a positive impact on local community cohesion.

Engaging older people, and supporting them to be actively involved in their communities can build people's resilience to loneliness, as people develop strong support networks around them before they encounter any personal difficulties.

Referrals and outreach

LinkAge currently receives referrals from health professionals, social care and housing. However it has found challenges in reaching some older people. For some people, the prospect of going along to a group, not knowing anyone, and not knowing if you are going to like an activity can be very daunting. LinkAge has therefore initiated a number of outreach activities such as open access events, which showcase information, sources of support and a range of activities that people can take part in. They are relaxed and friendly events, often with entertainment and refreshment, which coax people to share ideas about what they would like to see developed, or what they would like to develop locally. Activities have included; New Age Kurling, computer classes, flower arranging, Zumba, line dancing, Tai Chi, film clubs, tandem bike rides, foot care, singing, drama performances, lace making, spinning and weaving, painting/art etc. At the events people are given the opportunity to sign up and express an interest in attending an activity.

If there is enough interest LinkAge will investigate the best way of working with the local community to set an activity up. The open access events are promoted to health, social care and housing professionals, to encourage them to support the older people they are working with to attend.

Evaluating impact

LinkAge works with the University of the West of England, Bristol to track the impact of its work, and will also be undertaking a social return on investment analysis on some of its activities to inform their development.

Addressing isolation through building community capacity

As reductions in public spending shrink the support available in local areas, so the importance of community capacity increases. 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 (discussed above) 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 (see page 30).

Identifying new opportunities for joint commissioning – drawing on the opportunities created by the move to GP-led commissioning, and the lessons of the Total Place pilots²⁰, to maximise the potential impact of finite resources. This would be a sensible area of focus for new health and wellbeing boards.

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.

²⁰ See <http://www.localleadership.gov.uk/totalplace/about/>

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.

The National Development Team for Inclusion’s report Commissioning for Community Inclusion: Eight Essential Actions – A guide for public sector commissioners²¹ provides further detail on this subject.

²¹ Commissioning for Community Inclusion: Eight Essential Actions - A guide for public sector commissioners, National Development Team for Inclusion, 2011

Dorset Wayfinders use their local knowledge and expertise to reach out to vulnerable individuals, helping identify the key issues affecting their quality of life and providing help to make the most of services available in their area...

The Dorset Wayfinders programme was set up as part of Dorset’s Partnerships for Older People Project. Initially funded by the Department of Health, it is now funded jointly by Dorset County Council and Dorset PCT.

Wayfinders are information, signposting and support workers, who are employed to work nine hours a week in the communities in which they live, across 32 cluster areas throughout the county. Wayfinders support individuals over 50, providing support and linking them to other services and agencies.

Their primary mode of contact is home visits, but they outreach through regular presence at libraries, council offices, community centres, lunch clubs, and wherever else older people meet locally.

Diagnostic tool

Wayfinders take referrals from a wide range of agencies, and also accept self referrals. An initial referral may be about something very basic – for example someone who wants to know the name of a local gardener – but, once in the home, Wayfinders use a diagnostic tool to identify other issues, including social isolation.

Supporting isolated people to re-engage

Wayfinders often meet people who are very isolated. They know well what is available in their own area and try to encourage people to get out to local lunch clubs, arts groups etc. They also work closely with AgeUK’s Fit as a Fiddle programme, to connect people to opportunities to be physically active, and link people up with skills training, such as learning to use computers.

Wayfinders use their local knowledge to pinpoint what is available in the community.

Where people are not keen on going out to join local activities, Wayfinders can help to address barriers – such as connecting people to community transport – or can refer to befriending schemes.

Wayfinders also try to encourage neighbourliness – particularly in cold weather – for example by putting up notices to encourage people to look out for their neighbours, and linking in to existing schemes such as Neighbourhood Watch.

Links to health

Recently the programme has been increasing its links with the health practitioners, as a means of accessing harder to reach clients. Wayfinders attend connecting health and social care team meetings, and this is leading to more referrals to the scheme from GPs and medical staff.

An expert on the end of the phone

Members of the public can access Wayfinders via a telephone hub which is staffed by a rota of Wayfinders. Sometimes individuals can be helped on the phone, or a visit can be arranged.

Wider benefits of the scheme

As well as helping its clients, the Wayfinders programme also benefits its staff, many of whom are former health and care professionals, and joined the service following retirement or bereavement. Wayfinders have forged new relationships through their work and have even established a choir.

Empathetic staff

The high calibre of the Wayfinders staff, their professional backgrounds and their lifetime of experience gives them a genuine empathy with the people that they are supporting and means that often people will open up to Wayfinders in a way that they would not normally. The service prides itself on being very personal.



The Suffolk Rural Coffee Caravan helps link people up with services in their area by providing a new opportunity for social engagement, along with information and support...

The Rural Coffee Caravan was established by Canon Sally Fogden, who observed that many people living in rural villages lacked information about what was available in their area, and were becoming isolated as rural pubs and services closed. In response, she bought a caravan, stocked it with leaflets and information and started to visit villages throughout Suffolk serving tea and cakes.

The service was well received and a manager was appointed. Links were made with statutory and voluntary organisations and, over time, the Rural Coffee Caravan developed a formal rota for its visits, which are offered to any village that wants them.

It also expanded its work, with the help of a grant from Suffolk County Council, to go into villages where there were existing coffee mornings, lunch clubs etc, to provide information and signpost people to services.

Golden Age Fairs

Most recently the team has started to run Golden Age Fairs for older people, bringing together all the agencies working in a locality. These had been tried by other agencies before, but not been successful. However, by combining information provision with social attractions and entertainments such as a '50s juke box, an over-60s rock group, photography exhibition etc, the Rural Coffee caravan has attracted over 200 people to each event.

Creating social occasions

As well as supporting those who are lonely through the provision of information on local groups and befriending services, the visit of the caravan is a social occasion in itself and many of its regular attendees regard it as a lifeline. In addition the caravan team works to support villages to set up their own social events – for example by helping to find a venue, or agreeing to service a few trial events to see if things work out. As a result, some areas have set up new lunch groups or coffee mornings and many areas have set up informal coffee gatherings in people's homes during the months the caravan does not visit (October-March).

Outreach and promotion

The visits are promoted by volunteer village champions – drawn from parish councils, local churches etc – who put out posters and deliver postcards, and in future the team plan to enhance outreach by producing invitations with which villagers can invite others along to the Caravan.

Funding

The Rural Coffee Caravan is funded through charitable grants from trusts and statutory funding from local councils. It has links with a wide range of local organisations – such as AgeUK etc – but, beyond its grant agreements, few are formalised.

Key factors for success

The team recognises that it takes time to build relationships, and not to give up if only a few people use the service at first. They feel commitment is important to building trust and is a welcome feature of being relatively unfettered by contractual requirements. The team puts its success down to having a friendly and open approach, building relationships, rather than treating people as clients. They also value the flexibility to determine what is needed locally. Their slogan is “making a difference to rural communities throughout Suffolk” and they recognise that this means different things to different communities.



Working with individuals

Whilst 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, as in the Healthy Ardwick project (see Manchester on page 11), or the fire service,

as in Springboard Cheshire (see page 29).

Understanding risk factors

Additionally, 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. Key potential risk factors for loneliness include:

- low socio-economic status²²
- being aged 80+²³
- living alone²⁴

²² The Social Exclusion of Older People: Evidence from the first wave of the English Longitudinal Study of Ageing (ELSA), Final Report, Office of the Deputy Prime Minister, 2006

²³ Pynoos, J, Hade Kaplan, B, Fleisher, D. (1984), Intergenerational neighbourhood networks: a basis for aiding the frail elderly, *The Gerontologist*, 24, 3, 233–7

²⁴ Victor, CR, Scambler, SJ, Bond, J, Bowling, A. (2000), Being alone in later life: loneliness, isolation and living alone in later life, *Clinical Gerontology*, 10, 407–17

- having no access to a car/ never using public transport²⁵
- living in rented accommodation²⁶
- living on low income or on benefits as main income²⁷
- having no access to a telephone²⁸
- hearing and sight loss²⁹.

²⁵ Fokkema, T, Knipscheer, CPM. (2007), Escape loneliness by going digital: a quantitative and qualitative evaluation of a Dutch experiment in using ECT to overcome loneliness among older adults, *Ageing and Mental Health*, 11(5), 496–504

²⁶ Franklin, A, Tranter, B. AHURI Essay: Housing, loneliness and health, Australian Housing and Urban Research Institute, Southern Research Centre, 2011

²⁷ Scharf, T. (2011) in *Safeguarding the Convoy – A Call to Action from the Campaign to End Loneliness*, Age UK Oxfordshire, 2011

²⁸ Stewart, M, Mann, K, Jackson, S, Downe-Wamboldt, D, Bayers, L, Slater, M, Turner, L. (2001), Telephone support groups for seniors with disabilities. *Canadian Journal on Aging/Revue Canadienne du vieillissement*, 20, 1: 47–72

²⁹ Impairment and hearing loss among community-dwelling older Americans: implications for health and functioning, *American Journal of Public Health*; 94 (5)

The Royal Borough of Kensington and Chelsea has developed a web-based quick referral tool to support frontline staff, community groups and residents to identify individuals who are lonely, and is tailoring its local response to the problem using comprehensive ward audits.....

The Royal Borough of Kensington and Chelsea has a comprehensive approach to tackling loneliness, overseen by an isolation sub-group of its Older Persons' Partnership Board, comprising the statutory and voluntary sector along with the lead councillor for older people.

Research to identify challenges

In 2010, the sub-group published a report, which pulled together national and local data, and research, with the views of local professionals and older people to identify what services were available locally to combat isolation, and any gaps.

It recognised that the Royal Borough already had a range of services locally targeted at isolation, including telephone befriending (one-to-one and group), face-to-face befriending; drop-ins; day centres; a range of subsidised classes for older people; community transport schemes; and link-up projects to support people accessing services. However the challenges of identifying individuals who are lonely, and encouraging them to access available services, were recognised as key areas for further work.

A tool for frontline staff

In response, the council has established an online tool to help identify isolated older people (see <http://www.rbkc.gov.uk/healthandsocialcare/peoplefirst/triggertoolpages.aspx>). The tool covers key themes, or triggers, identified by the research as causing isolation in old age, for example recent discharge from hospital or no local family. It then provides advice on potential solutions, giving direct links to a referral form to the council, and to the web pages of the local Age UK and Open Age services for older people.

The tool can be used by anyone including professionals, community groups, neighbours and family members.

Ward audits to enable a tailored response

The sub-group also identified four wards to undergo an audit to enable better targeting and marketing of services to isolated individuals, and to identify any remaining gaps in services. Four very different areas were chosen – including some known for their deprivation levels or more prominent black and minority ethnic communities. The audit involved:

- A review of Joint Strategic Needs Assessment data in combination with an analysis of MOSAIC consumer and demographic data, to give population trends including insight into how to engage with the local community.
- Ward focus groups carried out by the local Forum for Older Residents with local older people, to get their views on isolation in the ward area, what services were available and other issues that may be affecting local residents.

- These highlighted key themes that required specific approaches to reducing isolation and were incorporated in a short action plan consisting of two elements – targeted marketing and community engagement, and targeting particular third sector services.

The council intends to mirror these techniques in similar wards in the future.



Springboard, Cheshire combines the twin assets of sophisticated data on the local population and a trusted brand to reach isolated and vulnerable older people in their own homes...

Springboard is a partnership between Age UK Cheshire and Cheshire Fire and Rescue Services (CFRS), which delivers targeted home visits to adults throughout the county. It pools the resources of CFRS dedicated to improving home safety with support from both local councils' adult social care directorates.

Sharing data to target services

Springboard draws on a sophisticated understanding of the local older population, based on a unique data sharing arrangement between CFRS and the local NHS, which is then overlaid with other information including MOSAIC data, deprivation measures, and other datasets, for example people who have assistance with bin collections etc.

The partnership has been working since 2005 to establish data sharing protocols and identify appropriate data sources. The team can now identify where all over 65s reside across Cheshire and then factor in information about risk, lifestyle and general wellbeing. This allows them to identify older people who may be particularly vulnerable and in need of early intervention.

Home visits from a trusted brand

Due to the trusted brands of CFRS and Age UK the team are invited into 98 per cent of homes they visit. Visitors establish a dialogue and, using a contact assessment form that was developed by Age UK Cheshire's older people's networks, they ensure visits not only provide safety information (and smoke alarms and gas detectors), but also offer a gateway into options including building or improving social networks, healthy lifestyles, maximising income etc.

Tackling social isolation

Springboard addresses social isolation in various ways, including connecting people to local resources, maximising their income, and referring them to befriending services, tea/coffee clubs, social and leisure networks, lifestyle and confidence building, educational opportunities, and virtual communities. The scheme can also refer men to one of the four local Men in Sheds schemes and promotes not only the use of volunteers, but also opportunities to volunteer. However, often just as important is the visit itself, in establishing a conversation that can be developed over time.

Outcomes

Staff are equipped with PDAs and the outcome of, and customer insights from, all visits are recorded to inform future work.

Key outcomes include:

- increase in the number of older people receiving help and support in their own homes, below local social care eligibility thresholds, and so delaying the need for more expensive responses
- over £7.5 million in unclaimed benefits identified last year alone
- decrease in the number of accidental house fires or incidents
- increase in the number of people volunteering and helping other older people
- increase in the number of older people who now have some form of contact within their communities
- increase in referrals to healthy living resources, including falls prevention services.

In the future

Springboard has recently established the first joint-funded post between the CFRS and AgeUK, and is now looking at how it can pool resources in the future. Springboard is also exploring how it can improve links with social care and the emerging local NHS structures.

The team is also exploring new freedoms in the Localism Act to develop a cross sector enterprise that can provide charged-for services, in response to feedback from older people about remaining gaps, for example around basic home and garden maintenance.

Using customer insight

Customer insight techniques, which have been in use for some time in the private sector, are also proving effective in identifying lonely older people, to enable the provision of targeted interventions.

Supporting individuals

Individuals need tailored responses to address their loneliness. One-size-fits-all solutions are unlikely to bring results. For example, in general lonely men are best engaged through specific activities related to long-standing interests, such as sport, gardening etc, and respond less well to loosely defined social gatherings, which are of more interest to women³⁰.

³⁰ Fokkema, T, Knipscheer, CPM. (2007), Escape loneliness by going digital: a quantitative and qualitative evaluation of a Dutch experiment in using ECT to overcome loneliness among older adults, *Ageing and Mental Health*, 11(5), 496–504



Middlesbrough's innovative Local Area Coordination model is supporting individuals to reconnect with their communities....

Local Area Coordination (LAC) has been fully operational in Middlesbrough since September 2010. It aims to support vulnerable individuals and families, including those with disabilities, to build a good life and to strengthen the capacity of local communities.

LAC is funded by Middlesbrough Council as an early intervention and prevention scheme which can help divert people from statutory services, and increase independence, self sufficiency and informal networks. Local Area Coordinators provide a consistent point of contact and support to their clients, enabling them to live full lives. Coordinators ask clients what would make a good life for them, and then support and encourage them to find ways to realise this. LAC encourages participation in community life by enhancing, developing and coordinating relevant supports.

A key role of the service is to assist in building community capacity, so that people live in welcoming communities that provide friendship, mutual support, equality and opportunities for everyone.

Loneliness at all ages

LAC is an all age service, and loneliness and isolation has emerged as an issue across the whole age range of clients. Often when people are asked what would make life good for them, loneliness comes to the fore.

LAC officers take time to develop a detailed understanding of their area and the issues affecting the people they work with, so they can access both formal and informal support structures which may benefit their clients.

LAC focuses on the strengths and talents of individuals and communities rather than negatives and deficits, supporting people to become more confident in their own ability and changing attitudes to getting involved in community life.

For example the LAC was able to open up a range of new options to one older client who was isolated and lonely following bereavement and the loss of the local parish church, these included attending a day centre, or accessing drop in coffee mornings, breakfast and lunch clubs and other activities at local sheltered housing schemes, of which she had previously been unaware.

Easy to access in the community

Referrals to LAC are simple and not bureaucratic. They come from a variety of sources including children and adults' services, housing associations, community police teams, Job Centre Plus and self referral. The LAC team is located within the local area housing office, in the heart of the community which it serves. The team shares office space with the local housing association, community police teams, a local financial inclusion group, revenue and benefits staff, and Money Advice staff. The building also houses the area library which is one of the busiest in the town and is located in a busy local shopping and leisure hub with high footfall, making it easy to access.

Evaluation

An independent evaluation of the programme found LAC is able to reach and work with people who are often reluctant to engage with statutory services.

In feedback, clients have said that, whereas traditional services have tended to overwhelm them with unwanted services and professionals trying to fix them, the LAC makes them feel listened to and cared about, and is interested to help them achieve what they want.



The MHA Live at Home programme delivers services and activities, tailored to local needs, to support people to maintain their social contacts...

The MHA (Methodist Homes) Live at Home initiative creates local schemes to provide social contact and support, enabling older people to live a more fulfilled life and to maintain independence. The schemes deliver a wide variety of services and activities, both in members' own homes and in a range of venues. There are currently 52 local schemes across the country with over 8,000 members.

Identifying local needs

The services and activities are delivered primarily by volunteers, but MHA employs around 140 staff, mostly on a part time basis to manage the service, assess members and recruit and match volunteers. The scheme manager works with a committee comprising local volunteers and members to ascertain the needs and wishes of local older people. The committee identifies local needs, decides what services should be provided and is responsible for raising the funds necessary to run the scheme.

Core activities

Core activities include one-to-one befriending, signposting and a regular newsletter. Most schemes also offer social activities such as lunch clubs and outings, shopping services, telephone links, and transport, and a wide variety of other options from which members can choose – including exercise groups, interest groups and practical services.

Funding

Funding of the schemes varies from area to area, with some wholly funded by local voluntary donations, and others benefiting from contracts with local authorities. All schemes receive a core grant from MHA.

Evaluation

In recent evaluation of the scheme, discussions with members revealed them to be very enthusiastic about Live at Home. 87 per cent of members identified company and friendship as a benefit. Live at Home not only played a significant part in reducing isolation in itself, but was the catalyst for the development of wider friendships. In addition 44 per cent of members surveyed said they benefited by finding out about other services. Whilst costs vary between schemes, the recent evaluation found that Live at Home appears to deliver very positive outcomes at a relatively low cost.

Psychological support

For a number of older people loneliness is related to depression or other mental health problems. It is therefore important that older people have equal access to mental health services, as a means of addressing the causes and consequences of loneliness. Psychological therapies, such as cognitive behavioural therapy, may be effective for older people experiencing chronic loneliness, in improving their wellbeing and helping them address some of the barriers to re-engaging.

Unfortunately numerous studies have highlighted an ongoing lack of access to psychological services for older people³².

Older people's access to these services is likely to be affected by a number of factors including reluctance amongst older people to seek advice and support, because of feelings of shame, or the mistaken assumption that feeling low is part of the ageing process; and failure among professionals to refer to services, due to a lack of appropriate provision, time pressures or misconceptions that some treatments do not work for older people³³.

Under the terms of the Equality Act 2010 age discrimination in the provision of services will be illegal, therefore authorities must take steps to ensure older people have fair and equal access to the services they need. In some cases this will require the development of targeted services to ensure that older people are able to benefit.

Department of Health guidance recommends a range of actions including ensuring appointments are timed appropriately, and that the needs of older people who use carers are taken into account; developing services in partnership with older people and community organisations; and promoting services in the places older people go³⁴.

Those delivering services as part of the Improving Access to Psychological Therapies (IAPT) programme should pay particular attention to the needs of lonely individuals.

These issues should be the focus of partnership working between health, local government and the voluntary sector and should be taken up by health and wellbeing boards.

32 Scharf, T. (2011) in Safeguarding the Convoy – A Call to Action from the Campaign to End Loneliness, Age UK Oxfordshire, 2011

33 Stewart, M, Mann, K, Jackson, S, Downe-Wamboldt, D, Bayers, L, Slater, M, Turner, L. (2001), Telephone support groups for seniors with disabilities. Canadian Impairment and hearing loss among community-dwelling older Americans: implications for health and functioning, American Journal of Public Health; 94 (5)

34 Impairment and hearing loss among community-dwelling older Americans: implications for health and functioning, American Journal of Public Health; 94 (5)

The Young Foundation's Full of Life pilot project is drawing on cognitive behavioural therapy techniques to bolster older people's resilience in Lambeth and Kingston...

Full of Life is a peer-to-peer community based project to promote emotional resilience skills for older people, based on cognitive behavioural therapy (CBT). It is run by the Young Foundation, a social innovation charity with a track record of over 50 years of success in ventures, in partnership with Age UK Lambeth and Age Concern Kingston, and is funded by Comic Relief (see <http://www.youngfoundation.org/our-work/wellbeing-and-resilience/full-life>)

Supporting people to cope with life changes

The project aims to enhance important life skills that enable people to feel more able to deal with day-to-day changing life experiences. There is growing evidence that shows that these skills can be learnt

and practised and that, whether the skills are needed now or at some point in the future, they can have a big impact on mood, confidence and wellbeing.

A peer-to-peer approach

Full of Life is innovative, not only in using and adapting CBT materials specifically for people aged 65 and over, but also in training local volunteers of the same age range to deliver the sessions.

To date, the Young Foundation has trained approximately 25 volunteers in Lambeth and Kingston. The volunteers were recruited through existing local community groups and their networks as well as community hubs, magazines and local newspapers. They are trained to run a course developed by Dr Chris Williams, a Senior Lecturer in Psychiatry and Honorary Consultant Psychiatrist at the University of Glasgow. The volunteers participate in a two-day training course to help them to learn and discuss CBT techniques in an accessible, informal setting, with their peers.

Working with older residents

The volunteers then pair up to deliver

group discussions with four to six other older people in local community settings, eg: medical centres, sheltered housing etc. Potential participants are identified through existing local community groups, leaflets in repeat prescriptions, sheltered housing, and community outreach and drop-in schemes.

Together, volunteers and older residents work through an eight-week course covering topics such as coping with change; identifying personal strengths; strategies to increase mood and wellbeing; and understanding how thoughts and beliefs impact on mood and behaviour. The small groups give everyone a friendly space to talk through the content, ask questions, and expand their network of friends in their local area.

Benefits for volunteers and participants

The aim is to enhance important life skills and increase the wellbeing of older residents so that they feel more able to deal with day-to-day challenges in their lives. The project aims to create a win-win situation in which the wellbeing and emotional resilience of both the service users and the volunteers increase.

Befriending and buddying

Befriending schemes are perhaps the longest established loneliness intervention. Befriending schemes represent a low cost and effective remedy for some of the most vulnerable older individuals experiencing loneliness, in particular those who are housebound. Whilst befriending schemes are long established in many areas, practice is becoming ever more sophisticated with increased attention paid to peer-to-peer models of befriending, an emphasis on matching individuals based on mutual interests, and an increasing use of technologies such as Skype, building new dimensions to the model.



The Salvation Army's Good Neighbours Scheme matches volunteers with lonely older people in Portsmouth, offering them an opportunity for social contact...

The Salvation Army's Good Neighbours Scheme is a befriending and support service for socially isolated, and often housebound, older people in Portsmouth. The scheme is based at The Portsmouth Salvation Army's Haven Community Centre in the city centre and is funded by Portsmouth City Council's Adult Social Care team.

Volunteers

Good Neighbours supports up to 200 older people at any one time, with a team of around 75 volunteers delivering befriending services, predominantly in the form of a one to two hour weekly visit to an older person's home. The scheme also offers a telephone befriending service – in which a volunteer will call an older person one-two times per week. The scheme is managed by two full time members of staff. Good

Neighbours also offer a home shopper service for up to 60 socially isolated, housebound older people, which is delivered by two paid members of staff.

Referrals

The majority of referrals to the scheme come from Portsmouth's Adult Social Care team, although referrals are also received from health professionals, housing departments, churches, and family members. Self referrals are also accepted.

Someone to rely on

The Good Neighbours scheme makes a real difference to the lives of older people in Portsmouth. Volunteer befrienders spend quality time with the older person they support and, for many older clients, their volunteer is the only visitor during a typical week who has the time to sit down and chat. The older people that the scheme supports are also reassured that they have someone they can talk to, should they have any concerns or need advice.

Success through simplicity

The Good Neighbours scheme has been running successfully since autumn 1999.

The team feel its simplicity is the key to its success. Volunteers feel able to commit to the scheme as it is not overly demanding of their time, and older people understand what the scheme will provide.

In addition the scheme has developed a strong working relationship with Portsmouth City Council's Adult Social Care department and other key organisations in the city. This ensures that they are not only able to help service users through befriending, but are also able to signpost to other sources of support with living independently.

Evaluation

The scheme measures its performance against a number of key performance indicators which are set out in its contract with Portsmouth City Council. In addition, service users are surveyed annually, with positive feedback received. One service user said: "I cannot tell you how much the service means to me – it really is a lifesaver, it makes the world of difference to my life. I don't know how I would get on if I didn't have it."

Whilst some individuals prefer to access new social networks directly through befriending schemes, others prefer less formalised connections but may need a bit of help to re-engage with their networks following a major life change, or may need to build new networks. A number of services have been developed to provide individuals with buddies, or partners, to rebuild their confidence and support them through key transition periods, who then move on once self-sustaining social networks are re-established.



Age Concern Southampton's Active Friends provide the support older people need to rebuild social networks and get involved in their local community...

The Age Concern Southampton Active Friend service is designed to reach older people who have become lonely and isolated and who have no regular support from either family or friends. Very often its clients have lost their confidence or have reduced mobility. Its aim is to help and support people to get back out into the community, to join a social or physical activity group and make new friends.

Referrals

Clients are referred to Active Friends by social services, mental health teams, GPs, nurses, family members, church groups, housing support workers and via self-referral. The service is promoted through the press, talks to groups at events and through networking. Once referred, older people are seen by the visiting services

coordinator and matched with an Active Friend volunteer. Wherever possible the scheme tries to find Active Friend volunteers who share the same interests as their clients, or who live in the neighbourhood.

Supporting re-engagement

Active Friend Volunteers work with older people to support them to identify local opportunities for social or physical activity, and to give them the confidence to get involved. The volunteer will talk through the older person's interests and preferences and discuss local options, they will then go along with the older person to whatever groups or activities are identified. Once the older person has started to engage with these activities, and feels confident enough to meet up with new friends on a regular basis, the Active Friend will move away.

Partners

The service is currently funded by Southampton City Council, and is managed by Age Concern Southampton, who work closely with specialist organisations such as Alzheimer's Society, Solent Mind, Dementia UK, and Steps 2 Wellbeing (IAPT) Service, as well as Southampton City Council,

Homesafe, Southampton Health Trainers etc. Links with specialist organisations are particularly important when client assessments reveal issues which require professional intervention, such as depression, panic attacks, dementia etc.

Success

The project puts its success down to hard work in developing relationships with frontline health professionals and organisations across the city.

The scheme's results are:

- long term – as clients are able to resume their life with new friends, interests and activities
- efficient – because once the older person has re-engaged the Active Friend volunteer can move on to support another older person.

Evaluation

The project is in the process of exploring the effectiveness of evaluation procedures used by other organisations, with a view to putting in place new evaluation procedures during 2012.

Where to get more information

The Campaign to End Loneliness:
www.campaigntoendloneliness.org.uk

The Campaign to End Loneliness is a coalition of organisations working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age.

Through our project work we:

- **raise awareness** – of loneliness and why working to reduce it matters
- **build the evidence base** – gather the evidence, promote what works and find the gaps in current interventions
- **share future-proofing ideas for individuals** – helping us all to future-proof our own lives against loneliness in older age.

The campaign was launched in February 2011 and is funded by the Calouste Gulbenkian Foundation. Representatives from Age UK Oxfordshire, Independent Age, Manchester City Council, Sense and WRVS direct and lead the long term work of the campaign. We work with over 170 supporters, both individuals and organisations, across the United Kingdom, including many local authorities. Become a supporter of the campaign by signing up online: www.campaigntoendloneliness.org.uk/support-us/

The Ageing Well programme:
www.local.gov.uk/ageing-well

The Local Government Association's Ageing Well programme was an intensive programme of support for councils which was funded by the Department for Work and Pensions. It was designed to help councils develop good places to grow older.

Working in a variety of ways, it helped local authorities diagnose what needed to be prioritised and provided support mechanisms to help councils achieve that.

The work covered areas such as age equality, intergenerational projects, loneliness and isolation, engaging with older people, housing, creating dementia friendly communities, health and wellbeing, volunteering, strategic measures and taking a whole place approach.

The programme has now come to an end, but councils can still get support from the Ageing Well website that includes a wealth of resources drawn together during the two year programme including written guides, toolkits, videos, case studies and links to other organisations which can help. See www.local.gov.uk/ageing-well

Useful research

Victor, C. (2011) 'Loneliness in Older Age – the UK perspective', in Safeguarding the Convoy – A Call to Action from the Campaign to End Loneliness, Age UK Oxfordshire, 2011, pp. 23-31

Holt-Lunstad J, Smith TB, Layton JB. (2010), Social Relationships and Mortality Risk: A Meta-analytic Review, PLoS Med 7(7): e1000316)

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

Windle, K, Francis, J, Coomber, C. Preventing loneliness and social isolation: interventions and outcomes, Social Care Institute for Excellence, 2011

Cattan, M. at <http://nrl.northumbria.ac.uk/619/1/Loneliness,%20interventions.pdf>

A Sure Start to Later Life: Ending Inequalities for Older People - A Social Exclusion Unit Final Report, Office of the Deputy Prime Minister, 2006

Improving services and support for older people with mental health problems: the second report from the UK Inquiry into Mental Health and Well-Being in Later Life, Age Concern England, 2007

Equality in later life : a national study of older people's mental health services, Healthcare Commission, 2009

Glover, G, Webb, M, Evison, F. Improving Access to Psychological Therapies: A review of the progress made by sites in the first roll-out year, North East Public Health Observatory, July 2010

IAPT Older People Positive Practice Guide, Department of Health, 2009; <http://www.ageuk.org.uk/get-involved/campaign/depression-in-later-life-down-but-not-out/resources/>

IAPT Older People Positive Practice Guide, Department of Health, 2009





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