

# Halton - A Place without Loneliness

## Scoping Document



*“The most terrible poverty is loneliness, and the feeling of being unloved.”* Mother Teresa (1910 – 1997)



## 1. Introduction

There is growing recognition that loneliness is a formidable problem which impacts on an individual's health and quality of life and even on community resilience with 10-13% of the population estimated to be acutely lonely. There is increasing evidence that people who are lonely are more likely to use health and social care services and a developing confirmation, through personal stories, of the emotional costs and misery that loneliness can cause.

Loneliness is a complex state which has been described as the discrepancy between desired and achieved levels in the quantity and quality of social relations. In simple terms, the mismatch between the quantity and quality of our relationships, and the expectations we have of what level of relationships would make us content and happy. Loneliness can thus be viewed as a subjective emotion. “If a person thinks they are lonely, then they are lonely” (Beaumont 2013).

Loneliness can be a passing emotion, be associated with certain situations or it can be persistent and long standing. For instance people can feel lonely when older children leave home, be lonely at family gatherings due to hearing loss, or suffer from deep rooted and ceaseless loneliness.

Loneliness and social isolation are often connected but there are important distinctions between the two concepts. Some people report feeling lonely despite having a good deal of contact with family friends while others feel content and even

glory in their solitude. A distinction is also sometimes made between lack of a close friend or partner (emotional loneliness) and lack of a social network of friends (social

loneliness). The good news is that many older people are willing and eager to do something about loneliness given the right support.

## 2. Loneliness and Health

Loneliness has a very negative impact on health. Some estimates put the health impact of loneliness as equivalent to smoking fifteen cigarettes each day, of greater severity than not exercising and twice as harmful as obesity (Holt-Lundstad 2010). The lonelier a person is, the more likely they are to experience increased depressive symptoms. Loneliness has been linked to hypertension and high blood pressure and in developing cardiovascular disease. Lonely individuals have double the risk of contracting Alzheimer's disease while having a dementia increases our chance of feeling lonely. Lonely people also have an increased chance of being admitted to care homes and hospitals. Experiencing loneliness can make it more difficult to manage smoking, alcohol consumption and eating habits (Campaign to End Loneliness 2013). With an increasing research base demonstrating the major health consequences of loneliness, it seems remarkable that more attention and resources have not been focused on the issue. This may well be because the very word "loneliness" has been avoided as it is associated with emotions that are not the state's concern. It may also be because we have concentrated more on the concept of social isolation which may well require a different type of intervention.

Public health interventions which address key health challenges for older people can also be targeted towards lonely people, especially as insensitivity to the issue is likely to limit the success of the interventions. These include increasing physical activity which creates opportunities to develop social networks, health screenings and community resilience events. Falls prevention programmes can be vital in helping older people retaining their social connectedness by maintaining their mobility.

## 3. Loneliness and Quality of Life

While the negative outcomes of loneliness on health are becoming clearer, the impact of loneliness on a person's quality of life is of equal importance. A number of studies have identified relationships as having a significant impact on living a long and healthy life. Quality of life measures identify good social relationships as the key dimension in bringing quality to most people's lives. One study with older people discovered that over 80% said that relationships brought quality to their lives by providing companionship, confidence and generally making life bearable. Many others described how poor social relationships reduced their quality of life. And it is these stories of the personal and emotional costs of loneliness which should be the main drivers of our response. "At a profounder personal level loneliness means the loss of hope, energy and contribution from so many daily lives spent in quiet desperation" (Cann 2012).

## 4. The National Context

Age UK have been critical of the lack of national initiatives around the loneliness agenda. “The leaders of our health, housing, environment and social care systems need to place social isolation alongside the standard menu of public health challenges, as urgent and in need of action. This requires strategy, programmes and targets, not lip-service in speeches or policy documents.” (Paul Cann, Chief Executive, Age UK Oxfordshire).

The Office of National Statistics has recently produced a series of short articles examining the well-being of older people, one of which gives a national picture of loneliness. The key points include:

- 9 per cent of respondents said they felt lonely often.
- A higher percentage of those aged 80 and over reported feeling lonely some of the time or often when compared to other age groups (46 per cent of those aged 80 and over compared to the average of 34 per cent for all aged 52 and over).
- Those who report feeling lonely sometimes or often are much more likely to report a lower level of satisfaction with their lives overall.
- People who had been widowed, separated or divorced or those who were in poor health were more likely to report feeling lonely.
- There is a strong association between reported feelings of loneliness and reported limitations in performing daily activities.
- Limitations in daily activities together with other changes in circumstances such as loss of partner or losing touch with friends as age increases are likely to contribute to the increase in reported feelings of loneliness in the oldest age groups.
- In all age groups a higher percentage of women than men reported feeling lonely some of the time or often, the differences were larger in the older age groups.

#### **Some other national statistics about loneliness:**

- **6 - 13% of older people say they feel very or always lonely**
- **6% of older people leave their house once a week or less**
- **17% of older people are in contact with family, friends and neighbours less than once a week, and 11% are in contact less than once a month**
- **Over half (51%) of all people aged 75 and over live alone**
- **Almost 5 million older people say that the television is their main form of company**
- **ELSA estimates 1 in 6 adults aged over 50 are socially isolated (Campaign to End Loneliness)**

## **5. Causes of loneliness**

The causes of loneliness can give us indications of how to identify and locate people who are lonely. Causes include:

- Poor health
- Sensory loss
- Loss of mobility
- Moving into care or moving house
- Reduced/low income
- Bereavement
- Retirement
- Becoming a carer/ceasing to care/ change of role
- Other change, e.g. giving up driving

Feelings of loneliness can also be caused by wider societal issues such as poor access to transport, poor physical environment and housing, high crime rates and issues associated with new technology. These causes also indicate the importance of partnership working in overcoming the phenomenon.

## 6. Neighbourhood and individual responses.

Action at neighbourhood level is vital to the success of any loneliness initiative. Communities can play an important part in both combating and aggravating loneliness. Research demonstrates that supporting communities to develop resilience to loneliness can be effective in tackling the issue and lead to age friendly neighbourhoods. Successful interventions have included improved public seating and public meeting places, upgraded pavements and street lighting, developing intergenerational contact and improving local transport. Community Development Officers will thus play a crucial role in the effectiveness of any campaign by harnessing the strengths of older people. Workshops have been piloted with older people in Halton asking the basic question “What would it take to make this place a better place to grow older in?” The actions from these workshops should form the basis of our local area response to loneliness.

Interventions on an individual level will require inventive solutions. The nature of loneliness can mean that there are challenges around identifying and approaching people who are lonely. Knowledge of the risk factors associated with loneliness will be important in targeting the initiative as will strong partnership arrangements to ensure vital joint working.

## 7. What we already have

The Borough already provides a number of initiatives which can help alleviate loneliness as part of the Health and Wellbeing Service. These include Community Bridge Builders, Sure Start to Later Life, Health Improvement Team, Adult Placement Service, Wellbeing Enterprises, Age UK, Red Cross, Community Development and Sports Development. There are well established referral pathways between these agencies established through relationships made through PIP (Partnerships in Prevention) and the Health and Wellbeing Board and steering groups. The general feeling within PIP and the Health and Wellbeing Steering Group is that some good work is being done around social isolation but we have little focus or data on loneliness per se.

- Sure Start to Later Life has a small befriending service supported by volunteers.
- Community Bridge Builders can provide support to older people to engage in community activities.
- There are intergenerational initiatives being developed around the loneliness agenda within the Borough.
- There is an initiative being developed with care homes to twin them with local schools.

- A small Visbuzz project is being developed. Visbuzz is a simple Skype type tablet which enables older people to keep in touch with family, friends and carers.
- Some of the social groups facilitated by the Health Improvement Team swap telephone numbers and become telefriends to each other. There are existing social groups for older people but plenty of scope for the development of new groups, initially facilitated by the Health and Wellbeing Service with an eye to the groups becoming independent of agencies as quickly as possible.
- Many of the local third sector agencies provide activities which alleviate loneliness. For example, Wellbeing Enterprises run eight week life skills courses designed to equip people to cope with, among other things, depression and loneliness, while Age UK and The Red Cross have numerous activities to combat loneliness
- Currently there is a mapping exercise being undertaken to identify community assets including activity groups which is being facilitated by Community Development who also arrange many local events.

## 8. What actions/ interventions we will develop to combat loneliness

The flowchart below is a visual representation of appropriate interventions that will be developed by the project Steering Group.

The existing Sure Start to Later Life volunteer/befriending service currently has 12 active volunteers. This service will be expanded by incorporating some of the volunteers from the Health and Wellbeing Service and by advertising within existing agencies such as Halton borough Council. The strong relationship with Halton and St. Helens Voluntary and Community action will be utilised to further expand the service. It is hoped that the number of volunteers will at least double to 24 in the first year. Relationships developed through the Partnerships in Prevention Group (PIP), for example Age UK, The Red Cross, Community Transport and the Health and Wellbeing Service will strengthen this arm of the project.

It is sometimes assumed that older people in care homes will have plenty of company. This is sometimes not the case. The project will thus also include a theme of “twinning” care homes with local schools. It is hoped that schools will adopt a local care home and initially establish visits and events. There are many possible creative outcomes of this work including alleviating loneliness, facilitating residents to develop relationships in the community and encouraging intergenerational contacts.

A Visbuzz scheme will be piloted with up to 100 local older people. The scheme will enable lonely older people to keep in contact with family, friends and carers.



Existing telefriending services in the borough will be examined and reviewed to identify how effective such interventions are and if it is worthwhile further developing such services.

Current research on loneliness identifies social groups as the most effective intervention, especially where older people themselves are choosing the activities to be undertaken by the group. Staff from the Health and Wellbeing Service will facilitate the development of existing social groups, where appropriate, and support the establishment of new groups.

The project will take an intergenerational approach wherever possible. The Community Warden and Reablement service are currently identifying older people who have expressed feelings of loneliness and who are agreeable to visiting a local school to take part in a “Halton-Past and Present” venture. In this scheme older people will be positively viewed as holders of important memories rather than being judged on the more negative concept of loneliness. The Grange area has been identified for an initial scheme and the Grange Comprehensive School has commenced preparation briefings for some of their students.

Many of the above projects will require vital input from volunteers building on already robust work within the Health Improvement Team, Sure Start to Later Life, Age UK and Halton and St.Helens VCA. There will be a particular focus on lonely older people becoming volunteers.

Loneliness awareness training will be delivered to staff and the general public across the borough. In this context the Making Every Contact Count (MECC) developments will be crucial to the success of the project.

## 9. What success will look like

The outcomes of the project will be an improvement in the quality of life of older people in the borough and cost savings by preventing the need for more acute services. The following case study demonstrates savings but also illustrates the transformational potential of combating loneliness.

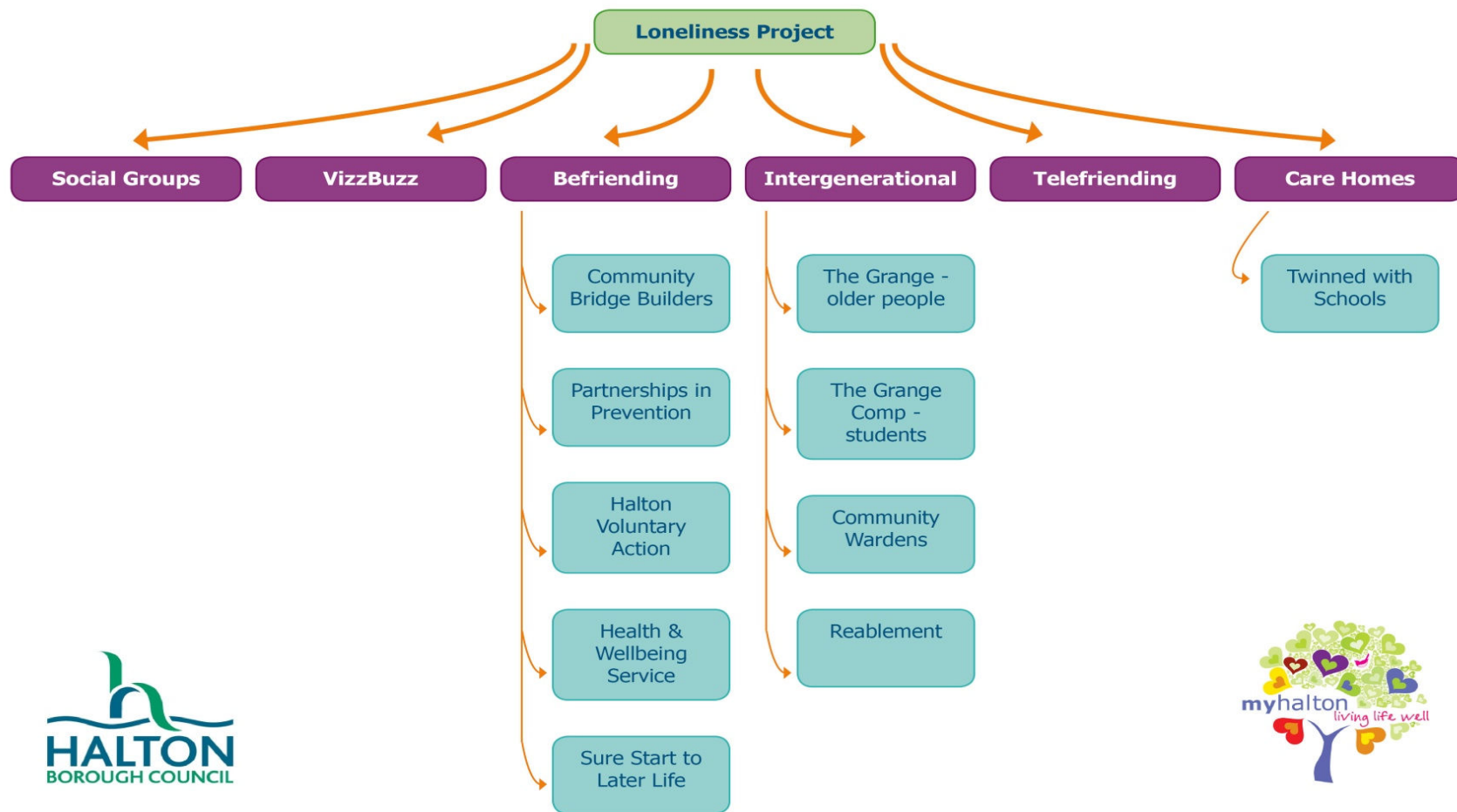
V described himself as being “lost” after losing his wife four years ago after 52 years of marriage. His life consisted of “TV, looking at four walls, being miserable, and completely lonely.” He had no friends locally. He became a volunteer befriender with Sure Start to Later Life. Through his volunteering V met Mrs.S who was also in her eighties; S described herself as unsteady on her feet and very lonely. V would accompany S on trips out shopping and support her when she was a bit unsteady on her feet. He made her laugh and they were good company

for each other. Both describe their lives as changing from “miserable and lonely” to “glorious”. “Loneliness is a disease but now I’m living again; our lives have turned upside down”. Both report feeling “alive and well, physically and mentally. We are living again; it is so natural it is unbelievable. None of this would have happened if I hadn’t volunteered for Sure Start to Later Life.”

Not only has the intervention transformed the couple’s lives but the potential savings to the health and social care economy are significant. Mrs. S was certainly heading for a permanent care home placement and possible falls related injuries. The couple now support each other rather than relying on support from health and social care agencies.

#### 10. How will we measure our interventions?

There has been a lack research evidence of the effectiveness of measures of loneliness. There are thus a number of measures which the project will be testing out including the De Jong Loneliness scale and the SWEMWEBS tool for measuring wellbeing. Outcomes will also be tracked to examine the difference that the various interventions have made to people’s lives using the outcome domains from the Care Quality Commission.



In the current financial climate efforts to combat loneliness need not be arduous. Much of the infrastructure to tackle the issue already exists in Halton. Better targeting of these resources and creative partnership working between statutory and voluntary will greatly increase the benefits to lonely people and provide cost effective solutions to the problem of loneliness.



## 11. References

The following documents have been useful in writing this strategy:

Bowling A conference

presentation:<http://www.campaigntoendloneliness.org.uk/loneliness-conference/> See also Bowling A, *Good Neighbours: measuring quality of life in older age*, ESRC and ILC (2010)

[http://www.ilcuk.org.uk/index.php/publications/publication\\_details/good\\_neighbours\\_measuring\\_quality\\_of\\_life\\_in\\_old\\_age](http://www.ilcuk.org.uk/index.php/publications/publication_details/good_neighbours_measuring_quality_of_life_in_old_age)

Cacioppo, John; Patrick, William, *Loneliness: Human Nature and the Need for Social Connection*, New York : W.W. Norton & Co., 2008. ISBN 978-0-393-06170-3. Science of Loneliness.com

42Holt-Lunstad J conference presentation:

<http://www.campaigntoendloneliness.org.uk/loneliness-conference/> See also Holt-Lunstad J,Smith TB, Layton JB (2010) Social relationships and mortality risk: a meta-analytic review. *PLoS Medicine* 7(7). <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000316>

Peplau, L.A. & Perlman, D. (1982). Perspectives on loneliness. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy*. (pp. 1-18). New York: John Wiley and Sons

Phongsavin.P.et al. *Journal of Ageing Health*. August 14<sup>th</sup> 2013. Age, Gender, Social Contacts, and Psychological Distress. Findings from the 45 and Up Study.

Combating Loneliness. A guide for local authorities. Local Government Association and Campaign to End Loneliness

Loneliness Harms Action Pack. Campaign to End Loneliness supported by Calouste Gulbenkian Foundation

Loneliness-The State we're in. Campaign to End Loneliness and Oxfordshire Age UK

Measuring National Well-being – Older people and loneliness, 2013  
Jen Beaumont. Office for National Statistics 11<sup>th</sup> April 2013

Preventing loneliness and social isolation: interventions and outcomes. SCIE Research Briefing. October 2011

# Appendix 1

The following are statements from local stakeholders and older people on the topic of loneliness. As far as possible the actual words of the person have been used. The comments have informed the strategy.

## **What is the current reality about loneliness in the Borough? That is, what is working, what are we proud of?**

1/ I think most isolated/ hard to reach older people feel lonely. They are then in this bubble where being alone is their comfort zone, so it is very difficult to break through this. i.e Daytime TV trap.

Services current at the moment are working hard to tackle this; however the individual has to want to change their lifestyle. I personally am very proud of our DayTrippers group now having over 240 members. With the help of Halton Community Transport we facilitate door to door transport for Day Trips and Meals Out to places which are just not accessible to those who don't have transport. People are meeting up with past friends, having lost touch and also making new ones, so it is very much having a positive effect on people in the Borough. It eases lonely people into mixing socially, as they travel on the bus with people and realise there is others in the same boat as they are. Friendships are flourishing, people looking out for each other creating natural support which is just fab!

2/ The Community Bridge Building Team use a person centred approach to enable a person to identify mainstream activities and social groups within their local community and provide initial support to the person to help them settle into the groups and make new friends and look at natural support.

We have a positive relationship with the Social Work Team and if a person is unable to sustain themselves in the community then we can liaise with the Social Worker for direct payments.

We have built up key allies within the community and there are new groups for older people/luncheon clubs setting up new groups.

There are improvements for people with early onset dementia and there are a couple of groups set up that they can attend offering respite for the person who cares for them and activities for the person in a supportive environment. The recent one is at Chapelfields on a Friday morning and they are also in the process of setting one up on a Wednesday morning.

There is more education and training available to support staff to have a basic knowledge of people with Dementia.

3/ I think there are several areas that impact greatly on loneliness in the Borough. The main being the overall landscape; estates are very fragmented and people become isolated easily if they don't have transport or the means to get from A to B. Money is a huge barrier for people to access and attend services that may be in place; if it's a choice between food and a class etc. then we know what people need more. Fear – many people lack confidence and once they get on the slippery slope of isolating themselves it's gets harder to get out. There are a lot of services for young, families and school age and then it jumps to elders. What happens when you are in your 40's, 50's?

Proud of trying to combat all of the above in the arts provision we offer – making classes as accessible as possible, trying to go to people and make relationships before expecting them to engage and also bringing in people and product that is appealing to a wide section of the communities we work within.

4/ I suggest the initiative of the joint wellbeing strategy and programme with CCG is proving successful and is spreading to GP Practices and Community Centres. One of its main features is that it is FREE at the point of access and I suggest this feature should remain. (lonely people might have the money, but to pay involves some commitment, which such people find difficult to make).

5/ Recharge programme

Community Bridge Builders

Telephone support

Befriending

Wellbeing project –Mark Swift

House bound services?

Local care support workers –social service providers

Chair based exercise groups

6/ Live life well website has a section on older people socialising section

Participation groups

Stay Safe service

People's Register of Traders

Helping Hands Halton Open Money Advice Service

Products and services

Information services

7/ SAQ/ Carer's Assessments can identify if someone is lonely or has little opportunity to meet people.

Community Bridge Building Team is available to increase opportunities for employment and education, activities and social groups, through which individuals can meet other people and form friendships.

Carers Centre to support carers and prevent isolation.

Development of Children's Centres and Community Centres with groups and activities for all age ranges.

Adult Placement service – allows those cared for and carers to socialise with others.

Day Services.

8/ Sure Start and Bridge Builders, local community initiatives i.e. Sheltered Housing Schemes, Age UK.

9/ Development of services –SS2LL / Bridgebuilding and Day Services.

Adult family placement is an expanding and effective service that reduces loneliness.

The work the Visual Impairment team does to ensure people have access to equipment and support that keeps them in touch with the world around them.

10/ Hard to identify for people not involved with services but the long term impact on this group can be significant leading them to require contact with services due to mental health and physical health problems.

11/ When we do identify people in the Borough that require some lower level support to reduce loneliness this can take some time to access possibly due to waiting lists/high demand for current pool of volunteers. This is particularly true of people with additional needs (mobility and personal care needs especially) as many services cannot provide the additional support needed within existing Day Services.

12/ Within our groups lots of the clients have made good friendships and now do things together outside their groups.

Clients actively promote our services and encourage their friends to join who may be lonely.

We have lots of programmes that promote health and wellbeing, and people who are lonely may be suffering from health issues that may be related to their loneliness, so this will benefit them.

The pilot of a tele friending service.

13/ I think there are people in our communities who don't necessarily come into contact with any service area and are disconnected to their local community and local services.

I think community centres make a vital contribution to tackling social isolation and building a sense of belonging to the local community, in particular where there are community café's which enables drop in and social contact.



## What are the issues and concerns about loneliness in the Borough?

1/ Transport is still a massive issue for people, along with mobility & health problems. Also lack of instant support for people can result in them losing interest or motivation to do something other than sit around, as it can be a while before the support is available. More immediate support needs to be available for people with Dementia and other mental health issues, as they sometimes need more specialist help which may be too much to ask of a volunteer at times.

2/ Families do not live locally and therefore unable to identify when their relative is lonely.

People live busy lifestyles.

The person does not know how to ask for help or access services.

People lack motivation and become happy within the boundaries of their own home

3/ That they are tackled in short bursts and there isn't a consistent approach to the problem. The communities we work in see Council Officers as not in the 'real' world and it's tricky to break through this barrier. There has to be a grass roots method (CDW methods).

4/ There are still hard to reach lonely people and barriers to their participation need to be tackled such as transport and accompanying service.

How do we contact those who do not use services - not on Housing Lists, Benefit Lists etc. but all would be on a GP practice list. Could we use their information to make contact?

There is a big shyness issue and a sensitive approach is needed - fear of official connections is wide spread - a befriending service may work.

Although some of the lonely people may be accessing groups/activities already many of them are not and sometimes those that are accessing services are still lonely.

Lonely people mostly want someone to talk to and listen to them and often teams are restricted to the amount of time available to offer this service.

5/ Transport/travel to and from available groups

Engagement with the housebound

Transport

6/ Poverty – this may restrict the opportunities individuals have to meet new people.

Care Leavers – can become lonely when moving on to own accommodation, this can lead not wanting the tenancy and mismanagement of the tenancy or sometimes eviction if the person is unhappy with their situation and

Adults - moving on to their own accommodation as above.

Older people living alone – may have little opportunity to socialise, particularly if they are not accessing the community.

Young Carers – may become isolated as a result of their caring role – young carers support, CAF.

7/ Main difficulty I perceive is transport and support required as people's needs increase in the group setting, also home visits.

8/ I would stress that loneliness is not only in OPs, but the young and isolated are often lonely but find it difficult to admit to - there is no shame in it, but some feel this way and we must remove that somehow - cross generational work could help.

9/ A lot of loneliness is due to family relationship breakdown-I'm minded of one case where the lady in question had not seen her son for several years as his late father (her husband) had fallen out with the son's wife. He only lived a mile away! It was sad for her despite the protestations of managing all right. Variations on this seem to be a common theme and no amount of social participation can heal the wounds. I'd like to see some sort of conciliation service offered to estranged families, where disputes don't seem too serious.

10/ From my service area there is an increasing demand from individuals who simply need to talk and pass the time of day with someone, this is particularly noticeable in community centres where on occasion they have approached members of staff for assistance with paperwork regarding benefits, utilities, etc. For some people, they don't have any family or network around them to do this.

### **What opportunities exist in the Borough that we could utilise?**

1/ We need to work together as providers to identify those who may be lonely, and speak to them offering options and alternatives. This really needs to be based on personal preference, as I think a lot of people assume because someone is lonely that they need to change things. This is quite often the case where people are happy in their lives and decline change, but family or professionals make referrals as they think they know what is best for that person. It just causes frustration and confusion for them and results in barriers going up. I think it would be great if there is a way we can inform people about things going on, without following the assessment process, that way those who are put off by service intervention can choose to access things independently.

2/ There are many groups available to offer information, advise and support.

Local churches offer groups and luncheon clubs

Community Centres offer activities and social groups

3/ Building on the peer-peer tele-friending service we are piloting in our groups

Targeting the venues where lonely people will frequent, such as GPs

Pharmacy delivery teams could be skilled up to recognise lonely people they may be delivering medicines to

4/ Existing older peoples groups and organisations

Time banks

Church based visiting schemes

GP Contacts

5/ If you have a look at the activities in Churchill Hall, that is a good example of what some over 50's need.

The reason being most of the activities are during the day time,

The Brindley have some great evening shows that finish around 10pm/10.30pm but transport is difficult. That could be area we could look at.

6/ Local centres with staff trained in giving personal care, and knowledge of working with people who have dementia. Increase in befriending service

7/ We have a Relationship Centre in Halton

8/ Knowledge of the above groups so that support can be identified and appropriate social groups could be organised

9/ Targeted support could be available in community venues.

### **What would be your vision/dream for loneliness in the Borough?**

1/ Recruit more volunteers to offer support to people in need. Actual lonely people would benefit from doing this – Kill two birds with one stone in effect. They would be providing a very worthwhile opportunity to others whilst combating their own loneliness. I would love this to develop into a network of lonely people, who could be matched together to form friendships. Sort of like a friendship agency (and possibly dating too!). It could link in with the Vis Buzz project.

2/ That every older person has contact/access to another person every day and in times of need (Visbuzz idea).

3/ That individuals have as many opportunities to be active within the community and to socialise at a level they are comfortable with.

4/ Local services available to people who may not fit traditional concepts of being in need of support but are feeling lonely.

5/ Services responsive and able to signpost and provide support aimed at reducing the long term impact of loneliness on people.

6/ To live in a Borough where loneliness did not exist and to have robust services in place that prevent this from happening.

7/ To make lonely people realise there are others like them and everyone can have a friend/buddy available to contact anytime (rather like AA) - a massive voluntary force harnessed to provide this individual contact for all those who need it. Especially those who live alone.

8/ That we can alleviate this feeling for some; buddy people up with those who are engaged and gradually have a community that's one.

9/ Utopia would be a strong sense of community spirit where local communities look out for each other and it doesn't require any intervention from service providers, strong resilient and caring communities in Halton.

**What actions do you think need to be taken to address loneliness in the Borough?  
(Think "outside the box" as well as inside it!)**

1/ Funding to support new innovative ideas. Positive staff to develop new projects.  
Funding to support volunteer recruitment drive.

2/ Integrate the tele-friending service in all groups that older people frequent.

Set up a befriending service that is not only phone calls but also a home visiting service not just for signposting but to have a conversation with and about the client.

Have a robust training programme for both carers of older people and also older people themselves so that they have awareness of how loneliness impacts on health and wellbeing and how they can access services to combat loneliness

Utilise every opportunity to find the lonely people in the Borough, i.e. Pharmacies, GPs, Hospital outpatients, care homes, taxi drivers & HCT etc.

Consultation with lonely clients to find out what they think will work

3/ Telephone link for all older people advertised on local radio/TV

Information booklet given to all over 50's of support groups/help lines

More locally organised groups in neighbourhoods where there are lots of older people

Intergenerational work – links between schools/colleges

Bring your grandparents/older neighbours to school/uniform group

Bring your children to older peoples community activities

4/ 5 GREAT Ways workshops/personal confidence building

Men in sheds

Befriending an elderly neighbour – giving information packs/Signposting

Ensure that all assessments discuss the issue appropriately with those we work with and that other agencies identify if they are concerned that someone is lonely and support them as far as possible.

Check what is available in the Borough for individuals. Workers to be emailed opportunities in the Borough.

5/ Skype, organised activities/interest groups, more trained volunteers, Rota of home visits for lonely people, increase of responsibility of local religious groups, Community bobbies doing regular checks on the more vulnerable.

Could existing services be expanded further to ensure that demand is met more quickly?

6/ Typical lonely/depressed/suicidal type mental health campaigns are aimed at people who have already been lonely for an extended period of time and for whom it has already affected their mental health. Could we establish support through places like third sector groups/Community Centres/Libraries/Parks and Gardens and Leisure Centres for example aimed at pulling people into groups and support networks aimed at reducing loneliness at a much earlier stage (likely to be well before they reach health/mental health and social services?)

7/ Could there be a poster and local media campaign highlighting current and existing groups across 3<sup>rd</sup> sector, Parks and Leisure Services as well as looking for new groups to be developed aimed at this group of people)

8/ Are men one of the groups that needs to be targeted most e.g. single men middle aged and up??

9/ How do we contact those who do not use services - not on Housing Lists, Benefit Lists etc. but all would be on a GP Practice List. Could we use their information to make contact?

There is a big shyness issue and a sensitive approach is needed - fear of official connections is wide spread - a befriending service may work

10/ Get out and amongst the communities more! Not with 'Council' boards and badges but be seen to care and be consistently 'present' at ground level. Bring the estates together and stop this feeling and fear of difference. Equality is a huge issue and although there is a lack of diversity when there is its very visible and this can escalate problems and insight a feeling of loneliness. We need to tackle all of this from a young age and get to those who are really alone through whatever means possible.

11/ The Library bus goes out to local areas and people's homes maybe they could identify older people who are housebound or socially isolated and make referrals to appropriate services, or staff from these services spending time on the bus and chatting to the staff and home owners.

12/ We need to support residents being connected, that might be to a neighbour, a service area, an activity, I guess this is sure start to later life territory. We need to provide a positive safe environment where people feel comfortable coming out their front doors and participating or indeed inviting people into theirs. Befriending arrangements and buddy support seems to work well but only happens in some areas of service. One point of contact who can address all concerns for residents would help, not sending people from pillar to post so they end up feeling exasperated, a model whereby people feel valued and want to contribute something back, identify their skills and strengths, timebanks maybe?

## Appendix 2: Key Research Messages

- As people age they become more likely to have reduced contacts with family and friends. They are also more likely to be less mobile and have reduced income. These factors and others such as increased likelihood of hearing and sight deterioration can cause older people to be vulnerable to loneliness.
- Loneliness and isolation pose severe risks to health and can lead to early death. The effect of loneliness on life expectancy exceeds the impact of factors such as physical inactivity and obesity, and has a similar effect to that of cigarette smoking and alcohol consumption. Older people who are lonely have a greatly increased risk of developing Alzheimer's disease and have an increased use of health and social care services.
- Information services, community navigation services and befriending schemes have been shown to be successful in reducing people's feelings of loneliness and to be cost effective. Older people want such 1-1 services to be flexible and fashioned in accordance with individual's needs and preferences. Users of such services report finding them useful in maintaining and often increasing their engagement with community activities. Befriending schemes can be effective in reducing depression. "We need to invest in proven projects". (SCIE).
- The outcomes from mentoring services are less clear; one study reported improvements in mental and physical health, another that no difference was found.
- Older people who are part of a social group are likely to live longer than those who are not.
- There is some evidence that young adults experience similar levels of loneliness to much older people.
- There is some evidence to suggest that ethnic minority elders are among the loneliest as are people over 80 years of age. Gay men and lesbians are at greater risk of loneliness as they age as they are more likely to live alone and have less contact with relatives.
- Robust partnership working needs to be in place if services designed to reduce loneliness are to be effective and sustainable.
- Supporting older people to create, maintain and sustain existing and new relationships can reduce feelings of loneliness. Research also suggests that supporting older people to plan to maintain relationships and activities would be a worthwhile assistive mechanism. This could be particularly effective in the form of pre-retirement courses.

- Technology can be useful in alleviating loneliness where it assists in maintaining relationships with family and friends and where it is available to housebound older people, older people living with HIV/AIDS and people who live in communal housing.
- The research around effective interventions is somewhat inconclusive but indicates that reliance on one method of intervention is likely to lead to an ineffective response as is concentrating on social isolation at the expense of loneliness. A multi-pronged approach to the problem seems to be more effective.
- Well targeted loneliness interventions can substantially decrease spending on health and social care services. SCIE give case studies of befriending schemes saving £300 per person per year and Community Bridge Builder / Sure Start to Later Life type services saved even more. Group activities in one study indicated savings of £800 on health care use compared to the control group.
- Interventions are more likely to be effective where older people have been involved in the planning, development, delivery and assessment of interventions.
- More research is necessary to investigate the effectiveness of services particularly with different genders and populations.
- Although specific interventions can be effective, it is important that general services and activities are geared up to meet the needs of lonely people.
- There is a consistent relationship between increased frequency in phone contacts, social visits, and social group contacts and reduced risk of psychological distress adjusted for demographic and health factors.

## Appendix 3: Action Plan

Action No.	Action	Responsible person	Timescale	Progress
1	Create a Loneliness Project steering group. This should include older people who should be involved in the creation and development of the project.	Peter Ventre	September 2013	
2	Identify actions that are likely to be effective in developing a strategic action plan which demonstrates top to bottom commitment to combating loneliness.	Peter Ventre	Ongoing	Initial Action Plan proposed
3	Identify people within the Borough that are at risk of, or suffer from, loneliness. This task could be facilitated through the Health and Wellbeing Steering Board and involve close consultation and the participation of older people. This will help define the local loneliness issue and involve many local agencies in shaping the agenda.	Sue Wallace-Bonner/Steering Group	December 2013	
4	Regularly measure loneliness and mapping need through JSNA and/or lifestyle surveys. Use this to monitor impact of interventions. There are currently no measures for loneliness included in	Sue Wallace-Bonner/Steering Group	January 2014	



	the JSNA.			
5	Include measures for reducing loneliness in any outcome-based commissioning (e.g. of voluntary sector groups and independent service providers) and in Council strategies for ageing - ensuring awareness of the subject in all areas of the Council's work.	Mark Holt/Steering Group	Ongoing	
6	Build on the asset based community approaches already being developed by the Council and its partners. Community Development will be a key partner in ensuring the project is developed locally.	Nicky Goodwin/Steering Group	Ongoing	Community asset mapping exercise underway
7	Improve information and advice on existing services and activities that reduce loneliness and isolation. Community Bridge Builders, Sure Start to Later Life, Community Wellbeing Project, Health Improvement Team, Health and Wellbeing service and Adult Placement service are key existing services to facilitate this. Ensure these existing services and the many other services in the Borough focus on loneliness rather than just social isolation.	Peter Ventre/Steering Group	Ongoing	Loneliness awareness training being developed as part of healthy ageing package of training. To be delivered to appropriate services first and then to widest possible audience
8	Support the voluntary and community sector to build referral partnerships with primary healthcare bodies (GPs, Community Nurses), Fire Services and Social Workers.			
9	Work with local transport providers to improve	Sue Wallace-Bonner/	Ongoing	

	accessibility for Older People	Steering Group		
10	Evaluate and improve physical environment E.g. are there plenty of benches available for people to rest on whilst shopping?	Sue Wallace-Bonner/ Steering Group	On going	
11	Identify what is going well. How could best practice be replicated across the Borough?	Peter Ventre/Steering Group	Ongoing	
12	Take an intergenerational approach to loneliness. There is some evidence to suggest that younger people experience loneliness as much as older people.	Peter Ventre/Steering Group		Initial intergenerational pilot being developed with Care Homes and schools- Wardens service and Grange Comprehensive School
13	Approach local businesses (particularly those with a significant proportion of older customers) and ask them to identify and make changes that can improve social networks/environment for older people in the community.	Peter Ventre/Steering Group		
14	Develop loneliness awareness/combatting loneliness training for the general public and staff. This will support ensuring general services are geared up to meet the needs of lonely people.	Peter Ventre/ Steering Group	November 2013	Loneliness/falls awareness training being developed as part of healthy ageing package of training. Training to target widest possible audience e.g. refuse collectors, drivers, wardens and anyone else who may come in contact with lonely older people. The Making Every Contact Count(MECC) agenda will be an important reference

				point for this part of the project
15	Psychological support should be available, where necessary, to older people who experience extreme loneliness. This issue should be the focus of partnership working between health, the local authority and the voluntary sector.	Sue Wallace-Bonner/Steering group	Ongoing	
16	Develop pathways with GP's for "social prescriptions". That is, GP's referring to appropriate agencies those people who are lonely or at increased risk of being lonely, at risk of falling or who have fallen.	Mark Swift/Steering Group	November 2013	
17	Develop a loneliness pathway alongside the existing falls prevention pathway.	Peter Ventre	October 2013	
18	Test existing measures of loneliness and wellbeing for their effectiveness	Peter Ventre/Steering Group	Ongoing	
19	Make project part of Making Every Contact Count (MECC) agenda	Peter Ventre	November 2013	
20	Develop existing volunteer network for Health and Wellbeing Service	Peter Ventre/Steering Group	Ongoing	Volunteers from Health Improvement Team about to join loneliness project work stream.
21	Complete a review of the scoping strategy based on the data and evidence base developed	Peter Ventre/PH consultant	April 2014	