# Consultation Response

Loneliness Call for Evidence:
Office for Civil Society, DCMS

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Jill Mortimer Jill.Mortimer@ageuk.org.uk
Hannah Pearce Hannah.Pearce@ageuk.org.uk

Age UK
Tavis House
1-6 Tavistock Square
London WC1H 9NA
T 0800 169 80 80 F 020 3033 1000
E policy@ageuk.org.uk
www.ageuk.org.uk

## About this consultation

The Loneliness Team in the Office for Civil Society (DCMS) was set up following the Government's acceptance of the recommendations of the Jo Cox Commission on Loneliness. Among other things they are committed to developing a Loneliness Strategy as a first step in tackling the long term challenge of loneliness. The strategy will be focused on where government has the clearest opportunity for action. They recognise that loneliness is a complex issue that affects many different groups of people, and that the evidence base is still developing. The consultation is a call for evidence from people and organisations with experience of working to reduce loneliness.

## About Age UK

Age UK is a national charity that works with a network of partners, including Age Scotland, Age Cymru, Age NI and local Age UKs across England, to help everyone make the most of later life, whatever their circumstances.

In the UK, the Charity helps more than seven million older people each year by providing advice and support.  It also researches and campaigns on the issues that matter most to older people. Its work focuses on ensuring that older people: have enough money; enjoy life and feel well; receive high quality health and care; are comfortable, safe and secure at home; and feel valued and able to participate.

## Key points and recommendations

- **More than a million older people** experience chronic loneliness and without interventions to improve support and increase resilience this number will increase as the older population grows.

- Effective, community wide approaches to tackling loneliness combine **personalised support** with knowledge of **community resources**; the availability of a wide range of community resources; partnership working; and mobilisation of communities.

- For an intervention to achieve the best results, it must take account of the **needs and aspirations of the people** it aims to support, to find out what their loneliness is about and help them to help themselves by identifying things that may help and providing the support necessary for them to reconnect. Progress must be regularly evaluated and reviewed to fine tune the intervention. At least three years are required to establish such an intervention and five years is preferable.

- Building **evaluation** into interventions is key, and the approach to evaluation needs to accommodate the complexity of **measuring** changes in people's loneliness over

time.

- Voluntary and community sector organisations have a vital role to play in addressing loneliness as their missions are often concerned with the needs and aspirations of the **whole person**. Statutory services, in particular GPs and their practice managers and reception staff, district nurses and social care workers, police community support workers and fire and rescue services, also have a key role in **identifying** lonely people and referring them to the holistic, person centred services that the third sector can offer. Initiatives such as social prescribing and joint approaches with the voluntary and community sector such as *community connectors* and *care navigators* should be encouraged.

- We are delighted that the government strategy will work **across Government Departments** as loneliness cuts across a range of policy areas including health and social care, transport, housing and communities, rural affairs etc. Central Government departments can play a crucial role in raising awareness among front line services, providing training, encouraging local partnerships and funding services.

- Currently, national funding cuts, especially to local government, are having an adverse impact on many local voluntary and community sector initiatives to address loneliness, as well as on wider community services such as public and community transport and publicly funded venues and activities. Statutory agencies need to recognise the impact their decisions have upon **community connection and community infrastructure**. The strategy should make the case for investment in local community resources to ensure sustainable support to tackle loneliness is available. Health and well-being boards, Joint strategic needs assessments, the Better Care Fund and Sustainable transformation partnerships could and should all target loneliness as part of their work.

- We would welcome a **central fund** that communities can bid for to fund community infrastructure, such as the recent funding for community minibuses. As local authorities are less able than in the past to provide community spaces such as libraries and transport services we would like to see central government provide funding for community infrastructure and incentivise local businesses to get involved. Government needs to test all its policy proposals for the likely impact on community infrastructure, and the knock-on effects on loneliness.

- Support for **volunteering** initiatives to tackle loneliness can be effective in encouraging community action and can be targeted at lonely people themselves,

but such schemes need sufficient funding in order to promote, recruit and manage volunteers, and to ensure safeguarding processes are followed.

## 1. Introduction

Addressing loneliness amongst older people is an essential element of Age UK's work and has been for a number of years. We know that over a million older people are chronically lonely at any one time and we have directed significant amounts of our national and local capacity towards preventing and tackling it. However, it should be noted that much of our learning around what works in tackling loneliness faced by older people is transferrable to other groups, particularly the focus on finding and identifying lonely people, the importance of understanding their individual needs and responding to these in a personalised way.

Nationally we began our Call in Time telephone befriending service as a partnership with large employers who offered it as a volunteering opportunity for their staff. Subsequently we also started recruiting volunteers directly to expand the service. Our 'No one should have No-one' Christmas campaign has played a role in raising awareness about loneliness amongst older people. We are proud to have been part of the partnership of voluntary organisations that made up the Jo Cox Commission on Loneliness and have been active and expert members in the working groups that are informing the work of the Government's Loneliness Team.

We have been at the forefront of evaluating approaches to loneliness and assessing what works. With the Campaign to End Loneliness we produced 'Promising Approaches to Reducing Loneliness'[1] which reviewed a range of programmes that had addressed 'what works' and then followed this with an innovative test and learn programme – 'Testing Promising Approaches to Reducing Loneliness' with local Age UKs[2] including Age UK North Craven, Age UK Oxfordshire, Age UK South Lakelands and Age UK Wirral. This explored how to develop the reach of services to find older people experiencing loneliness and then develop personalised support that helps them reconnect. We built evaluation into these pilots and can demonstrate success in reducing loneliness among participants, especially those who had said they were lonely 'often or always'. In addition, Age UK Herefordshire and Worcestershire has led the Reconnections programme, an innovative approach to funding programmes to ameliorate loneliness which involved regular evaluation and adaptation of their approach. Other Age UKs, such as Age UK Bradford and District and Age UK Barnsley, have developed and adapted their approaches in

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[1] Promising Approaches to Reducing Loneliness: Age UK and the Campaign to End Loneliness 2015 https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf
[2] Testing Promising Approaches to Reducing Loneliness https://www.ageuk.org.uk/our-impact/programmes/reducing-loneliness/

partnership with local statutory, voluntary, and private sector organisations, as well as the wider community.

The information DCMS requires regarding disclosure of responses is at Appendix 1 of this consultation response.

**DCMS Consultation Questions**

1.

***Do you or your organisation have experience of working on issues around loneliness with any of the following people? If not, we would still like to hear from you.*** *(Select all that apply.)*

- *Young people (up to the age of 25)*
- *People in poor health*
- *Carers*
- *Unemployed people*
- *Bereaved people*
- *Other group (please specify)_____*

Age UKs, nationally and locally, work with older people to address loneliness, and this includes older people in 4 of the trigger points/groups listed above, specifically:

- older people in poor health who may be finding it more difficult to engage with people as a result of factors such as impaired mobility or hearing loss
- older people who are caring for their partners/spouses, parents and/or for their disabled children.
- older people unable to find work because of ageist attitudes, and others who have retired and lost the contacts and identity they had while at work.
- older people who are experiencing bereavement. This is a much more common experience among older people than other age groups in the population

Within each of the groups listed the strategy should consider how people of different ages, and different BAME and LGBT groups are affected, and how they might best be supported.

We assume that the first bullet point 'Young people (up to the age of 25)' has been included as a trigger point because of the apparent findings of ONS analysis of the latest Community Life Survey (CLS), which concluded that younger people are more likely than other age groups to be lonely. In fact, in Age UK's view, 'young people' is an age group and one that of course we should be looking hard at how to help avoid or escape loneliness – but they are not really a trigger group. Age UK's analysis of the CLS survey, which we have shared with officials from the Tackling Loneliness team, shows that this observed association between loneliness and age arises because the most recent wave of the survey moved to primarily being online (the finding was not observed in previous versions of the survey carried out through face-to-face interviews), and should also be treated with caution because of a low response rate.

We are confident that the ONS findings don't demonstrate the importance of age per se, but rather that some risk factors are more likely at different ages. We would suggest that it would be better to express this first bullet point as a trigger point for loneliness commonly experienced by young people – such as leaving school or college – and then analyse the reasons why some individuals experience loneliness as they make that transition, and what helpful interventions there may be.

We have also found other factors that contribute to older people becoming lonely:
- Low income. Age UK provides holistic services and sometimes finds that helping people claim the benefits they are entitled to enables them to reconnect because they can then afford to get out, visit people and take part in activities.
- Lack of transport. Many older people do not have access to a car, either because they can no longer afford one or they no longer feel confident to drive. In many areas there is little or no public transport and this has worsened over recent years. It is worth noting here that proposed changes to the licensing requirements for mini bus drivers in the voluntary and community sector risk sabotaging community transport[3].

Finally, living in residential and nursing care is a very important omission from the list of triggers for loneliness. We have substantial anecdotal evidence that people can be extremely lonely in institutional care settings, surrounded by people but not experiencing reciprocal meaningful relationships with them. This is an area where further research is desirable.

Age UK is represented on the various working groups of the DCMS Loneliness Team. We appreciate that in the short term the Government may wish to focus resources on a limited number of trigger points in order to get useful and measurable results that can inform the evidence review and the funding programme. However, the Minister for Loneliness has made it clear on many occasions that the National Loneliness Strategy will inform government action over many years. It is crucial that it encompasses all groups and all known trigger points that can undermine a person's resilience and connection.

The Loneliness team's working group on measuring/tracking loneliness is crucial and Age UK is pleased to be able to contribute its expertise to this work.


***2. Do you or your organisation have experience of working on any of the following areas? If not, we would still like to hear from you.***  *(Select all that apply.)*

- *Improving infrastructure that supports social relationships (eg, transport, community spaces, the physical environment)*
- *Building a culture that strengthens social relationships (eg, reducing stigma, building resilience)*

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[3] Consultation on the use of section 19 and section 22 permits for road passenger transport in Great Britain (Department for Transport) Age UK response. Consultation on the use of section 19 and section 22 permits for road passenger transport in Great Britain (Department for Transport)
https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/consultation-responses-and-submissions/active-communities/cr_apr2018_department_for_transportation_road_passenger_transport_permits.pdf

- *Institutional and organisational changes that support social relationships (eg, health and social care services, employers)*
- *Other (please specify)* _____

Local Age UKs have a lot of experience in working on all of the above areas within their communities and regions. Along with other local charities they have a key role to play in building community capacity and helping to shape the work of the local statutory services. As well as services targeted at loneliness, services that they offer that are likely to contribute to reducing loneliness include:

- Lunch clubs and day centres
- Purposeful activity such as physical activity programmes, digital inclusion classes, creative and cultural programmes – all of which give people opportunities to do something interesting and enjoyable, helping them to build new connections in a non-stigmatising way
- Community transport

Nationally we are currently campaigning around community transport – in particular the recent proposal to change the licence requirement for mini bus drivers which puts at risk thousands of community transport services[4] – and hospital transport. We have policy positions on relevant issues such as age-friendly government, age friendly communities; housing for an older population, person centred services (including health and care) that promote independence and policies regarding digital inclusion and exclusion. Age UK is also running a long-running campaign on the crisis in social care provision.

Our core mission is to work with and for older people from all sections of the community, help them help themselves to make the most of later life.

### 3. Thinking about your experience with tackling loneliness, please tell us about any projects or initiatives you have found particularly effective and why you think this is.

In 2015 Age UK's **Testing Promising Approaches to Reducing Loneliness[5] (TPAL)** was explicitly set up to test developing Foundation Services (reaching, understanding and supporting lonely older people) with 8 local Age UKs to addressing loneliness amongst older people and to evaluate what worked using the UCLA three item scale. We were successful in reducing loneliness amongst participants with 88% of those who were often or always lonely experiencing an average (median) reduction in their loneliness of 2 points (on a scale of 3 to 9) in the early stages of the programme. It is clearly crucial to have standard measures of loneliness to be able to evaluate the effectiveness of interventions over time.

Key elements in the approach are that:
- TPAL was developed from an **evidence review**, carried out jointly with the Campaign to End Loneliness[6].

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[4] ibid

[5] No-one should have no-one: working together to reduce loneliness 2016 Age UK
https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_dec16_no_one_should_have_no_one.pdf

[6] Promising Approaches to Reducing Loneliness 2015. Age UK and the Campaign to End Loneliness

- TPAL is based on **a holistic, personalised approach**, including personal support to the individual experiencing loneliness, community activation, partnerships with statutory authorities, other parts of the local voluntary sector and private business, and development of local activities.

- TPAL reaches out to **find people experiencing loneliness** who may not be in contact with any of the local services providing activities for older people. Age UK's Loneliness Mapping Tool comes into play here: it identifies neighbourhoods where older people are at higher risk of being lonely[7]. Under TPAL networks are developed of people in direct contact with older people who can signpost them to our services– such as taxi drivers, hairdressers, shop workers and faith groups as well as the front line in health, social care, fire and rescue, police community support groups and other voluntary services.

- TPAL works with people who are lonely to **find out what their loneliness is about and help them to help themselves and by providing the support necessary for them to reconnect** . This can including issues like access to benefits and referrals for housing adaptations, as well as befriending/mentoring/coaching support to help those who are chronically lonely regain their confidence and self-esteem.

- TPAL **mobilises a wide range of services in communities** to pool resources and insights in order to find lonely older people and signpost them to services and activities.

- TPAL identifies **gaps** and where possible works to develop new services and activities.

- Within TPAL there has been agreement about a standardised approach to **measuring loneliness**, so as to assess the impact of interventions over time.

Age UK services work with other community based local services and approaches, such as social prescribing and asset based community development.

Local Age UKs are particularly well placed to develop this holistic approach and co-ordinate with others. Their core focus is supporting the well-being of older people in their areas, and helping to provide a voice for older people as place shapers. They offer a wide range of services and activities, including information and advice on topics such as how to access benefits and what health and care services are available locally.

Our experience shows that statutory services such as GPs (including their support staff such as practice managers and receptionists), district nurses and social care workers have a crucial role to play through working together with other people and organisations to address loneliness, but they are hard-pressed and unlikely to have the resources to provide the kind of 1:1 support some chronically lonely people require. Nor do they generally have the necessary specialist knowledge of local services and activities within the voluntary sector

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[7] This mapping tool was developing in partnership with the Office of National Statistics: see
https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/

and beyond. Increased awareness and support for social prescribing among health professionals would be of clear benefit and Age UK runs a number of 'community connector models', along with other voluntary sector groups, that are able to support the work of local GPs and health services.

Many local Age UKs tell us that everything they do helps to address loneliness. Our information and advice services empower people to take action to improve their circumstances. Local Age UKs organise groups such as Men in Sheds, Walking Football and Netball, cookery classes, choirs, dancing sessions and Brazilian drumming etc. Participants often mention that social interaction and increased social connections are the primary benefits. Most Age UKs also provide support with digital skills, which can help older people to maintain contact with their wider networks outside their local area.

We are encouraging local Age UKs to build appropriate evaluation into their work to enable them to measure the impact of their activities on loneliness and use that information to refine their approaches.

It is important that funding for services to tackle loneliness encourages self-assessment of the service and allows time for the service provider to appropriately monitor and evaluate their services as they develop, constantly using the learning to improve their delivery and impact. Projects are more effective in tackling loneliness when they are funded for a longer period of time – 3-5 years rather than 12 months - and with less pressure on initial outcomes. In this way projects can be iteratively improved and more information can be gained as to whether interventions work on longer time scales and are therefore truly sustainable. We are delighted that the recently announced 'Building Connections' fund is targeted at existing programmes to help them to develop and improve their work.

Age UK Herefordshire and Worcestershire host Reconnections, which recently had an holistic evaluation of its first three years. By monitoring progress as the project developed Age UK H&W was able to improve their efficiency and effectiveness, including changing the eligibility criteria, streamlining their recruitment of volunteers and reviewing referral routes[8].

*4.*

***Thinking of any projects or initiatives that you feel have not been effective, why do you think this is and are there any ways you feel these could be improved?***

While important and necessary, groups and activities to support social reconnection are insufficient on their own in addressing chronic loneliness amongst some older people.

For older people whose feelings of loneliness have become entrenched and who suffer from numerous other problems, projects or initiatives that provide only generic support – as opposed to understanding their individual needs and wants – are unlikely to be able to achieve sustained improvement. This is because, without more comprehensive help,

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[8] Reconnections – Introductions, Progress and Next Steps, Social Finance April 2018

people are unable to resolve the set of problems that exacerbate feelings of loneliness or act as barriers to receiving the support they need.

Interventions can also only be partially successful if targeted at whole communities, unless they actively seek out lonely people, many of whom are unlikely to be in contact with activities and groups.

Groups and activities also need to be made accessible through providing transport where necessary and identifying the access requirements of, for example, disabled people, those with cognitive impairments or with limited or no English.

We do not think it is useful to rank different services – for instance befriending, mentoring and group activities – in terms of their effectiveness. Different interventions work for different people, which is the whole point of taking a personalised approach. Age UK's approach rests on providing support to help people identify what might help them reconnect and try it out. Often a person requires more than one service or activity.

To successfully tackle loneliness in our communities there should be a range of services and opportunities available to provide bespoke support - some light touch and short term, some in depth and over a longer time period. An example of a light touch solution would be an in-depth conversation, information about local services and activities and possibly encouragement to volunteer, followed up subsequently with a phone call to find out whether or not the person has been able to reconnect. An in-depth approach might involve an initial full conversation and a telephone support service while a matched volunteer who can visit is identified, followed by regular visits to the home to build trust, find out what might help and start to encourage the person to reconnect; and finally, providing company to get on a bus and/or try an activity, until they are confident to engage without specific support from the service.

It is unhelpful, in Age UK's view, for befriending services to have rigid eligibility criteria as a condition of their funding. The important issue is that in their current circumstances the person is lonely and needs support to reconnect. Services should not have to turn people away who ask for help with their loneliness because they are not regarded as lonely enough, or could physically get out of the house on their own, or are receiving social care.


*5.*

**What are the main challenges you encounter when assessing the impact of your work on loneliness?**

In our approaches we combine quantitative approaches to measuring an individual's loneliness at different points in time with qualitative methods such as interviewing a sample of people helped, to explore what kind of support has worked and why.

For the quantitative approach, there are intrinsic difficulties in asking people questions about their loneliness and then comparing their answers over time. These include:

- Some of the staff and volunteers in our TPAL programme felt uncomfortable asking a scripted question about loneliness because they felt it upset the older people concerned. It is important to provide training to help workers to realise that they are not causing the distress but rather enabling the older people to express existing distress, and equip them with techniques for how to manage this. Staff and volunteers also need to understand the importance of asking the question as scripted to provide valid comparisons between different people and over time.

- Some people prefer not to admit to loneliness, or minimise the extent of their loneliness when talking to someone they don't know. After the initial interview they may begin to appreciate the extent of their loneliness and as they get to know and trust the service they may be more prepared to admit how bad they feel. When this happens, using quantitative methods alone could make it appear as if the service has increased the loneliness the person is experiencing, when instead the individual is on the road to the self-awareness which is necessary to begin to support their reconnection.

- People's experience of loneliness can change for reasons unrelated to the project. Among older people there is a high risk of multiple trigger events, and someone may get ill or be bereaved while they are being supported by the project.

Ideally, the project's evaluation mechanism will allow for the latter two factors to be taken into account.

It is also helpful to have more than one measure of loneliness to gauge the impact of the programme. There are lots of different causes of loneliness and we have found through our analysis of the English Longitudinal Study of Ageing (ELSA) that some respondents who said they sometimes or often felt lonely when asked 'How often do you feel lonely', gave a different response when responding to the UCLA three item scale. It is helpful therefore to include both.

It is also helpful to include wider questions about changes in participants' wellbeing and views of the service offered. In some circumstances, such as bereavement, it can take a long time for people to come to terms with their loss. Although they may not record a reduction in loneliness in the short term, measures of changes in well-being and experience of the service can indicate whether they are receiving appropriate support. We recommend using a direct question on loneliness, the UCLA 3 or 4 item scale, a question on wellbeing and possibly also a question on whether they would recommend the service to others.[9]

Finally it is important to include indications of the wider impact of the programme on civil society, such as the recruitment of volunteers and the impact of volunteering on their wellbeing, as well as the awareness raising and community mobilisation that programmes can achieve.

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[9] Reconnections 2018, ibid

*6. **We plan to develop a cross-government strategy that combines some policies that reduce the risk of loneliness across society and some that focus on reducing the risk at specific trigger points. Do you have any comments or suggestions on our proposed approach?***

It is important to provide or enable community wide activities and services that people can engage with, whether lonely or not, as a way of building strong resilient communities.

It is also important to build public awareness of loneliness. The Jo Cox Commission on Loneliness made an excellent start with its 'Happy to chat' badges and 'start a conversation' slogan and the Campaign to End Loneliness continues with its awareness raising 'Be more Us' campaign. Age UK's 'No-one should have No-one' campaign also plays an important part.

At the same time, all communities require projects and initiatives that will reach and support people for whom loneliness is already entrenched or for whom it is at a high risk of becoming entrenched. These services need to begin by listening to what the person's circumstances and aspirations are. What would restore pleasure and purpose to their lives? This takes skill and time.

All communities require *community connectors* - people who are expert and up to date on activities and services available in the community and able to signpost to appropriate sources of support.

We are delighted that the Government is taking a genuinely cross departmental approach. Local Age UKs have experienced excellent results through working with local health, social care, fire and rescue, police community support officers, and local government services such as libraries and community centres. Awareness raising and training among these services could provide excellent support to local partnerships.

However, none of this is cost-free, and excellent initiatives are currently under threat from funding cuts, with the risk of losing all of their knowledge and experience if alternative funding sources are not identified quickly. In these circumstances staff are made redundant and volunteers can no longer be supported. This is extraordinarily wasteful.

In addition, the cuts in other public services – such as libraries, community centres, and public transport – as well as care services are undermining the wider community infrastructure which enhance the effectiveness of the voluntary and community sector.

Traditionally, these services would have been funded by councils, but big cuts to their budgets have dramatically reduced the availability of this type of financial support. As local authorities are less able to provide community spaces and transport services we would like to see central government provide funding for community infrastructure and incentivise local businesses to get more closely involved.

Government needs to test all its policy proposals for the likely impact on community infrastructure. There is no point, for example, having a fund for community minibuses if it then proves prohibitively expensive to licence the drivers due to changes in regulations for community transport, as is currently threatened.

Appendix 1

**Disclosure of responses**

The Department for Digital, Culture, Media and Sport (DCMS) controls the information you provide in your answers. Information is being collected and processed by DCMS, with your consent, for research purposes to inform the development of the Loneliness Strategy. All information will be processed in compliance with the Data Protection Act 2018 and General Data Protection Regulation and used to develop the Loneliness Strategy.

In developing the Loneliness Strategy, DCMS may publish findings from the research. If we do so, we will ensure that neither you nor the organisation you represent are identifiable, and any responses used to illustrate findings are anonymised. The only third party who we will share your information with is Qualtrics, who will be processing the survey on behalf of DCMS. Your information will not be shared with any other third parties. It will be retained for 2 years for analysis and reporting after which it will be destroyed. DCMS will not disclose any information you provide unless required to do so in accordance with access to information regimes (these are primarily the Freedom of Information Act 2000, the Data Protection Act 2018 and the Environmental Information Regulations 2004).

*DCMS will be collecting partial responses to the survey. If, during completion of the survey you decide to withdraw your response, you will need to return to this Disclosure of Responses page by using the 'Back' button, and select 'No' from the options below.*

*Under the current Data Protection Act 2018 and the GDPR regime, you have certain rights to access your personal data and have it corrected or erased, and you can withdraw your consent to us processing your personal data at any time. However, once you have submitted your response to the survey you will not be able to withdraw your other answers from the analysis stage (i.e. it is only your personal data that you can withdraw at this stage, not your other answers).*

*If you need any further information please contact us:* dcmsdataprotection@culture.gov.uk

*You have the right to lodge a complaint with the independent Information Commissioner (ICO) if you think we are not handling your data fairly or in accordance with the law. You can contact the ICO athttps://ico.org.uk/, or telephone 0303 123 1113. ICO, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.*
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***Please confirm below that you have read and understood this statement and agree with its terms.***

***I have read and understood the disclosure of responses statement and I agree with its terms.*** *(Select one)*

- *Yes*

*We may wish to contact you to discuss your responses in more detail. **If you are happy to be contacted, please provide your details below.** If not, please move on to the next question.*
- *Name _____Jill Mortimer*
- *Email address  Jill.Mortimer@ageuk.org.uk*

*Are you responding as an individual or on behalf of an organisation? (Select one)*

- *Organisation*

*If you are responding on behalf of an organisation, which of the following options best describes it? (Select all that apply)*

- *Voluntary organisation (local), Voluntary organisation (national) and Public Sector Service Provider*

*What is the name of the organisation you are responding on behalf of?*
*Age UK*