

Testing Promising Approaches to Reducing Loneliness

Results and Learnings of Age UK's Loneliness Pilot.



Foreword



Many people experience loneliness at some point in their lives. For some it may be short-lived whilst for others it can become long term. It can have a devastating impact on people's health and quality of life.

Loneliness still carries a stigma and people may not want to admit to feeling lonely, so our latest work has been focussed on finding the best ways to reach and truly engage older people who are lonely: being eyes and ears on the ground and in communities; exploring the sorts of conversations needed to enable someone who is lonely to get help on their own terms; and developing and sustaining a wide range of local and national services from which older people can choose whatever suits them best.

Our hope is that this evidence and learning will enable more local Age UKs and other providers to understand the benefits of making sure that services and interventions reach, understand and support lonely older people.

Using the loneliness framework which sets out the building blocks to identify and improve services, and drawing to fill the evidence of what works, local Age UKs can act on gaps in provision and offer more person-centred solutions. By building in robust evaluation they can evidence their collective impact and the difference they make to older people's lives.

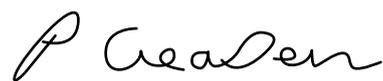
There is growing awareness of loneliness in our communities, and its implications for our mental and physical health. Our approach to tackling loneliness can help to position Age UK and its network as 'the place to go' to address loneliness in later life and result in less older people becoming lonely, increasing their quality of life and improving their health and wellbeing.

It is a shame that so many people experience lack of companionship and the unhappiness that accompanies this. Loneliness can have a serious impact on older people's physical and mental health too. Research has shown that it has an equivalent risk factor for early mortality as smoking 15 cigarettes a day and is associated with depression, sleep problems, impaired cognitive

health, hypertension, psychological stress and mental health problems. More than a million older people say they are often or always lonely.

We are already encountering many lonely people across our services and through our advice line on a daily basis. We need ways of identifying them and providing bespoke support. We also need to improve our reach to contact lonely people who are not in touch with our networks.

Age UK is committed to tackling loneliness by using its collective experience and assets to help older people with this complex and deeply personal issue. In developing our approach with the Campaign to End Loneliness, and then shaping our programme to test ways of addressing loneliness, Age UK and the participating local Age UKs have been able to explore and evidence what works to reduce older people's feelings of loneliness.



Pam Creaven
Services Director
Age UK



More than **a million older people** say they are **often or always lonely**.

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Chapter One:

About Our Programme

The starting point for our project was the ***Promising approaches to reducing loneliness and isolation in later life*** report, jointly commissioned by Age UK and the Campaign to End Loneliness in 2015. This drew on the expertise and experience of leading figures in the field and examined the depth and breadth of a large number of interventions and practice to tackle loneliness.

The report offered a new framework for understanding loneliness interventions, particularly those which show promise in addressing this serious public health issue. The framework presents a series of practical interventions to support older people experiencing loneliness. The four types of initiatives are outlined in this chapter, these are:

• **Foundation Services**

services to reach and understand the specific needs of those experiencing loneliness.

• **Direct Interventions**

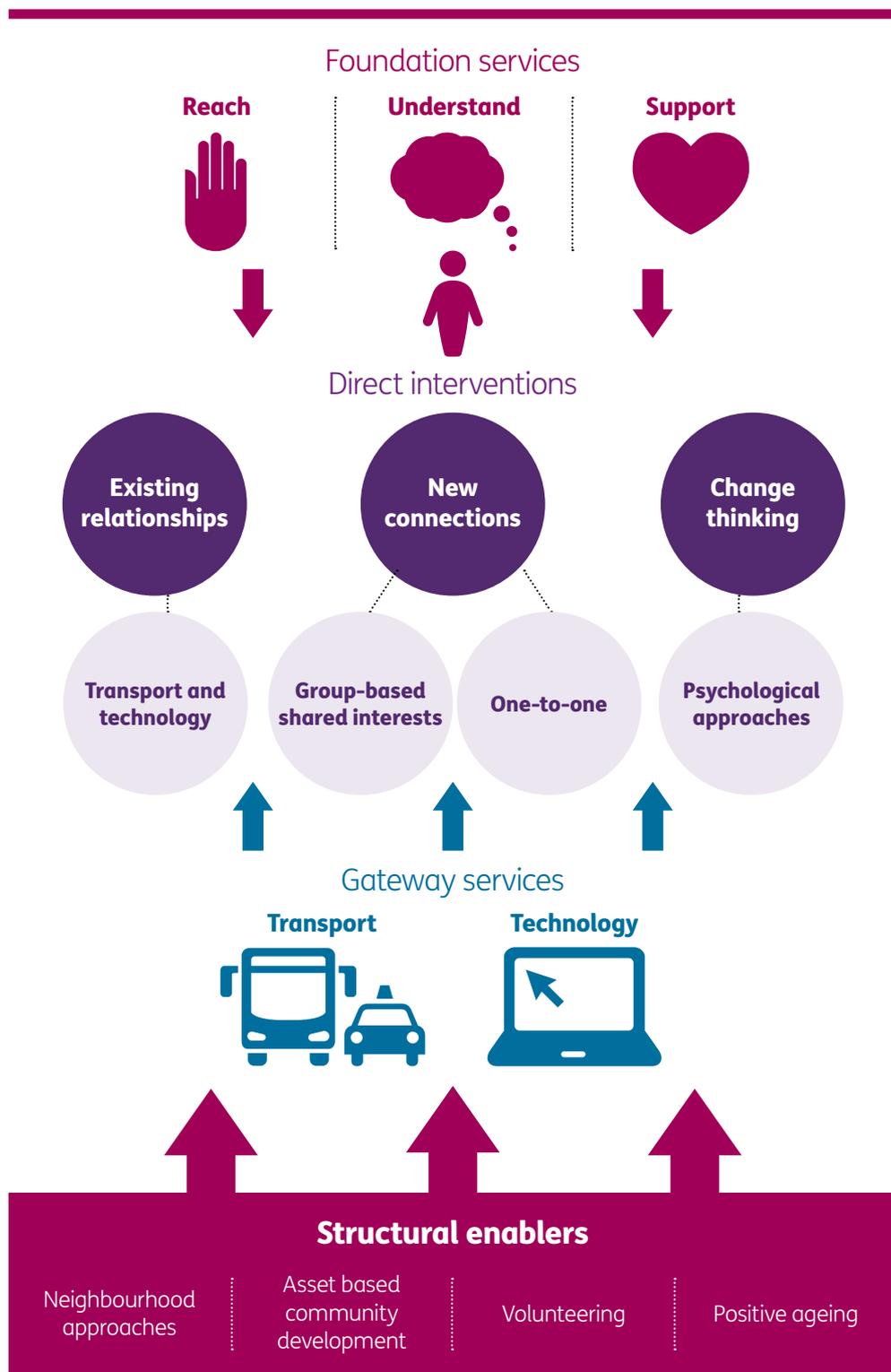
a menu of services that directly improve the number or quality of relationships older people have.

• **Gateway Services**

improving transport and technology provision to help retain connections and independence in later life.

• **Structural Enablers**

create the right structures and conditions in a local community to reduce the numbers of older people experiencing, or at risk of, loneliness.



The experts consulted in the 2015 report saw the biggest opportunities for innovation and impact within Foundation Services; and in particular the use of certain approaches to enhance their delivery. They considered these vital to ensure that individuals achieve greater confidence and control over their situations in order to reduce feelings of loneliness:

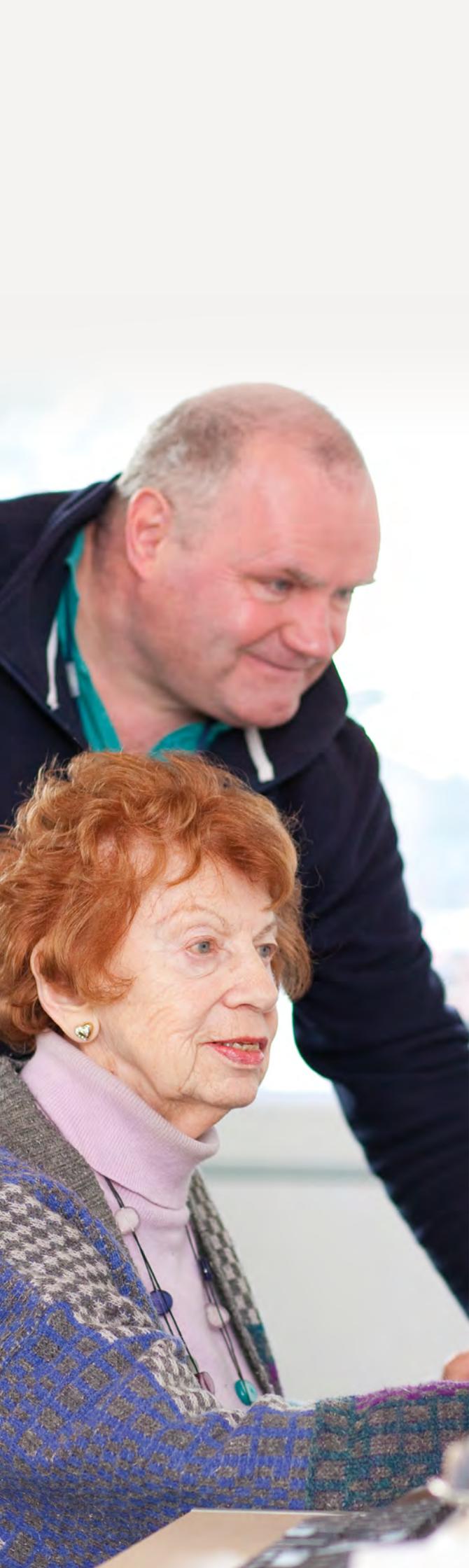
Foundation services	Types of approaches
 Reaching older people who are lonely	Using data, 'eyes on the ground' and links with health and other services to identify people and target resources.
 Understanding through conversation	Drawing out and responding to an individual's needs through a person-centred conversation.
 Supporting older people	Building confidence and resilience, offering practical and emotional support leading to the achievement of specific personal goals.



When the 2015 report was published there was little evidence to demonstrate the effectiveness of Foundation Services and their approaches in meeting the needs of and reducing loneliness amongst older people. Our aim was to test them to show what works to help local Age UKs develop their services to be more effective at offering more targeted and personalised approaches to improve older people's quality of life.

Eight local Age UKs took part in an initial test-and-learn trial for 12 months. They adapted their existing operations, embedding approaches that extended their reach, increased the personalisation of their understanding and support, and collected evidence of their effectiveness in reducing loneliness.

- Age UK Barrow & District
- Age UK Blackpool & District
- Age UK North Craven
- Age UK North Yorkshire
- Age UK Oxfordshire
- Age UK South Lakeland
- Age UK South Tyneside
- Age UK Wirral



Stage One

Co-Production and Planning

The local Age UKs worked together with Age UK National during a series of co-production workshops, aimed at supporting change through shared knowledge and decision-making.

During the workshops the local Age UKs explored the evidence and recommendations of relevant literature reviews and planned how they would alter their delivery models to make them more effective. These included developing new ways of identifying lonely older people by harnessing assets in the local community and businesses, and building relationships with local professionals such as GPs, fire rescue services, police officers, hairdressers, Post Offices etc.

The workshops offered the opportunity for practical skills development, including how to adapt assessments to become more motivational and to help the older person identify what their issues are, what matters most to them, and how they would like things to change. This helped staff to change the way they considered older people during the planning and provision of their support; rather than seeing older people as passive recipients, they are encouraged to work together.

The workshops also looked at the use of digital and social media tools and techniques to create messages and content that would encourage lonely older people and the wider community to take action.



The workshops looked at the use of **digital and social media tools** that would **encourage lonely older people** to take action.

Stage Two

Determining How to Measure Loneliness

It was agreed that a loneliness measure would need to be adopted by all participating local Age UKs.

Several loneliness scales were considered, including the De-Jong Giervals six-item scale, the Duke Social Support Index and the University of California, Los Angeles (UCLA) 3-item loneliness scale.

Participating Age UKs saw advantages in using the UCLA 3-item loneliness scale as it was that was already widely recognised, academically validated and had a simple scoring system; and whilst they didn't particularly like the negative language of the questions, they felt that staff and volunteers would be able to manage questions sensitively and in an empowering way as part of a guided conversation or self-completed assessment.

The scale measures different dimensions of loneliness: relational connectedness, social connectedness and self-perceived isolation.



The Age UKs saw **advantage in using a scale** that was widely recognised and academically validated.



The UCLA 3-item loneliness scale

This scale comprises three questions that measure different dimensions of loneliness: relational connectedness, social connectedness and self-perceived isolation.

1. How often do you feel that you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others?

Answer each question with using the following scoring:

Hardly ever = 1

Some of the time = 2

Often = 3

Add up the score to find loneliness score:

Find where score sits on the scale:

Lowest

Highest



3

9

Those answering **Hardly ever** are given a score of one, those answering **Some of the time** are given a score of two and those answering **Often** are given a score of three.

Those people with combined scores closer to three could be considered less and not lonely, whereas those people scoring towards nine are considered lonely.

Recognising that health and local authority commissioners and stakeholders want more 'hard' evidence on the effectiveness of loneliness interventions, use of the UCLA 3-item loneliness scale offered a fitting solution to producing irrefutable evidence of the impact of the Age UKs services. It also allows the measurement of the intensity of loneliness and how this changes over time.

Other advantages of the scale include its use as part of the English Longitudinal Study of Ageing (ELSA). This means that UCLA results from a small population can be compared to a national sample.

In addition to using the UCLA 3-item loneliness scale, the Age UKs developed a common set of descriptors for their interventions in order to record, monitor and compare anonymised data about the older people they were supporting. This enabled them to enhance their understanding of the drivers for loneliness in older people and what interventions appeared to work best to alleviate that loneliness.

This project allowed us to build on our understanding about approaches that act as enablers to support people to take positive action.



A shared online data collection system was developed to **enable individual Age UKs to compile consistent data.**

The Loneliness App was designed as a common platform to collect anonymised data from our delivery partners on older people who had joined the loneliness programme.

The App has helped provide excellent data from the programme with over 1000 active clients and up to 46 data fields. The data was available in real time and presented us with a unique opportunity to enhance our understanding of the drivers for loneliness in older people and what works best to alleviate that loneliness. The project also allowed us to build on our understanding about approaches that act as enablers to support people to take positive action.

There were five stages in each record:

- Demographic data on the client
- Referral and assessment (including answers to the UCLA loneliness questions)
- Interventions
- Reassessment and
- Closure

The App enabled summary and detailed reports to be generated, and exported to Excel. These included a real time count of the total number of clients, their current stage and an average loneliness reduction score for each pilot. In addition, the App included facility to attach documents and carry out admin tasks.

The App was created by the team at Age UK South Lakeland, accessed through a secure web-portal. It was built with open source software. The codesign process enabled other partners to comment on and refine the design to meet our collective needs.



Stage Three

Delivery of Foundation Services and Approaches

Although each of the participating local Age UKs services were distinct, three common types of approaches emerged that defined their activities as foundation services:

- The recruiting of **'eyes on the ground'** to identify older people who are experiencing, or at risk of, loneliness. This involved the local Age UKs raising awareness amongst health and care professionals and others in the community (such as hairdressers, librarians, firefighters, faith leaders) of the common characteristics of loneliness, and encouraging them to make appropriate referrals.
- Developing **co-operative networks** with other voluntary and statutory agencies to provide more immediate and in-depth information and support; and working together to offer wrap-around support to lonely older people.
- The use of a traditional **befriending** service to provide low-level telephone support and short term face-to-face companionship with the aim of supporting older, lonely people to reconnect with their community.

In each approach, the Age UKs used a 'guided conversation' style of motivational assessment to better understand people's individual circumstances, consider their wishes; and develop tailored solutions in order to help the older person take practical steps and/or access the most appropriate support.



Chapter Two: Promising Approaches in Practice

In this next chapter we take a look at some of the services that local Age UKs deliver; and how the adoption of certain approaches improved and enhanced their impact on lonely older people.



Using Human Networks to Reach Lonely People.

Age UK Barrow & District's Respectability Project was the vehicle for finding out how they could improve their targeting and identification of harder-to-reach older people; and improve the way they monitored clients' outcomes and satisfaction.

Respectability is a collection of schemes that offer older adults who are carers or have life threatening conditions, the opportunities to participate in activities where they can make new social connections, improve their physical and mental wellbeing; and develop or learn new skills. The project supports over 200 older people per year.

Older people are signposted or referred into the programme by Ambassadors or Urban Angels who effectively operate as the 'eyes on the ground' across the locality, either operating in their professional capacity (e.g. police officers and social service workers) or as volunteers based in hospital wards and GP surgeries.

These people have a variety of expertise and skills which enable them to identify the risk of loneliness amongst individuals, focus on more vulnerable groups, such as those with dementia, carers and isolated older men, and provide peer support when helping people to access the Respectability project.

Their work is supported by the Age UK's staff, who contact the older person as soon as they are referred into the service in order to build a fuller picture of their needs and goals. The team then aims to match the person with one or more local volunteer-led activities, such as technology lessons, music and movement, model making, game and reminiscence sessions, based on their interest and the way they want to engage with people.

Joanne Smith, Project Lead said...

'Loneliness can affect anyone, anywhere, anytime. Our Ambassadors, who are grassroots professionals, provide an ideal way of identifying lonely people who might not otherwise know about the support we offer, enabling us to reach out to them.'

'Likewise, there is no 'one size fits all' when it comes to dealing with loneliness. By focussing upon what people wanted to do, rather than the services already available, our Urban Angels are able to support older people to participate in, or even set up and run, local activities. For example, recognising that some older men found it harder to strike up new friendships, particularly in large, mixed-gender activities, some of our volunteers started a men-only cookery club.'

Visit www.ageuk.org.uk/barrow for further information about the Respectability project.



Helping Older People Make Their Own Assessment of How They are Doing and What They Want.

Age UKs North Craven and North Yorkshire operate in a rural area, with a population of nearly 54,000 people, 32 per cent of whom are older people. Loneliness and social isolation are growing concerns, along with the loss of local transport and services such as post offices, shops and leisure centres.

In light of these challenges, the Age UKs developed a Village Outreach Scheme, using village-based agents.

The common aim of the Village Agent schemes is to empower isolated older people to live independent lives and play a full part in their local rural community. The role of the Village Agent, often staff or volunteers who are trusted members of their community, is to provide information, advice and support for older people and in particular make contact with isolated and hard to reach members of the community. They link older people to local services and organisations; and sometimes work with local organisations to set up new services to meet the needs identified by older people in each area.

Across North Craven and North Yorkshire, Village Agents are a vital asset, particularly for older people experiencing significant life changes such as bereavement or deteriorating health. They provide guidance to help people improve their circumstances and wellbeing, as well as signpost people to community activities and services locally or further afield.

The local Age UKs have used the Testing Promising Approaches programme to rethink how they understand older people's needs; and in particular how they train their Village Agents and staff to support an older person. They now place much greater emphasis on enabling the older person to make their own assessment of how they're doing and what they want to do more of. Using this knowledge, they can motivate the individual to take action, helping them to reconnect with their wider community.

The use of a structured but flexible 'guided conversation' helped the Village Agents and Age UK staff to consider the whole person and come up with tailored solutions that gave individuals the control they wanted, and increased the agent's confidence that they were helping the older person to help themselves. By blending the loneliness questions into the conversation, the topic of loneliness was easier to broach.

By working with and through the community, Age UK has improved and fostered new relationships with older people, local groups and services. Instead of working in competition and duplicating effort, the scheme is able to complement other outreach activities providing a bespoke service to identify and address loneliness.



Sue Bradley, CEO Age UK North Craven said...

'The programme highlighted to us that whilst people are aware of loneliness, they and we have not had the chance before to focus on how to make a real impact on people's lives. It has brought home the importance of both working with people to respond to practical needs, such as wellbeing advice and letting them know about groups and social activities, and looking creatively for what could be the key to reducing their sense of loneliness. Awareness raising with staff, volunteers and our partners to identify risk, and having the tools to look at all aspects of people's lives has been a crucial development.

By adopting the framework, and in particular the foundation approaches, we have been able to help older people and communities work out how to support themselves, giving them the confidence to address loneliness, along with the knowledge of the expert help at hand, locally. We've been able to monitor the effectiveness of these approaches and our intervention in preventing unnecessary demand on statutory services by increasing the community's resilience.'

Visit www.ageuk.org.uk/northcraven or www.ageuk.org.uk/northyorkshire for further information about the Village Agent outreach.



Helping People to Build Confidence, Take Action and Reconnect.

Age UK South Tyneside addressed loneliness and social isolation as an organisational priority for many years, working with local partners across their borough to raise awareness of the impact of loneliness and isolation. They have been actively involved in the development of local strategies to tackle the issue; and provide many projects and activities that support older people to become more active, improve their health and wellbeing and engage with their local community.

Staff and volunteers already work cooperatively to identify and cross-refer people to other services, and where appropriate, for extra support.

As a result of participating in the programme the Age UK developed its Befriending Service to make it much more person centred, and much more focused on encouraging the older person to help themselves.

Using a single assessment approach, designed to make a preliminary assessment of an older person's needs and aspirations, they are matched with a befriender who share similar interests and experiences. The befriender acts as a companion and is skilled at 'teasing out' what are often unspoken needs, especially loneliness. They give the older person an opportunity to discuss things they haven't spoken about to anyone before (including their family), such as their past history, fears and frustrations. Befrienders provide regular visits and telephone calls with the aim of building up people's confidence to get out-and-about, reconnect with old friends and start using relevant local services.

Offering one-to-one support proved very successful in reducing people's feelings of loneliness, particularly people who couldn't get out of their home easily. The service also expanded its approach to offer a wider range of social groups or support networks facilitated by volunteers.

Project lead, Una McDermott said...

'Taking part in the programme has highlighted that in many cases 'traditional' approaches like long-term befriending are not what is required to help alleviate loneliness and isolation. Instead a more personalised, multifaceted approach, building upon an individual's own strengths and helping them to access community activities themselves is often the best solution to tackling loneliness and isolation.'

'In many cases, those individuals we engaged with during the programme have had a life-changing event, such as a bereavement or a change in personal circumstances due to health issues. They benefited from an earlier, short-term intervention, supported by a befriender who helped them adjust to these new circumstances and reduced the risk of them becoming lonely or isolated.'

'We have learnt a lot by incorporating the foundation approaches into our delivery models; and continue to explore where we can develop our services based on the broader loneliness framework.'

Prior to the publication of this report, Age UK South Tyneside transferred its services to a newly formed charity called Age Concern Tyneside South (ACTS). For further information about their involvement in the programme, contact info@ac-ts.org.uk

Use of Loneliness Heat Maps

During the programme the Age UK Research Team developed an interactive map that shows the relative risk of loneliness across neighbourhoods in England.

The map is available at www.ageuk.org.uk/professional-resources-home/research/loneliness-maps/

Age UK's interactive mapping shows local Age UKs the relative risk of older people being lonely in their neighbourhoods. The maps, used alongside Age UK's local knowledge and understanding, enables the user to explore whether existing services were reaching areas of potential need; and what resources and services they (or others) could offer in these communities.

For example, Age UK Wirral compared the Age UK loneliness heat map with their existing activities, and with the knowledge of volunteers and staff, identified a gap in provision of social activities in the Bromborough area. They set up a monthly coffee morning which began with 15 older people attending, and has become so popular that it is to be developed into a monthly lunch club. Older people attending have made friends and exchanged phone numbers. The identification of this gap and development of a service has provided support to help older people build their social networks.

Use of the Age UK loneliness heat maps can complement strategic development by building a clearer picture of local people affected by or at risk of loneliness. It has proved a very useful tool to engage commissioners, statutory and community providers in dialogue around loneliness in later life; and help inform decisions about where to prioritise resources.



Use of the Age UK loneliness heat maps can complement strategic development by **building a clearer picture of local people affected by or at risk of loneliness.**



‘...These problems won’t just go away by themselves but where do you go or who do you ask for help...’ Anne, 69

Anne was anxious about her continued poor health, made worse following a series of falls. Her house was riddled with damp and falling into disrepair, and although her daughter and son-in-law lived with her, they felt unable to support their mother due to their own emotional and financial problems.

Anne’s GP was concerned that she needed more help around the house and that she was getting lonely and suggested she contact Age UK Oxfordshire’s Community Information Network. *‘Asking for help was hard but I knew I couldn’t manage much longer. I called the Age UK and they sent someone over straight away.’*

The Community Networker visited Anne and listened as she talked about some of the difficulties she and her family were experiencing. Together the two of them identified a number of immediate solutions that could help improve the condition of the house and reduce the risk of future falls. They arranged visits from the housing agency and an occupational therapist, resulting in the fitting of rails and repairs to eliminate the damp throughout the house. The Community Networker also referred Anne into a befriending scheme where she could receive on-going emotional support.

‘It was one step at a time, much like getting over the falls, but I’ve definitely got my confidence back with the help I received from the Networker and am still able to talk to befriender when I need to.’

Using Data to Challenge Assumptions

Age UK South Lakeland's Compass Assessment Tool captures all elements of an older person's living experience to determine the risk of declining into crisis. It covers five domains: health, living conditions, social life, money and locality. They saw opportunity to enhance the capability of their tool by including another element to the Health – Wellbeing sub set domain: loneliness.

Age UK South Lakeland was able to effectively identify those at highest risk of falling into crisis by integrating the UCLA 3-item loneliness scale with the Generalised Anxiety Disorder (GAD) seven-item scale and the Patient Health Questionnaire (PHQ) nine-item scale that feature in the Compass tool. This allowed for extensive consideration of a number of potential risks.

Through Compass, Age UK South Lakeland saw an important link between a person's loneliness score and their depression and anxiety score. This insight has prompted a more detailed exploration of the data as it appears not uncommon for someone with anxiety disorder or depression to also suffer from loneliness, or vice versa.

Using data in this way has challenged the traditional assumptions that loneliness is an inevitable part of ageing in a rural community. Instead, they have been able to take a more in-depth look at the relationship between the intensity and risk of someone's loneliness, and factors such as income, stress and multiple long-term conditions.

The 'risk-stratification' approach has heightened awareness of the impact of loneliness on older people's health and wellbeing and moved Age UK South Lakeland's strategy forward significantly. It has helped to identify people who can benefit from intensive, holistic support, whilst further supporting the growing body of evidence that loneliness is a 'condition' that can have dramatic consequences on a person's health.

For more information about Age UK South Lakeland's **Compass tool**.
www.youtube.com/watch?v=alneX4LCLVc&feature=youtu.be

Chapter Three:

Lessons and Impact

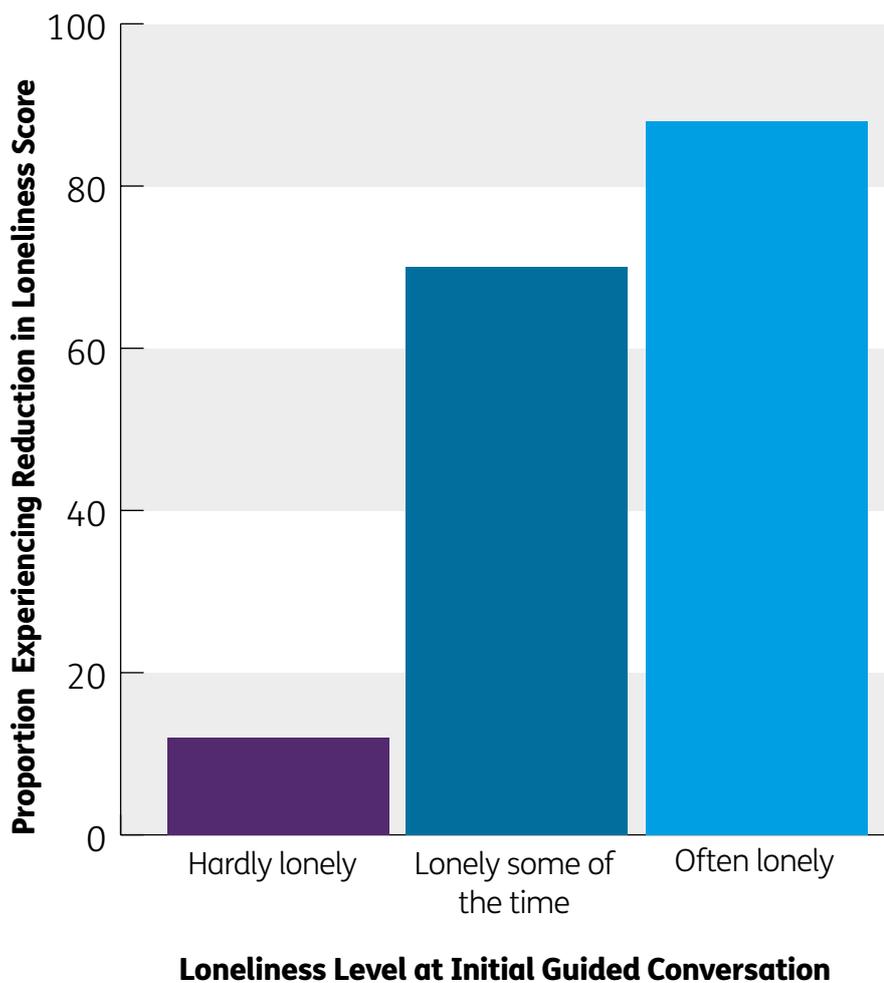
During the trial period over 1000 older people were supported by the participating local Age UKs as part of the programme, and had their loneliness measured using the UCLA 3-item loneliness scale.

Five hundred and thirty of these older people had their loneliness levels reassessed within six to 12 weeks of their initial guided conversation.

A large number of the older people experienced a reduction in their loneliness scores. This was especially pronounced amongst older people who were often lonely (scores eight and nine on the UCLA 3-item loneliness scale). 88 per cent of these said they were less lonely at the second interview. Their loneliness score had improved by an average (median) of two points compared with one point amongst people who were sometimes lonely. As the graph shows, the higher the level of loneliness at the first assessment the more likely people were to experience a reduction in loneliness

This shows that the support and interventions older people received from the local Age UKs had a positive impact on their feelings of loneliness. In addition, qualitative information reveals that for some the outcomes went far beyond simply feeling less lonely and included feelings of increased independence, wellbeing and connectedness with people.

Graph 1: Proportion experiencing reductions in loneliness in relation to their initial loneliness scores



88%

of participants described themselves as **less lonely** at the second interview.

'I've been given the recipe for making new friends.' David, 73

Asthma and arthritis already limited David's ability to get out and about. His wife played a vital role in keeping him connected to the comings and goings of their neighbourhood. Following their separation, and with his asthma worsening, David became even more isolated, experiencing intense periods of loneliness.

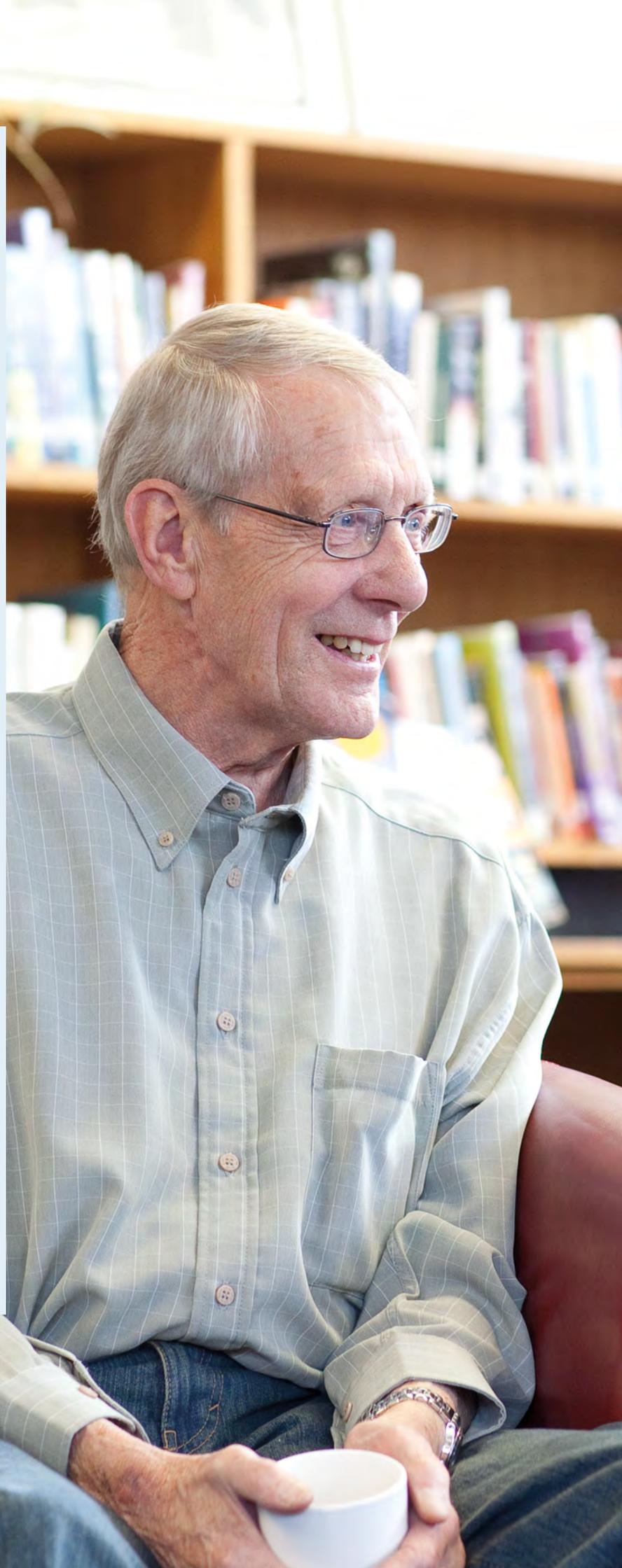
In conversation with the urban angel (an Age UK Barrow volunteer), David spoke about his frustration at feeling restricted by his conditions. He wanted to feel connected and socialise more but didn't want to simply attend a day centre where *'people sit around and drink tea.'*

The urban angel offered to accompany David to Age UK Barrow's Cooking for One club where he could meet and mix with other members, with the added advantage of developing some practical culinary skills and improving his diet.

It's been nine months since David attended his first session. He continues to attend every week, experimenting with recipes and forming new friendships.

'We're cooking with fresh ingredients, trying new ideas, and sometimes the recipes conjure up old memories. I particularly like that.'

Rather than the traditional befriending approach, the urban angel supported David to access the cookery sessions, along with other activities, where he could decide upon and form his own friendships and social circles.



Exploring and Learning

The programme has helped local Age UKs to rethink their strategic approach to targeting people who could benefit from support and services but with whom they don't traditionally come into contact. This is due to, for example; geographical isolation, inability to leave their home, being part of a seldom heard community, not knowing what resources and services are available locally and how they are relevant to their needs; or simply lack the confidence to reach out.

A guided conversation, or motivational assessment, was used to understand older people's circumstances. Based on this, tailored support was developed offering a range of support, such as; traditional befriending services, benefits advice, wellbeing information, transport, practical support and social engagement opportunities.

Reducing loneliness is not always about encouraging more social engagement. **Resolving other issues such as access to benefits helps people participate in activities, or helps them to help themselves, reducing their feelings of loneliness.**

Having an initial conversation with an Age UK staff member or volunteer can have a significant impact in reducing a person's feelings of loneliness. **Just being able to talk to someone can be in itself a relief.**

By explicitly exploring the issue, rather than staff or volunteers making assumptions about whether or not loneliness is the issue, the older person felt listened to and better able to explore what was making them lonely without awkwardness. By having a greater awareness of the characteristics of loneliness, and the potential 'cocktail of risk', staff and volunteers had the confidence to explore these issues with older people more thoroughly. Once the older person's needs are identified, it's important to **offer them some form of immediate support even if this is simply a low-level, short-term measure** until more suitable or in-depth support can be found.

During the programme it became clear that it **was better to ask the UCLA 3-item loneliness scale questions in the middle of the conversation** rather than at the beginning or end. It also became clear that some of the **staff and volunteers needed help to manage a guided conversation and to ask the questions** as written, and have the skills and mechanisms to deal with their own anxieties as well as any emotional reaction from older people.



The range shows that **reducing loneliness is not always about encouraging more social engagement.** Resolving other issues, such as access to benefits, may be the key to reducing loneliness.

The UCLA 3-item loneliness scale has been designed and tested to capture aspects of loneliness. It is important to ask the questions word for word, as using different wording by staff may lead to measuring something different. Maintaining the same wording means that when different people are asking the questions they are eliciting the same information, making the measurement more robust.

There was an obvious impact of embedding an ‘eyes on the ground’ approach in the community. Age UKs Barrow, North Craven, North Yorkshire and South Lakeland all used staff and volunteers to identify and engage with local professional workers in health, social care and other voluntary organisations who have contact with older people. The approach has been very effective in generating more appropriate referrals of lonely older people.

By providing key people with practical information about the effects of loneliness and the personalised support available at Age UK, these professionals have shown greater confidence in signposting and referring older people to local Age UKs for support.

The programme created an operational shift in the way local Age UK staff and teams thought about lonely older people and engaged with each other when supporting them. From an organisational perspective, it created a greater awareness and understanding of a person-centred approach, resulting in an increase in cross-referrals between teams and activities; and ultimately providing greater wrap-around support for individuals.



From an organisational perspective, it created a **greater awareness and understanding of a person-centred approach**, resulting in an increase in cross-referrals between teams and activities.



'It's not so much about being alone. It's about being lonely sometimes even when people are visiting.' Charlotte, 90

Four years ago, Charlotte's husband died unexpectedly. She found herself alone after having been married for a long time. Charlotte and her husband met and married during WW2 whilst they were serving in the Army.

Her son and grandchildren telephone regularly and when they can, visit on the weekends. She's also visited by her cousin from time to time. Charlotte remained quite active until she suffered a heart attack, followed by a stroke soon after. Whilst in hospital recovering she fell and broke her wrist. Charlotte's health and mood deteriorated quickly, leaving her housebound and unable to walk to the shops, visit friends and join in the activities she enjoyed so much.

'I'm nervous if I go out. I have to negotiate a steep path and worry about slipping. I want to gain some independence back. Get out and about, again.'

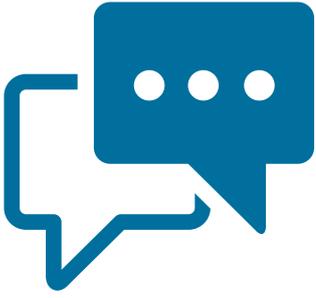
On the face of it Charlotte had lots of visitors – a nurse, an ex-carer, a cleaner, and her hairdresser every few weeks. Despite these visits, she was lonely sometimes. Charlotte felt that the professionals and neighbours visiting didn't really have the time for socialising. They came by to do a job, make sure she was okay and leave soon after. She didn't want to be a burden to already busy people.

Charlotte was referred by the GP to her local Age UK's Befriending Service where she was matched to local volunteer, Jean, who now visits weekly. Jean listens as Charlotte talks about the things she wants to achieve and is an active companion by building up Charlotte's confidence to get out, and accompanying her to appointments and visits.

Over a short period of time, Charlotte's become more energised. With the support of Jean, she's joined a chair-based exercise group, visited her family in Yorkshire; and even ventured to the local supermarket on her own.

'I was quite 'down' after everything [stroke, followed by fall] and confined to the house. I'm feeling happier and less nervous now. Jean's not just checking in each week. She's my new friend who helps me do the things I want to do.'





‘Getting older people to **engage and acknowledge their loneliness** was challenging at times but taking an individual approach to each client really pays off.’

Staff and Volunteer Perspective

‘Whereas before we waited for self-referrals we decided to be more targeted in our approach, working with different teams and looking for different venues where there was a good chance of encountering lonely, older people such as discharge suites at the local hospital.’

Terry MacSorley, Respectability Outreach Worker

‘Adopting the practices associated with Foundation Services has improved staff understanding of the multiple issues that contribute to an individual’s loneliness, over and above rural isolation. Holistic support of individuals has engendered trust and helped many clients to become less stressed and less lonely by taking an active role in deciding what activities and support are right for them.’

Julie Blackburn, Case Management Officer

‘Getting older people to engage and acknowledge their loneliness was challenging at times but taking an individual approach to each client really pays off. We didn’t want to unlock all sorts of emotions or create dependency by asking personal questions, but using the questions in a more flexible way and asking them along with questions about good memories or goals seemed to have a positive affect.’

Jean Park, Volunteering and Community Activities Manager

‘The programme shifted individuals from thinking in a singular way. There is sharing of information across teams and signposting to activities provided by other organisations in an effort to find more tailored activities for the client. That didn’t happen all that often but now there’s more awareness that what we offer might not be what’s needed, but that doesn’t mean we can’t seek it out for the person we’re helping. These approaches are making a real difference to people’s lives and our reputation as an organisation.’ **On heatmaps:** ‘Adoption of the loneliness heat maps and a more evidenced approach has enabled conversations with our local authority’s Community Engagement Team about the extent of risk across their geographical area and the need for more targeted provision. Age UK Blackpool has been able to position itself as the ‘go to place’ for direct support as well as a ‘gateway’ to wider community activities.’

Laura Gleeson, Senior Development Manager

Chapter Four:

Conclusion

The programme has highlighted many lessons that have been learned from applying the Loneliness Framework in practice, and goes some way to providing more evidence about how to successfully tackle loneliness. It is particularly encouraging to see the learning around a person-centred approach; how it helps to identify the causes of a person's loneliness and how to explore different methods, beyond befriending, to address that loneliness. This has presented a real opportunity for Age UK and its network to rethink its services and approaches and to understand what types of support work to connect people and tackle loneliness.

Next Steps for the Programme

Many local Age UKs will already offer services that look and operate like Foundation Services, using similar approaches to target their reach and support older people more effectively. Our programme shows that delivering this in a consistent, person-centred and evidence driven way can have significant additional impact for individuals and their communities.

Based on our learning and review so far, the next phase of the programme will further test and refine the approaches used to reach, understand and support lonely older people.

We will interview a sample of the older people who have already participated in the programme to assess what the long-term impact this has on their quality of life, and will continue to build the evidence about the Age UK's effectiveness at intervening early to reduce people's feelings of loneliness, and improve their wellbeing.

Furthermore, we want to observe the impacts on the Age UKs themselves and fully explore the organisational and culture change they've experienced as a result of; developing the skills of staff and volunteers to help them manage guided conversations and in particular be able to ask questions about feelings of loneliness, and making better use of risk data to understand, map and raise awareness of the extent of loneliness in their communities.

A key focus for the programme going forward is to work with the local Age UKs to:

- create the right environment to reduce loneliness by harnessing the local community and its resources in the area;
- tap into the knowledge and capability held by local people; enhancing our use of 'eyes on the ground' to further develop signposting and cooperation networks;
- develop alternative partnerships within their communities to help engage harder to reach people and provide robust support pathways to support more lonely older people;
- develop local influencing strategies to show how Age UKs work in this area fits with the growing emphasis on reform for older people's services; and
- develop a costing formula which demonstrates the benefits to wider health and care services of helping people to become less lonely.



These approaches are making a **real difference to people's lives** and our reputation as an organisation.

Working with the local Age UKs to build the evidence, where previously there was none, has been incredibly valuable. It has consolidated our thinking about working in more person-centred ways built around the concept of a conversation that focuses on the needs and aspirations of the individual, not on the services being offered.

This programme has highlighted the potential to develop and design our services with Foundation Services underpinning everything that we do, thus allowing the older people we support to have more choice and control.

Although our programme has focussed on Foundation Services, the wider framework (discussed in chapter one) is ultimately needed to support older people who experience this very complex, personal problem.

The participating Age UKs found that the Loneliness Framework provides a strategic approach to addressing loneliness in their local areas. It can be used in very practical ways by other local Age UKs, including:

- mapping current local provision and assets and identifying any potential gaps;
- structuring conversations with commissioners, funders, service providers and older people to determine and shape future provision; and
- assessing the extent and effectiveness of local Age UKs own services across the framework and whether these are directly enabling older people and communities to feel supported.

You can find out more about how to apply the framework at www.campaigntoendloneliness.org

The participating Age UKs found that the loneliness framework provides a **strategic approach to addressing loneliness** in their local areas.

The checklist below will help you assess how your organisation reaches, understands and supports lonely older people. This can be mapped across the wider framework.

Please print and tick as appropriate:

Agree	Disagree	Statement
		We feel confident that the culture and behaviour of our own organisation demonstrates an awareness or recognition of the importance of tackling loneliness.
		We feel assured that our staff and volunteers feel confident when talking to someone about their feelings of loneliness.
		We complement the work of other local providers and professionals who deliver services that reach, identify, understand and/or support older people.
		We develop partnerships with other providers and agencies to ensure lonely older people feel supported every step of the way, and don't fall through the gaps or experience dissatisfaction when being referred from one place to the next.
		We see value in using the loneliness framework to develop and deliver more effective support and services; to work in partnership and/ or highlight to local commissioners what can be done to reduce loneliness, locally.
		We use the Age UK loneliness heat-maps to see whether our services are operating in high risk areas, and/or what might be done to communicate our service in hotspot locations.
		We use data to target our resources and services.
		We help individuals or professionals within the community to successfully identify older people experiencing, or at risk of experiencing, loneliness.
		We develop and test different types of communication and promotional materials in order to appeal to the full range of older people.
		We have a conversation – a guided conversation or motivational assessment – with a person to better understand their individual needs and wishes; and explore what might be available locally to support them.
		We link lonely older people with a trusted companion, mentor or coordinator with whom they are able to develop a relationship, and who can offer practical and emotional support to help the person take positive action to help themselves.
		We support older people to develop their self-confidence and re-engage with the wider community.
		We measure the outcomes and impact our services and interventions have on the people we support (and/or our staff and volunteers).

Your results from this checklist can be used to consider whether your organisation and the older people you support would benefit from linking their services and activities to some, or all, of the Loneliness Framework.

There are lots of helpful examples and case studies contained within this report; in *Promising Approaches to Reducing Loneliness and Social Isolation* report and *Campaign to End Loneliness: The Missing Millions* report, to help you get started, or enhance what you are already doing.

For more information, contact the project team at loneliness@ageuk.org.uk



Useful Publications and Resources

Age UK and Campaign to End Loneliness joint publications

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

Age UK reports and resources

www.ageuk.org.uk/professional-resources-home/research/loneliness-maps/

www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true

Campaign to End Loneliness reports and resources

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

www.campaigntoendloneliness.org/wp-content/uploads/The-Missing-Million-report-FINAL.pdf

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

www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-The-State-Were-In.pdf

Local Government Association

www.local.gov.uk/documents/10180/7632544/L15-431+Combating+loneliness+-+a+guide+for+local+authorities/b4b88757-2623-4696-ae04-565892a58909

Age UK South Lakeland's Compass Tool

www.youtube.com/watch?v=alneX4LCLVc&feature=youtu.be

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With Thanks to

Age UK Barrow & District, Age UK Blackpool & District, Age UK North Craven and Age UK North Yorkshire, Age UK Oxfordshire, Age UK South Lakeland, Age UK South Tyneside and Age UK Wirral.

All the beneficiaries, volunteers and staff who supported the creation of this report by providing insight and case studies.

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The interviewees are referred to in the report by their first names which, in some cases, have been changed at their request. (Please note all the photographs in this report are models – not the people we interviewed).

All data presented correct at time of publication.

Age UK is a charitable company limited by guarantee and registered in England and Wales (registered charity number 1128267 and registered company number 6825798). The registered address is Tavis House, 1-6 Tavistock Square, London WC1H 9NA. Age UK and its subsidiary companies and charities form the Age UK Group, dedicated to helping more people love later life. ID203337 11/16