Reaching out
Guide to helping principal and local councils tackle loneliness
The ‘One Community’ guide, published by the Local Government Association (LGA) and National Association of Local Councils (NALC) in May 2018, set out a detailed framework for effective partnership working between all tiers of local government, across a range of policy areas. Since then, principal and local councils have continued their work to build connected communities equipped and resourced to respond effectively to a wide range of needs.

One such need is loneliness, which has far reaching implications, not just for the individual, but for families, the wider community and public services.

Loneliness can often be associated with older people who live on their own, but it is not just about social isolation or older people; we recognise that being lonely can have an impact irrespective of age and circumstance. Frequent loneliness can also ramp up pressure on public services, increase referrals to adult social care and trigger multiple attendances at GP surgeries – the significance of this being likened to issues such as obesity and smoking.

In January 2018, the Government announced a programme of work on tackling loneliness and extended ministerial portfolios to include loneliness. The first ever strategy on loneliness, was published in October 2018 which lay the foundation for change and a better-connected society. This is welcome, but to take forward the national strategy we must recognise local activity already underway and re-double our efforts to work more effectively in partnership across local government if we are to see real change in ending loneliness.

This ‘Reaching out’ guide is an important starting point and a practical resource in supporting principal and local councils to tackle loneliness. In preparing this guide, we have explored how best practice can be shared to support commissioners, service providers, councillors and leaders across the tiers, as well as those people affected by loneliness. This guide outlines the current loneliness policy context, uses a range of case studies to demonstrate effective local delivery models working in practice, and provides useful check lists and top tips on how to measure and evaluate outputs. We hope it will be an invaluable resource for all principal authorities and local councils.

Councils across all tiers are increasingly recognising the added value in reaching out and working together; the LGA and NALC are committed to continuing to strengthen good practice and learning across our respective memberships and in actively seeking to make a real difference in tackling loneliness at the grassroots of community life.

Councillor Sue Baxter  
Chair, NALC

Councillor Ian Hudspeth  
Chairman of Community and Wellbeing Board, LGA
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>4</td>
</tr>
<tr>
<td>WHY DO WE NEED TO REACH OUT?</td>
<td>5</td>
</tr>
<tr>
<td>LOCAL GOVERNMENT PERSPECTIVE</td>
<td>6</td>
</tr>
<tr>
<td>USING THIS GUIDE</td>
<td>7</td>
</tr>
<tr>
<td>MAKING CONNECTIONS</td>
<td>8</td>
</tr>
<tr>
<td>MAKING A DIFFERENCE</td>
<td>14</td>
</tr>
<tr>
<td>LINKING UP</td>
<td>17</td>
</tr>
<tr>
<td>THE RIGHT ENVIRONMENT</td>
<td>22</td>
</tr>
<tr>
<td>ADDITIONAL RESOURCES</td>
<td>26</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

In partnership, and by taking a whole place, whole system view of ‘community’, principal and local councils have the power to reach out and improve individuals’ wellbeing as well as relieving some of the pressure on already overburdened council and health services.

Action to tackle loneliness is most effective if it is delivered in partnership between the public, private and voluntary sectors. Principal authorities and local councils can play a leading role in identifying and meeting the needs of those at risk of loneliness in their communities.

The purpose of this guide is to provide a resource and encourage a partnership approach in tackling one of the biggest public health challenges of our time. As well as being linked to early deaths on a par with obesity and smoking, loneliness can increase the risk of coronary heart disease, strokes, depression and cognitive decline.

This guide presents a real opportunity for principal and local councils to make a difference in a wide range of practical ways with potential outputs of using this guide including:

- finding ways to reach and understand the needs of those experiencing loneliness
- providing services that directly improve the number and quality of relationships that people have
- providing support such as transport and technology to help sustain connections
- creating the right structures and conditions locally to support those affected by, or at risk of, loneliness.

In order to help principal and local councils achieve these outputs the guide explores the reason for reaching out and sets in context the complex perspective across each tier of local government, from local councils at the grass roots level of community through to combined authorities.

Throughout the guide there is practical advice and case studies to help you decide what approach you should take to reduce loneliness in your area and how you can do this in partnership with other councils.
WHY DO WE NEED TO REACH OUT?

Loneliness is fast becoming recognised as one of society’s greatest challenges, a growing problem which not only reduces quality of life for large numbers of residents, but which also contains significant implications for health and care services.

The growing concern over the impact of loneliness can be seen in the Government’s decision to launch its first ever loneliness strategy, setting out how they intend to work to reduce loneliness, with partnership working forming one of the guiding principles in developing the strategy.

Principal authorities and local (town and parish) councils, have a clear remit in working towards ending loneliness and doing so in cooperation. The combination of local leadership and knowledge, strategic and commissioning responsibilities, and access to a host of community assets makes for a powerful local partnership in preventing and tackling loneliness.

What do we mean by loneliness?

The Jo Cox Commission on Loneliness describes loneliness as ‘a subjective, unwelcome feeling of lack or loss of companionship, which happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.’

Loneliness is less easy to quantify and, while it is personal to each one of us, it signifies the health of society: how integrated and supportive we are as a community. A person can be socially and physically isolated and not feel lonely, this is ‘solitude’. Equally, a person can be surrounded by others and appear well-connected but can feel alone, this is ‘loneliness’.

Why does it matter?

Loneliness does not discriminate. Research shows that anyone, at any age, can feel lonely. It is estimated, within the Government’s strategy, that between five per cent and 18 per cent of UK adults feel lonely often or always. The Office for National Statistics (ONS) has also found that 11 per cent of children in England also feel lonely often or always and has undertaken analysis of factors affecting the likelihood of feeling lonely. People who can feel particularly lonely include those aged between 16 and 24, being widowed, having poor health and those with caring responsibilities and those who are unemployed or have caring responsibilities.

The harmful effects of loneliness on a person’s mental and physical health and wellbeing are well documented. Research shows that being lonely is as harmful as smoking 15 cigarettes a day (Holt-Lunstad, 2015) and that it can increase the risk of dementia (Holwerda et al, 2012). This impact on health and wellbeing results in a higher reliance on social services, hospitals and primary care and is estimated to cost £6,000 per person in health costs and pressure on local services (LSE/Campaign to End Loneliness, 2017). Calls for ambulances when all that’s needed is transport, GP appointments made just for someone to talk to and social care replacing a neighbourly cup of tea.

By working together - taking a whole place, whole system view of a community – councils have the power to improve individuals’ wellbeing as well as relieving some of the pressure on already overburdened health and social care services.
Understanding the role and remit of each tier of local government is vital in working positively and effectively together. The capacity and capabilities, alongside fiscal challenges, are going to be different at a large unitary authority, with several thousand staff and an executive cabinet, to those within a small parish council with a part-time clerk.

The ‘One Community’1 guide to effective partnership working between principal authorities and local councils, published by the LGA and NALC, sets out the differences in structure and function between these councils.

Upper tier councils including unitary, county and combined authorities and lower tier councils covering a district area are commonly referred to as ‘principal’ authorities. Town and parish councils are commonly referred to as ‘local’ councils. Both principal and local councils have the general power of competence under the Local Government Act 2011; this is an enabling power to do ‘anything that individuals generally may do’.

Changes in the legislative backdrop of local government and the financial challenges of the last decade have prompted and facilitated closer working between principal authorities and local councils. Also, the biggest change to the structure of English local government in recent years has seen the creation of combined authorities, which have a wider strategic remit; generally made up of principal authorities they have an elected executive Mayor.

The public health role of local authorities, as set out in the Health and Social Care Act of 2012 and Section 2 of the Care Act 2014, which sets out a new legal framework for the delivery of care and support services, requires principal councils to address issues of loneliness and isolation. Local Health and Wellbeing Boards have a key strategic role to play in achieving this. Created by the Health and Social Care Act (2012), as part of a range of measures to promote more joined up working between local authorities and the NHS, Health and Wellbeing Boards are statutory forums on which councils, local clinical commissioning groups and local Healthwatch representatives work together.

They are responsible for producing Joint Strategic Needs Assessments which evaluate local health needs and inform strategies that improve the health and wellbeing of local communities and work to reduce health inequalities. For more information on Health and Wellbeing Boards in England a House of Commons Library Research Briefing can be accessed.2

At a more local level, local councils have an important role to play in the lives of communities and greater powers and responsibilities are being increasingly devolved to them. Democratically accountable, local councils have the closest direct link with the community and are ideally placed to contribute to the long-term vision and priorities of principal authorities.

They also have a vested interest in improving the local quality of life and can be useful partners in improving the delivery of public services. Together, with partners on the Health and Wellbeing Boards, they are best placed to identify needs so that resources can be allocated in the most efficient and effective way.

---

1 www.local.gov.uk/sites/default/files/documents/5.25%20One%20Community_v04.1.pdf
2 https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06845
The Campaign to End Loneliness and Age UK\(^3\) have developed a framework for commissioners and providers across health and social care to tackle loneliness.

This sets out the full range of interventions within four distinct categories that are needed from stakeholders across the community to reach out and support people experiencing, or at risk of loneliness.

We have drawn on this framework, as well as good practice from across local government, to show the different ways in which principal and local councils can – and do – work to combat loneliness and the increased value of doing so in working in collaboration.

The guide outlines four ways in which loneliness can be tackled at a local level:

- **making connections** – finding ways to reach and understand the needs of those experiencing loneliness
- **making a difference** – providing services that directly improve the number and quality of relationships that people have
- **linking up** – providing support such as transport and technology to help sustain connections
- **the right environment** – creating the right structures and conditions locally to support those affected by, or at risk of, loneliness.

Each of these four sections apply to principal and local councils irrespective of size and scale and encourage working collaboratively, as well as in partnership.

Throughout the guide there is reference to a range of resources and at the end of each section there are ‘in practice’ examples of local projects, a ‘case study’ of best practice and an ‘action planning’ checklist which will help you decide what approach you should take to reduce loneliness in your area and explore how this could be done with other councils and organisations.

---

\(^3\) [https://campaigntoendloneliness.org/guidance](https://campaigntoendloneliness.org/guidance)
MAKING CONNECTIONS

Making connections is about:

- identifying and making contact, with people who are experiencing or at risk of loneliness
- understanding their needs so that the right support can be found for them
- signposting them to that support.

Principal authorities and local councils are well-placed to work together to make sure that the right support is matched with people at risk of loneliness. Principal authorities are more likely to have access to resources to provide services to those who need it and local councils have the very local community connections that can identify the individuals who are experiencing loneliness and facilitate or directly deliver projects at a local level.

There are various approaches that principal authorities and local councils can take in partnership to make those critical connections with people in need.

Using loneliness data to identify those in need

Local authorities can use existing data to map where the most lonely or isolated residents live. This includes explicit loneliness and social isolation data collected by the authority as well as data that is associated with some of the risk factors that can lead to loneliness.

These sources include:

- single occupancy household data
- people reporting health issues including anxiety and depression
- people who are recently bereaved
- people on a low annual income
- people who might report in resident or lifestyle surveys that they do not know anyone in their area, do not have someone to listen, etc
- those who require help with council services such as bin collection.

Some principal authorities outline their approach to tackling loneliness in their health and well-being and public health strategies and joint statements of needs assessments which local councils can examine to see if their area has groups that are at risk of loneliness. Warwickshire County Council, for example, has gone one step further, as part of their public health remit, and carried out a tailored Loneliness and Social Isolation needs analysis. This has mapped and located Warwickshire residents who may potentially be at risk of being lonely and socially isolated.4

Another way of identifying those in the community who are lonely is through social prescribing schemes – sometimes referred to as community referral, social prescribing is a way of allowing GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

These schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

The LGA has published information about social prescribing case studies5, recognising the challenge of an ageing population and the need to support those with long-term conditions.

4 https://apps.warwickshire.gov.uk/api/documents/WCCC-119593696-742
Chronic illnesses consume approximately 70 per cent of the health budget. But as there is no cure for them they require us to look beyond the traditional clinical model the NHS offers. This is where social prescribing comes in. By connecting people with local community services and activities we can improve the health and wellbeing of large numbers of people.

There is also a blog available, on how social prescribing can help tackle loneliness.

Social prescribing connects people with community groups and are most effective when there is a local ‘link worker’. The Red Cross has published useful information on community connector best practice and how social prescribing can effectively tackle loneliness.

Other useful sources of data and information include:

- the Office of National Statistics (ONS) for specific data relating to at risk groups including lone pensioners and students
- the Department for Digital, Culture, Media and Sport’s Community Life Survey – an annual survey which now asks questions on loneliness
- Local NHS health and wellbeing data such as the Adult Social Care Outcomes Framework (ASCOF) which has some measures on loneliness for those receiving care
- Mosaic Public Sector which brings together data on population demographics, lifestyle and behavior
- Age UK Loneliness maps – these calculate the risk of loneliness for people aged 65+ at the local level
- LGA’s data on loneliness via About LG Inform.

The Public Health Outcomes Framework which focuses on increased healthy life expectancy, reduced differences in life expectancy and healthy life expectancy between communities highlights the Government’s desired outcomes for public health and how they will be measured.

The current framework runs to 2019 and in future should include loneliness which will assist local councils in identifying those who are lonely as well as measuring the impact of loneliness and how it is tackled at a local level.

**Measuring loneliness**

With so many competing demands and increasingly limited resources, having an accurate way of assessing the extent of loneliness within a council area, where it’s located, and the impact of any intervention, is important in ensuring that the resources allocated to tackling loneliness are adequate and used effectively.

In seeking to support the work of organisations implementing the Government’s Loneliness Strategy, ONS has produced guidance on how to measure loneliness. Since the goal of the ONS is to assess levels of loneliness within populations, rather than diagnosing individual cases, their preferred method is to survey a sample of the population with several questions to gauge their loneliness and then extrapolating those results the levels of loneliness within the population.
Whichever way these surveys are done – whether it be at a council-wide level, as part of a resident survey, or at a neighbourhood level by a local councillor seeking feedback from residents – ONS recommends using a combination of direct questions regarding loneliness (directly asking them if they are lonely) and indirect questions (asking them about things we would associate with loneliness).

The suggested questions, if you want to use these as a benchmark, are:

- How often do you feel that you lack companionship?
- How often do you feel left out?
- How often do you feel isolated from others?
- How often do you feel lonely?

For more information read the ONS guide to measuring loneliness\(^\text{11}\) and in the What Works Centre guidance for charities in measuring the impact of their loneliness projects.\(^\text{12}\)

### Considering the right support

Once an individual, who is experiencing loneliness, has been reached, their specific needs must be identified to make sure that intervention is bespoke and appropriate.

However, consideration needs to be given to the stigma attached to loneliness being a barrier to someone asking for and accepting help. Commissioners and service providers need to be sensitive in how services aimed at reducing loneliness are promoted and delivered.

Should digital channels, which provide a level of anonymity, be offered for people to get information? Should public-facing staff be trained in having guided conversations to explore a person’s needs in a safe and open way?

Only you will be able to determine what is right for your local situation but using the knowledge and expertise of partners and the insight of beneficiaries and service users will help you on your way.

Whatever route you choose, the aim is to get somebody experiencing loneliness to explore their own circumstance and needs, so that a judgement can be made about what intervention is suitable for them.

There is a wide range of information and resources available online, as part of Hampshire’s public health strategy which can be accessed at: [www.hants.gov.uk/socialcareandhealth/publichealth](http://www.hants.gov.uk/socialcareandhealth/publichealth)

The Hampshire Joint Strategic Needs Assessment references loneliness and isolation in the context of ‘becoming better at identifying people at risk of loneliness and isolation so that effective services can be targeted’.

You may also find the Campaign to End Loneliness strategic advice on making connections and reaching out to those who are lonely helpful. This can be accessed at: [https://campaigntoendloneliness.org/guidance/strategic-approach](https://campaigntoendloneliness.org/guidance/strategic-approach)

---

\(^{11}\) [www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys](http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys)

\(^{12}\) [https://whatworkswellbeing.org/loneliness/#guidance](https://whatworkswellbeing.org/loneliness/#guidance)
In practice

Essex County Council and Maldon District Council worked with Age UK Loneliness to identify which area within the district to target an impact volunteering intervention that would also reduce social isolation.

The rural (and parished) villages of Tolleshunt Knights, Tolleshunt Major, Tolleshunt D’Arcy and Tollesbury (the 4 T’s) were identified as an area where the older population was most at risk of experiencing loneliness.

The ‘4 T’ parish councils were involved in identifying and implementing the best ways of identifying potential volunteers to make connections with older lonely and isolated residents.

For more information visit www.maldoncvs.org.uk/4ts or contact Chris Rust at Maldon District Council: chris.rust@maldon.gov.uk.
CASE STUDY

Engaging with rural communities in Worcestershire

The Rural Communities Programme, created by Wychavon District Council in 2016 and jointly delivered by them and Malvern Hills District Council (MHDC), is a programme designed to help parish councils engage with their communities. Wychavon is a large district and is predominantly very rural with a population of 118,700. Nearly a quarter of this population are over 65 which is set to rise to over 30 per cent by 2030.

Introducing schemes to tackle loneliness in rural communities poses different challenges to those in more urbanised areas of the country. Issues such as transport, accessibility to services, fuel poverty, and digital exclusion are all amplified in rural areas.

The Rural Communities Programme sought to implement a model for strong rural communities based on building community capacity and maximising uptake of existing public, voluntary and community services.

This led to the development of the Rural Communities Toolkit, which allowed parish councils to identify areas in the community which required attention, such as: identifying vulnerable, isolated and lonely individuals, taking services and support to potentially vulnerable individuals through door knocks and highlighting the key issues within the community that needed parish support.

Wychavon District Council and MHDC engaged with local parish councils, such as Little Malvern Parish Council and Welland Parish Council, through a series of workshops, facilitating discussions about what the main issues were that these parish councils faced when engaging with their respective community.

Using local authority Mosaic data, Wychavon District Council and MHDC were able to identify individuals who may have been at risk of loneliness. Using this data, a series of door knocks took place which included officers from both district councils, local police, housing providers, health services and other community partners to reach out to individuals who were known to be at risk of being lonely and provide them with information of key services available.

Over 3,500 door knocks took place, with over 1000 individual referrals to key services coming off the back of the door knocks.

Overall, this case study shows that by establishing effective partnerships between principal authorities and local councils and, those living in rural communities who may be at risk of loneliness can be engaged with in a positive and effective manner.

For more information, please contact David Manning (Rural Communities Programme Manager, Wychavon District Council) on david.manning@wychavon.gov.uk or go to the Rural Communities website: www.shapingservices.co.uk
Action-planning checklist

**Local council:**

☐ Raise awareness to tackle the stigma associated with loneliness, encouraging people to talk about how they feel and be more comfortable about asking for support (the Let’s Talk Loneliness toolkit is a good place to start at https://letstalkloneliness.co.uk)

☐ Establish if loneliness is a strategic priority for the principal authority(s) and NHS agencies in your area and how partners on the Health and Wellbeing Board are seeking to reach out in identifying and understanding the needs of loneliness at a local level.

☐ Discuss opportunities for a joined-up approach in reaching out and understanding the needs of loneliness in your community, across all ages and backgrounds.

☐ Talk to community groups and voluntary sector organisations about the best way to identify and understand the needs of loneliness in your community (do existing services and activities provide the right type and level of support).

☐ Establish how activities and services are promoted locally; could you or a local partner host, fund or produce a central source of information for signposting residents.

**Principal authority:**

☐ Establish data sources for identifying those in need (eg young people, older people, stay at home parents) and consider what information you need to ensure that the right type and level of support is accessible within local communities.

☐ Liaise with local councils/the county association of local councils (CALC) to establish the most effective and joined-up way of identifying and contacting people in need.

☐ Convene a roundtable discussion to identify what is already being done by partners and stakeholders and the most effective way of signposting people to these services.
Because of the individual nature of loneliness, local intervention is often the most effective approach. This section looks at the type of services and support that can reduce loneliness by increasing the number of a person’s relationships and/or the quality of a person’s relationships.

These services tend to fall into two categories: those offering individual support or those offering group-based activities.

Support for individuals

One-to-one support can help people who are unable to connect with existing relationships or have practical barriers, such as disabilities, that prevent them from getting out.

They can include:

- befriending – visits or phone contact, it may include assistance with small tasks such as shopping
- mentoring – usually focused on helping an individual achieve a specific goal, generally short term
- buddying or partnering – helping people re-engage with their social networks, often following a major life change such as bereavement.

Group-based approaches

Group-based approaches mainly offer social contact but can also be effective when there are additional benefits offered such as learning, health promotion, or support through difficult circumstances (mainly bereavement).

They can include services such as:

- information in accessible formats online or in community spaces such as libraries
- day centre services such as lunch clubs for older people
- social groups which aim to help people broaden their social circle, these may focus on interests such as reading
- initiatives that support people to increase their participation in cultural activities (e.g., use of libraries and museums)
- community arts and crafts activities (e.g., craft café)
- local history and reminiscence projects
- fitness classes and healthy eating classes
- projects that encourage people to volunteer in their local community (for example, local volunteer centres and time banks).

In practice

In Bracknell Forest, the social prescribers can put those who are lonely in touch with local people and organisations who might share similar interests:

http://health.bracknell-forest.gov.uk/social-prescription

http://health.bracknell-forest.gov.uk/warm-welcome

Bracknell Forest Unitary Authority is supported by Crowthorne Parish Council in promoting social prescribing through their website and via leaflets which are made available in a wide range of community spaces.
CASE STUDY

Connecting Lives in Kent

Kent County Council recently set up a select committee focused on tackling social isolation and loneliness among people over 65, young people, carers and disabled residents. It has set out a strategic approach and a number of steps to be taken by partners across the county to develop targeted interventions; raise awareness of services and support that are available; and to promote a cultural change around the stigma attached to loneliness. One of the key recommendations is to roll out across the county, a successful ‘Community Connector’ pilot led in Wye with Hinxhill Parish Council.

Wye with Hinxhill Parish Council developed its neighbourhood plan – Our Place Wye – in 2015 and in this identified the need for a network of “Community Connectors”. The aim was that a Wye Community Connector would use local knowledge and contacts to develop a new ‘joined up’ advice and support service for socially isolated and lonely residents and link them with the right organisations to help their specific needs. It was also envisaged that the service would enable Wye, an already caring and supportive community with good social networks, to become even more resilient and inclusive place in the future.

In partnership with Kent County Council, Ashford Clinical Commissioning Group and Wye Surgery, the parish council successfully set up its Community Connector service.

Following its successes in reaching out to rurally isolated individuals in particular, the County Council is keen to integrate the Community Connector service to its existing “Community Warden” scheme and equip them to play a central role in the identification, referral and support of people who suffer from loneliness and social isolation across four district councils and 30 parish councils. If this model works, the council will then look to integrate this with social prescribing structures across the county.

Email Debbie Baines (clerk@wyeparish.info) for more information about the Community Connector scheme.
Action-planning checklist

Local council:

☐ If you are supporting or delivering initiatives to tackle loneliness, share this with your principal authority and other agencies such as the NHS and voluntary sector partners in your area.

☐ Ask if they can promote these initiatives on your behalf through their communication channels or provide support/resources in any way.

☐ Record stories and testimonials from people who have used services provided in your area; would they be happy to share their experiences with people who are lonely, to encourage them, in a ‘peer to peer’ way to use the services and activities which are available locally.

☐ Map the activities and services which contribute towards tackling loneliness in your area and discuss opportunities for sharing resources, collaboration and partnership working.

Principal authority:

☐ Encourage partners to measure effectiveness and in particular capture evidence relating to tackling loneliness amongst children and younger adults (cf. https://whatworkswellbeing.org/loneliness#guidance).

☐ Create a directory of services that can offer support and advice around loneliness. This is a useful way to signpost people to local services that are available.

☐ Link the directory to national initiatives and resources such as those provided by Age UK14 or the Campaign to End Loneliness.15

☐ Find out what is important to the target group you are wanting to support (eg young people, older people, stay at home parents) and consider ways in which you may be able to provide resources to help the voluntary and community groups who are supporting them.

☐ Use existing research and local knowledge from local councils to find out what services or activities are most needed to tackle loneliness in their area.

☐ Consider what role you can play in providing these services or commissioning/supporting delivery through stakeholder partners.

14 www.ageuk.org.uk/information-advice/health-wellbeing/loneliness/how-to-overcome-loneliness
15 www.campaigntoendloneliness.org
LINKING UP

Transport and technology are key in enabling people to maintain their existing relationships. The lack of access or availability of these services can be a serious barrier to an individual's social connections and their ability to engage with services.

All councils can play a key role in ensuring these ‘gateway services’ are available for providers to make sure people experiencing loneliness are linked up with the right services and with other people.

The role of technology

As well as supporting existing relationships, interventions to reduce loneliness that involve technology can:

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

Technology can help older people maintain connections with existing contacts and offers a cost-effective way of providing wider services and support.

Technology-based provision may sometimes represent the ‘best case scenario’ in a time of limited resources, even though face-to-face provision, in person, may be preferred.

Transport

Accessible and affordable transport is key to retaining connections and independence across all ages. Local commissioners should work closely with planning teams to develop and maintain an age-friendly approach to local transport.

The Department for Transport offers comprehensive checklists for councils on transport provision to meet the needs of older people: Transport solutions for older people: Information resource for local authorities.16

Community transport, normally organised by voluntary organisations, offer transport services for activities including shopping assistance, or traveling to social activities. Community transport can be flexible and responsive, and be particularly useful in dispersed rural communities, where buses have fewer passengers and destinations can be more diverse.

Councils can play an important role in both identifying where such links are needed but also in funding the provision of these services.

Local councils, principal authorities and transport providers should work together to ensure that isolated people have affordable, accessible and safe access to public transport; public and community transport is not just about getting from one destination to another, it is an important and vital social activity and connector for many who are lonely.

When thinking about issues relating to transport and infrastructure, consideration needs to be given to:

- accessible transport should meet a range of mobility and sensory needs of older passengers and providers should to ensure adequate provision of information is available
- driving can be an essential transport option especially for older people, and those in rural and more remote residential areas
- poor road conditions, inadequate street lighting, lack of appropriate and accessible parking facilities and unclear signage, can all be barriers to confident driving, particularly for older and vulnerable people
- planning and transport commissioners should consider the full range of environmental factors that affect less-mobile people, for example parking bays being located close to buildings and increased drop-off and pick-up bays to improve accessibility.

Because of the pilot, Hampshire have now been able to leverage additional money into their library service to purchase 120 3G-enabled tablets which people experiencing disadvantage, including social isolation, can loan for up to four weeks at a time. The tablets are pre-loaded with applications linking to themes such as health and wellbeing and information about local communities and services. Five part-time co-ordinators are running the project and training and supporting residents in using the tablets.

Linking up people and places in Feock:
For many people in the more rural parts of Cornwall, the ‘Corlink’ flexible bus service plays a vital part in their day-to-day lives, enabling those without their own transport to access the county’s main bus network via a bookable minibus.

Financial challenges for the principal authority meant subsidies to the service were cut. Recognising the impact that the loss of this service would have on their residents, Feock Parish Council took the decision to take over the bus service from Cornwall Council, creating the ‘Feock Community Transport Scheme’, a network of volunteer drivers who would take on the role of providing a bookable service.

The scheme was a success, with the parish council noting the role the service played in enabling older people to avoid social isolation and highlighting the important role local councils can play when principal authorities are forced to row back provision.

For information please contact Debra Roberts, Parish Clerk and Responsible Finance Officer, Feock Parish Council, (01872) 863333, debra@feockparishcouncil.co.uk.
Enabling lunch clubs in Sheffield

Sheffield City Council has a Lunch Club Grant Fund to support older people’s lunch clubs across the city, including parished areas, so that they can help alleviate loneliness and isolation for their members – this means they are close to where people live and reduces the reliance on transport and the need to drive to service provision.

The fund currently supports 52 lunch clubs with grants that contribute to venue hire, transport costs for members with mobility issues and some general running costs. These are the most expensive costs the lunch clubs face. The funding enables them to be based in safe, accessible spaces at the heart of their communities. Contributions from members then go towards food costs and activities.

The clubs tend to be run informally by volunteers although there is also support from various churches and charities that have a paid worker but run with support from a volunteer team.

The fund also pays for a Lunch Club Development Service delivered by the local voluntary support service in Sheffield, which helps clubs with practical support such as understanding Adult Safeguarding requirements, food hygiene training, volunteer recruitment and even acting as mediators between lunch club volunteers. This two-pronged approach means that the fund directly supports lunch clubs with their running costs, which keeps the cost reasonable for members and the club itself gets practical support and information to help them run safely and efficiently.

Some members are persuaded to join a lunch club by their GP or social worker. Others hear about the lunch club through family or friends but a lot of people we talk to have realised they are lonely and want to do something about it.

The joint meal is the anchor that brings members of the local community together with the company being the reason for regularly attending. For the first time in many years one lunch club member said he had used a full pack of Christmas Cards. Common feedback has been that having a local lunch club means that those who are lonely have a reason to leave their house and being so close are better able to access the support. Lunch clubs have been a success in Sheffield for several reasons:

• They are held across the city in the communities they serve. This means there is no need for people to come into the city centre and it means friends made at the lunch club are likely to be local. Where these have taken place in parished areas, the parish council has played a key role in promoting the initiative and/or enabling access to resources to support the activities.

• The lunch clubs are run by volunteers meaning that costs are kept to a minimum for the members.

• Many of the clubs try and offer activities at each session and this varies depending on the volunteers and time available. Clubs run bingo and raffles, have singers and bands perform, run reminiscing sessions, get experts in to talk about wills and care, have health professionals visit to talk about continence and falls prevention. These give a focus for conversation and can help people to carry on living independently.
• Sixty three per cent of lunch club members are currently over 80. This is an age group that don’t usually take part in other social groups and events. They are also more likely to be lonely because of their reduced circle of friends.

• Supporting community transport costs for members means that people can physically get to the lunch clubs.

Over the next year, Sheffield plans to use both the Campaign to End Loneliness questionnaire and direct question identified by the ONS to understand the real difference lunch club membership makes to feelings of loneliness and isolation.
Action-planning checklist

**Local council:**

- Consider ways in which transport, technology or relocation of services can provide greater and more effective ‘link up’ opportunities between service provision and users.

- Find out what the key barriers are in your community for people experiencing loneliness who are not connecting regularly with local services.

- Consider what role your local council can play in addressing these barriers ie influencing the way in which residents can access services.

- Consider ways in which your local council can act as a broker or facilitator, between different service providers and users, suggesting or improving ways in which services can be accessed more effectively through technology, transport or location.

**Principal authority:**

- Benchmark the provision of public transport against the Department for Transport’s solutions for older people and inclusive transport strategy achieving equal access for disabled people.

- Explore how technology is being used in your council to support service delivery and whether these methods can be used to reach out to people experiencing loneliness.

- Liaise with local councils to explore how issues relating to technology, transport and location barriers in rural or isolated communities can be addressed.

- Consider ways in which you can support local community transport services and improve access to services and activities for those who are lonely.
THE RIGHT ENVIRONMENT

Principal authorities and local councils have a key enabling role to play by creating the right environment to reduce loneliness. Councils are best placed to know what assets, networks and people exist at neighbourhood level and to map these to local need.

Asset Based Community Development

An Asset Based Community Development (ABCD) approach is based on the principle that every community has a supply of assets and resources that can be used to build the community, solve problems, and sustain health and wellbeing.

When addressing loneliness in a local area, commissioners are encouraged to utilise local assets such as people’s time, social connections, under used buildings (even in the private sector), land, mini-buses and library space.

This involves identifying and mobilising existing individual and community assets, rather than focusing on problems, needs, or ‘deficits.’

The ABCD Institute\(^\text{17}\) outlines the key stages of Asset Based Community Development as being:

\- mapping the capacities and assets in the area
\- building relationships and connections between residents, and between residents and agencies, to change values and attitudes
\- mobilising residents to become self-organising and active by sharing knowledge and resources and identifying common interests
\- convening a core group of residents to identify, from the asset mapping and mobilising activities, the key theme or issue that will inspire people to get organised and to create a vision and a plan leveraging in outside resources only to do those things that the residents cannot do for themselves; they need to be in a position of strength in dealing with outside agencies.

In Northumberland a new approach to health and wellbeing is being delivered through the ABCD model.\(^\text{18}\)

Volunteering

Volunteering can directly prevent and alleviate loneliness, improving wellbeing and social connections for the volunteer. The use of volunteers is also likely to reduce the cost and therefore improve the cost-effectiveness of any intervention.

Local commissioners and service providers can work in partnership with their local council for Voluntary Service and/or Volunteer Centre who will have links with voluntary sector groups/providers in their area, and often administer a website that enables search and self-access activities and resources.

The National Council for Voluntary Organisations (NCVO)\(^\text{19}\) has a large resource pool covering all aspects of volunteering and publishes an annual report that can assist commissioners.

There are two aspects to this: recruiting volunteers to support people experiencing loneliness or encouraging people who are experiencing loneliness to become volunteers.

\(\text{17} \) [www.abcdinstitute.org](http://www.abcdinstitute.org)


\(\text{19} \) [www.ncvo.org.uk](http://www.ncvo.org.uk)
### In practice

**Meet up Monday**

The Meet up Mondays initiative relies on the local knowledge of councils at all levels and their ‘brokering’ role to succeed.

This scheme encourages local hospitality businesses (eg cafes, restaurants and pubs) to offer a couple of hours of free teas, coffees, sandwiches (or whatever they choose) at lunchtime to people who are ‘fed up with their own company’.

This may be because they are a new mum, a home worker, out of work (for whatever reason) or an elderly person or couple who have started to feel isolated. Many parishes within Suffolk have encouraged businesses to take part in this as have districts across Essex including Braintree and Colchester.

**The Foxes Den**

Binfield Parish Council in Berkshire used reserve funds and community infrastructure funding to set up a community hub to meet the needs of a growing community.

The Foxes Den Community Café is now a vital community centre where people can come and try out a range of free sessions including Pre-Schooler Craft sessions, New Mums Meet Ups, Rhyme Time, Crafternooners (adults craft) and more.

---

**CASE STUDY**

**The Frome Model**

The Frome Model of Enhanced Primary Care is a collaborative model to address health issues related to loneliness and social isolation. The model is deployed within the boundaries of Mendip District Council which has a population of 112,500.

There are various key partners involved with the project including: Mendip Health Connections, Frome Town Council, Mendip District Council, 12 Local GP practices across Mendip and Somerset CCG. The model was conceptualised by Dr Helen Kingston and Jenny Hartnoll to pool together the vast amount of resources available to people.

A website, phone line, and conversation cafes were all set up to help spread the word about the services available to people. One-to-one health connectors were recruited to provide support to those who didn't feel comfortable speaking to people about requesting support.

Over 950 empowered residents are the ‘community connectors’ who are open to conversations and can point people in the direction of services available to them. The health connectors ensure that everyone who is discharged from hospital in the district receives a phone call to discuss everyday issues (eg have you seen any family members lately? Who is helping you with your shopping?) as opposed to the traditional follow up call.

Increasingly, parents and carers of teenagers have been speaking to health connectors about services available to young people who are increasingly suffering mental health problems.
The model is an organic, grassroots attempt at addressing issues related to loneliness and is constantly evolving. It involves those who have used the services to become 'community connectors' to spread the word even further.

This initiative is an excellent example of a collaborative approach including voluntary and public sector support as well as the contribution of local and district level councils to tackle loneliness and loneliness related health issues.

Email Jenny Hartnoll (j.hartnoll@nhs.net) for more information on the model.
Action-planning checklist

**Local council:**
- Carry out a community mapping exercise in your area to identify where people may be at most risk from loneliness.
- Use your local leadership to convene relevant stakeholders to work together to match community assets to community need.

**Principal authority:**
- Engage with local councils to see if any resources or advice is needed to carry out a community mapping exercise in their area.
- Use ‘impact volunteering’ approaches to mobilise volunteers to address loneliness and social isolation.
- Facilitate workshops on the ABCD model to support stakeholders in building capacity and capabilities through grassroots community engagement and identifying local strengths and assets.
LGA and NALC

There are a lot of useful resources for both partnership working and tackling loneliness on the NALC and LGA websites.

New Conversations 2.0 guide to engagement

Combating Loneliness, an LGA guide for local authorities

Loneliness Must Knows for Adult Social Care by the LGA
www.local.gov.uk/sites/default/files/documents/22.28_-_Loneliness_Must_Know_WEB.pdf

Health and Wellbeing in Rural Areas from the LGA
www.local.gov.uk/sites/default/files/documents/1.39_Health%20in%20rural%20areas_WEB.pdf

The NALC/LGA One Community guide to effective partnership working between principal and local councils
www.local.gov.uk/sites/default/files/documents/5.25%20One%20Community_v04.1.pdf

A NALC template letter from local to principal council, to kickstart partnership work

The NALC Devo Plus toolkit

Further Reading

The following publications are also of use in understanding the wider background to partnership working and other information regarding tackling loneliness.

The Joseph Rowntree Foundation’s Loneliness resource pack for tackling loneliness on the neighbourhood-level

The Campaign to End Loneliness’s website contains a range of resources on ways of working to resolve the problem in local communities
www.campaigntoendloneliness.org/resources-2

Age UK have collated a wide range of research and tools on tackling loneliness, which can be accessed here
www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/

The Jo Cox Loneliness Commission released a call to action in 2017 to shed light upon how to tackle loneliness using everyday conversations

The world’s largest loneliness study by the BBC revealed interesting insights into issues of loneliness across a sample size of 55,000
www.bbc.co.uk/programmes/articles/2yzhfv4DvqVp5nZyxBD8G23/who-feels-lonely-the-results-of-the-world-s-largest-loneliness-study
The British Red Cross has published a wide range of guides and information on tackling loneliness:

Fulfilling the promise

Evaluation

Connecting communities to tackle loneliness and social isolation: Learning report

Let's Talk Loneliness campaign and toolkit:
https://letstalkloneliness.co.uk
www.ukyouth.org/2019/06/19/lets-talk-loneliness/

**Government Policy and Initiatives**

A Loneliness Strategy to tackle loneliness was published by the Government in October 2018, setting out a long term strategy


The Government has also awarded contracts to innovative tech companies in order to help tackle rural isolation and loneliness.
