

# Working together to address loneliness

**Jill Mortimer,  
Policy Manager**

**[Jill.Mortimer@ageuk.org.uk](mailto:Jill.Mortimer@ageuk.org.uk)**

**[www.ageuk.org.uk/no-one](http://www.ageuk.org.uk/no-one)**



# Best of Times and the Worst of Times .....

- **The Worst**

Austerity: public services at full stretch and many being cut back

Local Government and Voluntary sector especially vulnerable, but health also struggle in many areas.

- **The Best**

Massive public response to Age UK's No-one should have No-one Campaign 2015 and 2016

Lots going on, and a real will from all sides to work together to make a difference



# Why important?

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- 1.2 million older people are very unhappy.
- Unable to contribute to their community
- Association with higher incidence of strokes and heart disease, falls, depression and dementia, suicide
- Role of stress hormones
- Healthy and unhealthy behaviours
- Increased demand on health and care services



# Key Principles

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- Embedding solutions to loneliness in the wider community more effective than a stand-alone loneliness service
- NHS, Local Government, Public Health, Voluntary Sector, Businesses all have a role to play: whole more than the sum of the parts: loneliness is a well being and active community issue as well as a health issue
- Take a whole person, person-centred, coproduction approach
- Addressing prevention and early intervention as well as chronic loneliness identifies opportunities and solutions
- Too narrow an approach will compromise effectiveness
- And now is a golden moment for mobilising people across the community



# Growing public awareness nationally

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- Response to Age UK's No-one should have No-one Christmas Campaign
  - 17,000 peak in enquires in 2016/17 compared with 7,000 enquiries in 2015/16 and no peak before
  - 43,000 annual enquires about volunteering compared with 20,000 in 2015/16 and 8,000 in 2014/15
- Jo Cox Commission on Loneliness
  - Turbo charge public action on loneliness
  - Life Course: showcases through 2017
  - Loneliness discussed at length in parliament
  - MPs have visited local services and become aware of how can help constituents
  - Joining with Eden Project lead to **9.3 million people** getting involved in the Big Lunch



# And growing mobilisation locally: for example

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- Barnsley Age UK recruiting 'eyes on the ground' – overwhelming response – similar feedback from others
- British Red Cross recruiting volunteers in London: oversubscribed in two weeks
- Co-op and British Red Cross: intergenerational - 40 sites
- Ageing Better programme – in Bristol more than 250 local organisations signed up



# Local government plays a crucial part

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Cllr Izzie Secombe, Chair of LGA Community Well Being Board,  
Combatting Loneliness LGA, Age UK and Campaign to End Loneliness

*“Even at times of such austerity it should be possible to resource the required actions through some redirection and reprioritisation, and through galvanising capacity within local communities.”*



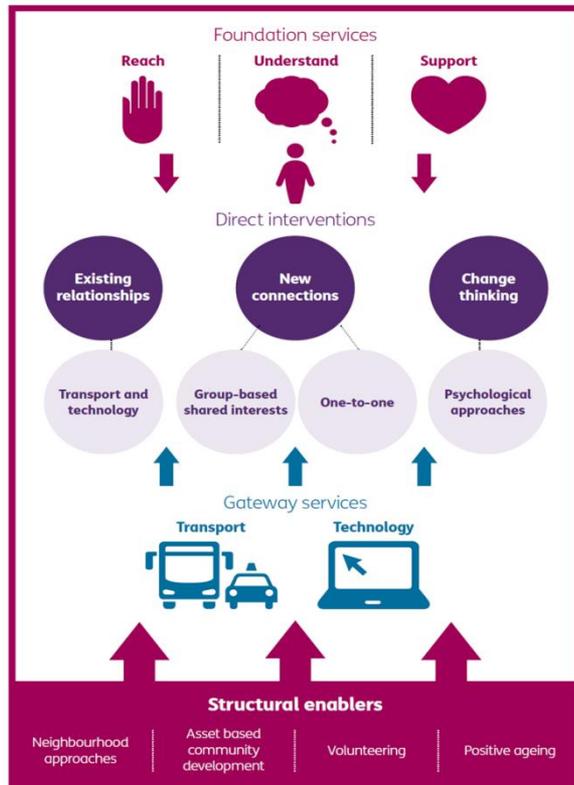
# Examples of Leeds and Rochdale

- Presentations at a conference last week
- Loneliness being addressed as part of an asset based approach to communities.

Joint working with NHS, Public Health, Community Networks, Voluntary Sector and Businesses



# Shared framework: Age UK, Campaign to End Loneliness and Local Government Association



Foundation services

Direct Interventions

Gateway Services

Structured Interventions

# Age UK current programmes to address loneliness

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- More than 120 local Age UKs provide social activities which help prevent or counteract loneliness, and/or with specific befriending services.
- Other services – information and advice on care and benefits, repairs, shops etc can help identify people who are lonely as well as practical help
- Call in Time – national befriending call services
- Nationally ‘No-one should have no-one’ – mobilising public awareness and opportunities to volunteer and ‘Call in Time’
- Raising awareness of what works: with the Campaign and with the Local Government Association
- Test and Learn pilots with local Age UKs



# Testing Promising Approaches to Reducing Loneliness

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- Exploring foundation services
- Reach  
How find older people experiencing loneliness?
- Understand  
Why is the individual lonely? What kind of intervention or activity would help them help themselves?
- Support  
Working together to reconnect



# And it worked!

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- More than 70% of people who said they were lonely sometimes or frequently reduced their loneliness scores.
- Nearly 90% of people who were frequently lonely reduced their scores



# Reach: Eyes on the ground

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- Loneliness embedded in other services: across all local Age UK services: trained to recognise signs and to ask. Energised the local Age UKs
- Existing networks: eg social care workforce, other voluntary sector organisations, home from hospital services, GPs receptionists, district nurses
- Other public sector professionals: Police Community Support Officers, Fire and Rescue
- Employers: employees and front line staff – the co-op, tescos
- Local shops and services: hairdressers, cafes, shops, pubs, parks, libraries, post offices, plumbers, electricians.
- Faith networks
- Local MPs and councillors: within their surgeries and wards, and invited to events
- Local campaigns and activities: Neighbours, relatives, friends – Happy to chat! Street Parties. Pop up events – armchair aerobics

# Community mobilisation: Range of Roles

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- Let people know about services
- Permission to refer to services
- Engage, listen, and learn
- Support to reconnect



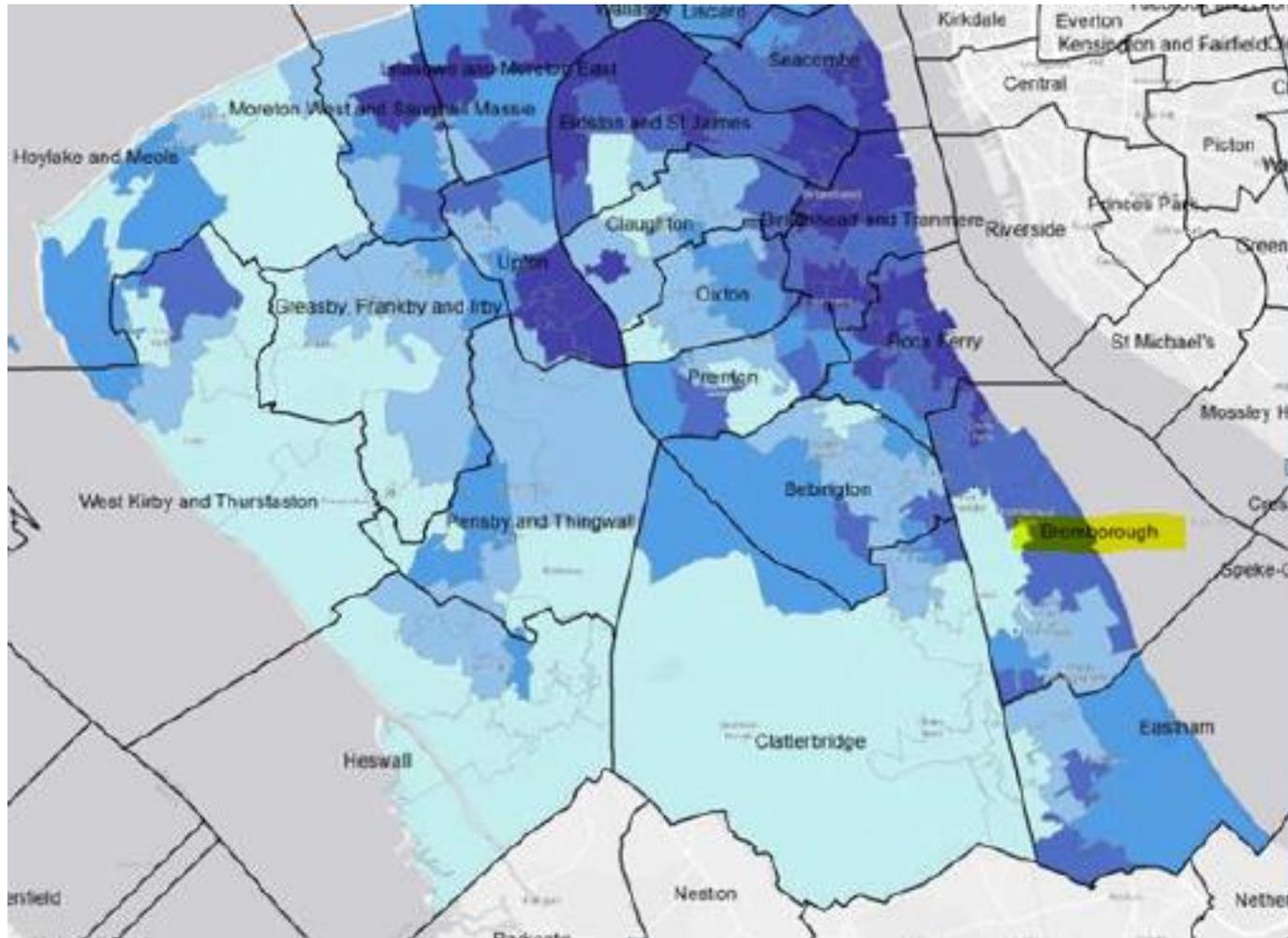
# Reach: Loneliness Heat Maps

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- Research tool to measure and map risk of loneliness among older people in local community
- Based on analysis of the English Longitudinal Study of Ageing and developed with the Office for National Statistics
- Most important risk factors include:
  - poor health
  - household size / living alone
  - marital status / being widowed, divorced

[www.ageuk.org.uk/professional-resources-home/research/loneliness-maps/](http://www.ageuk.org.uk/professional-resources-home/research/loneliness-maps/)

# Loneliness Heat Maps - Wirral



## And in areas of high risk .....

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- Share with partners
- Identify existing services and activities
- Pilot new ones - Wirral
- Big Door Knock - Wirral



# Understand Guided Conversation

- Person centred: helping individual find their own solutions
- Strength based
- Emphasis on working with, not doing to, or for.
- Build confidence and skills to ask directly about loneliness – fear of upsetting people, whilst the upset is already there



# Support

- Telephone calls can provide bridging service
- Matching with volunteer
- Visits to home – ‘befriending’
- Identifying what would help and then helping to access: eg Accompanying on public transport; going together to lunch club, book club, introducing to people with similar interests; internet etc
- Also other services, like Benefits and Handyperson may also help ‘break the mood’ and energise. Transport may be key element
- Sensitivity to adapt service over time
- Flexible guidance on how long: contextual judgement on ‘dependency’



# Evaluate

- UCLA three item questions:
  - How often do you feel you lack companionship
  - How often do you feel isolated from others
  - How often do you feel left out
- Score from 3 (Hardly Ever) to 9 (often)
- Asked at Guided Conversation
- Asked again 6 to 12 weeks after intervention started



# Some elephant traps to avoid

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Narrow focus can have unintended consequences

- Not lonely enough?

- Investment in reach?
- Turning away people who self refer?
- Prevention and mobilisation

- Exclude if in receipt of social care? Issue is whether lonely. Consequences the same

- Payment by net impact on loneliness? Responsible for things outside control?

- Whole service criteria for success: how has the service helped? What has the individual gone on to do? Measures of growth in community capacity?



