

# No one should have no one

Working to end loneliness  
amongst older people



# About Age UK

Age UK is the country's largest charity dedicated to helping everyone make the most of later life. Age UK provides a wide range of services and its information and advice reached nearly 6 million people last year. The Age UK network comprises more than 150 local Age UKs covering most of England. Our family also includes Age Cymru, Age NI and Age Scotland.

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Report author: Jill Mortimer

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## No one should have no one

Most of us have felt very lonely and alone at some point in our lives.<sup>1</sup> It's a profoundly personal and painful experience and people can feel completely hopeless. Luckily for many, life moves on and these feelings pass.

But for some of us loneliness can become chronic, making us miserable and often causing us to lose self-confidence. It can become increasingly difficult to build new and meaningful relationships that could restore our sense of self and self-worth. The fact that loneliness carries a stigma can make it hard to admit to it and seek help. And often people don't know where to go for support.



Chronic loneliness can **increase the risk of serious health conditions**, such as diabetes, heart conditions and strokes, depression and dementia.

Chronic loneliness is affecting a growing number of older people, in line with the increase in the older population. Age UK estimates that over a million older people are lonely.<sup>2</sup> There are particular issues that are more common amongst older people – such as bereavement, ill health and complex long term health conditions, making it harder to stay connected.

Being miserable is bad enough, but there is evidence that chronic loneliness increases the risk of serious health conditions, such as diabetes, heart conditions and strokes, depression and dementia,<sup>3</sup> as well as making it much harder for an individual to help themselves and manage their conditions through exercise and good diet.

Growing numbers of lonely people mean increased demand on health services, in part because people are more likely to feel unwell but also because some are desperate for company and the GP and practice nurse may feel like the only people they can turn to. A survey of 1,000 GP practices found that nearly 90 per cent felt that some patients were coming because they were lonely, and 14 per cent estimated they were seeing six or more patients a day for this reason.<sup>4</sup>

In addition funding cuts mean that services like meals on wheels and day centres have been massively eroded. Other vital local services such as libraries, community centres, lunch clubs and public toilets are closing, reducing their hours and either introducing or raising charges. Pubs and shops are closing. Banks are withdrawing local branches.

Bus services are being reduced and some routes are being removed altogether. This makes it much harder for many older people to get out and about. Increasing delivery of services through email and the internet is more convenient for many people, but makes getting information and services difficult or impossible for those not online, which is the position for many older people.

But there is hope. The extraordinary response to the 'No one should have no one' campaign that Age UK ran in 2015 showed that the public is very concerned about loneliness amongst older people. Research showed that 80 per cent of those seeing the TV ad said it made them realise that loneliness is a real problem and 76 per cent said it made them want to help older people who are alone.<sup>5</sup> There were 33,000 visits to Age UK's befriending web pages and 12,000 people approached Age UK to find out more about volunteering opportunities.

Age UK is working hard with many other organisations to encourage us all to come together to help reduce loneliness in later life. We've developed an approach which can make better use of resources in the community to help older people who are feeling lonely and hopeless find the meaningful companionship they so desperately need.

It's not easy, especially at a time when community services are increasingly hard pressed. There is no quick fix or silver bullet. Many older people have lost heart and just assume this is how life is. The approach we're advocating requires many front line volunteers and workers to enhance their knowledge and skills to be really effective. But it is possible. The early results of Age UK's 'Testing Promising Approaches to Reducing Loneliness' programme indicate real improvements.

All of our experience in supporting older people shows the importance of recognising that everyone is unique. A person who is lonely can benefit hugely from talking to someone who gets to know them and helps them to do the things that give them pleasure and purpose – without prior assumptions about what they want and need. Many of the people that Age UK helps go on to become volunteers themselves. Older people play a very important and growing role in building communities where everyone, old and young, feel valued.



A survey of 1,000 GP practices found that **nearly 90%** felt that some patients were coming to the practice because they were lonely.



*'It means I know someone is looking out for me if I need help or just advice or a chat, I know I can turn to Age UK and I know that I'm not just another person on a list – I really feel like they care about who I am and they're interested in me as a person. I can't get out and about as much as I'd like and although I have friends in the street where I live, Age UK gives me a different set of friends and things to do. I really couldn't live without them.'* **Christine**

# What is Age UK doing to address loneliness?

Age UK has a long history of providing services which address loneliness: for example our national **Call in Time** programme, our involvement in and support for the **Campaign to End Loneliness** and the many and diverse services provided by local Age UKs.



## Call in Time

is a national service originally launched with the support of Zurich Community Trust in 2005. It works by recruiting and training volunteers to make one call a week to an older person who has been matched with a volunteer based on shared interests. The volunteers are supported by a team who make sure that the older person doesn't miss a call because of sickness or holidays. They also provide link ups with other services, such as help with benefits through Age UK Advice. The regular calls also help to pick up potential safeguarding issues that may otherwise be missed.



## The Campaign to End Loneliness

was launched in 2011. It is led by five partner organisations, including Age UK Oxfordshire, and works alongside more than 2,000 supporters – many of whom are local Age UKs – all tackling loneliness in older age. Their work is funded by the Calouste Gulbenkian Foundation, the Tudor Trust and the Esmée Fairbairn Foundation.



## Local Age UKs

have been providing services for many years that support older people and their families and carers. These include social activities that bring people together such as coffee mornings, lunch clubs, cookery classes, 'Men in Sheds'<sup>6</sup> groups and help with information technology. Many provide befriending services where people who are on their own get telephone calls and visits from volunteers.



*Alison is still grieving*

*for her late husband but having someone to chat to on the phone and in person once a week and getting out and meeting new people has helped tremendously with her emotional wellbeing and sense of self-confidence.*



*'I had nobody. I was*

*completely lost. Day and night, week after week, month after month. The loneliness gets under your skin. "Call in Time" has changed my life from a colourless day by day of "getting through it" to getting back into "LIFE" state.'*

**Barbara**

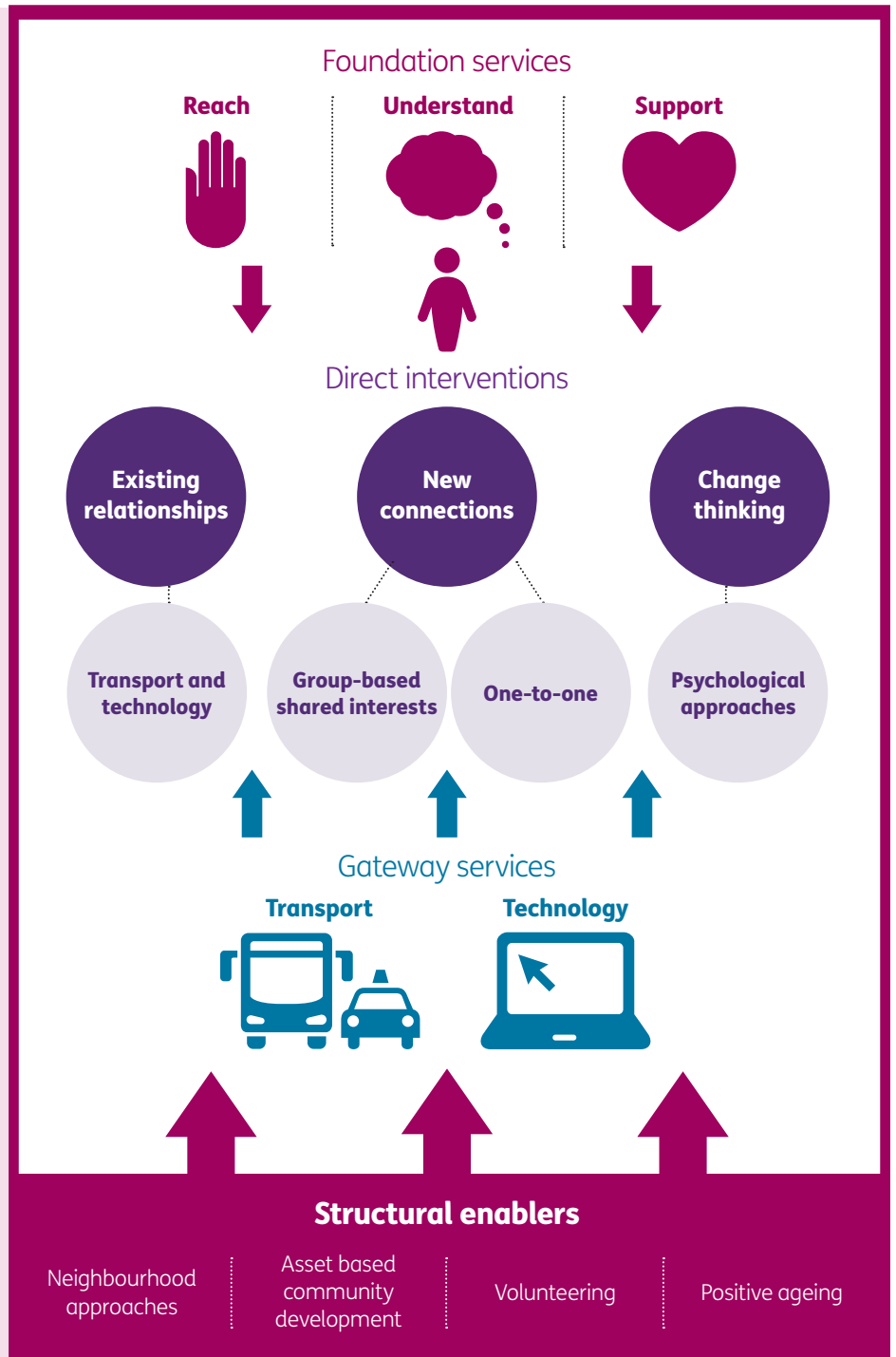


## What works?

In 2015 Age UK and the Campaign to End Loneliness produced **‘Promising Approaches to reducing loneliness and isolation in later life’**.<sup>7</sup> In this report, we asked the question ‘What works?’ and identified a large number of different sorts of services where there was some evidence that they had reduced loneliness. We presented a framework to help conceptualise what different types of approaches to loneliness were aiming to achieve. The Local Government Association endorsed this framework in its **‘Combating loneliness: a guide for local authorities’** launched in January 2016.

### A new framework for loneliness

- 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 who contributed to the report felt that ‘foundation services’ were a particularly important element in successful interventions to help people become less lonely. These are services which focus on identifying older people who feel lonely and helping them address the specific issues that would help them improve their connections with others.

In 2015 Age UK launched **‘Testing Promising Approaches to Reducing Loneliness’**, a Test and Learn programme with eight local Age UKs<sup>8</sup> to build the ‘foundation services’ approach into their services and evaluate the impact.<sup>9</sup>

### ‘Eyes and ears on the ground’

The local Age UKs developed their outreach to find lonely older people through:

- Training their front line staff to recognise the characteristics of loneliness – their reception and information and advice workers as well as community development workers such as village agents and urban angels.<sup>10</sup>
- Working with professionals in the voluntary and statutory services who were already in contact with older people at high risk of loneliness. These include fire and rescue officers and police community support officers who carry out home visits; GPs and practice nurses; district nurses and occupational therapists; social workers and home from hospital services. Where one of these professionals felt an older person might be lonely they either told them about Age UK services, or asked them if they could forward their details onto the local Age UK.
- Working with people with strong community connections such as hairdressers and shopkeepers and people in faith groups who could hand out contact details for the local Age UK.

*‘Asking for help was hard, but I knew I couldn’t manage much longer. 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 Age UK and am still able to talk to a befriender when I need to.’*

### Use loneliness ‘heat mapping’

The ‘reach’ within particular areas was complemented using Age UK’s loneliness heat mapping tool which identifies the relative risk of older residents being lonely in different neighbourhoods.<sup>11</sup> Areas appearing to be high risk but with limited services were then targeted to develop networks and services. The loneliness mapping tool was developed with the Office for National Statistics, using risk factors derived from the English Longitudinal Survey on Ageing, specifically age (75 and over), marital status (widowed or divorced), living alone, and being in poor health.<sup>10</sup>

### Understand

To get to know people and be able to help them find solutions to their loneliness staff and volunteers were trained to carry out a ‘guided conversation’. This is a type of loosely structured interview, designed to feel like a conversation whilst also finding out about the older person’s current life circumstances, their interests and ambitions and what kind of activities and/or social connections might make them feel less lonely. The process of doing this also meant that many older people felt they were being listened to and their feelings taken seriously for the first time for many years.

### Support

Sometimes the guided conversation resulted in matching the older person with a volunteer and a period of contact through telephone calls and visits, to help the individual overcome loss of confidence and start to be able to identify what would help them feel less lonely. These might be introductions to existing social groups such as luncheon clubs, cookery classes, ‘Men in Sheds’ groups, Walking Football,<sup>11</sup> book clubs, University of the Third Age meetings, to name just a few.<sup>12</sup> They might also help the older person to get there, through accompanying them and/or organising transport.

It could also involve helping them set up their own social networks by introducing them to people with similar interests – such as playing Scrabble, bridge, dog walking, choirs, local history groups – or enhancing IT skills so that they could use Skype to stay in contact with relatives and friends.



Sometimes it was more straightforward: for example accompanying someone to get out and about after recovering from a fall so they could develop the confidence to do it on their own, or helping them get benefits they were entitled to, such as Attendance Allowance. These relatively simple things could have an immediate impact: people got new hope and felt energised to work out their own solutions.



*Age UK arranged for Joseph to visit the local lunch club and he's made some new friends in the area. Plus, he's started gardening again, with a little kick start from Age UK's gardeners who helped clear the undergrowth – this has also led to trips to the local garden centre with Derek (his volunteer visitor). Joseph doesn't really like admitting that he was lonely – he's a proud man who fought in WW2 and is highly decorated. He says now that he was too embarrassed to admit he needed help and friends and is extremely grateful to Age UK who 'refused to give up on him'.*



*Arthur's son was worried that his health was deteriorating because of the many hours he was spending alone in his flat in sheltered accommodation. He was unwilling to participate in group activities because of difficulties hearing. He had had a busy social life, but most of his friends had died, or were unable to visit. Age UK introduced him to Paul, who had had to retire early after an accident and was feeling increasingly isolated and depressed. They play dominoes and cribbage. They dissect the latest football match and reminisce about their time in the building trade – swapping funny stories of mishaps and adventures. Paul has provided Arthur with good company and a 'link' back to the job he loved. Arthur has helped restore Paul's sense of purpose and self-worth.*



## Evaluation and results

The final piece of the approach was building in evaluation to identify whether interventions from the programme were being effective in reducing loneliness. The local Age UKs used the following questions to measure the extent of the older person's loneliness:<sup>13</sup>

**How often do you feel you lack companionship?**

**How often do you feel isolated from others?**

**How often do you feel left out?**

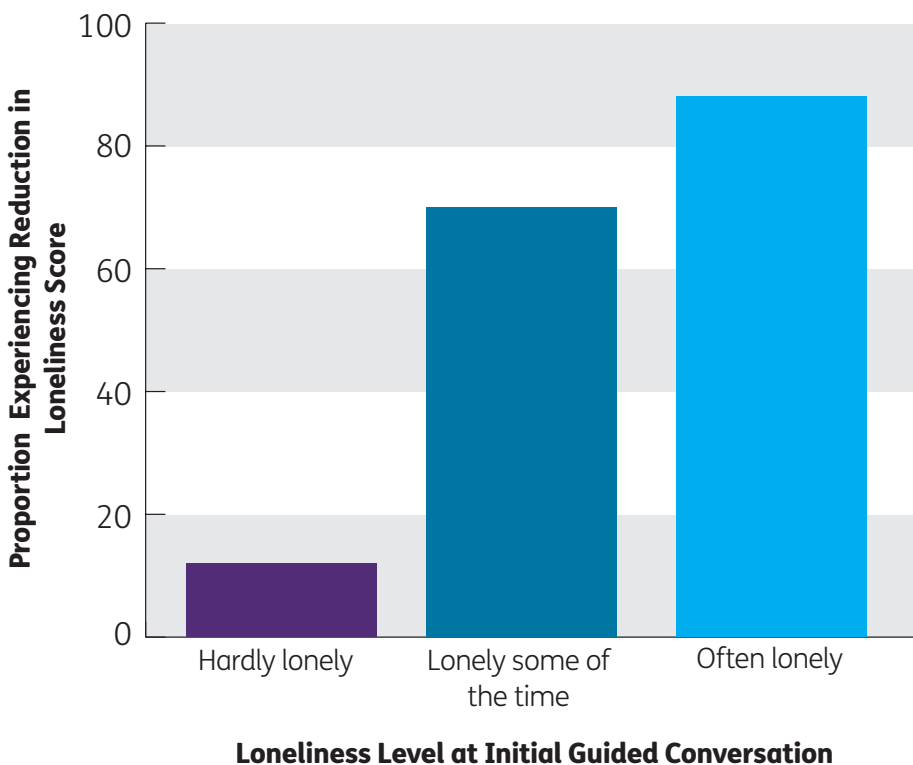
During the trial period over 1,000 older people were supported by their local Age UKs as part of the programme, of whom half had their loneliness levels measured again within six to 12 weeks of their initial guided conversation.

Amongst those people who were lonely often or some of the time at the beginning of the programme, **88 per cent and 70 per cent respectively had a reduction in their loneliness scores.**

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.**

The programme continues into 2017.

Proportion experiencing reductions in loneliness in relation to their initial loneliness scores



Early in 2015 Gareth was diagnosed with cancer; his volunteers

were determined to make sure his final days would be full of friendship and support. They all began to email each other and devised a rota to make sure that he had a visitor every day of the week. Between them they shopped, took Gareth to medical appointments and St John's Hospice, did odd jobs, helped him look after his cats, and most importantly gave him the company he so wanted. Gareth told Age UK on several occasions that although he knew the cancer would kill him eventually he believed that he would have died of loneliness before now, if it had not been for his involvement with Age UK.



## What have we learnt?

### **Loneliness is intensely and uniquely personal**

What works for one person isn't necessarily the answer for another. The trick is to establish a relationship with the individual, explore with them what would help and then support them do it. This is why a guided conversation is so important. For some, to help to build their self-confidence and sense of self-worth is an integral part of the approach. For others it's more to do with addressing physical or financial barriers.

### **Build awareness of loneliness into local services, develop these services and join them up**

Within local Age UK services, community development workers such as village agents and urban angels developed their services to identify and explore loneliness amongst older people and provide tailored help. A wide range of staff and volunteers, including those on the reception desk or those providing information and advice about other matters, were equipped with the skills and knowledge to identify people who might be lonely. They got their permission to refer them on to services which could help.

*'I've been given  
the recipe for making  
new friends.'*

**David, who joined  
a 'Cooking for  
one class'**

## **‘Better together’. Enhance the reach of the service through working with other professionals in the statutory and voluntary sector as well as local people with extensive contacts with older people**

In most areas it will be best to develop existing services rather than introduce a whole new range. Often Age UKs will be ideally placed to provide the ‘hub’ for services addressing loneliness amongst older people, through their existing contacts, access to trained volunteers and knowledge of other local services that can help, including what to do if there is an urgent requirement for health and care services.

National and local campaigns can increase awareness and encourage people to get in contact with relatives and neighbours who they think might be lonely, whilst letting them know there is somewhere where they can find support and help if they find an older person’s needs are too much for them to cope with on their own.

## **Use the Age UK loneliness heat mapping tool to identify the neighbourhoods where older people are at highest risk of loneliness**

Used alongside local knowledge, the loneliness heat maps enabled the local Age UKs to explore whether existing services were reaching areas of potentially highest need and target areas of high risk with few existing services. They have also provided a very useful tool to engage commissioners, statutory and community service providers in discussions about loneliness in later life and where to prioritise resources.<sup>14</sup>

## **Most people will need training to be able to carry out guided conversations to start to find out what the individual wants and needs**

For example we found that many Age UK workers were initially nervous about asking the loneliness questions precisely as worded and worried about people getting upset. Through training, support and feedback we found that it was best to ask these questions in the middle of the assessment rather than at the beginning or the end, and reassure those interviewing that the distress

pre-exists the interview. Expressing the distress can be the beginning of finding a solution, and there are gentle techniques they can learn that can help them to respond to these powerful emotions compassionately and constructively.

## **Phone calls play a very important role as part of a range of services. Chronic loneliness will often need more intensive, face to face interventions**

Feedback from people who are regularly contacted through the Call in Time telephone service shows that the calls are much appreciated. For some a phone call is what they prefer. Recent research<sup>15</sup> indicates that people who are very lonely need more than a regular phone call to reduce their feelings of loneliness, but even in these cases providing phone calls whilst a more intensive face to face service is being organised is a very useful bridging service, especially where demand exceeds supply and there is a need to wait for more in-depth support.

## **Supporting networks, activities and volunteers to tackle loneliness isn’t necessarily high cost, but it’s not cost-free**

Reductions in voluntary and community sector funding<sup>16</sup> are making it more difficult to foster joint working and different approaches on the front line, and cutbacks in community infrastructure can exacerbate loneliness. Funders of community services need to take account of the impact of reductions in services or increases in charges on people at risk of loneliness.

## **Light-touch measurements of change over time are needed**

The questions we used to measure loneliness have the advantage that, whilst requiring skills and confidence to ask them with the precise wording to ensure comparability, the actual asking doesn’t take that much time and can be done as part of the conversation to get to know the older person. The questions are tried and tested and academically validated and allow comparison with national datasets. They provide a scale to identify a range of experiences of loneliness and measure change. The data they produce is easily collated and compared with earlier findings to assess progress to date.



# What can you do to prevent and tackle loneliness?



## As a Member of Parliament you can:

- Find out more about loneliness among older people in your constituency and use your influence to raise awareness and bring people together to offer help.
- Become an Age Champion and be open to working with Age UK nationally and locally to help end loneliness among older people.
- Encourage your political party to engage with Age UK and other voluntary agencies to develop positive policy solutions.
- Take steps to put loneliness in later life on the Government's agenda and hold them to account for progress.
- Make the case for investment in local community resources to support sustainable, long term action to help lonely older people, wherever they may be.
- Support the work of the Jo Cox Commission on Loneliness – launching in early 2017.



## As a local councillor you can:

- Build awareness of loneliness and potential solutions into all your council's strategic functions, especially public health, social care, housing and community development.
- Encourage use of the Age UK loneliness heat maps to assess need in your area – not forgetting that there may still be very lonely older people in 'low risk' areas.
- Include loneliness in your council's evaluation of its decisions through its scrutiny arrangements.
- Support local multi-agency partnerships to address loneliness, such as Health and Wellbeing Boards, Joint Strategic Needs Assessments, the Better Care Fund and Sustainability and Transformation Partnerships.
- Positively engage with Older People's Forums, your local Age UK and any other voluntary or community sector agencies working on loneliness in your area.
- Promote neighbourliness and community action in your ward and be prepared to lead by example.



*'It's not so much about being alone. It's about being lonely, sometimes even when people are visiting. I was quite down after everything (husband's death, then stroke followed by a fall) and confined to the house. I'm feeling happier and less nervous now. Jean (the volunteer visitor) is my new friend who helps me do the things I want to do.'* **Charlotte**





### **As a healthcare professional you can:**

- Encourage your colleagues to take loneliness seriously as a health issue.
- Create development opportunities for staff in GP surgeries and community health services to recognise loneliness and know where to refer people for help.
- Support initiatives to address loneliness amongst older people, including 'social prescribing' and joint approaches with the voluntary and community sector such as 'care navigator schemes'.



### **As a business you can:**

- Encourage and enable your employees to volunteer to help lonely older people, through Age UK and other organisations.
- Join in with other businesses, for example through your local Chamber of Commerce, on cross sector initiatives to combat loneliness among older people.
- Be open to sharing your resources, where relevant and appropriate, with community organisations to help address the problem – e.g. supermarket cafés could join up with their local voluntary organisation to run a coffee morning for older people.
- Be 'eyes on the ground' to spot possible loneliness amongst older people amongst your customers and know where they could get help.



### **As an individual you can:**

- Make the effort to keep in contact with older relatives and friends.
- Be friendly to older people living nearby.
- Consider volunteering to help lonely and isolated older people, through Age UK or another local group.
- Recognise that loneliness could at some point affect us too, so we should value our friends and do what we can to sustain our own social networks, however busy and crowded our lives may appear to be.





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

**Age UK Volunteering and Community Activities Manager**



*'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 Senior Development Manager**

# References

- 1 **Loneliness** is when a person feels ‘a lack of meaningful companionship’
- 2 TNS survey for Age UK, April 2014
- 3 Age UK Evidence Review on Loneliness June 2015: [www.ageuk.org.uk/loneliness-evidence](http://www.ageuk.org.uk/loneliness-evidence)
- 4 Campaign to End Loneliness’s survey of GPs, 2013. [www.campaigntoendloneliness.org/blog/lonely-visits-to-the-gp/](http://www.campaigntoendloneliness.org/blog/lonely-visits-to-the-gp/)
- 5 TNS Omnibus Survey for Age UK, January 2016
- 6 **‘Men in Sheds’** was a project piloted by Age UK in 2010 which supported older men who wanted to get together and share and learn new skills – all in the welcoming space of a ‘Shed’. Many local Age UKs now provide similar services
- 7 Age UK and the Campaign to End Loneliness, 2015. *Promising Approaches to reducing loneliness and isolation in later life*: [www.ageuk.org.uk/reducing-loneliness](http://www.ageuk.org.uk/reducing-loneliness)
- 8 The local Age UKs who participated in the programme were 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
- 9 Age UK, 2016. *Testing Promising Approaches to Reducing Loneliness*: [www.ageuk.org.uk/loneliness-approaches](http://www.ageuk.org.uk/loneliness-approaches)
- 10 **Village Agents and Urban Angels** are staff and volunteers who work in communities to help identify older people who are lonely or isolated and help connect them to services and activities that can help them
- 11 The Age UK Loneliness Mapping Tool can be found at: [www.ageuk.org.uk/loneliness-maps](http://www.ageuk.org.uk/loneliness-maps)
- 12 **Walking Football** is a standard game of football where the players walk instead of run. It’s designed to help men and women get fit or maintain an active lifestyle, no matter what their age and fitness. Walking Netball is based on the same principles
- 13 These questions are the UCLA 3 item loneliness scale and are used in the English Longitudinal Study of Ageing. For further information on why we used these rather than other questions designed to diagnose loneliness see page 10 of Age UK 2016 op cit
- 14 The Age UK Loneliness Mapping Tool, op cit
- 15 Moore, S. and Preston, C. 2015. *The Silver Line Tackling Loneliness in Older People: Evaluation report*
- 16 National Council of Voluntary Organisations 2014. Has the voluntary sector received disproportionate spending cuts?

This report aims to raise awareness about the importance of addressing chronic loneliness amongst older people.

It includes early findings from 'Testing Promising Approaches to Reducing Loneliness', an Age UK programme designed to test 'What works?'

Age UK wants to encourage the many and diverse individuals, organisations and decision makers in national government, local authorities, the NHS, voluntary and community sector and business, as well as the general public, to join together and mobilise their resources and energies to identify and address loneliness and make sure that everyone has someone.

To donate or volunteer for the Call in Time telephone service go to [www.ageuk.org.uk/no-one](http://www.ageuk.org.uk/no-one)

For further information about Age UKs work on loneliness contact [policy@ageuk.org.uk](mailto:policy@ageuk.org.uk)

Tavis House  
1-6 Tavistock Square  
London WC1H 9NA  
**0800 169 80 80**  
[www.ageuk.org.uk](http://www.ageuk.org.uk)



**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.**

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