



United Kingdom Advisory Forum on Ageing: Update from the Campaign to End Loneliness

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Recap

“The Campaign to End Loneliness is a network of national, regional and local organisations and individuals working through community action, good practice, research and policy to tackle loneliness in older age.”

Establishing a campaign

Founder funder:



MANCHESTER CITY COUNCIL



Research Hub



Director

Campaigns Officer
(Campaigns & Communications Manager,
from Oct 2013)

Coordinator
(Policy and Research Officer,
from Oct 2013)

Supporter Network (1000+)



Establishing a campaign

Long-term objectives:

- Improve the quality and quantity of services that tackle loneliness in older people
- Improve the commissioning of services that can combat loneliness in older age
- *Enable older people to reduce their own loneliness*

Shorter-term objectives:

- 'Reframe' loneliness as a health issue
- Organisations and commissioners are better informed about the issue and what can be done



Establishing a campaign

Main Activity	Target Audience	How?	Aim
Facilitate learning to improve effectiveness of services and partnerships addressing loneliness	Charities and service providers working with older people; health and care professionals	Publications; events; presentations; social media; press (media)	Organisations/commissioners are better informed about issue and what can be done
Influence commissioners (Loneliness Harms Health campaign)	National government; health and wellbeing boards; health and care professionals	Local campaigners; events; 'loneliness toolkit for HWBs'; press (media)	Improve commissioning of services that combat loneliness in older age
Develop an evidence base	Researchers; service providers; commissioners; government	Research Hub; Research Bulletin; events; press (media)	Make research relevant and practical for service providers and commissioners

Loneliness Harms Health

- Facilitate local activists to raise awareness of health risks of loneliness with their **health and wellbeing board (HWB)**
- Argue for loneliness to be included in a **Joint Health and Wellbeing Strategy (JHWS)** priority
- April 2012 – 5 flagship campaigns
- October 2012 – England-wide launch, resources for campaigners
- At the same time, lobbied Department of Health for national measure



Campaign strategy

Top down

- Department of Health – funding, networks
- Prominent supporters
- Online resource: *Loneliness toolkit for health and wellbeing boards*

Bottom up

- In 5 flagship areas - charities, services, older people facilitated to campaign together
- Loneliness Harms Health Action Pack – to equip supporters to start own campaigns
- E-campaigning with partner charity Sense
- ‘Internal’ champions – councillors; officers

“ Addressing loneliness and isolation amongst older people makes a positive difference.

It's low cost but addresses more than one problem;

It moves us from a story of deficit to one in which older people are no longer regarded as a drain, rather their contribution is valued.

”



John Wilderspin
National Director for Health and Wellbeing Board Implementation



Developing the evidence base

For (and with) practitioners and commissioners

- Publications and Research Bulletins - “easy and digestible evidence”
- Events (e.g. Connect + Act)
- Academic research has enabled others to get better local evidence (e.g. Essex Isolation Index)
- Case studies and evaluations

With researchers

- Events (e.g. international research conference in July 2012 and roundtable at the British Society of Gerontology conference September 2013)
- Campaign ‘Communications Partner’ in bids



connect
+ACT a collaborative event to tackle loneliness

Early success

National government:

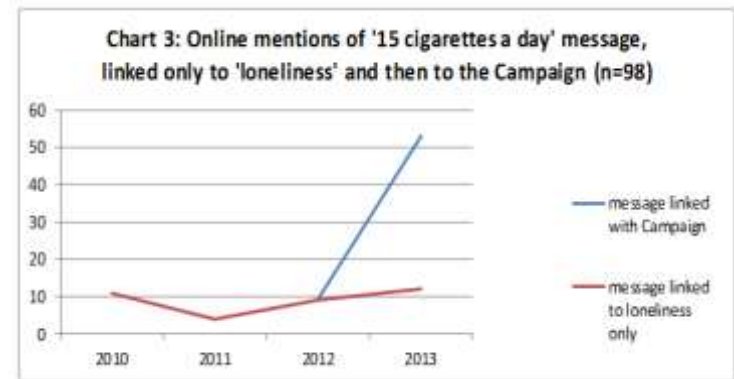
- New measure of loneliness in Adult Social Care and Public Health Outcomes Framework – develop with advice from Research Hub

In the media:

- Health message – increased use of Campaign-quoted research in articles and presentations

Supporter organisations

- 72% respondents said resources had “improved their understanding of loneliness in older age”, 55% said “considerably”
- 65% said the Campaign had made them “want to do more to reduce loneliness” in older people, 47% said “considerably more”



Early success

Health and wellbeing boards:

- **61 out of 128** published JHWS at least acknowledged loneliness and/or isolation as issue for local population
- **33 of these 61** had measurable actions/targets to tackle loneliness or isolation
- **8 out of 61** were “Gold Standard”
- Website analysis suggested **40 out of the 61** boards had frequently used Campaign toolkit
- Measurement: Essex, Gloucestershire, Hampshire, Manchester, Stockton-On-Tees, Warrington
- New initiatives: Halton, Oxfordshire, Sutton, York

Early success

Case Study: York Health and Wellbeing Board

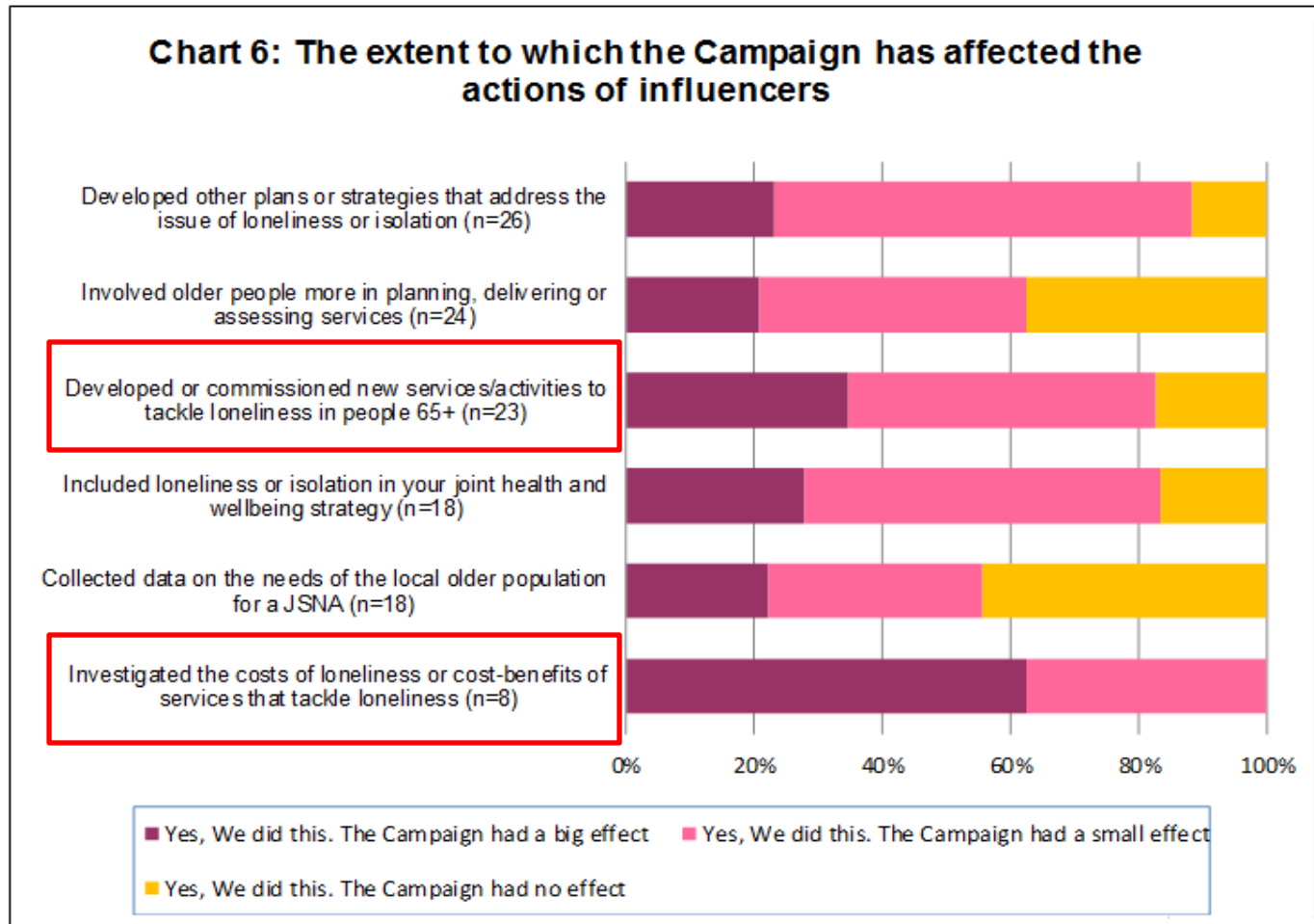
Action:

- Loneliness on health was raised as health issue by local groups
- A local councillor has also been campaigning on the issue of loneliness since 2011 in Yorkshire
- In October 2012, council employees attended a Campaign-run workshop on tackling loneliness in older age

Response:

- Addressing loneliness is now a guiding principle for the board
- Commit to investing in services that help isolated older people participate in existing social groups
- Investigating 'social prescribing scheme'

Early success



Cupitt, S. (2013) *The Campaign to End Loneliness Impact Report* (Charities Evaluation Services)

What has contributed to this success?

- ‘Two-pronged’ approach. Evaluation found good evidence that:
 - Supporters are lobbying influencers on behalf of the Campaign
 - Local authorities using toolkit/publications
- Positive effect of bringing evidence together to influence policy:
“Good evidence and powerful statistics help you to create a case for driving work in this area. It’s really difficult without these powerful statistics to get anyone to sit up and take notice.” National government interviewee
- Solid partnerships – management group; researchers
- Responding to all opportunities in first two years, e.g. DH
- Good timing?

*“We were already buying our ticket for the bus before they approached us.”
Local authority interviewee*

Initial lessons

For campaigners:

- Two-pronged approach
- Commissioners require solid evidence
- Still a long way to go!

For practitioners:

- Use evidence to demonstrate need and effectiveness of your service
- Use experience to influence policy

For researchers:

- Research Hub helped steer work in a more applied direction
- ‘Springboard’ for funding?



What next?



England



United Kingdom



Europe

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