Loneliness and Social Isolation in Older People

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Executive Summary

Introduction

Loneliness is an individual's sense that they lack the depth and quality of relationships with others that they feel they want or need. People can be alone and not feel lonely, or they may be with others and feel very lonely, as many people do who live in care homes. Loneliness is therefore slightly different to *social isolation* which is an absence of social contact, although it is clear that one can lead to the other. Loneliness can affect people of all ages but older people are particularly vulnerable since they are more likely to suffer poor physical or mental health and live alone. Research has found a fairly constant proportion (6-13 per cent) of older people feel lonely often or always[i].

Key facts

- The causes of loneliness are multi-factorial and complex and therefore difficult to address
- Older people are particularly at risk, affecting 10-20,000 older people in Nottinghamshire
- Loneliness is bad for your physical and mental health***: "Being isolated and living alone shortens life and increases disability – it's equivalent to smoking 15 cigarettes a day."*** Duncan Selbie, Chief Executive, Public Health England, March 2013
- Loneliness increases use of healthcare to support isolated older people
- There are already many interventions and groups running in Nottinghamshire which help to address loneliness. Unmet needs and gaps are identified in the next section.

Unmet need and gaps

Addressing loneliness and social isolation is a priority for the Health and Wellbeing Board and its stakeholders. The issues raised in this JSNA need to be incorporated into other health, social care and Public Health initiatives. While people of any age may suffer loneliness, older people generally are particularly at risk and of these there are gaps for some groups of people e.g.

- BaME groups in Nottinghamshire where loneliness may be worsened by other social inequalities such as language barriers and poverty
- Other minority groups e.g. LGBT
- Carers, especially carers of people with dementia
- People in care homes
- Older men
- Some people who are frequent users of health services, GP practices in particular.

Recommendations for consideration by commissioners

Recommendations		Lead(s)
Strategy and integrated commissioning		
1.	Local Authorities to actively address loneliness and social isolation by incorporating analysis and actions to address loneliness into other plans and strategies, particularly Health Inequalities. Ensure a co-ordinated response across the County and target resources in areas of deprivation and need.	County Council/ASCH/Public Health/Programmes & Projects Team, District Councils, CCGs
2.	Acknowledge and work with others in the community: voluntary sector, faith groups	County Council/ASCH/Public Health/Programmes & Projects Team, District Councils, CCGs
3.	Establish effective means of communicating with older people	County Council/ ASCH/ Programmes & Projects Team
Prevention		
4.	Promote healthy and active ageing across health, social care and Public Health	Public Health
5.	Consider introducing Age-friendly Communities in partnership with Districts	County Council/ASCH/Public Health/Programmes & Projects Team, District Councils, CCGs
6.	Work with planners to consider the impact of outdoor space, housing and transport	Public Health* action from Physical Activity JSNA
Public Health Intelligence and data improvement		
7.	Develop local guidance for measuring loneliness outcomes and use data from contracts to inform future work	Public Health/ASCH
8.	Maintain awareness of evidence base about causes, impact and effective interventions to address loneliness	Public Health

Full JSNA report

What do we know?

Loneliness is an individual's sense that they lack the depth and quality of relationships with others that they feel they want or need. People can be alone and not feel lonely, or they may be with others and feel very lonely, as many people do who live in care homes. Loneliness is therefore slightly different to **social isolation** which is an absence of social contact, although it is clear that one can lead to the other. Loneliness can affect people of all ages but older people are particularly vulnerable since they are more likely to suffer poor physical or mental health and live alone. Research has found a fairly constant proportion (6-13 per cent) of older people feel lonely often or always.[2] Crucially, people aged 75 and over are least likely to have at least one close friend; 11% of them reported having no close friend at all, compared to 2% of those aged 18 to 24 (2011 to 2012)[3].

> "Loneliness"... the pain of being alone. "Solitude" ... the glory of being alone." Paul Tillich

1) Who is at risk and why?

The Campaign to End Loneliness report *Hidden Citizens* (2015)[4] asks how people become lonely and summarises research on how to identify people who are lonely. The report builds on previous work finding that the causes of loneliness are multi-factorial and complex and therefore, difficult to address. Loneliness can affect people of any age but older people are particularly vulnerable to the factors that contribute to loneliness. The Hidden Citizens report categorises these factors as follows:

- **Life events**: bereavement, being a carer, moving to a care home
- **Personal circumstances**: living alone, struggling financially, poor physical or mental health, loss of sight or hearing
- **Social Group membership**: age, gender (older men[5]), LGBT.
- **Personality**: extroversion, upbringing
- **Psychological response**: personal resilience, social skills, confidence
- **Environmental factors**: living in isolated rural areas or deprived urban communities, lack of transport, not living near family

Having a diagnosis of dementia can significantly increase loneliness and isolation for both the person with dementia and their carers. *Dementia 2013: The Hidden Voice of Loneliness*[6] reports that 38% of people with dementia felt lonely which is higher than the national average for older people of between 6-13%. Above all, It is the **interaction** between these factors that create loneliness.

What is the impact?

*'Safeguarding the Convoy (*2011) set out to understand the problem of loneliness and present evidence on its impact. The key message is: **Loneliness is bad for your health** [7] Specifically research has found that people who are lonely:

- exercise less, have unhealthy diets and drink more alcohol
- double their risk of dementia
- are more likely to become depressed, rising to 40 per cent aged over 85

- increase their risk of heart disease
- reduce the effectiveness of their the immune system
- are more likely to be admitted to residential or nursing care

The effect on older people's health and wellbeing therefore has significant implications for health and social care services. Loneliness is an issue for Public Health since research highlights that its impact is as bad for health as smoking 15 cigarettes a day, thus increasing the risk of death.

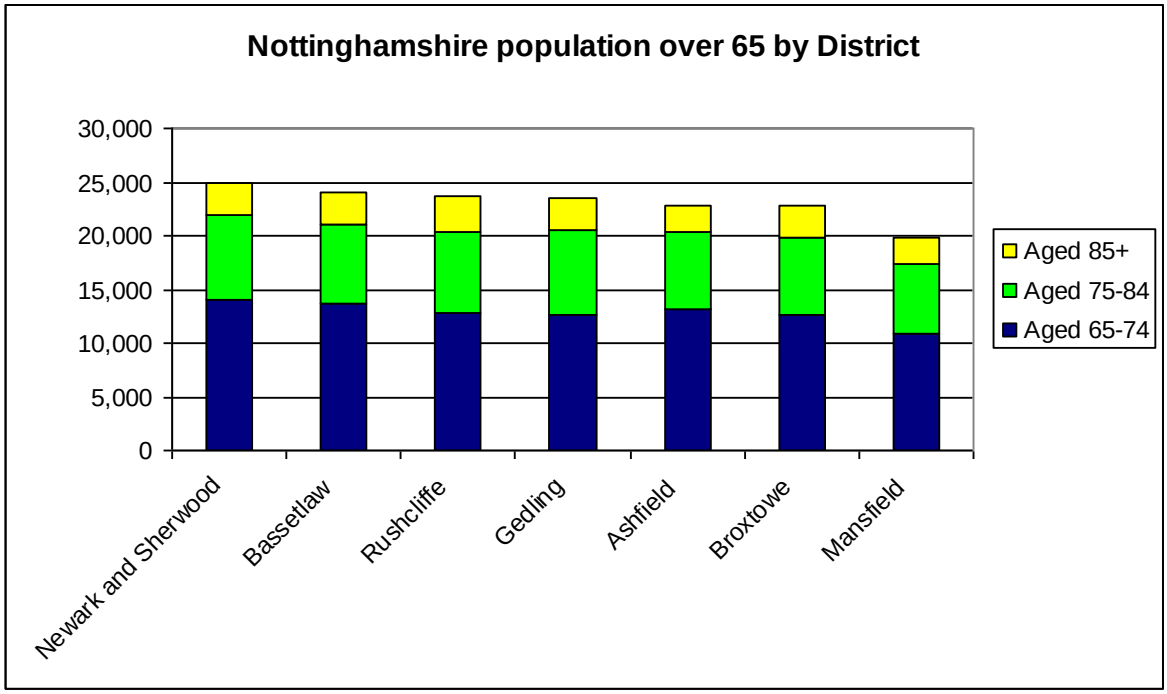
New policy guidance has been issued for the NHS and Local Authorities which reflects the content of this JSNA.

- NICE Guideline NG32 *Older People: independence and mental wellbeing*[8]
- *Combatting Loneliness :A Guide for Local Authorities*[9]

2) Size of the issue locally

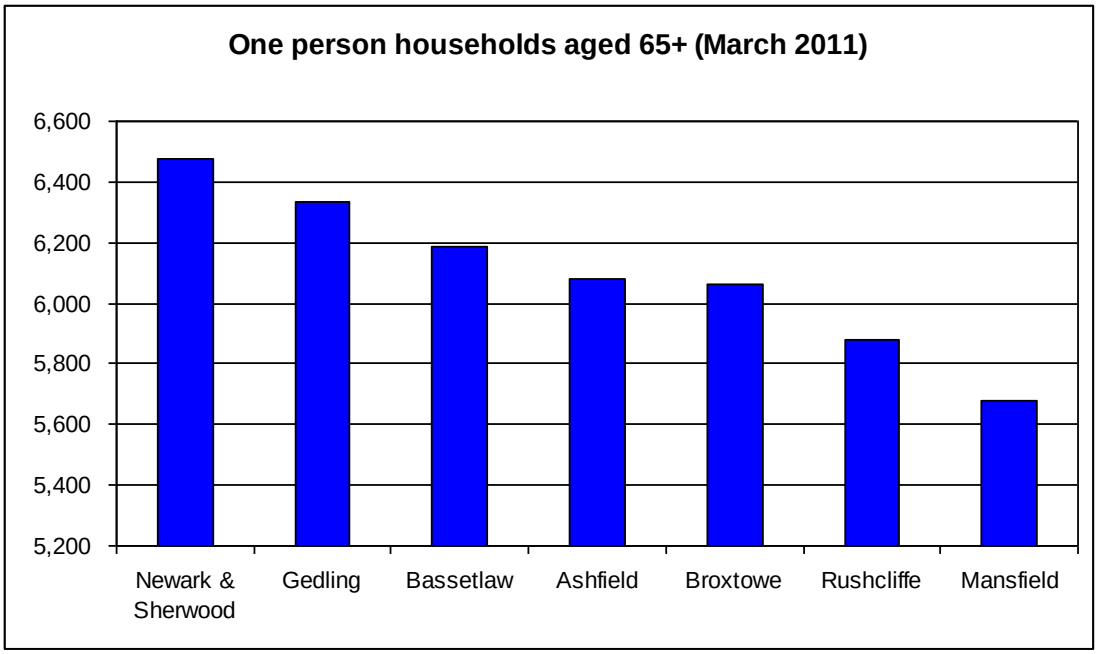
The number of people in Nottinghamshire County aged over 65 is expected to rise from 161,709 in 2015 to 219,351 in 2030, an increase of 35.6%. Estimates indicate that 20% of the total population in Nottinghamshire is aged over 65, and this is expected to rise to 25% of the population by 2030. Based on national figures, it is estimated that of 6-13% of older people feel lonely often or always. This means that loneliness affects between 9,700 and 21,022 people in Nottinghamshire now.

Figure 1: Age structure of the population over 65 by District.



Source: ONS mid-year population estimates 2014

Figure 2: Number of one person households aged over 65, based on the 2011 census.



Source: Census 2011

The percentage of all people aged 65+ living alone is approximately 30% across the County. These 2 graphs show:

- Districts with the highest number of people aged over 65: Newark & Sherwood, Bassetlaw & Rushcliffe.
- Districts with the highest number of people aged over 85: Rushcliffe, Newark & Sherwood and Gedling
- Districts with the highest percentage of older people living alone: Newark & Sherwood, Gedling and Bassetlaw

This is relevant because people aged 85+ are more likely to live alone (59%) according to the ONS Census analysis Living Alone in England & Wales

ONS Census Living Alone in England & Wales

The number of older people who are carers is also growing. The fastest growing group are those aged over 85, and over half (55%) of these provide 50 or more hours of care a week. Nearly half (45%) of carers aged 75 and over are looking after someone who has dementia[10]. *Caring into Later Life, 2015*

> *"When you have no family in the area in which you live, as is the case with us, or little in the way of neighbour support, then caring for a person with Alzheimer's can be a very lonely and isolating experience. You get very little emotional support"*
>
> *Nottinghamshire Carers' Survey 2012*

Further information about the structure of the population in Nottinghamshire is to be found in *The People of Nottinghamshire* JSNA chapter.

Mapping loneliness and social isolation

Age UK Research has analysed the largest official data set on ageing - the English Longitudinal Study of Ageing (ELSA) - and found the factors associated with being often lonely. These were then weighted to produce an index which reflects the risk of people aged 65 and over in England being often lonely.

The factors were used to create the loneliness index included:

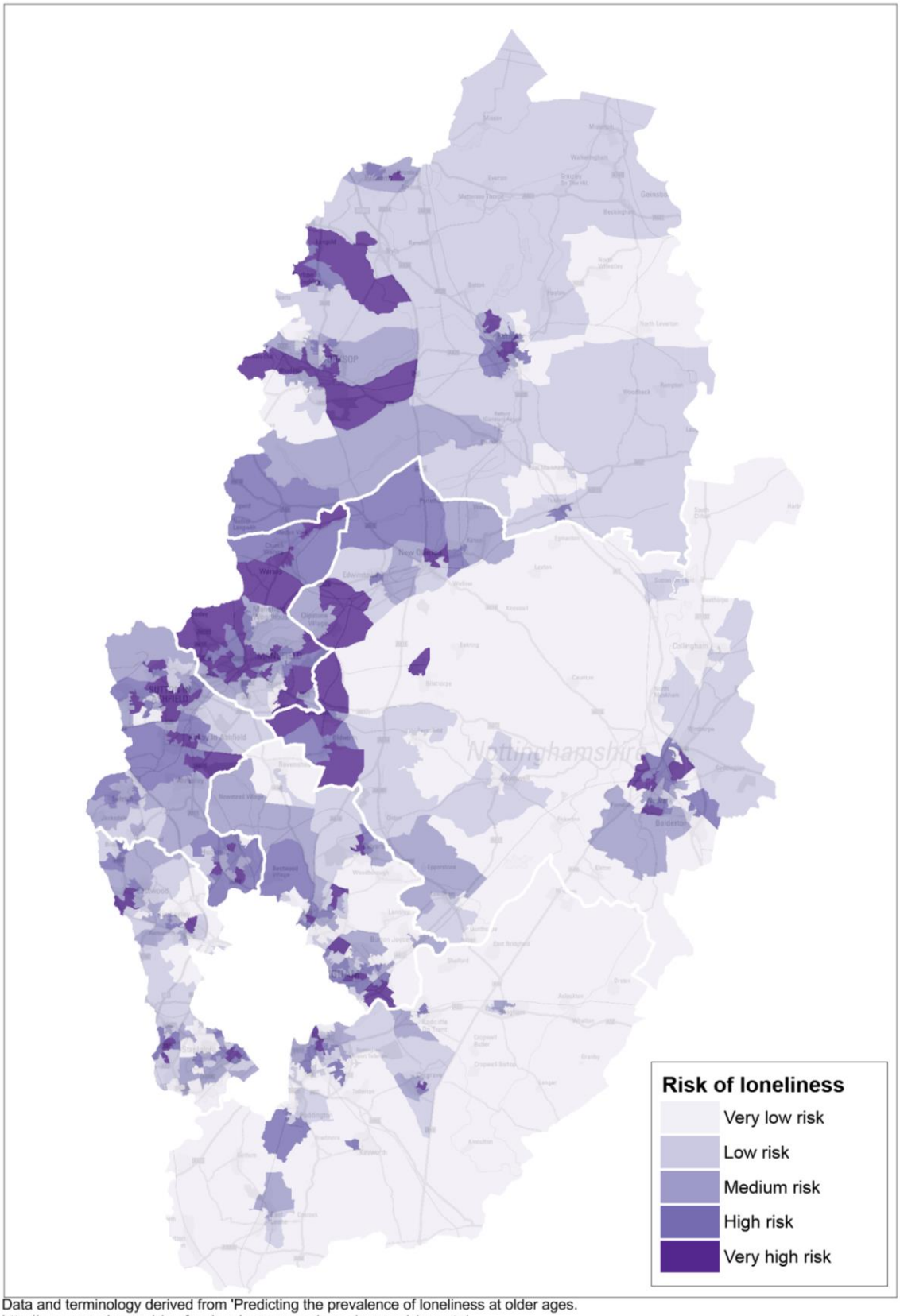
- Age: 65-69 years, 70-74 years, 75-79 years and 80+ years
- Gender
- Marital status (being single, divorced or widowed)
- Household size
- Health status
- Pet ownership
- Difficulty in performing Activities of Daily Living
- Eyesight
- Hearing
- Social connectedness
- Deprivation
- Urban/rural area

Key Findings

- Being in poor health was by far the biggest factor associated with chronic loneliness
- The next most important were being widowed and living alone.
- Some factors normally assumed to be associated with loneliness, such as area deprivation, poverty and living in a rural area, proved not to be significant.

Further information is available in the report
Predicting the Prevalence of Loneliness at Older Ages

Figure 3: Risk of loneliness



Data and terminology derived from 'Predicting the prevalence of loneliness at older ages. http://www.ageuk.org.uk/professional-resources-home/research/reports/health-wellbeing/predicting-the-prevalence-of-loneliness-at-older-ages/ Accessed 15/04/2016

3) Targets and performance

Public Health Outcomes Framework

There is clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care it to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure will draw on self-reported levels of social contact as an indicator of social isolation for both users of social care and carers.

Domain 1 – improving the wider determinants of health
1.18 - % of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey.

1.18ii - % of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey

Figure 4: Social contact 2013/14

Indicator	England	East Midlands	Nottinghamshire
% of adult social care **users** who have as much social contact as they would like	44.5%	43.1%	41.3%
% of adult **carers** who have as much social contact at they would like	41.3%	37.6%	32.1%

These indicators also appear in the Adult Social Care Outcomes Framework

Nottinghamshire is reported similar to the East Midlands and England for service users but worse than the East Midlands and England for carers. This measure is a sample of social care service users and carers only. The definition notes the Department of Health's intention to develop a broader population-based measure to include in the PHOF and ASCOF in future years.

2.23 Self-reported well-being
Well-being is a key issue for the Government and ONS are leading a programme of work to develop new measures of national well-being. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.
ONS are currently measuring individual/subjective well-being based on four questions included on the Integrated Household Survey:

1. Overall, how satisfied are you with your life nowadays?
2. Overall, how happy did you feel yesterday?
3. Overall, how anxious did you feel yesterday?
4. Overall, to what extent do you feel the things you do in your life are worthwhile?

Responses are given on a scale of 0-10 (where 0 is “not at all satisfied/ happy anxious/ worthwhile” and 10 is “completely satisfied/happy/anxious/worthwhile”)

Figure 5: Wellbeing 2013/14

Indicator	England	East Midlands	Nottinghamshire
2.23i - % of respondents scoring 0-4 to the question "Overall, how satisfied are you with your life nowadays?"	5.6%	5.8%	5.4%
2.23ii - % of respondents scoring 0-4 to the question “Overall, to what extent do you feel the things you do in your life are worthwhile?”	4.2%	4.3%	4.6%
2.23iii - % of respondents scoring 0-4 to the question “Overall, how happy did you feel yesterday?”	9.7%	9.3%	10.3%
2.23iv - % of respondents scoring 0-4 to the question “Overall, how anxious did you feel yesterday?”	20%	19.5%	19.5%

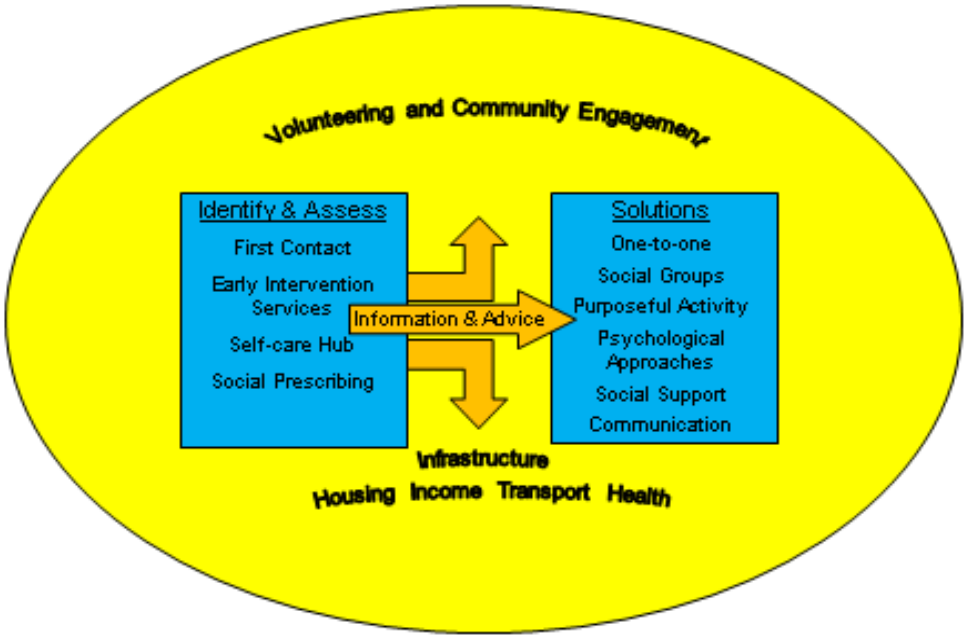
Nottinghamshire is reported similar to the East Midlands and England i.e. the majority of people responded positively to the questions how satisfied/worthwhile/happy/anxious they felt. It should be noted that

- ◊ the questions are directed at people aged 16+:
- ◊ the results are based on a sample of 340,000 respondents across the UK
- ◊ different collection methods are used and yield variable results e.g. Face to Face or telephone
- ◊ people have variable perceptions about their well-being

4) Current activity, service provision and assets

Loneliness and social isolation have many different causes. Correspondingly there are many different solutions and it is helpful to set the solutions in context. The model below builds on the 4 categories identified in the campaign. It illustrates that loneliness is dependent on a wider infrastructure and that before applying solutions, it is necessary to identify and assess people’s needs.

Figure 6: Nottinghamshire Loneliness Model



The model is explained below:

1. **Volunteering and community engagement** includes helping others, maintaining the environment, keeping services going, passing on skills etc. This encompasses many activities which people choose to take part in themselves, and which help to create and sustain social connectedness
2. **Infrastructure** includes transport, income and benefits advice, housing support – services provided by District Councils and the NHS.
3. **Identify and Assess** people, understand their needs and then connect them to others or to specific services. Nottinghamshire County Council has commissioned comprehensive Early Intervention Services across the county.
4. **Information and Advice** about the whole range of services available, for example, libraries and internet solutions. *Nottinghamshire Help Yourself* has been developed in response to the Care Act. The site can be accessed by individuals and families or by advisers.
5. **Solutions** for people who may be lonely. Once identified, people may be referred on or supported to engage with others – this does not necessarily mean a 'service' – there are many solutions that can help. These include activities such as **one-to-one** befriending schemes, **social groups** meeting for lunch or trips out, **purposeful activity** such as *Men in Sheds*, exercise, art, craft and walking groups. In addition **psychological approaches** can help people to recognise loneliness and find ways of interacting with people in a more positive way. This help with communication can rebuild relationships with family and friends. Older people in Nottinghamshire can access NHS Talking therapies such as Nottinghamshire Insight or Let's Talk Wellbeing. **Social support** can include social networking such as Streetlife, home sharing Homeshare or even dog walking Cinnamon Trust

A seminar was held in October 2012 involving a range of stakeholders and they identified the following activities. Numbers relate to the 5 dimensions in the model

Figure 7: Activity combatting loneliness 2012

1. Volunteering & community engagement
Local senior forums
Faith groups

2. Infrastructure
Voluntary transport
Extra care housing
Use of parks/outdoor spaces.

3. Services that identify people
Community Outreach Advisers
Advocacy support

4. Information
Libraries
Information prescriptions

5. Some solutions
Care & support centres offering social activities
Supporting carers
Befriending schemes
Home from Hospital
Kindred Spirits (Age UK)
Meals at Home

4.1 National awareness of loneliness

There is an increasing awareness of the impact of loneliness, both from the national Age UK Campaign to End Loneliness Campaign to End Loneliness and in the wider media e.g. *Loneliness is dangerous: ignore it at your peril* Loneliness is dangerous
A key message is that we all need to be aware of loneliness and ensure that we do something about it. At the same time, addressing loneliness and social isolation is a priority for health and social care, and Public Health, due to its significant impact on costs and services[11].

4.2 Health & Wellbeing Board Commitment

Nottinghamshire's Health and Wellbeing Board considered a paper on Loneliness in June 2013 and this made recommendations based on advice for Local Authorities and commissioners on the Campaign to End Loneliness website
Campaign to End Loneliness recommendations

The paper recommended addressing the following 4 steps:

a) **Gather the data about the extent of loneliness, map current services**
This JSNA includes a map published by Age UK (see Section 2 Mapping Loneliness and Social Isolation above)

Some work has also been undertaken to map services i.e.

- Nottinghamshire Help Yourself website
- Voluntary Services State of the Sector study
- Local directories produced by e.g. CVSs

b) **Use the information gathered to strengthen the information in the JSNA and the Health and Wellbeing Strategy**
   - This JSNA incorporates information about the extent of loneliness. It also presents a model based on the 4 categories identified in the campaign (see Figure 6).
   - Loneliness has also been identified as a priority in the Health & Wellbeing Strategy as an action in the *Supporting older people to be independent, safe & well* area.

c) **Strengthen partnership working**
   Partnership working continues to develop and includes:
   - Departments within the County Council working together, for example Trading Standards participating in a loneliness pilot in Mansfield and Ashfield
   - A commitment from members of the Health & Wellbeing Board to address loneliness, including the CCGs, District Councils and the County Council. Member organisations have committed to the roll out of the Campaign and have encouraged others to take part
   - Working with the voluntary sector. The Health & Wellbeing Board hold regular Stakeholder Network events which is one the ways the Board sets out to improve communication with the voluntary sector. The County Council's Grant Aid funding also focusses on loneliness via its 'Connected Communities' theme
   - Working with libraries to promote their use in addressing loneliness and improving mental health

d) **Monitor and Evaluate** – collect evidence about what works locally, including testing out new models. The JSNA summarises the evidence about what works. Information is also collected from relevant services to contribute to the knowledge base.

4.3 Nottinghamshire County Council provides services through Adult Social Care and commissions services with Public Health and District Councils from the third sector Information about all these services can be found on the Nottinghamshire Help Yourself website: Nottinghamshire Help Yourself

In addition Nottinghamshire County Council has commissioned schemes via Grant Aid 2015-18 to enable:

1. Older and vulnerable people to have stronger links with their communities
2. Informal support through community connections.
3. Older and vulnerable people to make new friends
4. Older and vulnerable people to have increased confidence and self-worth

Older and vulnerable people to see a measurable improvement in their health as a result of the project input / service provided. The link to schemes funded by Grant Aid is: Nottinghamshire Grant Aid

The Care Act places new responsibilities on the County Council to promote wellbeing[12]. This is aimed at individuals who have no current particular health or care support needs. These are services, facilities or resources provided or arranged that may help an individual avoid developing needs for care and support, or help a carer avoid developing support needs by maintaining independence and good health and promoting wellbeing. They are generally universal (i.e. available to all) services, which may include, but are not limited to interventions and advice that:

- provide universal access to good quality information;
- support safer neighbourhoods;
- promote healthy and active lifestyles (e.g. exercise classes);
- reduce loneliness or isolation (e.g. befriending schemes or community activities)

Local authorities must also promote wellbeing when carrying out any of their care and support functions in respect of individuals, including their physical and mental health and emotional wellbeing.

New initiatives to address the requirements of the **Care Act** which are relevant to loneliness and social isolation include:

Nottinghamshire Help Yourself*: Information*, *Advice and Support* (Link below)
Nottinghamshire Help Yourself

Early Intervention Support service
The County Council has commissioned this service which commenced across the County in January 2016 and encompasses loneliness and isolation, i.e.it will enable services to:

- Identify people who may be lonely and socially isolated
- Assess their needs and
- Help them to find the right support

Specifically in relation to social exclusion and loneliness the aims of the service are that:

- Service User will experience less social exclusion, isolation and loneliness and the impact of these will be reduced:
- Service Users are more engaged with the communities in which they live.
- Service Users are building stronger networks of family and friends.

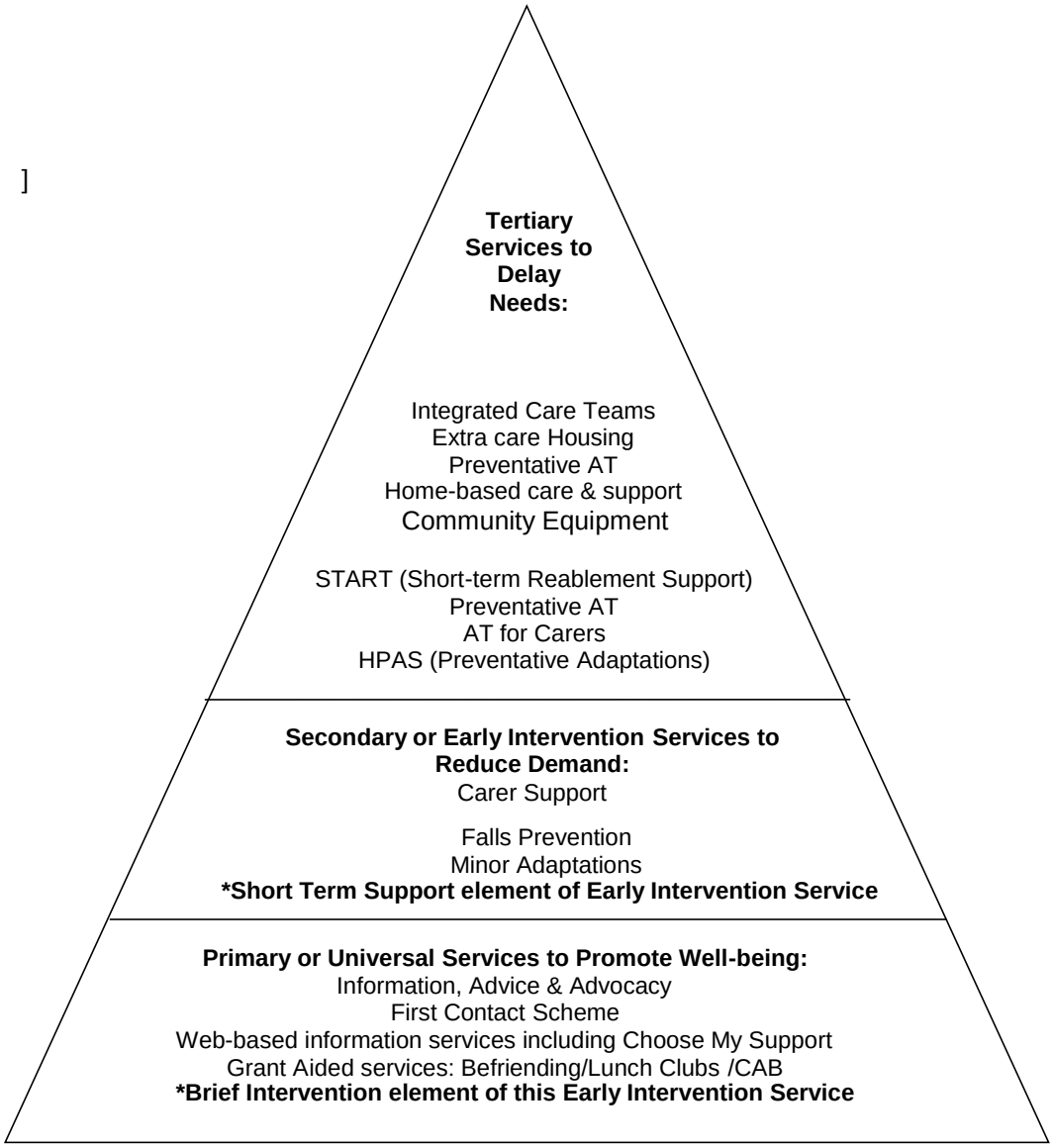
Information will be collected to show that Service Users will experience less social exclusion, isolation and loneliness and the impact of these will be reduced:

- Increase engagement with local community
- Building stronger networks of family and friends

The diagram below shows how the Early Intervention Services fit into the overall framework of service provision. Central to this is the role of the Customer Care Service which is able to direct people the right service or arrange an assessment where appropriate.

Figure 8: Nottinghamshire County Council

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4.4 District Councils

District Councils have a key role to play in contributing to preventative public health policy, linked to their specific responsibilities for housing, leisure and recreation and also in a wider sense in making local areas a positive place to live[13]. District Councils are members of the Nottinghamshire Health & Wellbeing Board and have demonstrated their commitment to reducing loneliness and social isolation by signing up to Age UK's Campaign.

- **Ashfield District Council** has pledged to Age UK Nottingham and Nottinghamshire's Campaign to End Loneliness. Through the Council's Locality and Community Engagement Team an annual core grant is provided to 'Our Centre' community transport to subsidise transport enabling local groups and individuals to access local services and activities more easily. There is also research underway to explore rural transport needs in the Selston area. Ashfield Seniors and local Senior

Forums continue to be empowered to put on local activities and support older people to be involved and actively engaged. Other elected member grants have been provided to support luncheon clubs, befriending, exercise classes, forum speakers, events, walking groups, etc. http://www.ashfield-dc.gov.uk/residents/community,-living-and-leisure/community-support-and-grants.aspx

- **Bassetlaw District Council** held a conference focusing on rural isolation in June 2015 Rural social isolation conference pack
- **Broxtowe Borough Council** has produced a report *Loneliness in Broxtowe (Spring 2015)* which makes recommendations to support social activities that will reduce loneliness. http://www.broxtowe.gov.uk/CHttpHandler.ashx?id=32099&p=0 The Council has made ending loneliness one of its priorities. Examples include use of communal housing facilities for the benefit of local communities and working towards Dementia Friendly status
- **Gedling** – Gedling has developed a local plan on *Tackling Loneliness* with partners through the Gedling Health and Wellbeing Delivery Group. The plan focusses on older people however also reflects some recognition that loneliness and social isolation is an issue for all ages, particularly for those with a disability or with a mental health need. The Gedling Plan 2015/16 states that Gedling will: "Put in place practical initiatives to address loneliness and social isolation" The District has commissioned some innovative projects to reach isolated older people e.g. Arts at the HeART of Wellbeing and Men in Sheds. http://www.gedling.gov.uk/media/Gedling Plan 15-16 v1 compressed.pdf
- **Mansfield District Council's** services for older/vulnerable people are to be found at: http://www.mansfield.gov.uk/article/5743/Support-services
- **Newark & Sherwood District Council** is considering loneliness with CCG and other partners at its local Health partnership forum http://www.newark-sherwooddc.gov.uk/communityandliving/olderpeople/
- **Rushcliffe Borough Council** backs Age UK's Campaign to End Loneliness and invites people to make a pledge http://www.rushcliffe.gov.uk/community/olderpeople/

4.5 NHS services

◊ **Bassetlaw Social prescribing pilot**

Social prescribing in Nottinghamshire aims to address four outcomes: increased well-being, reduced social isolation and loneliness, increased independence, and access to wider welfare benefits. Case study interviews highlighted the importance of linking people with limited mobility and social contact with the wider community, either through accessing community activities (for the more mobile) or through befriending and other services provided in patients' homes.

◊ **Mid-Notts self-care hub**

A self-care hub, based at Ashfield Health and Wellbeing Centre is being developed to educate patients about health conditions and give them the knowledge, power and confidence to play a key role in the planning of their own care.
The hub will be a "one stop shop" for patients, public and professionals providing expert advice, signposting and facilitating access to relevant self-care support. The hub is managed by Self Help Connect UK (formerly Self Help Nottingham).

◊ **South Notts**

Rushcliffe CCG supports a range of initiatives that combat loneliness and isolation and have produced a booklet that will help people make contact with friendship groups and services such as psychological therapies

Nottingham West CCG is a key partner in the Broxtowe Older people's sub-group and works closely with Broxtowe Borough Council to deliver the priority of combatting loneliness as set out in its operational Plan 2014-16 Nottingham West Plan 2014-16

Nottingham North & East CCG works closely with the District and Borough Councils' Partnership Group across Gedling, Hucknall and Lowdham to develop shared commissioning priorities that impact on health and wellbeing such as loneliness.

◊ **Other**

There are other local projects and services which may support people with specific conditions, such as dementia, including helping to tackle social isolation. Local providers include the Alzheimer's Society and the Newark Dementia Information Service

4.6 Impact of loneliness on use of Health and Social Care

Older people who are lonely are shown to make greater use of health services. American research show that 1 in 10 visits to GPs are due to loneliness. Due to the cost of these appointments, and hospital admissions, and the decrease of overall funding and resource, this becomes an expensive issue for the health services[14]. GPs and other health care professionals e.g. pharmacies can also be a good way of identifying people who are lonely and socially isolated.

Evidence suggests that the death of a spouse or significant other is a factor that may lead to loneliness and isolation, declining health and eventual loss of independence resulting in admission to long term care for older people IPC Early Intervention & Prevention [15]. To address this, NICE recommends a 3 component model A three component model of bereavement support is recommended in the NICE guidance[16]:

- Component 1 – information on bereavement and advice on how to access support.
- Component 2 – more formal support that doesn't necessarily involve professionals, e.g. volunteer bereavement support groups, self-help, faith groups, and community groups.
- Component 3 – for the minority of people, specialist interventions such as mental health services, psychological support, specialist counselling or psychotherapy, specialist palliative care, and bereavement services.

5) Evidence of what works

There is a growing body of evidence about loneliness, most of which is made available via the Campaign to End Loneliness Research Hub Campaign to End Loneliness Research Hub

The evidence set out in this section of the JSNA is mainly from the Campaign to End Loneliness website and its reports, principally:

- *Safeguarding the Convoy 2012*[17] was the foundation report, launching the campaign and calling for more evidence
- *Hidden Citizens 2015*[18] focuses on identifying people who may be lonely

- *Promising Approaches 2015*[19] focuses on the most effective interventions

1. Safeguarding the Convoy presented some general findings which are useful

- It is important to involve older people in planning, developing and delivering schemes
- Having friends is more important than how often a person sees friends
- Successful befriending depends on matching volunteers and service users
- Intergenerational contact is effective
- The loss of a successful service is worse than never having had a service
- It is very difficult to engage some groups of people, whatever the resources
- Interventions at age 75 and over may come too late

2. Identifying older people who may be lonely: Hidden Citizens

Hidden Citizens discusses the pathways into loneliness and identifies a number of approaches which have been shown to help in reaching lonely individuals.

- **Loneliness Data -** Local authorities can use existing data to predict and 'map' where the most lonely/isolated residents (as in this JSNA)
- **First Contact Schemes** train individuals who older people are most likely to come into contact with on engaging people experiencing loneliness and make appropriate referrals. There are two kinds of first contact schemes:
  - **Agency Based Referral Schemes** (as in Nottinghamshire) – existing local service providers train their staff (for example post offices and libraries) to identify older people who might otherwise not have known about/accessed existing services to address loneliness.
  - **Agent Based Referral Systems** – 'community' or 'village' agents are paid staff or volunteers working to identify the individual needs of excluded/vulnerable people in a local area.
- **Using links to the health service** - health professionals have regular contact with older people at risk of experiencing loneliness and systems should be established to identify and refer individuals onto services and support. Initiatives include:
  - **Social Prescribing** (as in Bassetlaw) – primary care services refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary/community sector.
  - **Home from Hospital** schemes (as in Nottinghamshire) – hospital staff identify older people who may be experiencing/are at risk of loneliness because of an illness and introduce them to services.
- **Mass media and mail outs -** Older people experiencing/at risk of loneliness can be targeted through leaflets distributed via supermarkets, GP surgeries etc., direct mail outs/local magazine articles for the less mobile and radio/television coverage.
- **Business as usual methods -** Local commissioners should employ identification strategies that complement existing activities/relationships in a local community. For example, distributing a loneliness questionnaire through local pharmacies to increase referrals to a local charity service.

3. Effective Interventions for loneliness: Promising approaches

This report puts forward a new framework featuring four distinct categories of loneliness intervention that could be put in place to provide a comprehensive local system of services to prevent and alleviate loneliness. These reflected in the Nottinghamshire model in Figure 6. The *Hidden Citizens* report summarises these as follows:

- ◊ **Foundation Services** that reach lonely individuals and understand their specific circumstances to help them find the right support. However the approaches that experts felt were most effectively achieving these ends were often framed not as loneliness solutions, but as holistic and person-centred services, aimed at promoting **healthy and active ageing**, building resilience and supporting independence **Reaching/Understanding/supporting**

- ◊ **Direct Interventions** that maintain existing relationships and enable new connections – either group-based or one-to-one support, as well as emotional support services. **Supporting & maintaining relationships/Supporting new connections/Psychological approaches**

- ◊ **Gateway Services** like transport and technology that act as the glue that keeps people active and engaged, and makes it possible for communities to come together **Transport and Technology**

- ◊ **Structural Enablers** In developing these services, commissioners should consider what structural supports are needed in their communities to create the right conditions for ending loneliness: **Neighbourhood approaches, Community Development, Volunteering, Positive Ageing (Outdoor space, housing, health, volunteering)**

4. Other evidence

4.1 Going Home Alone Royal Voluntary Society, Nov 2014 [20]highlights that 46% of over 75s who had been in hospital within the last five years were living alone (p.5) and interventions to support people returning home from hospital can help to reduce social isolation and loneliness.

4.2 WHO Age-friendly Cities and Communities

A key strategy to facilitate the inclusion of older persons is to make our world more age-friendly. An age-friendly world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them, it helps people stay healthy and active and provides appropriate support to those who can no longer look after themselves. The 8 Domains are:

1. Outdoor space and Buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and social inclusion
6. Civic participation and Employment

7. Communication and information
8. Community Support and Health Services

Manchester University has lead on a *Research and evaluation Framework for Age-Friendly Cities*[21]. The Social Participation chapter affirms evidence collected in other documents. It additionally highlights the reciprocal nature of relationships i.e. the principle of exchange to sustain them. This may explain why carers, and especially carers of people with dementia, can feel so lonely. Research & Evaluation Framework for Age-Friendly Cities

4.3 Examples of other projects

Examples of evidence from other ideas are given in the Appendix and are also listed in the following:

Public Health Approaches to Social Isolation and Loneliness
SCIE Preventing Loneliness among older people
Joseph Rowntree Loneliness Resource Pack
The Five Key Actions to keep well: Connect, Be active, Take notice, Keep learning, Give
Five Ways to be Well

5. Measuring loneliness scales

There is a great deal of literature and policy currently being published in relation to loneliness, however much of this is unable to conclusively demonstrate what works. More evidence is needed. The Campaign to End Loneliness has produced a guide summarising ways of measuring loneliness and hence the effectiveness of interventions to combat this. The 4 main scales discussed in the guidance are:

- The Campaign to End Loneliness Measurement Tool
- The De Jong Gierveld Loneliness Scale
- The UCLA Loneliness Scale (a 3-question scale used in the County Council's Annual Satisfaction Survey in 2012)
- Single-item 'scale'

Campaign to End Loneliness Measuring Guidance

Based on these scales, Birmingham City Council has specified the following measures:

- Percentage of individuals using the service reporting that they feel they have adequate social contact
- Percentage of individuals using the service reporting that they feel less lonely and depressed
- Percentage of service users reporting that their lifestyle has improved for the better

http://campaigntoendloneliness.org/guidance/case-study/birmingham-city-council-commissioning-for-outcomes/

Nottinghamshire has piloted the Warwick–Edinburgh Well-being scale and the De Jong Gierveld Loneliness Scale. Field workers reported that some participants found answering the six questions in the De Jong scale particularly difficult and upsetting. It is worthwhile developing consistent, local guidance to ensure a measurable response.

6) What is on the horizon?

The number of people in Nottinghamshire County aged over 65 is expected to rise from 161,709 in 2015 to 219,351 in 2030, an increase of 35.6%.

Estimates indicate that 20% of the total population in Nottinghamshire is aged over 65, and this is expected to rise to 25% of the population by 2030.

Continuing trend for social change: family, mobility, technology, nature of communities

Increased use of health and social care to support isolated older people.

7) Local Views

Report of Findings from the County Council's Annual Satisfaction Survey Nottinghamshire – 2012/13

The results generally showed that only 5% of people of all ages interviewed felt they lacked companionship often or all of the time. However people aged over 75 were much more likely to say that they lacked companionship some of the time (24%), or often (8%) than ages 18-74[4]. This is broadly comparable with national figures quoted above of 6-13% of all older people feeling lonely some of all of the time.

Report of Findings from the Personal Social Services Survey of Adult Carers in Nottinghamshire – 2012-13

This survey was a random sample of the 1828 carers identified from the records and included a question about social contact. 419 out of 803 questionnaires were returned. The results showed that most carers who responded were women (71%) and white (96%) and that most were between the ages of 55 to 74 (55%) and perhaps most significantly the majority had a health or care issue of their own (68%). Approximately a third of respondents, 32%, said that they had as much social contact as they want with people they like. Nearly half of respondents, 48%, said they had some social contact with people but not enough and 82 people (20%) said they had little social contact with people and felt socially isolated.

Comments from Nottinghamshire's Older people's Advisory Group

The Group made 3 recommendations, summarised below

COMMUNICATION : The group stressed the need to investigate the how best to establish ways of communication especially for older people who had issues which mattered to them, but who felt that they could not make contact with people who could help them.

SOCIAL ISOLATION: Good 'brain health' is vital from the age of 50+ and the brain needs constant stimulation to keep it healthy. Facing problems with the help of other people can ease the burden of personal difficulties. Social connectedness is an issue which is becoming increasingly vital for all. There was a need for the need for the County Council and for local Councils to be actively aware of their responsible involvement with this issue.

THE WAY FORWARD: OPAG members were to discuss the full paper with their local groups and obtain responses so that OPAG can produce an overarching policy document

What does this tell us?

8) Unmet needs and service gaps

Addressing loneliness and social isolation is a priority for the Health and Wellbeing Board and its stakeholders. The issues raised in this JSNA need to be incorporated into other, health, social care and Public Health initiatives. Some groups are at particular risk e.g.

- BaME groups in Nottinghamshire where loneliness may be worsened by other social inequalities such as language barriers and poverty
- Other minority groups e.g. LGBT
- Carers, especially carers of people with dementia
- People in care homes
- Older men
- Some people who are frequent users of health services, GP practices in particular
- Establishing effective means of communicating with older people
- Local Authorities to actively address loneliness and social isolation

9) Knowledge gaps

Knowledge about loneliness and social isolation is growing however this is a new area of research for health and social care and there are some significant knowledge gaps, for example:

- Social activity as a means of increasing physical activity and health (and vice versa)
- Use of technology by older people (contradictory evidence)
- Loneliness among BaME and other minority groups in Nottinghamshire
- The effectiveness of psychological approaches
- More analysis of the local picture by sharing the loneliness map with Districts
- Use of GP practices to identify people who may be lonely and high service users
- Developing consistent, local guidance to ensure a measurable response.

What should we do next?

10) Recommendations for consideration by commissioners

Poorer physical and mental health, and increased use of health and social care services, mean that commissioners have a significant interest in loneliness and social isolation. Key recommendations are listed below.

	Recommendations	Lead(s)
Strategy and integrated commissioning		
1.	Local Authorities to actively address loneliness and social isolation by incorporating analysis and actions to address loneliness into other plans and strategies, particularly Health Inequalities. Ensure a co-ordinated response across the County and target resources in areas of deprivation and need.	County Council/ASCH/Public Health/Programmes & Projects Team, District Councils, CCGs
2.	Acknowledge and work with others in the community: voluntary sector, faith groups	County Council/ASCH/Public Health/Programmes & Projects Team, District Councils, CCGs
3.	Establish effective means of communicating with older people	County Council/ ASCH/Programmes & Projects Team
Prevention		
4.	Promote healthy and active ageing across health, social care and Public Health	Public Health
5.	Consider introducing Age-friendly Communities in partnership with Districts	County Council/ASCH/Public Health/Programmes & Projects Team, District Councils, CCGs
6.	Work with planners to consider the impact of outdoor space, housing and transport	Public Health* action from Physical Activity JSNA
Public Health Intelligence and data improvement		
7.	Develop local guidance for measuring loneliness outcomes and use data from contracts to inform future work	Public Health/ASCH
8.	Maintain awareness of evidence base about causes, impact and effective interventions to address loneliness	Public Health

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