



Ageing alone:

Loneliness and the
'Oldest Old'

**James Kempton
& Sam Tomlin**

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Ageing alone

Loneliness and the 'Oldest Old'

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"There is a broader problem of loneliness that in our busy lives we have utterly failed to confront as a society."

Rt Hon Jeremy Hunt, Secretary of State for Health

"In later life, he or she who is rich is he or she who has a strong network of family and friends around them. We must do all we can to encourage that."

Baroness Tyler of Enfield

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Foreword

I was delighted to be asked to write the foreword for this report. Not only do I see loneliness as a big issue of our time, but also over the last three years I have watched, helplessly, as my mother, now 92 and widowed, copes with being lonely.

Thanks to the NHS, better housing and better diets many of us are living much longer. With mobility declining with age, although we are generally fitter we are less able to engage with society at large.

Loneliness is more than not seeing or being with people. It is about the lack of quality communication or care – sometimes as a result of the loss of a lifelong partner, or isolation. All that might be needed is an arm around a shoulder, a game of cards, a regular visitor or a neighbourly chat.

There was little research on loneliness and the ‘oldest old’, but research in general on loneliness has it well established as a serious public health issue as well as the cause of much misery.

The state cannot solve these problems alone. Already the voluntary sector has well established programmes in large parts of the country, such as befriending schemes. Age UK have supported this report and this year have made loneliness one of their issues for the year.

Older people need a champion, with access and influence across Whitehall. I have long been a supporter of an Older peoples’ commissioner, and welcome this as a key recommendation. Locally I would expect Public Health to ensure that loneliness is included in their Joint Strategic Needs Assessment.

I hope as you read this report you question what you might do, either in your professional or personal world or both, to alleviate this problem which one day may affect you or yours.

Baroness Judith Jolly

Executive summary and recommendations

Society is reluctant to talk about loneliness in old age but we have to stop brushing it under the carpet. Loneliness causes misery and poor quality of life for too many people, but it is the oldest old – the over 85s – who are most badly affected. Nearly half of this age group experience loneliness some or most of the time. Understanding loneliness in this cohort is becoming increasingly important as what was once a small group of exceptional individuals rapidly grows into a whole new generation.

Loneliness also has both financial and social costs to wider society with research suggesting that loneliness is strongly associated with greater risk of various illnesses and that socially isolated and lonely adults are more likely to undergo early admission into residential or nursing care.

Growing older does not have to mean growing lonelier. There is clear evidence that people respond to interventions and as a result they can become less lonely or stop being lonely at all. However while local projects are having a demonstrable impact on alleviating loneliness, access to services across the country is piecemeal. Loneliness should be properly and systematically addressed as an important public health priority but that is not the case at present. Only just over half of the Health and Wellbeing Boards who have published a Joint Health and Wellbeing Strategy have acknowledged loneliness and/or isolation in their strategies.

Even where services are available, there are issues in relation to accessing them. This is particularly the case of the over 85s. As a result organisations providing interventions to tackle loneliness need to be proactive in identifying people who will benefit from those services. Working closely with a range of agencies and organisations, particularly health and social care services, is one way to ensure they are reaching those in need of their services. Care workers often represent the most frequent human contact that many of the oldest old have but because of the way social care contracts are specified they are generally an underutilised resource.

Developing the primary and secondary evidence base on loneliness in the over 85s should be a priority for research funders. Supporting additional services will not be easy in the current financial climate so government should commission research into the financial costs of loneliness in the over 85s and the potential savings in health, care and other costs that can be achieved by action to reduce and prevent loneliness.

Through case study analysis of projects that are tackling loneliness effectively, this report explores practical steps that can be taken to reduce levels of loneliness among the oldest old. The case studies also illustrate the continued willingness of individuals of all ages to get involved in their local community. But whereas people might once have volunteered informally to help people they knew, ‘permission’ to initiate contact, through formalised and structured opportunities, is important. This is an important pointer as to how our modern society can organise itself to help address loneliness.

- 1 Loneliness causes misery and poor quality of life for too many older people and tackling it should be regarded as an important public health priority.**
- 2 There should be an older people's commissioner for England with a specific remit to champion tackling loneliness among the oldest old, including ensuring that policy makers take account of the role that stronger, more resilient and connected communities can have in protecting against and helping to ameliorate loneliness.**
- 3 Research funders should prioritise developing the evidence base on loneliness in the over 85s, the social impact this is likely to have and the interventions which will make a difference in reducing and preventing loneliness.**
- 4 Government should commission research into the financial costs of loneliness in the over 85s. This should consider the impact of the predicted dramatic increase in size of this age group over the coming years as well as the potential savings in health, care and other costs that can be achieved by action to reduce and prevent loneliness.**
- 5 All Health and Wellbeing Boards should address loneliness within their Joint Strategic Needs Assessment and should publish specific strategies to address loneliness among the oldest old.**
- 6 Lonely over 85s are inherently among the most socially isolated individuals, so organisations providing services to tackle loneliness should work closely with a range of agencies and organisations, particularly health and social care services to ensure they are reaching those in need of their services.**
- 7 Care workers are an underused resource in addressing loneliness and social care contracts should take a more holistic approach to the support older people need alongside specifying household and physical care tasks.**
- 8 More formalised and structured opportunities should be created which give volunteers 'permission' to interact with and build relationships with lonely older people.**

Introduction

Loneliness in old age has been a taboo subject for too long. We have to stop brushing it under the carpet and acknowledge that, whether it is for our grandparents, our parents or ourselves, growing older does not have to mean growing lonelier.

Loneliness occurs at all stages of life but little attention has been paid to its incidence and impact in the oldest old (85+), the fourth generation. Currently relatively small in number, this age group will see a dramatic increase in size over the coming years.²

Extant research and existing knowledge on loneliness indicates that:

Incidence

- It is wrong to assume most older people (including the oldest old) are going to be lonely
- However nearly half of the oldest old people do experience loneliness most or some of the time
- Many people of all ages are reluctant to admit they are lonely
- Loneliness is not a modern phenomenon. The proportion of older people saying they are always lonely appears to be relatively stable. The most significant change over time is the rise in the numbers of those saying they are lonely some of the time
- The UK is actually a less lonely place to be than most other European countries for older people
- The number of people aged 85+ in the UK is predicted to double in the next 20 years and nearly treble in the next 30
- Amongst the oldest old, loneliness is associated with the following characteristics: bereavement; living alone; being a woman; limitations in general mobility and in the ability to perform everyday tasks effectively
- The relationship between loneliness and illness is complex but it appears loneliness can be both a direct result of the impact of illness, as well as itself being a cause of ill-health
- More primary research is needed into loneliness and how to tackle it, and this is especially true in relation to the over 85s

²National Population Projections, 2010-Based Statistical Bulletin, ONS, 2011, p.7-8

Impact

- There is a strong correlation between loneliness and lower life satisfaction
- Loneliness impacts on both health and social care costs
- Many Health and Wellbeing Boards are not prioritising or even acknowledging loneliness as an issue in local areas
- Interventions can help to mitigate feelings of loneliness for many people, including the oldest old
- Connecting lonely older people to initiatives tackling loneliness can be problematic

Loneliness can feel like it is a permanent feature for many, especially those who are currently experiencing it in an intense manner. Yet the research, and the case studies presented here, demonstrate that this is not necessarily the case. Whether you feel lonely all of the time or some of the time, interventions can make a difference.

There is an economic as well as a moral case for tackling loneliness among the oldest old, specifically with regard to spending on health and social care. Through case study analysis this report explores practical steps that can be taken to reduce levels of loneliness among the oldest old. The research for this report identified numerous examples of good, mainly local projects that are having a demonstrable impact on alleviating loneliness. In contrast there is precious little evidence that systematic attention was being paid to addressing this problem but supporting additional services will not be easy in the current financial climate.

No civilised society should ignore the heart-wrenching misery of loneliness. It is intended that this report will help politicians and policy makers in both central and local government; leaders and innovators in the voluntary and community sector; and wider society as a whole, pay attention to the services and support that help older people avoid ageing in loneliness and isolation.

1. Research on loneliness and the 'oldest old'

This introductory chapter explores three areas: what is loneliness and why it matters; how lonely are older people; and what is known specifically about loneliness in the oldest old (85+).

Loneliness causes personal misery but it also has an economic cost. It is not an inevitable accompaniment to old age and can be reduced. Analysis indicates that loneliness is currently a major issue for people in oldest age, with nearly half of them experiencing loneliness some or most of the time. Understanding loneliness in this cohort is becoming increasingly important – what was formerly a small group of exceptional individuals is rapidly becoming a whole new generation. The chapter concludes with an evaluation of the limited evidence that is available on loneliness and this age group.

What is loneliness and why does it matter?

There are a number of different definitions of loneliness.³ Drawing on cognitive discrepancy theory, the working definition of loneliness used in this report is the subjective feeling of not having the desired quantity and quality of relationships.⁴ This can have two major elements: emotional loneliness which results from the absence or loss of a significant relationship in one's life; and social loneliness which is the loss or absence of an accessible social network (i.e. friends or work colleagues).

Loneliness transcends age⁵ and the feelings can increase or decrease at different stages during one's life depending on circumstance.⁶

It is important to note that the situations of living alone, social isolation and solitude, are distinct from the feeling of loneliness. It is perfectly possible for someone to live alone or enjoy solitude without feeling lonely, but research suggests that the presence of one is highly correlated with the incidence of the other, especially among older people.⁷

³ For example: 'Loneliness is caused not by being alone but by being without some definite needed relationship or set of relationships...Loneliness appears always to be a response to the absence of some particular type of relationship, or more accurately, a response to the absence of some particular relational provision.' (Weiss, R. S. 1973. *Loneliness: The Experience of Emotional and Social Isolation*, Cambridge, Massachusetts: MIT Press, p.17) and 'Loneliness is the unpleasant experience that occurs when a person's network of social relationships is deficient in some important way, either quantitatively or qualitatively.' (Perlman, D., & Peplau, L. A. (1981). *Toward a social psychology of loneliness*. In R. Gilmour & S. Duck (Eds.), *Personal relationships 3: personal relationships in disorder*. London: Academic Press., p.31)

⁴ See 'What do you expect at your age? Loneliness and old age' presentation, Victor, C.: <http://www.campaigntoendloneliness.org/wp-content/uploads/downloads/2012/07/Victor-Loneliness-Plenary-July2012.pdf>

⁵ E.g. see *Children talking to Childline about loneliness*, Casenotes, NSPCC, 2010

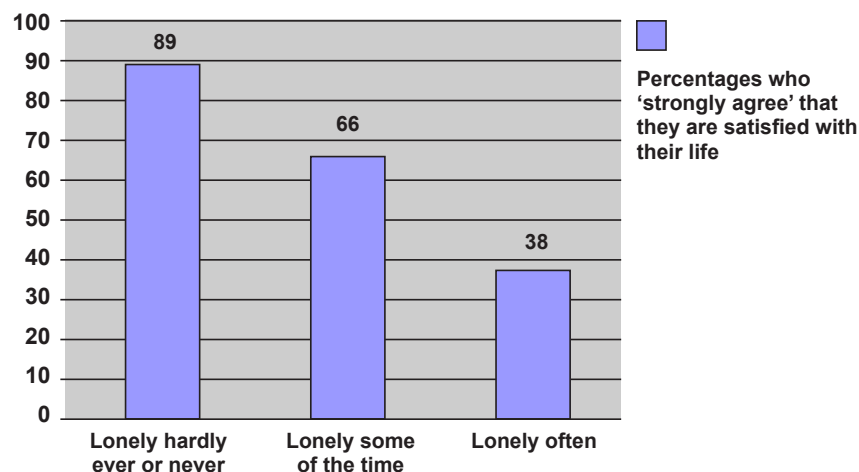
⁶ Weiss, R. S. 1973. *Loneliness: The Experience of Emotional and Social Isolation*, Cambridge, Massachusetts: MIT Press

⁷ *Loneliness among older people and the impact of family connections*, WRVS, 2012, p.9

Whilst the study of loneliness has gained strong momentum in the previous two or three decades, definition and precise measurement of the concept remain problematic given its perceived stigmatising impact on older people and the bias this delivers to self-assessment techniques.⁸ Indeed, 80% of lonely⁹ over 85s have not told their children they are lonely, and nearly 1 in 4 over 55s (23%) say they would be embarrassed to admit feeling lonely.¹⁰

Intuitively one can contend that there is a quality of life and financial case for tackling loneliness. Data published by the ONS (Figure 1) demonstrates a strong correlation in older people between the absence of loneliness and general satisfaction with their life experience.

Figure 1: Correlation between loneliness and life satisfaction for those aged 52+



Source: Measuring National Well-being – Older people and loneliness, 2013, ONS

In terms of the financial case for addressing loneliness, the absence of rigorous research specifying the direct cost of loneliness among the oldest old is balanced by evidence of a good social return on investment from particular loneliness projects.¹¹

⁸ Victor, C., in Handbook on Gerontology, eds Twigg & Martin – In press, to be published in 2014

⁹ Loneliness amongst older people and the impact of family connections WRVS, 2012, p.10

¹⁰ The Lonely Society?, Mental Health Foundation, 2010, p.21

¹¹ E.g. Social Return on Investment: Report for WRVS, 2011, Frontier Economics

Research also suggests that loneliness is strongly associated with greater risk of various illnesses¹² and that socially isolated and lonely adults are more likely to undergo early admission into residential or nursing care¹³:

- 1 in 10 people who visit their GP do so primarily because they are lonely¹⁴
- lonely people are estimated to be twice as likely to develop Alzheimer's as those who are not lonely¹⁵
- those who suffer from loneliness have a 64% greater risk of developing clinical dementia¹⁶
- Lonely people suffer disproportionately with mental health issues¹⁷, cognitive decline¹⁸, hypertension¹⁹ and are more likely to be admitted for residential or nursing care²⁰
- Loneliness has also been linked to emergency hospitalisation and re-hospitalisation within the year²¹

For healthcare practitioners the outcome is all too frequently inevitable; 'Patients of all ages, but particularly the elderly, face the far-reaching corollary of the powerful impact loneliness has on their health and wellbeing [...] Far too often patients end up on multiple medications or in hospital as emergency admissions because their isolation makes it difficult for them to cope with their illness.'²²

As Valtorta and Hanratty (2012) conclude, it is clear that a 'drive to address loneliness and isolation could prove to be one of the most cost-effective strategies that a health system could adopt, and a counter to rising costs of caring for an ageing population.'²³

¹² Rewarding Social Connections Promote Successful Aging Cacioppo J, American Association for the Advancement of Science's annual meeting 2014 <http://news.uchicago.edu/article/2014/02/16/aaas-2014-loneliness-major-health-risk-older-adults#sthash.j5Xl9CeM.dpuf>

¹³ Loneliness, isolation and the health of older adults: do we need a new research agenda?, Valtorta, N. and Hanratty, B., in Journal of the Royal Society of Medicine, December 2012, vol. 105 no. 12 518-522

¹⁴ <http://www.campaigntoendloneliness.org/blog/lonely-visits-to-the-gp/>

¹⁵ Loneliness and risk of Alzheimer disease. Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. Arch Gen Psychiatry 2007 Feb; 64(2):234-240

¹⁶ Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL), Holwerda, Deeg, Beekman, Tilburg, Stek, Jonker and Schoevers, 2012

¹⁷ Cacioppo JT, Hughes ME, Waite LJ, Hawkey LC, Thisted RA. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. Psychol Aging 2006;21(1):140-51

¹⁸ James BD, Wilson RS, Barnes LL, Bennett DA. Late-life social activity and cognitive decline in old age. J Int Neuropsychol Soc 2011;17(6):998-1005

¹⁹ Hawkey LC, Thisted RA, Masi CM, Cacioppo JT. Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. Psychol Aging 2010;25(1):132-41

²⁰ Russell DW, Cutrona CE, de la Mora A, Wallace RB. Loneliness and nursing home admission among rural older adults. Psychol Aging 1997;12(4):574-89

²¹ Loneliness, isolation and the health of older adults: do we need a new research agenda?, Valtorta, N. and Hanratty, B., in Journal of the Royal Society of Medicine, December 2012 vol. 105, no. 12 518-522

²² Dr Shikha Pitalia, a GP from St Helens, Merseyside: <http://www.royalvoluntaryservice.org.uk/news-and-events/news/what-do-we-know-about-loneliness>

²³ Loneliness, isolation and the health of older adults: do we need a new research agenda?, Valtorta, N. and Hanratty, B., in Journal of the Royal Society of Medicine, December 2012 vol. 105, no. 12 518-522

Loneliness may cause unhappiness, ill-health, additional health and social care spending, but it does not have to be a permanent state. Evidence points to the opportunity to reduce loneliness in respect to those who defined themselves as often or sometimes lonely, suggesting that 'loneliness is a treatable, rather than an irreversible, condition of life',²⁴ wherever one is along the spectrum. Age UK (2009) demonstrate that only 6 out of 10 older people who were severely socially excluded in 2002 remained so in 2006²⁵ whilst Brittain et al's. (2012) study of those aged 85+ reports that of 2% (N=764) who were 'always' lonely at baseline, this reduced to 1.9% after 18 months and 1.3% at 36 months.²⁶

There is then a strong case for greater and more systematic attention to be paid to tackling loneliness. The personal misery it causes; the economic costs it engenders (most clearly apparent from enhanced health and social care costs); and the growing body of evidence that demonstrates that loneliness is not an inevitable accompaniment to old age and can be reduced, all support this proposition. However, this is not reflected in the attention being paid by politicians and policy makers to addressing loneliness.

Recent research points to the fact that just over half of the Health and Wellbeing Boards who have published a Joint Health and Wellbeing Strategy²⁷ acknowledged loneliness and/or isolation in their strategies. Only 11 (of 147) have a 'gold rated' strategy containing measurable actions and/or targets on reducing loneliness in older age.²⁸ This is far from ideal, and local authorities should take a stronger leadership role in ensuring that loneliness is being properly and systematically addressed in the communities they serve.

How lonely are older people?

It is wrong simply to assume most older people (including the oldest old) are going to be lonely. However there is evidence that suggests that approaching half of the elderly population do experience loneliness some or most of the time.

The most recent ONS survey of elderly loneliness found that 17% of all those aged 80+ were often lonely and a further 29% were lonely 'some of the time'. This indicates a significant shift compared to those over 52 where the figures were 9% and 25% respectively.²⁹ It is clear therefore that loneliness increases with age in later life.

²⁴ A review of loneliness: concept and definitions, determinants and consequences, de Jong Gierveld, J., in 'Reviews in Clinical Gerontology 1998 8; p.76'

²⁵ Social Exclusion in Later Life – An Exploration of Risk Factors, 2009, Age UK, p.2

²⁶ Brittain KR, Kingston A, Collerton J, Davies K, Kirkwood T, Bond J, Jagger C. Loneliness in the very old: patterns over time, In: 65th Annual Scientific Meeting of the Gerontological Society of America. 2012, San Diego, CA: Oxford University Press

²⁷ By October 2013

²⁸ Still ignoring the health risks? An interim review of health and wellbeing boards, Campaign to End Loneliness, 2013

²⁹ Measuring National Well-being – Older people and loneliness, 2013, ONS

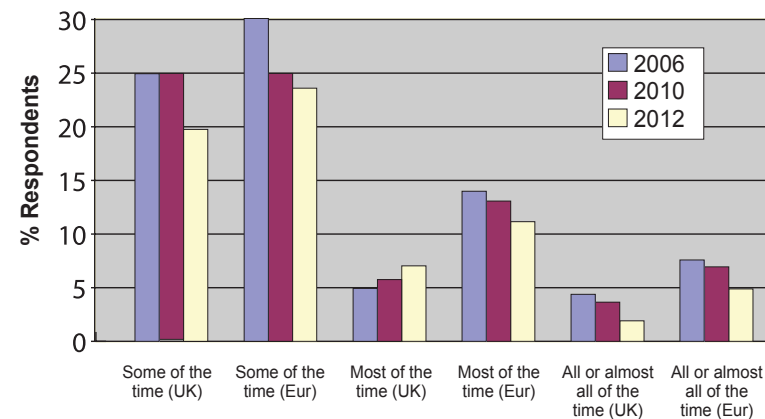
Analysis by Professor Christina Victor³⁰ in a longitudinal study that compares three discrete research interventions undertaken between 1948 and 2005, paints a broadly similar picture.³¹ The analysis points only to a marginal 1% increase in older people saying they are lonely 'always' or 'often' across this time span interrogated. For those who indicate that they are less lonely (lonely 'sometimes') the report documents a more significant increase in incidence (19%) across the same time-span.

Has loneliness increased in old age?

Lonely?	Sheldon 1948	Townsend 1954	Victor 2005
Always/often (%)	8	9	9
Sometimes (%)	13	25	32
Never (%)	32	66	61

There are few comprehensive studies comparing countries' levels of loneliness. The European Social Survey suggests that the UK is actually a less lonely place to be for older people than other European countries. The research indicates that loneliness in Europe as a whole decreased significantly between 2006 and 2012 and that this happened to a lesser extent in the UK (see figure 2).

Figure 2: 75+ loneliness in the past week, UK vs Europe, 2006-2012



Source: European Social Survey. See Appendix 1

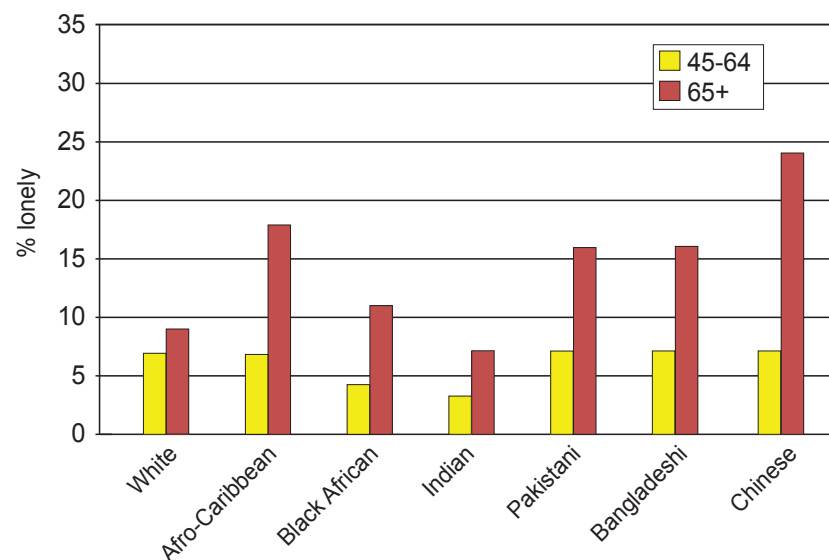
³⁰ 'What do you expect at your age? Loneliness and old age': <http://www.ageuk.org.uk/brandpartnerglobal/norfolkvpp/documents/professorchristinavictorspresentationforourwebsite.pptx>

³¹ Sheldon, J. H. 1948. The Social Medicine of Old Age: Report of an Inquiry in Wolverhampton. Oxford University Press, London; Townsend, P. 1957. The Family Life of Old People. Routledge and Kegan Paul, London & Victor, C. The Social Context of Ageing: A Textbook of Gerontology, 2005'

The demographics of old age show a preponderance of women over men, something which increases with age.³² There is good evidence that older women are disproportionately affected by loneliness compared to men.³³

Ethnicity may also be an important factor in promoting the likely incidence of loneliness in older people. One of the few studies in this area, by Victor and Burholt³⁴ suggests that while there is little difference in the incidence of loneliness across different ethnic segments of the population in the 45-64 age group, ethnicity may have more impact as the population grows older. Older Chinese people (65+) being more than three times more likely to be lonely than people of Indian heritage:

Figure 3: Loneliness and ethnicity³⁵



What do we know about loneliness in the oldest old?

Life expectancy is increasing. The number of people aged 85+ in the UK is predicted to double in the next 20 years and nearly treble in the next 30.³⁶ As a result 'what was formerly a small group of exceptional individuals is rapidly becoming a whole new generation.'³⁷

³² In the 2011 census women made up 51% of the 60-64 age group compared to 68% of the 85+ age group

³³ Measuring National Well-being – Older people and loneliness, 2013, ONS, p.4

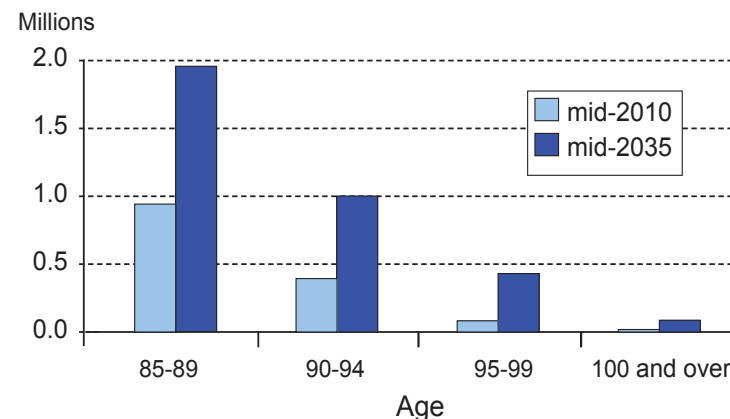
³⁴ Victor, C. R., Burholt, V. and Martin, V., 2012, Loneliness and ethnic minority elders in the UK: an exploratory study. *Journal of Cross-Cultural Gerontology*, 27, 65-78. DOI 10.1007/s10823-012-9161-6C

³⁵ <http://www.campaigntoendloneliness.org/wp-content/uploads/downloads/2012/07/Victor-Loneliness-Plenary-July2012.pdf>

³⁶ National population projections, 2010-based, Office for National Statistics, 2011

³⁷ Michelle Mitchell, Charity Director General, Age UK in Improving later life: Understanding the oldest

Figure 4: Eliminated and projected population aged 85 and over, United Kingdom, 2010 and 2035



Source: National Population Projections, 2010-Based Statistical Bulletin, ONS, 2011, p.8

While the fact that we are living longer is a good thing in many ways, policy makers are cognisant of and adjusting to the impact this is having on funding and service provision. In the UK age-related spending is projected to rise from an annual cost of 21.3% of GDP in 2016/17 to 26.3% in 2061/62 (equivalent to a rise of £79bn at current prices).³⁸ Similarly, annual expenditure on health care is projected to see the largest rise of all elements of spending, increasing by 2.3% of GDP by 2061/62 (equivalent to a rise of around £36bn at current prices).³⁹

However, little attention has thus far been paid to the impact of this important change in the structural demographics of society on the incidence and impact of loneliness in the oldest old, the 'fourth generation'.⁴⁰ As a result it appears that national and local government, civil society and pressure groups and direct service providers (for profit and non-profit) are not yet doing enough to develop scaled interventions targeted specially at the needs of this growing age group.

The factors associated with the incidence of loneliness are similar irrespective of age. What can be different with the oldest old is the frequency and degree to which they encounter them. Bereavement is a major cause of loneliness at any age but it is particularly common for the oldest old to experience it.

³⁸ The cost of our ageing society, ILC-UK, 2012, p.3

³⁹ Ibid. p.3

⁴⁰ Another name for the 'oldest old': Improving later life: Understanding the oldest old, Age UK, 2013

As the years pass, partners, friends, and contemporary family die, leaving those who live the longest without many of the relationships they have previously relied upon. 66% of the oldest old are either widowed or have lost a civil partner⁴¹ while this figure is just 29% for the 65+ age group.⁴²

The impact is not just in the immediate aftermath of bereavement.^{43 44 45} The loss of a partner is significant because it does not just create emotional loneliness but can also impact on social networks, instigating a decline in relational interaction leading to social loneliness as well.⁴⁶

In terms of the impact this might have, 63% of widows (aged 52+) report being lonely 'some of the time' or 'often' compared to 23% of those who are married, remarried or in a civil partnership. For those who never married the figure is 43%, and it is 59% of those who are separated or divorced,⁴⁷ suggesting older people are most vulnerable if they have experienced conjugal bereavement.⁴⁸ Bereavement is also correlated with living alone. Among the over 85s, 88% of women who are widowed or surviving a civil partnership women and 80% of men subsequently live alone.⁴⁹

Even loneliness associated with something as devastating as conjugal bereavement can be alleviated through targeted interventions and support. Positive support from children⁵⁰, face-to-face and telephone support all appear to be effective,⁵¹ and after an initial peak in loneliness there is emergent evidence to suggest that with access to strong social support, bereavement loneliness is susceptible to decline.⁵²

Ill health means performing simple daily actions becomes harder as people grow older (see Figure 5). Research findings reinforce this common sense view. The interplay between illness and loneliness has already been referred to. Data published by the ONS indicates that 45% of older people who have a long standing illness report loneliness 'some of the time' or 'often', compared to 27% of those without a long standing illness.⁵³

⁴¹ What does the 2011 Census tell us about the "oldest old" living in England & Wales?, ONS, 2013, p.21

⁴² What Does the 2011 Census Tell Us About Older People?, ONS, 2013, p.6 (figures for England and Wales)

⁴³ The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain, Victor, CR, Scambler, SJ, Bowling, A and Bond, J, in *Ageing & Society* 25, 2005, 357-375

⁴⁴ Loneliness after bereavement, Weiss, R., in 'Bereavement Care, Volume 4, Issue 3, 1985'

⁴⁵ Safeguarding the Convoy A call to action from the Campaign to End Loneliness, Campaign to End Loneliness and Oxfordshire Age UK, 2011, p.12

⁴⁶ Berna Van Baarsen, Johannes H. Smit, Tom A. B. Snijders and Kees P. M. Knipscheer (1999). Do personal conditions and circumstances surrounding partner loss explain loneliness in newly bereaved older adults?. *Ageing and Society*, 19, pp 441-469.

⁴⁷ Measuring National Well-being – Older people and loneliness, 2013, ONS, 2013

⁴⁸ See also Promoting Positive Affect and Diminishing Loneliness of Widowed Seniors Through a Support Intervention, Stewart, M., Craig, D., MacPherson, K., Alexander, S., in 'Public Health Nursing, Volume 18, Issue 1, pp 54-63, 2001

⁴⁹ What does the 2011 Census tell us about the "oldest old" living in England & Wales?, ONS, 2013, p.28

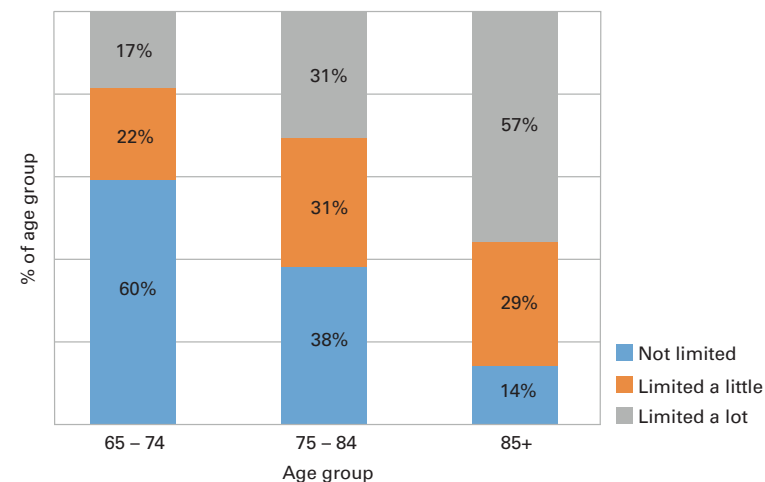
⁵⁰ The Effects of Positive and Negative Support From Children on Widowed Older Adults' Psychological Adjustment: A Longitudinal Analysis, Jung-Hwa Ha, *The Gerontologist* (2010) 50 (4): pp 471-481.

⁵¹ Promoting Positive Affect and Diminishing Loneliness of Widowed Seniors Through a Support Intervention, Stewart, M., Craig, D., MacPherson, K., Alexander, S., in 'Public Health Nursing, Volume 18, Issue 1, pp 54-63, 2001

⁵² Feeling Lonely Versus Being Alone: Loneliness and Social Support Among Recently Bereaved Persons, Utz, R.L., Swenson, K.L., Caserta, M., Lund, D., and deVries, B., in

⁵³ Measuring National Well-being – Older people and loneliness, 2013, ONS

Figure 5: Ability to carry out daily activities by age groups



Source: What does the 2011 Census tell us about the "oldest old" living in England & Wales?, ONS, 2013, p.35

Around 70% of over 85s report mobility difficulties (not being able to walk a quarter of a mile without difficulties or aids).⁵⁴ 37% of the 85+ age group feel everything they do is 'an effort', compared to 18% in the 50-64 age group. Those aged 85+ are 20% more likely to have trouble preparing a hot meal than those in the 50-64 age range; 31% more find shopping for groceries difficult; while 18% more 85+ year olds experience real difficulties managing money, bills and expenses than their younger counterparts.⁵⁵

Social isolation, though a distinctive condition in its own right, also has particular relevance to the incidence of loneliness amongst older people. As consultant in old-age psychiatry Prof Julian Hughes has suggested, 'we must recognise our mutual interdependence: none of us is an island and our inclinations to care are rooted in our connections as persons.'⁵⁶

The lack of connection to those in their community reported by older people is significant. Research has shown that almost one million people over 75 do not know their nearest neighbours: 30% converse with their nearest neighbours less than three times a month and 11% never have a conversation with them at all. Two thirds of over 75s say we are less friendly neighbours today than we used to be.^{57 58}

⁵⁴ Health Survey for England 2005 Volume 1: The health of older people: General health and function. The NHS Information Centre for Health and Social Care. London, 2007

⁵⁵ Age UK analysis of English Longitudinal Study of Ageing Wave 4 data, 2011 in Age UK's 'Oldest Old in the United Kingdom' 2013 factsheet

⁵⁶ Improving Later Life. Understanding the Oldest Old, Age UK, 41

⁵⁷ Royal Voluntary Society research, October 2013: <http://www.royalvoluntaryservice.org.uk/news-and-events/news/older-people-isolated-by-lack-of-neighbourly-support---neighbours-hold-the-key-to-combating-chronic-loneliness-in-older-people>

⁵⁸ Changing UK, The way we live now, Dorling, Vickers, Thomas, Pritchard, and Ballas, University of Sheffield, 2008, p.25

Older people tend to hold back from getting to know neighbours because they do not want to be seen as a burden upon them and because they perceive that others are too busy to engage with them,⁵⁹ a worrying reality, especially when Royal Voluntary Service research found that 'social connectedness was by far the most strongly voiced and frequently mentioned aspect shaping well-being' among older people.⁶⁰

As the research presented in this report demonstrates, much can be achieved by addressing the negative impact of loneliness through direct interventions implemented at a community level. But broader societal structures also play an important role in creating the social conditions where loneliness can become both more prevalent and equally more difficult to address.

In developing interventions to address loneliness, politicians and policy makers should seek to promote stronger, more resilient and connected communities as a way to help people at all ages (and especially those aged 85+) to build and maintain supportive relationships that protect against and help to ameliorate loneliness.

People are reluctant to talk about loneliness. Recent research from the Royal Voluntary Service indicates that 80% of those over 85 who are lonely have not told their children, mainly because they 'do not want to bother them'.⁶¹ This is reflected in wider society and public policy where loneliness too often remains a silent and hidden affliction and is only infrequently addressed by politicians, policy makers and others at both national and local levels.

There is now growing political engagement with this issue, with both the Secretary of State for Health⁶² and Baroness Claire Tyler⁶³ providing important contributions to the debate in recent months.

Talking about loneliness will not in itself make anyone, including the oldest old, less lonely. In 2013 CentreForum recommended that there should be an Older People's Commissioner for England.⁶⁴

Among the many advantages of creating this role, having someone with the authority to speak up for lonely older people is likely to have real impact in pushing loneliness higher up the research and the policy agenda.

Alongside this, more research is needed in relation to loneliness and the identification of specific interventions designed to address its negative impact, particularly amongst this oldest cohort.⁶⁵ This represents a new and challenging demand for researchers, those entrusted with policy formulation and service providers alike as relatively few people lived beyond 85 until recent years.

⁵⁹ <http://www.ageuk.org.uk/latest-press/archive/35-million-older-people-dont-get-help-or-company-from-their-neighbours/>

⁶⁰ Involving Older Age: The route to twenty-first century well-being, Shaping our Age, Summary Report, Royal Voluntary Service, 2013, p.5

⁶¹ Loneliness amongst older people and the impact of family connections, WRVS, 2012, p.10

⁶² <http://www.bbc.co.uk/news/uk-politics-24572231>

⁶³ Debate on 'Ageing: Public Services and Demographic Change Committee Report', 17th October 2013

⁶⁴ Giving older people a voice: the case for an Older People's Commissioner for England, ed. Paul Burstow, CentreForum, 2013

⁶⁵ Age UK in Improving later life: Understanding the oldest old, Age UK, 2013, p.5

Pockets of research are beginning to emerge: Newcastle University's Institute for Ageing and Health initiated the 'Newcastle 85+ study' in 2006 which has produced some important findings;⁶⁶ however this is the exception to the rule and much more research is required to understand the needs of this fast growing group of the population and the public policy interventions required to meet those needs effectively.

Conclusion

Loneliness is best described as the subjective feeling of not having the desired quantity or quality of relationships in a societal or communal context. While it affects all ages, the oldest old are disproportionately impacted, mainly due to changing life circumstances and the morbidity of peers.

Despite research evidence suggesting a growing incidence of loneliness as age progresses and the recognition that the 'oldest old' age group is set to vastly expand in the coming years, the incidence and impact of loneliness amongst this cohort remains under researched, little understood and seriously underestimated in public policy debate.

2. Tackling loneliness and the 'oldest old'

This chapter discusses a number of contexts and circumstances that are relevant to the incidence of loneliness and which should be considered when initiating or commissioning interventions to tackle loneliness and support the well-being of the oldest old. The following six contextual criteria are considered:

- Rural and urban living
- Gender
- Health
- Living alone
- Community resilience
- Intergenerational interaction and ageism

Research for this paper identified examples of good, mainly local projects that are having a demonstrable impact on alleviating loneliness. However it was apparent that access to services to address loneliness was piecemeal across the country. As a result alongside these six contextual criteria, this chapter also addresses approaches for assessing the scalability and replicability of projects.

⁶⁶ <http://www.ncl.ac.uk/iah/research/areas/biogerontology/85plus/>

Rural and urban loneliness

As with all aspects of studying loneliness in the over 85s, there remains an absence of research on loneliness in urban and rural populations. The evidence we do have shows a rather mixed picture.⁶⁷

Loneliness among older people appears greater in urban areas. Social exclusion (strongly correlated with loneliness) for those aged 75 and over in areas of high population density is two and half times the rate of those who live in the least densely populated areas.⁶⁸

In contrast, the numbers of over 85s are set to increase faster in rural areas: 186% by 2028, compared with 149% across the UK as a whole.⁶⁹ Age UK (2013) report that 'the unique characteristics of rural areas, with their low population densities and distance between residential and commercial centres, can bring additional challenges for older people, such as higher living costs, housing that is hard to heat and maintain, poor transport links and more limited social networks.'⁷⁰

Accessing social and support groups and other forms of social interaction make transport a key concern for the oldest old, particularly so in rural areas. It is expensive to provide and has been affected by cuts to local authorities' budgets.⁷¹ There are however ways to make public funding go further. For example the Commission for Rural Communities has highlighted the lack of people in rural areas qualified to drive minibuses and has called for local authorities to use the Community Transport Fund to provide training for local people.⁷²

Health

As discussed in Chapter 1 of this report, loneliness is strongly correlated with becoming ill and being ill is strongly associated with becoming lonely. Therefore interventions designed around improving or maintaining good health can in themselves have a specific impact on loneliness. For example, it has been shown that exercise even among the oldest old can help prevent diabetes, heart disease and stroke.⁷³ Loneliness interventions need to promote fitness and good health. Equally, health promotion programmes like Age UK's Fit as a Fiddle programme also help to prevent loneliness by drawing older people together and enabling them to enjoy each other's company.

⁶⁷ Later life in rural England, Age UK, 2013, p.31

⁶⁸ Social exclusion in later life, An exploration of risk factors, Age UK, July 2009, p.13

⁶⁹ Later life in rural England, Age UK, 2013, p.4

⁷⁰ Ibid. p.2

⁷¹ Ibid. p.8-9

⁷² Ibid. p.58

⁷³ Newman A, Bayles C, Milas C et al (2010) The 10 keys to healthy aging: findings from an innovative prevention program in the community. *Journal of Aging and Health*. 22, 5, 547-566.

As with levels of loneliness itself, it is wrong to overstate the degree of ill-health amongst the oldest old. While health gets worse with age, many of the oldest old still enjoy relatively good health. 24% of men and 26% of women over 85 report 'bad' or 'very bad' health (compared to 17% and 18% respectively in the 75-84 age group).⁷⁴ According to the ONS commenting on 2011 Census data 'Around half of the "oldest old" said that their daily activities were limited a lot from disability or a long-term health problem, with the proportion rising for those who stated that they had bad or very bad health.'⁷⁵

Living alone

The positive correlation between living alone and loneliness amongst the oldest old⁷⁶ presents a challenge, particularly given the policy drive (for both quality of life and financial imperatives) to keep people living in their own homes for as long as possible.

Remaining in the family home after conjugal bereavement means that many of the oldest old live alone. In 2011, 150,000 men and 474,000 women aged 85 or over were living on their own. 69% of all women aged 85+ who lived in a private household were living alone, and 41% of men.

For both sexes the proportion of people living in a private household on their own increased by age.⁷⁷ The numbers living in some form of residential or nursing accommodation are consequently comparatively low.⁷⁸ As the size of the 85+ age group increases, the number of people living alone is likely to rise too.

The older and less mobile one becomes; and the more likely one is to suffer a fall (41% (85+) compared to 24% (64-84)), have difficulty with bathing or showering (35% (85+) vs 6% (50-64)) and get in and out of bed (12% (85+) vs 5% (50-64)).⁷⁹ And where ill health intervenes, its impact on loneliness and living alone is exaggerated further – statistics pertaining to people with dementia indicate that 62% who live alone report feeling lonely.⁸⁰

All of these things can increase the sense of social isolation and loneliness for the oldest old who are living alone. As a result, specifically addressing the living arrangements of the oldest old can provide another approach to dealing with their loneliness.

⁷⁴ What does the 2011 Census tell us about the "oldest old" living in England & Wales?, ONS, 2013 p.30-31

⁷⁵ Ibid. p.3

⁷⁶ Loneliness among older people and the impact of family connections, WRVS, 2012, p.9

⁷⁷ What does the 2011 Census tell us about the "oldest old" living in England & Wales?, ONS, 2013 p.27

⁷⁸ A slightly smaller proportion than in 2001 - What does the 2011 Census tell us about the "oldest old" living in England & Wales?, ONS, 2013

⁷⁹ Age UK analysis of the ELSA Wave 4 data, 2011

⁸⁰ Dementia 2013: The hidden voice of loneliness, Alzheimer's Society, 2013, p.37

As people become less mobile and more infirm the care system is designed to provide help with household chores and personal care support with essential activities like getting out of bed, washing and dressing. But while care workers often represent the most frequent human contact that many of the oldest old living alone will have, this interaction is generally incidental to undertaking specific designated tasks for which they have been employed. As one home carer has commented, 'A lot of the people I care for, are old and lonely, they are not only in need of physical support, but they are also in need of company and someone to talk to. The times given to these people are the bare minimum to get the job done, no time for a chat, just in and out.'⁸¹

Gender

While research indicates that the best antidote to loneliness for almost any older person is simple human interaction, the more effectively it can be tailored to the needs and circumstances of each individual the more effective it will be. For example, lower mobility may mean interventions need to take place in the home, or a person who is lonely due to recent bereavement may need a different kind of support from someone not in this situation.

Gender is a particular issue. First, there are also considerably more women than men who reach the oldest age group, though the figures are narrowing: 48 men for every 100 women in 2011 which is up from 38 in 2001.⁸² Secondly loneliness is not just a more significant issue for women but one which appears to exacerbate with age.⁸³ However, one study has shown that women (of all ages) are more likely than men to admit feelings of loneliness, with the most plausible explanation given being 'social influence'.⁸⁴

Another factor is that widowed or divorced men are also more likely to get remarried. Between 1998-2010, the average percentage of widowed or divorced men getting remarried aged 55+ was 11.7% compared to just 2.7% of women.⁸⁵ 77% of women are widowed compared to 43% of men in oldest age.⁸⁶ ONS figures show that being separated, divorced or widowed in old age correlates fairly strongly with greater feelings of loneliness,⁸⁷ providing further evidence of why older men tend to be less lonely.

⁸¹ UNISON's ethical care charter, UNISON, 2012, p.3

⁸² What does the 2011 Census tell us about the "oldest old" living in England & Wales?, ONS, 2013 (figures for England and Wales)

⁸³ 29% of men and 40% of women feeling lonely 'some of the time or often' aged 52-59 compared to 36% of men and 52% of women aged 80+, Measuring National Well-being – Older people and loneliness, 2013, ONS, p.4

⁸⁴ Gender Differences in Loneliness, Borys, S. and Perlman, D., in 'Personality and Social Psychology Bulletin, vol 11, no. 1, March 1985, pp 63-74'

⁸⁵ Number of marriages, marriage rates and period of occurrence, ONS, 26 June 2013, Table 5: Remarriage rates by sex and age, 1998-2010

⁸⁶ What does the 2011 Census tell us about the "oldest old" living in England & Wales?, p.22 (figures for England and Wales)

⁸⁷ Measuring National Well-being – Older people and loneliness, 2013, ONS, 2013

The case studies showed that older women are more likely to attend community initiatives tackling loneliness. This is understandable since there are more women among the oldest old than men. However, they also pointed to a gender bias in the take up of particular activities that might also help to account for this. This emphasises the importance of understanding the target client group and tailoring services accordingly.

Community Resilience

As discussed in Chapter 1, the stronger and more resilient communities are, the lower the incidence of loneliness is likely to be. It is a simple fact that if more people know and spend time with each other, fewer people will feel alone and socially excluded. Therefore projects that help to build stronger communities can be regarded to some extent as bringing the added value of addressing the root causes as well as the symptoms of loneliness.

One example of this is the ability of people as they grow older to continue to find and to make friends in the communities in which they live. As Prof Danielle Allen has noted,

'Friendship is not an emotion, but a practice: a set of hard-won, complicated habits used to bridge differences of personality, experience and aspiration. Friendship is not easy'.⁸⁸

In other words, building stronger communities needs to be practiced and we should recognise those projects that are set up to enable this to happen. As another report noted 'the disappearance of large-scale participatory forms of citizenship and public engagement are not only a political but also a social disaster, allowing patterns of 'parallel lives' to solidify and preventing opportunities for people to learn the skills needed to make friends with those from different backgrounds'.⁸⁹

One of the key catalysts in breaking down these parallel lives is interventions which set out to give people in local communities structured opportunities or more formalised permission to connect with people in their communities.

⁸⁸ Danielle Allen, Turning Strangers into Political Friends, In These Times, December 2004: <http://inthesetimes.com/article/1777/>

⁸⁹ Making multiculturalism work: enabling practical action across deep difference, Barclay, D., Theos, 2013, p.20

Intergenerational interaction and ageism

A particular aspect of developing community resilience relates to building intergenerational interaction and tackling ageism. While the classic image is of projects tackling loneliness by bringing groups of lonely older people together, providing for interaction between younger and older people can also help to reduce loneliness, while having a wider social value in building mutual connectivity and understanding, and by addressing ageism. According to Age UK 'We need initiatives which can bring different generations together around issues of shared importance.'⁹⁰

Generally younger and older people 'live in separate worlds'⁹¹ and interaction between them is low. Research conducted in 2008 showed that over half of respondents thought that people of different generations generally find it difficult to communicate outside of families.⁹² And two thirds agreed with the statement that 'outside of their families, a natural part of the ageing process is for older people to become disengaged from younger people'. This figure was highest amongst the 16-24 (83%) and 25-34 age groups (73%).

But the same research also showed that 82% of people believed that older people can learn from younger people and 96% agreed that younger people can learn from older people.

Findings within the 2008 European Social Survey support the view that the UK populace think ageism is a serious issue – 64% of UK respondents felt it was a 'very' or 'quite' serious issue compared to 44% on average across Europe.⁹³ Age discrimination appears to get worse with age: 26.6% of people aged 52-59 report age discrimination, compared to 37.2% aged between 70-79.⁹⁴

61% of over 65s think that society sees them as a burden and over half (57%) think that the media encourages the idea that older people are a problem for society.⁹⁵ And as Easton (2012), notes 'there is much less newsprint and airtime devoted to our changing social circumstances, such as the huge increase in the number of people living alone [...] We do not have much media debate on the issue of loneliness.'⁹⁶

Having discussed these six contextual criteria, we now consider scalability, replicability and structural models for roll out.

⁹⁰ A Snapshot of Ageism in the UK and across Europe, Age UK, 2011

⁹¹ The State of Intergenerational Relations Today, A Research & Discussion Paper, Lloyd, ICL-UK, 2008, p.1v

⁹² Ibid. p.12

⁹³ European Social Survey, 2008

⁹⁴ Perceived age discrimination in older adults, Rippon, Kneale, de Oliveira, Demakakos and Steptoe in 'Age and Ageing' 2013 September 42 (5)

⁹⁵ Royal Voluntary Service data (2013) - <http://www.royalvoluntaryservice.org.uk/news-and-events/news/-major-new-report-reveals-flawed-approach-in-traditional-services-for-older-people>

Scalability and replicability

One approach to addressing the piecemeal provision of services across the country would be to consider the scope for widening the impact of effective existing projects. Scalability and replication of projects is therefore an important issue to consider. Scalability refers to growing an existing organisation's operations. By contrast, replication refers to the process of copying an existing initiative's model in a new place, usually with at least some people with no affiliation to the original organisation at all. These four elements are relevant to both: ^{97 98 99}

- The right idea, or delivery model: not all projects accrue additional benefit from scale or replication. To do so, applicable projects therefore need a defined product which can easily be communicated and rolled out. There needs to be clarity about the key elements within the project that drive innovation, success and positive outcomes.
- The right people, or delivery team: to support scalability and replication there does not just need to be effective leadership and a strong delivery team in the original project but this needs to be transferable to the new context. Projects can often rely on the drive of a key individual whose contribution is difficult to replicate, for example.
- The right money, or financial model: cost-effectiveness, co-production of resources and innate sustainability are all significant factors in determining future scalability. Both scaling and replication require (particularly early stage) investment; this could be private or public.¹⁰⁰
- The right execution, or implementation process: 'small, growing, and large ventures all have different dynamics, and for an organisation or project to flourish at each stage it needs to be based on rigorous execution appropriate for the stage of the venture. As the venture grows, demands for management rigor grow with it and it becomes vital to have systems and processes in place to ensure quality and performance.'¹⁰¹ Community mapping (to see what resources do or do not exist already), monitoring, evaluating and reporting, all provide critical research intelligence to inform planning moving forward.

⁹⁶ Mark Easton (BBC News Home Editor) at the Campaign to End Loneliness & Department of Health's Summit to combat loneliness in older age, 15th March, 2012: <http://www.campaigntoendloneliness.org/wp-content/uploads/downloads/2012/03/15.03.12-Summit-on-Tackling-Loneliness-Report.pdf>

⁹⁷ Social Ventures: Built to Scale, Mould and Shine, Shaftesbury Partnership, 2012

⁹⁸ Social Franchising: Scaling up for Success, Ritchie with Shine and Hawkins, 2011

⁹⁹ 'Scaling Social Impact', Dees, G., and Anderson, B.B., in 'Stanford Social Innovation' magazine, Spring 2004: http://www.ssireview.org/articles/entry/scaling_social_impact

¹⁰⁰ <https://www.gov.uk/social-impact-bonds>

¹⁰¹ Ibid. p.6

Structural models for roll out

If up scaling or replication are to be achieved, appropriate selection of the appropriate ownership structure and organisational format is an important strategic consideration. There are a number of potential ownership and structural formats reflecting the relative degree of on-going control and involvement that the originator of the initiative either seeks to maintain, or is capable of maintaining, moving forward (see diagram below).

Models of scaling or replicating social impact initiatives or ventures



Source: Social Ventures: Built to Scale, Mould and Shine, Shaftesbury Partnership, 2012, p.7

Wholly owned: the scaling is achieved exclusively by the original organisation. This would be most appropriate where the financing and/or delivery model is complex or the risks associated with the project are high, for example when working with particularly vulnerable groups of people.

Affiliated: involves the originator entering into an arrangement with additional entities that are partly or wholly owned by other organisations. This might take the form of franchising where other entities operate the venture under the original name; partnership where the originator creates a loose arrangement with an existing organisation to deliver services locally; or a joint venture where the originator joins with an outside party to create a new formal entity.

Dissemination: here the originator disseminates information and research that they have accumulated from the operation of their project, making it generally available to others who can replicate or scale up a different project independently.¹⁰²

Conclusion

It is important to consider the different contexts and circumstances in which the oldest old live and experience loneliness if it is to be addressed successfully. The key ones identified in this report are rural and urban living; gender; health; living alone; community resilience; intergenerational interaction and ageism.

¹⁰² Ibid. p.7

Addressing the piecemeal provision of services across the country means that the scalability and replication of effective existing projects, and the appropriate ownership structure and organisational format to do this, are also important issues to be taken into account when commissioning new provision.

3. Introduction to the Case Studies

Given the paucity of published evidence of what works with regard to combating loneliness among the oldest old, this report highlights the learning revealed by case studies of practical evidence for what is already working on the ground.

Eight case studies are included demonstrating effective interventions addressing loneliness through a variety of different approaches, in different contexts and circumstances, and looking at projects at different stages of maturity. Projects were selected through desk research. No projects were identified which were solely addressing loneliness in the oldest old, so the search criteria were extended to include projects which could provide evidence of specifically meeting the needs of serving this age group, while serving a wider age range of beneficiaries.

Each case study is presented in the following format:

1. Context

Location of the case study and a short description of factors in this locality relating to elderly loneliness.

2. Description

Outline of the main activities undertaken to reduce elderly loneliness, specific number of the oldest old impacted and description of the individuals and volunteers required to ensure it works effectively.

3. Type of intervention

There is general consensus¹⁰³ that interventions to combat elderly loneliness can be divided into three main categories:

- One-to-one intervention

Volunteers or professional staff engage in one-to-one interventions with identified clients to reduce loneliness. Three specific types of one-to-one intervention are identified in the literature:

- Befriending: 'an intervention that introduces the client to one or more individuals, whose main aim is to provide the client with additional social support through the development of an affirming, emotion-focused relationship over time'.¹⁰⁴

¹⁰³ Ibid.

¹⁰⁴ Mead, N. et al. (2010) 'Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis', British Journal of Psychiatry, vol 196, no 2, pp 96–100.

- Mentoring: a more formal arrangement to address agreed objectives and any resultant social relationship is coincidental rather than intrinsic.
- Wayfinders or community navigators: people, who identify and provide support to vulnerable people, often in local communities.
 - Group Services

Interventions that aim to bring many people together to promote the building of social networks, such as day centres or lunch clubs.

- Wider community engagement

Helping vulnerable people increase participation within their own community, such as encouraging volunteering or being part of a reading group.

While some of the case studies include a mentoring element, the focus of one-to-one projects appears to be on the other two less formal interventions. As a result none of the projects reviewed for inclusion in this report had mentoring as the primary focus.

4. Funding

This sets out the (available) cost-benefit data for the case study, including for each beneficiary and the main funding sources

- Commissioned by local authority
- Charity funded project
- Funded by volunteers
- User funded
- Mixed funding

5. Contextual Learning

One or two key learning points are drawn from each of the projects in relation to the following areas discussed in Chapter 2.

- Rural and urban living
- Gender
- Health
- Living alone
- Community resilience
- Intergenerational interaction and ageism

Any un-cited quotations were provided by contacts at the specific case study.

4. South Lakeland Age UK Village Agents

Context

Age UK is the largest charity in the country dedicated to working with and advocating for older people. Its work ranges from local independent Age UKs working with older people in communities to national policy work. Age UK South Lakeland serves a population of just over 100,000 in south Cumbria, with around 3,000 over 85s.¹⁰⁵ The village agent project was first piloted in Gloucestershire through a partnership between the local rural council and the local authority and was supported by monies from the DWP through the Linkage programme.

Description

The Age UK South Lakeland Village Agent (VA) programme employs local people for 10 hours a week to provide social interaction and connectivity along with information, advice and support. It does this through a range of very local volunteers, community assets and the Village Agents (VAs) themselves visiting older people in their homes. In a sense it employs people to establish the sort of contact that in other circumstances neighbours or the individuals themselves might do.

The service is very flexible and can easily build the sort of support and interaction that service users want. Some people require little contact while for others specific support can be offered such as connecting people with local community groups or services.

The VAs all have a full induction programme which includes age awareness, benefits training, safeguarding, confidentiality, client recording and monitoring and dementia awareness. They meet as a cohort every six weeks with the manager of the service and receive regular updates; for example they have recently worked with the local crime reduction team on domestic violence awareness and actions. The team includes people from a range of backgrounds including business, nursing, social care, housing etc. and together they share experiences and skills and identify training needs. All the VAs have regular 1:1 supervision and annual appraisal and training needs analysis.

An example of how the model works is the case of a 95 year old woman who became lonely after the deaths of several friends. According to Age UK South Lakeland, while she was always fiercely independent and reluctant to accept help, she became concerned about her balance and falling. The VA helped her get to the doctor's to be checked over and also introduced her to another local older lady who still drove and was able to take her to an exercise class, which she says 'has given me a new lease of life'. Both women commented on how nice it was to make new friends in this way.

¹⁰⁴ 2011 Census

To identify those most at risk of social exclusion and loneliness Age UK South Lakeland partners with local services and institutions such as GP practices, community nurses, the police and fire brigade, the WI and church groups.

The South Lakeland Age UK Village Agent project is a good example of how a project piloted in another part of the country can be successfully rolled out in another community. There is growing interest from other Local Authorities and Age UKs in replicating the model elsewhere in the country.

Type of intervention

One-to-one ('wayfinder') and wider community engagement.

Funding

In 2012-13 total costs were £157,000. This included salary costs of the village agents (12 x £7,000). Additional expenditure included central staff costs, IT and running events. The annual impact report for Age UK South Lakelands said that the VAs reached 2,457 people, 21.2% of whom were aged 85+ (521). This is an average of £63.90 per person impacted.

The main funding sources were the Big Lottery, Local Area Partnership funding and Comic Relief.

Contextual learning:

Rural and urban loneliness

According to Sonia Mangan, Chief Officer of Age UK South Lakeland, flexibility is a key advantage of the village agent idea. Communities can be so different, 'there is no such thing as a rural community', and VAs can work with local people in their own homes and specific community setting.

For example, Grange North ward is an area where many have come to retire and nearly 8.8% of the 4,000 population is over 85. There are numerous clubs and activities for older people and the role of the VA is primarily to help people in accessing them. In contrast, in Troutbeck and Windermere Applethwaite, where there is a much smaller population of older people, the role is more about promoting new activities and looking out for particularly vulnerable older people who may become lonely from the lack of social contact.

Reduced mobility is correlated with loneliness and is a particular issue for the oldest old, added to which transport is a significant issue for older people in rural areas – especially the oldest old who may no longer drive. The VA model is based on 'going to' people rather than expecting them to have to come to community centre based activities and this can be especially advantageous to the oldest old. They are also able to help organise some form of community transport where this is required by older people to lead their lives and access activities.

: 5. North London Cares

Context

North London Cares (NLC) is a community network established in 2011 which aims to mobilise a new generation of volunteers from among young professionals to support their older neighbours in need of a little extra time, practical help, social connection and human companionship.

Alex Smith (founder and CEO), himself a young professional, happened to help an elderly neighbour get a haircut and this brought home to him how isolated and lonely old people in communities can be. The official objective of the charity is to 'build relationships between people who might not normally interact, bridging social divides and bringing our communities closer together.' It currently works in both Islington and Camden (two London boroughs with very mixed social demography, high population density and a lower percentage of people above 65 than nationally¹⁰⁶). Work is underway on setting up 'South London Cares' serving the inner city areas of Lambeth and Southwark.

Description

NLC create new social opportunities for people to share time, stories, food and friendship. It operates through two programmes. The first is called 'Love Your Neighbour', which links up volunteers and older people who need help with simple tasks such as going to the shops or a doctor's appointment. NLC has found that friendships have naturally grown out of these interactions. Volunteers need to undergo the required safety checks (e.g. Disclosure and Barring Service (DBS) check) to participate in these one-to-one relationships.

The second programme, 'Social Clubs,' offers opportunities for older people to get out of the house and spend time with each other and young adults in various community and business settings: examples include film nights, debating sessions, new technology workshops and knitting gatherings. DBS checks for volunteers are not required for social clubs as there are NLC staff present.

Lonely older people are identified in different ways:

- Relationships with local community centres and third sector groups (such as Age UK) which already have networks with older people
- Referral partnerships with 'good neighbour' schemes
- Referrals from Council Housing and Social Care departments
- Volunteer-led door-knocking
- Recruiting 'community champions' (younger people who keep an eye out for lonely older people in their communities)
- Partnerships with local businesses (e.g. newsagents, pubs, chemists etc.)

¹⁰⁶ Although Camden has around the London average of people over 65 at 10.8% while Islington has 8.7% - Census 2011

While there is no official definition of 'young professional' and anyone can sign up to volunteer, advertising is aimed at young adults in professional jobs: through digital, social and employment networks. Volunteers tend to be aged 21-35.

NLC has recorded impacting over 600 elderly neighbours with over 6,500 hours of interactions involving over 550 young adult volunteers. Alex notes that 'Although they're in the minority compared with the 65-84 bracket, the over-85s [that] our volunteers have built relationships with can gain huge benefit from our projects. Often 'older' older neighbours have a freedom of spirit that endears them to volunteers. While they can be physically the most frail, they can also be the most open, honest and playful.'

Given its early stage of development, formal evaluation will only be published in 2014 but NLC has collected significant qualitative evidence of impact as the following testimonies demonstrate:

"I love talking to the younger people. They're bloody interesting!"
Bella, 88, King's Cross

"I used to get out all the time. Now it's very hard: I hate being stuck inside. Getting out with North London Cares has made me feel so much brighter."
Patricia, 90, Archway

NLC has also had significant impact with the young adults who have volunteered, with many changing perceptions as a result:

'I was struck by people's warmth...there was a craving for informality.'
Chris, 25, research professional

'Sneaked a look at feedback forms, had a little heart-melty moment. NLC makes SUCH a difference to people's lives.'
Francesca, 32, communications professional

Type of intervention

One-to-one (befriending) and group services

Funding

Turnover in its second year of operation was £103,000 of which £75,219 was spent, mainly on salaries, marketing, events and tax in 2012-13. This equates to around £125 per old person impacted and £11.57 per hour of interaction. NLC expects that as it grows the cost per interaction will come down further.

The main sources of funding are charitable grants and Local Authority commissions.

Contextual Learning:

Gender

NCL has found it easier to attract women than men to the project. This is being addressed by offering more activities specifically targeted at men, including men's cooking classes. While women seem to be more at home with conversation-focused group sessions, a new group has also been established to get older and younger men to discuss football and the local club, Arsenal. Alex notes 'across generations, men can be less talkative than women but so many have football in common and use their love of the game as a language, a tool for communication, so I'm hopeful the project will really take off.'

Intergenerational interaction and ageism

One of the key pieces of learning offered by this case study is effective ways to attract people who would not usually volunteer to work with older people by creating appealing branding and reducing bureaucratic barriers to participation.

NLC also shows that simply through having people of different ages in the same room, lack of understanding and stereotypes can be broken down on both sides. As one older person commented:

'I just can't believe young people like you would be interested in oldies like us.'
Ted, 90, Holloway

With regard to younger generations (and particularly young professionals), there is also evidence of challenged perceptions, but also crucially a desire to volunteer and 'give back' as long as it can be done easily:

'NLC stirred something in me that I now realise I'd longed for since I left home for university over 13 years ago: a connection with an older generation and a sense of community spirit. On a more practical level, what attracted me to the project was the ease with which I could volunteer.'
Amy, Third Sector Professional

: 6. Age UK's Integrated Care Pathway

Context

Age UK is trialling an Integrated Care Pathway in Newquay, Cornwall, in partnership with the Kernow Clinical Commissioning Group and the local council. The aim is to enable older people to live a more independent life and help them stay out of hospital. One of the key elements is support to reduce loneliness. The programme won the Health Service Journal award for Managing Long Term Conditions 2013.

Description

The programme targets older people at risk of unplanned admission to hospital because of their frailty and ill-health. They are identified through GP surgeries and offered a 'guided conversation' with an Age UK worker, who is part of a local multidisciplinary team led by GPs that brings together Health and Care staff as well as Age UK paid staff and volunteers, with the GPs retaining clinical accountability.

Through the guided conversation the older person identifies what would improve their quality of life and their wellbeing. A single Care Plan is developed and different kinds of help are brokered in from a wide range of providers. Support to strengthen social links is almost always part of the mix, since because of ill-health the older people are often quite isolated. For example, one man who has been on the programme had not left his house for ten years. His dearest wish was to go to the nearby beach with his dog. Age UK organised for him to do this on a regular basis, with support from local volunteers.

The programme is still in its infancy and only 100 older people have so far been helped but the results are promising: older people's quality of life, confidence and wellbeing is up by 24% and there has been a 30% reduction in emergency hospital admissions. People helped so far range from age 60 to 100, with a mean age of 83. 60% are women, 40% men.

An interesting feature is that several of the older people helped by the programme have decided to become volunteers themselves. Given that older people in their situation are often viewed as beyond much help at all, this is a profoundly optimistic finding.

"It is about listening to the person's story and making everything fit around helping the person live the life they want to live. We are now able to wrap services around a person to ensure we are no longer just reactively responding to their needs but are instead helping them to manage their condition in their own homes."

Joy Youart, NHS Kernow's Managing Director.

Age UK is scaling up the Newquay Pathway to 1000 patients in Cornwall. It also plans to expand it to additional (contrasting) localities in other parts of England.

Type of intervention

One-to-one (wayfinding)

Funding

So far the programme has shown a £4.40 return for each £1 invested.

Currently funded from a range of statutory and voluntary sources the aim is to trial a Social Impact Bond as a sustainable funding mechanism.

Contextual Learning:

Health

Support to prevent and tackle loneliness is part of a whole system approach, with the NHS in the lead but working with statutory and voluntary sector partners, including volunteers, some of whom are older people themselves. This is a rare example of the NHS recognising the way in which loneliness can undermine older people's health and wellbeing and acting systematically with others to reduce it, rather than expecting this to happen elsewhere. The model could be adapted to target different groups of older people, though funding might be harder to access than for this cohort of those at greatest risk of entering hospital, for whom the cost benefits of such an approach are especially compelling.

7. Telephone club, Finsbury and Clerkenwell volunteers

Context

The 'telephone club' is one of the services offered by Finsbury and Clerkenwell Volunteers (FCV), a charitable organisation which aims 'to help isolated people maintain and improve the quality of their lives and combat their social isolation and avoid reliance on statutory services.'¹⁰⁷ It has been running for over 40 years in the inner London Borough of Islington.

Telephone clubs are quite a common and effective low-resource way to tackle elderly loneliness, though there is no national database of them. Well known examples are Age UK's 'A Call in Time' programme and 'The Silver Line' which has recently been established by Esther Rantzen. In 2008 a major academic study on the 'A Call in Time' programme concluded: 'the telephone befriending service has a major impact on participants' lives. Many interviewees for the study could not imagine life without it. The relationship with their 'befriender' was crucial to their quality of life and the maintenance of their emotional and physical health.'¹⁰⁸

Description

The telephone club is run by an older person (Anna - 86 herself) who makes the calls from an office at FCV, along with 2 other volunteers. They have a list of 120 older people ('telephone clubbers') who have said they would like to be called, 54 (45%) of whom are 85 and over. In 2011-12 they were rung 4,016 times, an average of just over a call a fortnight. Calls can last anything from 5 minutes if the person is doing well to in excess of 20 minutes if something is wrong.

¹⁰⁷ Finsbury & Clerkenwell Volunteers, Annual Report 2012, p.6

¹⁰⁸ Low-level support for socially isolated older people: An evaluation of telephone befriending, Cattan, Kime and Bagnall, Centre for Health Promotion Research, Leeds Metropolitan University, 2008, p.7

For some of the 'telephone clubbers' the calls are the only social contact they get. According to one 'telephone clubber' 'Anna has been a great support. I enjoyed the lunch club but have not felt confident enough to attend regularly. Anna phones regularly and it's nice to know I haven't been forgotten.' According to Judy there is an effect before and after the call, for many of the oldest members, as they look forward to the calls beforehand and then remember the happiness of receiving the call for even a day or two afterwards.

Telephone clubbers are referred from a variety of sources including family, neighbours, social services, GP surgeries, SHINE (seasonal health intervention network), Age UK Islington, and other service providers such as day centres where clients can no longer attend due to failing health.

The added value of a local telephone support service like FCV is in how it can link telephone clubbers to local activities and clubs as well as providing a catalyst for them to develop their own informal local support networks. As well as simply chatting, Anna often gives out practical support and links people up to other FCV activities such as shopping trips and the lunch club. It is an especially good way to encourage more vulnerable people to build confidence so they can make a step such as going on a trip outside of their house. Many of the 'telephone clubbers' have developed deep friendships with each other and have often begun calling and visiting each other beyond the official 'club' calls.

Type of intervention

One-to-one (befriending)

Funding

The direct costs of running the telephone club are the phone line and volunteer expenses, coming to £2,500 a year. That is a very modest £20.83 per person receiving calls.

The overall expenditure of FCV (including staff costs) is £63,000 a year. Funding is difficult due to the withdrawal of council funding and FCV had a deficit of nearly £11,000 in 2011-12. Judy Gould is worried that any further reduction in funding will mean closing down some of the services currently offered.

The main sources of funding are Local Authority grants, charitable donations and general fundraising.

Contextual Learning:

Rural and urban loneliness

This telephone club reminds us that loneliness exists even when surrounded by numerous neighbours in urban high density areas where multiple activities are in theory available to them. People often do not know what is available and may value initial/low-level contact to build the confidence needed to access the services.

Community resilience

While other case studies have pointed to intergenerational activity as being valuable in combating loneliness, FCV say they cannot overstate the importance of speaking with other people of a similar age. The fact that Anna (86) calls other older people is cited by FCV as a positive element of the service as the 'telephone clubbers' often feel they can relate easily to her. The fact that Anna and other volunteers can easily link the telephone clubbers to other activities run by FCV also helps with socialisation and friendship, thereby contributing to building longer term resilience.

: 8. LinkAge Bristol

Context:

Bristol is one of the largest cities in the UK with a population of over 400,000. The proportion over 85 is virtually identical to the UK average.¹⁰⁹ LinkAge Bristol, which serves Bristol and the surrounding area, aims to facilitate inspiring activities that enrich lives, reduce isolation and loneliness and encourage active participation. As with other case studies, it runs a number of programmes and projects benefiting the lives of those aged 55+.

Description

LinkAge Bristol's aim is to increase the range of activities available to older people in their local community. Activities take place in community halls, churches, sheltered housing, community rooms etc. Activities are co-ordinated by 'hubs' based in different communities within Bristol. In each hub, an older people's Advisory Group helps to create a balanced programme of activities, including paying attention to gender and age preferences. Each community is very different and this can lead to the development of very different activities. For the 'hub' in Whitehall and St George this included the following, most of which attract people 85+:

- Walking Group
- Coffee morning
- LinkAge Lunch Club
- LinkAge Film Club
- Tai Chi classes
- Line dancing
- Gentle exercise classes
- Singing
- Art and Craft classes
- Computer classes
- Ballroom dancing

¹⁰⁹ 2011 Census data

What's On Guides advertise LinkAge Bristol's activities programme, as well as other local community activities for older people. These Guides are distributed to hub members, and advertised to other hubs and the wider community. In addition to basic information they include:

- Cost (usually either free or less than £4 for a session)
- How accessible the activity is by bus
- Whether refreshments are served
- If the activity is 'dementia friendly'
- If there is a hearing loop available

"From what older people have said and what I've observed a lot of loneliness comes out of loss [...] this could be the loss of a loved one or a partner, but [...] loneliness also comes from the loss of identity and purpose that can come with retiring, the loss of control that people can feel as their physical fitness or health deteriorates making it harder to do the things you may want to, such as going out, loss of emotional resilience as some people can find it harder to motivate themselves to go out. It is a really complicated issue, there are no easy answers but I feel that we are really helping to provide solutions and give support to help people tackle these issues and take some of the control back."

Russell Cowan – Volunteering Officer – LinkAge Bristol

LinkAge Bristol has developed a specific strategy for tackling social isolation and loneliness including the following approaches:

- Working with community groups to reach people at risk of loneliness
- Setting up referral pathways with professionals and other partner organisations
- Trialling door-knocking by using a local Community Organiser – to identify, map and support isolated older people
- Signposting to specialist activities
- Befriending schemes
- ACE Project – designed by Bath University and managed by LinkAge Bristol – peer support volunteering scheme encouraging older people to engage with community activities
- Feedback opportunities
- Strong and trusted brand based on a reputation for being older person/community led and making things happen

The hubs also help to draw older people into Bristol's 10-day-long annual Celebrating Age Festival funded and run by Bristol City Council and in partnership with Bristol Older People's Forum, NHS Bristol, LinkAge Bristol and Age UK Bristol. Older people have identified the festival as one of the top five priorities for developing quality of life in the city.¹¹⁰

The University of the West of England's (UWE) impact report on LinkAge Bristol analysed the Whitehall and St George Hub which at the time of assessment had been in existence for around a year. Whitehall and St George has a higher than average number of people aged over 80 (around 40%).¹¹¹ Different tools were developed to measure the impact on 'facilitated friendship', 'improved wellbeing' and 'improved physical health'. Overall, the mean Friendship Scale scores improved from 14.53 (indicating 'isolated or with a low level of support') at baseline to 22.8 (indicating 'very highly socially connected') at follow up.

The strength of LinkAge Bristol's model is in ensuring that developments are older person and community led and in the development of a strong and supportive network of partners.

"With the right mixture of positive challenge and support, communities can find their own solutions to some of society's big problems – isolation and loneliness being one of them. With a bit of direction, inspiration, support enthusiasm – and although it sounds odd – with the permission and mechanism, people will take control, ownership and get involved."

Claire Miller – Chief Operating Officer LinkAge Bristol

Type of intervention

Group services

Funding

LinkAge Bristol costs around £350,000 a year which includes the salaries of 15 staff and expenses of over 200 volunteers. An exact number of older people impacted is impossible to quantify due to the transitory nature of LinkAge Bristol activities, but it is estimated at well above 3,000 with approximately 600 people over 85. This suggests a cost of around £117 per older person reached.

UWE estimated that for every £1 investing into the hub, the social return on investment is £1.20, a self-confessed conservative estimate.¹¹²

The main source of funding is the local authority, supported by local trusts and charitable grants. Users also pay a small fee for (certain) sessions.

¹¹⁰ <http://www.bristolpost.co.uk/Goodie-Oddie-launches-celebration-generations/story-13236097-detail/story.html>

¹¹¹ Officially the report records 21 of 30 respondents giving their age, with 3 being aged 80+. Correspondence with the report author showed that of the 9 who did not give their age, most were in the oldest category

¹¹² Financial benefits include less funding required from local authority and personal and family savings for the older people themselves

Contextual learning:

Gender

LinkAge Bristol estimate that men comprise around 20% of attendants at their activities (no specific figures are available for the oldest old) and as an organisation it pays attention to ensuring that activities engage both sexes. The older people's advisory group structure is helpful in this. Their experience is that men appear to prefer more practical activities, which are seen as being more 'masculine', such as walking, walking football, ping pong, boat trips, cooking and Tai Chi (interestingly, especially when a male is running the class so it is not seen as a feminine activity). Dance classes in contrast tend to be better attended by women.

Intergenerational interaction and ageism

The Celebrating Age Festival, which LinkAge Bristol supports, aims to portray a positive image of older people to older people themselves and wider society. LinkAge Bristol also aims to challenge stereotypes around ageing via projects such as 'LinkAge Living Legacies', which celebrated the culture and work of 'Bristolian BME Elders' in tackling isolation and loneliness within their communities.

LinkAge Bristol also runs intergenerational projects to give older people and young people the opportunity to work together and share knowledge, skills and experience. Projects include; students working with older people to design and create a garden at a sheltered housing scheme, cooking sessions, jointly designed art projects, local history projects, a wood carving bench project, singing events and holiday clubs.

Currently impact measurement is more qualitative than quantitative and there are plans for more rigorous evaluation procedures. Both younger and older people have reported benefits, especially around changing perceptions, which are summarised in the table below:

Benefits of intergenerational work

Older people	Young people
Pass on knowledge, skills and experience/act as a positive role model	Learn new skills and it can help to raise aspirations and broaden horizons
Learn new skills	Pass on knowledge and skills/develop coaching and communication skills. Develop work experience (important for personal development and career progression).
Gain a different perspective on life and society	Gain a different perspective on life and society
Reduce any perceived fear of young people/improve community cohesion	Reduce any feeling of demonization around 'being young' and improve community cohesion
Enjoy the opportunity of working with young people and the vibrancy and energy that they bring with them	Enjoy the opportunity of working with older people and knowledge and experience that they bring with them

Source: Intergenerational Work, Sept 2012-May 2013, Ricky Bush, LinkAge, 2013

9. Casserole Club: Barnet

Context

Casserole Club was developed by FutureGov with the support of Surrey County Council and Reigate and Banstead Borough Council in 2012. FutureGov is an organisation which works with government to create better public services through elegantly designed technology. It operates in 3 boroughs in and around London and is launching a further project in Staffordshire in 2014.¹¹³ This case study focuses on the roll out of the project in Barnet: 'Barnet Homes' is responsible for all social housing in the borough and – with funding from Barnet Council – has partnered with FutureGov to run Casserole Club since June 2013.

Description

Casserole is a micro volunteering web platform that links up older people who are having difficulty cooking for themselves with others who have offered to prepare an extra plate of food when they cook and share it with a neighbour. It operates like a local community led meals on wheels service, and in the process gets more people cooking and eating healthily. It can also save costs by reducing demand for costly commercial meals on wheels services.

Casserole also strengthens local neighbourhood networks and helps to build social capital in communities, helping to prevent social isolation amongst older people, by creating new opportunities for them to network with their neighbours.

Volunteers visit casseroleclub.com and create an online profile which identifies where they live, what food they like to cook and how far they'd be willing to travel to deliver their dish. They also complete a Disclosure and Barring Service (DBS) check.

Barnet Council provide contacts with local organisations and social workers nominate vulnerable older people to be diners, though this is an area earmarked for improvement. FutureGov pairs volunteers up with elderly people who are then able to contact the older person and arrange when they can bring around a meal.¹¹⁴

With much of the work done online, FutureGov aims to minimise any bureaucracy that might deter potential volunteers. For example, it can just be a one-off meal (still often blossoming into a long-term friendship) and there is complete flexibility over how many older people for whom you can volunteer to cook.

From its initial pilot, Casserole Club has expanded quickly over a short period of time. In Barnet, in a matter of a few months, 140 cooks and over 70 diners signed up, with about 30% of the diners being aged 85 and over.¹¹⁵ Impact data will become available as the Barnet project establishes itself but initial indications are positive.

¹¹³Tower Hamlets, Barnet, and Reigate and Banstead

¹¹⁴'Extra Helpings' article in waitrose.com, April 2013

¹¹⁵ Putting one's date of birth is an optional part of the application process, with not everyone filling it out so this is an estimate

Type of intervention

One-to-one (befriending)

Funding

The costs of Barnet contracting this service from FutureGov are commercially confidential, but this is a relatively low cost intervention. FutureGov has been given a grant of £50,000 by central government to cover central costs of running Casserole.¹¹⁶

The main sources of funding are central government and local authorities.

Contextual learning:

Community resilience

Arguably, cooking meals for lonely older people is something good neighbours might be expected to do in strong communities. What Casserole Club points to is that in less connected communities people are looking for a third party to create an opportunity for them to interact with their neighbours or perhaps even to be given 'permission' to knock on their doors. Offering food is one of the most basic forms of human contact.

This project has clear intergenerational reach. Comments include:

"I am overwhelmed with gratitude that someone would do something like that for me [cook and deliver a meal]"
Patricia, 85+ Barnet

The cooks also report benefits:

'She always seems pleased to see me and we always find something to laugh about. It has definitely been everything I hoped for. I really enjoy her company and it breaks up my week. Nice to have a new friend!'
Christine, cook

This community-based service can be very flexible and responsive to individuals' situations and needs and the lack of bureaucracy in the arrangements means the scheme is able to respond to these. According to Matthew Skinner from FutureGov: 'what we're finding is that people who are cooking food like it because they can get to know their community a bit better. We also find that people who are receiving aren't passive. They get to build strong relationships, and share their experiences, as well.'¹¹⁷

¹¹⁶ <http://govstore.service.gov.uk/cloudstore/catalog/product/view/id/12555/s/Casserole-SaaS4.G4.0454.201/>

¹¹⁷ <http://www.fastcoexist.com/1682041/a-food-sharing-club-to-help-the-elderly-and-vulnerable>

10. Contact the Elderly

Context

Contact the Elderly (CTE) enables older people to build new friendships and 'alleviate acute loneliness among isolated older people aged 75 and older.'¹¹⁸ It has been running since 1965 and has impacted over 100,000 lonely older people in England, Scotland and Wales.¹¹⁹

Description

CTE is by far the largest initiative discussed in this report. Using a franchise approach it supports some 4,000 older people aged 75 and over (2012), including 800 new people who had not engaged with the charity before, though there are no specific figures for the over 85s. There are now almost 7,000 volunteers, giving conservatively an estimated 3 hours a month of their time.

It supports older people living alone who want to develop social interests, social contact and companionship with others in the same position and with the volunteers.¹²⁰ The charity's regional development officers recruit volunteers, publicise the services and take referrals. While some older people get in touch with CTE themselves, referrals come from a wide range of agencies including GPs and other healthcare professionals, social services, carers, emergency services and family members and organisations such as Age UK.

Once a month, each older guest is collected from their home by a volunteer driver and is driven to a volunteer host's home, where they join a small group for tea, chat and companionship. While the charity's drivers and older guests remain the same, there is a different host each month. This ensures that over the months and years, acquaintances turn into friends and loneliness is replaced by companionship.

The impact statistics show 80% of people feeling less lonely, 80% feel more part of their community again and nearly 90% have made friends with volunteers.¹²¹

'I feel uplifted after going to a tea party on a Sunday afternoon. I've met new people and made new friends. It's just amazing how the volunteers welcome four or five older people into their homes as their friends. I definitely recommend it to other people in my situation'
Irene, 92

Volunteers are also extremely positive about the impact it has on both the older people and on themselves, with some volunteers having been involved for more than 30 years.¹²²

¹¹⁸ Contact the Elderly: Impact Report, 2012-13, Contact the Elderly, 2013 p.6

¹¹⁹ Ibid. p.6

¹²⁰ Ibid. p.5

¹²¹ Ibid. p.6

¹²² Ibid. p.13

'Following the death of my grandfather, I wanted to spend time with other older people who don't have family and friends for company. I learn a lot from the older generation and love listening to their stories. It would be nice to think that when I'm older, I'll have visitors coming to see me.'

Henry, 27, volunteer driver

Type of intervention

Group services / wider community engagement

Funding

The annual cost of supporting an older guest is £60 and developing a new group from scratch costs around £5,200.

The main sources of funding are charitable trusts and grants, legacies, charitable donations, corporate sponsorship.

Contextual learning

Health

In contrast to other, smaller-scale case studies in this report, CTE shows how interventions at scale can work effectively in engaging volunteers and still feel personal and tailored to the needs of specific individual and communities. CTE works well with statutory services to identify and target their service to those who need it most and illustrates the important role health and care workers play acting as a 'linchpin' between the lonely oldest old and community initiatives to tackle loneliness, especially when working at scale.

Working through the health and care sector is not just a convenient mechanism to access older people. 25% of older people coming to CTE events now see their doctors less often.¹²³ This would seem to support the evidence that interventions to tackle loneliness can have a positive impact on people's health and wellbeing. But it also suggests that in tackling loneliness CTE is helping to reduce healthcare spending. It is reasonable to suggest therefore that if CTE, and projects like it, were rolled out across the country significant savings could be anticipated for the NHS.¹²⁴

¹²³ Ibid. p.6

¹²⁴ ONS figures which showed that on average people over 75 visit a GP 6 times a year (ONS General Household Survey, 2007 Report, Table 7 General Health and use of health services, Table 7.18) and with the National Institute of Health and Care Excellence NICE have estimated the cost of a 12 minute consultation at £36 (Quality and Outcomes Framework Programme NICE cost impact statement July 2010).

: 11. Shared Lives Plus/Homeshare

Context

Homeshare is an independent living project supported by the charity Shared Lives Plus. People who are in a position to offer accommodation in their own home in return for a small amount of help are matched with someone who needs housing and can provide support or companionship. The evaluation of a pilot in West Sussex, Oxfordshire and Wiltshire funded by those local authorities and the Department of Health was published in 2010. Since the pilot the Shared Lives Plus charity has focused on other projects although a small number of homeshares are still taking place and continue to receive support.

Description

Homeshare is targeted at older or disabled people who own or rent a home and would benefit from low level support. It provides support and companionship on a regular and daily basis, something many relatives are not able to do.

Homeshare matches a 'Householder', who typically owns their home and has a spare room but has developed some support needs or has become isolated or anxious about living alone, with the 'Homesharer', typically a younger student or key public service worker who cannot afford housing.

Usually no rent is charged, but the household bills are shared and in return the Homesharer will help out around the house, for example by cooking meals, running errands, shopping trips and providing company. Homesharers do not provide personal care. Homesharers generally cited the advantage of having reduced living costs as an incentive to apply, but also wanted to help people who needed extra support.¹²⁵

Homesharers go through a rigorous application process and are matched with householders who are judged to be most appropriate – for example, a householder needing greater support would be ideally matched to a homesharer with more experience in caring and sufficient spare time.

Oxford Brookes University's analysis of the 2010 pilot¹²⁶ identified that this scheme benefited both older lonely people and younger people. It contains interviews with two householders who were aged over 85. Both decided to apply for the scheme following falls at home: 'recently we came to the conclusion that it would be desirable to have someone here overnight because I had fallen and broken my hip and my daughter was anxious about my being on my own' (88 year old).¹²⁷

¹²⁵ For example: 'Not only for the cheap accommodation side of things but actually to help out somebody, you know, an elderly person, so they don't have to come into a care home when they don't need to' - An Evaluation of a Homeshare Pilot Programmes in West Sussex, Oxfordshire and Wiltshire, Oxford Brookes University, 2010 p.79

¹²⁶ An Evaluation of a Homeshare Pilot Programmes in West Sussex, Oxfordshire and Wiltshire, Oxford Brookes University, 2010

¹²⁷ Ibid. p.76

The 86 year old householder reported that things improved when the Homesharer moved in. Not only did she like having someone in the house; she also had someone to walk to the shops with which began to rebuild her confidence.¹²⁸

However Oxford Brookes' report is critical of some aspects of the application and selection process, such as a time-lag between application and assessment and time taken to undertake safeguarding checks and points to only 16 matches being made despite over 1,000 people registering an interest, a third of whom went on to make a full application to participate.

Type of intervention

One-to-one (befriending)

Funding

The Oxford Brookes report does not provide a full cost-benefit analysis but data has been published of a similar Homeshare scheme in Victoria, Australia.¹²⁹ This scheme had 32 matches (69% of which had householders aged 80+).

The scheme cost \$95,270 (£37,806¹³⁰) to run per year and reported a benefit to society of \$822,169 (£326,528) or a very impressive social return on investment (SROI) ratio of 8.6. These included yearly savings of:

- \$119,347 for the Commonwealth Department of Health and Ageing
- \$10,585 in hospital costs
- \$681,317 for householders and their families in avoiding residential care and other services
- \$150,900 for householders and their families, saving on accommodation

While these figures cannot be directly applied to the UK they would suggest there is considerable potential to make savings from investing in a scheme such as this. Alongside this there would also be the social and financial benefits to homesharers of accessing housing, saving on rent, perhaps saving towards buying a property of their own.

Contextual learning:

Living alone

Three quarters of the older people who live alone report feeling lonely, compared to under a quarter who share their home.¹³¹ Due to bereavement living alone is a particular issue for the oldest old but around 400,000 of those who live alone under-occupy and would have space to accommodate a room for a homesharer.¹³²

¹²⁸ Ibid. p.90

¹²⁹ Economic value of Homeshare Victoria, Carstein, Ronald Henderson Research Foundation, 2003

¹³⁰ Based on average 2003 exchange rate of \$2.52 to £1 - <http://www.lloyds.com/~media/files/the%20market/communications/market%20bulletins/market%20bulletins%20pre%2005%202010/2004/y3231.pdf>

¹³¹ Loneliness among older people and the impact of family connections, WRVS, 2012, p.9

¹³² Older people's housing: choice, quality of life and under-occupation, Joseph Rowntree Foundation, 2012

Different generations of the same family living together is one solution but for many it can mean they enter residential care sooner than they might otherwise need to. Therefore it is important to consider the role housing can play in tackling loneliness and this case study shows one approach, which seems to have considerable potential.

Having a younger person homesharing can cut care costs and someone just helping out with tidying and general maintenance can potentially make the difference to quality of life and even in preventing an older person having a fall for example.

Intergenerational interaction and ageism

Homeshare can be a fantastic way to build intergenerational friendships. 92 year old Marjory said 'I've been to see people who were in homes and I thought I couldn't bear that. You're surrounded by people you don't really want to talk to. My daughter-in-law, Patience, found out about Homeshare because I was on my own and I think they were a bit worried' and commenting on her 26 year old homesharer Heather: 'Yes, you're my friend. A bossy one, but still my friend'.¹³³

12. Conclusion and recommendations

"The most terrible poverty is loneliness, and the feeling of being unloved."
Mother Teresa

Loneliness matters

Loneliness causes misery and poor quality of life for too many older people. It has a financial as well as a social cost. It particularly matters for the oldest age group, nearly half of whom experience loneliness most or some of the time. This age group is growing dramatically as life expectancy increases: doubling in the next 20 years and nearly trebling over the next 30. Most importantly of all, the evidence is clear that people respond to interventions and as a result they can become less lonely or stop being lonely at all.

This report focuses on what can practically be done to ensure the oldest older people get the social interaction they are missing. Providing opportunities to become social connected is a legitimate role for public policy, though of course the decision to engage has to be one for each individual. The following conclusions and recommendations are aimed at those people who can do something to make that happen: politicians and policy makers in both central and local government; leaders and innovators in the voluntary and community sector; and the wider community who have a role to play as active citizens and volunteers.

¹³³ <http://www.theguardian.com/lifeandstyle/2012/mar/16/homeshare-unlikely-housemates>

Recommendation 1: Loneliness causes misery and poor quality of life for too many older people and tackling it should be regarded as an important public health priority.

Leadership

Society is reluctant to talk about loneliness in old age but we have to stop brushing it under the carpet and acknowledge that growing older does not have to mean growing lonelier.

The work of the Campaign to End Loneliness¹³⁴ and other groups and the evidence of growing political engagement with this issue are encouraging but we still have a long way to go. Loneliness affects older people's confidence and comes with an apparent 'social stigma' meaning that those who are lonely often do not admit it. Support is building for there to be an older people's commissioner for England, as already exists elsewhere in the UK. If progressed this would be one way to ensure that there is a high profile champion for this issue.

Recommendation 2: There should be an older people's commissioner for England with a specific remit to champion tackling loneliness among the oldest old, including ensuring that policy makers take account of the role that stronger, more resilient and connected communities can have in protecting against and helping to ameliorate loneliness.

Research

Given demographic trends, it is essential to have much better understanding of loneliness and the over 85s. This report has pointed to the limitations in the existing evidence base on loneliness in this age group, the social costs this is likely to drive and the public policy interventions required to address it effectively. Initiatives like Newcastle University's Institute for Ageing and Health 'Newcastle 85+ study' in 2006 are beginning to produce some important findings. However, much more research is required. One immediate step to facilitate this would be for organisations serving older people to collect separate data on the over 85s.

Recommendation 3: Research funders should prioritise developing the evidence base on loneliness in the over 85s, the social impact this is likely to have and the interventions which will make a difference in reducing and preventing loneliness.

Providing, commissioning and funding services to tackle loneliness

Despite the limitations of the evidence base, through the use of case studies this report demonstrates that there is a wide variety of interventions that have been shown to be effective in tackling loneliness in the over 85s. The case studies were chosen to demonstrate different approaches, operating in different contexts and circumstances and at different stages of maturity.

¹³⁴ <http://www.campaigntoendloneliness.org>

They are all provided by third sector organisations though generally supported with some public funding. The case studies offer insights into projects that are changing lives and illustrate some relatively inexpensive models, which could be readily replicated or scaled up to improve the availability of loneliness interventions across the country.

The levels of loneliness reported among the oldest old, alongside evidence that interventions work, suggests that the number and range of services currently available to tackle loneliness is far from sufficient. The fact that only just over half of the Health and Wellbeing Boards who have published a Joint Health and Wellbeing Strategy have acknowledged loneliness and/or isolation in their strategies reinforces this conclusion. The need for such services can only be expected to increase as the 85+ age group continues to grow.

Local authorities should ensure that loneliness is being properly and systematically addressed in the communities they serve. This will involve assessing the levels of loneliness in their localities and the range of targeted services required and where appropriate enabling and commissioning additional services.

The case studies in this report are supported by a wide range of charitable and other funding sources, but almost without exception they also depend on local (and in some case NHS and central) government funding. In the current financial climate supporting additional services will not be easy. Existing evidence that reducing loneliness can cut health and care costs provides the starting point for developing the robust business cases required to support such an investment, though further research will help to cement the evidence for doing this.

Recommendation 4: Government should commission research into the financial costs of loneliness in the over 85s. This should consider the impact of the predicted dramatic increase in size of this age group over the coming years as well as the potential savings in health, care and other costs that can be achieved by action to reduce and prevent loneliness.

Recommendation 5: All Health and Wellbeing Boards should address loneliness within their Joint Strategic Needs Assessment and should publish specific strategies to address loneliness among the oldest old.

Access to services

Even where services are available there are issues in relation to accessing them. This is particularly the case of the over 85s.

The 'social stigma' that comes with loneliness means that those who are lonely often do not admit to it and therefore do not proactively seek out projects that are meant to be there for them.¹³⁵

¹³⁵ A review of loneliness: concept and definitions, determinants and consequences, de Jong Gierveld, J., in 'Reviews in Clinical Gerontology 1998 8; p.74'

Also, amongst the oldest old loneliness is associated with bereavement; living alone; limitations in general mobility and in the ability to perform everyday tasks effectively: which for both practical and emotional reasons can make accessing services, particularly through self-referral, difficult.

Family can be an important referral route, but with older people reluctant to admit their loneliness even to their families, and with the break down of family life, this is not always an option that can be relied upon. And with the weakening of communities more generally there are also limits on what can be expected from neighbours and other informal community contacts.

The case studies highlight the importance of organisations providing interventions to tackle loneliness being proactive in identifying people who will benefit from those services. This includes working in partnership with a range of agencies and organisations, particularly health and social care services, to identify and refer potentially vulnerable older people. Health is important because it is a universal service and in the longer term social prescribing by GPs may offer a way for 'primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector'.¹³⁶ Social prescribing is being used for loneliness services in some areas,¹³⁷ but there is not yet sufficient evidence to judge how effective this could be in identifying lonely over 85s and referring them to appropriate local services.

As local authorities raise their threshold for funding social care to include only the most vulnerable older people and as people increasingly meet their care needs independently, including through individual budgets, it may become harder for social services departments to act as the key wayfinders for services available in the local community. With better information and training care workers may have a more proactive role to play in signposting people to services.

Recommendation 6: Lonely over 85s are inherently among the most socially isolated individuals, so organisations providing services to tackle loneliness should work closely with a range of agencies and organisations, particularly health and social care services to ensure they are reaching those in need of their services.

Care Worker contracts

Care workers often represent the most frequent human contact that many of the oldest old have. But while this interaction can have a role to play in addressing loneliness, it is an underutilised resource because of the way it is commissioned – simply ensuring that specific tasks are done rather than commissioning care for the whole person.

¹³⁶ Social Prescribing for Mental Health Durham: Northern Centre for Mental Health, Friedli L and Watson S, 2004

¹³⁷ E.g. Social prescribing for mental health – a guide to commissioning and delivery, Care Services Improvement Partnership, Friedli with Jackson, Abernethy and Stansfield, p.10

One way to address this issue would be to enable a more 'holistic' role for care workers along the lines of UNISON's ethical care charter¹³⁸ and make providing the social contact an explicit part of the care worker's contracted role. This could be supported by some specific training for staff to interact in a more caring way, but it would also require consideration of the length of care visits to older people. 60% of local authorities now commission 15 minute care visits with 15% of councils delivering more than a quarter of all their care visits to disabled or older people in 15 minutes or less.¹³⁹ UNISON found that 79% of homecare workers reported that their work schedule is arranged in such a way that they either have to rush their work or leave a client early to get to their next visit on time – with 37% reporting frequent allocation of new clients affecting care continuity and the ability of clients to form relationships with their care workers. This is crucial, especially for people with such conditions as dementia,¹⁴⁰ a condition which is known to be associated with loneliness.

Recommendation 7: Care workers are an underused resource in addressing loneliness and social care contracts should take a more holistic approach to supporting older people alongside specifying household and physical care tasks.

Permission to help

It would be easy to suggest that the way we live our lives in 21st century Britain is a major contributor to the increase in the numbers of people saying that they are lonely some or all of the time. And there is an argument that a deep societal shift in the way families support themselves and in how people in communities interact with each other would be the best way to reduce loneliness in the 85s. These are interesting issues but beyond the scope of this paper.

While in respect of loneliness as in other areas care has been professionalised into paid roles, the case studies illustrate the continued willingness of individuals of all ages to volunteer to help lonely older people. One important and recurring theme arising from this is that where once people might have volunteered help directly to people they knew in an informal way, it is apparent that now people are often looking for 'permission' to get involved through formalised and structured opportunities to interact with lonely older people. And once this connection is made interactions between volunteers and older people can go on to become less formulaic over time, with real friendships developing. This may be a different way to enable a stronger sense of community to develop.

¹³⁸ UNISON's ethical care charter, UNISON, 2012, p.2 – figures based on 431 home carers' responses (members & non-members) between June-July 2012

¹³⁹ Ending 15 minute Care, Leonard Cheshire Disability, 2013, p.2

¹⁴⁰ UNISON's ethical care charter, UNISON, 2012, p.2 – figures based on 431 home carers' responses (members & non-members) between June-July 2012

Perhaps this should not be a surprise in our increasingly disconnected and risk-averse society, but it is an important pointer as to how our modern society can organise itself to help address loneliness better.

Recommendation 8: More formalised and structured opportunities should be created which give volunteers ‘permission’ to interact with and build relationships with lonely older people.

■ Appendix: European social survey loneliness figures

‘How much of the time in the last week have you felt lonely?’

	2006 75+ UK (Eur ave) %	2010 75+ UK (Eur ave) %	2012 75+ UK (Eur ave)%	2006 65+ UK (Eur ave) %	2010 65+ UK (Eur ave)%	2012 65+ UK (Eur ave)%
Some of the time	24.8 (29.6)	24.7 (25.3)	19.4 (23.8)	19.6 (27.6)	18.6 (24.4)	18.8 (23.3)
Most of the time	4.7 (13.5)	5.2 (12.9)	6.7 (11.0)	3.9 (11.2)	3.4 (10.3)	4.3 (8.6)
All or almost all of the time	4.4 (7.5)	3.8 (7.2)	1.8 (4.8)	3.9 (6.1)	3.7 (5.2)	1.7 (3.9)

About CentreForum

Through its publications and events CentreForum is seeking to build a distinctive and coherent vision of a liberal Britain. Our research focuses upon four broad themes: education and social policy, economics, globalisation, and liberalism.

Education and social policy

Social mobility has stalled in Britain. The ladder from poverty to wealth is getting longer and fewer people are climbing it. People’s chances in life are too often determined, not by their talent or hard work, but by their social background. How can government ensure that everyone has the opportunity to fulfil their aspirations? And how can we ensure that all benefit from a good education – the engine that powers social mobility?

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The last 200 years have shown how free markets produce levels of prosperity that centralised states cannot. But markets need institutions and laws to constrain their excesses and to provide support in moments of crisis; great liberal economic thinkers include not only Smith and Hayek but also Keynes. The recent financial crisis has forced policymakers to revisit their assumptions about how the economy should be regulated. Our work aims to identify how capitalism can be reformed, so that a route can be plotted towards sustainable growth and shared prosperity.

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Ageing alone: Loneliness and the 'Oldest Old'

Loneliness causes misery and poor quality of life for too many people, but it is the oldest old – the over 85s – who are most badly affected. Nearly half of this age group experience loneliness some or most of the time. Understanding loneliness in this age group is becoming increasingly important as what was once a small group of exceptional individuals rapidly grows into a whole new generation.

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Addressed to politicians and policy makers in both central and local government, leaders and innovators in the voluntary and community sector, and wider society as a whole, the report urges them to give more priority to the services and support that we know can help older people avoid ageing in loneliness and isolation.

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