

Measuring the impact of services on loneliness

A scoping study

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1. Background to the project

The Campaign to End Loneliness commissioned a scoping study to assess what contribution the Campaign could make to efforts to improve the measurement of the impact of services aiming to reduce loneliness.

The Campaign chose to investigate this issue as it is committed to supporting organisations which are working to reduce loneliness, including through disseminating research and promoting good practice. However one of the challenges the Campaign faces is that without robust information on the extent to which services are having a positive impact on individuals' loneliness, it is impossible to identify with certainty which types of services are most effective, and therefore which services should be replicated.

Prior to this project, the Campaign was aware that, even amongst its supporter organisations, few providers of services to end loneliness were explicitly measuring their impact on levels of loneliness amongst their members or beneficiaries. And in a recent survey of Campaign supporter organisations over half said that they would value more support in evaluating their impact.

In order to assess how best to do this, the Campaign wanted to further scope the field.

A study was commissioned to:

- Assess the extent to which service delivery organisations involved with the Campaign to End Loneliness were measuring their impact on loneliness amongst their clients.
- Consider the reasons why some organisations are not measuring their impact.
- Ascertain what factors were relevant in encouraging those organisations which are measuring impact on loneliness to do so.

- Consider what systems and tools for measuring loneliness are available, and what factors might be affecting their use.
- Consider the views of funders and commissioners of services for older people, to ascertain what systems of measurement they would consider most credible in assessing the impact of services they commission and fund.
- Make recommendations for future action by the Campaign.

The study was carried out over a period of 6 months and involved desk research, a survey of service delivery organisations which were supporters of the Campaign to End Loneliness, a series of informal telephone interviews / discussions with funders and commissioners of services. Emerging findings of the study were tested with a group of Campaign supporters at a workshop session at the Campaign to End Loneliness' *Connect + Act* conference on 19 June 2013.

The results of this work are set out below. Recommendations can be found on pages 25-27.

Preventative services: limitations of this project

In looking at tools for measuring the impact of loneliness interventions, this project has focussed on tools which could be used to assess the extent of an individual's loneliness before and after a particular intervention.

This project has not grappled with what could, or should, be done to assess the impact of initiatives which seek to prevent loneliness before it presents.

The Campaign to End Loneliness is committed to supporting preventative interventions in the area of loneliness, however considering how best to measure impact in this field opens up a highly complex range of issues – including the sheer length of time over which the impact of interventions would have to be measured, and the great difficulty one would have in determining the extent to which an individual's life has been affected by a condition of which they may not yet have experience, and indeed ideally may never experience.

There is still much to do to determine what are the most effective ways of intervening in the lives of lonely people. Including preventative interventions within the scope of any further work would be likely to swamp it in unmanageable questions.

It is therefore recommended that further work in this area remains limited to measuring the impact of interventions amongst those who already experience some degree of loneliness.

2. Why is measurement important?

The Campaign to End Loneliness's vision states *"Our work will ensure that at all levels, our communities, people and organisations are taking more effective steps to tackle the factors the cause loneliness. In the future this means that the impact of loneliness on our health and the health of our communities will be reduced."*

To do this effectively the Campaign needs to draw on evidence about what works in tackling loneliness. However, through its work with its Research Hub, the Campaign is aware that there are currently gaps in this evidence base (see also page 8). We therefore need to do more to measure the impact of different loneliness interventions, so that we can be sure that the interventions we deliver are the most effective.

Measurement is also important because, as organisations delivering services to lonely individuals are operating in an increasingly competitive funding environment, they need to be able to demonstrate robustly that their services make a difference. Funders in the statutory, voluntary and private sectors are facing their own financial pressures and are therefore increasingly asking providers to show clear evidence that their interventions deliver real outcomes for the individuals they serve.

The Campaign is therefore convinced that there is a strong rationale for undertaking further work to support impact measurement amongst its supporters and wider network. The purpose of this project was, therefore, to determine what kind of intervention the Campaign could most usefully make in this field.

3. What do we know about measuring loneliness?

3.1. Loneliness or social isolation?

The first challenge in determining how best to measure the impact of services on loneliness, is defining what is to be measured.

Loneliness is often spoken about alongside social isolation. And through the course of this project it has been clear, that amongst service providers and, to some extent, also commissioners and funders, loneliness and social isolation are talked about interchangeably.

However academic experts are clear that the two concepts are distinct. The Campaign to End Loneliness, in defining loneliness, has drawn on the definitions adopted by social researchers, so that loneliness is “*the subjective, unwelcome feeling of lack or loss of companionship*” that occurs when we have a mismatch between the quantity and quality of social relationships that we have, and those we want.¹ The key distinction is that loneliness is a subjective experience, an emotional response to a particular set of circumstances, and social isolation is an objective state – which can be (but is not always) a trigger to loneliness.

On the ground, though, even when people are aware of the distinctions which can be drawn between isolation and loneliness, few seek explicitly to draw a distinction between the two in determining the targets of their work. Most services are designed to tackle “loneliness and social isolation” rather than one or the other.

In this project, we have focussed on whether organisations seek to measure their impact on loneliness specifically. In effect this means examining whether projects seek to measure their impact on the way users *feel* as a result of their intervention, and not just on objective issues such as how many people attend an event, or use a service.

Within the academic field several different methods for measuring the extent of loneliness have been developed and tested. These measures fall into two broad categories:

3.2. Single item measures

In essence, single item measures ask people to what extent they are or are not lonely.

These measures involve asking an individual to rate their level of loneliness on a Likert-type scale² of one form or another. There have been numerous wordings used over the years and in different contexts, but most have involved asking whether people feel lonely and asking them to answer on a scale from “never”, through “sometimes”, to “often”, to “all the time”.³

¹ Perlman, D and Peplau, LA., 1981. Toward a social psychology of loneliness. In R Gilmour and S Duck (eds), *Personal Relationships 3: personal relationships in disorder* (pp 31–43) (Academic Press, London)

² A Likert-type scale uses a fixed choice response format to assess and are designed to measure attitudes or opinions. A Likert-type scale has a set of intervals assumed to be equal, with extremes anchored by opposites, e.g., strongly disagree/strongly agree.

³ Victor C, Scambler S, Bond J (2009) *The social world of older people –Understanding loneliness and social isolation in later life*, Open University Press, pp 129-132

This approach has prima facie strength. Single item measures are easy to understand, require no complex analysis and are not onerous to undertake as they involve asking only one question. However some academics believe that single question measures do not effectively capture the extent of loneliness. A number of concerns underlie this view, including:

- that different understandings of the term “loneliness” will mean some people are more willing than others to report feeling it
- that the social stigma surrounding loneliness may lead people to “underreport” their true levels of loneliness
- that phrases like “sometimes” or “often” mean different things to different people and therefore may mean like results are not really comparable

3.3. Multi item scales

In response to these concerns, some academics have sought to develop more sophisticated multi-item scales for measuring loneliness. The precise make up of these multi-item scales is dependent on the theoretical understanding of the concept of loneliness subscribed to by the academics concerned, but in essence these involve asking individuals a series of questions about their feelings, and then drawing the results together and analysing them to produce an overall loneliness score. Rather than making explicit reference to loneliness, most of these scales are based on questions about the component parts and underlying nature of loneliness.

A considerable number of these scales have been developed, but two have come to the fore, in terms of both the extent of their use, and the extent of approval they have gained from within the wider academic community.

These are:

- The UCLA loneliness scale (hereafter the UCLA scale)⁴
- The Loneliness Scale developed by Jenny de Jong Gierveld and Theo Van Tilburg at the University of Amsterdam (hereafter “the Gierveld scale”)⁵

⁴ http://www.iscet.pt/sites/default/files/obsolidao/Artigo_base_ucla_loneliness_scale_v3.pdf

⁵ http://home.fsw.vu.nl/tg.van.tilburg/manual_loneliness_scale_1999.html

<http://europepmc.org/articles/PMC2921057//reload=0;jsessionid=jdyxl2q5DQ0X2a6EKKx3.2>

The UCLA scale was developed and tested amongst students and young people in the USA. The Gierveld scale was developed at the University of Amsterdam, amongst a wider age group, and with populations throughout Europe.

Based on the recommendations made by its Research Hub, to date the Campaign to End Loneliness has advocated the use of the Gierveld scale. The primary reason for this is that the Gierveld scale is felt to be much more culturally applicable to the environment in which the Campaign is working, as it has been validated amongst older people and in the European context. The Campaign has also endorsed the fact that the Gierveld scale is in fact two sub-scales enabling a distinction to be drawn between social and emotional loneliness⁶.

Both scales were initially developed with a large number of questions, but have now been validated in shorter forms. A 3 question version of the UCLA scale is now available, and the Gierveld scale has been shortened to 6 items, with 3 items for social and 3 items for emotional loneliness.

The UCLA and Gierveld scales have both been well taken up as a means of measuring the extent of loneliness amongst populations – for example the short version of the UCLA scale included in the English Longitudinal Study on Ageing (ELSA). However this project has not found evidence of widespread use of either scale amongst service delivery organisations.

Both single question and multi item scales have their advocates and detractors within academic circles, but both forms of measurement have been the subject of rigorous testing, and validation, and have been subjected to academic critique.

Whilst most of the academic researchers with whom the Campaign to End Loneliness have supported its endorsement of the Gierveld scale – and in general the multi-item approach to measurement – through the course of the project it became clear that opinion was divided as to whether multi-item scales were really superior to single question scales. In particular, whilst the concerns about stigma and about differing understandings of the term “loneliness” are recognised by most academics, not all are convinced that multi-item scales overcome these issues to any significant degree.

⁶ <http://campaigntoendloneliness.org.uk/wp-content/uploads/downloads/2011/07/safeguarding-the-convey - a-call-to-action-from-the-campaign-to-end-loneliness.pdf> pp 10

Despite this wide ranging debate, it became clear through the course of this project, that knowledge of the academic work to develop measurement scales of either form was very low, outside the immediate research community.

3.4. Other measurement tools

As we took forward our discussions with stakeholders, a number of other measurement tools came to our attention. These were either being used by organisations we spoke to, or were mentioned as particularly of interest. These included:

- Well being scales – and particularly the **Warwick Edinburgh Mental Well Being Scale (WEMWBS⁷)**.

These scales generally do not include explicit reference to loneliness, and have not been developed with the intention of measuring loneliness. However they do measure older people’s subjective state of mind, rather than simply their objective state. It was clear that some of the organisations consulted during this project considered these scales to be a good proxy for loneliness – perhaps because they include questions on issues which people feel are allied to loneliness, for example the WEMWBS includes questions about feeling close to other people and about feeling loved. However other organisations had chosen to use well being measures, instead of loneliness measures. Some organisations said they valued the fact that these scales gave results which could be considered to have a wider relevance, rather than “just” being about loneliness. Other organisations had introduced well-being measures in response to the focus on well-being as a key outcome for local authorities and other statutory bodies.

- Outcomes tools – for example the **Older person’s outcomes star⁸**.

These tools are specifically designed for use in a service delivery context, and draw upon the older person’s self reported state. The older person’s outcome star includes a reference to loneliness towards the lower end of the scale within the 2nd point of the star on “keeping in touch”, but this question does not only pertain to loneliness and the star user guide does not suggest that the tool gives an explicit measure of loneliness (see also page 20 for comments on the outcomes star).

⁷ <http://www.healthscotland.com/documents/1467.aspx>

⁸ <http://www.outcomesstar.org.uk/older-people/>

It was clear that some organisations were using tools such as wellbeing measures, or the outcome star *instead* of measuring loneliness, but some other organisations perceived these measures to be telling them something about their impact on loneliness. This is interesting because these tools have not been developed to assess levels of loneliness, and whilst some of them refer to loneliness or concepts which might be considered to be allied to loneliness – such as feeling close to people – their use as proxies for loneliness has not yet been confirmed through academic testing.

4. To what extent is impact on loneliness being measured?

Studies which have sought to determine what interventions are most effective in tackling loneliness, have struggled to find consistent evidence of impact across all types of loneliness intervention and there are some common interventions – such as befriending – which are not well researched^{9 10}.

In order to better understand the extent to which services working to tackle loneliness are measuring their impact, we undertook a small survey amongst Campaign to End Loneliness supporters. This survey was intended to be indicative, only, as the membership of the Campaign is self selecting and cannot be taken to be representative of all organisations working to tackle loneliness. Furthermore the survey attracted a very low response rate, with only 23 responses from among the then 930 supporters of the Campaign, of which around 385 were organisations, and mostly providers of services, groups or activities for older people. However, its results, and the follow up conversations which came out of it, brought out some interesting issues:

- Less than half of the organisations surveyed were measuring their impact on loneliness
- Of those not measuring their impact on loneliness, the most commonly cited reasons were:
 - Not knowing how to measure impact on loneliness
 - Not being required by a funder to measure impact on loneliness

⁹ <http://carechat.ca/wp-content/uploads/2012/04/isolation-studies.pdf>

¹⁰ <http://www.scie.org.uk/publications/briefings/files/briefing39.pdf>

Amongst those who were measuring their impact on loneliness a range of methods were in use. Most popular amongst these were:

- Questionnaires
- Surveys
- Meetings – e.g. user groups etc
- Reports from staff / volunteers

Most gathered information on a regular basis – the frequency varying between services, with some collecting information monthly and some only annually.

Whilst not all organisations gave full details of the questions used to elicit the extent of loneliness amongst their clients, some described explicitly asking individuals if they felt lonely. Others, however, referred to asking questions around “feeling connected” or making new friends, or referred to the use of scales such as WEMWBS or the Life Satisfaction Scale (assumed to be the Satisfaction with Life Scale¹¹). It is clear, therefore, that some organisations are using measures they perceive to be proxies for loneliness, rather than asking about loneliness directly.

It was also clear that not all organisations were collecting information directly from older people in order to inform their evaluation of impact. Some were relying on information reported back into the organisation by staff or volunteers, either based on conversations with clients, or on their own perceptions.

In follow up discussions, based on the survey, a number of general and specific questions were explored, including:

- Why organisations had chosen to measure their impact on loneliness.
- Why they had selected the measures that they were using.
- To what extent service delivery organisations were aware of the measurement scales which had been developed by the academic community.
- What, if any, challenges they had encountered in measuring impact on loneliness.

¹¹ <http://internal.psychology.illinois.edu/~ediener/SWLS.html>

- How useful the measures of loneliness were proving to the organisation.

These conversations revealed a very mixed picture. Some organisations had clearly thought very carefully about the measurement systems they were using and had thoroughly researched the potential scales and systems which they could use. Others had simply decided to ask people if they were, or were not, lonely and had come up with a broadly sensible and intuitive way of doing this.

Some themes emerged through the discussions:

- Organisations had not been able to draw on any particular guidance or expertise in choosing how to measure impact on loneliness. They had had to carry out their own research or develop measures under their own initiative
- Awareness of the scales developed by the academic community, and the debates around the best way to measure loneliness, was low. Amongst those who were aware of these scales there was concern that these may not be appropriately tailored to the service delivery context – one organisation reported having tried to use the Gierveld scale, but had found the questions to be too emotive.
- There is clear concern around the sensitivity of loneliness as an issue, and a sense of the need for caution in asking questions about loneliness, especially with new clients or service users. This presents a particular issue for establishing a baseline.
- The need to demonstrate impact to commissioning bodies was a key driver of the decision to measure impact, and of the choices made as to exactly how to do it – one organisation explained that the questions they asked clients were specifically designed to elicit information which could be directly mapped to local authority strategic priorities.

Whilst the numbers of organisations making efforts to explicitly measure loneliness are low, through the course of the project it became clear that many organisations were interested in improving their impact evaluation in this area. Therefore there would be interest in any product that the Campaign to End Loneliness might produce.

5. Other perspectives

Given the important role that funders and commissioners play, not just as consumers of evaluation information from service delivery organisations, but also in influencing what organisations choose to measure, it was important for the Campaign to End Loneliness to understand their perspective on the issue of measuring loneliness.

Funders and commissioners increasingly emphasise the need for the projects they invest in to measure their impact. But the Campaign wanted to dig deeper into this to understand exactly what commissioners and funders wanted out of impact measurement – what kind of information they wanted to see, what kind of measures they considered most useful and what measurement methodologies they considered most credible.

In order to understand these perspectives a number of informal telephone interviews were arranged between the consultant and representatives of funding and commissioning bodies known to be interested in the issues of loneliness and social isolation.

5.1. The funder perspective

There are a wide variety of funding organisations, varying in size, scope and approach. Whilst some funders distribute funds through programmes based around a set of pre-determined outcomes or objectives, others offer more flexible funding to deliver outcomes which are determined by the delivery organisation. Furthermore the amounts of funding distributed, and the size of projects funded, also varies considerably. Unsurprisingly, funders had differing perspectives on the issue of measurement.

However a few common themes emerged:

- Most funders perceived measurement of impact on loneliness to be underdeveloped area and felt that most organisations they funded were not well equipped to do this.
- Whilst some funders were more prescriptive than others as to the outcomes the organisations they funded should achieve, all funders expect the organisations they funded to contribute to the process of defining measurement systems and devising tools for measurement – some funders expected organisations to do all of this by themselves,

others expected funded organisations to contribute to the development of evaluation tools as part of a process led by external evaluators.

- There was scepticism about how practical the measurement scales favoured by the academic community could be in the service delivery context.
- This point fed into a more general concern to ensure that impact measurement was proportional. There was widespread recognition that smaller organisations delivering smaller projects could do less in terms of impact measurement than larger organisations delivering larger projects.
- There was a desire for more consistent measurement systems to be used across organisations delivering loneliness interventions, but – drawing on the point about proportionality – there was recognition that not all organisations had the same capacity to use tools.
- In general most funders emphasised impact measurement and evaluation not just as a tool for funders to assess “bang for buck”, but as a tool for organisations themselves, to help them grow and develop.
- Whilst funders liked to see statistical data demonstrating impact, several expressed concern about boiling down impact measurement to “just numbers”. Funders highlighted the value of information such as case studies in adding richness to a statistical picture. Others highlighted the potentially perverse incentives created by purely statistical measures of success – leading to a focus on achieving moderate results for large number of people, but perhaps missing out on making transformational changes in the lives of the most isolated or vulnerable.

Whilst all of the representatives from funding bodies which we spoke to recognised the importance of measuring impact on loneliness specifically, and were very interested in the field of loneliness, it is interesting to note this has not always translated into a decision to make reducing loneliness a specific objective of their programmes. In discussion, a number of possible reasons for this came to light, including:

- A perceived concern about the stigma of loneliness amongst provider organisations.
- Concern about the difficulty of measuring loneliness as compared to social isolation.

- A desire to fund initiatives which increase social interaction specifically – making social isolation a clearer target of the initiatives than loneliness which may or may not be tackled by increasing social interaction.
- A perception that the concept of social isolation is better recognised by key bodies such as government and local authorities.
- A perception that loneliness and social isolation are related – and that if you tackle one issue you tackle the other – but that social isolation is a more “concrete” issue.

In essence, the fact that loneliness is perceived as harder to measure may be a factor in leading organisations to focus on allied concepts such as social isolation, social exclusion, wellbeing or “connectedness”.

In discussing the need for more consistent measurement across the field of loneliness interventions, several examples of measurement systems from other fields were highlighted. For example the Homelessness Outcomes star – which was the first outcomes star in the series developed by Triangle Consulting, which now includes the older person’s outcomes star mentioned above – was perceived to have achieved some traction within the homelessness field, helping to provide consistency of impact measurement between organisations. The *Inspiring Impact* programme, in its report *A Blueprint for Shared Measurement*¹² highlights a number of other examples from other sectors. These kinds of tools were attractive to funders as they offered a simple way of comparing projects in the same field. However it was clear that funders also perceived these tools to have wider benefits, for example in providing service delivery organisations with an “off the shelf” tool which was tailored to their field of work.

5.2. The commissioner perspective

In undertaking this part of the project, the consultant spoke to a number of key contacts of the Campaign to End Loneliness. These individuals worked in a number of different roles across national and local government, and included local authority employees, members of health and well being boards and civil servants.

¹² <http://inspiringimpact.org/wp-content/uploads/2013/03/blueprint-for-shared-measurement2.pdf>

Perspectives from commissioners tended to differ, depending on the extent to which loneliness had gained traction as an issue within their organisation. However a number of common threads were identified:

- An increasing emphasis on the need for impact measures to allow loneliness interventions to “compete” against other projects and interventions. This meant that commissioners placed a significant emphasis on the need for statistical information, and ideally information which linked impact on loneliness directly to cost savings.
- A strong sense that whilst measuring reductions in loneliness was helpful, what was even more compelling was linking reduction in loneliness to the key measures of interest to the authority – e.g. GP visits or emergency readmissions to hospital, or admission to residential care. Commissioners were quite clear that the “bottom line” was king in the current climate, and therefore demonstrating reductions in big ticket items like health costs was more important than demonstrating softer outcomes.
- A stronger desire to see consistency of measurement system, and a stronger emphasis, as compared to funders, on measurement systems being externally validated – some emphasised validation in an academic sense, but others were less specific talking only about “recognised” measurement systems
- A greater interest in drawing on academic models of measurement. Awareness of the multi item scales was higher among commissioners and some had experience of using them at a population level, as part of wider studies. Commissioners were keen to ensure that measures used were robust, but recognised some of the constraints on using complex measurement tools in a service delivery environment.
- Whilst numbers were important, several commissioners recognised the need for “richer” information, for example from case studies, in order to tell a local story, and to bring issues to life. It was emphasised that local authorities particularly are still run by politicians who can be swayed by personal stories as well as hard facts

5.3. Staff reporting

One of the most striking issues drawn out through this project was the disconnect between funding and commissioning bodies’ rather dim view of

information drawn from staff reports, with the apparent reliance of service delivery organisations on this means of gathering feedback.

Of course what is meant by staff reporting may differ from one organisation to the next, some may simply mean an opinion formed by the staff based on their own observations, whilst others may be talking about a staff member's summary of feedback given by older people themselves, but not structured around any formal questions.

What is clear, however, is that in the absence of other effective tools, feedback from staff is being relied upon to inform organisations' understanding of their impact on loneliness. Unfortunately, it would seem that unless this information can be formalised, and brought into a more robust evaluation framework, it will not be of much use to organisations seeking to demonstrate impact to funders and commissioners.

- 5.4. From the discussions undertaken through this project, it is clear that commissioners and funders perceive the need for further development in the area of measuring impact on loneliness.
- 5.5. Given their key role in influencing what service delivery organisations choose to measure, it will be vital for the Campaign to End Loneliness to gain the support of funding and commissioning bodies, in its future interventions in this area.
- 5.6. However, it should be noted that funding and commissioning bodies are unlikely to impose a particular measurement tool on service delivery organisations, as they are keen for measurement tools to be suggested by, or developed with, the organisations that have to use them.

6. Moving forward

6.1. What has the Campaign to End Loneliness done to date?

The Campaign to End Loneliness has, from its earliest inception, highlighted the need for more organisations to measure the impact of their interventions on levels of loneliness.

Drawing on the expertise of its Research Hub, the Campaign has endorsed the Gierveld scale as its preferred method for assessing levels of loneliness – for example a link to this scale is included in its toolkit for health and wellbeing

boards¹³, and it is recommended as a good tool for assessing levels of loneliness within a local community. The Campaign has highlighted as particularly important the fact that this scale has been validated for use amongst older people, and the fact that it makes a distinction between social and emotional loneliness.

However the Campaign has not developed specific materials on measuring loneliness in the service delivery context.

6.2. What is needed?

The research undertaken as part of this project has demonstrated a clear gap between the relatively long established work in academic circles to establish how best to measure loneliness, and practice on the ground.

Organisations delivering loneliness interventions do not perceive there to be ready made tools available for them to use in measuring their impact on loneliness. And it is clear that this is more than a simple communication issue: Organisations which have experience of the multi item scales, which the Campaign has endorsed to date, perceive them to be inappropriate for many service environments. But beyond these problems, this project has unearthed a longer “shopping list” of attributes for a measurement tool for the service delivery context, which goes beyond simply selecting a different scale to use.

In particular, it has become clear that for a measurement tool to be most useful in the service delivery environment it must do more than simply produce statistical results – it should provide information which supports the organisation to tailor its services to its users’ needs, and ideally it should be supportive of the user’s experience of the service, rather than simply an add-on to it. In this regard the concerns raised by several organisations around the sensitivity of asking questions about loneliness – and in particular the issues this creates for establishing a baseline of loneliness amongst service users - come to the fore.

It therefore seems that there is space for a new tool to be developed to help service delivery organisations to measure their impact on loneliness.

But if the Campaign to End Loneliness were to do this, it would need to consider a number of key issues.

¹³ www.campaigntoendloneliness.org.uk/toolkit/

7. A new tool? Issues and challenges

7.1. Practical considerations for the service delivery context

One of the main reasons behind this disconnect between the tools developed for measuring loneliness by the academic community, and the practice of voluntary sector organisations, is the different contexts in which they work.

The academic scales have primarily been developed for use in assessing levels of loneliness within populations – they lend themselves to inclusion in large scale surveys. They have also been developed for use, and have been validated, in contexts in which the questions are asked by individuals whose only relationship with the people they are asking questions of, is one of researcher and research subject.

However the context in which most impact measurement tools are used, and would need to be used in future, is very different. In many cases evaluation is undertaken by individuals directly involved with delivering the services whose impact is being measured. Few of the services we spoke to have the resources to buy in independent evaluation, so at the very least the person asking questions about impact will be from the same organisation providing the service. Furthermore, in the particular context of loneliness interventions, service providers often are not separated by professional boundaries from the older person they are providing services to, but instead are hoping to be seen by the older person as a social contact or peer. Indeed, as services to tackle loneliness are increasingly delivered by volunteers, and often older volunteers, the lack of professional separation between the recipient and provider will only grow.

This reality creates a number of issues for evaluation, and attention will be needed to the inherent risks that individuals who are reliant on a service may be unwilling to report negative outcomes, or more inclined to report positive outcomes, as they may fear the loss of the service if they do not offer a positive account, or may simply wish to help out, or please, their service providers.

It will also be particularly important to be mindful of the concerns raised about the stigma of talking about loneliness, when developing tools for use in these contexts. One consultee explained that outreach workers had to work hard to overcome reluctance, among previously hard-to-reach recipients particularly, to be seen as “in need”. This necessity precluded being able to ask new clients

of the service anything which they might perceive to be probing their “weaknesses”, as this might put them off accessing the service as a whole.

So it is clear that any tool developed for use in the service delivery context would need to be carefully crafted to ensure that it is appropriate for use by front line workers who are in a provider relationship with older people.

Particular attention would need to be paid to two key issues:

7.1.1. Problems with establishing a baseline

One particular challenge for evaluating impact in the service delivery context lies in establishing a baseline. Many of the organisations contacted through this project highlighted particular problems in collecting a baseline assessment of an individual’s loneliness prior to the commencement of delivering a new service. However it is clear that, without a baseline assessment, establishing whether a service has been effective in reducing an individual’s loneliness is extremely difficult. The only alternative is to ask an individual to cast their mind back and subjectively assess whether they believe themselves to be more or less lonely than they were before. And this approach is not thought to be a particularly accurate way of determining impact.

Most service delivery organisations spoken to in the course of this project – and particularly those engaged in discussion groups at the workshop at the *Connect + Act* conference – acknowledged that despite the difficulties in collecting a baseline, it should be done. But several organisations acknowledged that this was a particular area of tension between management – who want to ensure they have robust evaluation information – and staff “on the ground” who needed to deliver the interventions. Setting rigid requirements to gather baseline information could therefore create resistance to taking on evaluation as a whole.

The primary concerns with establishing a baseline amongst lonely older people seem to boil down to:

- The intrusiveness of asking questions, of any kind, of individuals with whom the service deliverer is seeking to build a relationship, prior to establishing any real trust. This is thought to be a particular issue in the context of loneliness where individuals may have become very isolated and wary of contact with others, and in a field where the service providers who may be in contact with the

lonely individual seek to build a peer-to-peer type bond, rather than a formal relationship between a client and a professional.

- The particular sensitivities about broaching the concept of loneliness, given the fact that it describes a subjective state often involving a considerable degree of personal distress.
- The practical difficulties of gathering baseline data within services which allow individuals to drop in without registration – particularly when these services see a key element of their success being the offer of an informal, “no pressure” environment.

Whilst most organisations agreed that these issues would, to some extent, simply have to be worked through it is clear that any tool aimed at the service delivery context would have to be developed with these sensitivities in mind.

Furthermore, given the fact that in some contexts it may always be unrealistic to establish a baseline, it would seem sensible to give further thought to how questions based on people’s recollections of their prior mood might be used in drawing conclusions about impact, and whether any particular ways of asking this type of question might lead to more meaningful results.

7.1.2. Service deliverers, not researchers

As noted above, in most service delivery organisations the individual undertaking the evaluation of a service will rarely be a formally qualified researcher and may in fact be someone involved in delivering the service to the user.

This presents some specific issues including:

- The need for tools to be easy to understand and use.

In the course of the project concerns were fed back from a number of organisations about the gap that can sometimes exist between an organisational desire to undertake evaluation amongst clients, and the buy in of staff that have to undertake the evaluation processes. The staff that are expected to ask evaluation questions must be “on board” with the evaluation process; and understand what the questions mean and why they are asking them. If staff are not engaged in the evaluation process there is a risk that evaluation will not be carried out most effectively.

- The need for tools to be as un-intrusive to the relationship between client and service deliverer as possible.

At the very least this would mean ensuring the evaluation processes do not take too long and are not too onerous, but ideally evaluation processes would be developed to be light touch and natural to use, and hopefully would be seen as part of the service, rather than an add on to it (see section 7.2 below for further discussion of this issue).

- The need to recognise the risk that service users may be particularly inclined to tell their service providers what they perceive they want to hear, rather than the truth.

Some organisations have attempted to overcome this by giving users a survey which they complete on their own, providing assurances of confidentiality, but these mechanisms cannot work in all circumstances, and may not be fully effective.

7.2. Tools which work

Several organisations highlighted the importance of evaluation tools having a practical impact on the organisation using them rather than simply acting as a way of generating data.

A number of funding bodies, in particular, focused on the need for evaluation tools to support organisations in the ongoing development of their services, rather than simply delivering a verdict on a service's effectiveness at the end of the process.

Another desire was to see evaluation tools which could be used as *part* of an intervention, rather than acting as an add-on to it. The older person's outcomes star was held up as an example of such an evaluation tool: It is intended not just as a means of gathering information but also for use by an individual service user and their support worker, to help them define their own personal objectives and assess their progress towards them. In this regard the process of using the star, from the user's perspective, is not an add-on to the service, but part of it. The argument here is that this kind of process ensures that gathering information for evaluation is an empowering process, rather than something which is "done to" the user.

This is not to say there were not some who had reservations about the older people's outcomes star, and the outcomes stars more generally. Particular concerns surrounded the fact that few people understood exactly how they had been developed, and that some found that they were overly generic, and therefore were often adapted by organisations using them – thereby rendering the results less comparable between organisations.

However, there is a strong case for ensuring that measurement tools can “do more” than just measure. In particular they should:

- Provide information in a form that can be easily interpreted and used by the organisations delivering the service, so that they are able to change things as an intervention progresses, rather than only finding out after the event whether things are working
- Slot into, or ideally enhance, the service delivery
- Support the individual receiving the service to feel empowered and in control, rather than just making them feel measured.

7.3. The “L” word

One of the key issues to have come out in this project has been the ambivalent relationship between organisations who are interested in the issue of loneliness, and their willingness to use that word to describe the targets of their services.

Many service delivery organisations, in recognition of the social stigma around admitting to being lonely, and the inherently emotional nature of the condition, do not use the term “loneliness” in describing their services.

The stigma surrounding loneliness is also the subject of discussion in the academic community, with concerns around lack of common understanding of the term “loneliness” and reluctance to admit to being lonely among the drivers to the creation of multi item loneliness scales, which do not use the term but rather ask them about other thoughts and feelings which are understood to be components of loneliness.

Beyond this, there is a further group of organisations who are very interested in loneliness, but choose to “do business” in other terms for a range of reasons, including several funders, as discussed above (see page 12-13).

Perhaps it is not very important how organisations choose to *describe* their services as long as they *are* impacting loneliness and this can be measured. However, as we have noted above, at present many organisations are using other measures as proxies for measuring their impact on loneliness, without a strong evidence base that these measures are good proxies. Until service delivery organisations are able to clearly measure their impact on loneliness, it is possible that their efforts will be “missing the mark”.

To some extent developing a new tool which is easy to use in measuring impact on loneliness may help to alleviate some of the concerns around the sensitivity and stigma of loneliness, and encourage more organisations to explicitly acknowledge loneliness as a target of their work. However it is also clear that ongoing work will be needed to ensure that the broad interest in loneliness can be translated into an explicit desire to evaluate impact in this area.

Furthermore, given that it is perceived to be easier to measure impact on social isolation than loneliness, it would seem sensible to consider whether evidence about impact on social isolation can tell us anything about impact on loneliness. In essence this would mean assessing to what extent social isolation data can be used as a proxy for loneliness.

7.4. Links to costs

The feedback from several organisations – but particularly from commissioning bodies – was that demonstrating impact on loneliness per se is all very well, but demonstrating impact on “the bottom line” is crucial. Of course this may be one of the reasons that loneliness interventions are not measuring their impact on loneliness. Instead they may be busy gathering data on issues more directly linked to the bottom line – such as number of GP visits, or extent of care services used.

However it is clear that if the Campaign were to be able to quantify the potential cost savings linked to a reduction in an individual’s loneliness, then this would create a considerable incentive to measure impact on loneliness, and a significant interest in such data from amongst key commissioning bodies.

7.5. Is a common tool possible?

One of the main areas of disagreement which has emerged during the course of this project is whether it would be possible, or desirable, to develop a single

tool for use in measuring the impact of all loneliness interventions, or whether there will always be a plethora of measurement systems in place.

There is growing interest in the subject of shared measurement across the voluntary sector, and programmes such as the *Inspiring Impact* programme (mentioned above) are promoting these approaches. Furthermore in consultations funders showed significant interest in having more shared measurement tools across the sector, in order to enable comparison of different interventions across the sector.

Similarly, common measures of impact are likely to best serve the purposes of improving understanding of what interventions are most effective in tackling loneliness.

However, throughout this project, consultees from all backgrounds have emphasised that their expectations of the extent and rigour of evaluation processes differ from one project to the next. Different organisations are at different stages in their organisational development when it comes to evaluation and, for some, undertaking *any* impact measurement at all would be a big step. For this reason several organisations argued that it would be unrealistic for the Campaign to End Loneliness to develop a gold standard evaluation tool and expect all organisations to be in a position to take it up. These consultees argued that it would be most effective for the Campaign to develop a menu of options for organisations wishing to measure their impact on loneliness.

Others argued that a range of tools would be needed in order to recognise the wide range of types of interventions whose impact is to be measured. They argued that promoting one single tool for use across all services in contact with lonely individuals was simply unrealistic and overly rigid.

In discussions, particularly at the *Connect + Act* conference, most argued that whilst the Campaign should aspire to some broad aspects of uniformity in measurement there would always be a need for flexibility within measurement tools, to recognise the different targets and emphases of different interventions, and to allow tools to be flexed – for example to meet the needs of particularly vulnerable groups e.g. those with dementia.

7.6. Who should develop tools for measuring loneliness?

Another issue of controversy, which emerged during the course of this project, was who should lead the development of new tools to measure loneliness.

The tools that the Campaign to End Loneliness has endorsed to date – in particular the Gierveld multi item scale – have been developed by academics and are most often used in the context of population surveys.

Academically developed tools are based on a robust understanding of the nature of loneliness, and have been subjected to rigorous validation processes, and to considerable critique exposing clearly their strengths and weaknesses.

However some have argued that future tools should be developed from the grass roots up.

In developing the Homelessness Outcomes Star, and the related Older People's Outcomes Star, Triangle Consulting used what they describe as a 'bottom up' process based on Participatory Action Research¹⁴. And other tools which we have encountered in the course of this project have simply been developed on the basis of a "common sense" assessment of what is needed, rooted in individual service managers' understanding of their service and their clients.

It is clear that some research experts would not consider these tools to be very robust, as they have not been subjected to academic testing and validation (although Triangle consulting have taken steps to address this in relation to their outcomes stars, by setting out a framework through which they could be validated¹⁵). And this is important because if we want, in future, to be able to draw on an improved evidence base about what works in tackling loneliness, we need to ensure that academics undertaking future comparative studies and evidence reviews consider the tools in use by organisations on the ground to be credible, and are therefore able to draw on the results produced using them.

However, it is notable that, whilst most consultees agreed that tools used for measuring impact needed to be "robust", few emphasised the need for full academic validation. In addition, funders particularly emphasised a desire to see provider organisations involved in developing their own measurement tools.

¹⁴ <http://www.outcomesstar.org.uk/how-was-the-outcomes-star-deve/>

¹⁵ <http://www.outcomesstar.org.uk/validation/>

With the increasing emphasis amongst organisations working with older people on the importance of coproduction of solutions with their potential beneficiaries, the “top down” imposition of measurement models seems likely to be perceived as outdated.

However it would seem important that whatever tools are developed are externally validated. Particularly given that the more loneliness is understood as a health issue the more loneliness interventions may be commissioned by the same Clinical Commissioning Groups (CCGs) who are assessing medical interventions backed by data from randomised control trials and other clinical assessments.

Clearly therefore, there is a need to ensure that elements of both approaches are incorporated into the work that the Campaign takes forward. Discussions at *Connect + Act* backed the view that any future tools for impact measurement should be developed in collaboration with the organisations likely to use them. But there was also strong backing for involving the academic community to ensure that measurement systems were evidence-based and robust.

8. What should the Campaign to End Loneliness do next?

8.1. A new tool

The evidence gathered during the course of this project demonstrates clearly that there is room in the field for new tools to support service delivery organisations to measure the impact of their interventions on loneliness.

The main reasons for this gap are:

- The existing tools for measuring loneliness are not widely recognised, and are not well used.
- The tools which are available were not developed for, nor have they been tailored to, the service delivery context.
- There are a number of reasons to believe that these tools would not be fully effective in the service delivery context.
- The existing tools could not perform all of the different jobs that an evaluation tool needs to perform in the service delivery context.

Recommendation: The Campaign to End Loneliness should collaborate with individuals, service delivery organisations, funders, commissioners and research experts to develop a new tool (or toolkit) to support service delivery organisations to measure the impact of their services on loneliness.

Whilst considerable work would be needed to further scope and develop such a tool, a few key features are already clear.

The tool should:

- Be simple – it should be as straightforward and easy to use as possible.
- Be flexible – so that it can be used in a number of contexts.
- Produce comparable results – so that there is enough in common between the results produced in different environments, such that results can be compared.
- Be sensitive – so that the tool can be used with individuals who may be subject to social stigma about the issue of loneliness.
- Be practical – so that, ideally, using the tool is part of the intervention not an add-on to it.
- Be empowering – so that individuals whose loneliness is being assessed using the tool are able to own its results rather than feeling “measured”.
- Be valid – so that the results from the tool are respected by the academic, funder and commissioner communities and are seen as producing genuine evidence of impact.

Developing a new tool for use in the loneliness field will require grappling with a number of difficult questions. However two questions deserve particular focus:

- 1) Can a tool be developed which produces usable results even when no “baseline” result is established? In particular is there any way in which a retrospective question can be developed which produces useful information?
- 2) What is the role could objective information – such as counting social contacts – play in supporting impact measurement on loneliness? To what extent can social isolation be considered a proxy for loneliness?

Recommendation: The Campaign to End Loneliness should specifically investigate these two key areas.

8.2. First steps

It is clear that developing a new tool will require a collaborative effort.

The Campaign to End Loneliness should facilitate the process of developing a new tool by bringing together organisations with expertise in this field – in particular the Campaign can play a role in bridging the gap between service delivery organisations and research organisations so that these bodies can work together.

Service delivery organisations must be involved to ensure that tools are practical and usable, researchers must be involved to ensure that new tools are valid, and that the results they produce will be of use to the wider research community.

But another crucial group, which must be involved is, of course, older people and especially users of the services delivered by the Campaign's supporter organisations. This group's views will be particularly important in ensuring a tool is sensitive and empowering.

Recommendation: As a first step the Campaign to End Loneliness should bring together a group of interested parties to discuss the potential for a new tool, and to consider how each organisation can contribute to the development process. This group should include individuals, service delivery organisations, funders and commissioners, and research experts.