



## Appendices to the Campaign to End Loneliness Baseline Report

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***Our Vision: All older people can have meaningful connections  
(i.e. they have companionship, feel included & have a sense of belonging)***

***Rationale & Project Assumptions:***

Meaningful connections are a key route to reducing loneliness in older age, especially within the timescales of this programme (by 2020). Raising public awareness will help reduce the stigma associated with loneliness in older age. Changes associated with making this everybody's business can occur at all levels (local, national and UK-wide), including reaching, supporting and empowering lonely older people to make & sustain those connections.

***Project Mechanisms:***

- Local campaigns underpinned by coproduced action plans / workstreams
- Partnerships with local businesses leading to practical actions taken by them
- Locally responsive services/supports that reach out, engage & support lonely older people
- Different ways of mobilising & capturing acts of kindness
- Using the skills & assets of Advocates & Ambassadors
- A range of communications & public engagement activities (e.g. fayres)
- Evidence/research (also an enabler)
- Resource generation/capacity building (donations, fundraising)

***Enablers & Pre-conditions:***

- Local presence & profile
- Coproduction - local structures bringing key players & decision makers together
- Political commitment & buy-in
- Increased public awareness/understanding
- Attitudes to / propensity for kindness
- Responsiveness of local services & businesses
- Knowing what good looks like – access to resources and help to make it happen
- A community of interest, practice & learning (learning groups)
- Older people are valued as contributors & enablers

***Outcomes:***

1. Loneliness is everyone's business: in every community people are taking action
2. Loneliness is everyone's business: in every community, local businesses take action
3. Services & communities engaged in tackling loneliness have grown & improved; measured the changes they have achieved; & shared their learning
4. Local, national and UK wide strategies on ending loneliness have been created through effective collaboration at each level
5. Lonely older people have overcome social & psychological barriers to make & sustain meaningful connections

***Impact (longer term aims and wider changes):*** Stigma associated with loneliness has reduced; loneliness is everybody's business; there is a greater propensity for kindness; more people & communities take action to tackle loneliness

## Appendix 2 - Evidence Grid: Items included in the desk based review of existing evidence

Reference	Methods / Purpose	Key findings / messages
<p>Beaumont, J. (2013) Measuring National Well-being – Older People and Loneliness. Office for National Statistics</p>	<p>An analysis of the reported feelings of loneliness by older people in aged 52 and over using 2009–10 data from the English Longitudinal Study of Ageing (ELSA).</p>	<ul style="list-style-type: none"> <li>• A higher percentage of those aged 80 and over reported feeling lonely some of the time or often when compared to other age groups (46 per cent of those aged 80 and over compared to the average of 34 per cent for all aged 52 and over)</li> <li>• Those who report feeling lonely sometimes or often are much more likely to report a lower level of satisfaction with their lives overall.</li> <li>• Two in every five individuals who lived alone reported that they hardly ever or never felt lonely.</li> <li>• People who had been widowed, separated or divorced or those who were in poor health were more likely to report feeling lonely</li> <li>• There is a strong association between reported feelings of loneliness and reported limitations in performing daily activities.</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<ul style="list-style-type: none"> <li>• In all age groups a higher percentage of women than men reported feeling lonely some of the time or often, the differences were larger in the older age groups.</li> </ul>
<p>Thomas, J. (2015) Measuring National Well-being: Insights into Loneliness, Older People and Well-being. Office for National Statistics</p>	<p>Analysis of the personal well-being dataset for financial year ending 2015 and the Opinions and Lifestyle Survey financial year ending 2015 to explore characteristics and factors contributing to loneliness.</p>	<ul style="list-style-type: none"> <li>• 3 in 10 of those aged 80 or over report feeling lonely</li> <li>• Those who report feeling lonely are almost 10 times more likely to report low feelings of worth, over 7 times more likely to report low life satisfaction, and over 3 times more likely to report feeling unhappy than those who have low ratings of loneliness. They are also twice as likely to report feeling anxious.</li> <li>• People who live on their own are almost twice as likely to report feeling lonely.</li> <li>• Older people are more susceptible to the key risk factors for loneliness and to experiencing multiple risk factors at the same time. These include living alone, ill health, housing tenure, and relationship break up or loss.</li> <li>• The oldest old are most satisfied with their relationships with family and are more likely to have someone they can ask for help, compared with other age groups.</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<ul style="list-style-type: none"> <li>• 65 to 79 years olds are most satisfied with the relationships they have with friends, when compared with the working age population.</li> <li>• However, social participation declined with age – people aged 75 and over are least likely to say they have at least one close friend, and 1 in 4 reported meeting with friends, relatives and work colleagues less than once a week.</li> <li>• The authors suggest this seemingly contradictory findings could reflect the different expectations of different age groups.</li> </ul>
Age UK. Later Life in the United Kingdom. Age UK (2017)	Factsheet updated on a monthly basis	<p>2016 figures on isolation:</p> <ul style="list-style-type: none"> <li>• 9% of older people feel trapped in their own home</li> <li>• 41% of people aged 65 and over in the UK feel out of touch with the pace of modern life and 12% say they feel cut off from society</li> <li>• According to research for DWP, nearly a quarter (24%) of pensioners do not go out socially at least once a month</li> <li>• About 3.5 million older people live alone.</li> <li>• 70 per cent are women over 65</li> </ul>

Reference	Methods / Purpose	Key findings / messages
<p>Cacioppo, JT.; Patrick, W. Loneliness (2008) <i>Human Nature and the Need for Social Connection</i>. New York: W.W. Norton &amp; Company.</p> <p>Cacioppo JT, Hawkley LC, Ernst JM, Burleson M, Berntson GG, Nouriani B, et al. (2006) Loneliness within a nomological net: An evolutionary perspective. <i>Journal of Research in Personality</i>. 40:1054–1085.</p> <p>Cacioppo, JT.; Hawkley, LC. (2005) People thinking about people: The vicious cycle of being a social outcast in one’s own mind. In: Williams, KD.; Forgas, JP.; von Hippel, W., editors. <i>The social outcast: Ostracism, social exclusion, rejection, and bullying</i>. New York: Psychology Press; p. 91-108.</p>		<p>Loneliness has a function: humans require not simply the presence of others but the presence of others who value them, whom they can trust, and with whom they can communicate, plan, and work together to survive, prosper, and care for our offspring sufficiently long that they too reproduce.</p> <p>A biological construct, a state that has evolved as a signal to change behaviour – very much like hunger, thirst, or physical pain – that serves to help one avoid damage and promote the transmission of genes to the gene pool.</p> <p>An aversive signal that motivates us to become sensitive to potential social threats and to renew the connections needed to survive and prosper. When meaningful social connections are perceived as severed or unavailable, however, loneliness can produce deleterious effects on cognition and behaviour (Cacioppo &amp; Hawkley, 2005) that, in turn, increase the likelihood that loneliness becomes chronic (Cacioppo &amp; Hawkley, 2009; Young, 1982).</p>

Reference	Methods / Purpose	Key findings / messages
Cacioppo JT, Hawkley LC. (2009) Perceived social isolation and cognition. Trends in Cognitive Sciences. 13(10):447–454. [PubMed: 19726219]		
Cann P and Joplin K. Safeguarding the Convoy – a call to action from the Campaign to End Loneliness, Age UK Oxfordshire (2011)	A call to action and invitation for organisations to collaborate	<p>It is estimated that about 20 per cent of the older population is mildly lonely and another 8–10 per cent is intensely lonely.</p> <p>17 per cent of older people are in contact with family, friends and neighbours less than once a week, and 11 per cent are in contact less than once a month</p> <p>Nearly 200,000 older people in the UK don't get help to get out of their house or flat</p> <p>Over half (51 per cent) of all people aged 75 and over live alone</p> <p>Transitions in later life can trigger disadvantage, including: retirement, finding new ways to contribute after stopping work, deciding where to live, becoming a carer, developing care needs, being bereaved, journey towards death. Transitions can mean a loss of social and emotional connections, and lowered resilience.</p>
ICM Research: Christmas and Laughter Survey for Age UK (November 2011), 65+ UK (Unpublished)		Over 700,000 people aged over 65 in the UK report that they are lonely

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Harrop A and Jopling K. One Voice: shaping our ageing society. Age Concern and Help the Aged (2009)		6 per cent of older people leave their house once a week or less
Department for Communities and Local Government Household Projections to 2031, England, 2009		It is predicted that between 2008 and 2031 the increase in the number of 65-74 years olds living alone will be 44 per cent and the increase in those aged 75 plus living alone will be 38 per cent
<a href="http://www.rnib.org.uk/aboutus/research/statistics/Pages/statistics.aspx">http://www.rnib.org.uk/aboutus/research/statistics/Pages/statistics.aspx</a>		Sight loss – 1 in 5 people aged 75 plus and 1 in 2 people aged 90 plus and over are living with sight loss
Hearing Matters. Action on Hearing Loss. Action on Hearing Loss (2011)		Hearing problems – More than 70 per cent of people aged 70 plus and 40 per cent of people 50 plus have some form of hearing loss
Robertson J and Emerson E. Estimating the Number of People with Co-Occurring Vision and Hearing Impairments in the UK. Centre for Disability Research (2010)		Dual sensory impairment – There are currently 356 000 deafblind people in the UK and this number is set to increase by 60 per cent to 570,000 in 2030 with the over 70s most affected (they will make up 74 per cent of deafblind people in 2030)

Reference	Methods / Purpose	Key findings / messages
Sheffield Hallam. Older Carers in the UK. Carers UK (2007)		Caring – There are 1.5 million carers over the age of 60, many of whom have long-term health problems. There are almost 350,000 carers aged 75 and over and more than 8,000 aged 90 and over
The Missing Million: In search of the loneliest in our communities (2016) The Campaign to End Loneliness	Guide to help commissioners develop methods to identify people at risk of loneliness and help front-line service providers to better understand and respond to loneliness and engage in dialogue.	<p>There are an estimated one million, one hundred thousand people over the age of 65 who are chronically lonely in the United Kingdom</p> <p>Approaches to identifying loneliness: top-down, data-driven approach, and bottom-up local, hidden intelligence approach.</p> <p>How to apply these methods.</p> <p>Guide to constructive dialogue.</p>
The Missing Million: A Practical Guide to Identifying and Talking About Loneliness (2016) The Campaign to End Loneliness		<p>Summary of methods for identifying loneliness, including data driven approaches, community-asset and local intelligence, partnerships.</p> <p>Summary of approaches to engaging with older lonely people, including understanding loneliness, facilitating conversation, and providing support. Recommendations on how to best engage in dialogue with examples of effective and innovative approaches.</p>
Age UK / ONS Loneliness heat maps	Series of heat maps illustrating the	Built on analysis of key factors associated with an increased risk of loneliness:

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<a href="http://www.ageuk.org.uk/professional-resources-home/research/loneliness-maps/">http://www.ageuk.org.uk/professional-resources-home/research/loneliness-maps/</a>	relative risk of loneliness across 32,844 neighbourhoods in England.	Self-reported health status; household size; housing ownership; activities of daily living (ADLs); multiple eye conditions; marital status.
Goodman, A., Adams, A., and Swift, H.J. (2015) Hidden citizens: How can we identify the most lonely older adults? London: The Campaign to End Loneliness.	Meta review to identify who is most at risk, how interventions have identified and reached the most lonely individuals, summarise and evaluate current interventions. Followed by series of semi-structured interviews and focus groups with a range of stakeholders.	Factors and pathways into loneliness: <ul style="list-style-type: none"> <li>• Intrinsic: social group membership; personality; psychological response</li> <li>• Extrinsic: Personal circumstances; Environmental factors; life events, trauma and transitions</li> </ul> Approaches to identifying lonely people: <ul style="list-style-type: none"> <li>• Recognising complex interrelationships between variables and the range of events that lead to loneliness, important for identifying loneliness.</li> <li>• Mapping public health variables</li> <li>• Recognising and responding to stigma attached to loneliness</li> <li>• Mass media and mail outs</li> <li>• Word of mouth and personal recommendation</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<ul style="list-style-type: none"> <li>• Forming voluntary and statutory partnerships</li> <li>• Partnership with voluntary and community sector</li> <li>• Working with high street shops and facilities</li> </ul> <p>Approaches to identifying lonely people in need of greater support:</p> <ul style="list-style-type: none"> <li>• First Contact schemes</li> <li>• Agency-based referral schemes</li> <li>• Neighbourhood Network schemes</li> </ul> <p>Pathways out of loneliness:</p> <ul style="list-style-type: none"> <li>• Enhancing social support</li> <li>• Increasing opportunities for social interaction</li> <li>• Improving social skills</li> <li>• Addressing maladaptive cognition (e.g. social anxiety, lack of self-esteem)</li> </ul> <p>Characteristics of effective programmes:</p>

Reference	Methods / Purpose	Key findings / messages
		<p>Study identifies a range of good practice examples, but there was a general absence of information on the necessary infrastructure – from the role of an affordable and accessible transport system to developing an effective referral process – that should underpin the range of services that have developed to support older people experiencing loneliness. Accordingly, those interviewed were aware that many of the most socially isolated and lonely individuals were often the least well provided for.</p>
<p>Alone in the Crowd: loneliness and diversity. (2014) Campaign to End Loneliness and Calouste Gulbenkian Foundation UK.</p>	<p>Collection of essays exploring who experiences loneliness and the challenges they may face</p>	<p>Circumstances and characteristics that leave people vulnerable to loneliness – 10 stories of diversity and pathways to loneliness:</p> <ul style="list-style-type: none"> <li>• Alcohol abuse</li> <li>• Caring alone</li> <li>• Cancer</li> <li>• LGBT</li> <li>• Poor quality relationships with partners</li> <li>• Care homes</li> <li>• Race and ethnic minorities</li> <li>• Mental health</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<ul style="list-style-type: none"> <li>• Dementia</li> <li>• Deafblind</li> </ul>
<p>Jopling, K. (2015) Promising approaches to reducing loneliness and social isolation in later life. Age UK and The Campaign to End Loneliness.</p>	<p>Guide to the range of initiatives undertaken to tackle loneliness, informed by expert panel of older people, academics, leaders of service delivery organisations, policy thinkers, funders, commissioners and government experts, with supporting evidence from research literature.</p>	<p>High quality evidence demonstrating impact of interventions on loneliness has been lacking. A gap between what constitutes a ‘loneliness intervention’ as defined in academic literature and those involved in delivering interventions: <i>“The approaches in which most experts saw promise were not the lunch clubs, social groups, and befriending schemes that have most commonly been evaluated in previous studies. Instead experts focused on two other types of approach, including services that worked with individuals at the stage before they started to access lunch clubs, book groups, etc; and approaches that were less centred on the individual and more about the way in which a community responds to the challenge of loneliness.”</i> Hence the report offers a new framework for understanding loneliness interventions.</p>
<p>de Jong Gierveld, J, Fokkema, T, Van Tilburg, T. (2011)</p> <p><i>Alleviating loneliness among older adults: possibilities and constraints of interventions.</i></p>		<p>Differentiates loneliness from social isolation. Social isolation refers to objective characteristics of a situation and absence of relationships with others. Loneliness reflects an individual’s subjective evaluation of their situation, and a mismatch between the quality and quantity of existing relationships and relationship standards.</p>

Reference	Methods / Purpose	Key findings / messages
		<p>Most research focusses on 3 routes to alleviating loneliness:</p> <ul style="list-style-type: none"> <li>• reducing the perceived discrepancy between actual and desired relationships by increasing the number and quality of the relationships to the desired level;</li> <li>• reducing the perceived discrepancy by decreasing the standards held for relationships to the level of reality;</li> <li>• reducing the perceived discrepancy by reducing the effect of the discrepancy, e.g. by accepting these feelings or by seeing loneliness in perspective.</li> </ul> <p>Effectiveness of loneliness interventions:</p> <p>Researchers investigated effectiveness of 18 interventions. Half were oriented towards an individual approach, and half towards group-oriented approaches. Two projects were successful in their mission of alleviating loneliness. Researchers concluded that volunteer organisations and professionals had been too optimistic regarding the possibilities of addressing loneliness.</p> <p>Other conclusions:</p> <ul style="list-style-type: none"> <li>• in starting the interventions, organisations failed to thoroughly examine the loneliness problem – asking, for example, to what extent people suffered from feelings of</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<p>emotional and social loneliness and which factors gave rise to this situation</p> <ul style="list-style-type: none"> <li>• in most cases a careful weighing of pros and cons of the planned intervention did not take place; only one possible intervention was considered</li> <li>• in planning and organising the interventions, project leaders did not profit from the knowledge of interventions as available in other organisations</li> <li>• interventions were almost exclusively oriented towards broadening the social network of the participants and, hence, were predominantly oriented towards alleviating social loneliness.</li> </ul>
<p>Measuring your impact on loneliness in later life. (2015) The Campaign to End Loneliness.</p>	<p>Guidance and information on choosing and using a scale to measure the impact of services on loneliness in older age.</p>	<p>Presents a summary of scales for addressing loneliness:</p> <ul style="list-style-type: none"> <li>• Campaign to End Loneliness Measurement tool</li> <li>• De Jong Gierveld Measurement Tool</li> <li>• UCLA Loneliness Scale</li> <li>• Single-item scales</li> </ul> <p>Considerations when selecting a scale include:</p>

Reference	Methods / Purpose	Key findings / messages
		<ul style="list-style-type: none"> <li>• Number of items or length</li> <li>• Use of negative or positive wording</li> <li>• Whether developed for researchers or services</li> <li>• Need for academic rigour, sensitivity, simple scoring system, distinguish between social and emotional loneliness</li> </ul>
<p>Campaign to End Loneliness Evaluation Summary Report: interviews with health and well-being boards (2015) Charities Evaluation Service</p>	<p>Interviews with 22 representatives from local authorities across England, targeting authorities who had appeared to have recently increased their action around tackling loneliness and social isolation.</p>	<p>The Campaign was influential in prompting authorities to look at loneliness for the first time or to increase their work on loneliness and social isolation, either through the local authority ranking by the Campaign, through reading the Campaign’s publications, or through raised awareness.</p> <p>Other factors had also influenced changes to their work on loneliness:</p> <ul style="list-style-type: none"> <li>• evidence of local need, for example demographic change, collected by the local authority as part of their needs assessment</li> <li>• an increased focus on preventative work as a means to reduce demand on other services, and therefore save money</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<ul style="list-style-type: none"> <li>• the integration of health and social care and a more holistic view of people’s needs</li> <li>• councillors or senior staff prioritising the issue.</li> </ul> <p>The types of work being done by local authorities to address loneliness and social isolation that were more commonly mentioned were:</p> <ul style="list-style-type: none"> <li>• assessing needs or gathering other information</li> <li>• changing commissioning to be more based on needs and/or based in the community</li> <li>• centralising and/or joining up information on local services and improving coordination between these services.</li> </ul> <p>Over half of interviewees mentioned that additional funding had gone into their work on loneliness and social isolation since 2011, mainly used to support the voluntary sector to deliver community-based services.</p>
Campaign to End Loneliness Impact Report: (2017) Charities Evaluation Service		A headline finding is that the Campaign is inspiring people to act, and it is credited with increasing public awareness of the issue.

Reference	Methods / Purpose	Key findings / messages
		<p>Supporters told us that the resources provided by the Campaign – particularly the evidence base around loneliness – saves them time and help them get credibility and support for their own work on loneliness.</p> <p>A catalytic role - Almost half (48%, n=481) of all survey respondents, both individual and organisational supporters, said that they had done more to reduce loneliness in older people as a result of contact with the Campaign; 28% were already working on the issue.</p> <p>Headline finding – the campaign is improving the way people work to tackle loneliness in old age. Supporters report improved partnership working and more contacts. - part of a growing appreciation of Campaign messages about the need for a joined-up, holistic approach at a local level.</p> <p>Supporters using research and evaluation, using data to identify people and better meet their needs. But, there has perhaps been less progress in terms of supporters measuring loneliness. This may be in part due to a relatively low awareness as yet of the Campaign’s measurement guidance among supporters, or a lack of wider evaluation skills in the supporter group, which is outside of the Campaign’s control.</p>

Reference	Methods / Purpose	Key findings / messages
		<p>Resources stimulating and support local campaigning – local positive outcomes = policy change, increased action on loneliness.</p> <p>Influencing local authorities - Campaign research shows that 80% of HWBs (health and wellbeing boards) have made a commitment to loneliness in some form of strategy; 63% have it in their HWB strategies. This has increased since 2013. Helping them validate their loneliness work, collect data on need and work better with local providers and existing services.</p> <p>Influencing number and quality of loneliness services.</p>
Loneliness – the state we’re in. A report of evidence compiled for the Campaign to End Loneliness (2012). Age UK.		
Tackling Loneliness in Older Age – The Role of the Arts		<p>Older people need a broad range of opportunities and activities to help tackle loneliness. These can include care and befriending support, but just as important are opportunities that connect them to their communities, such as faith, learning, fitness, leisure and cultural activities.</p> <p>The arts are an effective way to tackle loneliness but can be overlooked by older people’s services.</p>

Reference	Methods / Purpose	Key findings / messages
		<p>The arts exemplify the ‘five ways to wellbeing’: connect; be active; keep learning, take notice and give.</p> <p>Feeling valued, creative expression, using skills and engaging with other older people all build friendships and enhance feelings of well-being which strengthens resilience in tough times.</p> <p>Commissioners and organisations serving older people should support the arts as part of a spectrum of activities to tackle loneliness and poor quality of life in older age.</p> <p>Artists and arts organisations should be alive to the social dimension of their practice in working with older people</p>
<p>SCIE Research briefing 39: Preventing loneliness and social isolation: interventions and outcomes (2011) SCIE</p>		<ul style="list-style-type: none"> <li>• People who use befriending or Community Navigator services reported that they were less lonely and socially isolated following the intervention.</li> <li>• The outcomes from mentoring services are less clear; one study reported improvements in mental and physical health, another that no difference was found.</li> <li>• Where longitudinal studies recorded survival rates, older people who were part of a social group intervention had a greater chance of survival than those who had not received such a service.</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<ul style="list-style-type: none"> <li>• Users report high satisfaction with services, benefiting from such interventions by increasing their social interaction and community involvement, taking up or going back to hobbies and participating in wider community activities.</li> <li>• Users argued for flexibility and adaptation of services. One-to-one services could be more flexible, while enjoyment of group activities would be greater if these could be tailored to users' preferences.</li> <li>• When planning services to reduce social isolation or loneliness, strong partnership arrangements need to be in place between organisations to ensure developed services can be sustained.</li> <li>• Research needs to be carried out on interventions that include different genders, populations and localities.</li> <li>• There is an urgent need for more longitudinal, randomised controlled trials that incorporate standardised quality-of-life and cost measures.</li> </ul>

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<p>Kinder Communities: The power of everyday relationships (2016) Carnegie UK</p>	<p>Explores evidence of the impact of kindness on people’s wellbeing and communities. Addresses issues of community empowerment and develops a theory of change. Explores what is currently happening to strengthen everyday relationships and kinder communities.</p>	<ul style="list-style-type: none"> <li>• Hypothesise that everyday relationships and kindness are necessary pre-requisites for other types of community activity, such as volunteering and civic engagement – infrastructure of connections. Interactions between individuals underpin community participation and a sense of social capital.</li> <li>• Working with 7 partnerships to develop practical approaches to encourage kinder communities</li> <li>• Emphasis of project is on implications for disadvantaged communities – structural inequality impacts negatively on social capital, but it can be built and have a positive impact on the community. Concern with genuine community empowerment – shift from welfare dependency. Concepts of everyday relationships and kindness can generate wellbeing and foundations for change.</li> <li>• Enablers and barriers in maintaining everyday relationships and capacity to act in kindness fall into 3 broad categories: structural inequality; history and culture and individual experience.</li> <li>• Neighbourhoods with similar characteristics can have very different infrastructures, values and atmospheres, even</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<p>where levels of inequality are similar, and these will shape nature of loneliness and isolation.</p> <ul style="list-style-type: none"> <li>• Professionalization of care – emphasis on services rather than neighbours helping each other out.</li> <li>• There is an unequal confidence among communities to create change and engage – this is a key challenge in developing intrinsic values such as community and caring for one another.</li> <li>• Stories and narratives about place shape our responses to other individuals.</li> <li>• Kindness and connections are distinct; kindness does not necessarily follow from making connections.</li> <li>• Role of assets and social amenities – GoWell study finds that migrants report higher rates of using social amenities like parks, libraries and community centres, but have lower levels of trust in informal social control, speaking and exchanging things with neighbours, and a sense of belonging. <i>“We need to think carefully about what kinds of places encourage connections and for whom.”</i></li> <li>• The RSA Connected Communities (Morris &amp; Gilchrist, 2015) project identifies that it is not necessarily the</li> </ul>

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		<p>number of connections that are important but being able to make sense of those connections which is important. They also reflect that lack of diversity in networks is damaging. - tension of shared purpose bringing people together but being excluding to others and creating inherently weak networks.</p> <ul style="list-style-type: none"> <li>• Voluntary initiatives tend to evolve into a service provider in order to meet gaps in supply. Therefore, a fine balance between the need for organisation vs the evolving organisation “stifling” the informal person to person contact that it was intended to create and nourish.</li> <li>• Boundaries provided through an organisation can mitigate risks for individual – e.g. befriending. They can get out if the relationship isn’t working.</li> <li>• Northern Ireland context: transfer of power to local politicians following Good Friday agreement and boom in community funds took away power from civil society that had until then played an important and active role.</li> <li>• Layer of (asset-based) development work to reframe thinking, use a positive approach, demonstrate that change is possible, develop a common agenda, appreciate</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<p>what people want from the approach, build relationships and make connections.</p> <ul style="list-style-type: none"> <li>• Importance of individual psychology and resilience in shaping social capacity.</li> </ul>
<p>The Place of Kindness: Combatting loneliness and building stronger communities (2017) Carnegie UK</p>	<p>Tested and developed Theory of Change – what matters in promoting kindness and strengthening relationships, and with what outcomes? What is getting in the way?</p>	<ul style="list-style-type: none"> <li>• Context (structural inequality, history and culture, and individual experience) matters – difficult to imagine practical steps which would work equally well in different circumstances.</li> <li>• Place: places provide opportunities to interact and their nature – welcoming, warmth – impacts ability to connect. Kindness and connection and be inhibited by design.</li> <li>• Buildings / civic spaces i.e. community centres matter, but people make places, creating accessibility and welcome. This is impacted by agenda, decision making and attitudes of staff or people managing the space.</li> <li>• Opportunity to interact: low level interactions, such as a chat or greeting, can make a difference to daily quality of life for people who might otherwise be lonely or isolated. Contribute to ‘background emotions’ – familiarity, comfort, trust – and also act as building blocks for more substantial and significant interactions. However, these</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<p>don't automatically create kindness, and informal engagement involves taking risks.</p> <ul style="list-style-type: none"> <li>• Values: people are missing a sense of community spirit with change in values following economic and social change.</li> <li>• Wellbeing: evidence on connection between relationships and wellbeing is strong, but kindness and positive relationships are not enough in themselves to create wellbeing: <i>"it is hard to see how far it [kindness] can impact in circumstances which reflect the impact of adverse childhood experiences, poverty, deprivation, austerity, neighbourhood hostility, addiction and inadequate responses from the state."</i> There are limitations to community where improvements in incomes, housing and health outcomes are needed.</li> </ul> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Personal risk: There is a risk of getting involved in difficult situations, of being asked to give too much, of being seen as needy or even of being rebuffed. People deal with the risk by seeking more formal routes to engagement.</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<ul style="list-style-type: none"> <li>• Regulation: Often we have seen a lack of confidence in interpreting regulation in relation to specific situations as a barrier rather than the regulations in themselves – a culture of asking ‘can we’?</li> <li>• Professionalism and leadership: increasing transfer from informal to formal structures creation of hierarchy and process to manage risk. Notions of professionalism shapes what we value in staff and leaders. Decisions made for rather than with the community.</li> <li>• Performance management: measuring what we can rather than what matters - focus on narrow outcomes.</li> </ul>
<p>Haslewood, I., A summary of recent research on everyday help and kindness (2016) Joseph Rowntree Foundation.</p>		<ul style="list-style-type: none"> <li>• Everyday ‘mundane’ and practical help is often unnoticed, but can have important emotional consequences. Interactions such as help can create, sustain, and sometimes erode relationships.</li> <li>• Powerful and complex emotions and moral considerations are attached to giving and receiving everyday help, including the expectation of reciprocity. People strive for balance between vulnerability and dignity. Rigid notions of self-reliance and independence can impede people’s ability to ask for or accept help.</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<ul style="list-style-type: none"> <li>• There are different strategies and practices to manage those complexities, including giving help ‘by the by’, minimising the effort involved, making help appear as some other activity</li> <li>• Everyday help is shaped by characteristics of places, opportunities are created or restricted. Perceived image of a place or neighbourhood, attachment to place, and shared narratives about place also have a role. These are mechanisms of inclusion or exclusion.</li> <li>• The middle-layer – groups, organisations and associations – between formal service provision and informal person-to-person help. Connect diverse strands of the community and social networks, through shared interest.</li> <li>• Research has insights into how everyday kindness and help can happen, and cultivating the conditions. These can be incorporated into the design of activities and services, ensuring that these ‘go with the grain’ of how everyday help and support actually works in practice.</li> </ul>
Talking to Strangers: why you don't do it and why you should – current research by Gillian	Research examining how seemingly insignificant social interactions with strangers can	Paradox: People find it hard to make friends, and suffer emotionally and physically from a lack of belonging.

Reference	Methods / Purpose	Key findings / messages
Sandstrom, Lecturer in Social Psychology at the University of Essex	influence and improve well-being.	<p>Two research questions: (1) What benefits do people get from talking to strangers? (2) What prevents people from talking to strangers more often?</p> <p>Conclusions explore next steps in investigating how more conversations can be encouraged. This relates to questions around:</p> <ul style="list-style-type: none"> <li>• What makes people less worried before an interaction and how can fear be targeted or counteracted</li> <li>• What makes people enjoy an interaction more</li> <li>• Providing a selfish or prosocial motivation for talking to strangers</li> </ul>
Anderson, S., Brownlie, J., and Milne, E.J. (2015). The Liveable Lives Study: understanding everyday help and support. Joseph Rowntree Foundation.		<ul style="list-style-type: none"> <li>• Key learning was that participants benefitted from taking part in the study. Keeping a journal of and just noticing small acts of kindness gave them new insights into their relationships with others. Some realised they were more connected than they thought. Leads people to think about and potentially change their behaviour.</li> <li>• Importance of distinctive history, the 'story' of a place, myth, reputation e.g. the reputation of Glasgow as a historically friendly place shapes Glaswegian behaviour.</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<ul style="list-style-type: none"> <li>• Focus on ‘middle layer’ between interpersonal and formal service delivery. They note that when staff transcend their formal roles there is the greatest scope for small acts of kindness and relationships of support to emerge. Such behaviour can be seen as risky in detracting from core purpose but also as congruent with good service. Example of Tesco – importance as a community hub in one Glasgow community, with staff going out of their way to help and support the community. This is significant because we tend to think of public amenities such as community centres as places where we make connections.</li> <li>• <i>“Organisations often assume that public trust in them will be bolstered by tight control of risk and adherence to procedure” but “a highly procedural approach can also have the effect of reducing the scope for the development of social trust.”</i> What are the lessons for public services? How can they make a shift towards flexibility and human response vs procedure? Kindness could have a place within a formal role, in the right conditions.</li> </ul>
Changing Social Ties: Community, Family and Friendship in a Digital Age, current research by		Social and personal ties are undergoing significant changes in western societies, provoking public anxieties that traditional associations of family, neighbourhood and community are fragmenting. It is in this context of social change that care,

Reference	Methods / Purpose	Key findings / messages
Deborah Chambers, Professor of Media and Cultural Studies, Newcastle University		responsibility and acts of kindness are redefined, articulated, and conveyed.
Kindness UK	Online kindness survey	<a href="http://kindnessuk.com/questionnaire.php">http://kindnessuk.com/questionnaire.php</a> No data available – no indication that this will be available as yet
'Another type of prescription: The impact of kindness on health and well-being' Kindness UK		<ol style="list-style-type: none"> <li>1) Health benefits from being kind.</li> <li>2) The role kindness has in the medical profession.</li> <li>3) The origins of relevant treatments, for example grounding in Buddhist practices and the effectiveness of such initiatives.</li> <li>4) Any related virtues, such as empathy and compassion with the same objective as above.</li> </ol>
Egan, M., & Lawson, L. (2012). Residents' lived realities of transformational regeneration: Phase 1 findings. GoWell.		Residents in 3 high rise estates in Glasgow often attribute health problems to adverse relationships and whilst they welcome changes in physical living conditions believe improving relationships in their community would have more impact
Dodds, S. (2016). Social Contexts and Health. Glasgow Centre for Population Health.		<p>An ageing population and an increase in single adult households – estimated to be the majority – 55% in Glasgow by 2037</p> <p>Giving support can be as important to wellbeing as receiving.</p>
Telfer, S. (2015). How well do you know your neighbours? Joseph Rowntree Foundation.	<i>"This isn't a formal project. There was no budget and no</i>	'one thing I hadn't expected was that being a good neighbour is as much about receiving as giving'

Reference	Methods / Purpose	Key findings / messages
	<p><i>plan, no objectives, no evaluation. It's one person working things out as she goes along."</i></p>	
<p>AHRC. (2016). Representing Communities: Developing the Creative Power of People to Improve Health and Wellbeing, Emergent Findings 2013-2016. AHRC.</p>		<p>Explored how people in Dennistoun, an area to the east of Glasgow city centre, understand the relationship between stories of place and personal narrative and identify eight tropes: violence, friendliness, culture, sickness, disconnection, working class, male dominant, beauty.</p>
<p>Scottish Government. (2016). Creating a Fairer Scotland: What Matters to You? A summary of the discussion so far. Scottish Government.</p>		<p>People want to have more trust and respect for one another.</p>
<p>Oldenburg, R. (1999). The Great Good Places.</p>		<p>'Third places' are essentially the places which are not home, or work and provide the spaces in which we make connections</p>
<p>Courtin, E. and Knapp, M., 2017. Social isolation, loneliness and health in old age: a scoping review. <i>Health &amp; social care in the community</i>, 25(3), pp.799-812.</p>	<p>Explores existing evidence around health and wellbeing consequences of loneliness and isolation and identify gaps in the evidence base.</p>	<p>The evidence is largely US-focused, and loneliness is more researched than social isolation. A recent trend is the investigation of the comparative effects of social isolation and loneliness. Depression and cardiovascular health are the most often researched outcomes, followed by well-being. Almost all (but two) studies found a detrimental effect of isolation or loneliness on health. However, causal links and mechanisms are</p>

Reference	Methods / Purpose	Key findings / messages
		<p>difficult to demonstrate, and further investigation is warranted. We found a paucity of research focusing on at-risk sub-groups and in the area of interventions. Future research should aim to better link the evidence on the risk factors for loneliness and social isolation and the evidence on their impact on health.</p>
<p>David McDaid, Annette Bauer and A-La Park (2017) Briefing Paper: Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review. PSSRU, LSE</p>	<p>Systematic review of cost effectiveness of interventions to address loneliness.</p>	<p>50 papers included in review, half of them set in the UK – there are quality studies that have looked at cost-effectiveness of loneliness and these show a strong level of cost-effectiveness and / or positive return on investment. But there have been very few attempts to assess economic benefits of addressing loneliness.</p> <p>Studies included are concerned with befriending, both face to face and telephone services; participation in social and healthy lifestyle activities; and signposting/ navigation services that help identify and match individuals with activities that they find to be of interest.</p> <p>Loneliness was not the primary outcome measure in any of the reviewed studies – none reported a change in cost per loneliness score, measured using a valid instrument.</p> <p>Methodologies used included conventional economic evaluation (CE / CUA) and return on investment. SROI tends to monetise subjective concepts such as the value of developing new friendships, rather than changes to use of health and social care,</p>

Reference	Methods / Purpose	Key findings / messages
		<p>which is different from the costs and benefits typically used to make the case to commissioners, which focus on resource impacts.</p> <p>Economic case for befriending activities was mixed – evaluations showed both highly cost effective and highly cost ineffective interventions. Mixed picture on benefits of participation in social activities. Recent modelling work suggests that signposting / navigation services have the potential to be cost effective, with one analysis generating a very conservative positive return on investment of between £2 and £3 per £1 invested.</p> <p>Recommendations to strengthen evidence base:</p> <ul style="list-style-type: none"> <li>• Research commissioners should encourage evaluations to include economic analysis</li> <li>• Economic analyses should consider the impact of changes in loneliness not only on health but also other sectors, e.g. social care services, as well as society.</li> <li>• Evaluations should consider identifying additional economic impacts on any volunteers delivering loneliness alleviation programmes</li> </ul>

Reference	Methods / Purpose	Key findings / messages
		<ul style="list-style-type: none"> <li>• Evaluations should consider reporting return on investment to the public purse in addition to costs per reduction in loneliness achieved</li> <li>• Be conservative and cautious when using the social return on investment approach because of the uncertainty of costs.</li> <li>• Evaluations should increase the focus on measures to increase social participation</li> <li>• Evaluations should make use of modelling approaches to increase the evidence base</li> <li>• Research is needed to better understand how loneliness scores can be mapped onto quality of life</li> </ul>
<p>Masi, CM et al. (2010) 'A Meta-Analysis of Interventions to Reduce Loneliness', <i>Personality and Social Psychology Review</i>, 15(3): 219-266</p>	<p>Meta-analysis exploring effects of intervention strategies for loneliness.</p>	<p>Although previous reviews suggested that certain interventions can reduce loneliness, the results were mixed and a significant number of interventions were not associated with loneliness reduction.</p> <p>The <i>first</i> criterion for inclusion in the meta-analysis was that the intervention had to directly target loneliness.</p>

Reference	Methods / Purpose	Key findings / messages
		<p>The <i>second</i> criterion was that the intervention effect had to be measured and reported quantitatively to enable the calculation of effect size.</p> <p>The <i>third</i> criterion was that each study had to report original data not reported in another paper to avoid inflating effect sizes.</p> <p>Of the 50 interventions, 12 were single group pre-post studies, 18 were non-randomized group comparison studies, and 20 were randomized group comparison studies.</p> <p>In sum, meta-analysis of the single group pre-post studies revealed that the interventions appeared to be highly effective in reducing loneliness.</p> <p>Studies that measured loneliness with the UCLA Loneliness Scale on average reported greater effect sizes than studies that used other loneliness measures. The reason for this may be uninteresting. Of the 50 studies analyzed, 6 were from the Fokkema &amp; van Tilburg (2007) paper. All of these studies used the De Jong Gierveld Loneliness Questionnaire and all were solicited from diverse public and private organizations as pilot studies, in contrast with the more focused professionally-led studies that used the UCLA Loneliness Scale. Many of the latter found large effect sizes, especially among the single group pre-post studies.</p>

Reference	Methods / Purpose	Key findings / messages
		<p>In sum, meta-analysis of the non-randomized group comparison studies suggested a significant intervention effect on loneliness. Utilization of technology had a moderating effect on effect size independent of effect size differences associated with gender, age, and type of loneliness measure used.</p> <p>In summary, meta-analysis of the randomized group comparison studies revealed a small but significant effect of the interventions on loneliness.</p> <p>Of note, interventions which addressed maladaptive social cognition had a sizeable mean effect compared to the other intervention types.</p> <p>Five of the six prior reviews, all of which were qualitative, concluded that certain interventions could reduce loneliness, although each review concluded that increased rigor was needed in evaluation of loneliness interventions.</p> <p>By this criterion, our meta-analysis suggests certain interventions, particularly those which use cognitive behavioral therapy, can reduce loneliness.</p>

Reference	Methods / Purpose	Key findings / messages
		<p>A second reason why results of pre-post studies should be viewed with caution is that loneliness may serve its adaptive purpose and motivate reconnection with others such that the group, on average, improves over time without intervention.</p> <p>Are there particular intervention types, formats, modes, or population characteristics that make some interventions more likely to succeed than others? Authors have suggested that interventions that enhance opportunities for social interaction via group activities or group-based interventions tend to be more successful (Cattan &amp; White, 1998; Cattan, White, Bond, &amp; Learmouth, 2005). However, simply bringing lonely people together may not result in new friendships because the thoughts and behaviors of lonely individuals makes them less attractive to one another as relationship partners (Jerrome, 1983; Stevens, 2001). To determine whether group-based interventions or other interventions characteristics moderated study efficacy, effect sizes in each study design group were first subjected to a test of homogeneity.</p> <p>An important finding of the randomized group comparison studies is that the four interventions that addressed maladaptive social cognition yielded greater reductions in mean loneliness scores compared to the other intervention types. Although none</p>

Reference	Methods / Purpose	Key findings / messages
		of studies that addressed social cognition utilized precisely the same intervention, all included a form of cognitive behavioral therapy or psychological reframing.
<a href="http://www.psychologytoday.com/blog/positive-psychology-in-the-classroom/201302/the-positive-psychology-kindness">www.psychologytoday.com/blog/positive-psychology-in-the-classroom/201302/the-positive-psychology-kindness</a>		Ways of generating kindness- but with young people. Notice and recognise kindness between people/ teach empathetic awareness.
<a href="http://www.psychologytoday.com/blog/ambigamy/201606/random-acts-kindness-can-be-dangerous">www.psychologytoday.com/blog/ambigamy/201606/random-acts-kindness-can-be-dangerous</a>		The kindness spectrum- empathy, compassion, sympathy, charity. Personality as influencing some individual differences.
<a href="http://www.scientificamerican.com/article/kindness-emotions-psychology/">www.scientificamerican.com/article/kindness-emotions-psychology/</a> Dachner Keltner- Book- Born to be good: the science of a meaningful life		Neurological/ biological causes! Our research and that of other scientists suggests that the vagus nerve may be a physiological system that supports caretaking and altruism. We have found that activation of the vagus nerve is associated with feelings of compassion and the ethical intuition that humans from different social groups (even adversarial ones) share a common humanity. People who have high vagus nerve activation in a resting state, we have found, are prone to feeling emotions that promote altruism—compassion, gratitude, love, happiness. Arizona State University psychologist Nancy Eisenberg has found that children with elevated vagal tone (high baseline vagus nerve activity) are more cooperative and likely to give. This area of study is the beginning of a fascinating new argument about

Reference	Methods / Purpose	Key findings / messages
		altruism—that a branch of our nervous system evolved to support such behaviour.
<a href="http://www.psychologytoday.com/blog/questions-character/201603/what-makes-person-kind">www.psychologytoday.com/blog/questions-character/201603/what-makes-person-kind</a>		Summary of the research on what makes individuals kind. Interaction between personality, environment and motivations...not clear. Agreeableness the most influential personality trait related to kindness.

### Local sources

Reference	Methods / Purpose	Key findings / messages
Well-being of Wales 2016-17	Report on progress against 7 wellbeing goals of Future Generations Act	<p>Future Generations Act has 7 wellbeing goals with 47 indicators. Loneliness is an indicator of:</p> <ul style="list-style-type: none"> <li>- Goal 3: A healthier Wales</li> <li>- Goal 4: A more equal Wales</li> <li>- Goal 5: A Wales of Cohesive Communities.</li> </ul> <p>Highlights findings from the National Survey for Wales:</p> <ul style="list-style-type: none"> <li>- 17% of people in Wales are lonely</li> </ul>

		<ul style="list-style-type: none"> <li>- People of working age (16 to 64) are more likely to be lonely, than those aged 65 or over.</li> <li>- People in material deprivation were more likely to feel lonely (37 per cent of those in material deprivation, compared with 14 percent of people who aren't in material deprivation)</li> </ul>
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### Approaches to evaluation of awareness raising campaigns

Theme / element	Source	Approaches
Measuring changes to attitudes	Attitudes to Mental Illness 2014 Research Report, Prepared for Time to Change – April 2015 TNS BMRB	<p>Survey methodology:</p> <ul style="list-style-type: none"> <li>- Monitoring change in public attitudes towards mental illness over time. reports on changes over a 10-year period – surveys repeated annually (every 3 years between 1997 - 2003)</li> <li>- Survey of c. 1700 adults (16+) in England carried out in people's homes under TNS face to face Omnibus. Funded by Department of Health and the NHS.</li> </ul>

		<ul style="list-style-type: none"> <li>- Sample generated by random location methodology – sample points representative by rural / urban classification. Quotas for male and female respondents.</li> <li>- Series of agree / disagree statements about mental illness.</li> <li>- Topics: descriptions of people; relationships with people; personal experience; perceptions of stigma and discrimination; fear and exclusion; understanding and tolerance; mental-health related knowledge; integrating into the community; causes and need for special services; reported and intended behaviours; stigma and campaign / advertising awareness.</li> </ul>
Outcomes and framework	Evaluation of the Time to Change programme in England 2008-2011	<p>TTC is largest ever programme in England designed to reduce stigma and discrimination against people with mental health disorders. The TTC evaluation partner is the Institute of Psychiatry at King’s College London.</p> <p>Target outcomes:</p> <ul style="list-style-type: none"> <li>i) significantly increased public awareness of mental health (an estimated 30 million English adults would be reached), a 5% positive shift in public attitudes towards mental health problems and a 5% reduction in discrimination by 2012;</li> </ul>

		<p>ii) 100 000 people with mental health problems to have increased knowledge, confidence and assertiveness to challenge discrimination by 2012;</p> <p>iii) provision, through physical activity, of greater opportunities for 274 500 people with a range of mental health problems to come together, both to break down discrimination and to improve well-being, by 2012.</p> <p>Aimed at general population and specific target groups – identified by people with experience of mental illness.</p> <p>Evaluation based on a conceptual framework that understands stigma as consisting of difficulties of knowledge (ignorance or misinformation), (attitudes (prejudice) and behaviour (discrimination). Changes in attitudes measured every year. Since inception, the survey has used a shortened list of items from the Community Attitudes toward the Mentally Ill (CAMI) scale and the Opinions about Mental Illness Scale, based on research from Canada. Between 2008 and 2011, we also developed and from 2009 added the Mental Health Knowledge Schedule (MAKS) and the Reported and Intended Behaviour Scale (RIBS) to the pre-existing attitude questions, in line with our conceptual model.</p> <p>Progress towards reduction of discrimination also measured via annual survey from 2008 to 2011 of discrimination as</p>
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		<p>experienced by people using mental health services across England ('Viewpoint'), using the Discrimination and Stigma Scale.</p> <p>Analysis of press coverage – content analysis</p> <p>Changes to employer's attitudes and knowledge arising from use of TTC online resources, which explained good practice in the field of employment and health, and the rights of employees with mental health problems – also explored via survey.</p> <p>Social marketing campaign activity 2009 - 2011:</p> <p>Burst 1 / 2 – key messages addressing knowledge important in reducing stigma e.g. MIH is common and people can lead meaningful lives.</p> <p>Bursts 3 / 4 – addressed prejudicial attitudes – effects of exclusion and stigma</p> <p>Bursts 5 / 6 – addressed behaviour change i.e. we can all do something to help people with mental illness, such as maintaining social contact</p> <p>Selected knowledge, attitudes and behaviour questions from the three measures used in the Attitudes to Mental Illness survey were used to evaluate the impact of each burst on the pre-identified targeted demographic group of people aged 25-45 years in middle-income groups.</p>
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		<p>Strengths and limitations:</p> <ul style="list-style-type: none"><li>- annual measurement of discriminatory experiences on the part of those using mental health services, rather than only evaluating public knowledge / attitudes</li><li>- comprehensive – including content analysis of press coverage</li><li>- informed by people using mental health services in development and administration of new measures</li><li>- Attribution – inability to determine exact contribution of TTC to reported changes in attitudes</li></ul>
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## Appendix 3 – CtEL Evaluation Stakeholder Map (As at August/Sept 2017)

Organisation / Sector / Role	Names / contact details	Priority order to be interviewed * (1, 2, 3)
<b>CTEL partners/Mgt Group</b>		
Mgt group/board	Guy Robertson* - Positive Ageing	1
Key Stakeholder	Kevin Fenton - Health England*	1
<b>OLDER PEOPLE's PERSPECTIVE /AGE SECTOR</b>		
National and local perspectives	Dorothy Runnicles*	1
Age UK	Jill Mortimer – AgeUK *	1
<b>ACADEMICS/EVALUATORS/THINK TANK COMMENTATORS</b>		
CTEL Research & Policy Forum	Christina Victor – <a href="mailto:Christina.Victor@brunel.ac.uk">Christina.Victor@brunel.ac.uk</a>	
Centre for Ageing Better	Matt Baumann*/Anna Dixon <a href="mailto:anna.dixon@agebetter.org.uk">anna.dixon@agebetter.org.uk</a>	
University of Newcastle	Tom Scharf	1
Inside the loneliness network	Nicole Valtorta	3
Carnegie Trust	Zoe Ferguson, Research associate Mobile: <a href="tel:07791346733">07791 346733</a> Tel: <a href="tel:01383721445">01383 721445</a>	2
<b>NATIONAL POLICY/STRATEGY LEADS</b>		
Scotland:	Claire Stevens CEO Voluntary Health Scotland <a href="mailto:claire.stevens@vhscotland.org.uk">claire.stevens@vhscotland.org.uk</a> 0131 474 6191	1
	Trevor Owen, Cohesive Communities Team Leader <a href="mailto:Trevor.Owen@gov.scot">Trevor.Owen@gov.scot</a>	3
	Paul Okroj, Head of Volunteering at Chest Heart and Stroke, also chair of Befriending Networks <a href="mailto:paul.okroj@chss.org.uk">paul.okroj@chss.org.uk</a>	3
	Brian Sloan or Keith Robson , Managing Dir and Chief Exec respectively of Age Scotland	1
	Margaret McCulloch MSP <a href="mailto:margaret.mcculloch.msp@scottish.parliament.uk">margaret.mcculloch.msp@scottish.parliament.uk</a>	1
Wales	Steve Huxton -Network Co-ordinator – Ageing Well in Wales* <a href="mailto:steve.huxton@olderpeoplewales.com">steve.huxton@olderpeoplewales.com</a>	1
	SaraH Rochira - <a href="mailto:sarah.rochira@olderpeoplewales.com">sarah.rochira@olderpeoplewales.com</a> Older people's Commissioner wales	1
Northern Ireland	Duane Farrell, Deputy CEO of Age NI*	1
<b>SECTOR/PROFESSIONAL LEADS</b>		
RCGP/ADASS/LGA	ADASS/LGA - Andrew Cozens	2
	LGA- Izzie Seccombe <a href="mailto:cllrmsseccombe@warwickshire.gov.uk">cllrmsseccombe@warwickshire.gov.uk</a>	1
Psychological characteristics /	Kindness UK; Dr Andrew Curtis.	2
	ABCD movement in the UK e.g. Cormac Russell	1

Propensity for kindness /Acting on & seeking help		
<b>BUSINESSES/MEDIA</b>		
Co-op	Barry Calvin - <a href="mailto:Barry.Clavin@co-operative.coopyes">Barry.Clavin@co-operative.coopyes</a> key and only business in loneliness space	1
<b>NETWORKS/CAMPAIGNS/SOCIAL MOVEMENTS</b>		
Time To Change	Sue Baker*	2
Random Acts Of Kindness	TBC	
Jo Cox Commission/Foundation	TBC	

*\*People interviewed/booked to interview for baseline review by end October 2017*

## Appendix 4 - Topic Guide for Stakeholder Interviews

1. What are the relevant UK and national policy contexts for the CTCL vision and outcome areas? What programmes are these driving/planning?
2. What can the Campaign learn from existing knowledge /evidence about:
  - ‘what works’ in raising awareness re loneliness, mobilising acts of kindness, effective interventions (reaching out, engaging and supporting people to make meaningful connections)?
  - specific learning we highlight relevant to this each particular nation/specific Campaign area ie Glasgow, Pembrokeshire/Carmarthenshire/where in NI?
  - current levels of awareness, prevailing attitudes and people’s propensity for kindness?
3. What do you think are the important personal, community/locality and policy conditions/characteristics that influence awareness, and the likelihood that people will act on their propensity for kindness and for sustaining the meaningful connections they initiate/experience/forge?
4. What can we expect to see in terms of the big shifts required to achieve the CTCL vision and outcomes, and by when?
  - in other words, given where we are now, what can we expect to see or hope for regarding the changes associated the vision and outcomes, by 2020?
5. What are the key gaps/priorities especially for the next 18-24 months?

## Appendix 5: Summary of themes and issues in each Nation /Campaign Area

### Scotland

In 2016, the Scottish Government made £500,000 available through the Social Isolation and Loneliness Fund. Thirty-six voluntary and community sector organisations were successful in gaining grant funding for 2016/17 through this fund. A key conference “A National Strategy to Tackle Social Isolation and Loneliness” was hosted by the Scottish Government in April 2017, where they announced that, during 2017, a National Social Isolation Strategy will be developed to ‘ensure a holistic approach across government to problems of loneliness and isolation’. The conference report was used to feed into the strategy which expected shortly, in draft form for consultation. Themes from key stakeholders to emerge from this Spring conference include:

- Loneliness is increasingly a matter of public concern and policy interest in Scotland and UK. A range of activity is taking place
- Voluntary Health Scotland (VHS) promotes greater recognition of the voluntary health sector contribution to people’s health and wellbeing
- *Living in the Gap* set out a public health case for tackling loneliness
- Creating a more generous, inclusive and outward looking Scotland is key to tackling loneliness
- Volunteering is an important route to begin to address loneliness –especially cross generational and inter-generational work to create a kinder community
- It is less clear what the voluntary health sector hopes to see in a strategy
- Important questions remain including : how to better provide a consistent / sustained measure of social isolation and loneliness as an evidence-base? How to assess / audit policies and plans across policy areas? How to better promote / support volunteering as a way of addressing loneliness? How to encourage local partnerships as part of strategic and local planning? And how to harness digital technology in tackling loneliness?
- Scotland’s Equal Opportunities Committee (EOC) Inquiry in the last Parliament was the first parliamentary inquiry of its kind in the world – looked at underlying causes (of loneliness and social isolation) and listened to real experiences
- Scottish Government (SG) elected with commitment to develop a national strategy – this is the first of many opportunities to help develop it

- Not starting from scratch – build on EOC Inquiry, supporting grass roots projects and providing funding – but needs to be joined up / clear strategic direction and focus across government and being informed by professionals and people experiencing isolation and loneliness
- What works? What is effective and how can SG enhance work of national and local partners? There are no quick fixes – the work of the public and third sectors is important, SG is committed to learning about the most important responses to make.
- Tackling loneliness and isolation requires a public health approach e.g. population based; collective responsibility; partnership with those who contribute to public health
- NHS Highland Survey 2016 found that 67% of older people experience some level of loneliness and 8% experience intense loneliness
- Risk factors include living alone; living in very remote rural areas / remote small towns; being disabled
- Recommendations for a national strategy include: awareness-raising; signposting services / support; support access to evidence based interventions, services are coproduced; community planning partners to focus on loneliness and isolation

## **Glasgow**

Scotland's largest city, with a diverse population. Need to be mindful of "the Glasgow effect" (poor health, high levels of deprivation and lower life expectancy) and consider what this means for the CTCL programme; agreement to look at those aged 50+ given the impact of this on ageing.

Glasgow City has:

- 615,000 total population – and growing
- 192,000 older people aged 50+
- Growing BME population – now 12% of Glasgow's population
- High levels of deprivation
- Addiction – alcohol abuse is a particular challenge
- Single headed households projected to form majority of households by 2039
- Significant numbers of older people in city centre and most areas/neighbourhoods.

*Findings from Stand Agency regional poll:*

- 67.3% have experienced loneliness, with over a quarter on many occasions; 27.8% for longer than 6 months at some point in their lives
- 89% believe that experiencing loneliness in older age is becoming more likely. 47% stated that it was becoming 'very much' more likely
- Of those who believe the issue of loneliness is becoming more likely for those getting older:
  - 70.9% believe families moving away contributes to rising loneliness levels among older people
  - 49.3% believe society becoming less kind contributes to rising loneliness levels among older people
  - Half believe daily lives becoming busier contributes to rising loneliness levels among older people
  - 40.8% believe the stigma associated with admitting to being lonely contributes to rising loneliness levels among older people
  - 32.3% believe older people being felt to contribute less to society contributes to rising loneliness levels among older people
  - 35.4% believe longer working hours contribute to rising loneliness levels among older people
- 64.1% say that admitting you are lonely is difficult
  - 54.6% say that more should be done to make people aware of loneliness among older people
  - 39.4% say that being lonely is the worst part of getting older
  - 37.8% say that if they knew ways to support people through the loneliness crisis they would
  - 24.3% say that loneliness is an inevitable part of getting older
  - 23.1% say that they would feel ashamed to admit they were lonely
- 23.5% believe people today care about older people feeling lonely. 76.5% answered that they don't think people today care about older people feeling lonely
- 31.9% say that they are unlikely to help address the loneliness crisis; 68.1% say they are likely to help

- 86.1% believe it is hard for older people to admit they are lonely because they don't want to be a burden on others/their children
  - 36.1% of people aged 65+ believe it is hard for older people to admit they are lonely because they don't feel that there is a solution anyway
  - 47.2% aged 65+ believe it is hard for older people to admit they are lonely because it's hard to admit to themselves
  - 19.4% aged 65+ believe it is hard for older people to admit they are lonely because it gives them a feeling of failure
  - 27.8% aged 65+ believe it is hard for older people to admit they are lonely because it is embarrassing
  - 22.2% aged 65+ believe it is hard for older people to admit they are lonely because they have never been lonely before so cannot identify it
  - 16.7% aged 65+ believe it is hard for older people to admit they are lonely because they are used to it because they have been lonely for a long time.

## **Wales**

There is growing recognition that loneliness and isolation is a serious problem, with far reaching implications, not just for individuals, but also for wider communities (Wales LGA, contribution to Wales Inquiry); recent Welsh Government inquiry into loneliness and social isolation among older people (consultant closed earlier in the summer) Health, Social Care and Sport Committee – aim to develop a national strategy

The Older People's Commissioner gave evidence to this Inquiry highlighting the following priorities which she believes needs to be addressed:

- The breadth and scale of loneliness and isolation, and its impact/consequences – a major public health issue. This is particularly important due to the omission of this issue from the Public Health (Wales) Bill.
- Need to address stigma associated with loneliness and isolation, a key barrier to identifying those who are vulnerable or at risk. Learn from approaches now being taken in relation to mental health and access to mental health services.
- Focus on anticipatory risk assessment, for example, using the 'Making Every Contact Count' approach to identify those who may be at risk and enabling them to access preventative support. This can include connecting people to the Information, Advice and Assistance services under the Social Services and Well-being (Wales) Act 2014.

- Focus on the importance of resilience to enable people to prepare for the inherent risks associated with growing older.
- Further development of local solutions already in place or under development, e.g. social prescribing, third sector organisations, community connectors.
- Ensure loneliness and isolation is reflected in all of the local well-being plans currently under development by Public Services Boards.
- Ensure support offered to older people recognises, and is relevant to, the individual and their personal and cultural preferences. Support must be positively framed and purposeful to help people forge emotionally satisfying relationships, rediscover old skills and develop new interests.
- Recognise that some people will have lost their social skills and will need much more support to develop these before they can re-engage. For some, traditional methods of addressing loneliness e.g. befriending schemes, lunch clubs and tea parties are not appropriate and alternative solutions such as long-term one-to-one mentoring and cognitive therapy should be considered.
- Clearly outline what is known from the current evidence base and put in place action to ensure that this underpins future developments, whilst also recognising and commissioning work to fill in gaps in our knowledge.
- Public Health Wales must embrace this agenda and provide national leadership, drawing together key stakeholders to ensure delivery of the outcomes that should sit at the heart of the strategy.

Wales LGA points to literature review entitled, 'The anatomy of resilience: helps and hindrances as we age: A review of the literature' which identifies relevant published evidence from Wales, the UK, and further afield. Important strands emerge, such as, "Social connectedness" and the importance of finding and building on the strengths in individuals, families and communities. How we plan for and cope with (or not) key life events and transitions. What assists us to seek (or stops us from seeking) timely advice? And what can trigger (or arrest) abrupt declines?

All 22 Welsh Local Authorities have signed up to the Dublin Declaration on Age friendly cities and communities, making a commitment to work towards the creation of Age Friendly communities. Local Government has also been involved in the Ageing Well in Wales Programme from the beginning, with the WLGA working with the Commissioner's Office in establishing the Programme, building on a similar campaign undertaken in England. Key strands of the Programme include: creating age friendly communities; tackling loneliness and isolation; preventing falls; developing dementia supportive communities; and addressing employment and skills needs for older people.

*Progress on these 5 areas of work will lead to measurable improvements to the quality of life of older people, with local authorities taking a key role in supporting this work. It will be important for local authorities to work closely with local communities and partner organisations to consider how services can be delivered in the future, during a time of severe public spending constraint, by doing things differently*

Age Cymru campaign to end loneliness launched in March 2017, designed to address issues/themes identified in their surveys and conversations with older people across Wales including stigma, transport/connections, rurality and isolation and access to local services/solutions.

Stakeholders and event participated highlight the importance of understanding both Welsh and very local cultures in addressing issues of loneliness among older people.

### **Carmarthenshire characteristics**

- Carmarthenshire is made up of many communities, diverse range in what is available and characteristics
- There is a sense of a North-South divide that affects communities, business & commerce
- People come together around a place e.g. community hall or shop. Schools are an important anchor in local communities.
- A lot of older people with a strong sense of independence
- Carmarthen is developing a Business Improvement District to help boost local economy

### **Pembrokeshire characteristics**

- Community Councils expected to step up in place of Local Authorities, but level of accountability is different. Needs to have the 'right' person, proactive about engaging people and promoting issues.
- 40% of people in Pembrokeshire are self-employed and movement towards more home working
- Businesses are stretched financially, High Streets in decline and in need of economic regeneration
- Public spaces (libraries) under threat
- A community where word of mouth is strong – a trickle effect.

In Pembrokeshire the discussion in relation to outcomes were more about the need for different approaches (rather than what needs to be in place) whereas in Carmarthenshire the discussion reflected that local understanding was less well “developed” – more on what needs to be in place, what is in place, and what we mean by loneliness and how to best reach/support people generally.

The difference in the dynamics of discussions might have reflected that at the time of the evaluation workshops, there had been a CtEL launch in Pembrokeshire and not in Carmarthenshire, although both groups discussed the meaning of loneliness at length, and how best to reach and support people. Participants at the Pembrokeshire group were particularly interested in approaches and what they need to do differently, while participants at the Carmarthenshire event were thinking more about activity, or joining up activities, even though there is already a lot of activity there.

*Findings from Stand Agency regional polls (Carmarthenshire and Pembrokeshire combined)*

- 67.2% have experienced loneliness; over 30% for longer than six months at some point in their lives
- 91.6% believe that experiencing loneliness in older age is becoming more likely; 43% stated that it was becoming ‘very much’ more likely
- Of those who believe the issue of loneliness is becoming more likely for those getting older:
  - 80.8% believe that families moving away contributes to rising loneliness levels among older people
  - 54.6% believe that society becoming less kind contributes to rising loneliness levels among older people
  - 45.9% believe that daily lives becoming busier contributes to rising loneliness levels among older people
  - 38.9% believe that the stigma associated with admitting to being lonely contributes to rising loneliness levels among older people
  - 41.5% believe that older people being felt to contribute less to society contributes to rising loneliness levels among older people
  - 31% believe that longer working hours contributes to rising loneliness levels among older people
- 63.2% say that admitting you are lonely is difficult

- 61.2% say that more should be done to make people aware of loneliness in older age
- 36.4% say that being lonely is the worst part of getting older
- 40% say if they knew ways to support people through the loneliness crisis they would
- 20% say that loneliness is an inevitable part of getting older
- Only 18.8% believe that people today care about older people feeling lonely. 81.2% answered that they don't think people today care about older people feeling lonely
- 31.2% say that they are unlikely to help address the loneliness crisis.; the majority (68.8%) say that they are likely to help
- *Over four fifths (80.6%) of people aged 65+ believe that it is hard for older people to admit they are lonely because they don't want to be a burden on others/their children*
  - 43.1% aged 65+ believe it is hard for older people to admit they are lonely because they don't feel that there is a solution anyway
  - 40.3% aged 65+ believe it is hard for older people to admit they are lonely because it's hard to admit to themselves
  - 43.1% aged 65+ believe it is hard for older people to admit they are lonely because it gives them a feeling of failure
  - 30.6% aged 65+ believe it is hard for older people to admit they are lonely because it is embarrassing
  - 30.6% aged 65+ believe it is hard for older people to admit they are lonely because they have never been lonely before so cannot identify it
  - 29.2% aged 65+ believe it is hard for older people to admit they are lonely because they are used to it because they have been lonely for a long time
  - 19.2% say that they would feel ashamed to admit they were lonely.

## England

Until recently, the Campaign's presence has been strongly associated with Westminster/England although the reach and profile is clearly increasing across the UK (as evidence through the above summaries). Interestingly to date there has not been a clear or explicit debate about the need for an England strategy on loneliness and isolation although numerous initiatives exist across England that operate in this "space". Examples include the

Big Lottery funded 'Fulfilling Lives' programme; Age UK's programme on supporting local /regional Age UK organisations to measure the impact of different loneliness interventions; British Red Cross; the Jo Cox Campaign's spotlight on older people (etc).

Many of the themes/issues raised elsewhere in this report have an England message as much as they do for the UK as a whole, the main contrast seems to be the more diffuse recognition of loneliness as a priority issue to be addressed within/across Statutory agencies. The LGA report is also relevant here.

## **Cambridgeshire**

- Cambridgeshire is the fastest growing county in England with associated demographic challenges. There are huge new developments with lots of people moving into the county. New communities (with poor design) mean people move away from existing networks.
- It is diverse geographically and by types of councils. It is very rural (2/3 live in Parish Villages). Many small villages are not well connected
- There is inequality in wealth and opportunity within the county and a digital divide; some people are living at the cutting edge of 21c while others are still in the 20c.
- The cost of living in Cambridgeshire is very high (especially in the south). There is a lack of funding for South Cambs. - it is perceived as being 'too affluent'.
- North Cambridgeshire Fens feels culturally very different. People seem to accept loneliness because it is so isolated. Politically, Fenland is a Conservative Safe Ward, so also a perception that there is less need to input resources.

### *Key findings from Stand Agency regional poll:*

- Over 70% of respondents have experienced loneliness, over 25% on many occasions
- One third of people experienced loneliness for over 6 months in some point in their lives
- 74% of respondents think older people are lonely because of families moving away
- 53% believe society is less kind and this contributes to loneliness in older age
- 50% feel that daily life becoming busier contributes to increased levels of loneliness
- 32.6% believe stigma associated with admitting that you're lonely contributes to increased levels of loneliness
- 30% believe that older people's attitudes and interests differ significantly from younger people/others which contributes to their loneliness

- One third feel longer working hours contributes to rising levels of loneliness among older people.
- 60% feel admitting you're lonely is difficult
- Over 50% feel more needs to be done to raise awareness
- 30/6% say they would help if they knew how/what to do
- 21% feel loneliness is inevitable part of growing older
- Nearly 20% say they would feel ashamed to admit they are lonely
- Only 23% feel people care about older people feeling lonely. 76.9% said they don't think people care about feeling lonely
- 33% say they are unlikely to help – 67.1% say they would
- 81% of people aged 65+ believe its hard for older people to admit they're lonely – because they don't want to be a burden eg on children
- 60% of those aged 65+ believe its hard for people to admit because they don't there's a solution; 48.6% because its hard to admit themselves; 40% because it would feel like a failure; 25.7% because its embarrassing; 28.6% because they don't know what it feels like themselves; 17% because people have been lonely for so long they're used to it.