



HIDDEN CITIZENS

HOW CAN WE IDENTIFY THE
MOST LONELY OLDER ADULTS?

Campaign to
EndLoneliness
CONNECTIONS IN OLDER AGE

University of
Kent

Contents

Abstract	3
Acknowledgements	3
Overview of the report	4

1 Background and context of the study

What is loneliness?	5
Loneliness as a health and social issue	5
Aims and objectives of “Hidden Citizens”	6

2 The Hidden Citizens Project

Meta-review: methodology	7
Meta-review: results	7
Interviews: methodology	8
Interviews: results	9

3 Findings

What are the pathways into loneliness in older age?	11
What research and examples of practice exist that can inform how practitioners identify the most lonely and/or isolated in our communities?	15
Is there an existing tool or method being used to identify older people who are experiencing loneliness and in need of greater support? If yes, who is using it and how does it work? If no, is such a tool or method a feasible option?	23
Other emergent findings	26

4 Recommendations

Service improvement and development	29
Future research	31

References	33
About the authors	37
About the Campaign to End Loneliness	38

Abstract

Demographic trends are placing increasing numbers of older people at risk of loneliness and social isolation, which is an established risk factor of morbidity and mortality. In recognition of the personal and societal costs of loneliness and social isolation there is an increasing interest, by policy makers, practitioners and charities to reduce loneliness and isolation. However, one of the barriers that service providers and policy makers face in delivering effective interventions is how to identify those experiencing or those most at risk of experiencing loneliness. To address this, the Hidden Citizens project, funded by the National Institute for Health Research (NIHR) School for Social Care Research (SSCR), explores current understandings of and approaches to identifying loneliness and aims to provide innovative insights into how policy makers and practitioners can improve their outreach.

The Hidden Citizens project was conducted in two parts. First, a meta-review was conducted to explore the features of loneliness, its underlying mechanisms and how intervention programs identify and recruit their participants. The findings of the meta-review informed the second part of the project in which a number of interviews and focus groups with older people, service commissioners, service organisation CEO's, managers and practitioners were conducted.

This report summarises the findings from these two parts of the Hidden Citizens project, which provide insights regarding the pathways into and out of loneliness and examples of how interventions and services identify the loneliest older adults. This report also contains specific recommendations for policy makers, service providers and service commissioners on how to improve services and service provision, and identifies avenues for future research to explore.

Acknowledgements

The Hidden Citizens project was funded by the NIHR SSCR in a grant awarded to the first two authors. The research was jointly undertaken by The Campaign to End Loneliness with the University of Kent, in partnership with the Royal Voluntary Service, Independent Age and Professor Christina Victor from Brunel University.

The authors would like to acknowledge and thank the following organisations and their representatives for their participation and contribution to this study:

Age UK
Age UK Faversham and Sittingbourne
Avante Community Support
Brunel University
Canterbury & District Pensioners' Forum
Contact the Elderly
Crossroads Care East Kent
Dorset County Council
Dorset Partnership for Older People Programme
Elderly Accommodation Counsel
Gloucestershire County Council
Independent Age
Kent County Council
Kent and Medway Care Alliance
North London Cares
Nottingham City Council
Royal Voluntary Service
Thanet Community Support Partnership

This report presents independent research funded by the NIHR School for Social Care Research. The views expressed in this publication are those of the authors and not necessarily those of the NIHR School for Social Care Research or the Department of Health, NIHR or NHS.

Overview of the report

Section 1

of this report outlines the background and aims of the Hidden Citizens project.

Section 2

outlines the methods used in the studies, and summarises the key findings that emerged from the meta-review (Part 1) and the interviews and focus groups conducted in Part 2.

Section 3

synthesises findings from both parts of the project. It highlights and reflects on the main findings, summarising what we know about the factors that influence pathways into loneliness, how existing interventions and programs identify lonely older people, and what tools are currently available for identifying lonely older people. It also provides examples of good practice for 'pathways out of loneliness', which are presented with illustrative quotations from the research.

Section 4

concludes the report by providing recommendations for commissioners, service providers and future research.

All names of individuals have been removed to preserve anonymity. The full meta-review and analysis of the interviews and focus groups are available from the Campaign to End Loneliness.

Please email info@campaigntoendloneliness.org.uk to request a copy.





Background and context of the study

What is loneliness?

Loneliness is a negative experience that involves painful feelings of not belonging and disconnectedness from others.¹ It occurs when there is a discrepancy between the quantity and quality of social relationships that we want, and those that we have. Thus, loneliness is a subjective psychological perception about the amount of social contacts that one has contrasted against what one would like to have.² In this respect it differs from social isolation, which is the objective absence of social contacts and social connectedness. As a result, people can have very few social contacts but not feel lonely, while others who have relatively more social contacts can still feel lonely and unsatisfied with their social circumstances. To illustrate this point, findings from wave 5 of the English Longitudinal Study of Ageing (ELSA) show that over a quarter of participants who reported being the loneliest were among the least isolated.³ Although loneliness is distinct from social isolation, isolation can lead to loneliness.

For a small proportion of the population, the subjective experience of feeling lonely can be chronic, and for others it is a transient or fleeting experience. However, for most people, loneliness is triggered by or develops in response to the external environment (see pathways to loneliness).⁴ For instance, research suggests that factors such as social class, social group membership, income, education and employment shape lifestyles and therefore the risk of experiencing loneliness.⁵

One school of research suggests that the feeling of loneliness can be thought of as a biological response (e.g. like hunger, thirst or pain) that has evolved to ensure we seek out meaningful social connections with others and belong to social groups.

For example, loneliness can drive us to form intimate affective relationships, with partners, families and social groups, occupational or leisure groups or through participation in a range of cultural, religious or social conventions and institutions. This social connectedness is necessary for our wellbeing and survival.⁶ Individual experiences of feelings of loneliness can be triggered by life events, for instance, particular losses, but also trigger and evoke experiences of loss and attachment experienced earlier in the life-course.⁷

Loneliness as a health and social issue

It is likely that at some time or another throughout our lives we will experience feelings of loneliness. The prevalence of loneliness has been mapped as a 'U-shaped' curve over the life course, peaking in early adulthood and in later life.⁸ Studies since the 1940s have consistently found that 5 – 16% of people aged 65 or over feel lonely all or most of the time.⁹ Loneliness has been linked with higher blood pressure,^{10,11} worse sleep¹² and increased immune stress responses.¹³ Data from one study found that experiences of loneliness as a child were associated with increased risk of cardiovascular disease as an adult because individuals are more likely to be overweight, and have high blood pressure and cholesterol.¹⁴ Moreover, when compared to non-lonely people, people who are lonely are more likely to experience cognitive decline in later life^{15,16} and one study suggests people who are lonely are 64% more likely to develop dementia.¹⁷

Loneliness also has a significant impact on psychological health and wellbeing. Loneliness contributes to both psychological distress¹⁸ and depression.^{19,20,21}

Furthermore, evidence suggests that the relationship between loneliness and depression is uni-directional, meaning that although loneliness is a significant predictor of depression, depression has not been found to be a significant predictor of loneliness. Loneliness has even been shown to be a stronger predictor of depression than self-reported general health.²² This suggests that preventing loneliness can reduce the prevalence of other morbidities. One study showed that people aged over 85 who suffered from both depression and feelings of loneliness had a 2.1 times higher mortality risk.²³

The culmination of the detrimental impact of loneliness on both physical and psychological health and wellbeing is demonstrated by research outlining that loneliness is a significant risk factor of morbidity and mortality.^{24,25,26} A meta-analytic study that combined the findings of 148 studies (308,849 participants) revealed that participants with stronger social relationships and ties had a 50% decreased risk of mortality.²⁷ Indeed many older people report that friends, family and community are vital for maintaining a good quality of living in later life.²⁸ Therefore, continuing to reach and support the loneliest adults will promote better health and wellbeing in older age.

Social and demographic trends, such as population ageing, also have the potential to exponentially increase absolute numbers of older people experiencing chronic loneliness. Thus, loneliness has become a new priority for a number of political, charitable and health agendas. In 2013, the Secretary of State for Health Jeremy Hunt described loneliness as a source of “national shame”. New funding and research have since been commissioned by significant national bodies including Public Health England and the Big Lottery Fund.

Aims and objectives of “Hidden Citizens”

In 2013, the Campaign to End Loneliness consulted over 100 frontline service providers, coming into regular contact with older adults, about what they needed to improve their effectiveness and efficiency. Nearly half said they wanted a tool or information that could help them to identify those experiencing – or at risk of – loneliness. The “Hidden Citizens” project was developed to respond to this need identified by service commissioners, and those providing services to older people. Specifically, the project aimed to:

- Identify how service commissioners and providers, and local communities can recognise signs of loneliness amongst older people;
- Draw insights from existing and new research to help policy makers and practitioners to improve their outreach to older people experiencing loneliness.

To reach these aims, the project sought to answer three questions using a mixed method approach.

- 1 What are the pathways into loneliness in older age?
- 2 What research and examples of practice already exist that can inform how practitioners identify the most lonely adults in our communities?
- 3 Is there an existing tool or method being used to identify older people who are experiencing loneliness and in need of greater support? If yes, who is using it and how does it work? If no, is such a tool or method a feasible option?

2

The Hidden Citizens Project

The project was conducted in two parts. It began with a review of academic literature reviews, this is known as a meta-review (Study 1), which was followed by a series of semi-structured interviews and focus groups conducted with a range of professional organisations, individuals and service users (Study 2).

STUDY 1

Meta-review: methodology

The meta-review aimed to review existing theoretical and systematic academic review papers on loneliness, published after 2000. An online search for articles was conducted using Google Scholar and the key terms “loneliness” or “social isolation” or “social exclusion” AND “old age”. These three searches (‘loneliness & old age’ ‘social isolation & old age’ & ‘social exclusion & old age’) produced 54,700, 231,000 and 383,000 hits respectively. From this, 128 articles were selected based on the following selection criteria:

- The article related in full or in part to older people. Because of the subjective nature of age categorization and defining when old age begins, the term was defined by the studies identified as being over the age of 65
- The article related in full or in part to exploring loneliness and / or social isolation and / or social exclusion of older people

Of the 128 articles, we had full access to the findings from 17 review articles and access to the abstracts of 5 review articles. These were reviewed and evaluated in relation to identifying risk factors for loneliness, and pathways into and out of loneliness. In addition to this, the insights from

eight intervention studies were used to evaluate how best to practically identify and recruit lonely participants for studies. [For further information see the full meta-review available](#)

Meta-review: results

The purpose of the meta-review stage of the project was to:

- Identify from the literature older people who are most at risk of experiencing loneliness
- Understand how current interventions have identified and reached the most lonely individuals and,
- Summarise and evaluate current interventions to reduce loneliness

The task of identifying those who are most at risk of loneliness has been approached in two ways. First, by exploring the circumstances that have been identified as risk factors to loneliness. This part mostly includes research exploring correlates of or predictors of loneliness, but also includes research that seeks to explore individual differences in loneliness experiences by comparing those who are lonely with those who are not. The meta-review revealed that loneliness can be triggered by both intrinsic (internal) or extrinsic (external) factors, with those most at risk of experiencing loneliness likely to experience a combination of factors, which makes preventing or alleviating loneliness very complex. These factors are introduced and summarised in the pathways to loneliness section.

Secondly, the meta-review summarises how specific interventions have identified their target populations and how they engaged them. This second approach speaks to the practicalities of actually identifying and reaching those who are most lonely and isolated. The meta-review found that the most common methods of reaching older lonely people are through:

- Mass media campaigns, adverts in newspapers and reading obituaries
- GP referrals
- First contact schemes

The findings of the meta-review are explored further in section 3 and a full copy of the meta-review report can be requested from the [Campaign to End Loneliness](#).

STUDY 2

Interviews: methodology

Building on the key issues identified in the review of reviews, a semi-structured interview was developed for 4 focus group discussions and 16 telephone interviews, with older people (n=9); Chief Executives of national and local charities (n=4); research and data managers and analysts from the statutory and voluntary sectors (n=3); local authority service commissioners and managers (n=5); a community development manager (n=1); domiciliary and residential care service providers (n=9) and care support staff (n=8).

Following the findings of the meta-review, we asked representatives of organisations who offered services to older people how loneliness and/or social isolation specifically connected with their aims and objectives. We also asked them to tell us how, if at all, they reached people who are lonely and whether they targeted any specific groups within a population (e.g. women, care-givers, widows, physically inactive).

For those that did seek to specifically target and tailor their services towards lonely older people, we then asked them about what methods they used for identifying loneliness in older adults. Two approaches we were particularly interested in was the use of a screening or 'first contact' tools with older people and if they tailored their interventions to tackle loneliness through using indicators of loneliness, following guidelines.

In the focus groups with older people, we asked them whether they had ever experienced loneliness, what they knew about opportunities in the community for socialising with other people and how they found out about opportunities for socialising.

Data collection and analysis continued concurrently, according to the constant comparison methods of grounded theory.²⁹ Interviews and focus groups were tape recorded and fully transcribed. Data were analysed by detailed scrutiny of the transcripts to identify themes. These themes were then compared with each other in separate word processing files. Two researchers independently analysed the transcribed data for emergent themes. These themes were compared and agreement was reached by discussion. Negative cases (examples against emerging themes) were investigated closely.

Interviews: results

The qualitative analysis from the interviews and focus groups revealed 5 themes:

- 1 Understandings of and approaches to loneliness
- 2 Service organisation aims and objectives, characteristics and methods of intervention
- 3 Strategic commissioning priorities and innovations
- 4 Organisational approaches to data capture, including the identification of loneliness and service interventions, outcome measures and evaluations
- 5 Working in partnership and networks with others

1 Understandings of and approaches to loneliness

All the individuals and groups that we spoke with recognised loneliness as a growing and serious problem across all age groups, but particularly among older people.

Most of the service commissioners and providers were acquainted – to a greater or lesser extent – with some of the growing body of literature on loneliness and social isolation, including the associated risks to health, mental health and wellbeing. However, there was less clarity about how the organisations could best address loneliness and how interventions could identify, reach and engage with those experiencing it.

The interviews and focus groups highlighted the stigma that is attached to loneliness within society, reinforcing what research and practice has already

found. This stigma presented a challenge both to organisations seeking to identify people at risk or experiencing loneliness, and to older people who may wish to ask for help.

2 Service organisation aims and objectives, characteristics and methods of intervention

The responses made clear that service providers and commissioners had already adopted a range of innovative and successful approaches to identifying vulnerable older people. However, these strategies often simply identify older people in need of general services or support and often did not attempt to specifically identify loneliness. There is also a need for improved testing, dissemination and adoption of some of these existing practices (more information in section 4).

3 Strategic commissioning priorities and innovations

A number of charity and council employees interviewed admitted that they had no systematic approach to identifying loneliness, although they thought their organisation should have one. For larger organisations, with a variety of functions and services, this ‘system’ may need to start with internal referrals and communication, and not necessarily one with external organisations in the first instance.

There was no real certainty amongst service providers about whether they were – or should be – identifying loneliness, or instead focus on some of the potential triggers of loneliness (explored below in section 4). These risk factors – which involve circumstances, life events – are easier to spot and quantify than the individual, personal experience of loneliness, particularly at scale.

...there are discernible pathways into loneliness in older age
...and there are existing tools for identifying older people who may vulnerable.



However, this could involve overlooking people most in need of their support, but not meeting certain criteria. This is an unresolved finding, which may need further exploration.

4 Organisational approaches to collecting data: identifying loneliness, evaluating service interventions and choosing outcomes measures

There was an appreciation of the usefulness of relevant and reliable data collection, and for evaluations to consider the impact of service arrangements and interventions. However, given the highly individual (and often contextualised) nature of loneliness, this presents both a methodological and logistical challenge. Service providers, commissioners and researchers need a greater understanding of how risk of loneliness can arise and be mitigated within complex or fluctuating social and organisational environments.

5 Working in partnership and networks with others

The relationship between statutory and voluntary sector organisations – even when both wanted to identify and respond to loneliness – was complex. For example, opinion varied over whether charity and community organisations or health and care professionals should be the ones taking a lead on identifying lonely people. For local authorities, the pressure of social care and other budget cuts meant they were increasingly relying on existing “community capacity” to prevent loneliness (and subsequent poor health). Others saw professionals as key gatekeeper-type figures that should be taking the lead.

Finally, with regards to the three questions that this study sought to answer (discussed in greater detail in section 3) in summary it appeared that: there are discernible pathways into loneliness in older age; there are a range of examples of good practice for identifying loneliness and there are existing tools for identifying older people who may vulnerable.

3

Discussion of findings and key themes

What are the pathways into loneliness in older age?

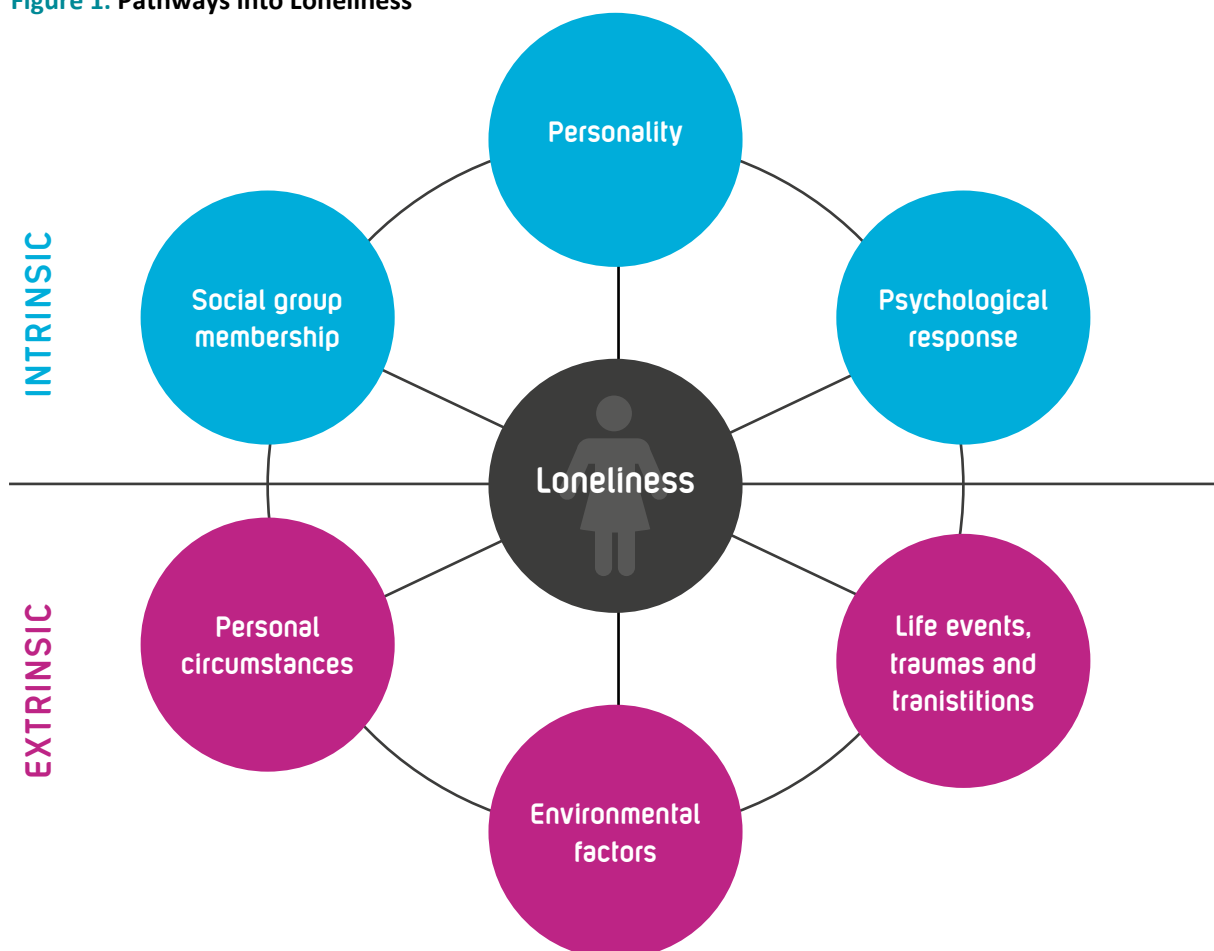
Feelings of loneliness are usually triggered by a loss of a relationship or significant connection and may be compounded by the experience of other losses, which in turn lead to a lower self-confidence. Both the meta-review and the views of service providers, commissioners and older people interviewed made it clear that the experience of loneliness is likely to be a culmination of one or more factors, or set of circumstances. These are either intrinsic (internal) or extrinsic (external) and can combine to make preventing or alleviating loneliness a complex task (see Figure 1).

'INTRINSIC' FACTORS

A Membership of different social groups

Researchers have often explored the extent to which the primary social groups we belong to (e.g. gender, ethnicity, or age) are associated with loneliness. There is conflicting evidence about the role that gender differences might play in loneliness. Although some studies suggest that women report higher levels of loneliness than men, others have found no difference³⁰ or that men were at greater risk of social isolation.^{31,32,33}

Figure 1: Pathways into Loneliness



However, it is possible that men may be less likely to admit to feelings of loneliness. Research also suggests that being part of an ethnic or other minority social group, for example LGBT individuals, can make people more vulnerable to loneliness.³⁴

Throughout the life-course it is older and younger people who express more loneliness than middle-aged people. However, much less research has explored the extent to which people identify with, and feel connected with social groups, and how this influences feelings of loneliness. This is surprising given that the groups people are part of provide a sense of belonging: thus, the extent to which people are members of different social groups (and the extent to which they identify with them) may be associated with feelings of loneliness. In a focus group, one older person explained:

“And from those, you meet people, and if you don’t fit in at all, or wait for people to come to you, if you go up and say, “Hello! I’m Lucy! Who are you?” If you’re big enough, then you make friends, and then they say to you, “oh I belong to such-and-such a class,” and you think, “oh I might be interested in that.”

B Personality

Some research suggests that loneliness can occur because of both genetic and environmental factors.³⁵ Any biological predisposition to experiencing loneliness could possibly be related to inherited personality traits. For example, people who are extroverts are less likely to experience loneliness, while those who are more neurotic are more vulnerable to experiences of loneliness.³⁶

Some participants believed their open personality and upbringing helped them avoid loneliness, one person told us:

“I’m a Northerner, and I was always taught my house is always open...If I’m on the bus or at the bus station, I talk to young people. I talk to people on the bus. And that’s my background, and I’ve always had that background.”

C Psychological response

The focus group with older people also made clear that a negative attitude and lack of personal resilience could contribute to loneliness. Several participants placed the responsibility for avoiding or alleviating loneliness with the individual themselves, with one saying:

“I’ve been divorced for many years, and it’s up to you to get up off your backside and do something yourself, because nobody comes and knocks on my door and says, “will you come out to play?” I have got to do it.”

However, people need capacity and confidence to seek the extra social contact that could help them to deal with loneliness. The meta-review revealed that lonely adults are more likely to have poorer social skills and express anxiety when anticipating social interaction.³⁷

'EXTRINSIC' FACTORS

D Environmental factors

The focus groups and interviews also highlighted that lack of transport, living in an urban area with a high population turnover and not living near family were circumstances that could lead to loneliness and fewer opportunities for social interaction.

E Life events, traumas and transitions

Loneliness can also be triggered – and therefore predicted by – certain transitions and life events, particularly when they are more likely to combine as we grow older. One of the commonly cited-examples in interviews, focus groups and academic research of a transition leading to loneliness was bereavement.³⁸ During the focus group with older people, one participant told us:

“The only time I experience loneliness, because you’ve got plenty to do, is because you’ve got no one to do nothing with.....I’ve been widowed for 6 years, and I say it’s doing nothing that you need someone with.”

As well as the loss of a loved one, becoming an informal/unpaid carer can also make us vulnerable to loneliness and social isolation.³⁹

F Personal circumstances

Our review of the literature identified that certain circumstances, such as being childless or living on a low income were reliable indicators of being at risk of experiencing loneliness. During a focus group, one older person told us:

“A lot of lonely, older people don’t get out because they can’t afford it. They haven’t got the money. The pension’s not that much, think about that.”

One review found that non-married men reported loneliness the most, followed by non-married female with married men and women least likely to say they were lonely.⁴⁰

Physical changes can also lead to loneliness, including the onset of poor health and poor mobility and the loss of our sight and/or hearing.^{41,42}

Moving into a new community (particularly if it is a rural area) can be a positive change but can also make us vulnerable to loneliness. One interviewee, who supports older people in rural South West England, told us:

“there are many, many people who retire to Dorset because it is a beautiful place to live... Then what happens of course is...one or other of the partnership will die, you know a husband or wife will die, they’ve left all of their family members and their peer group behind... we end up with an awful lot of people in the county who are lonely and isolated.”

One of the commonly cited-examples in interviews, focus groups and academic research of a transition leading to loneliness was bereavement.



However, staying in a home of many years may not be the easy solution we hope. One older person interviewed had lived in a hamlet for over 20 years said that:

"I still live in the same bungalow, but I don't know many of the people... because they've sold, they've died, they've gone away, or go to work, they commute to London."

The research also found that people with less social support and fewer opportunities for social interaction were more likely to feel lonely.⁴³

A key finding that emerged from the meta-review and interviews was the interaction between intrinsic and extrinsic factors, and how they can combine in a such a way to impact on the lives and decision making capacity of individuals (and in some cases couples). This suggests that there is an inter-relationship between the objective condition of social isolation and the subjective experience of loneliness which can be understood as a fused concept: a 'psycho-social' phenomena (see figure 1). Therefore, there can be a synthesis of the individual 'psychological' experience with the 'social' experience of living in a specific set of circumstances.⁴⁴

What research and examples of practice exist that can inform how practitioners identify the most lonely and/or isolated in our communities?

The representatives of service providers and councils were interviewed about their assessment process, how they advertised or promoted their services, and whether they worked in partnership with others (including health professionals and high-street facilities) to identify and reach people experiencing loneliness.

Those consulted identified a range of strategies, techniques and ideas for finding – and then contacting – older adults who may benefit from more social support. We have categorised their ideas and recommendations into seven broad strategies, although this is not an exhaustive list.

A Starting with the pathways into loneliness

A number of the commissioners, and council and voluntary service providers interviewed attempted to identify those experiencing loneliness by targeting groups considered to be particular 'at risk'.

A Health and Wellbeing Manager in Nottingham City Council's public health team told us that their Vulnerable Adults Plan – which brings together council and community services for adults aged 18+ who require health, social care or sheltered housing – includes targets on isolation and loneliness. This plan has led them to develop new

ways to make use of all existing community and council resources, including the establishment of Nottingham Circle⁴⁵ and the Looking After Each Other initiative⁴⁶, which promotes neighbourliness.

Another example mentioned was the work of the Sefton Partnership for Older Citizens, who partnered with their local Registrar Department to prepare and distribute a leaflet about support networks and activities that are available in the local area for anyone feeling isolated after bereavement. This is handed out with other documentation when a death of a spouse is registered.⁴⁷

However, whilst the non-governmental organisations that we spoke with were already aware of a range of triggers and risk factors associated with loneliness, they did not necessarily appreciate the complex inter-relationships that can occur between different risk factors that trigger loneliness. Whilst it might be tempting to focus on one particular situation or group, services and commissioners still need to consider the range of events or changes that can combine and lead to the experience of loneliness. An example of this comes from Gloucestershire County Council, who have created a 'map' of public health variables that could lead to isolation or loneliness including, but not limited to, households that:

- Have a head of household aged 65-74, or 75+
- Have one occupant
- Report various health issues including mental illness, anxiety and depression
- Do not own a car

- Speak to their neighbours less than once a month or never
- Say they don't have someone to listen to them, help in a crisis, or relax with
- Say they are not satisfied with their social life
- Have a low annual income

This model was based on an original mapping exercise developed by Essex County Council. A Senior Research Analyst at the council explained that they used this map to identify areas with the greatest need in terms of social isolation. One of their district councils had since used it to set up focus groups in key areas to get a better and deeper understanding of the particular strengths and weaknesses in different Gloucestershire communities.

B Recognising and responding to the stigma attached to loneliness

Loneliness is a stigmatised and individual experience⁴⁸ and this can make it difficult to identify people experiencing it. The older people that we interviewed were all members of a district pensioners' forum. They were all actively interested in health and local authority services but had experienced losses and admitted to feeling lonely at different times. Some in the group felt the responsibility for finding support lay with the individual, giving opinions that included "it's up to you to get up off your backside and do something yourself" and "I love my garden, but I'm not staying there all day with the dog and thinking, "oh dear, poor me". Another participant asked the group "Do they [the lonely person] actually face it, or do they try to hide away from it?"

Others in the group recognised the difficulties that some people faced in taking the initiative or accepting help, although they reflected the wider social ambivalence towards recipients of support or welfare by making a distinction between those who 'should' help themselves and those who deserved support:

"What it amounts to really, people who are ill, mentally or physically, can be very lonely because they just can't get out or do what they want to do. Then there's the other people who haven't the confidence to get out and do something for themselves."

The potential stigma caused by such opinions was recognised by some of the community services and commissioning managers interviewed. To avoid it – and to identify older people who may be in need of social support – they used strategies such as identifying signals and signs in open conversations. One community development manager explained:

"Usually I don't like to use the words "are you lonely?" because there is a stigma to it and people don't like to admit to such a thing, but it comes out in conversation quite often. People ring up and say..."I don't really see anyone and I'm really quite housebound and I am quite isolated."...It's like they're skirting around the [issue]...They're saying it in a different way".

Another commissioner suggested adopting more positive questions when talking to older people that could identify loneliness, whilst avoiding shame:

“If we changed the way we work and said, “what’s important to you? How can we support you to live the life you want to lead? There may be things about being isolated, lonely, stuck in your home, they might come out.”

However, there is a risk that this indirect approach could lead to misunderstanding about the quality of an individual’s social relationships, or to services and commissioners making assumptions based on what they believe is a sufficient amount of support and contact from friends, family or services.

C Mass-media and mail-outs

In line with the findings from the review, most of the voluntary sector services interviewed mentioned the use of leaflets and posters, distributing at different places including libraries, GP surgeries and supermarkets, but they were not sure of their reach. One thought that mail-outs could reach a larger audience gradually, explaining:

“...we do have flyers and we work with other partners to put our activities in their flyers... and there’s now a bit of a network that has started to invite other people along as well, so it’s compounding bit by bit”.

A number of services interviewed used local media – including TV, radio, newspapers and newsletters – to promote their activities and support. One national charity chose to adopt a strategy that combines UK-wide media work with local opportunities, as their Chief Executive explained:

“We are consciously trying to arrange the

awareness of Contact the Elderly in the media to make more and more people aware of what we do. And we’ve been quite successful with that of late, you know getting coverage on radio. Obviously a lot of older people listen to the radio. We had Women’s Hour actually stage a tea party and that brought forward quite a lot of older people. And making a lot of people aware of what we do through local press as well, because obviously local press is quite a key thing for older people.”

Council-funded magazines could be a particularly well-targeted media channel for loneliness interventions, if they are delivered to every household. A commissioning manager explained that their council-funded Nottingham Arrow was effective because it goes to every home and they “know a lot of older people do read the Arrow”. To ensure maximum publicity, the council run special features on local activities for older readers on days like the 1st of October: International Older People’s Day.

This approach was one of the better-documented in academic research,⁴⁹ and continues to be carried out by researchers and services alike. When delivered well, leaflets and direct mailings do have a wide reach – including people who may not be able to leave their homes easily. Local magazines reportedly have a good older readership and provide a good way to reach a majority of households in an area, although the print and dissemination can be expensive.

None of the interviewees that adopted a mass-mailing approach to promoting their services could clearly document the strategy’s reach or success, although one national charity reported a spike in calls after a piece of major, national radio coverage. It could therefore be a costly and time-consuming task to do effectively, with limited ability to monitor success.

As with a number of other strategies, the language used to describe a service needs to be aspirational and positive. One charity was careful about the way they described their social groups because “nobody wants to go to a Lonely Hearts club”. Another service provider told us:

“My mother-in-law won’t go to Age UK at all. It’s for old people. She’s 92 in October and doesn’t feel old enough to go.”

D Word of mouth and personal recommendation

Using personal contacts was only mentioned by one study as a potential recruitment strategy,⁵⁰ so we cannot easily comment on the extent to which referrals from friends, neighbours, family members or other contacts were used based on the meta-review results. However, the older people interviewed were clear that they knew of people who they believed were lonely, despite attending the same social clubs or activities as them – such as bowls or the golf club. They were also aware of people who might be lonely because of circumstances:

“When you have couples that have been together for 50 years or so, and then suddenly one of the partners dies, this is where the loneliness comes in... That’s the feeling that I’ve had with the few people that I’ve met under those circumstances.”

Nonetheless, despite assessing someone as lonely, the participants – when asked by the interviewer if they would talk to someone they perceived to be a bit lost or lonely – there was some reluctance to act. One person said: “It’s not my business to do that kind of thing.”

One national charity invited self-referrals, if someone met certain conditions:

“We rely on a range of mechanisms of referrals and some self-referrals and people referred by families or neighbours, so it is quite a good sort of mechanism of getting the right people to take use of our service offering. We do have a set of criteria that people have to be matched against in terms of we are aiming at people living alone with little or no contact with friends or family.”

The benefits of this approach are that a service comes with a recommendation from a trusted source. When an invitation is made by a person that already participates in the group or activity, this could also help the invited person overcome anxiety or a lack of confidence.

However, relying on word of mouth or self-referrals could exclude some of the most lonely or isolated older adults whose social networks may have eroded considerably. There is also a risk that a group or activity becomes exclusive through invitation – or a clique. Given the somewhat critical views the older peoples’ focus group offered about people they thought were lonely, this strategy may not work unless the other members are encouraged to invite friends or new guests.

E Forming voluntary and statutory partnerships

The focus groups and interviews identified a number of practical examples where partnerships – with the express aim of identifying loneliness – had been formed between voluntary, health and other statutory services. One local charity running social groups and activities received referrals for older people with long-term conditions from their Clinical Commissioning Group ‘Navigators’ service. Another local charity running a befriending service was working with social workers, district nurses and the local police to “pin-point” where older isolated individuals lived, or receive individual referrals. A national charity – who organise monthly tea parties

for older people aged 75+ and without local family – not only receive referrals to their services from GPs, but have also been offered health professional volunteers to help them run a tea party in certain GP surgeries. Another often-cited scheme in interviews and focus groups was Age UK Cheshire’s ‘Springboard’ partnership with the local fire and rescue service.⁵¹

Hospital staff can also help identify and introduce older people to a service who may be experiencing or be at risk of loneliness because of an illness. One focus group acknowledged the Royal Voluntary Service’s ‘Hospital 2 Home’ service model of reaching vulnerable older adults whilst supporting hospital discharge and offering short-term support



A national charity - who organise monthly tea parties for older people aged 75+ and without local family - not only receive referrals to their services from GPs, but have also been offered health professional volunteers to help them run a tea party in certain GP surgeries.

at home to prevent readmission. ‘Hospital 2 Home’ receives referrals directly from health and social care professionals based in a hospital, but also have their own customer service volunteers that can undertake “ward rounds” and liaise with discharge staff to identify patients that lack both practical and social support.⁵²

Adult social care services are another potential point of contact that can help reach older people experiencing loneliness. A senior data analyst for a county council told us that their adult social care team assessed care users for social isolation and required community-based support to do the same:

“The majority of them [adult social care service users] when they have their needs assessment...one of the fields that’s recorded is the extent to which they’re socially isolated on a scale of 1 to 5...But also the contracts we have with some of our providers of sort-of more community-based interventions, I think we have questions there as well...the extent to which they [older beneficiaries] are socially isolated”.

One commissioner explained that partnerships with multiple organisations and professionals were central to the success of identifying the older people who could benefit from their county-wide programme of community activities and services. They had created one referral form to support their reach:

“So private care agencies, water companies, we’ve got fire and rescue, health services, absolutely everybody can get their hands on those forms it’s about lots of people knowing about it and it’s about drip, drip, drip, continually reminding people that you’re there and what you can do.”

There are a number of benefits of working with health and other professionals for services supporting older people. In many instances, they may be the main or only contact for people who fall into a number of at risk groups or be present at the point of a crisis. They are universally known yet local, and may be well respected. There are also a number of outcomes that are shared across health care and other statutory, voluntary and independent service providers, which partnerships can help deliver. For example, there is some evidence that identifying and supporting older people who are lonely can help reduce hospital re-admission and GP visits, as well as improve quality of life and wellbeing.⁵³

However, it can be difficult to engage, make and maintain the relationships that many partnerships need to work. GPs, in particular, are under considerable time constraints and may not wish to broach the sensitive subject of loneliness with an older patient in appointments. Partnerships that rely on identifying adults who are vulnerable may mean that some older adults who are experiencing loneliness, but don’t meet certain health or social exclusion criteria, do not have their needs met.

The other potential consequence of relying on health professionals to identify people who are lonely, and refer onto other support, is that some older people may assume they have an ulterior motive or fear losing their independence, and therefore not divulge any social needs.

F Partnerships within the voluntary and community sector

Charities, in particular, mentioned partnerships with other charities and community groups as being a core strategy for identifying older people in need of support from their organisation. They recognised that this was not going to always help them reach the most lonely individuals, but was important nonetheless for spreading the word about services. One Chief Executive said:

“We are linking in to lots of established community groups – again it doesn’t necessarily get you the most isolated – but working with churches and community groups and just having some eyes and ears on the ground to make people aware of what we can offer and get the right referrals as a result.”

These partnerships are also important for sharing advice and information and helping older people navigate the range of services or support that might be on offer. One charity told us:

“I had a phone call this morning from one organisation in the partnership that’s helping a lady, but she’s a bit worried about her and she needs some help...so it’s showing inter-agency cooperation... But it’s all about reducing loneliness, because whatever it is, it makes them feel more isolated if they can’t manage it themselves.”

However, whilst the domiciliary and residential care providers interviewed highlighted the need for better partnerships between care services and the voluntary sector, they were inevitably focused on the commercial implications of networks and potential business promotion services:

“I think from a dom-care perspective it definitely is, that actually you have to become part of that local community...the ability to take part in community events, so that you are there, and when people need that and they get to a point where care services are required, they’re almost used to you being around. I think it’s pretty important if you’re marketing a business that you have them type of focus.”

By working together, charities can provide better support for older people by offering greater choice and control. This also makes the best use of limited resources, as well as maximising reach.

Bringing other community groups – that may not run conventional services or support – like membership organisations, older people’s fora and clubs can maximise reach even further. Brand and reputation can also play an important part in a partnership, with a community group acting as a trusted referrer. For example, one interviewee worked with the Rotarians, Women’s Guilds and Women’s Institutes to find new members.

However, as charities and community groups alike face increased competition for funding, working together to identify and refer older people in need of support may become harder. A lack of internal systems for recognising and responding to loneliness may limit partnership working even further. One charity told us that their employees:

“...may well have had a general interview with people, which has flagged up the problem with loneliness but as far as I know there’s not been a systematic way of actually capturing that.”

Another participant-recruitment approach identified is to reach out to older people in specific community settings. One study advertised in

residential community buildings for older people and another sent a postal questionnaire only to households with older residents.⁵⁴

G Working with high-street shops and facilities

In one focus group, Hampshire County Council described a recent 6-week trial scheme to identify people aged 60+ who may be at risk of loneliness, or find it difficult to access information, through their local Boots pharmacist. People who indicated they would like information or support were then referred to Age Concern Hampshire. A questionnaire was devised that asked two main questions:

Would you be interested in hearing about how you can get involved in activities in your local area?

Would you be interested in hearing about how others that live locally might be able to assist you with tasks such as shopping, gardening, befriending, hospital appointments etc.?

Customers were more likely to complete and return the survey if the pharmacist invited them to complete it during their medicines review or they were given a pencil, form and a clip board when they picked up their prescription. The County Council felt the “business as usual” nature of the scheme was particularly beneficial, as pharmacy and Age Concern staff fitted the surveys into existing workloads. However, although the simple questionnaire ensured a good chance of return, it was found that the information derived was not detailed enough to be of sufficient help to identify loneliness or plan larger interventions.

Other charities talked about partnerships with local services that older people used regularly. These included mobile hairdressers, libraries, pubs and bookmakers handing out information or making recommendations for their particular services. Other services that were more targeted at an older clientele or audience were also mentioned, including handyman services and foot care clinics.

One commissioning manager identified that a key part of community-based referrals is that volunteers or staff actively build trust and respect, saying:

“in the future we need a different type of role, somebody who works really closely connected in their community, who is the conduit between professional and our community-building [group].”

High-street shops and facilities could be a good place to identify people who are experiencing loneliness but who are not in contact with traditional health or social services. Some places may have the time to build conversation rather than ask outright – such as hairdressers and foot clinics.

In Hampshire, the benefit of working with a local pharmacy was not just their reach but the fact that they could incorporate the questionnaire into everyday business – keeping the initiative at a very low cost. However, as the activity was an ‘add on’ service (rather than a statutory or funded responsibility) it did mean that – in one pharmacy – questionnaires were lost and no follow-up could be carried out.

Is there an existing tool or method being used to identify older people who are experiencing loneliness and in need of greater support? If yes, who is using it and how does it work? If no, is such a tool or method a feasible option?

As well as identifying examples of how different organisations were attempting to identify and respond to loneliness, we were also interested in ascertaining if there was a particular tool or method that was already being used to systematically identify older people who could be lonely. If the research or the interviews did uncover such a model, we wanted to know who was using it and how it worked. If we did not find any such examples, we wanted to ask our interviewees if they thought developing a specific tool or method for this kind of identification was a feasible or desirable.

A Existing systematic models

Our review and interviews did uncover a systematic model that could identify lonely adults, although the primary objective of such model was to more identify older adults with any vulnerability or service need. Sometimes described as a ‘first contact scheme’, these models generally required an extensive partnership between a range of organisations across a locality and are not widespread. Our interviews also highlighted that some voluntary and care sector organisations felt they lacked an internal system for identifying loneliness, and might benefit from extra information or guidance.

B ‘First Contact’ Schemes

According to a recent Elderly Accommodation Counsel (EAC) report, first contact schemes are local, collaborative networks that ensure that people who may be socially excluded or vulnerable – for whatever reason – are able to access advice and support they need to continue to live independently.⁵⁵ This is achieved by local support agencies working together to develop easier ways to refer individuals – that only they may have contact with – onto other agencies. During our interviews, the EAC’s Data Officer described first contact as “a kind of mechanical scheme”. First contact schemes have many names, but can be broadly grouped into three categories:

Agency-based referral schemes

This version of a first contact scheme relies on existing local service providers linking people to different agencies and support by using a common questionnaire or checklist, which is completed with the client’s permission. The form is then passed to a central administrative hub, which will alert the appropriate service to a client’s needs. One form can potentially lead to multiple referrals.⁵⁶

The partnership may target a particular group based on age or health status, and use a relevant agency to reach them. One Community Service Development Manager told us:

“there was the service called “Contact and Connect”, and that’s a partnership service, and it really involved absolutely everybody you could think of. So everybody in the city who was 85 [or older] got an offer of the assessment through joint work we were doing with the pension service.

All the other agencies, social services built it into their new systems, so it was massive... and then all of those questions would come into my service and we would either signpost people to agencies, or give them information.”

Agent-based referral systems

These schemes depend on a volunteer or paid member of staff that acts as an ‘agent’ for a particular community or village. They are responsible for identifying – often through both personal and professional networks – excluded or vulnerable people. They are trained to build a relationship with the individual and link them to one or more suitable services, or provide them with information and advice.

The agent’s success may be particularly dependent on their knowledge and connections within their community. One data analyst told us that first contact schemes received “back up” from this role because the agent is someone:

“...who’s out there and who’s in the village halls, who’s connected with the local community, who’s known, who’s visible and who has local knowledge about all those little services that we’re trying to identify through the tri-borough scheme – those are the nail clippers or the hairdressers that are able to help older people.”

Neighbourhood network schemes

Neighbourhood network schemes are led locally by small-scale older person’s community groups that are designed to act as a gateway to advice, information and services. One example of this is the Leeds Neighbourhood Networks, which consists of 35 small community-led organisations that offer services to reduce loneliness, and encourage older people to start volunteering. They also act as a ‘gateway’ to other information and advice – provided by other organisations or statutory services in the city.⁵⁷

C Benefits of existing models

First contact schemes could help providers and commissioners identify older people at risk of loneliness in three main ways. Firstly, they reach large numbers of older people. As our review of reviews uncovered, larger counties with agency-based referral schemes (like Nottinghamshire and Leicestershire) can complete 2000 forms in a year, generating between 5000 and 6000 referrals. Agent-based schemes can produce similar numbers of referrals, for example, Gloucestershire Community and Village Agents produced 5881 referrals in 2012.⁵⁸

The agency-based version of the first contact model also increases the chance of reaching an older person experiencing loneliness due to the larger number of partners involved. Each partner agrees to give time to go through a checklist with an older person or their carers, even though their own service may not be required, simply because they’re the first to make contact.

The manager of the Dorset Partnership for Older People Programme and Dorset Safe and Independent Living Scheme stressed the affordability of running a first contact scheme, explaining:

“it’s funded by a contribution from my budget of the district county council budget, from Bournemouth Borough Council, from Poole Borough Council, from each of the district councils, and it only costs between £8-10,000 pounds a year to administer, because the entire programme is about people doing the SAIL forms as part of business as usual. So it’s like an add-on or a plus or a bonus for all of us, it’s helping to achieve everybody’s targets, because it’s joining people up with services, and of course it’s supporting people through preventative services. So it is absolutely genius.”

D Limitations of existing models

Existing information on first contact schemes does not comment on the extent to which loneliness is identified as an issue in the three different referral based schemes, or the service provision provided to prevent loneliness. There is scope to explore the extent to which a) loneliness is recognised as an issue, b) whether specific services are available for reducing loneliness (and then the number of referrals made to reduce loneliness) and c) which of these approaches is best placed to identify and reach lonely older people.

One interviewee raised concerns about first contact ‘checklists’ being decided according to existing partners or services, rather than local need or priority issues:

“...ideally you would be in a situation where you would set up a First Contact Scheme in line with the services that you think are necessary

to ensure that vulnerable people are...able to get to the services they need. You’d have to identify what the services were...and you’d have to identify where you didn’t have the services and then commission them.”

Without this comprehensive sweep of needs and assets, a softer issue like loneliness could be overlooked.

Another concern raised in relation to first contact schemes – but relevant to any person working with older people – was the challenge of identifying a personal, subjective experience. As one data analyst explained,

“But as I say, the other side of that is how the training is making sure that the front line staff are able to pick up on [loneliness], and it’s easy enough to recognise when somebody needs something to support them into the bathroom but it’s a lot more difficult, I would imagine, to establish issues to do with loneliness.”

Finally, schemes that require extensive data collection in order to identify vulnerability or loneliness can also counter ethical issues around privacy and independence. The Data Officer at the Elderly Accommodation Counsel, had recently reviewed first contact schemes across England and found that one criticism voiced was whether there was an unwelcome “Big Brother dimension” to first contact models:

“I think there’s a real concern that people are wary of organisations knowing too much about them and there being the danger of their privacy being affected”.

The question therefore remains for organisations and commissioners: how do we get information about people who may be lonely without impinging on their rights and privacy?

E Is there a need for a new method or system to identify lonely older adults?

The interviews found a growing appreciation and need for relevant and reliable data collection around loneliness. However, given the contextualised and personal nature of loneliness, this poses a methodological challenge that still needs to be addressed. One commissioning manager told us:

We can identify all the risk factors and we can guess where we need to put things in but it's still a little hit and miss...It will also help us with setting targets for ourselves as well, realistic targets, because it's very woolly to say we actually want to do something about loneliness, but how are we going to measure it, what does that mean?"

The challenge applies to both to the identification of loneliness itself (as a subjective and individual experience) and to the pathways that can lead to it – we need to understand more about how triggers of loneliness can arise and be mitigated against within complex organisational environments. One Research and Data Analyst shared with us his concerns about existing data collection and identification:

"I think that certainly some of the techniques of social research need to be adapted or changed in some way. I think social research methods were not really designed to capture something like loneliness."

There is therefore some scope for research or practice to answer some of the nuance, questions and challenges raised during this study of how to best identify older people experiencing loneliness.

Other emergent findings

A Pathways out of loneliness

The research to date on pathways out of loneliness, as identified in this study's review of reviews, has predominately focused on addressing the extrinsic factors that cause it. One large study concluded there were four broad 'categories' that could explain how to reduce loneliness in older age.⁵⁹ These were:

- Enhancing social support
- Increasing opportunities for social interaction
- Improving social skills
- Addressing maladaptive social cognition (e.g. social anxiety, lack of self-esteem)

These categories broadly align with either the explicit or implicit aims of the services that participated in the interviews and focus groups conducted. These services intended to prevent or alleviate the experience of loneliness by doing one or a number of the following things:

- Identifying and locating local areas with a higher concentration of older people in need of support, for example creating check lists of predictors or indicators of loneliness in a local area
- Reaching, making contact and engaging with older people who may be lonely and/or isolated, for example, through 'First Contact', 'Wayfinder' and 'Village Agent' schemes or other referral pathways

- Offering one-to-one support to older people who experience loneliness, for example befriending
- Providing a range of activities and social groups for older people who may be lonely, including lunch and social clubs, tea parties and coffee mornings

B Insights into characteristics of effective programmes

In spite of the range of good practice examples identified by this study, 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:

“We can only market to those through the channels that those people may be already linked in to. And if people are not already linked in to any of those, that’s where the difficulty lies. We are linking in to lots of established community groups – again it doesn’t necessarily get you the most isolated; those people who don’t tune in to anything or read much anymore and have no contact very much with anybody at all.”

However, the service providers did demonstrate an understanding of the relationship between the specific programme and interventions they offered and the context in which it operated.

As such they demonstrated insights into how and why their programmes were effective, for whom, in what settings and under which conditions. By implication, many of the service providers interviewed recognised that just identifying and reaching out to an individual who is or may be lonely is insufficient to establish a “pathway out of loneliness”. They did attempt to develop a model of partnership working to promote the necessary integration and coherence needed from a range of services:

“There’s probably a lot of organisations providing a frontline service, but it’s actually someone that stands back and gets it all together and gets communicating and cross-referencing, there’s quite often I’ll get a call from an organisation that want to pass on to someone else but they’ll do it through us because we collate the stats and it shows you’ll communicate, which is the biggest issue.”

Our meta-review found that there is little academic evidence on how to use more than one strategy (or pathway) to reduce loneliness. Accordingly we do not yet know how networks of services can address both the practical barriers to socialising (e.g. transport; knowledge of activities; loss of mobility or sight) alongside the psychological causes of loneliness (e.g. lack of confidence; low self-esteem; social anxiety).

Another study also found that ‘reciprocity’ is often an important part of any intervention or activity designed to help someone out of loneliness. This is because it both builds friendships and relationships and enhances feelings of purpose and belonging. Some research recommends using peer volunteers, people of a similar age, in activities like befriending or other social support.⁶¹

Both the meta-review and the interviews both stressed the importance of co-production^{62,63,64} in any activity designed to address loneliness, that is, older people are involved in the design and delivery. One carers' support worker told us:

"I'm actually part of a cog group, which is a group for people with dementia, and my 'cogees' as I call them, all report back that they are lonely, and are no longer involved in family discussions...All the 'cogees' last week actually turned around and said, 'we like coming here because we're treated like grown-ups.' And it's almost like at home that they're protected in the same way as you'd protect a child..."



The aims and objectives of an organisation had a significant influence on how they identified and responded to an older adult experiencing loneliness. For example, the commissioners we spoke to were concerned with how to fund interventions that build community capacity and identify people based on risk factors that met other health and care targets. By way of contrast, community-based schemes were often more concerned about developing a more flexible and intuitive service that could respond to individual needs, and the combination of circumstances at play. One service provider we interviewed gave the examples of:

"We had a lady who played for a ladies' darts team, and her husband had a stroke, so overnight her world changed. And so we specifically tailored the service around her being able to carry on going to darts once a week...There was a woman who actually wanted to go to a centre that was over the road but she had vertigo and she couldn't cross the road, so all they had to do was they went to the centre and spoke to them and arranged for somebody to walk over the road...and walk her back."

These findings broadly support those of the recent Promising Approaches to Reducing Loneliness and Isolation in Later Life report from Age UK and the Campaign to End Loneliness. This research recommends that 'direct interventions' should use psychosocial approaches to help people change their thinking about their social connections as well as befriending and social groups. It also argues for 'gateway services' such as transport and technology which can enable existing relationships to be maintained, and play a vital supporting role to direct interventions. Finally, the report suggests that 'structural enablers' – such as neighbourhood approaches to loneliness and asset based community development – should be put into place to support the development of new structures within communities.⁶⁵

4

Recommendations

Service improvement and development

The following recommendations consider ways to identify people experiencing loneliness across three different levels: the population, organisational and individual level. Whilst this section does present a number of suggested actions, it also highlights ideas and potential challenges that need further exploration before services and commissioners can be confident in their ability to identify older people experiencing, or at risk of experiencing, loneliness.

LEVEL ONE

Identifying loneliness in a local population

By focusing on those affected by the circumstances that can lead to loneliness, commissioners, service providers and community groups can better target their service outreach and promotion to people who are experiencing loneliness.

Two main models of delivering this approach emerged from the Hidden Citizens research: mapping risk factors at a local authority level, and establishing a first contact schemes with a range of partners. Health and wellbeing boards could play a role in instigating such schemes. Although, for many organisations, this could be an expensive or time consuming process, prioritising people who may be experiencing one or more 'intrinsic' or 'extrinsic' situations that can lead to loneliness could be an effective way to target limited resources and prevent people from falling in to loneliness (examples of this in this report, including Nottingham's Vulnerable Adults Plan and working with registrars in Sefton, can be found on p14).

LEVEL TWO

Organisational strategies for identifying loneliness

There are three recommendations for action at an organisational level to identify loneliness. Firstly, services and commissioners could adopt, and build on, one of the approaches presented in Section 3:2 – by capitalising on the power of word of mouth, or using a local magazine to advertise a service. However, these strategies often only identified older people in need of general services or support and often did not attempt to specifically identify loneliness. Services and commissioners could therefore test the success of new dissemination or outreach by asking new members how they heard about a service and using a loneliness measure, such as the Campaign to End Loneliness's new impact measurement tool⁶⁶ to determine whether they are indeed lonely.

Secondly, organisations could review what they 'offer' to older people who are experiencing loneliness. Some of the charities interviewed described the need to make a service sound aspirational and positive to overcome the stigma attached to loneliness – but the activities or support should also suit the needs and interests of the older people the service is seeking to reach. To quote one charity again: *"nobody wants to go to a Lonely Hearts club."* By consulting older people in a local area about what they want can be an important first step towards making sure that if you reach someone experiencing loneliness, they will be more motivated to take up the support you have available.

Finally, any outreach or promotion should focus on “business as usual” methods to identify people at risk – or currently experiencing loneliness. Those interviewed made it clear that local authority budgets and charity income have been squeezed considerably in the last few years. Both groups were aware of the increasing reliance on community-led solutions to issues such as loneliness. They also felt they lacked a system to identify loneliness, even when it was something simple like improving referrals between organisations.

Commissioners and services alike should therefore consider an ‘identification strategy’ that can complement existing activity or relationships as far as possible. The example from Hampshire County Council and two local Boots pharmacies is one example of how a ‘business as usual’ approach to identifying loneliness can capitalise on existing resources and simply improve communication between different sectors and organisations, with the aim of reaching the people that are most in need of support.

LEVEL THREE

Talking to individuals about loneliness

Although transitions and loss can trigger loneliness, we should not assume that all people going through a particular life event will experience loneliness as a result. We don’t yet fully understand the connection between the objective life experience (e.g. bereavement, retirement) and the subjective, personal experience of loss, but it should be explored by talking to people about their feelings of loneliness. However, the stigma attached to loneliness by society and other older people is a real barrier to such conversations.

To overcome this, some charity service providers interviewed looked for ‘signals’ in general conversations with their beneficiaries or members to identify people who may be in need of more social support (examples can be found on p. 16). Others used more positive topics to get to the heart of the issue, talking about companionship rather than loneliness. However, this approach carries risk as it can lead to wrong assumptions being made about a person’s levels of emotional or practical support. For example, someone living with or near their children and grandchildren is not isolated but could still be very lonely.

Services and commissioners therefore have a choice to make about whether to mention the ‘L’ word. But either way, existing points of contact with older people could make time to have an open conversation, in a safe environment, about how someone is feeling – and what support they might like. This approach is recommended in the recent report *Promising Approaches to Tackling Loneliness and Isolation in Later Life*, described as a “guided conversation”.⁶⁷

Combining different strategies to identify loneliness

Finally, there may be merit in combining these different activities – on different dimensions – in a local area. This could involve looking for local areas with a higher risk of loneliness; promoting support to these particular communities before using frontline staff or volunteers to start a conversation with the older people they meet about their feelings of loneliness, and whether they want any support.

We do not pretend that this will be easy: those aiming to find the most lonely older people must contend with stigma, lack of time and limited resources.

But there are benefits to ensuring that loneliness is identified in a local population: limited resources can be targeted better, local communities can get involved alongside professional services and, by reaching people at the right point – before loneliness contributes to poor health or need for health and care services – money can be saved in the long term.

Future research

The meta-review identified a number of gaps in the literature on loneliness in later life and this report suggests several avenues for further research:

A social identity approach to reducing loneliness

Loneliness is experienced when we lose social connections or perceive a lack of meaningful social relationships. Individuals with such feelings may see themselves as out of touch with the social world around them – even when they have networks of family and friends. Self-psychology literature^{68,69} and the social psychological literature (e.g. social identity theory) both suggest that we express and satisfy the need to belong through identification with social groups and participating within the social world. Although meaningful connection with others and groups forms the basis of many interventions to reduce loneliness, we are yet to understand the role of social identity processes in reducing loneliness. Future research programmes could utilise a broader range of inter-disciplinary approaches, which include understanding social identity, to exploring the relationship between loneliness and social isolation and develop the theory necessary to understand the complexity of the phenomena.

Individual case studies

Individual case studies could identify and illustrate the variety and range of different experiences of and responses to disruptive life events. A range of case studies will provide a much richer understanding of how individual pathways into loneliness are formed across the life span. Similarly they would help inform our understanding of the range of approaches or interventions that can be developed and offered for the purposes of both prevention and support.

Ethnographic studies of neighbourhoods

We need a better understanding of the contextualised and situated nature of the interaction between socially isolated and lonely older adults and local neighbourhoods. An ethnographic approach would bring out how individual needs and characteristics are understood and mediated through local attitudes, initiatives and responses to loneliness and social isolation. Ethnographic enquiries, that situate experience within localised practices and understandings, will assist our appreciation of the relationships that do and do not form between individuals and the social environment in which they find themselves. If we are increasingly to rely on community initiatives to address social problems or concerns such as loneliness, we will require better insights into the dynamics of the interplay between individuals and their social networks.

Evaluations of multi-site and complex interventions

To date, there have been very few evaluations that test interventions combining multiple strategies or activities to reduce loneliness. The meta-review found one evaluation of a complex community-based intervention in the Netherlands that combined psycho-social courses for people with mild depressive symptoms with small educational groups, a mass-media campaign to raise awareness of the issue and neighbourhood-based networks to help older people organise local social activities.⁷⁰

A realist evaluation approach,⁷¹ that recognises the variety of factors and actors that operate in wider society, could suit further research into more multi-faceted social interventions that are required to identify, prevent and address the issue of loneliness. This approach acknowledges that intervention programmes and policy changes do not necessarily work for everyone, since people and contexts are all different, but could assess whether increased variety and choice can better tailor loneliness interventions to the individual.

References

- 1 Hawkley, L., Browne, M.W., Cacioppo, J.T. (2005) How can I connect with thee? Let me count the ways, *Psychological Science*, 16, 798-804
- 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)
- 3 Banks, J., Nazroo, J., & Steptoe, A. (2012). The dynamics of ageing: Evidence from the English Longitudinal Study of Ageing 2002-10 (wave 5), Institute for Fiscal Studies, 2012.
- 4 Weiss, R.S. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge Mass. MIT Press.
- 5 Savikka, N., Routasaol, P., Tilvis, RS., Strandberg, T.E & Pitkala, K.H. (2005). Predictors and subjective causes of loneliness in an aged population, *Archives of Gerontology and Geriatrics*, 3, 223-233
- 6 Cacioppo JT, Hawkley LC, Ernst JM, Burleson M, Berntson GG, Nouriani B, Spiegel D. Loneliness within a nomological net: An evolutionary perspective. *Journal of Research in Personality*. 2006;40(6):1054–1085
- 7 Lucas, G.M., Knowles, M.L., Gardner, W.L., Molden, D.C., Jefferis, V.E. (2010). Increasing social engagement among lonleine individuals: The role of acceptance cues and promotion motivations. *Personality and Social Psychology Bulletin*, 36, 1346-1359, doi: 10.1177/0146167210382662
- 8 Pinguart, M., & Sorensen, S. (2001). Influences on loneliness in older adults: A meta-analysis, *Basic and Applied Social Psychology*, 23, 245-266, doi: 10.1207/S15324834BASP2304_2 (Perlman & Peplau 1981) OR Victor and Yang?
- 9 Burholt, V. 2011. Loneliness of older men and women in rural areas of the UK. *Safeguarding the Convoy: a call to action from the Campaign to End Loneliness*. Age UK Oxfordshire: Oxford.
- 10 Hawkley, L.C., Thisted, R.A., Masi, C.M., & Cacioppo, J.T. (2010). Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults, *Psychology & Aging*, 25, 132-141, doi: 10.1037/a0017805
- 11 Hawkley L.C., Masi CM, Berry JD, Cacioppo JT. (2006). Loneliness is a unique predictor of age-related differences in systolic blood pressure. *Psychology and Aging*. 21, 152–164. doi:
- 12 Hawkley L.C., Preacher, K. J., & Cacioppo, J. T. (2010). Loneliness impairs daytime functioning but not sleep duration. *Health Psychology*, 29, 124-129
- 13 Steptoe, A., Owen, N., Kunz-Ebrecht, S.R., & Brydon, L (2004). Loneliness and neuroendocrine, cardiovascular, and inflammatory stress responses in middle-aged men and women. *Psychoneuroendocrinology*, 5, 593-611
- 14 Caspi A, Harrington H, Moffitt T.E, Milne B.J, Poulton R, (2006) Socially isolated children 20 years later: risk of cardiovascular disease. *Archives of Pediatrics and Adolescent Medicine*, 8, 805
- 15 Tilvis R.S., Kahonen-Vare MH, Jolkkonen J, Valvanne J, Pitkala K.H., Strandberg TE. (2004). Predictors of cognitive decline and mortality of aged people over a 10-year period. *Journal of Gerontology series A Biological Science and Medical Science*, 59, 268–274.
- 16 James, B.D., Wilson, R.S., Barns, L. L., & Bennett, D.A (2011). Later-life social activity and cognitive decline in old age, *Journal of the International Neuropsychological Society*, 17, 998-1005, doi: 10.1017/S1355617711000531
- 17 Bennett DA, Schneider JA, Tang Y, Arnold SE, Wilson RS., (2006) The effect of social networks on the relation between Alzheimer’s disease pathology and level of cognitive function in old people: A longitudinal cohort study. *Lancet Neurology*, 5, 406–412.
- 18 Paul, C., Ayis, S., & Ebrahim, S. (2006). Psychological distress, loneliness and disability in old age, *Psychology, Health & Medicine*, 11, 221-232

-
- 19 Golden, J., Conroy, R.M., Bruce, I., Denihan, A., Greene, E., Kirby, M. & Lawlor, B.A. (2009). The spectrum of worry in the community-dwelling elderly, *Aging & Mental Health*, 15, 985-994, doi: 10/1080/13607863.2011.583621
- 20 Beeson, R., Horton-Deutsch, S., Farran, C. and Neundorfer, M. (2000) Loneliness and Depression in Caregivers of Persons with Alzheimer's Disease or Related Disorders. *Issues in Mental Health Nursing*, 21, 779-806. <http://dx.doi.org/10.1080/016128400750044279>
- 21 Adams, K.B., Sanders, S., & Auth, E.A. (2004). Loneliness and depression in independent living retirement communities: risk and resilience factors, *Aging & Mental Health*, 8, 475-485
- 22 Alpass, F.M. & Neville, S. (2010). Loneliness, health and depression in older males, *Aging & Mental Health*, 3, 212-216
- 23 Stek, M.L., Vinkers, D.J., Gussekloo, J., Beekman, A.T.F. van der Mast, R.C. & Westendorp, R.G.J. (2005). Is Depression in Old Age Fatal Only When People Feel Lonely? *American Journal of Psychiatry*, 162, 178-180, doi: 10.1176/appi.ajp.162.1.178
- 24 Luo, Y., Hawley, L.C. Waite, L.J., & Cacioppo, J.T. (2012). Loneliness, health and mortality in old age: A national longitudinal study, *Social Science & Medicine*, 6, 907-914
- 25 Shiovitz-Ezra, S. & Ayalon, L. (2010). Situational versus chronic loneliness as risk factors for all-cause mortality, *International Psychogeriatrics*, 3, 455-462
- 26 Tilvis, R.S., Laitala, V., Routasalo, P.E., & Pitkala, K. H. (2011). Suffering from Loneliness Indicates Significant Mortality Risk of Older People, *Journal of Aging Research*
- 27 Holt-Lunstad, J. Smith, T., & Layton, J. (2010). Social relationships and mortality: a meta-analytic review, *PLoS Med*
- 28 Bowling, A. (2011) Do older and younger people differ in their reported well-being? A national survey of adults in Britain. *Family Practice*, 28, 145-155. doi:10.1093/fampra/cm082
- 29 Glaser, B.G. and Strauss, A.L. 1967. *The discovery of grounded theory* Chicago: Aldine Publishing Company
- 30 O'Lauanaigh, C., & Lawlor, B.A. (2008). Loneliness and the health of older people, *International Journal of Geriatric Psychology*, 12, 1213-1221
- 31 Vandervoort, D. (2000). Social isolation and gender, *Current psychology*, 3, 229-236
- 32 Illiffe, S., Harari, D., Swift, C., Gillmann, G., & Stuck, A.E. (2007). Health risk appraisal in older people 2: the implications for clinicians and commissioners of social isolation risk in older people, *British Journal of General Practice*, 57, 537-277
- 33 Mitter, P., Reeves, S., Romero-Rubiales, F., Bell, P., Stewart, R., & Howard, R. (2005). Migrant status, age, gender and social isolation in very late-onset schizophrenia-like psychosis, *Geriatric Psychiatry*, 11, 1046-1051
- 34 Kuyper, L., & Fokkema, T. (2009). Loneliness among older lesbian, gay, and bisexual adults: The role of minority stress, *Archives of Sexual Behavior*, 39, 1171-1180, doi: 10.1007/s10508-009-9513-7
- 35 Boomsma D, Willemsen G, Dolan C, Hawkey L, Cacioppo J. Genetic and Environmental Contributions to Loneliness in Adults: The Netherlands Twin Register Study. *Behavior Genetics* 2005; 35(6):745-752.
- 36 J T Cacioppo, ME Huges, LJ Waite, LC Hawley, RA Thisted (2006). Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses, *Psychology and Aging*, 21, 140-151, doi: 10.1037/0882-7974.21.1.140
- 37 Masi, C.M., Chen, H.Y., Hawkey, L.C. & Cacioppo, J.T. (2010), A meta-analysis of interventions to reduce loneliness, *Personality and Social Psychology Review*, 3, 219-66
- 38 Masi, C.M., Chen, H.Y., Hawkey, L.C. & Cacioppo, J.T. (2010), A meta-analysis of interventions to reduce loneliness, *Personality and Social Psychology Review*, 3, 219-66

-
- 39 Carers UK (2015) Alone and caring: Isolation, loneliness and the impact of caring on relationships (London: Carers UK) <http://www.carersuk.org/for-professionals/policy/policy-library/alone-caring>
- 40 O’Lauanaigh, C.O., & Lawlor, B.A., (2008). Loneliness and the health of older people, *International Journal of Geriatric Psychiatry*, 23, 1231-1221, doi: 10.1002/gps.2054
- 41 Masi, C.M., Chen, H.Y., Hawkey, L.C. & Cacioppo, J.T. (2010), A meta-analysis of interventions to reduce loneliness, *Personality and Social Psychology Review*, 3, 219-66
- 42 Honigh-de Vlaming et al. (2013). Determinants of trends in loneliness among Dutch older people over the period 2005-2010, *Journal of Aging and Health*, 26, 422-440, doi: 10.1177/0898264313518066
- 43 Masi, C.M., Chen, H.Y., Hawkey, L.C. & Cacioppo, J.T. (2010), A meta-analysis of interventions to reduce loneliness, *Personality and Social Psychology Review*, 3, 219-66
- 44 Dartington, T. (2000). The preoccupations of the citizen: Reflections from the OPUS listening posts. *Organisational and Social Dynamics*, 1, 94–112
- 45 <http://www.nottinghamcircle.org/>
- 46 <http://www.nottinghamcvs.co.uk/LAEO>
- 47 <http://campaigntoendloneliness.org/toolkit/casestudy/spocn/>
- 48 Lau, S. and Gruen, G. E. (1992). The Social Stigma of Loneliness: Effect of Target Person’s and Perceiver’s Sex. *Personality and Social Psychology Bulletin*. 18(2) pp. 182-189 doi: 10.1177/0146167292182009
- 49 For example, Honigh-de Vlaming et al. (2013). Determinants of trends in loneliness among Dutch older people over the period 2005-2010, *Journal of Aging and Health*, 26, 422-440, doi: 10.1177/0898264313518066
- 50 Toseland, R. W., Rossiter, C. M., Peak, T. and Smith, G. C. 1990. Comparative effectiveness of individual and group interventions to support family caregivers. *Social Work*, 35, 3, 209–17.
- 51 <http://campaigntoendloneliness.org/toolkit/casestudy/springboard-cheshire/>
- 52 <http://www.royalvoluntaryservice.org.uk/our-impact/reports-and-reviews/avoiding-unhappy-returns>
- 53 Windle, K., Francis, J. and Coomber, C. 2011. SCIE Research Briefing 39: *Preventing loneliness and social isolation: interventions and outcomes*. SCIE: London. Available at: <http://www.scie.org.uk/publications/briefings/briefing39/>
- 54 Cattan, M., White, M., Bond, J., & Learmouth, A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions, *Ageing and society*, 1, 41-67
- 55 Rodden, M. (2013). *Excluded Groups Working Group ‘First Contact’ Schemes – Extent and Impact Edition 1*. (Elderly Accommodation Counsel (EAC): London). Available at: http://ageactionalliance.org/wordpress/wp-content/uploads/2013/07/firstcontactreportEdition1_201307012.pdf
- 56 Rodden, M. (2013). *Excluded Groups Working Group ‘First Contact’ Schemes – Extent and Impact Edition 1*. (Elderly Accommodation Counsel (EAC): London). Available at: http://ageactionalliance.org/wordpress/wp-content/uploads/2013/07/firstcontactreportEdition1_201307012.pdf
- 57 Jopling, K. 2015. *Promising Approaches to reducing loneliness and isolation in later life*. Age UK: London.
- 58 Rodden, M. (2013). *Excluded Groups Working Group ‘First Contact’ Schemes – Extent and Impact Edition 1*. (Elderly Accommodation Counsel (EAC): London). Available at: http://ageactionalliance.org/wordpress/wp-content/uploads/2013/07/firstcontactreportEdition1_201307012.pdf

-
- 59 Masi, C.M., Chen, H.Y., Hawkey, L.C. & Cacioppo, J.T. (2010), A meta-analysis of interventions to reduce loneliness, *Personality and Social Psychology Review*, 3, 219-66
- 60 Cattan, M., White, M., Bond, J., & Learmouth, A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions, *Ageing and society*, 1, 41-67
- 61 Mentoring and Befriending Foundation. (2012). *Research summary 3: A list of key findings from research studies and evaluations that show the positive impact of mentoring and befriending*. (Mentoring and Befriending Foundation: Manchester) Available at: <http://www.mandbf.org/wp-content/uploads/2011/03/Research-summary-3-older-people-updated-Oct-2012.pdf>
- 62 Findlay, R. A. 2003. Interventions to reduce social isolation among older people: where is the evidence ? *Ageing & Society*, 23, 647–58.
- 63 Cattan, M., White, M., Bond, J., & Learmouth, A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions, *Ageing and society*, 1, 41-67
- 64 Dickens, A., Richards, S., Greaves, C., & Campbell, J. (2011) Interventions targeting social isolation in older people: a systematic review, *BMC public health*, 11, 647, doi: 10.1186/1471-2458-11-647
- 65 Jopling, K. 2015. *Promising Approaches to reducing loneliness and isolation in later life*. Age UK: London.
- 66 Campaign to End Loneliness's Impact Measurement Tool will be published May 2015 and available at: <http://www.campaigntoendloneliness.org/measuring-loneliness-interventions/>
- 67 Jopling, K. 2015. *Promising Approaches to reducing loneliness and isolation in later life*. Age UK: London.
- 68 Kohut, 1984; *How Does Analysis Cure?* ed. A. Goldberg & P. Stepansky. Chicago: University of Chicago Press
- 69 Lee, R.M. & Robbins, S.B. (1995). Measuring belongingness: The Social Connectedness and the Social Assurance scales. *Journal of Counseling Psychology*, 2, 232-241
- 70 Honigh-de Vlaming et al. (2013). Determinants of trends in loneliness among Dutch older people over the period 2005-2010, *Journal of Aging and Health*, 26, 422-440, doi: 10.1177/0898264313518066
- 71 Pawson, R. & Tilley, N. (1997) *Realist Evaluation*, Sage

About the authors



Anna Goodman is the Learning and Research Manager at the Campaign to End Loneliness. The Campaign aims to inspire thousands of organisations and people to do more to address

loneliness in older age. It works through community action, sharing good practice and research to ensure loneliness is acted upon as a public health priority. Launched in 2011, the Campaign is governed by five partner organisations – Age UK Oxfordshire, Independent Age, Manchester City Council, Royal Voluntary Service and Sense – and works alongside more than 2,000 supporters across the UK.



Hannah J. Swift is a Research Fellow in the School of Psychology at the University of Kent. Her research focuses on ageism, people's attitudes to ageing and older people and the consequences of age

stereotypes, and has resulted in 9 academic publications and 5 reports for policy audiences. She has an interest in using real world observational data to explore how ageism manifests in everyday life and started the Everyday Ageism project (see everydayageism.com) in 2013. She is also interested in exploring the impact of positive attitudes to age and conditions that contribute to healthy active and successful ageing. She is a core member of the Age Action Alliance's working group on Attitudes to Age and the European Research Group on Attitudes to Age (EURAGE, eurage.com) which contributed to the design and analysis of the Experiences and Expression of Ageism module in the 2008/9 European Social Survey.



Adrian Adams is an honorary research fellow in health and social care in the School of Social Policy, Sociology and Social Research at the University of Kent. Formerly, he practiced social work in London and

was a social work education advisor with the Central Council for Education and Training in Social Work before becoming the manager of professional training for Kent Social Services. Until 2009, he was Head of Social Work at Canterbury Christ Church University and was the Independent Chair of the Canterbury District Advisory Board for Children's Centres from 2010 - 2014. He is a trustee of the Avante Partnership and an associate member of OPUS. His professional interests include: workforce development, and integration and governance of health and social care services. He is the author of: Milne, A. & Adams, A. (2014) Enhancing Critical Reflection amongst Social Work Students: The Contribution of an Experiential Learning Group in Care Homes for Older People. *Social Work Education: The International Journal*.

Report Citation

Goodman, A., Adams, A., & Swift H.J. 2015. *Hidden citizens: How can we identify the most lonely older adults?* The Campaign to End Loneliness: London

About the Campaign to End Loneliness

The Campaign to End Loneliness inspires thousands of people and organisations to do more to tackle loneliness in older age. We are a network of national, regional and local organisations and people working through community action, good practice, research and policy to create the right conditions to reduce loneliness in later life. We were launched in 2011, are led by five partner organisations, Age UK Oxfordshire, Independent Age, Manchester City Council, Royal Voluntary Service and Sense, and work alongside more than 2,000 supporters, all tackling loneliness in older age. Our work is funded by the Calouste Gulbenkian Foundation, the Tudor Trust, the Esmée Fairbairn Foundation and the John Ellerman Foundation.



Campaign to End Loneliness
3 Rufus Street
London
N1 6PE

For general queries, email us at
info@campaigntoendloneliness.org.uk
or call us on 020 7012 1409.

@EndLonelinessUK

www.campaigntoendloneliness.org.uk



HIDDEN CITIZENS

HOW CAN WE IDENTIFY
THE MOST LONELY
OLDER ADULTS?

Campaign to
EndLoneliness
CONNECTIONS IN OLDER AGE

University of
Kent

HIDDEN CITIZENS

HOW CAN WE IDENTIFY
THE MOST LONELY
OLDER ADULTS?

Campaign to
EndLoneliness
CONNECTIONS IN OLDER AGE

University of
Kent