The Campaign to End Loneliness Impact Report

the first three years’ achievements

Campaign to end loneliness
impact report

Supported by CALOUSTE GULBENKIAN FOUNDATION

CONNECTIONS IN OLDER AGE

charities evaluation services
This report was written and researched by Sally Cupitt, Head of Consultancy at Charities Evaluation Services, with support from CES staff and associates, including Maria Kelly, Jean Ellis and Rebecca Dien-Johns.

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Published by Charities Evaluation Services
Design by Positive2

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Acknowledgements

Thanks to: Laura Ferguson, Anna Goodman and Marianne Symons at the Campaign to End Loneliness; the Campaign’s Management Group members; and to Annabel Davidson Knight of the Calouste Gulbenkian Foundation, for the Foundation’s support to this work and contributions to the evaluation.

Many thanks also to all the organisations that took part in surveys and interviews to provide data for this evaluation.

About the organisations

The Campaign to End Loneliness is a network of national, regional and local organisations and individuals working together through community action, good practice, research and policy to create the right conditions to reduce loneliness in later life. The Campaign was launched in 2011, is led by five partner organisations and works alongside 1,000 supporters, all tackling loneliness in older age.

The evaluation described in this report is funded by the Calouste Gulbenkian Foundation. The Calouste Gulbenkian Foundation is an international charitable foundation with cultural, educational, social and scientific interests. Based in Lisbon with branches in London and Paris, the Foundation is in a privileged position to support transnational work tackling contemporary issues in Europe. Its UK Branch was a catalyst for the Campaign to End Loneliness and has funded it since its inception as part of the Foundation’s Fulfilling Potential programme; the Campaign is based at the Foundation’s London offices. Since 2008, a number of projects concerned with ageing have been funded under this programme that aspire to create stronger, more mutually supportive communities in which older people are valued and enabled to engage to their full potential.

Charities Evaluation Services (CES) is an award-winning national charity with 23 years of experience in helping voluntary organisations, social enterprises and funders to improve their effectiveness. CES provides consultancy, training, independent evaluations and tailored services; its team of experts help over 1,000 organisations each year to achieve more, and to better demonstrate the impact and quality of their work.
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Acronyms

ASCOF The Adult Social Care Outcomes Framework
CES Charities Evaluation Services
DH The Department of Health
HWB Health and wellbeing board
JHWS Joint health and wellbeing strategy
JSNA Joint strategic needs assessment
LHH Loneliness Harms Health campaign
PHOF The Public Health Outcomes Framework
VCO Voluntary and community organisation
The Campaign to End Loneliness impact report

Executive summary

About the Campaign

Set up in 2010, the Campaign to End Loneliness (the Campaign) aims to create connections in older age in England, by working with and through organisations that work with older people, and by influencing national and local policy. The staff team of three, supported by an active management group, have carried out extensive communications work, produced resources, and undertaken local and national lobbying.

What the Campaign has achieved

With limited funding and a very small staff team, the Campaign has achieved significant changes in its first three years of funding, in three main areas:

1. It has exceeded expectations in raising interest in the Campaign and the issue of loneliness, particularly in the media.
2. It has increased people’s understanding of and commitment to tackling the issue, and mobilised supporters and influencers to take action in support of the Campaign.
3. It has exceeded what it hoped to achieve in terms of policy change, particularly national policy.

The Campaign has had less impact than it had hoped, in part due to changed plans, in terms of improved services tackling loneliness in older people, but there is still evidence of some change. A focus on changing practice is to be a central theme of the Campaign’s next three-year strategy.

Increased interest in the Campaign

The interest generated by the Campaign in its activities and the issue of loneliness has exceeded expectations:

- The Campaign has almost 1,000 supporters, has a good following on Twitter and the Campaign website is well used. The number of online references to the Campaign has increased significantly over the last few years.
- The Campaign has developed very good relationships with key influencers, particularly in the Department of Health, and a 2012 survey showed the awareness of the Campaign among MPs was high.
- The Campaign has had an unexpected level of success in media work, with a number of respondents feeling they punched above their weight. There is evidence of a change in the nature of the debate around loneliness, particularly seen in increased references to the health impacts of loneliness. While attribution is difficult, many respondents felt this change was due at least in part to the Campaign.
Inspiring action

A third of the 175 Campaign supporters responding to our online survey were already committed to the issue of loneliness; however, the Campaign has improved many other supporters’ understanding of the issue and their commitment to tackling it.

The Campaign has inspired some influencers, including MPs and a Minister, to take action to support Campaign goals. The Campaign has been mentioned in Parliament 12 times. The Campaign has also inspired supporting organisations to take action, for example sharing information with others, engaging in online campaigning, and lobbying influencers.

Effect on services

The Campaign has improved access to evidence among practitioners, aiming to influence the development and improvement of services. About a half of the respondents in our supporter survey had improved existing services, and the Campaign has had some effect on that change in about 80 per cent of cases. A similar number of service providers said they had found new ways to reach the most isolated older people, about 70 per cent of whom reported some Campaign influence on that development.

There is good evidence that the Campaign has influenced some developing initiatives and inspired the development of some new projects, including The Silver Line.

However, Campaign’s resources have been stretched in taking up welcome, but unanticipated, opportunities to influence policy – resulting in a changed work plan. This has meant that the Campaign’s capacity to work directly with service providers was reduced and that, at this stage, the effect on improving services has been less than planned. The Campaign also chose to delay a planned ‘What Works’ resource, given the lack of new relevant research evidence.

Policy change

The Campaign has achieved more than expected in terms of national and local policy change. As a direct result of Campaign lobbying, loneliness was included in a Government White Paper, and loneliness has been included in two government measures of wellbeing.

England’s 152 new health and wellbeing boards1 were required to publish joint health and wellbeing strategies by April 2013; by that time most had done so. Online research found that about half of the 128 available strategies mentioned loneliness or isolation as a serious issue to be addressed. Although there have been other influencing factors in this, interviews with health and wellbeing board members and other evidence indicate that some strategies have included loneliness at least partly due to the Campaign.

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1 Health and wellbeing boards (HWBs) were introduced as part of the NHS reforms outlined in 2012. Each upper-tier authority in England has been required to form an HWB. HWBs need to undertake a joint strategic needs assessment to map the needs of their local communities, and then develop a joint health and wellbeing strategy to guide local commissioning.
Learning

Success factors
• The Campaign has been timely, able to draw on existing interest and bring research to new audiences.
• The Campaign’s evidence base has underpinned its messages and resources, which is seen by many as a real strength.
• A two-pronged approach has been effective, tackling both national and local policy, working alongside local activists. The early engagement with the Department of Health was crucial.
• A combination of key stakeholders has driven the success of the Campaign, including a strong staff team, a very active Management Group, a supportive and engaged funder, a wide and active supporter base and key influencers, particularly at Government level.

Challenges
• The Campaign has sometimes found it hard to balance existing commitments with the many new opportunities it has been offered. A clearer strategic focus is helping them prioritise.
• It has been challenging for the Campaign to fundraise within the timescales required by funders because the Campaign’s strategy has taken time to develop.
• A small staff team has meant the Campaign’s decision making is usually nimble, allowing new opportunities to be taken up, but it has meant capacity has sometimes been stretched.

Conclusion
Over a short period of time, and with very limited resources, the Campaign has brought about significant change. These early successes provide a sound foundation and hold promise for further achievements over the next three years.

About this evaluation
Charities Evaluation Services (CES) has been working with the Campaign for the last three years, providing both formative and summative evaluation. This is a summary of an evaluation of the work of the Campaign from October 2010 to August 2013, that draws on both Campaign monitoring data and extensive primary data collected by CES, through interviews, surveys and desk research.
Introduction

Background

The Campaign to End Loneliness aims to create connections in older age in England, by working with and through organisations that work with older people, and by influencing national and local policy.

The Campaign was started in 2010 by the founder funder, the Calouste Gulbenkian Foundation, and four founder partners, Age UK Oxfordshire, Royal Voluntary Service (formerly WRVS), Counsel and Care and Independent Age.

The UK branch of the Calouste Gulbenkian Foundation has a long history of funding work with older people. Following a seminar on isolation in London in October 2008, a recommendation was made to form an 'Isolation Coalition', to be hosted by an older people's organisation and supported by the Foundation. Following this, the Calouste Gulbenkian Foundation funded much of a two-year development phase; the Foundation has since funded the first three years' operations of the Campaign, from October 2010 to September 2013.

The Campaign began in 2010 with just a Campaign Director, joined by a Campaign Coordinator in 2011 and a Campaigns Officer in 2012. They are assisted by the Management Group and a wide network of partners in delivering the Campaign’s work. The current Management Group comprises Age UK Oxfordshire, Independent Age (which merged with Counsel and Care in 2011), Manchester City Council, Sense and Royal Voluntary Service.

The Campaign’s goals

The Campaign’s long-term goal is to reduce loneliness in older people (aged 65 and over) in England. The Campaign initially planned to achieve this through three main aims:

1. **Improving the quality and quantity of services** that tackle loneliness in older people. It would achieve this by increasing providers’ knowledge of good practice and their commitment to tackling loneliness. *Campaign activities to bring about this aim would include written resources, events and dissemination of evidence about what works.*

2. **Improving the commissioning of services** to tackle loneliness in older people, both in quantity and quality. It would achieve this by increasing commissioners’ knowledge of the importance of tackling loneliness, and through changes to local policy and strategy (in particular the plans of health and wellbeing boards). *Campaign activities to encourage this would include press and media work, lobbying at local and national levels and support to local activism.*

3. **Enabling older people to reduce their own loneliness.** This was to be achieved in part through a ‘futureproofing’ project, in which people aged 40 and over would start to protect themselves against future loneliness. *Campaign activities to effect this change would include a media campaign.*
Health and wellbeing boards (HWBs) were introduced as part of the NHS reforms outlined in the Health and Social Care Act 2012. They aim to ensure more integration in commissioning of services and to help communities to have greater involvement in addressing their local health and social care needs. HWBs need to undertake a joint strategic needs assessment to map the needs of their local communities, and then develop a joint health and wellbeing strategy for their area, based on the joint strategic needs assessment. The strategy forms the basis of local commissioning decisions.

Each upper-tier authority in England has been required to form an HWB. Many HWBs have been in place since April 2012 in shadow form. Boards took on their statutory functions from April 2013, the date by which their joint health and wellbeing strategies should have been completed and publicly available.

In early 2012, there was a major review of strategy. Campaign staff, the Management Group and the founder funder agreed that the Campaign would no longer try to influence individuals directly. They argued that a small campaign should target its very limited resources via organisations and policy makers, and try to effect change through these groups rather than working directly with the general public. The work targeting individuals described in Aim 3 above, in particular the futureproofing project, was deprioritised, although the final decision on this was not taken until late 2012.

This report

Charities Evaluation Services (CES) has been working with the Campaign for three years, providing both formative and summative evaluation. The primary purpose of this report is to assess the outcomes and impacts of the Campaign. We define these in this way:

- **Outcomes**: These are the changes, benefits, learning or other effects that result from what the project or organisation makes, offers or provides.
- **Impacts**: These are the broader or longer-term effects of a project’s or organisation’s outputs, outcomes and activities. Often, these are effects on people or systems other than the direct users of a project, or on a broader field such as government policy. These wider changes are ones to which an organisation contributes, alongside other influences. In the case of the Campaign, its main intended impact is reduced loneliness in older people.

The evaluation has also provided learning about which activities were most and least effective in bringing about change. Findings will inform the next phase of the Campaign and deliver wider learning about how campaigning activity works to effect change.

This report evaluates the work of the Campaign from October 2010 to August 2013, and draws on CES’ previous two interim reports (September 2011 and September 2012).

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2 See www.jargonbusters.org.uk
Our data for the evaluation came through the following sources:

- regular face-to-face and phone interviews with staff, the funder and the Management Group
- in-depth analysis of Campaign monitoring data
- three online surveys to supporters:
  - two sent to users of particular publications (October 2012, 82 respondents; January 2013, 119 respondents)
  - one to the whole supporter group (June 2013, 175 respondents), focusing on all of the Campaign’s work, as well as a section focused on one publication
- phone interviews with national influencers and policy makers (14)
- phone interviews with local activists and local influencers (36 interviews with 24 people)
- online research into the spread of Campaign outputs and media coverage
- online research into the content of HWB strategies
- phone interviews with HWB representatives (16).

Our methodology is described in more detail in the Appendix.

**Report structure**

This report has three sections:

**Section 1:** What the Campaign has achieved (outcomes and impacts).

**Section 2:** What the Campaign has done to bring about change (activities and specific learning from these).

**Section 3:** Learning.
Section 1

What the Campaign has achieved

With limited funding and a very small staff team, the Campaign has achieved significant outcomes and some early impacts in four main areas:

1. It has **exceeded expectations in raising interest** in the Campaign and the issue, particularly in the media.
2. It has **increased people’s understanding of and commitment** to tackling the issue, and **mobilised supporters and influencers to take action** in support of the Campaign.
3. It has exceeded what it hoped to achieve in terms of **policy change**, particularly national policy.
4. In part due to a change in plans, the Campaign has, so far, had less effect than planned in terms of **improved services** tackling loneliness in older people, but there is still evidence of some change. However, a focus on changing practice is to be a central theme of the Campaign’s next three-year strategy.

The Campaign was shortlisted for the best Charity Partnership award in the Third Sector Excellence Awards in 2012.
1. Increased interest in the Campaign

The Campaign’s considerable amount of communications activity over the last year, including press work, social media, articles and presentations has generated significant press coverage on the topic of loneliness. This has resulted in increased interest in the Campaign and its work among supporters and influencers.3

1.1 Supporter and influencer interest

Supporter interest

The Campaign has a healthy number of signed-up supporters, both individual and organisational. Events are well attended, supporters are engaged through Twitter, the website is well used, and supporters regularly download Campaign publications, suggesting that they move beyond interest to practical application of information. Chart 1 shows the steady increase in Campaign supporters.4

Chart 1: Numbers of supporters signing up to the Campaign from October 2011 to July 2013 (n=990)

As of July 2013, the Campaign had 990 supporters, of which 402 were organisations and 588 individuals. Supporters are located in all nine English regions, ranging from

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3 By ‘influencer’ we mean anyone able to make change to policy or practice that reaches beyond individual organisational practice. In particular we refer to MPs and national and local government.

4 There was no information available about supporter sign ups before October 2011.
the greatest number in London to the smallest in the North East. A small number of supporters are based in Wales, Scotland and Northern Ireland.5

Twitter
The Campaign started using Twitter in August 2011 and this is generating a good level of interest. By June 2013, they had 2,570 followers on Twitter, and received 1,766 mentions.

Website and downloads
The Campaign website contains a range of resources on loneliness, from research evidence to ways for people to campaign in their local areas.

Since its launch on 1 February 2011, there have been 77,615 visits to the Campaign website.6 There was an average of 2,772 visits per month, and clear spikes can be seen coinciding with Campaign events and media coverage (see pages 9-11). Website usage is greater during the week, suggesting more working people use the website. The average time on site is about three minutes, and there is a bounce rate7 of 48 per cent, which is close to an average bounce rate.8

There were 2,442 downloads of 55 different documents from the Campaign website between September 2011 and June 2013.9

Online interest
The number of references to the Campaign online has increased dramatically over the last few years, as follows:10

- 2010 – 31
- 2011 – 210
- 2012 – 582

Influencer interest
The Campaign has spent a lot of time networking and developing relationships with key influencers, to good effect. The level of parliamentary interest is particularly high, and strong relationships have been built with the Department of Health.

Department of Health
During 2011 and 2012, the Campaign built very strong links with the Department of Health (DH), through the then Minister for Care Services, Paul Burstow MP.11 The Campaign is aware of the fragility of influencer relationships and in 2012 actively sought contact with Norman Lamb MP12 before he replaced Paul Burstow as

5 Location not known for all supporters.
6 In 2012, new EU legislation was introduced allowing people to opt out of being tracked by Google Analytics; this may have reduced numbers recorded. The way the data on the Campaign website is collected does not allow us to record the total number of visitors.
7 The bounce rate is the percentage of visitors that only look at one page before leaving a website. Generally, it is considered better to have a lower bounce rate, as it means that people are coming to your site and finding it relevant and interesting.
9 There was a short period 2012/2013 when problems with the website meant the Campaign was unable to capture the data. The true figure is therefore likely to be higher than this.
10 Using Google.
11 Liberal Democrat MP for Sutton and Cheam.
12 Liberal Democrat MP for North Norfolk.
Minister of State for Care Services in September 2012. The results of this ministerial engagement are reported on pages 15 and 16.

**Wider government awareness**

There is some indication that wider government interest in the Campaign is developing; this interest can now be developed by the Campaign. Stakeholders pointed to some early interest from the Department for Work and Pensions and the Department for Communities and Local Government. A senior policy adviser at the Cabinet Office also described some of their recent work, scoping a new social action campaign around loneliness and isolation. The adviser reported that the Campaign was referenced by ‘almost everybody’ when they mapped the market:

> I always asked who else should I speak to in this field. Almost everyone I spoke to said, ‘You should speak to the Campaign to End Loneliness.’

A respondent from the Big Lottery Fund, which is also leading new work on social isolation and loneliness, felt that the Campaign had quite a high profile in government. He reported:

> [The Campaign] seems to be an owner of that issue with those key players, which would seem to be a sign of success. The issue would seem to be much higher in their consciousness.

**Awareness among MPs**

An unexpectedly high number of MPs are aware of the Campaign. nfpSynergy’s\(^{13}\) Charity Parliamentary Monitor Survey of MPs (November/December 2012) found that, of the 151 MPs surveyed:\(^{14}\)

- 16% said they were definitely aware of the Campaign; 26% were probably aware.
- 31% said they supported the aims of the Campaign.

To put this in context, there was a similar level of awareness of, and support to, the Campaign by MPs as for campaigns run by some of the UK’s largest and most established charities. This is likely to be at least partly due to timing; the nfpSynergy survey went out just after the Campaign had contacted all MPs about an event it was holding in Parliament in December 2012 (see Chapter 2.2).

**Stimulating pre-existing interest**

Evidence from interviews revealed that many of the supporters already had an interest in the area of loneliness, or at least in the field of social isolation. The Campaign had, for some, reawakened this interest and/or refocused it.

A former member of the Management Group is a councillor in Manchester, arguably a leading local authority on work focused on older people. She noted that the work of the Campaign fitted very well with previous initiatives in Manchester, helping older people stay active and connected: ‘A lot we were doing already, but hadn’t realised it was also about combating loneliness.’ However, like some other respondents, she felt that this was not just about rebranding pre-existing work:

> We thought we were just keeping people independent and well. We hadn’t realised the true value of that work, the benefit to long-term health of keeping people connected. So it’s strengthened the importance of that type of work.

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\(^{13}\) nfpSynergy is a research consultancy that works in the not-for-profit sector.

\(^{14}\) This represents 23 per cent of the total number of MPs.
1.2 Media interest in the issue and the Campaign

The Campaign has had an unexpected level of success in its media work, with one respondent noting that the Campaign staff are ‘a small team; they are already punching above their weight in terms of media coverage.’

There is evidence of an increased interest in loneliness in the media, and an increase in people linking loneliness to health, which is a core Campaign message. Although encouraging for the Campaign, it cannot be known to what extent the Campaign itself has been responsible for this. It may be that their messages were well timed, and were part of a larger groundswell of interest. A further discussion of this can be found in Section 3.

Increased media coverage of loneliness in older people

Staff and Management Group members all held the view that there had been a general increase in coverage of the issue of loneliness in the press since the start of the Campaign. This was a perception shared by our interview respondents from external agencies. A member of the Cabinet Office, herself a specialist in ageing, commented:

Ageing issues now seem to be coming much more to the forefront. When I initially came into government, ageing was still a hard sell and that was only five to six years ago.

Most respondents attributed at least part of that change to the Campaign. One argued that the Campaign’s launch report, Safeguarding the Convoy (February 2011) ‘caused people to put loneliness at the top of the agenda whereas before it wasn’t anywhere’. A journalist from communitycare.co.uk reported being struck by the level of coverage in the national press, in which the Campaign has often been quoted. He noted that attribution of such a change is tricky, but he felt the Campaign had played a part:

Loneliness wasn’t an issue a few years ago that really carried a lot of weight in terms of either public policy or broader public discussion. It’s hard to know whether the Campaign was set up at the right time, when those issues were coming into public consciousness, or how far it has pushed that along. I believe it has done that to some degree. I believe that it’s been pretty successful.

The same journalist reported that as a result of the Campaign he has written about loneliness more:

I know about the issues more. In the last two years I have written more on these issues, partly due to the Campaign. They are good at highlighting evidence and action for social care, that tackling isolation and loneliness should be core to their work.

Media coverage of the Campaign

The Campaign has been involved in almost 190 pieces of public relations work that were picked up by the media. Of these, 45 per cent were in the national media and 55 per cent in local or regional media. The Campaign’s media presence resulting from its public relations work was greatest online (113 pieces). The Campaign also featured 48 times in the printed press, 32 times on the radio and had seven TV appearances.
Coverage of specific Campaign activities
Overall, there has been good press coverage of Campaign events and publications (see Chart 2). Full details of these events and publications, with findings on what people thought of them, can be found in Section 2.

The chart shows peaks in media interest in December, when the Campaign has been able to use a seasonal interest in loneliness. There are also peaks around most events and publication launches, and this effect has increased over time. The Summit, an event co-hosted with the DH, received particularly high coverage, including significant national press. To illustrate the potential benefit of such national coverage, the combined quarterly audience of the national media covering the Summit totalled about 145 million.

Changing the nature of the debate
A number of interview respondents felt that the nature of the debate around loneliness had changed in a number of ways, in large part due to the Campaign. This change included a new focus on loneliness as distinct from isolation; most significant was an increased linking of loneliness and health.

Linking loneliness and health
Respondents pointed to an increased focus on, and acceptance of, the links between loneliness and health. There was broad agreement from the Campaign staff and Management Group, and many external stakeholders, that the issue of loneliness and health were now accepted as important and linked issues, and that the Campaign had played a significant role in this.
A number of respondents felt that this was at least in part due to the simplicity of recent Campaign messages comparing the adverse health effects of loneliness with those of cigarette smoking. While we cannot track all the changes in the nature of the debate, we can track the use of this message.

From mid-2012, the Campaign started using the message that the mortality risk incurred by loneliness in old age was equivalent to smoking 15 cigarettes a day. This followed a presentation at the Campaign and Age UK Oxfordshire’s research conference in July 2012, in which the psychologist Julianne Holt-Lundstad first used the message. The presentation was based on her 2010 meta-analytic study into loneliness and health.

Before the message was taken up by the Campaign, the study had not received much press. By August 2013, there were 98 online references (excluding those on the Campaign’s own website) to the message that loneliness can be as damaging to a person’s health as smoking 15 cigarettes a day. Chart 3 shows that the large majority of these occurred after the Campaign took up the message.

However, it is important not to overstate the role of the Campaign. Respondents were clear that there were other factors involved in making shifts in the way loneliness is talked about. A respondent from Public Health England argued that Holt-Lundstad’s own systematic review was a compelling collection of evidence that was key in shaping scientific understanding.

Chart 3: Online press references of the ‘15 cigarettes a day’ message, combined with ‘loneliness’ and ‘Campaign to End Loneliness’ (n=98)

However, it is important not to overstate the role of the Campaign. Respondents were clear that there were other factors involved in making shifts in the way loneliness is talked about. A respondent from Public Health England argued that Holt-Lundstad’s own systematic review was a compelling collection of evidence that was key in shaping scientific understanding.

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15 For example, the Campaign used this message in their December 2012 MP Constituency Campaign Pack and in Loneliness – the state we’re in.

A developing approach to media work
Campaign staff report that the extensive media coverage for the Summit was partly due to the involvement of the DH press team. It was also due to a more strategic approach to generating press coverage for events, adopted from the Summit onwards. This included working with the press teams of the Management Group (three of the member organisations have such teams) and sharing out potential contacts.

Campaign staff report that they were unable to get enough press coverage for all publications, for example Listening to You: The baseline report from the Campaign to End Loneliness. They were managing most of the press work in house at the time and felt in retrospect they lacked both capacity and experience with national press and journalists.
2. Inspiring action

The Campaign has changed supporters’ understanding of the issue of loneliness in older people and their commitment to tackling it. This has led to good numbers of supporters, and some influencers, taking action in support of the Campaign’s aims.

2.1 Improving understanding and commitment

A first step to getting some people to take action is changing their understanding of the issue of loneliness and their commitment to tackling it. The data indicated that about a quarter of supporters already had a good understanding of the issue of loneliness in older people prior to contact with the Campaign, and about a third were already committed to tackling loneliness. However, there is evidence from interviews and surveys that the Campaign increased many other supporters’ understanding and commitment.

Improved understanding

We did an online survey of Campaign supporters, receiving responses from 175 people.17 Responding to a question on whether the Campaign had improved their understanding of loneliness in older age, 27 per cent felt they already had a good understanding of the issues; almost all the remaining respondents felt that their understanding had been increased ‘a little bit’ (36%) or ‘considerably’ (35%).

The two per cent of respondents who felt that they still did not have a good understanding of the issue of loneliness in older age, and that the Campaign had not helped them to increase their understanding, all had a very limited amount of contact with the Campaign. They reported that they had received email updates on a few occasions, but had not read any Campaign publications, nor had they had any other contact with the Campaign.

We surveyed supporters three times, asking specifically about different Campaign publications, receiving 304 responses across all surveys.18 When asked whether reading the Campaign resources had improved their understanding of loneliness in older age, on average across all the publications, 72 per cent of responses said that it had, 55 per cent said ‘considerably’. Of all responses, 28 per cent said their understanding of the issue had not improved because they already had a good understanding of it.

We interviewed twenty-four people in regions where the Campaign had done in-depth campaigning work. A number of our interviewees said the Campaign had raised their understanding, but there was also evidence that this had strengthened work they were already doing. A respondent from Essex County Council, who had a pre-existing interest in social isolation and is now pioneering work on mapping

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17 We received 175 responses from 990 supporters, or 17 per cent. This sample is likely to contain some biases, which is discussed in the Appendix.

18 Because all the surveys were sent to all supporters, we cannot know the actual number of respondents as some will have completed more than one survey. The publications surveys received between 74 and 119 respondents. As a result, the absolute figures here represent responses not respondents.
loneliness (see page 29), explained how contact with the Campaign had affected him personally:

I am now a council expert on loneliness! It’s developed me as an individual; I understand things a lot more. I’m able to use that knowledge to influence others.

Supporters’ own situation
The Campaign does not aim to influence individuals directly. However, in response to a question put to our survey respondents, three-quarters (76%) said that contact with the Campaign had made them think about either their own present or future situation.19

Improved commitment to reducing loneliness
The Campaign is increasing many people’s commitment to tackling loneliness (see Chart 4), although 32 per cent of our 175 supporter survey respondents reported that they were already fully committed to the issue of tackling loneliness in older people before they came into contact with the Campaign. Of the balance, 65 per cent reported that the Campaign had made them want to do more to reduce loneliness in older people, 47 per cent of them saying the Campaign had made them want to do considerably more (n=175).

Chart 4: Has the Campaign made supporters want to do more to reduce loneliness in older people? (n=164)

Only three per cent of respondents said they were not motivated to do more by the Campaign, as they were not in a position to do more (2%) or they had other things to focus on (1%).

Respondents to our online publications surveys were asked whether reading the Campaign resources had made them want to do more to reduce loneliness and isolation in older people. On average across all the publications, 65 per cent said that it had (50% considerably more, 15% a little more, n=304). A third of respondents

19 Of the balance, 16 per cent said the Campaign had not made them think about their own situation, and 8 per cent said they were not sure).
(34%) felt they were already committed to tackling the issue and were not prompted to do more by the resource. The remaining one per cent of respondents were either not in a position to do more or had other priorities to focus on. Three-quarters (74%) reported that they had already taken action.

2.2 Inspiring influencers to take supportive action

The Campaign has inspired influencers to take action to support the Campaign’s goals. Action ranged from contacting the press or local government to asking questions in the House of Lords.

MP action
The Campaign has mobilised a number of MPs to take action on loneliness, either nationally or locally; the Campaign website lists 21 MPs pledging to take action on behalf of the Campaign. This has been stimulated primarily through the work the Campaign has done targeting MPs through their Constituency Campaign. In December 2012, they held a parliamentary event for MPs, inviting all 650 UK MPs. The event received cross-party interest. Of the 18 MPs who attended the event, seven were from Labour, six were Liberal Democrats and four Conservatives. All those who expressed an interest in the event, or who represented an area in which the Campaign was active (136) were sent a campaigning pack; 49 actively requested a pack. Of those receiving a pack, about half were Conservative MPs (49%), followed by Labour (31%) and Liberal Democrats (12%).

MP action as a result of the Campaign has included:
- acting on behalf of constituents
- contacting the local press
- contacting local HWBs.

nfpSynergy’s survey of MPs found that, of the 62 MPs who were definitely or probably aware of the Campaign:
- 8% had contacted the media in their constituency/issued a press released.
- 7% had spoken to or written to the relevant minister.
- 5% had taken or supported action in their constituency.
- 3% had asked a question in Parliament or raised the issue in parliamentary debate.\(^\text{20}\)

Ministerial action
In late 2011, the Campaign proactively sought, and was successful in making, contact with Paul Burstow MP, then Minister for Care Services. The DH contacted the Campaign again in late January 2012, offering to fund and co-host an event for HWBs to highlight the effects of loneliness on health and wellbeing, and to mobilise a range of organisations to action, in particular HWBs. In March the Summit on Tackling Loneliness was attended by two government ministers (Paul Burstow and Steve Webb MP).\(^\text{21}\)

It is significant that the DH chose to deliver this event with the Campaign rather than with another large national player. A senior policy manager at the DH explained the importance of the efforts of the Campaign and Royal Voluntary Service, together with research published around the same time linking health and loneliness, in

\(^{20}\) Absolute figures are not available in the nfpSynergy report.

\(^{21}\) Steve Webb is the Minister of State for Pensions and Liberal Democrat MP for Thornbury and Yate.
highlighting the issue for the DH. She explained that the DH already had a growing interest in loneliness and had the notion of arranging a Summit on the subject. She recommended that the DH work with the Campaign to develop and deliver the Summit as the Campaign had ‘credibility and strength’ in this area.

Paul Burstow later offered to host an event for MPs in Parliament with the Campaign, in December 2013. He reported that this probably would not have happened without the Campaign:

The fact the Campaign raised my awareness made me more switched on to loneliness as an issue and in turn led to various initiatives – the Summit and the MP event in December.

Questions in the Houses
Between 2011 and 2013, the Campaign was mentioned in parliament 12 times. Subjects covered included the specific actions the government was taking to address loneliness, mental health and hearing loss in the context of tackling loneliness, and the Campaign’s Summit on Loneliness event.

Tracey Crouch MP was one of those mentioning the Campaign in the House of Commons. She explained how the Campaign had directly affected her actions in this area:

After my researcher attended the Vital Connections event, I decided to hold an adjournment debate (a single speech) on the issue of loneliness in older people before Parliament rose for the Christmas recess… Before I was aware of the Campaign, loneliness was not an area which I was familiar with. My understanding and interest thus increased because of my involvement with the Campaign and that led to my decision to hold the adjournment debate on the issue. I would like to praise the work of everyone working on the Campaign and thank them for the assistance provided to my office… It disseminated its information to MPs in an appropriate way and their contact with my office was always useful.

Action by local government influencers
There is evidence that Campaign messages have been promoted by some local government influencers. A local councillor reported ‘taking every opportunity there has been to talk about it’. This person reported that all the things they had done around loneliness had been prompted by the Campaign’s national work:

I wouldn't have done it otherwise, as I wouldn't particularly have seen loneliness as an issue. It was just one of many things, but they've really put it forward as an issue… I had never thought of loneliness as a health issue before.

In Gloucestershire, members of the Public Health team have used the Campaign’s HWB Toolkit to identify the likely numbers of people at risk of loneliness in their county, and what the impact could be on health.

A council officer in one of the five local areas in which the Campaign has been

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22 Of the twelve mentions in parliament, seven were written answers, two were written questions, two were mentions in the 2011 Christmas adjournment debate and one was in a House of Commons debate in 2012.

23 Tracey Crouch, Conservative MP for Chatham and Aylesford.

24 The Vital Connection event was run by the Campaign with the Centre for Social Justice.
particularly active explained how they had used Campaign information to raise awareness and motivation among colleagues: the Campaign became ‘a vehicle that we could partner with…to inform and convince people’.

2.3 Inspiring supporters to take action

There is good evidence that the Campaign has inspired supporters to take action in support of the Campaign, often in their local areas. This has ranged from passing information on, to lobbying press and local influencers.

Passing information on
Supporters are taking Campaign resources and passing them on. We found 107 references online to four of the Campaign’s key publications. Of these references, 41 per cent were on governmental or political websites, 29 per cent on press/news sites and 30 per cent on non-governmental websites.

In our June 2013 supporter survey, 86 per cent of the 175 respondents had passed Campaign information on, frequently to service providers (see Chart 5 below).

Information sharing went wider than sector and political networks. Supporters reported that they also raised awareness of the issue of loneliness in older age with friends, family and colleagues, at conferences and events, and with academics, in the UK and internationally.

Engaging in e-campaigning
The Campaign has asked its supporter network to engage in four e-campaigning actions. These are a simple way for people to take a campaign action, like sending a letter, online. Sense, one of the Management Group organisations, undertook the actions on the Campaign’s behalf. Four e-actions took place between autumn 2012 and summer 2013. Data is available for the first three, which resulted in a total of 392 letters being sent by Campaign supporters:

- 200 letters were sent to local paper editors (30 printed).
- 55 letters were sent to MPs asking them to attend a Campaign parliamentary event.
- 137 letters were sent, by 57 people, to local councillors asking them to write to their local HWB.

The pattern of information sharing is shown in Chart 5.

Chart 5: Recipients of Campaign information shared by supporters (n=167)

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local service providers</td>
<td>61</td>
</tr>
<tr>
<td>Local commissioners</td>
<td>35</td>
</tr>
<tr>
<td>Local health and wellbeing board</td>
<td>26</td>
</tr>
<tr>
<td>The press</td>
<td>24</td>
</tr>
<tr>
<td>MP</td>
<td>21</td>
</tr>
</tbody>
</table>

25 These were: Safeguarding the Convoy; Listening to You; Combating Loneliness; the HWB Toolkit.
Lobbying influencers
There is good evidence that supporters are lobbying influencers on behalf of the
Campaign.

The Campaign itself responded directly to local consultations in each of the five
areas it worked in (and in a handful more nationally). They also created template
responses for local campaigners to use if they wished. One supporter emailed the
Campaign to report how they had used the resources in responding to their local
HWB consultation:

I have sent her a letter based on [the Campaign's] template in the
Loneliness Action Pack, with some relevant local statistics... so hopefully
this will help the issue of loneliness get raised in the review. Thank you for
all the fantastic info in the Action Pack – it’s really useful and helps make
sense of the health and wellbeing boards (I didn’t know anything about how they work before now).

Many of our 24 respondents in local areas were involved in some way in promoting
the Campaign, including engaging in HWB consultations or writing to their MP, local
press or HWB. The Campaigns Officer reported one effect of this:

I had a long conversation with the Strategy Advisor at [one of the local
councils] who told me that they’d been ‘bombarded’ with letters about our
Campaign and overwhelmed with the response to the consultation. She told
me that [the area] would definitely be putting loneliness and isolation in the
health and wellbeing strategy, which is a great result.

A number of respondents felt that the Campaign had caused HWBs’ consultation
requests to be spread more widely among local people than they would otherwise
have been, resulting in more local engagement with consultations.

On the Campaign website, 12 individuals reported that they had contacted their MP,
local councillor or HWB about the issue of loneliness and isolation in older people.
nfpSynergy’s survey of MPs found that seven of the 152 MPs surveyed had received
a letter or email from their constituents.

2.4 The value of combining local and national voices
In our 24 local interviews, a number of voluntary and community organisations
(VCOs) and older people’s forum representatives felt there was strength in combining
local voice with a national organisation. One VCO explained:

I’m sure that it helped having as many voices as possible raising this as an
issue. So having a national charity saying the same thing as a local charity,
saying the same thing as local people on the ground, saying the same thing
as part of the public sector, I think all of these voices together giving the
same message, becomes something that is quite powerful that the strategy
writers can’t ignore.
3. Policy change

The Campaign has achieved more than expected in terms of policy change, both local and national. They have played a significant role in getting loneliness into government policy and included in government measures of wellbeing. They have taken a two-pronged approach to influencing policy:

- direct lobbying and developmental work with key influencers, targeting national policy
- a bottom-up approach, alongside local activists, targeting local policy.

3.1 National policy

The White Paper

The Campaign commented on government consultations during 2011, including the DH’s *Caring For Our Future* consultation. The DH published its White Paper, *Caring For Our Future: Reforming Care and Support*, in July 2012. It puts emphasis on isolation and loneliness; loneliness is mentioned a number of times, and the Campaign is one of only 20 non-governmental organisations and groups referenced in the paper.

Paul Burstow, the then Minister for Care Services, reported that the inclusion of loneliness in the White Paper was a direct result of the Campaign:

> It’s there because ministers decided to include it and, speaking as the Minister who took the decision to include it, I’m pretty clear in my own mind that if I had not before been aware of the Campaign and engaged with the Campaign or seen merit in the Campaign, it wouldn’t have been included.

National outcome measures

The DH published the Adult Social Care Outcomes Framework (ASCOF) in November 2012, and the Public Health Outcomes Framework (PHOF) in January 2012, each with about 100 measures. They are effectively a description of the ‘gold standard’ for local government, and describe the outcomes that local government should try to meet.

In late 2012, it was announced that loneliness would be included in ASCOF and PHOF. By measuring loneliness, local councils would be able to identify ‘hotspots’ of loneliness. Paul Burstow said the Campaign had been instrumental in the decision to include a loneliness measure in ASCOF and PHOF:

> This is attributable to the Campaign raising ministerial awareness and ministers in turn deciding it should be reflected in those two outcome frameworks.

The exact measures of loneliness are yet to be defined. The Department of Health and Public Health England will be working on this through 2013 into 2014, with input from the Campaign.

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The value of influencing national policy
Most of the stakeholders interviewed felt that the Campaign’s influence on government had been a major achievement in a short period of time. One Management Group member explained the significance, given the external context:

Within just over a year the Campaign had moved to forming itself as an issue and then getting the government in England to take action. That was a huge success... not just within the period of time but within the political context... in which very few other organisations are getting anywhere with government... mainly because of the financial climate.

However, there were mixed views among respondents as to the real value of national policy changes in the long term. Some felt it was positive; a local councillor explained that:

Getting it into the White Paper gives us something to hold the government to account and also gives me a hook to talk to people about, for example, to the Shadow Minister for Health.

However, another stakeholder had concerns that by mentioning the Campaign in the White Paper, the government might try to shift responsibility for tackling loneliness onto the Campaign. Others noted that although policy change is useful, ‘it’s just part of the journey; top-level acknowledgements need to be translated into action’.

The chief executive of a national VCO argued that affecting change at a local level was more important:

The policy levers are quite weak on loneliness, so I think community development is the way to go myself. Interviewing health and wellbeing boards is good; the government level is just a facilitator. I think it’s at local level where the activity has got to happen.

3.2 Reaching local influencers
Out of 175 respondents in our online supporter survey, 39 identified themselves as having a role in influencing services, for example as commissioners or MPs. Of these 39 people, the majority reported having taken action on tackling loneliness, with the Campaign being of varying importance in prompting types of action (see Chart 6 on page 21).

A number of council representatives reported using Campaign information in their work. One explained they had used information from the Campaign in a number of ways, including:

- sharing Campaign information with local stakeholders to support the development of their joint strategic needs assessments (JSNAs)
- using Campaign evidence to help build a business case for a community wellbeing fund
- using Campaign research when looking strategically at the commissioning of services.

27 It is not known to what extent this action was local or national, but it is assumed to be largely – if not wholly – local.
3.3 Health and wellbeing boards

There is good evidence from survey data, desk research and interviews that the Campaign has influenced the strategies of HWBs (see Introduction for a definition of HWBs).

The Campaign has been working to influence HWBs through their Loneliness Harms Health (LHH) campaign. LHH aimed to get HWBs to:

- measure loneliness in their joint strategic needs assessments
- commit to taking action to reduce loneliness in older people in their joint health and wellbeing strategies.

LHH worked nationally and also locally, through in-depth work in five regions.\(^{28}\) It also sought influence through a new resource, *Loneliness and isolation: A toolkit for health and wellbeing boards*. Funded partly by the DH,\(^ {29}\) this largely web-based resource was developed by the Campaign to enable HWBs to better understand, identify and commission interventions for the issue of loneliness in older age.

**Loneliness in HWB strategies**

Our online desk research into HWB strategies found that 128 of the 152 HWBs had strategies by 19 April 2013 (84%). About half of these mentioned loneliness or isolation in their strategies as a serious issue to be addressed (48%, 61). The Campaign ranked each of the strategies gold, silver or bronze, according to the

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28 Cornwall, Essex, Staffordshire, Stoke and Sefton

29 The funding for the Toolkit did not cover staff time.
extent to which they acknowledged loneliness and social isolation, giving the following rankings:

- Gold: 8
- Silver: 25
- Bronze: 28.

Details of ranking by region, as well as our methodology for the work and the ranking system, can be found in the Appendix and in CES’ report *The Campaign to End Loneliness Evaluation: Health and wellbeing boards’ uptake of Campaign messages.*

**Regional ranking**

We found variation in the extent to which the nine English regions had prioritised loneliness in older people in their strategies (see Chart 7):

- Four of the eight gold-rated strategies were in Yorkshire and Humber. The other four were found in the North West, the East and London.
- Of the 61 gold, silver or bronze ranked strategies, 44 per cent were in the East, London and the East Midlands; this is higher than one would expect as only 38 per cent of all published strategies were from those areas.

**Chart 7: Within-region distribution of strategies**
**(Total number of published strategies in each region shown after region name)**

- Yorkshire and Humber 15
- North West 18
- East 11
- London 28
- South West 10
- West Midlands 11
- South East 16
- North East 10
- East Midlands 9

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Campaign influence on strategies
There is good evidence that some of the HWBs have included loneliness in their strategies at least partly due to the Campaign.

Evidence from HWBs themselves
In our online survey of supporters, 15 respondents said they had included loneliness and isolation in their HWB strategy at least in part as a result of the Campaign (n=175).

We also interviewed 16 people representing 15 HWBs, and asked them what had influenced strategy development. Of the 16 respondents, 12 had heard of the Campaign before we interviewed them. Six said the Campaign had positively affected their plans to tackle loneliness in older age; two were from gold areas and four from silver. One explained how the Campaign had influenced their silver-ranked strategy:

We’ve got [loneliness] referenced in the health and wellbeing approach and a specialist topic paper on it for the JSNA....It’s got into the strategy mainly because of the Campaign. We haven’t specifically addressed loneliness and isolation as an issue [before]...We are aware of the older person demographic in Essex, so we tended to approach it in an ‘ageing pressure’ way – so you’re going to get increased demand in services, how do we cope with this – rather than crediting loneliness and isolation for its contribution to creating that demand. We now have a better understanding within the county of that and can build it into our work.

Senior Commissioning Officer, Essex County Council.

Seven respondents had seen the Campaign’s HWB Toolkit or used it to develop their strategies. A respondent explained the importance of the Toolkit in developing their gold-ranked strategy:

We used the Toolkit to draft the initial paper to the health and wellbeing board prior to the strategy...this resource was really helpful. Loneliness and isolation can seem just concepts and the tools give you a way of putting numbers to it, it becomes tangible.

Commissioner for Older People and Dementia Commissioner, Thurrock Council.

Link to Campaign activity
We looked to see if there was a relationship between the HWB results and the Campaign’s work. Although conclusions about direct cause and effect cannot be drawn from this evidence, the following can be noted:

- The LHH Campaign had been active in five areas, covering seven HWBs, before the HWBs published strategies. Of the seven HWBs in these areas, five received gold, silver or bronze ratings.
- Areas in which the Campaign had been more active (not just LHH areas) tend to have more ranked strategies.
- The Campaign as a whole had been active in each of the gold areas, and similar levels of activity can be shown for about half of the silver areas.
- The four areas with gold-ranking strategies have hosted 69 per cent of the Campaign’s 28 regional presentations. The South West has also had a high number of presentations; although this has resulted in no gold-ranked strategies, the area has a good number of silver strategies.

31 It must be noted that many people help to shape a strategy, and the influences on all these people may not have been known by our interviewees.
Two-thirds of the ranked strategy areas show high use of the Campaign’s HWB Toolkit. Of the 61 HWB areas with ranked strategies, 40 (66%) showed frequent use of the Campaign’s toolkit for HWBs, assuming an even usage by London boroughs.

At the time of our HWB research, the Campaign had about 950 supporters, primarily in the UK. We found high numbers of supporters in regions with a high percentage of all ranked strategies. However, this apparent association may be due more to the effect of population size than to the Campaign; larger areas have more supporters and more HWBs (and therefore more chance of more ranked strategies). However, there is a disproportionately high percentage of supporters in the gold-ranking areas (62%) compared with the percentage of the English population in those four regions (49%). It may be that the increased number of supporters have helped lobby for change.

Other influences on strategy development

The Campaign is not the only influence on strategy development. In our online survey of supporters, of the 18 respondents from organisations that had included loneliness in their HWB strategy, three said they had done so without being influenced by the Campaign. It should be noted that the online survey data will have a likely bias, reflecting responses from people with an active interest in the Campaign; the proportion of the total number of HWBs including loneliness in strategies without reference to the Campaign may be higher than this.

In our 15 interviews with HWBs, 11 respondents told us about other influences on their plans to tackle loneliness. These included:

- feedback from older people and other community members, usually via the formal consultation process
- evidence about the needs of the population in their local area.

Council respondents in two areas told us they had a pre-existing interest in social isolation and loneliness, one commenting, ‘We were already buying our ticket for the bus before they approached us.’

3.4 Targeting local policy – what worked less well

Campaign staff reflect that not all their work targeted at HWBs has been successful. In 2013 they started doing presentations to HWBs all over the UK, outside of the LHHH areas. This was usually in response to a request, and the Campaign staff initially responded to most requests.

Staff report that they have not found this resource-intensive work very useful, for two reasons. In part, this is because in some areas they have been preaching to the converted. Also, where this has not been the case, the right people have not always been in the room – those able to effect change often needed to be targeted separately. In future, staff plan to be more selective about the talks they do.

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32 There are limitations to this data – please see the Appendix.
33 Frequent use of the Toolkit section of the Campaign website is defined here as over 40 visits between 1 April 2012 and 30 April 2013.
34 We cannot break down the data by London borough. There were 3,579 visits by people in London during the period covered; this is an average of 112 visits per borough, but the true spread of usage is not known.
The Campaign has involved older people in the LHH campaign, primarily in the five areas, and in a few areas older people’s forums have led the work. However, staff report it has been harder than expected to get older people engaged in practical action. The Campaign sent out large numbers of leaflets on LHH, primarily to older people’s forums, but this has resulted in little uptake. However, the Campaign has continued to try to involve older people’s forums as they remained the Campaign’s main route to involving older people. In future they will reconsider how to get older people involved, perhaps through local champions who might themselves engage older people.

3.5 Sustainability of Campaign achievements in local policy

Longer-term data on all five LHH areas is not yet available. However, respondents in Cornwall, where the LHH campaign first started, were able to reflect on campaign gains and the next steps. While they were positive about LHH achievements so far, some VCOs and older people’s forum respondents noted that getting something into a strategy was only the first step, and that there were dangers of things not moving forward from there. One respondent felt that, following the recent local elections, new HWB members might undo the good work, and ‘revise and refresh’ their strategies.

There was concern from some in that area that, although the Campaign had been successful in changing awareness and motivation on loneliness, momentum needed to be maintained. One councillor argued:

[The Campaign’s LHH staff member] was very good, but now she’s gone... and there is nobody continuing that process. I’m fairly positive that the momentum has been lost. Who’s pushing it at the health and wellbeing board? They [the HWB] have a whole series of things to look at.

One VCO respondent in Cornwall expressed frustration at the pace of change in the public sector, and felt this might affect the Campaign’s plans:

One of the useful things the Campaign did was lobby the health and wellbeing board, but where are we now, six months on... the health and wellbeing board has still not really got started on its work. Something we find is that the public sector is painfully slow at anything much, you know... It just feels frustratingly slow for some of us in the voluntary sector, because as small organisations we can respond much quicker.

35 Eg, Stockton on Tees and Blackburn.
4. Effect on services

The Campaign has had less effect on improving services tackling loneliness in older people than originally planned. However, there is evidence that the Campaign has brought about some changes in services. They have done this through their events and resources, and through prompting others to action through their lobbying and press work.

4.1 A change in the Campaign workplan

Over the last three years, the Campaign has focused primarily on raising awareness and changing policy. The Campaign has also taken advantage of new opportunities – primarily to effect policy change – which meant that there was less capacity to focus on improving services. However, this means that the groundwork has now been laid and the ‘mood music’ created for work on improving services in the next phase of the Campaign.

Impact on service development was dependent to some extent on moving from awareness raising and policy change to encouraging services, based on evidence of what works. A guide, ‘What Works’, was initially part of the 2013-2016 workplan. However, a funding application to update Cattan’s 2005 research\(^\text{36}\) (which had provided evidence for *Safeguarding the Convoy*) was unsuccessful; it is being reconsidered by the Research Hub for the attention of other funders. Without new evidence, the Campaign felt it inappropriate to produce a new ‘what works’ guide. A respondent from the Campaign’s Research Hub explained the situation:

> The policy success is impressive, but it assumes we can do something about it. We don’t know what an effective intervention looks like. Public bodies want to be seen to act but don’t know how to. We haven’t yet provided the research evidence on what works – this is not the Campaign’s fault – we are waiting for evidence.

To continue efforts to fill the ‘what works’ gap in their evidence base, the Campaign commissioned two smaller pieces of research, one about how organisations are measuring loneliness and one on the financial costs of loneliness. Both are due to report in 2014.

4.2 Improving access to evidence

The Campaign hopes to improve services through increasing access to evidence. A core part of the Campaign’s work since its inception has been the dissemination of evidence about loneliness in older people through its publications and its Research Hub. The Research Hub brings together researchers working on loneliness in older people or in a related field. There are regular meetings and the group produces a research bulletin, which is sent to all Campaign supporters. These contain articles, a research round-up and news of events.\(^\text{37}\)


\(^{37}\) As of July 2013, the Hub had 58 members, with a small core more engaged in terms of attending meetings and/or contributing to the research bulletins. Six bulletins have been produced to date.
A Campaign staff member explained the Campaign’s role as a translator of evidence, enhancing communication between academics, practitioners and commissioners:

*We try to be a translator; if it’s quite academic, we try to make it more applicable and pull out the key points for frontline organisations. We also take information from supporters and put it into a format so that commissioners can learn about it through case studies. So we are digesting and moving information between researchers, practitioners and commissioners.*

A number of stakeholders felt that the involvement of the Research Hub in the work of the Campaign was an example of good practice. For example, a research manager at Age UK argued that the most important contribution of the Campaign was the easy and digestible evidence from the Research Hub. He said it was ‘excellent practice’ to have a research sub-committee supporting their work, and that this had had a positive effect of bringing all the evidence together:

*They have acted as a focus. If anyone has an idea or does some research it automatically gravitates towards them. A lot of policy lacks this and doesn’t have an effect.*

A researcher involved in the Research Hub felt the Campaign’s model for involving researchers should be replicated by other campaigns. She reported that it was helping researchers reduce duplication or competition. She also said the Campaign had ‘been a bit of a springboard’ to getting research funded, and said she was involved in a research proposal as a direct result of the Hub. She felt she had probably, as a result of contact with the Campaign, steered her work in a more applied direction:

*I’ve had better links with people in local authorities and health organisations than I would have done. Because of that and the interest currently around loneliness, I think I’ve probably steered my work into a slightly more applied direction than I might have done if I was just left sitting at my desk designing it in isolation. I think [my work] will be more useful in the long run because of my contact with those other people through the Campaign. I’m looking for the impact, how useful it’s going to be for people in local authorities or the Department of Health or Public Health England. I’ve always done this, but it’s been easier and was brought home to me much more.*

### 4.3 Improving existing services

In our online survey to respondents, many of those who had made improvements to their services over the last two years reported that the Campaign had influenced those improvements.38 For example:

- Of the 83 respondents who said they had improved existing services, 81 per cent (65) said the Campaign had had some effect on that change.
- Of the 73 organisations who had found new ways to reach the most isolated older people, 68 per cent said the Campaign had had some effect on that change.

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38 It must be noted that this survey represents only 17 per cent of the supporter group, and is likely to be biased towards those who have used Campaign materials.
Chart 8 shows the extent to which the Campaign was reported as influencing positive changes to existing services.

**Chart 8: The influence of the Campaign on changes to working practices and services**

<table>
<thead>
<tr>
<th>Service/Action</th>
<th>Yes, we did this.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved your existing services to tackle loneliness in older people (n=83)</td>
<td>The Campaign had a big effect</td>
</tr>
<tr>
<td>Measured loneliness in your own service users (n=49)</td>
<td>The Campaign had a small effect</td>
</tr>
<tr>
<td>Found better ways to find isolated or lonely older people (n=73)</td>
<td>The Campaign had no effect</td>
</tr>
<tr>
<td>Collected data on the needs of local older people (n=63)</td>
<td></td>
</tr>
<tr>
<td>Involved older people more in planning, delivering or assessing services (n=77)</td>
<td></td>
</tr>
</tbody>
</table>

**4.4 Influencing the development of new work**

An increasing number of new initiatives focused on loneliness are being set up by other organisations, from direct services to huge funding programmes. Some have used Campaign resources, and Campaign staff and the Management Group have provided considerable input into others. It is not yet known to what extent the Campaign has brought about positive outcomes in all of these initiatives, but we report on some of them here. There are likely to be other examples.

**Influence on developing work**

Age UK Oxfordshire is one of the Campaign’s Management Group partners. Age UK national has now chosen loneliness as one of their five strategic priorities for the organisation. According to an Age UK research manager, this is ‘in large part’ due to the work of the Campaign.

The Cabinet Office is currently scoping a new ‘Good Neighbours’ social action campaign. A respondent from the Office noted that the Campaign to End Loneliness had helped bring ministers on board with the issue generally, and had provided ‘powerful’ evidence: ‘They have been very willing to offer expertise. I especially like this, its invaluable to the work we do.’

In Sutton, a group of individuals and organisations have come together to form Sutton South Hello, aiming to tackle loneliness and isolation in older people in Sutton South. Campaign staff were part of initial discussions, and the project has used the HWB Toolkit to help them scope the work. The local MP is a supporter of the Campaign, and has also been involved in the group’s formation.
Inspiring the development of new work
In our online survey of 175 supporters, 80 said they had developed new services. Of these, 61 (76%) said these improvements had been influenced by the Campaign in a big or a small way. Nineteen respondents had developed relevant new services, but without the influence of the Campaign.

The Silver Line
The Silver Line is a helpline for older people aiming, among other things, to reduce loneliness. The pilot was launched in December 2012 by Esther Rantzen. She reports that she set up The Silver Line because of the Campaign.

Following an article she wrote for the Daily Mail in 2011 on loneliness, the Campaign and the Centre for Social Justice asked Esther Rantzen to speak at a conference they were co-hosting in November 2011. She reports that the Campaign ‘made her aware of the seriously damaging effects of loneliness on older people.’ She added:

They brought together people who really understood the field. It was their expertise, and their familiarity with the real circumstance of older people who are isolated and vulnerable that convinced me there was a real need… They empowered me to set up The Silver Line that’s for sure… We developed independently, but relied on them for advice and expertise and support.

Baring Foundation work
The Campaign recently produced a new resource with the Baring Foundation, Tackling Loneliness in Older Age – The Role of the Arts (2012), showing how participatory arts can help alleviate loneliness. This came about as a direct result of the Campaign, through one of the founder members of the Campaign’s Management Group, who is also a trustee of the Baring Foundation.

Essex and Cornwall
The Campaign has done in-depth work in five areas as part of its LHH campaign. At the time of writing we can report on results in the first two areas, Essex and Cornwall.

In Essex, the Campaign has influenced joint work between the county council, district councils and VCOs to focus activity and stimulate community responses. A respondent at Essex County Council pointed to a number of pieces of work directly catalysed by the Campaign, and others – including an ‘isolation index’ for mapping loneliness – that had been influenced by the Campaign. A local branch of a national older people’s organisation also attributed a number of new initiatives to the Campaign:

If I think of the hand that [the Campaign staff member] has had in all of this, her name pops up all the time. By engaging with some really senior people [the Campaign] has brought some data, some people and a spotlight to an issue and put some words around the issue. Before we were not talking about isolation and loneliness.
The very positive results in Essex appear to have some relation to the active involvement of key people. The role of data may also be significant. The VCO interviewee noted that the Essex County Council isolation index was a key factor in success in Essex:

If you don't have data, don't even start. You're then into the world of the anecdotal and very little evidence of where the hotspots are likely to be.

However, in Cornwall, while respondents mentioned the positive influence of the Campaign on a few initiatives and more joined up working, VCOs reported that not much had changed yet in terms of service delivery. It must be noted that the effects of policy change on services in Cornwall will take time to emerge.

Although immediate changes in services was not the main aim of LHH in Cornwall (the aim being to influence the HWB), possible explanations for the less positive results in Cornwall may lie in the lack of local champions and Cornwall’s geography: Cornwall has considerable transport difficulties and partnership working is difficult.

This section has reported the increased interest in the Campaign and a growing understanding of the links between loneliness and health over the three-year period. More particularly, we have reported evidence of links between the Campaign’s activities and some changed approaches by policy makers. The next section further describes the Campaign’s activities which have brought about these outcomes.
Section 2
Campaign activities

Over the last three years, the three Campaign staff, assisted by an active management group, have engaged in a range of activities:

1. They have carried out regular communications work, including:
   • almost 30 articles and 190 pieces of press and media work that were taken up by the press
   • speaking at a large number of events
   • a regular email bulletin to its supporters.

2. The Loneliness Harms Health campaign, which aimed to influence the work of England’s HWBs, has worked nationally across all health and wellbeing board areas and in five local areas in depth.

3. The Campaign has hosted or supported 10 events, all of which have been well attended by a range of practitioners and policymakers.

4. They have produced a range of resources which have disseminated research evidence on loneliness and helped supporters take action on tackling loneliness.
1. Communications work

Since the Campaign’s inception, communications work has included:

- Almost 190 pieces of PR work
- Almost 30 articles, available online and in print. Early articles focused on promoting the Campaign; from the middle of 2012 onwards articles began to focus on issues for specific audiences, for example, on what practitioners and decision makers could do about the issue, or how readers could encourage their MP to take up the issue.
- Providing a leading presence as presenter, speaker, panel member, facilitator or chair at 56 events across England, ranging from small scale roundtable discussions to conferences with over 150 attendees
- A monthly email bulletin to its supporters, giving Campaign news, calls for action, and updates as to what is happening in the loneliness arena.

2. The Loneliness Harms Health campaign

Campaign staff have had direct contact with HWB representatives in a number of areas. They have also done in-depth work in five areas through their Loneliness Harms Health (LHH) Campaign – a major focus of work for the Campaign from April 2012. Through LHH, the Campaigns Officer targeted five areas; these were Essex and Cornwall, which were considered likely to be receptive, and where Royal Voluntary Service (one of the Management Group members) had a strong presence and, later, Sefton, Stoke and Staffordshire, considered as less warm to the Campaign, and where HWBs had not yet consulted on their strategies.

2.1 What was done

After a short period identifying initial local contacts (primarily among Campaign supporters and Management Group contacts) the Campaigns Officer spent about three months actively in each area. Starting from her initial contacts, she used a snowballing approach to develop a wide network of contacts in the area, including older people’s forums, VCOs, faith groups, council officers and elected members.

While tactics varied a little in each of the five areas, work often included:

- Some form of meeting, usually either a meeting to which potential activists were invited, or an open public meeting; these were to publicise the Campaign, mobilise local people into action and showcase services.
- Helping local organisations network and meet

39 For example, Gloucestershire, Sutton, Hampshire, Nottingham and Bristol.
• Writing letters to influencers (for example, councillors, MPs, HWB representatives, public health directors), responding to local consultations and engaging in some local press work  
• Drafting templates for local activists to write to influencers and respond to consultations  
• Some press and radio work  
• In two areas she undertook surveys of older people, collecting data on local need regarding loneliness.

2.2 Feedback from the regions

Interviews with 24 stakeholders in the five LHH regions provided feedback about the way that Campaign work was carried out.

Ways of working

Respondents gave a variety of positive reactions to the way the Campaign worked with others, in particular commenting on the following:

• The Campaign extended the invitation to be involved widely.  
• They brought a specific focus and definition of roles.  
• The Campaign’s independence and national status was seen as a strength.  
• Campaign staff were open to a local way of doing things and were collaborative in approach.

One of the VCOs reported that, although the Campaign had initially come to Cornwall with a suggested model for work:

They quickly listened to feedback and adapted and worked with us much better so they are a good example of how to listen and get involved and engage...We find that national charities come in thinking they are going to solve the problems of Cornwall on their own, and it doesn’t work like that.

There were some initial sensitivities and scepticism, but it was generally felt that these had been overcome. A number of respondents were impressed with what had been achieved in a short time. One VCO commented:

I was quite surprised actually because there was only one [Campaign staff member] working here...I was quite impressed with how much of a difference it made, given that its funding was pretty limited and the timespan was quite low. They did achieve quite a lot in a short space of time. I'm not sure it would have been [on the HWB agenda] without that. When HWBs are set up there is so much they have to think about...you have to get your point in early on – and they did.
3. Campaign events

The Campaign has hosted or supported a number of events, including:

• February 2011: A Campaign to End Loneliness launch event, designed to attract organisational and media interest, and attended by 50 people.

• November 2011: The Vital Connections conference with the Centre for Social Justice (CSJ). This event was designed to create new alliances between statutory and voluntary agencies, and was attended by 150 organisations, primarily anti-poverty groups and statutory agencies involved with older people.

• March 2012: The Summit on Combating Loneliness, co-hosted with the DH. The event, which was attended by two government ministers, aimed to highlight the effects of loneliness on health and wellbeing, and to mobilise a range of organisations to action, in particular HWBs. It was attended by 75 people, many of them from HWBs.

• July 2012: What do we know about loneliness? This two-day research conference was designed to share the latest evidence on loneliness from around the world with researchers, policy makers and practitioners. It was attended by 120 researchers, policy makers and practitioners. It was organised by Age UK Oxfordshire with support from the Campaign and other partners.40

• October 2012: The launch of the Loneliness Harms Health campaign. This took the form of two events in one week – 120 people attended an event in Cornwall and 43 an event in Essex.

• Autumn 2012: Webinars. Two webinars were organised by the DH and the Campaign as part of a DH programme of webinars to support the newly-formed HWBs as they established themselves. Primarily for HWBs, the two webinars were attended by 43 and 16 people respectively.

• November 2012: An Ageing and Social Innovation conference, organised and hosted by the Calouste Gulbenkian Foundation in Lisbon. The Campaign ran a half-day workshop, attended by about 30 policy makers, frontline organisations and coalitions from across Europe.

• December 2012: The Campaign put on an MP event at the House of Commons, attended by 18 MPs, MSPs, peers and researchers, designed to focus their attention on social isolation in their constituencies.

• June 2013: Connect + Act. This sold-out conference in the Central Westminster Hall was targeted at policy experts and Campaign supporters working directly with older people.

These events were variously designed to promote interest, share evidence and engage influencers and policy makers.

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40 The conference was not funded through the Campaign.
3.1 Learning from events

Getting media interest
The Campaign launch was successful in getting extensive media coverage; the support of Management Group organisations was ‘instrumental’ in achieving this. The focus on the health messages around loneliness was also felt to be significant in achieving such media interest. The event and follow-up activities also increased the Campaign supporter base and resulted in a surprising level of interest from individuals (including more volunteers and service users for partner organisations, and people saying they were lonely).

Launch timing
Having an early launch meant the Campaign could signal that supporters were still able to influence the Campaign’s evolving plans. However, a later launch might have allowed for more planning up front, production of materials and development of key relationships.

Using time and resources efficiently
The organisation of the launch put pressure on the single staff member, and the Summit was also put on by Campaign staff. Stakeholders all praised the Campaign’s achievements in delivering the Summit at very short notice, but it had implications for the staff team, who reflected that using an events manager would be useful in future. They did this for the next major event they staged alone, the Connect + Act conference in June 2013. The Director reflected this was a more effective use of time and resources.

The value of individual contacts
The Vital Connections event, co-hosted with the Centre for Social Justice, demonstrated the power of events to mobilise individuals. As a result of proactive contact by the Campaign staff, a researcher for Tracey Crouch MP attended the Vital Connections event. As a result, Tracey Crouch subsequently spoke in Parliament about the Campaign (see page 16). Esther Rantzen was asked to speak, and her involvement prompted her to later set up The Silver Line (see page 29).

The research conference brought in new contacts to the Research Hub and the Campaign, in particular Julianne Holt-Lunstad, who authored the report on which the ‘15 cigarettes a day’ quote is based. The Lisbon conference cemented relationships with key UK-based organisations and grew relationships with European organisations. In part as a result of this, international work is an area of work the Campaign is seeking to develop from 2014 onwards.

Collaborative working
The Summit was co-hosted with the DH. The collaborative working across all partners went well, in particular with the DH; the event strengthened the growing relationship between the Campaign and some DH representatives. A respondent interviewed from the DH said she felt the Campaign staff team were flexible, helpful and supportive, and she was impressed they had got the event together in a short time period:

41 Media coverage included an interview on Radio 4’s Woman’s Hour, and other national press/media.
42 The other two staff joined the Campaign later in 2011 and 2012.
[The Campaign Director] and her team deserve a lot of credit...from the Department's point of view, they've been really effective... and engaged with us well...They are a credible and expert resource in this area...We are very happy to be working with them.

New campaigning model
The Summit was an unplanned but welcome opportunity for the Campaign; it also had an unexpected outcome, kick starting a new way of working for the Campaign, which they are now taking forward into their 2013-2016 plans. The Campaign Director explained:

The Summit gave us the top-down pincer movement model that will now become our way of campaigning. It was unintended but it is now part of our strategy. We weren’t actively looking for a major nationwide way of spreading the message; we knew we’d need to but I don’t think we’d thought so ambitiously as to get major backing from a major government department.

Working in parliament
Most stakeholders agreed that the format of the MP event had not quite worked. The Campaign had planned formal presentations but these did not happen as the MPs and their representatives all came at different times; however, a number of informal discussions took place instead. Overall attendance was also disappointing, with only 20 MPs represented in person. However, 70 of the 650 MPs invited to the event sent thanks for the invitation, providing positive contacts for the Campaign. Following the event, at least nine MPs took action, including issuing press releases and hosting round table events.

Trying out new methods
Connect + Act, the Campaign’s most recent event, had a fairly traditional format in the morning, with a panel and workshops, with an innovative informal ‘Open Space’ format for the afternoon. The Campaign team felt this helpfully modelled the style of the Campaign going forward. A number of our interviewees had attended the event, and while some praised its ‘informality’, a small number found the lack of input in the afternoon less useful. A small number of those giving feedback to the Campaign made similar points (see 3.2 below), although the majority of attendees found the event very worthwhile.

3.2 Feedback from Connect + Act
The Campaign sent an online questionnaire to the 114 attendees of Connect + Act, receiving 42 responses. The quality of the event was felt to be quite high, although there were a few reservations about the afternoon Open Space session:

- 95% of respondents felt that the event was well organised.
- 81% felt that the morning panel discussion was useful and interesting.
- 75% found the afternoon Open Space sessions to be interesting and useful.

Most respondents felt they had benefited from the event, nearly 90 per cent reporting that the event had helped them to network and that it would help them improve their work. All but two respondents said the event had prompted them to take some action.
4. Resources

4.1 Published resources

The Campaign has published two types of resource, many in collaboration with partners:

- evidence on loneliness
- tools or guides to action.

Evidence on loneliness

The Campaign has published three reports serving a dual purpose of providing an evidence base and a call to action:

- **Safeguarding the Convoy** (2011) is the Campaign’s most popular publication, written by Age UK Oxfordshire and co-branded with the Campaign.43
- **Listening to You** (2012), a report on social connectedness in older people. This was based on part of the first interim evaluation report produced for the Campaign by CES in September 2011. It contained a survey to about 1,500 individuals, mostly aged over 65. The unexpectedly high response rate led to the Campaign deciding to publish the results as the *Listening to You* report.
- **Loneliness – the state we’re in** (2012) was written by Age UK Oxfordshire and co-branded with the Campaign. This report followed the research conference in 2012 and presented the latest evidence on loneliness and its impact on health and wellbeing.

*Research Hub bulletins* are also produced by the Campaign to give an update to supporters on the work of the Hub, and they provide summaries of recent or future research.

Tools/guides for action

The following tools/guides for action were produced by the Campaign and its partners:

- **Loneliness and Isolation: A toolkit for health and wellbeing boards** (July 2012). This is essentially a series of webpages with a few associated downloadable documents. It is a guide for HWBs as to how and why to include loneliness in their strategies and plans.
- **Combating Loneliness: A guide for local authorities** (2012) is a guide to help local authorities tackle loneliness across all council areas, produced jointly by the Campaign and the Local Government Association.
- **Tackling Loneliness in Older Age – The Role of the Arts** (2012), produced by the Campaign and the Baring Foundation, shows how participatory arts can help alleviate loneliness.
- **Loneliness Harms Health Action Pack** (2012) is a guide for local activists, helping them lobby their HWBs to address loneliness.
- **Campaigning Action Pack** (2012) was produced for MPs to help them lobby their HWBs.

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43 Age UK Oxfordshire is one of the Campaign’s Management Group partners. The report was funded by the Calouste Gulbenkian Foundation separately from the Campaign funding; this was also the case for *Loneliness – the state we’re in.*
4.2 What was downloaded

There were 2,442 downloads from the Campaign website from September 2011 to June 2013, of 55 different documents. The most commonly downloaded documents are listed below, with Safeguarding the Convoy being the most popular.

<table>
<thead>
<tr>
<th>Publication</th>
<th>Months since publication</th>
<th>Downloads to June 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding the Convoy</td>
<td>28</td>
<td>485</td>
</tr>
<tr>
<td>Listening to You: The baseline report from the Campaign to End Loneliness</td>
<td>18</td>
<td>377</td>
</tr>
<tr>
<td>Combating Loneliness: A guide for local authorities</td>
<td>15</td>
<td>326</td>
</tr>
<tr>
<td>Loneliness – the state we’re in</td>
<td>6</td>
<td>204</td>
</tr>
<tr>
<td>The Campaign to End Loneliness evaluation: Health and wellbeing boards’ uptake of Campaign messages</td>
<td>1</td>
<td>195</td>
</tr>
<tr>
<td>Ignoring The Health Risks? A review of health and wellbeing boards</td>
<td>1</td>
<td>157</td>
</tr>
<tr>
<td>Health Impacts of Loneliness</td>
<td>15</td>
<td>153</td>
</tr>
<tr>
<td>Loneliness Harms Health – 1 year on</td>
<td>1</td>
<td>64</td>
</tr>
<tr>
<td>Tackling Loneliness in Older Age – The Role of the Arts</td>
<td>8</td>
<td>50</td>
</tr>
</tbody>
</table>

We have no accurate data on who downloads from the Campaign website, although we do know that many people downloaded the same publication more than once, and/or more than one publication. However, an analysis of email addresses of those downloading gives some indication of who is downloading:

- 803 by organisations
- 306 by government
- 102 by academics
- 55 by the NHS
- 13 by Parliament.

There is evidence of downloads from non-UK registered email addresses, suggesting the Campaign’s reach goes further than the UK, including to South Africa, Germany, New Zealand, France, Australia and Canada.

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44 There was a short period in 2012 and 2013 when problems with the website meant the Campaign was unable to capture download data. Actual figures are therefore likely to be higher than this.

45 The exact publication date is unknown.

46 This included 116 downloaded from Age UK or Age Concern email addresses.
Use of the HWB toolkit
There were 16,561 visits to the HWB Toolkit webpages between its launch in July 2012 and June 2013. Because of the way the data is collected, it is not possible to say the exact number of visitors, but in the first quarter after its launch there were 6,680 visits from different IP addresses. Users spent on average three minutes on the site, and there was a bounce rate of about 40 per cent.

4.3 Learning from resources

Supporter feedback
When supporters were asked in our three online surveys about the level of clarity of the publications or resources they accessed, on average across all publications 95 per cent of responses said that they found them to be very clear or clear (52% very clear, 43% clear, n=307). Only two responses said that they found a resource to be not very clear; they both referred to the Loneliness Harms Health Action Pack.

Using a resource as a focus
The Toolkit, although an unplanned output (it was produced as a result of a DH offer) became an ‘essential piece of kit’ for the Campaign, especially in its LHH work. It gave the Campaigns Officer an ‘offer’ toHWBs and a way to focus discussions with local people. It also led to the DH asking the Campaign to host two webinars for HWBs.

The Campaign activities during the period 2010-2013 delivered learning which will be carried into the next phase. The next section draws together a number of learning points for the Campaign as it goes forward, and for other similar initiatives.
Section 3
Learning

A number of things have affected the Campaign’s ability to achieve its outcomes and impacts, both positively and negatively:

- The effects of timing, including a tension between strategy and fundraising
- The crucial role of key stakeholders in driving the Campaign, including staff, Management Group, funder and supporters
- The role of strategic decisions, including running an evidence-based Campaign and taking up new opportunities.

These factors are presented here as learning points, both for the Campaign and for other similar initiatives.
1. Timing

The effects of timing
The Campaign has been timely; to a certain extent ‘it has hit the right buttons at the right time’. Starting a campaign just after a general election was helpful; this may have made ministers more receptive to new ideas. That there will be another general election soon could be a source for concern. If the government changes, the goodwill and relationships built up may need to be built again.

The HWB structures were newly in place, and they required evidence-based strategy; producing evidence as to why tackling loneliness is important has been a central focus of Campaign messaging. HWBs were also required to listen to local people and the Campaign planned their LHH work around this.

Some respondents noted that the Campaign had tapped into a pre-existing interest in an ageing society. The focus of the Campaign on preventing loneliness through low-cost, preventative work may also have helped in a time of austerity. However, there was some concern from interviewees that hard won gains might be lost, in part due to budget cuts, and the inability of councils to focus on preventative work, however low-cost.

Tension between strategy and fundraising
A rapidly evolving campaign, in particular one intending to affect policy, needs to develop its strategy in relation to policy developments. The Campaign found it difficult to synchronise this with the requirements of fundraising.

The staff team found it hard to start fundraising early enough for the 2013-2016 phase of the Campaign. In part, they were constrained in their ability to fundraise by the sheer amount of work taken on. However, a more important factor was that the Campaign could not fundraise without a clear strategy, and the strategy for the next work period, that is, post 2013, was still emerging. The events of 2012 – a very successful year for the Campaign – were crucial in shaping their future plans. They showed the Campaign’s ability to affect policy, and that work had become key to their work going forward. To meet funding timescales, they needed to start fundraising before their strategy was formed.

2. Driving the Campaign

A number of different stakeholders have played a key role in driving the Campaign. A member of the Management Group commented in January 2013 that the Campaign was ‘in a good place, it’s had a lot of dynamism, and it’s got fantastic assets.’

We have got a visionary funder. We’ve got a sensationally good secretariat. We have a committed and by and large cohesive Management Group, representing a good diversity, and an accumulating membership of organisations that ‘get it’, and we continue to be on a bit of a roll.
2.1 Staff

Role of the staff
Many stakeholders from both the Management Group and external sources commented on the particular strength of the staff team. A number felt that the achievements of the Campaign were significantly affected by this.

Benefits and limitations of a small staff team
The Campaign started with one member of staff in 2010, adding a staff member in 2011 and then another in 2012. Staff noted that a small team had made them very nimble, with decision making particularly quick.

However, the capacity limitations of such a small team have been exacerbated by the rapid success of their work; success has perhaps come so fast they have not always had the capacity to respond. Paul Burstow commented:

In some ways it's almost been a victim of its own success. The issue has been picked up and incorporated into public policy I think quite quickly since the Campaign was launched. And to some extent as an organisation, their ability to respond to that appetite, to make progress on this agenda has been constrained by their own scale and capacity. So the desire to identify scalable and practical initiatives is something they've not had capacity for.

2.2 Management Group support and expertise

The Management Group bring a wide range of skills and expertise, combined with a passion for the subject, and they have significantly helped the Campaign achieve its goals. To varying degrees, they have brought significant resources to the Campaign, including staff time, expertise and human resources support. Individual members have also driven forward a number of new initiatives in their own organisations that help to promote the aims of the Campaign.47

The Management Group all noted how their organisations had also benefited from involvement in the Campaign, including:

• reinforcing their own work
• adding credibility and being seen in a new way
• having access to evidence for their own services
• gaining access to new audiences.

Collaboration not competition
The values of the Campaign are about collaboration not competition; this is enhanced by the structure of a Management Group comprising five different organisations. One Management Group member felt that this had helped the Campaign – that it was 'selfless'.

47 For example: Age UK Oxfordshire authored Loneliness – the state we’re in; Independent Age’s chief executive is on the Board of the Baring Foundation, which funded the Tackling Loneliness in Older Age – The Role of the Arts publication; the Management Group member from Sense has produced a publication on loneliness and deaf-blind people.
2.3 The involved role of the funder

The Calouste Gulbenkian Foundation has been highly involved in the Campaign, and both staff and the Management Group were keen to note their very positive role in Campaign achievements. One Management Group member felt that the Foundation had grown the Campaign themselves, championed it and were proud of it; another reported that Foundation staff have actively sought opportunities to develop the Campaign and promote it.

One respondent particularly praised the ‘behind the scenes’ work of the Foundation in speaking to other players in the field, to help ensure there was a ‘well joined-up architecture’ of loneliness initiatives rather than duplication or gaps.

The Foundation has also provided free office space to the Campaign. A funder representative reflected that they had felt more like a partner than a funder at times, at least in part because of the shared office. She reflected that this had increased trust and openness, and meant that the funder could react more swiftly when needed.

2.4 The role of supporters

The Campaign has actively sought to involve supporters in their work, and in developing the direction of the Campaign. This has included:

• convening action groups of supporters in the first two years of the Campaign to direct specific aspects of their work
• online surveys to supporters seeking their views on the Campaign’s future direction
• case studies on supporters’ work in the media, in articles and fundraising bids
• blogs about or by supporters
• involving supporters as case examples or presenters at events
• putting supporters in touch with each other for LHH and also other queries they have had
• inviting supporters to lobby HWBs.

The Campaign’s funder felt that the level of supporter engagement was a real strength of the Campaign:

*It does feel like they are creating a movement and that is massively important. Not every Campaign does it that well in terms of making people feel like they own it too and that I think is essential for impact.*

2.5 Key influential contacts

The role of individual influences has been significant for the Campaign, particularly contacts at the DH. Ministerial engagement with the Campaign has led to engagement with officials, and vice versa. One contact has helped the Campaign significantly with access to ministers and with additional contacts within government. The Campaign staff are aware of the need to keep a broad base of contacts as staff move on.
3. Strategy

3.1 The evidence base

Many respondents felt that the evidence base was key to the success of the Campaign, arguing that it has become the Campaign’s unique selling point. The evidence presented by the Campaign has been used by organisations to make the case for tackling loneliness locally, but also for winning support. A member of the Cabinet Office explained how ‘shocking’ she had found some of the evidence in Safeguarding the Convoy:

Good evidence and powerful statistics help you to create a case for driving work in this area. It’s really difficult without these powerful statistics to get anyone to sit up and take notice.

Respondents in local areas explained how the evidence had been useful in making their case with influencers, including HWBs. One respondent reported using Campaign information to try to influence the council: ‘Because of the information I got [from the Campaign] it’s been a bit easier for us to make councillors sit up and notice.’

One respondent in Staffordshire (an LHH area) reported a need for more data on local needs and gaps in services, to help them make the case to local public health officials for the need to commission services to tackle loneliness. They explained that they could not expect to make a good case ‘cold’, without good data.

There may be a future role for the Campaign in helping local groups and councils access local evidence of need around loneliness. The need for local evidence was underlined by a number of respondents in Essex, where there is an initiative to create such data. One person thought the Campaign’s aim in local areas should be to ‘make sure the JSNA is populated with real issues and real data. If the HWB don’t have the right data they won’t commission the right services and they won’t bring the influence they have to bear on the right issue.’

3.2 Capturing and retaining interest

Campaign staff report having learnt a number of things about how to capture and retain the interest of the media and other stakeholders:

• Keep it focused. Keep messages very simple and consistent, especially when giving parliamentary messages.

• Find a hook. The link of loneliness to health was key. The ‘15 cigarettes a day’ quote was simple and shocking. The Campaign’s policy messages are quite complex, so staff have consciously tried to find ways to keep messages simple.

• Regular outputs. The Campaign now tries to keep up a fairly regular stream of outputs to the press, but not so regular as to lose interest. The Director reported that they now try to have three big press drives per year.

• Practice and prepare. The Campaign team have had press training from one of the Management Group partners, and ‘practice’ runs with partners’ press officers. The Director explained that prior to the Connect + Act event, she and the Campaigns Officer ‘drilled’ each other so that they could get their press messages clear and focused.
• Control the medium and the message. Campaign staff do not provide everything requested by the press, responding only if requests meet the aims of the Campaign; they also try to promote a positive image of ageing.

3.3 Engaging with the HWB agenda

Some stakeholders in local LHH areas struggled to understand the HWB focus of the work, and some reported having been won round to the approach. Most found it sensible:

It’s difficult to come into a county like Cornwall and achieve anything! So if you are going to make a difference you have to start at the top and get buy-in from people writing the strategies. There are these strategies that sit on shelves and don’t get looked at; doing that isn’t enough. But if you get it into the health and wellbeing strategy you can at least be sure that the public sector will focus on it as a priority.

3.4 The value of a two-pronged approach

In terms of targeting HWBs, the Campaign has found a two-pronged approach effective, applying both local and national pressure on HWBs. At a local level, activists reported the effectiveness of having an organisation which combined national campaigning with working alongside local people and local organisations.

3.5 Making strategic choices

It is a sign of the success of the Campaign that new and unplanned opportunities were offered to it as its work progressed, and the Campaign took up many of these nimbly and with gusto. No respondents in this evaluation felt that the Campaign had taken up opportunities that it should not have done, although opportunities were seen to have helped the Campaign to meet its aims to varying degrees. Some, however (for example the DH Summit and associated HWB Toolkit), have significantly helped the Campaign to achieve and, indeed, to exceed its intended outcomes, especially in the policy arena.

Difficulties

Taking on new opportunities was not without difficulty. The small staff team, assisted by the Management Group and their organisations, were often stretched very thinly in meeting the demands of existing workloads combined with taking up new opportunities. Staff workloads were at times very high.

Becoming more strategic

Campaign staff and the Management Group noted that they had become more strategic in their assessment of new opportunities, and were more likely to refuse offers if they didn’t clearly fit within the Campaign’s strategy: ‘So rather than taking an opportunity and forcing our objectives into it, we just won’t do it’. One respondent explained how important it was to focus limited resources wisely:
Considering how small their staff team are, I think they punch well above their weight. It’s extraordinary that they are able to generate so much interest with such a small team... It’s helped that they have been quite strategic and focused in terms of where they choose to put their energies.

The need to keep focused
The Campaign has learnt to focus its efforts in the face of increasing pressure to do otherwise. The Campaign Director noted that many new organisations are becoming involved in tackling loneliness, bringing significant resources. This has made it even more important for the Campaign to choose between these new opportunities in a strategic manner.

The staff and Management Group felt they had improved significantly in how they made choices; they now try to choose things that fit within their strategy. It is a real sign of success that they are in a position of being able to cherry pick the opportunities offered to them.

3.6 Policy change is only the first step
The data for this evaluation provided evidence that, in the first three years, the Campaign has made substantial progress in relation to its first two aims, by increasing providers’ and commissioners’ knowledge of the importance of tackling loneliness. This knowledge has also been reflected in policy change.

The Campaign has never seen policy change as an end in itself; it is one outcome – a significant one – on the way to achieving change for older people. This has been reinforced by many of our respondents who felt that after such impressive gains, there was still a lot of work to be done to ensure influencers turn policy into action.
Appendix

Evaluation methodology

Our data for this evaluation came through a range of sources.

1. Online publication surveys

The Campaign has produced a steady output of resources. We collected data on these primarily through two online surveys:

- October 2012, 82 respondents. This focused on:
  - Safeguarding the Convoy (published February 2011)
  - Listening to You: The baseline report from the Campaign to End Loneliness (Sept 2011)
- January 2013, 119 respondents. This focused on:
  - Combating Loneliness: A guide for local authorities (March 2012)
  - Loneliness and isolation: A toolkit for health and wellbeing boards (July 2012).

Surveys were sent by CES via an email link to those supporters who had downloaded the relevant resources from the Campaign website. Vouchers were offered as incentives. These simple surveys focused on user views on the quality and usability of the resources, and any outcomes as a result of reading them.

The majority of the respondents (an average of 82% across the two surveys) had downloaded the publications because they worked for an organisation for which the publication was relevant; most were providing services to people aged 65 or over. In this respect the respondents were different to the wider supporter group, who are almost 60% individuals (as opposed to organisations).

These surveys received a relatively low response rate (14% and 13% respectively). However, as the service (online downloads) was an indirect one and, for many, time had elapsed since they had downloaded the documents, the response was as expected.

2. An online survey to all supporters

We sent an incentivised, online survey to the whole supporter group and all Campaign contacts in June 2013, focusing on all of the Campaign’s work. The survey was sent via email to 1,363 people; 175 responded (13%). Of these:

- 82% were supporters.
- Respondents were disproportionately from organisations. Three-quarters (74%) were from organisations, compared to about 40% in the whole supporter group.
- Their geographical distribution was very similar to the whole supporter group.
- Almost a third (31%) had a relationship with their local health and wellbeing board (HWB).
- They had had a lot of contact with the Campaign; 84% had used the website; 62% had used Campaign publications; 48% had met Campaign staff or Management Group members.
3. Interviews with staff, Management Group and funder

We undertook four rounds of face-to-face and phone interviews with Campaign staff, the founder funder and Management Group members over the three years of this evaluation. Interviews were mostly one-to-one, with a final group interview with the Management Group.

Interviews ranged from about 40-120 minutes, and focused on what the Campaign had done, outcomes and learning. We met more regularly with the Campaign Director to collect on-going process data.

4. Phone interviews with national influencers and policy makers

We undertook 14 interviews (13 by phone, 1 by email) with national influencers and policy makers. Respondents were chosen by CES or nominated by the Campaign. Interviews ranged from about 15-30 minutes, and focused on views on the Campaign and Campaign outcomes. Interviewees included:

- an MP
- an MP and former Minister
- civil servants
- researchers
- a journalist
- people working in national charities.

5. Phone interviews with local activists and influencers

Through its Loneliness Harms Health (LHH) campaign, the Campaign worked in five local areas. We undertook phone interviews with around seven people in each area six months after the Campaign had started working in their area. These interviews were repeated six months later in Cornwall and Essex; respondents in the other three areas will be re-interviewed after this report is published. This report is based on 35 interviews with 24 people.

Interviews took about 20-40 minutes, and focused on views on the LHH campaign and local outcomes. Interviewees were chosen by CES from a list of Campaign contacts in those areas, and included:

- local councillors
- local council officers
- members of the local HWB
- representatives from older people’s forums
- individual activists
- people working in local organisations.
6. Online research

We did online desk research to look at:

- mentions of the Campaign online
- references to four key Campaign resources on other websites
- mentions of the phrase ‘15 cigarettes a day’ in conjunction with the term ‘loneliness’ and the phrase ‘Campaign to end Loneliness’
- media coverage of Campaign events.

7. Research into the content of health and wellbeing strategies

To assess the extent to which Campaign messages had been taken up by HWBs, we undertook desk research in April 2013 in four stages, in partnership with Campaign staff.

Research stages

Stage 1: identifying strategies

We identified all the HWBs, and then identified those with joint health and wellbeing strategies, draft or final, in place. These strategies were then searched for any of the following references:

- loneliness
- lonely
- isolation
- social isolation
- connections
- connectedness
- social connections
- social networks
- networks
- relationships

Stage 2: ranking the strategies

Campaign staff went through all the strategies with references to any of the above search terms, ranking them as gold, silver or bronze:

- **Gold** – The strategy contained measurable actions and/or targets on loneliness (in older age or for the whole population).
- **Silver** – There was a stated commitment in the strategy to learning more about loneliness in a local area (for example mapping needs, designing interventions, identifying existing services that help), or measureable actions/targets on social isolation, improving social connections, networks or relationships.
- **Bronze** – Loneliness was acknowledged as a serious issue in the strategy but no targets or actions were identified, or there was a commitment to learning more about or improving social connections, social relationships or social networks.

Stage 3: desk research

To identify any links between the work of the Campaign and the HWBs we:

- analysed Campaign activity in the gold and silver areas
- analysed level of interest in the Campaign from each region
- did online research against each of the gold areas, looking for local uptake of Campaign messages.
Stage 4: interviews
We contacted all 61 HWBs with strategies ranked as gold, silver or bronze. Through cold calling, we conducted 16 brief interviews with representatives from 15 HWBs, mostly by phone but a few by email, using a simple interview schedule.

Understanding this data
A number of issues arose in this work that affect how the data can be interpreted:
- The desk research was undertaken in April 2013; since then more HWBs will have published strategies, and others may have updated existing ones.
- Data on HWBs was highly variable as to its accessibility. This means we may have missed out some strategies.
- We do not know the extent to which those HWBs we interviewed were representative of the wider group of 61 HWBs with ranked strategies.

8. In-depth analysis of Campaign monitoring data
We analysed all Campaign records, including:
- Data on presentations, PR work and articles
- Mentions of the Campaign in Hansard48
- Campaign diaries, written by the Campaigns Officer
- Internal meeting minutes
- Data from a media monitoring service
- Data on registered Campaign supporters, including those pledging on the Campaign website to take campaigning action
- Records of Campaign Twitter activity
- Data from Sense, one of the Management Group partners, on the results of e-actions (Sense managed this process)
- Google Analytics and data on downloads from the Campaign website
- Data on Campaign events, including who came, media take-up and some feedback from attendees
- The November/December 2012 edition of nfpSynergy’s Charity Parliamentary Monitor,49 a regular survey to all MPs
- Anecdotal feedback from supporters and key contacts.

48 Hansard is the report of proceedings of both the House of Commons and the House of Lords.
49 For more information see http://nfpsynergy.net/nfpsynergy-monitors/charity-parliamentary-monitor