Research Bulletin 10
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About the Research Bulletin

The Campaign to End Loneliness Research Hub supports the work of the Campaign by gathering, communicating and contributing to the evidence base around loneliness and isolation. The Research Hub aims to fill gaps in the research and engage in areas of controversy and debate. Members of the Hub include leading academics in the field along with public and voluntary sector representatives.

To find out more about the Campaign to End Loneliness, visit our website.

In this edition

News from the Research Hub

Dr Tracy Collins 'Challenge of Christmas' workshop presentation

In February the Campaign hosted a workshop for over 40 charities, care services and neighbourhood groups to discuss the particular problem of loneliness at Christmas, and to encourage services to start planning their response as early as possible. Five organisations explained what they do over the festive season, and Dr Tracy Collins from the University of Salford presented on her latest research into loneliness experienced by widows and widowers at Christmas.

You can listen to Tracy's presentation today on the Campaign's SoundCloud. A short video with interviews with workshop participants can be watched here.

Research Hub Meeting – 27 June 2014

The next meeting of the Campaign to End Loneliness Research Hub will be held in Edinburgh on 27 June. We will discuss loneliness and isolation measures for the new Scottish Longitudinal Study of Ageing, and learn about new research from Keele University, the University of Salford and the Joseph Rowntree Foundation. All minutes and slides from the meeting will be shared after the event.

Latest Research

New evidence reveals 'what works' in tackling loneliness in older age

This paper reviews 17 studies from 2000 to 2012 that examine the effectiveness of different types of services and activities that claim to tackle loneliness. It considers the impact of group activities, psychosocial support, befriending and new technologies.

What the research found: The researchers found some mixed results with group-based activities. For example, a 'friendship programme' found that members were likely to make new friends from the group but there wasn't a corresponding decrease in loneliness. However, as these evaluations looked at short-term groups it was suggested that they did not run for long enough to successfully reduce loneliness. The researchers also looked the impact of a Mindfulness-based programme, and found there was a significant decrease in loneliness in those who completed the programme, compared to a group of older adults who didn't take part.

Three studies in this review looked at one-to-one befriending schemes, and asked beneficiaries to use a short scale to say how lonely they were feeling. Initial findings suggested that although those with a befriender or mentor said that they had more social support, befriending did not equal

significant reduction in loneliness. However, the review then looked at studies where researchers spent more time interviewing older people, and these found that befriending could tackle loneliness.

The researchers identified six papers that investigated how new technologies, including the internet, webcams, Skype and a Nintendo Wii. One of these studies compared care home residents that either played the Wii with a partner or watched television: those who played the Wii felt less lonely, and feelings of loneliness actually increased for those watching television.

Implications for practice: This review has a number of implications for practice and commissioning. Firstly, duration of an intervention is important: make it too short and you might not have the time to properly address the things causing loneliness or build up sufficient relationships.

Secondly, there is a lot of potential for new technologies to make an impact – and we should not assume older people cannot – or do not want to – use computers, games consoles or the internet. However, we should remember that older people with better social networks are more likely to respond better to technologies as being offered technology in your own homes could lead to a fear of other human support being removed.

Finally, the review reminds us we should consider both quantitative and qualitative research when trying to identify 'what works'. The researchers suggest that quantitative studies (that use a scale or survey to measure loneliness) might fail to identify the success of a group or activity on loneliness because there is a shame attached to it, and it is easier to discuss it in a more open interview.

About the research: The authors of this paper used seven databases and a selection of search terms relating to ageing, loneliness and social support to identify 17 studies relating to loneliness interventions. 'Social support' was taken as a positive variation on loneliness and included in the search process. Qualitative studies were referenced outside of the 17 studies when appropriate.

Research reference: Hagan, R., Manktelow, R., Taylor, B. J. and Mallett, J. 2014. 'Reducing loneliness amongst older people: a systematic search and narrative review' *Aging and Mental Health* DOI: 10.1080/13607863.2013.875122. Published online 17 January 2014.

Reduce loneliness with technology, teaching and therapy

This review of evaluations of services or schemes that work to reduce loneliness examines studies that were published between 1996 and 2011, and makes recommendations for future practice.

What the research found: Chiming with other research, the review found that both group and one-to-one interventions could be successful at tackling loneliness in older age. A number of types of service or activity stood out as being effective in reducing loneliness for older adults living in the

community, or in a care home:

- **Groups and befriending services with an educational focus** e.g. one project helped people receiving care to build a relationship with their carers
- **Basing an activity around an interest you can share** e.g. one group came together to discuss well-known works of art in their sheltered accommodation
- **Think about using the power of technology** e.g. a program loaned people equipment and providing coaching and visits from volunteers
- **Don't overlook therapy techniques** e.g. animal-assisted therapy in care homes

Implications for practice: The review found that the groups or activities that most effectively reduced loneliness were often based around a shared interest, from choirs to art discussion groups, exercise classes to gardening programmes. They made a difference for adults living either in their own homes or in a care home setting.

Evaluations of schemes using technology produced mixed results: this highlight the importance of induction and support. For example, one scheme loaned an older person a computer and encouraged them to complete internet-related tasks but this had no impact on loneliness.

This review described some of the most successful education-based activities as having a 'psychosocial' element. This meant they aimed to help individuals to rebuild their social networks, and included lessons on self-esteem, individual counselling, therapeutic writing and teaching communication skills. Rather than just providing an activity or social group, services could think about what extra support could facilitate development of social networks and new friendships.

About the research: This critical review used six databases to look for studies conducted between 1996 and 2011 that had a sample of older adults and either implemented an intervention to tackle loneliness, or identify a situation that could have a direct impact on loneliness.

Research reference: Cohen-Mansfield, J. and Perach, R. 2014. 'Interventions for Alleviating Loneliness Among Older Persons: A Critical Review' *American Journal of Health Promotion* DOI: 10.4278/ajhp.130418-LIT-182. Published online 27 February 2014.

Positive, 'buzzy' care workers help people to maintain and develop relationships

This paper is based on the 'Connecting People Study' which examined six health and social care agencies between 2010 and 2012. The researchers focused on workers who were judged to be good at helping people (particularly those with psychosis) to develop and maintain relationships.

What the research found: The starting point for the research was that social relationships have been

shown to help people recover from mental illness and avoid or reduce loneliness. The researchers were concerned with identifying how social care and health workers could develop good working relationships, create social opportunities and talk to service users about making or maintaining social relationships, as well as helping them to do this. Their main findings were:

- Care workers cannot "engineer" relationships with or for the people that they work with
- Better relationships are formed when both the worker and the individual come together to work out what they want to achieve, and how relationships could be made or maintained
- Health and care agencies should involve local communities and "communities of interest" to help service users enhance their relationships

The researchers also recommended service users take responsibility for their friendships, as a support worker could back this up but often not make it happen in the first instance. Self-awareness, positive feedback and encouragement to try new things were also influential. One of the biggest barriers identified by the research was lack of confidence of service users. Stigma attached to service users by other people also made it difficult to make friends. Lack of time and money in services also needed to be addressed if people were to be well supported to build networks.

Implication for practice: The research recommends that social care and health workers aim to be "flexible, positive and enthusiastic" – being enthusiastic seemed to be vital to helping people with mental health problems to develop new friendships. When the researchers observed positive body language, good communication skills and plenty of patience, they saw better relationships between a worker and the person they were supporting. Care and health services should help their workers to develop these soft skills and attitudes, and ensure that employees feel "valued and trusted" too.

Practical guidance for health and care agencies, or charities, wishing to help adults to maintain or make new connections can be found on the study website.

About the research: The Connecting People study started with systematic and scoping reviews, before developing guidance and a 'fidelity scale' to measure the extent to which workers would follow the study's guidance. The guidance was tested with six agencies as study participants. The team are now conducting a quasi-experimental study to further test the effectiveness of the 'Connecting People Intervention' with more social care agencies across England.

Fear of crime in an area creates loneliness and social isolation

This research looks at how crime, and fear of crime, can influence our health and wellbeing. It reviews theory, past research in this field and interviews people affected by crime or fear of crime.

What the research found: The researchers found that there were complicated links between crime, fear of crime, environment and health and wellbeing for both individuals and larger populations. For example, fear of crime can have a negative impact on our physical health and make us less active but there is actually little proof that more street lighting or CCTV can reduce fear of crime.

Research and interviews with focus groups showed that fear of crime could "impinge" on social lives and harm relationships, often by stopping people from being active in their community or resulting in a local area as being seen in "social decline". Fear of crime also eroded trust and cohesion, one older man interviewed said: *"Community spirit's different now to what it used to be, because as I say people are afraid to go out. At nights here it's very quiet, you never see anybody walking about. They just don't leave the house for fear of being burgled or attacked."* It can also divide generations: older people might also start to view younger people as a threat.

Implications for practice: A number of recommendations can be drawn from the review:

- When working with older people who are feeling vulnerable and/or isolated because of crime, remember that it's not actually the level of crime or risk of crime that could be causing this: fear of it can be very powerful factor in stopping people getting out and about
- Some physical changes can help with addressing fear, but it's not all about lighting: one study suggests removing vegetation and other obstacles that impair visibility
- To address both the fear of crime and feelings of loneliness, those interested in community development could consider broad interventions that address the social, economic and political determinants of fear, e.g. projects that empower communities to make their own decisions about crime, environment and connectivity

About the research: This report publishes independent research funded by the NIHR. A mapping, non-systematic review, it examines both theoretical literature and quantitative studies published before 2010, from 18 databases. Semi-structured interviews were conducted with nine organisations working in community safety and two focus groups were held with members of the public.

Research reference: Lorenc, T., Petticrew, M., Whitehead, M., Neary, D., Clayton, S., Wright, K., Thomson, H. and Cummins, S. 2014. 'Crime, fear of crime and mental health: synthesis of theory and systematic reviews of interventions and qualitative evidence' *Public Health Research* 2(2) DOI 10.3310/phr02020

Low self-esteem, widowhood and low income make us vulnerable to loneliness

In this study, researchers from Sheffield Hallam University examine a range of factors that might cause loneliness – including things like age, marital status, education, income, health, self-esteem and contact with family and friends – and assessed the strength of their association with loneliness.

What the research found: this paper looks at two different dimensions of loneliness: social loneliness – which is felt when we lack a wide range and types of relationships or a bigger network of friends – and emotional loneliness, which we feel when we're missing one main relationship, like a spouse or best friend. They found that risk factors of for both types of loneliness included:

- Widowhood
- Low levels of wellbeing
- Low self-esteem
- Felt income prevented participation in social activities or paid services

In addition, older adults with lower levels of contact with friends and family, were in receipt of social care or those who felt they were not integrated into their community were more likely to experience 'social loneliness'. Older adults were more likely to feel emotionally lonely if they had to rely on informal care and had a physical disability or simply problems with normal activities of daily living.

Implications for practice: the authors of the study recommend that people looking to reduce loneliness should focus on older adults who are widowed or who have financial concerns as well as offer activities that can also raise wellbeing and improve self-esteem.

Another finding of significance for people supporting older adults who have been bereaved is that widows and widowers do not just suffer from emotional loneliness because they've lost an intimate relationship. This research found that having a partner is also important for keeping someone connected to a wider circle of friends and acquaintances. This means services should aim to address both the loneliness caused by losing a loved one and support them to maintain social networks.

Finally, the research recommends that social care or nursing evaluations should be more "holistic". As receiving formal and informal social care or support can be linked to loneliness, councils and CCGs should consider how to ensure their assessments of older peoples' needs take into account the support they may need to maintain or make friendships, or reinforce existing support networks.

About the research: The researchers used data from the Barnsley Social Exclusion in Old Age Study, using a sample of adults aged 65+ equally divided between urban and rural households. 1255 older people took part and 6.5% of this group lived in supported accommodation. The De Jong Gierveld

Loneliness Scale was used plus questions on mental health, physical health and social factors.

Different early-life circumstances cause loneliness in later life for men and women

The Campaign to End Loneliness has found two pieces of research that look at the influence of early-life circumstances on loneliness in later life. The first, by two Norwegian researchers, was published in 2014 and the second, by four researchers in Ireland, was published a year earlier.

What the research found: The Norwegian study investigated how personal traits and events that happen across our lives can increase our likelihood of loneliness. They found that "adverse" events in childhood could lead to loneliness in later life for both men and women. For older men, these events were having been bullied and experiencing conflict between their parents as a child. For older women, family economic problems when they were young were more likely to lead to loneliness.

The study also looked at lifestyle changes and events in middle aged. They found that women who divorced in middle age (which they defined as aged 40-59) were more likely to become lonely. Divorce did not appear to affect men in the same way. Unsurprisingly, both men and women who lost their partner when aged over 60 were more likely to become lonely but widowers were at greater risk than widows.

The Irish study had to contend with a large number of "never married" older adults, so looked at what childhood circumstances could be associated with marital status at the time of the research. Overall, they found that being poor in childhood directly increased the risk of loneliness in later life for both men and women. Older men were also more likely to be lonely if one of their parents had had a substance abuse problem.

Implications for practice: Although we should not assume that the experience of Norwegian and Irish older adults is always applicable to older adults living in the countries of the United Kingdom, this study does contain interesting lessons. We must be aware that certain events and experiences in early childhood can still influence our wellbeing in older age. Although we do need more information about how to identify and address the impact of early-life, those providing services and making policy should be sensitive to the long-lasting influence of bullying, poverty and parental conflict.

About the research: Nicolaisen and Thorsen (2014) used Wave one and two of the Norwegian Lifecourse, Ageing and Generation study to examine a sample of 3,750 adults who were aged 40-80

and surveyed in 2002-3 and then 2007-8. Kamiya et al (2013) took data from the first wave of the Irish Longitudinal study on Ageing, with 2,645 participants aged 65 or over.

Research references:

Nicolaisen, M. and Thorsen, K. 2014. 'Loneliness among men and women – a five year follow-up study' *Aging and Mental Health* 18(2): 194-206 DOI 10.1080/13607863.2013.821457

Kamiya, Y., Doyle, M., Henretta, J.C. and Timonen, V. 2013. 'Early-life circumstances and later-life loneliness in Ireland' *Gerontologist* [E-pub ahead of print 5 Sept 2013]

Primary care must do more to manage depression in older age, prevent loneliness

Originally developed by the Primary Care Mental Health Forum (which involves both the Royal College of General Practitioners and Royal College of Psychiatrists), this factsheet summarises the latest research on how to identify and manage depression in older adults, and therefore help prevent or alleviate loneliness associated with poor mental health.

What the research found: Previous research has demonstrated that one in four older people who live in their own homes have symptoms of depression, and that the risk of depression increases with age: 40% of adults aged over 85 are affected by depression. Loneliness and isolation are risk factors for depression in later life and other research has shown that depression can cause loneliness. It can be difficult for doctors to diagnose depression in older adults for a number of reasons, including attributing symptoms of major depression as being "just old age", general ill health or grief.

Although prescribing anti-depressants is recommended, these researchers found that many older people prefer talking therapies like Cognitive Behavioural Therapy (CBT). They also recommend that befriending may help manage mild depression in older people. They found that if treatment is not leading to improvements, that continuing loss and loneliness may be one of a number of factors that need to be addressed alongside the depression.

Implications for practice: The researchers initially recommend two quick questions that can help GPs – or other health and care practitioners – to identify someone who might be experiencing depression (which is also known as 'case-finding'):

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?

If the person answers 'yes' to either question, this is a positive test for depression but if they answer

'no' to both questions then depression is highly unlikely. As well as identifying how improving social support can help tackle loneliness, the paper also suggests that health promotion schemes that significantly reduce loneliness and isolation (addressing both social and psychological needs) can in turn promote good mental health, including:

- Training in the use of the internet to increase social support
- Walking and other physical activity schemes
- Adult education
- Volunteering

About the research: This 2014 factsheet update is one of a series of practitioner resources originally developed by the Primary Care Mental Health Forum and published in 2011. It can be downloaded from the RCGP website at: rcgp.org.uk/clinical-and-research/clinical-resources/mental-health.aspx

Research reference: Chew-Graham C., Gask L., Shiers D. and Kaiser, P. 2014 update. *Management of depression in older people: why this is important in primary care.* (Royal College of General Practitioners and Royal College of Psychiatrists)

Loneliness in China

These two studies both examine the levels of loneliness in China's rapidly ageing population.

What the research found: The first of these studies (Luo and Waite, 2014) found that around 28% of Chinese adults aged 65+ felt lonely, and that this group faced an increased risk of early mortality over a three year period. Their research showed that loneliness decreased older Chinese's adults' participation in social activities and physical exercise, and had a negative effect on their emotional health, self-rated health and mobility over this time. In turn, these factors (lack of social activities, poor physical and emotional health etc.) influenced the likelihood of experiencing loneliness.

The second study (Chen et al, 2014) looked at a much smaller sample of older adults that lived alone, and found that they experienced "moderate" loneliness and that children were the main group providing practical and emotional support. Only just under half of participants said that they would ask for help or confide in someone when in trouble and 80% said they "never or rarely" attended social activities. Chen's team suggested that living alone may increase the risk of loneliness of older age in China because the culture places strong emphasis on collectivism and "filial piety".

Implications for practice: This research will probably have little practical consequences for Campaign supporters in the United Kingdom. However, it is interesting to learn that China's ageing population also experiences loneliness and that it has a negative impact on different health outcomes.

The researchers recommend that more interventions to tackle loneliness need to be considered in China, and their examples are similar to many already running in the UK, e.g. identifying the most vulnerable and lonely, more frequent contact from children, befriending and social groups.

About the research: Luo and Waite used a sample of 14,072 adults aged 65 and over from the Chinese Longitudinal Healthy Longevity Survey. Their analysis looked at the relationships between loneliness, health behaviours and general health plus risk of mortality.

Chen's team conducted a questionnaire with a random cluster sample of 521 older people who lived alone in their own homes in the municipality of Shanghai. They collected data from November 2012 to March 2012 using the UCLA Loneliness Scale and the Social Support Rate Scale.

Research reference:

Luo, Y. and Waite, L. J. 2014. 'Loneliness and Mortality Among Older Adults in China' *Journal of Gerontology Series* B*: Psychological *Sciences and Social Sciences* [E-pub ahead of print 18 Feb 2014]

Chen, Y., Hicks, A. and While, A. E. 2014. 'Loneliness and social support of older people living alone in a county of Shanghai, China' *Health and Social Care in the Community* [E-pub ahead of print 12 March 2014]

Upcoming events

Seminar Series: Applying Relationships Science to Contemporary Interventions

The universities of Sheffield, East Anglia, Southampton, Sussex and Bristol are hosting a three-year seminar series looking about how relationships research can address challenges faced by those working to support relationships, friendships, social networks and social groups.

Funded by the ESRC, the series has a particular focus on how new technologies such as the internet, social networking, mobile apps and event robotics can play a role in keeping us connected and healthy. They will also examine the role of health promotion, psychological treatment and other types of social support can play.

The events will bring together leading researchers in the field of relationships science, developers of new interventions and charities. The next seminar will be held on **Monday 13 October 2014** at the University of Sussex. More information about the series and future events can be found on their website.

Evaluating loneliness and isolation services

Case study: Opening Doors

About the service: Opening Doors London – whose lead agency is Age UK Camden – is the largest provider of information and support services with and for older Lesbian, Gay, Bisexual and Transgender people in the United Kingdom. The project aims to reduce the social isolation of older LGBT adults and provides regular social activities, a dedicated referral service and befriending. They campaign to ensure older LGBT adults are heard by policy makers, care providers and charities.

What is going well? Opening Doors surveyed their 900 members in 2013 and 2014. 20% of members responded to their survey and they found that:

- 81% felt more connected to the LGBT community after joining Opening Doors
- 71% said that attending Opening Doors groups had made them feel less isolated
- 70% said that the service and social activities were benefitting their 'social wellbeing'
- 73% felt more comfortable attending Opening Doors than other mainstream services
- 73% of Opening Doors members live alone and 85% do not have children

Lessons for others: Opening Doors was set up in response to the fact that older LGBT people are:

- Three times more likely than their heterosexual counterparts to be single and live alone
- Less likely to have children and far more likely to be estranged from their families
- Significantly more likely to experience damaging mental health problems

As a result, older LGBT people are far more reliant on formal care services. However, due to the scars from decades of discrimination and social exclusion, they are far more likely to feel anxious and fearful about accessing them. This members survey highlights how groups run by organisations such as Opening Doors can create a more comfortable environment for older LGBT adults, significant reducing the fear and likelihood of being judged or excluded.

However, statutory and voluntary services cannot ignore the issues and injustices that some older adults experience because of their sexuality, and the discrimination of ageism and homophobia. To learn more about what steps to take, visit the Opening Doors' [Adult Social Care LGBT Checklist](#).

Case study: Second Half Centre

About the service: The Second Half Foundation seeks to tackle loneliness and isolation of any person over the age of 50 and reduce social exclusion. They offer a wide range of groups and classes that

range from exercise to nutrition to IT lessons to brain fitness.

What is going well? Just over 100 members of the Second Half Centre responded to a recent survey asking them about their experience since joining the Second Half Centre.

- 63% said they had made new friends since joining the Second Half Centre
- Over 85% felt more satisfied with their life overall as a result of attending the Centre
- 25% of members surveyed thought that they visited their GP less frequently since joining the Centre – the rest of respondents said they only made the "same" number of visits as before
- 45% of members also reported their health as having improved

Lessons for others: Members of the Second Half Centre were asked to explain why they had benefited from joining in with their activities and classes, which gives us an insight into some of its successful characteristics. Members explained that the activities felt "non-patronising" and designed for active and intellectually curious over 50s. Several members said that the classes had reawakened old interests or given them an opportunity to learn about a much wider range of subjects or interests. They felt that despite an educational focus of activities, classes were relaxed, friendly and sociable. It was easy to join and, importantly, there was "little bureaucracy". Finally, the focus on building confidence was also welcomed, through 'retooling for work' groups and friendly staff.

You can download the full Second Half Centre evaluation from [here](#).

Upcoming Research

Clinical trial of technology-based loneliness intervention 'Mindings'

About the research: For the last year *Mindings* has undergone a pilot study across Cambridgeshire and Central Bedfordshire, to test the use of digital technology in improving the quality of life of older people. *Mindings* is a private social network that shares content – from photos to texts – on a digital screen in a person's home. It has been used by children whose parents live at a distance from them, to share photos and other news that will help keep them feeling connected and informed.

The study, funded by NHS Midlands and East, involved giving *Mindings* to 30 local residents over 70 years old who had been identified as being socially isolated. The aim was to see whether the ability to stay in touch with family and friends through social media and digital technology worked in increasing confidence and quality of life.

What are the early results? Initial indications suggest that *Mindings* helped users stay in regular contact with their families, increased their confidence and reduced their feelings of loneliness. It was

found that 38% of users reported an increase in quality of life during the trial, with 43% saying it had an impact on their happiness. On the whole users said they felt more 'in the loop' with family news.

The trial found that over 80% of participants responded positively to the new technology and one commissioner described the trial as having "demystified technology" by bringing it in gently. One of the trial participants in Bedfordshire said: "*I love seeing the photos my family send me. It's lovely in the morning to talk into my lounge and see some new pictures of my grandchildren and great grandchildren – it really cheers me up. They think it's brilliant too!*"

What will happen next? After the trials that focused on using *Mindings* in families, the team are now exploring how to use the service to support people with fewer family members or friends. They will also trial a new concept called *Groupings* with the Royal and South Maudsley NHS Foundation Trust, to link *Mindings* users with a larger supportive community who will help support independent living. For more information about the clinical trial and future plans, contact Stuart Arnott (stuart@mindings.com).

Loneliness in the Digital Age (LIDA): Building Strategies for Empathy and Trust

About the research: The University of Falmouth's LIDA project is exploring the potential for the internet, social networking and other online environments to help people manage period of loneliness. The research is focusing on temporarily separated groups including:

- Migrant workers who have moved to the UK for employment
- Young offenders who are being reintegrated into their communities
- Personnel who are stationed temporarily overseas

Participants from these different groups will be involved in the project as researchers, and they will help how using digital technology to address loneliness. The university researchers will also look to explore what common experiences the group have, and how they manage moments of loneliness in their everyday lives.

What are they planning to do? The project will start with interviews and focus groups to map 'episodes' of loneliness experienced by different individuals, whether they are managed offline or online, and if empathy and trust can play a role in alleviating loneliness. Participants will also be surveyed before and after they get involved in the research. The second phase will involve community engagement and arts professionals to facilitate group workshops that will start to design new technologies or activities that can be trialled. For more information, contact Professor Mike Wilson (Mike.Wilson@falmouth.ac.uk).

Contribute to the Research Bulletin

If you would like to contribute to the next Research Bulletin please contact Anna Goodman (anna@campaigntoendloneliness.org.uk). We will consider any research into loneliness or isolation in older age, published or unpublished, including academic articles, new reports, local evaluations and case studies.

About the Campaign to End Loneliness

The Campaign to End Loneliness is a network of national, regional and local organisations and individuals that work through community action, sharing good practice, engaging in policy and research to combat loneliness in older age in the UK. The Campaign is led by 5 partners: Age UK Oxfordshire, Independent Age, Manchester City Council, Royal Voluntary Service and Sense.

The Campaign to End Loneliness has over 1,500 supporters across the United Kingdom. To find out more about becoming a supporter and the work of the Campaign, visit our website: www.campaigntoendloneliness.org.uk