

# Research Bulletin 12

## December 2014

### About the Research Bulletin

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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](#).

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### News from the Research Hub

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**New Perspective on Loneliness: Seminar Series 2015 – 2016**

Professor Christina Victor and Dr Mary Pat Sullivan Of Brunel University London and Dr Mike Thomas of University of Kent have been awarded funding from the ESRC for a new seminar series, entitled "New perspectives on loneliness: developing theory, methodology and evidence for practice". The series will start in May 2015 and more information will be available in the New Year on the [Brunel](#) and [Campaign](#) websites.

### **New research presented at the Inaugural Learning Network Conference**

The Campaign to End Loneliness held its first annual conference for our growing [Learning Network](#) on Monday 17 November 2014 in London. Our keynote presentation was from Professor Christina Victor, who brought to life the very latest research on loneliness across the life-course. You can watch a film of Christina's presentation [here](#).

We also heard from older people, who explained what loneliness means to them and their particular community: be that a physical urban or rural home, one formed around their LGBT sexuality, or a different community created after becoming a carer. Watch their interviews on our YouTube channel [here](#).

### **Research Hub members present at "Only the Lonely" launch**

In October, Professors Vanessa Burholt and Mima Cattan spoken alongside Professor Brian Lawlor, Trinity College Dublin, at the launch of the *Only the Lonely* report by Age-Friendly Ireland in Dublin. The report shares findings from the evaluation of an effective and low-cost intervention to tackle loneliness in older age. The conference programme can be downloaded [here](#) and more information about the study can be found in our "Latest Research" section.

## **Latest Research**

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### **Short-term befriending is a low-cost and effective solution for loneliness in later life**

In 2013, Trinity College Dublin set up a visiting scheme for older people living alone in Ireland, to try and better understand how to alleviate loneliness. The scheme consisted of 10 home visits from a volunteer, who themselves was older or retired, who supported the participants to join a new activity or make a new social connection.

**What the research found:** 100 people took part in the study: 51 people were part in the scheme, and 49 people were part of the control group. Participants had to be aged over 60, living independently, have no significant memory problems, say they feel lonely and agree to have a volunteer visit them. The volunteers also had to be aged over 55, and be willing to attend two training sessions.

The researchers contacted the people taking part in the study one month after they had completed the visits, and started to get involved with other activities in a local area. They found that those paired with a

volunteer were now less lonely than those who hadn't had a volunteer visit. They were also less emotionally lonely: the type of loneliness that is felt when you're missing an intimate relationship. There was no improvement, however, in levels of depression.

Three months after the scheme finished, those who had taken part were still less lonely than those who hadn't. 30 of the participants said they had made a new social connection since the start of the scheme. 25 people still received visits from their volunteer, and 7 people had been referred to a local befriending organisation. 5 people had joined a new group activity, including a retirement group and a gardening club.

During focus groups, participants said that no longer being able to do things because of a deterioration in their physical health – and lack of public transport – were common barriers to staying connected. People who lived in an urban area were more likely to feel their area lacked “community spirit” and think that rural areas were more companionable.

The participants thought that lack of confidence and motivation also played a part in loneliness and isolation. One person explained that before the scheme she found socialising difficult: *“I've been trying to go to them [active retirement groups] myself but I just bottled it every time I got there, I wouldn't have the confidence to go in...I watched them go in and everything. I found it hard to mingle with new people you know.”*

The researchers concluded that short term befriending is a “feasible and acceptable intervention for reducing loneliness in older people”. The scheme is low cost and researchers believe they could be easily adopted by existing support services caring older adults.

**Implications for practice:** This time-limited peer-support project offers a number of recommendations and ideas to organisations running, or funding, befriending schemes, as well as other interventions. One success for the project was its ability to **respond to the individual's needs and interests**, encouraging them to identify who or what they would like engage with. It was only if they had difficulty identifying a person or group that the volunteer would step in to help them find something, using local services and activities.

Another recommendation is to **build confidence and provide motivation** for people to engage with others and the community. The woman who told the researchers that she lacked the confidence to go into a new group was supported by her volunteer, who later said: *“One time she mentioned wanting to join an active retirement group and she just sat in her car outside and she didn't have the courage to go in. But since our visits I've got her involved in the [local active retirement group] and she did come a number of times...So it wasn't all negative she did join and she felt really good about it.”*

The scheme was designed to be time-limited to 10 sessions, but services could learn from their **non-prescriptive approach**. Many volunteers and participants stayed in touch after the research finished, with one volunteer feeling that one-to-one visits were more suitable than groups for his participant: *“Well*

*because of his wife being sick, he couldn't actually leave the house. He was essentially tied to the ground. My visits were something that he would look forward to...I plan to keep in touch with him."*

**About the research:** The study consisted of a RCT of a volunteer intervention for older people experiencing loneliness and a qualitative study of the effective of the study on participants and volunteers. Data were collected from participants in their homes using a researcher-administered questionnaire.

**Research reference:** Lawlor, B., Golden, J., Paul, G., Walsh, C., Conroy, R., Holfeld, E. and Tobin, M. 2014. *Only the Lonely: a randomized controlled trial of a volunteer visiting programme for older people experiencing loneliness* Available at: [http://agefriendlyireland.ie/wp-content/uploads/2014/10/AFN\\_Loneliness\\_MR.pdf](http://agefriendlyireland.ie/wp-content/uploads/2014/10/AFN_Loneliness_MR.pdf)

### **Men and women experience loneliness for different reasons (and at different times)**

This study is a longitudinal piece of research and looks at the loneliness of men and women in Sweden aged 70+ over a period of years. The researchers aimed to explore two things: how loneliness changed as people aged, and what factors predicted loneliness for men and women.

**What the research found:** the researchers found that there was a general increase in loneliness as the population aged. However, this finding is more complicated than it might first seem as almost half of the older people questioned who described themselves as lonely in 2004, did not in 2011. The main result of this paper is therefore that loneliness is not a static state – it fluctuates over time.

Women were more likely to report feelings of loneliness if they were widowed, if they suffered from depression or if they had mobility problems. However, men were more likely to be lonely if they had already low levels of social contact – or if was decreasing over time. All of the people in this study were aged between 70 and 95.

**Implications for practice:** The paper unfortunately cannot explain why having difficulties with mobility is more likely to lead to loneliness for women than for men. Nonetheless, there are some broad implications for practice that can be taken from this research.

Firstly, **men may be affected more by a reduction in the amount of social contact than women** because they often have less in the first place. One of the researchers [speculated](#) that older men's social contact "is often the wife or the wife's social network", making them particularly vulnerable if their wife dies or becomes ill. This finding echoes a recent piece of research conducted in England by the International Longevity Centre and Independent Age – which a summary of can be found below.

This research also reminds anyone working with older people (or indeed, people of all ages) that **loneliness is a subjective experience that requires a personal response**. Like many other emotions, it can come and go depending on mood, circumstance or even the time of the year. This need for solutions to be personal can make it difficult for different services to address loneliness, but by working in partnership we can offer locate

and support older people to access the types of activities or help they need depending on what's going on in their life, what challenges or even simply how they feel.

**About the research:** Data from 2004 and 2011 waves of a longitudinal national survey (SWEOLD) was used. 587 people made up the sample. Logistic regression models were used to look at loneliness across the whole group, and then amongst the men and women separately. The researchers took into account gender, age, education, mobility, depression, widowhood and social contacts.

**Research reference:** Dahlberg, L., Andersson, L., McKee, K. J. and Lennartsson, C. 2014. Predictors of loneliness among older women and men in Sweden: A national longitudinal study. *Ageing and Mental Health* [Online] DOI: 10.1080/13607863.2014.944091

### **Owning a pet is often a response to – not a solution for – loneliness in older age**

The Campaign to End Loneliness is often asked about the role that pets can play in preventing or alleviating loneliness, but research to date has been unclear on whether pet ownership does have a positive impact on loneliness. This study sets out to answer this question once and for all by looking at the link between pets and loneliness using the English Longitudinal Study of Ageing (ELSA).

**What the research found:** There are approximately 27 million pets in the United Kingdom and it is estimated that 45% of British households own a pet, such as a cat or a dog. The researchers ran a number of tests on the data collected from over 5000 people aged 50+, which was collected over a period of 10 years.

The first question they asked was 'can pet ownership protect against loneliness?' When they looked at people who had pets in 2001, and then again in 2010, they found that anyone who owned a pet was marginally more likely to report loneliness. However, when things like gender, age, marital status, income and health were taken into account, they discovered that women who owned pets were more significantly likely to be lonely.

The second question asked was, 'is current pet ownership a response to previous feelings of loneliness?' The researchers found that if you said you were lonely, you were 25% more likely to own a pet. They also looked at the people who moved in and out of loneliness and found that women were always reported feeling lonely – or had previously felt lonely – were more likely to own a pet than their non-lonely counterparts.

The researchers concluded that pet ownership can be a response to – or potential coping strategy for – loneliness, but could also be protect women (but not men) from loneliness in some cases.

**Implications for practice:** As with many studies that look at data, this research shows complex links between pet ownership and loneliness but cannot answer the 'why?' question without further investigation. It can be tentatively concluded that services that work with older people and **animals might be a potential route out of loneliness for some older adults**. However, the note of caution presented by this research is that this

relationship is mainly found to be true for women, and pet-based therapies or interventions may not be as welcomed by men.

**About the research:** Data from 5,210 men and women aged 50+ in ELSA was analysed using cross-sectional and longitudinal regression analyses. The sample size of those who owned a pet was 2,141. Loneliness was measured using the 3-item UCLA scale. Pets were defined as “dog, cat, bird, other furry pet and other pet”.

**Research reference:** Pikhartova, J., Bowling, A. and Victor, C. 2014. Does owning a pet protect older people against loneliness? *BMC Geriatrics* 14(106) <http://www.biomedcentral.com/1471-2318/14/106>

## Isolation and loneliness an “emerging crisis” for older men

This new research was conducted by the International Longevity Centre UK (ILC UK) and was published by Independent Age. It examines the prevalence of loneliness and isolation among older men, and the potential reasons and causes behind this.

**What the research found:** Using data from the English Longitudinal Study on Ageing, the ILC UK found that:

- There are more older women than men, particularly in the ‘oldest old’ group where only 39.6% of those aged 80 and over are male
- The gap in life expectancy between men and women is shrinking: in 2012, 16% of men in England and Wales were aged 65+, compared to 23% of women in the same age group
- By 2034, it is predicted that the proportion of older men will increase to 21% of the population, whilst the proportion of older women will only grow to 24%

The team found that 14% of men reported moderate-to-high levels of isolation and just 8% said they had a high degree of loneliness. However, when you looked at the whole population of men aged 65+, nearly 30% were not isolated and over 50% were not lonely. Older men were more likely than women to say that they saw children, family and friends less than once a month.

Money had an influence: renters were more likely to report moderate or high levels of isolation. The loneliest older men were more likely to have poor health, struggle with everyday activities like washing and dressing and be depressed. Informal caring responsibilities, being single or widowed could also increase loneliness. However, simply having a chronic illness or disability did not always lead to loneliness.

Independent Age also conducted a number of interviews with older men using their services. They found:

- **Men can miss daily contact:** *“I'd love to have a conversation. Because I don't talk with anybody, when I get on the bus, I just start a conversation with people just to communicate with anybody”*
- **It is important to have someone you can rely on:** *“Having someone you can always ring up when you feel down in the dumps, that's very important”*

- **Not all older men are lonely:** *“I’m very self-sufficient...I’ve come to the conclusion that you have to get used to it...and I’m very fortunate to have my mobility”*
- **Losing partners, family and friends makes it hard to stay connected:** *“I shall miss him like the dickens...Unfortunately, whenever the bus goes out, it goes past his house”*
- **A decline in health can cause isolation:** *“I was rather more outgoing before [the fracture]. I used to go into town on the bus. I haven’t been for a long time, I’m not really capable now”*

**Implications for practice:** During the interviews, a number of reasons why older men may not take up an offer of support, or join a service or activity were identified – that could be addressed, including:

- Older men may not see loneliness as something you could ask for support for
- Some older men don’t want to do anything that might take support away from others
- Older men may lack confidence in joining new groups
- There is a lack of service provision or limited knowledge about what support is available

The research demonstrates that there is **no “one size fits all”** approach to tackling loneliness and isolation amongst older men. The report recommends that charities and services working with older people should:

- Avoid language in promotion and marketing that could be perceived negatively or could be off-putting to older men – “instead marketing needs to be tailored and innovative in its reach, for example, advertising services in pubs or barber shops.”
- Design activities “with older men’s interests and passions in mind. Low-cost interventions that encourage men to support each other – such as clubs and buddying – should be considered”
- “Systematically record male to female participation rates in all activities aimed to tackle social isolation and loneliness – both those meant to be gender-neutral as well as those with a particular gender in mind – and seek to address unequal levels of participation where necessary.”

**About the research:** The research has used newly released data from the English Longitudinal Study of Ageing (ELSA), as well as interviews, focus groups and existing evidence.

**Research reference:** Beach, B. and Bamford, S. 2014. *Isolation: The emerging crisis for older men – A report exploring experiences of social isolation and loneliness among older men in England* Available at: <http://www.independentage.org/media/828364/isolation-the-emerging-crisis-for-older-men-report.pdf>

### **Socially isolated heart disease patients are 61% more likely to die than other patients**

Researchers at Stanford University are conducting a number of studies into the impact of social isolation (or lack of social integration) on health and mortality. This latest paper uses data from the “Heart and Soul Study”, which is a huge data set that collected information from 1,000 heart disease patients over 10 years.

**What the research found:** the headline statistic from this research is that socially isolated people with heart disease are 61% more likely to die than other patients with the same condition. Interestingly, the number of contacts that someone had did not seem to be too significant. A patient with one to three regular contacts was just as well off as people with a large number of friends and contacts (the researchers called this group the ‘social butterflies’). Their simple conclusion was that “friendless folks die sooner”.

The researchers then looked at whether related health conditions could be increasing a patient’s chance of dying younger – rather than social isolation. After looking at the patients with depression, they concluded it was related to early death but the condition could not explain away the link between being social isolated and risk of death. The team then looked at ‘health behaviours’ such as smoking, poor diet and taking medication properly. They found that people who were socially isolated were more like to smoke, eat unhealthy foods and less likely to adhere to a medicine regime.

**Implications for practice:** in a [recent blog](#), the lead researcher Sylvia Kreibig set out a number of things that could be done to support people with heart disease who are isolated. Any service or person working to address isolation can often have a positive impact on health by also **making sure patients are eating well, not smoking and taking any required medication**. Sylvia also had a message for anyone with heart disease: “You yourself as a patient actually have a lot of control over factors that affect your health... Just by integrating some salmon into your diet, you have a better chance of survival.”

However, there a couple of things about this research that we need to be careful about. For a start, it does only shows a link between social isolation and poor health behaviours: it does not prove that one causes the other. The study also looked predominantly at men who were suffering from heart disease, so it may be that younger or healthier patients are not so affected by social isolation.

Nonetheless, this research adds to a growing evidence base that social isolation (and loneliness) can harm our mental and physical health. Any organisation working to connect older people with friends and communities should therefore **be aware of the wider potential benefits of their support**.

**About the research:** 1,019 patients were included and sorted into four categories of social integration (low, medium, medium-high and high). This was measured by whether or not they had a partner, how strong their links to family and friends were and whether they were a member of a religious or community group. Those who were in the “low” category were more likely to smoke, eat unhealthy foods and skip medication.

**Research reference:** Kreibig, S. D., Whooley, M. A. and Gross, J. J. 2014. Social Integration and Mortality in Patients with Coronary Heart Disease: Findings from the Heart and Soul Study. *Psychosomatic Medicine* 76(8) pp. 659-668

**Older retired people are more socially engaged than older workers**



Since 2002, the English Longitudinal Study of Ageing (ELSA) has been collecting information about men and women aged 50+ on everything from income to health, social relationships to cognitive function. The latest report on the data set examines information gathered from over 10,000 people in 2012 and 2013, and can now draw new conclusions about lifestyles post-retirement in England.

**What the research found:** the researchers involved in analysing the ELSA data have identified a number of population-wide trends that are occurring as people retire, including how people's involvement in their local community changes during this time of transition.

They found that retired people are 80% more likely to be 'socially engaged' than their peers who are working full time. This means they were more likely to be a member of a political party, church group, community organisation, sports and social clubs and other societies. They were also more likely to have more contact with children, relatives and friends and volunteer. However – as their income also often fell after leaving work – retirees were less likely to take part in leisure activities that cost money, like going to the theatre.

The findings have some good news for anyone concerned about loneliness or isolation post-retirement. Interviewed by the [University of Manchester](#), Professor James Nazroo explained how many retirees find new opportunities: "Importantly, it is people with low levels of social engagement, and therefore those who would appear to be most vulnerable to becoming isolated, who are becoming more active on retirement."

However, the research also found that transport and income levels have a significant influence on social and cultural engagement after retirement. For example, people who have to give up driving and don't have access to public transport are less likely to take part in cultural activities or their community. The most well-off retirees are four times more likely to be 'socially engaged' than the poorest retirees.

**Implications for practice:** Although this research looks at broad population trends, there are a number of messages for retirees, as well as organisations and services working with older people. These include:

- Retirement is seen and embraced by many as a time of new opportunities, and we should remember the positives that growing older can bring
- Volunteering and getting involved with community and social groups is particularly important for staving off isolation and loneliness
- Services should always remember the influence of income and transport on older people: activities and services should be affordable and accessible – particularly for those on a low income

**About the research:** In 2012-2013, ELSA collected information from 10,601 participants – which includes 5,659 people who have remained in the study from its start in 2002. Data was collected using personal interviews, self-completion questionnaires and a nurse visit, to collect biological and health information.

**Research reference:** Matthews, K., Demakakos, P., Nazroo, J. and Shankar, A. 'The evolution of lifestyles in older age in England' in Banks, J., Nazroo, J. and Steptoe, A. 2014. *The dynamics of ageing: Evidence from the English Longitudinal Study of Ageing 2002-12 (Wave 6)* Available at: <http://www.elsa-project.ac.uk/publicationDetails/id/7411>

## Evaluating loneliness and isolation services

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### Case Study: North London Cares

**About the service:** North London Cares is a small charity which mobilises young professionals to volunteer to support their older neighbours in Camden and Islington with a little extra time, practical help, social connection and human companionship. The charity's objectives are to reduce loneliness and isolation amongst older people (and younger people alike) to improve wellbeing, confidence and resilience, and bridge social and generational divides. They work through two core projects. 'Social Clubs' bring older people together with young professionals to share time, skills and experiences in groups. 'Love Your Neighbour' matches individual older people to volunteers to build relationships, often in people's homes.

**What is going well?** In October, North London Cares published the results of a 3 year impact evaluation which involved online and face-to-face surveys, in-depth interviews and focus groups with volunteers and older people involved in the Social Clubs and Love Your Neighbour projects. Between September 2013 and August 2014, volunteers hosted 266 social clubs, shared 2,700 meals with older neighbours and gave 4,000 hours to the community (800 of which were one-to-one hours).

The surveys and interviews revealed that half of the older neighbours that North London Cares work with are aged over 80, 67% live alone (which is twice the national average for over 65s) and 37% said that they were lonely all or most of the time. However, as a result of North London Cares' work:

- 81% are better connected to other people
- 73% say their isolation has reduced
- 76% say they have access to a greater range of experiences
- 52% say they are more self-confident and secure in their area;
- 51% say they feel more in touch with their community

*"Helen lives a very different life to me, working in a high-powered job in The City. Her coming round is a chance to learn about her life and for her to learn about mine. She brings in a part of the outside world that I've lost touch with...I feel like I'm part of the world again."* Ruth, 90

The younger volunteers have also reported feeling less isolated as a result of volunteering with North London Cares. 98% said they have been able to contribute in a way they otherwise would not and they now have a greater connection to their local community.

**Learning for others:** the evaluation highlights a number of things about the North London Cares model which might interest other organisations working with older people. Firstly NLC capitalise upon the particular **motivations to volunteer** amongst urban, young professionals. They found 62% of volunteers signed-up because they had desire to connect with the older generation but 49% wanted local opportunities and 56% joined because the volunteering was “non-bureaucratic”.

The evaluation also makes clear that the **intergenerational focus** of NLC projects and volunteer recruitment has a really positive effect on relations and attitudes between older and younger people, and encouraging older people to join or stay with activities. A combined 77% of older people said NLC has improved their relations with young people. 19% of older people came along to a NLC activity because younger people were involved and – more encouragingly – 41% chose to continue coming because of the younger volunteers.

Finally, the evaluation highlights the importance of **reaching the most isolated**. Older people are often introduced to NLC by word of mouth, other social clubs, community groups, council services and the NHS. However, the charity also works hard to try and find people who are not comfortable with social activities or who have few existing contacts. Doorstep visits and leaflets have enabled NLC to find – comparatively large numbers of – older people who are some of the most isolated in Islington and Camden. You can download the Executive Summary and full Impact Evaluation report [here](#).

### **Case Study: The Hope Project – Engage with Age (Belfast)**

**About the service:** Since 2012, Engage with Age have been funded by the Big Lottery Fund to run Hubs for Older People’s Engagement (The HOPE Project) with three housing associations in Belfast. The project aims to improve quality of life and build the confidence of older people, aged 50+, experiencing loneliness and isolation through social groups, community activities and peer support. The project creates ‘hubs’ in participating sheltered housing schemes and these hubs map local community resources, build relationships with professionals, reach out to older people in the scheme and surrounding area before running a diverse programme of activities, involving members every step of the way.

**What is going well?** A recent evaluation of the first two years of the four-year project used focus groups and interviews with older members, volunteers and staff as well as the Older Person’s Outcomes Star. The evaluation focused on indicators such as confidence, wellbeing, ‘keeping in touch’, dignity and feeling safe.

The project has been successful in engaging both sheltered housing residents and older people living in the wider community: the current ratio of residents to community participants is 25:75. They have also found that as many men as women are regular members of the hubs with 14% participants being men aged 50-60.

As well as running a range of activities, the hubs have also operated one-to-one support – sometimes from peers – to build confidence, social skills and motivation. This requires a considerable amount of time initially,

from staff and volunteers who have found that they can make multiple visits or telephone calls to initially engage a newly referred older person. Motivational communication techniques have also been effective in these meetings, encouraging older people to take small steps towards new activities and social engagement.

On the “keeping in touch” arm of the Older People’s Outcome Star (which measures isolation), the evaluation found that participants moved from an average score of 6.5 (out of 10) at the first assessment, to 8.45 on review. The majority of participants experienced improved wellbeing and social engagement. The evaluation found that people living in the community have benefit more than sheltered accommodation residents. This may be because they are at less risk of loneliness. One member said the hub had “given me a new lease of life” and another said they “made me feel like a different person”.

**Learning for others:** Two years in, the HOPE project has already identified a number of recommendations for anyone interested in working with housing associations or charities to support older people. The first lesson is all activities should **reflect local need and interest**. Each new hub has developed different priorities and activities based on the residents and communities they consult. These reflect the local demographics, local culture, and context and resources of an area. For example, some have created specific men and women’s groups, others focused on cultural and historical trips and another hub has a special “Young at Heart” social group that targets people from 50+, as they had younger participants than other areas.

The project has also found that **existing buildings make great hubs**. By working with housing associations, the project had a physical site that is a sustainable future meeting place for activities and groups. Housing association staff have been receptive to community involvement and making the most use of resources.

Finally, **trained and support volunteers are central to sustainability**. The success of the project relies upon volunteers, particularly when supporting people in their own homes who initially do not want to attend. Training, expenses and further support is offered to all volunteers and staff aim to help them, in turn, build confidence and have the opportunity to build new skills. The full evaluation report can be downloaded [here](#).

### **Case Study: Cotswold District Council & Gloucestershire Police & Crime Commissioner Loneliness Research**

**About the council’s research:** Nearly a third of the total population of the Cotswolds is past retirement age. The rural nature of the area, placing it within the lowest 10% in the national accessibility rankings, compounds issues of loneliness and isolation for local residents. With the Gloucestershire’s Police and Crime Commissioner, Cotswold District Council commissioned research to identify the extent to which loneliness and isolation are experienced by people aged 65+ living in the Cotswolds. They sought to understand how loneliness affected residents’ health and emotional wellbeing, identify existing support that could prevent or alleviate loneliness and guide health and care commissioners as they invest in preventative services.

The council used focus groups and in-depth interviews to gather perspectives and experiences of loneliness and isolation, speaking to 44 people over the age of 65.

**What do they find?** The results echoed national research after finding that loneliness was having a “detrimental effect” on the health and wellbeing of older people. The main findings of the research were:

- Those interviewed said they tried to keep their driving licenses as long as possible, as the lack of accessible and convenient transport is a significant issue, particularly for those with limited mobility
- There is demand for more community based social groups and outings – supported by transport to access them – and more activities for men
- Increased coverage of carer respite services is needed in order to help carers who feel lonely or isolated to access activities and groups that will help alleviate loneliness
- Service availability was often better than people thought, and there was a need to improve awareness of locally available services

The report outlines work undertaken by Gloucestershire County Council to map risk factors of loneliness and isolation using public data. First they looked for households that met all or some of the following variables:

- People aged 65+
- People living alone
- People without formal education qualifications beyond the age of 18
- People suffering from mental illness, including anxiety and depression
- People who do not own a car
- People who spoke to neighbours less than once a month
- People who stated that they did not have anyone to talk to
- People who said they did not have anyone to help in a crisis
- People who did not have anyone to relax with
- People who declared themselves to not be satisfied with their social life
- People who had an annual income of less than £20,000
- People who never used the internet

These variables were then used to create an “Isolation Index” that showed areas of low, moderate and high vulnerability to isolation. The most vulnerable areas were found to be the main urban centres, and in areas that were difficult to access.

**Learning for others:** The research was carried out in a rural, district in West England but the report recommendations do have relevance for other councils and service providers across the UK. The interviews uncovered a lack of awareness of what support was available locally. Councils are recommended to identify priority areas and ensure services have a **comprehensive marketing strategy** that does not rely on word of

mouth. However, statutory and third sector organisations alike need to make their offer in such a way that people are “motivated to contact the services that they need”. This could be particularly challenging when some older residents lack confidence. Establishing relationships with key ‘referrers’ such as GPs, village agents, churches and dementia advisors will help reach older people.

As lack of transport was the most often-cited cause of loneliness by participants, it is recommended that existing community transport is promoted more widely but also ensure that **transport services are consistent and flexible**. In the Cotswolds, they had a mix of volunteer drivers and minibus trips to shops and hospitals, which could be expanded on.

Thirdly, services and councils must **take into account the perceived stigma of loneliness** or joining certain groups or services. Those interviewed felt that this could be a barrier to getting involved, as could the perception that social groups were patronising. To overcome this, services can make sure that their support is described in positive way, or stress whether taking part could be of benefit to others: for example, volunteering was praised by the group as a way of keeping social active, and providing purpose.

Finally, the report contains a **financial argument for investing in services that prevent or alleviate loneliness**. Three quarters of GPs think they see between one and five people every day who are attending because they are lonely. As each GP appointment costs £25, tackling loneliness could lead to savings for GPs. A report detailing the findings can be found [here](#).

## Contribute to the Research Bulletin

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If you would like to contribute to the next Research Bulletin please contact Anna Goodman ([anna@campaigntoendloneliness.org.uk](mailto: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

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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 1,800 supporters across the United Kingdom. To find out more about becoming a supporter and the work of the Campaign, visit: [www.campaigntoendloneliness.org.uk](http://www.campaigntoendloneliness.org.uk)