

A Baseline Picture of the 2020 Vision for the Campaign to End Loneliness

Understanding the current state of play for ending loneliness
& increasing connections in later life



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Executive Summary

This report has been written for the Campaign to End Loneliness Team and Management Group.

It provides a evidence based picture of current policy, strategy and practice contexts for ending loneliness in line with the Campaign's Vision for Change guiding local, national and UK activities during the period 2017-2020.

It was completed as part of the first phase of the evaluation of the Campaign's activities and impacts carried out by NDTi. It reflects work undertaken between 21st August and 31st October 2017 to review existing evidence and capture contemporary views on priorities, issues, opportunities and challenges in achieving the Campaigns vision and outcomes (see Appendix 1).

The findings and themes presented in the report are based on a rapid review of existing evidence and data, conversations with a small sample of national stakeholders, and observations/themes identified in 3 local evaluation workshops carried out during a 9- week period. It is not, therefore, a comprehensive baseline analysis as this was not possible within the timeframe or resources available. It has been written as a working document and resource to inform the Campaign's developments and activities, particularly over the next 1-2 years.

The review covered:

- A desk based review of existing evidence
- Campaign to End Loneliness website and social media activity (facebook and twitter)
- Data shared through Stand Agency's national survey and regional polls during September 2017
- The first cohort of telephone interviews (n=6) with UK and national stakeholders
- Four evaluation workshops held to understand the local/national contexts and develop tailored outcome indicators in Glasgow, Pembrokeshire, Carmarthenshire, Cambridgeshire.

These diverse sources of data have been analysed to identify trends and themes that reflect the current situation regarding the Campaigns' vision for change and five outcome areas, and to answer a series of baseline questions developed by NDTi and the Campaign team.

1. What is the current situation in relation to the overarching Vision and 5 outcome areas? What are the main, relevant UK and national policy and strategy contexts for the vision and outcomes?
2. What does the evidence say about 'what works' in raising awareness regarding loneliness, mobilising acts of kindness, effective interventions? Are there key gaps that this work will be filling, where we will be generating evidence rather than using or testing it?

3. What does the evidence say about current levels of awareness, prevailing attitudes and people's propensity for kindness? What are the important conditions / characteristics that influence awareness and the likelihood that people will act?
4. What does the evidence tell us about the different kinds of measures/scales in use, relevant to different levels of Campaign activity?
5. What are the key gaps/priorities for the next 18-24 months?

What did we find? Overarching messages

Awareness and understanding about loneliness in older age

At a national/UK level and within the Campaign areas in Wales, Scotland and England, there is a solid foundation of awareness and knowledge about the scale of loneliness in older age and its impacts among policy makers and influencers, key stakeholders, Campaign partners and members in all UK nations. The evidence review and stakeholder discussions demonstrate the increased levels of awareness and reach of the Campaign over recent years; and that the Campaign has been at the forefront of this increased knowledge and awareness, including the negative impacts on people's health and wellbeing, and the costs to individuals as well as the public purse. Understanding about the characteristics, experiences and possible solutions is less developed and more variable, at a regional and local level within and across each nation.

Estimated figures reflecting the scale of the "problem" are generally well known; this shared knowledge is not always mirrored in how local authorities and their partners are working together to address these issues in relation to their own populations. This implies that in general we don't need further evidence on "the problem", or indeed the possible solutions – but on *how* to spread and embed what works in more places to reach more people in ways that engage, harness and values contributions from all involved (including those people who are chronically lonely).

Evidence gaps being addressed through the Campaign

There are four main areas reflecting gaps in the evidence where we believe the Campaign's work is as much about generating new understanding as it is about testing and helping to roll out what works. These are summarised below:

- a) A better understanding about achieving better outcomes for individuals, through a mix of approaches that reflect social, psychological and environmental factors.
- b) Demonstrating the links and interdependency of initiatives/developments around combating loneliness and isolation; developing inclusive and age friendly communities/neighbourhoods; and the power of joined up approaches between different sectors/partners/agencies (making loneliness everyone's business and an integral part of every development agenda).
- c) What helps and enables (more and different) individuals to act and contribute to these developments and changing the experience of loneliness at an individual and neighbourhood level?
- d) A better understanding of how to achieve change at different levels in order to reverse the loneliness trends. Is this about a different 'loneliness narrative', as implied in the main body of the report, is it about doing different things, is it about doing more of the same things differently, or a combination of all of these things?

Use of loneliness scales and measures (at all levels)

The connections between evidence on the scale/prevalence of loneliness and the body of knowledge about what can help at different levels feel tenuous and could be strengthened. For example, making the link between examples of what helps communities feel cohesive, inclusive and connected and what helps to prevent and reduce loneliness at different stages of life including older age. Figure 3, in Section 2.1 of the main report, highlights the range of different approaches, tools and measures currently in use, highlighting where more examples and evidence of what works would be useful. There is a particular gap around guidance on the use of cumulative or aggregated intelligence gathered through the use of different scales/tools at different levels, and the extent to which this gives an accurate picture of the scale of the issue; and also what works at different levels and for different groups of people/communities.

There is a clear recognition of the need to measure the scale and experience of loneliness, and of interventions designed to reduce levels and alleviate the negatives consequences for individuals - with much of this recognition informed by the Campaign's work over the previous 3-5 years ; however, there is little movement on embedding approaches and the consistent use of validated measures and scales at all levels – individual, local and national level. This is an important priority and opportunity for the Campaign's activity at a UK, national and local level.

Public awareness, prevailing attitudes and propensity for kindness

The findings from the national survey and regional polls make for interesting reading, highlighting some of the public awareness and education priorities facing the Campaign across the UK and within e Campaign areas. Levels of awareness about “the issue” are consistently high – around 63-70%. However, there are lower levels of *understanding* about the realities and complexities of the issues, factors and experiences involved for different groups of people. A significant number of people believe that loneliness is an inevitable consequence of ageing; and many people do not know how to help or contribute to making a difference. The good news is that two thirds of people surveyed say they would help, if they knew how to. This is important intelligence to build on, particularly in the Campaign areas (see also Appendix 5).

The relationship between asset based approaches that recognise and value everyone's contribution (including those older people who are chronically lonely), the propensity not just for kindness but broader forms of social action, and experiences of loneliness, resilience and wellbeing – are not currently well known or understood. This is already reflected in the Campaign's work plans for next year.

Gaps and priorities for the next two years

The findings presented in the previous sections of the report and this summary of conclusions drawn indicate that in many respects the ambitions and workplans of the Campaign are pushing at an open door. For example:

- businesses are a prime target for concerted engagement activities and the timing to do this feels right. Major companies have or are making commitments or commissioning their own research on the subject; smaller companies have an important role to play in promoting the work and aspirations of the Campaign and getting involved on a practical basis in the Campaign areas.
- National strategies are being developed in Scotland and Wales, being explored in Northern Ireland and there is a lot of activity involving political players and influencers in England. The time is right to push for more at this level and stress the importance of developing a

cohesive, strategic commitment and emphasising the leadership role of public bodies, community and third sector leaders (as well as businesses).

- At a local level, there is much more to be done in engaging all the possible (not just typical) partners/stakeholders, and in working with the corporate role and leadership of councils (not just adult social care services) to ensure they are and feel accountable as leaders and enablers at a local level (i.e. it's not just up to them and they mustn't control the agenda). Coproduction is key here. Engaging local communities and providers, businesses and statutory bodies to work together and find local solutions for local people is crucial if people are going to engage and take up opportunities that exist both to contribute and be supported. In the Campaign areas (as elsewhere) there are a lot of people vying for scarce resources whilst at the same time wanting to be seen as the prime movers and shakers in the loneliness space. As the Glasgow workshop found out – focusing on gaps and opportunities for the Campaign to really add value in an already busy field is crucially important.
- At an individual level, there are many and substantial shifts required in order to change perceptions, influence prevailing attitudes and develop understanding in ways that enable and encourage people to play their part and take action, including ways that celebrate older people's contributions rather than further increase their sense of otherness and therefore potentially their experiences of loneliness.

Using the main report

The main report has four sections and five appendices as follows:

- Section 1: Introduction and background sets out where the review fits into the evaluation framework and timetable, methods used and questions addressed.
- Section 2: Findings from the review are presented as themes, lessons and messages relating to the current situation in relation to the Campaign's vision for change and each of the five outcome areas.
- Section 3: Conclusions identified from analysis of the above findings are shared, and the baseline questions addressed. Recommendations are shared in the form of priority areas for action and attention, recognising those that are already in the Campaign's workplan.
- Section 4: Evaluation next steps summarises the imminent and future evaluation activities as we move into Stage 2, Process Evaluation spanning the period December 2017-January 2019.
- Five appendices are provided in a separate, accompanying document.



1. Introduction and Background

1.1 Purpose of the Evaluation

The National Development Team for Inclusion (NDTi) has been appointed as the Campaign to End Loneliness evaluation partner for the June period 2017-December 2020.

A mixed-methods, realist approach to the evaluation is being carried out in 5 phases that map onto the Campaign's development phases, summarised in Figure 1. A key feature of the evaluation is supporting and demonstrating the process and impact of local Campaign activity in each of the UK nations, as well as capturing what works at a national and UK level.

As part of the first phase of the evaluation, a focused baseline review was completed to better understand the current situation in relation to the CtEL Vision for Change i.e. what the Campaign is designed to achieve over the course of the Big Lottery funding period.

Figure 1: Evaluation phases & timescales 2017-2020

1. Set up, co-design & baselining activity June-October 2017
2. Process Evaluation November 2017-January 2019
3. Mid Term Evaluation & Learning January-March 2019
4. Impact Evaluation April 19-June 2020
5. Final reporting & dissemination July - December 2020

1.2 Aims and methods of the Baseline Review

It was agreed with the Campaign team that the aim of this activity should be to define the current context in terms of readiness for change/movement towards the Vision taking account of the underpinning rationale and assumptions, five outcome areas and key contexts (as described in the Vision for Change document in Appendix 1).

The review provides a baseline picture against which ongoing progress towards the vision and outcomes can be measured over the four-year period, and beyond. It covered four main activities and data sources, as follows:

1. *A desk based review of existing evidence* including: studies on the prevalence and characteristics of loneliness in older age; effective interventions and approaches to reducing loneliness, supporting older people who are chronically lonely and those at risk of loneliness; the use of scales and other data to measure loneliness and kindness including the recent literature review on cost effectiveness and making the economic case for investing in actions to prevent loneliness; and relevant learning from examples of other contemporary campaigns designed to raise awareness and reduce stigma (e.g. Time To Change). Items included in the desk based exercise are summarised in an evidence grid in Appendix 2;
2. *Website and social media activity, and results from a national survey and regional polls undertaken by Stand Agency*, provided by the Campaign media and communications team as proxy indicators of levels of reach/awareness;

3. A small number (n=6 to date¹) of *telephone interviews with influential people* across the UK who are experts in fields relevant to the Vision for Change (not just the work to date of the Campaign). See Appendix 3 for the full list of stakeholders. Interviews were written up and analysed to draw out key themes and opinion to inform the baseline picture, focusing on UK and national contexts for the Campaign's Vision for Change. Appendix 4 contains the topic guide used to steer these conversations.
4. *Local workshops in each of the current Campaign areas* (Glasgow, Pembrokeshire, Carmarthenshire, Cambridgeshire) to create local "Context, Mechanism & Outcome" (CMO) maps and to capture the current situation regarding the scale and nature of loneliness, who is doing what in the area, what's working/not working and where things are now in relation to the vision and 5 outcome areas. A summary of themes/findings from these workshops are included in this paper; detailed write ups will be provided separately.

Baseline Questions – a framework for analysis

A series of questions were agreed between NDTi and the Campaign team to guide the baseline review activities, summarised in Figure 2, which also highlights where key themes identified from the analysis of evidence gained through the review are shared in different sections of this paper.

Figure 2 – Questions addressed in the baseline review

- What is the current situation (by UK nation and UK wide) in relation to the overarching vision and 5 outcome areas? (*Section 2 and Appendix 5*)
- What are the main, relevant UK and national policy and strategy contexts for the vision and outcomes? (*Section 2, Outcome 4 and Appendix 5*)
- What does the evidence say about 'what works' in raising awareness re loneliness, mobilising acts of kindness, effective interventions? Are there key gaps that this work will be filling, here we will be generating evidence rather than using or testing it? (*Section 2, Outcomes 1, 2, 3*)
- What does the evidence say about current levels of awareness, prevailing attitudes and people's propensity for kindness? (*Section 2, Outcome 1*)
- What are the important personal, community/locality and policy conditions/characteristics that influence awareness and the likelihood that people will act? (*Section 2, Outcomes 1, 2*)
- What does the evidence tell us about previous evaluations/studies undertaken on loneliness in older age and the lessons identified? (section 2, outcomes 1-5). What does it tell us about the different kinds of survey tools/measures/scales that are relevant to/appropriate for different levels of campaign activity? (*Section 3, Conclusions and recommendations*)
- What are the key gaps/priorities for the next 18-24 months? (*Section 3, Conclusions and recommendations*).

¹ Low number to date is due to time restrictions/timing of the baseline review; stakeholder interviews will continue until the final Campaign area's workshop/context mapping is completed in Northern Ireland



2. Where Are We Now?

In this section we share findings on the current situation relating to the overarching vision and rationale, and underpinning assumptions before moving onto to each of the five outcome areas.

2.1 Overarching Vision – all older people can have meaningful connections

In order to understand the current situation regarding the overarching vision statement, a review of the evidence on levels and nature of loneliness experienced by older people was carried out. Public awareness and understanding of the issues involved and the likelihood that people will act and/or develop meaningful connections are covered in Section 2.2.

It is clear from the extensive body of evidence curated by the Campaign that much is already known about the (estimated) scale of loneliness experienced by older people, including estimated numbers and the characteristics of those affected by different experiences of loneliness – most typically portrayed as intense or chronic loneliness, those who are occasionally or sometimes lonely, and those at risk of loneliness. These can be summarised as follows:

- [Over 1 million older people are chronically lonely](#) (approx. 8-10%) and this is estimated to double in the next 30 years
- It is estimated that a further 20% of the older population is “mildly lonely” (occasionally lonely or lonely in ways that fluctuates or doesn’t impact on daily living)
- In relation to the picture in England, there is some conflicting data but it seems to be the case that loneliness increases with *older* age: 46% of those aged 80+ report feeling lonely often or some of the time compared to an average of 34% for those aged 52 and over²
- In Scotland, 100,000 older people report feeling lonely at any one time, although this varies hugely across the country³. A key insight from figures in Scotland is that this affects both urban and rural communities consistently with both the Highlands as well as inner city Glasgow sharing similar proportions of the older population estimated to be lonely
- Figures from the recent Inquiry into Isolation and Loneliness in Wales estimated that 75,000 older people say they always or often feel lonely⁴
- In Northern Ireland, one in three older people say they ‘sometimes or always’ feel lonely; around 100,000 say TV is their main form of company; and over 30,000 feel trapped in their own homes⁵.

² Beaumont, J. (2013) *Measuring National Well-being – Older People and Loneliness*. Office for National Statistics

³ Evidence provided to the Equal Opportunities Committee examining loneliness and social isolation in Scotland 2015; Age Scotland website add hyperlink

⁴ Inquiry into Loneliness and Social Isolation in Wales

⁵ Age NI website add hyperlink; office of the Older People’s Commissioner for NI

It should be stressed that these figures are *estimates*. It is notoriously difficult to establish precise figures on the scale of loneliness⁶, but [practical guidance](#)⁷ can be used to gain insights into specific trends and variations. For example indications are that the percentage is consistent in each UK nation and in both rural and urban areas; and the overall [picture hasn't changed much in recent years](#), despite attempts to reduce the likelihood and effects of social isolation and loneliness. Although this guidance exists, and awareness has increased about the importance of knowing and understanding the scale of loneliness, stakeholder interviews and findings from the evidence review highlight the variable use of validated measures to determine: a) the scale of loneliness in later life; and b) the impact of local interventions/approaches to alleviate loneliness, reduce social isolation and mobilise actions to reduce local/national levels.

Recent consultation exercises held to inform emerging national strategies in Wales and Scotland have highlighted the importance of using tried and test methods of measuring loneliness at a local and national level; and of using validated measures to assess the effectiveness of local interventions and approaches to reduce loneliness for individuals and local communities. More recent initiatives like the Big Lottery funded programmes (Fulfilling Lives in England, Accelerating Ideas across the UK) are required to evaluate their impact using validated scales to measure individual and collective experiences of loneliness and isolation.

Figure 3 highlights the range of different approaches, tools and measures currently in use, highlighting where more examples and evidence of what works would be useful. There is a particular gap around the use of cumulative or combined intelligence gathered through the use of different scales/tools at different levels and to what extent this gives an accurate picture of the scale of the issue and also what works at different levels and for different groups of people/communities.

Level of loneliness experience	Approaches Taken	Measures/Scales Used
Individual	a) Tracking & evaluating pathways/ routes into loneliness, including identifying lonely people including those at risk b) Tracking & evaluating pathways out of loneliness including effectiveness of interventions/support (before/after scales)	a) GP at risk registers; First contact schemes; Agency based referral schemes; Neighbourhood network schemes (etc) b) Using tools such as CTEL Measurement Tool or UCLA Loneliness Scale to review before/after measure that reflects changes (eg) associated with enhancing social support; increased opportunities for social interaction; improving social skills; addressing maladaptive cognition (social anxiety/lack of self esteem)
Community/Population	Identifying levels and scale of loneliness using top-down data-driven approaches <i>and</i> bottom up local, hidden intelligence e.g. community asset mapping, partnerships, heat mapping	Combination of tools including public health variables, population indices, JSNA data; use of scales such as De Jong Giervald Loneliness Scale and Single Item Scales used in surveys/polls.
National	Identifying the 'macro level' scale of loneliness across different equality characteristics and intensity/severity	Typically estimates using combination of findings from different aggregate scales/measures. Unclear whether there is there really good and robust example of how this has been achieved anywhere?

Figure 3 – Evidence of Use of Scales and Measures of Loneliness

⁶ Goodman, A., Adams, A., and Swift, H.J. (2015) Hidden citizens: How can we identify the most lonely older adults? London: The Campaign to End Loneliness

⁷ Measuring your impact on loneliness in later life. (2015) The Campaign to End Loneliness

In summary, loneliness in older age is still more common than many of us would like to think and we also know that its harmful – impacting on physical and mental health as well as placing additional pressures on local services e.g. increased visits to GP's and A&E departments⁸⁹. Whilst loneliness is not the prerogative of older age and affects many people at any age, it is also the case that certain circumstances can place older people at greater risk of intense loneliness: poor health and/or disability, bereavement and in particular the impact of cumulative losses, sensory impairment such as loss of hearing and/or vision, a change in financial circumstances e.g. not working, living on a fixed income, and a move to live in residential care away from family, friends and neighbours¹⁰. There is a clear recognition of the need to measure the scale and experience of loneliness, and of interventions designed to reduce levels and alleviate the negatives consequences for individuals - with much of this recognition informed by the Campaign's work over the previous 3-5 years¹¹; however, there is little movement on embedding approaches and the consistent use of validated measures and scales at a local or national level. This is an important priority and opportunity for the Campaign's activity at a UK, national and local level.

2.2 Rationale and assumptions: Meaningful connections are a route to reducing loneliness in older age

The Campaign's Vision for Change is based on a hypothesis that raising public awareness will help reduce the stigma associated with loneliness in older age, which will enable more people to seek help and more people to reach out and offer help. It is also based on a belief that changes associated with making this everybody's business can occur at all levels (local, national and UK-wide), including reaching, supporting and empowering lonely older people to make and sustain those connections.

There is a substantial body of evidence which illustrates when local agencies and communities come together to understand the scale and impacts of loneliness in their area, they take it seriously and commit to take action. There are many examples of communities, local authorities and NHS organisations doing just that across the UK¹². However, they tend to be small-scale initiatives funded through time limited grants rather operating at scale and embedded in local strategies and investment /commissioning plans. They also tend to be the focus of one organisation or driven by the local health and social care system, rather than a genuinely joined up series of commitments such as those envisaged by the Campaign's Vision for Change (i.e. involving communities, businesses, public and third sector partners). There is a lack of information about how initiatives and

⁸ Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T. and Stephenson, D., 2015. *Loneliness and social isolation as risk factors for mortality a meta-analytic review*. Perspectives on Psychological Science, 10(2), pp.227-237.

⁹ Courtin, E. and Knapp, M., 2017. *Social isolation, loneliness and health in old age: a scoping review*. Health & social care in the community, 25(3), pp.799-812

¹⁰ <http://www.ageuk.org.uk/professional-resources-home/research/loneliness-maps/>; Goodman, A., Adams, A., and Swift, H.J. (2015) *Hidden citizens: How can we identify the most lonely older adults?* London: The Campaign to End Loneliness.

¹¹ Charities Evaluation Service (2015). *Campaign to End Loneliness Evaluation Summary Report: interviews with health and wellbeing boards*.

¹² Jopling, K. (2015) *Promising Approaches to reducing loneliness and social isolation in later life*. Age UK and the Campaign to End Loneliness; SCIE Research Briefing 39 - *Preventing loneliness and social isolation: interventions and outcomes*. Scie (2011); Anderson, S. Brownlie, J. and Milne, E.J (2015) *The Liveable Lives Study: understanding everyday help and support*. JRF.

projects have impacted on local people as well as services beyond a small number of individuals shared through their personal and powerful stories.

There are a growing number of movements aimed at creating a broader appreciation of the risk factors and realities faced by many people experiencing loneliness (not just older people) by mobilising individual as well as collective actions – for example through deliberate as well as accidental or “random” acts of kindness. Some of the interest in these movements is focused on individual acts and the psychology as well as personal benefits of “being kind”. Others aim to mobilise communities in reaching out and strengthening their connections with each other, breaking down personal and cultural barriers that prevent day to day contact beyond saying hello or nodding in the street. There is evidence to suggest that personal wellbeing is higher among those who know and regularly talk to their neighbours. People, when asked, rate their relationships with neighbours above the quality of their housing. The opposite is also true: studies have conversely shown that there is an increased risk of death from loneliness (26% increase), social isolation (29% increase) and living alone (32% increase).

In terms of the current situation regarding meaningful connections among those older people who are reported to feel lonely some or all of the time, it is estimated that 17% are in contact with family friends and neighbours less than once a week and 11% in contact less than once a month. Nearly 200,000 older people don’t get help to get out of their house or flat; and 9% of older people say they feel cut off from society; 12% feel trapped in their own home¹³. So, whilst there is evidence to show the positive, protective elements of connections and social networks, there is also much to be done to address or reverse the negative impacts of being without those networks/connections and what happens if they fracture or disappear in later life.

At the same time, there is another narrative which is more positive and upbeat: evidence shows that later life is a time when more people report greater happiness and wellbeing and the factors influencing these trends¹⁴. Stakeholders shared their views on the importance of the broader context for individuals and communities in understanding the triggers, causes, contributing factors and conditions for reversing negative trends. For example, a recent study from Manchester University¹⁵ emphasises the need to address inequalities in later life such as socio-economic position, ethnicity, gender, where people live, disability/poor health, caring experiences and personal access to digital technology. This study also points to the importance of taking a lifecourse approach, and the need to better understand the importance of childhood factors on later life wellbeing, including social connections, isolation and loneliness:

“Long-standing socioeconomic and health inequalities in older adults lead to withdrawal from social and cultural activities, as well as drive persistent detachment from these activities over time. Put another way disadvantaged older adults find it hard to engage in – and stay engaged in – social and cultural activities and this then impacts negatively on their wellbeing. These disadvantages may stem from not having the financial or physical capability to attend activities, as well as a lack of confidence or skills to engage with others in social and cultural settings –

¹³ Age UK. Later Life in the United Kingdom. Age UK (2012); Cann P and Joplin K. *Safeguarding the Convoy – a call to action from the Campaign to End Loneliness*, Age UK Oxfordshire (2011)

¹⁴ For example, www.positiveageing.org.uk

¹⁵ *The Golden Generation? Wellbeing and inequalities in later life*. Manchester 2024, The University of Manchester Institute for Collaborative Research on Ageing

characteristics which may reflect socioeconomic disadvantage operating across their life course.”

These alternative narratives and broader references indicate that achieving this level of change is not possible within a four-year change programme on loneliness; rather, it should be seen as part of wider, longer transformation involving allies and partners working across different agendas spanning positive ageing, preparing for an ageing society, planning for later life, and broader wellbeing strategies.

2.3 Where are we now in relation to the five outcome areas?

The following paragraphs summarise key findings on the current situation in relation to each of the five outcome areas.

Outcome 1: Loneliness is everyone’s business: in every community people are taking action

The consistency and persistence of the “loneliness statistics” over time (shared above) is interesting given that there is also a body of evidence that exists about [what makes some places feel and behave better connected](#) than others. [Research highlights 3 things](#) that need to be understood and attended to for these things to happen:

- 1) Understanding what makes a place and its neighbourhoods “tick”, and then working with (not against) the characteristics of that place (its history, culture, values, levels of wealth/deprivation, local perceptions of different neighbourhoods, people’s attachments to it and the stories they tell about where they live and work) in taking forward local developments;
- 2) Careful attention and thought about the location, ownership, design and accessibility of buildings and civic spaces so that they are used by a diversity of people and in a variety of ways;
- 3) Broadening the range of opportunities for people to coincide, come together, interact and contribute.

The Carnegie Trust¹⁶, who carried out this work, also point to the importance of *shared* community values – highlighting the presence of widespread community spirit and concern for others and the power of positive and enabling relationships between people for promoting individual and community wellbeing.

Across the community development world there are numerous case studies, examples and stories to build on and learn from, for example the nurture development community (<http://www.nurtureddevelopment.org/abcd-resources/>) and Nesta’s work on asset based approaches in health and social care (https://www.nesta.org.uk/sites/default/files/asset-based_approaches_in_a_health_and_well-being_context.pdf).

¹⁶ *Kinder Communities: The power of everyday relationships* (2016) Carnegie UK

Public engagement and awareness

In terms of awareness and engagement, two main sources of information have been used to gauge and understand current trends and themes relating to Outcome 1:

1. Routine data collected by the Campaigns Media and Communications team, on website and social media activity (website page views, social media presence on facebook and twitter)
2. Recent surveys carried out nationally and in each Campaign area by Stand Agency.

It should be noted here that further detailed work is currently being undertaken by the Campaign to determine the most appropriate measures and sources of data to give a comprehensive picture of this activity; and more importantly to capture, track and attribute change over the next 3-4 years. NDTi will ensure that measures/data sources agreed are fed into the ongoing cycle of data synthesis and analysis across different data sources and in 6 monthly and annual reports.

With that in mind, the following information provides an indication of the current reach through website/social media activity, and levels of public awareness and understanding through responses to a national survey and regional polls undertaken by Stand Agency.

Routine data on website and social media activity

Unique website page views are increasing steadily year on year since 2015. It will be interesting to see figures for the next quarter following the national launch and conference in September, and release of the 'Could you go it alone?' video.

Year	Monthly average	Year total
2013	6,534	78,400
2014	7,727	92,725
2015	10,880	130,562
2016	14,942	179,302
2017 (Jan-July)	16,300	195,600 (projected based on figures to date)

Facebook fans information for October 2017 shows a 36% growth from the previous month (up to 8670 fans or page likes); and Twitter followers grew 3.5% over the same period (up to 15,164 followers).

National survey and Regional polls

National survey and regional polls carried out by Stand Agency during September and October 2017 looked at the following issues:

- Experiencing of loneliness
- Awareness and understanding of loneliness in older age
- Stigma associated with loneliness/admitting that you're lonely
- Propensity for kindness and acting on loneliness.

Results are shown nationally, summarised in Figure 3, and for each of the current Campaign areas (reported in Appendix 5).

Figure 3: National Survey Results, September 2017

Aspect of awareness/understanding	National responses	Comments
Experiencing of loneliness	<ul style="list-style-type: none"> 63% of respondents experienced loneliness; 22% “on many occasions” Older people more likely to experience loneliness for longer periods of time 	<p>47% of those aged 55+</p> <p>Younger people more likely to admit to feeling lonely (76% aged 16-44 compared to 53% aged 45+)</p> <p>Women more likely than men to admit feeling lonely (72% women compared to 53% men)</p>
Awareness and understanding of loneliness in older age	89% respondents believe loneliness in older age more common	<p>This rises to 93% for older respondents (aged 65+)</p> <p>68% believe due to families moving away; 45% believe society is less kind; 36% refer to stigma associated with feeling lonely</p>
Stigma associated with loneliness/admitting that you’re lonely	<ul style="list-style-type: none"> 56% respondents feel admitting you’re lonely is difficult 25% of people aged 45+ believe loneliness is inevitable as you grow older 76% find it hard to admit their loneliness as don’t want to be a burden 43% of older people find it difficult to admit their loneliness to themselves (48% of older women) 	<p>Men more likely to believe in inevitability of loneliness in older age</p> <p>51% of respondents aged 65+ believe more needs to be done to raise awareness.</p> <p>Due to feelings of hopelessness ie no solution (38%), feeling a failure (34%), embarrassment (34%), you get used to it (28%).</p>
Propensity for kindness and acting on loneliness	<ul style="list-style-type: none"> 79% of respondents don’t think people care about older people feeling lonely 34% people say they are unlikely to help address “the loneliness crisis”; 67% say they will help. 	<p>This rises to 89% among older respondents (aged 65+)</p> <p>Are people more likely to help a friend/neighbour rather than large scale “crisis”? too overwhelming.</p> <p>Younger people more likely to help than older people: 76% aged 16-24 report wanting to help vs 57% aged 55-64.</p> <p>73% of women say they are likely to help vs 59% of men.</p>

[Note, NDTi does not have full details of the survey/polls e.g. response rates, characteristics of who responded, dissemination/response routes etc., so cannot comment on these aspects of the findings at present].

Outcome 2: Loneliness is everyone's business: in every community, local businesses take action

There is [potential for businesses](#) to play a bigger role in all of this. Evidence shows that people are often inspired and encouraged to contribute their time and energy [when they are part of something bigger than themselves](#) and they have the support of a familiar, trusted brand behind them. Being involved in 'organised acts of kindness' (e.g. through local charities and high street shops) can be an important catalyst for developing ongoing relationships that help people feel connected and valued; and they have a further potential role in helping to identify the scale and nature of loneliness locally including the range of interventions that could work to alleviate issues experienced by people in the area.

A small number of stakeholders highlighted the importance for local and national businesses to recognise the impact of the changing face of markets and providers/suppliers/services on individuals, particularly older people who may be isolated or excluded from those markets and the impact this has on wellbeing and experiences of loneliness. Examples includes the move towards online shopping and global institutions like Amazon, and the potential role of technology as an enabler rather than a contributor to loneliness.

There are examples of businesses and business leaders taking the initiative to call others to action, as in the case of IBM¹⁷ (as the following quote illustrates), and promote or fund local initiatives, such as the Co-op and British Red Cross campaign¹⁸.

A range of stakeholders, including business leaders, medical professionals, governments, advocacy groups and social service organizations, has a significant interest in preventing, identifying and addressing the root causes of loneliness. Without countermeasures, older adults face continued detachment from the mainstream, even as their numbers grow. Our newest research explores how organizations in many industries can act to help older adults strengthen their social fabric and reconnect to others.

IBM Institute for Business Value, 2017

IBM go onto suggest that business organizations, employers, and educational institutions can take action to:

- Provide opportunities for flexible work to leverage the knowledge and expertise of the growing aging population.
- Connect individuals to lifelong learning experiences and opportunities, enabling them to be intellectually engaged and to remain vital in the workplace as they age.
- Establish volunteer opportunities that benefit both retirees/older adults and society as a whole. Learn what needs exist and target volunteer demographics to create mutually beneficial interactions.
- Extend alumni outreach to allow individuals to maintain connections once they have left the organization.

¹⁷ IBM Institute for Business Value (2017). *Loneliness and the aging population: How businesses and governments can address a looming crisis*

¹⁸ <https://www.co-operative.coop/campaigning/loneliness-campaign>

Whilst a few high-profile giants like IBM, the Co-op, and Tesco's, are getting involved, more could be done to engage a wider range of different sized enterprises especially at a local level.

Outcome 3: Services & communities engaged in tackling loneliness have grown & improved; measured the changes they have achieved; & shared their learning

The Campaign's loneliness framework¹⁹ highlights the range of services and interventions that work well at a local level. The ['magic mix' of local interventions and approaches](#) includes:

- knowing and sharing the local picture of older people's loneliness;
- building skills and capacity to reach out and engage both those at risk and those experiencing intense loneliness;
- coproducing local solutions and opportunities so they are used and valued;
- ensuring different kinds of responsive support arrangements are in place – including one off, intermittent and ongoing support.

While many places have some of these arrangements and options in place, the full, integrated complement is less common and genuine coproduction is rare.

In addition, there is still a tendency for many developments associated with reducing isolation and loneliness to focus on traditional befriending services and supports rather than a wider range of options, opportunities and solutions which do not necessarily constitute a "service".

The approaches in which most experts saw promise were not the lunch clubs, social groups and befriending schemes that have most commonly been evaluated in previous studies. Instead, experts focused on two other types of approach, including services that worked with individuals at the stage before they started to access lunch clubs, book groups etc; and approaches that were less centred on the individual and more about the way in which a community responds to the challenge of loneliness²⁰.

Within this mix there also needs to be a balance between individual and group based interventions, including approaches that focus on psychological and emotional health and wellbeing of individuals (see also outcome 5). This latter point was emphasised by stakeholders working on this agenda at a UK wide level, as the following illustrates:

'What makes you think the intervention will address the internal world of the person? The psychological narratives which may distort people's ability to engage and seek out others.... All interventions are hitting at the edges. Many thousands of older people not being touched by any of the ageing better stuff. Its outside their awareness, knowledge and interest.....'

¹⁹ *Promising approaches to reducing loneliness and isolation in later life*. Jopling, K. (2015). Age UK and the Campaign to End Loneliness. London.

²⁰ Jopling, K. (2015) *Promising approaches to reducing loneliness and social isolation in later life*. Age UK and The Campaign to End Loneliness

.....Older people don't need a service. They need to be told that they need to do something for other people. People are challenged by meaning and purpose. If get up in the morning what do you do...with others?

[UK Stakeholder]

The Local Government Association's report *Combating Loneliness, a guide for local authorities* (LGA, 2016), produced in partnership with the CtEL and Age UK, emphasised the need for local action and accountability, highlighting the following recommendations for action by councils and their partners:

- Consider 'addressing loneliness' as an outcome measure of council strategies – including the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).
- Work at the neighbourhood level, to understand and build on existing community capacity and assets.
- Recognise and respond to individual needs and circumstances by both making sure general services are geared up to meet the needs of those who are lonely, as well as providing specific interventions as required.
- Pooling resources, and intelligence across organisations and developing new partnerships may increase the benefits for those who are hard to reach or isolated.
- Do a local needs assessment or intelligence report.
- Use the loneliness framework from 'Promising Approaches to Reducing Loneliness and Isolation' guide produced by the Campaign to End Loneliness and Age UK.
- Use the Joseph Rowntree Foundation (JRF) Loneliness Resource Pack to inform action.

In terms of knowing what to invest in and develop, the recently published cost effectiveness study reinforces the importance of a mix of approaches and interventions, including: befriending mixed results with very diverse models/approaches reviewed from community café's to targeted interventions for people with a specific diagnosis; signposting/navigation services showed a positive return of £2-£3 for every £1 Invested. The study concludes that more work is still to be done on evaluating the impact of approaches where validated scales/scores are used to assess levels of loneliness before/after an intervention. NDTi has recently conducted a similar study on the evidence of cost effectiveness of different approaches /models adopted for building community capacity. This review identified studies showing a return of £4 for every £1 spent in relation to community navigation schemes, Local Area Coordination, and peer support²¹. This intelligence could be usefully and briefly translated for commissioners and providers at a local level, with endorsement from bodies such as ADSS, LGA, NHS Confederation, NHS England, Public Health England, ACEVO, NCVO etc., in order to ensure spread of these approaches.

There is therefore a challenge ahead in thinking about how all those involved in working in the "loneliness space" can work together to pool and share their learning about: what works for different individuals as well as those who share similar experiences and traits; translating what works in one place to help make that happen elsewhere; and in developing a stronger sense of building on this learning and embedding that evidence in local plans and practices. A clear indicator of the need for local learning groups and ways of engaging key partners and stakeholders in each of

²¹ Community capacity building – making the economic case, for TLAP, awaiting publication

the Campaign areas as well as nationally and UK through existing CtEL mechanisms (e.g. Research and Policy Forum).

Outcome 4: Local, national and UK wide strategies on ending loneliness have been created through effective collaboration at each level

The Campaign's vision of increased public awareness leading to a social movement of kindness, through the joined-up resources and commitments of different bodies and individuals, will only happen if ending loneliness becomes everybody's business. This aspiration and objective is a sophisticated one, requiring a shared commitment (implying a shared understanding of the issues involved, as outlined earlier), joined up planning and delivery arrangements (complex enough in its own right), and a focus on coproduction to ensure that joined up strategy and delivery is shaped with local communities alongside local agencies, decision makers and influencers.

There are, however, encouraging signs from which to draw both inspiration and practical examples. When policy makers, organisations and communities work together to identify and respond to the needs and aspirations of local people, things do start to change. Resources are invested, commitments made, awareness increased, actions mobilised. Examples include the forthcoming strategy on social isolation and loneliness in Scotland²², the inquiry into loneliness and isolation in Wales, recent calls for action in Northern Ireland and [various initiatives](#) around [England](#). Demands for this to be made a requirement in all areas seem to have [fallen on deaf ears](#). In the current economic and political climate, showcasing what's possible²³ and the benefits of acting together to local and national governments will probably be more effective than additional 'must do's', particularly in the context of current and likely ongoing 'planning blights' in the face of Brexit and ongoing austerity measures impact on public services as well as local businesses.

Don't see any end to austerity...worried about impact of Brexit. Wales is a massive beneficiary of EU funds. A lot of infrastructure and places have all been badly hit

[Wales Stakeholder]

I see Government having little time or space for this beyond Brexit. Unless [there's] a big policy shift, austerity continues. But there could be a community reaction to it. There's potential for a groundswell. You see it in the context of disasters – community action and capacity to act and care and look after people you don't know.

[UK Stakeholder]

Stakeholders also highlighted the potential for the Campaign to develop resources for local partners to collaborate in evaluating their impact in addressing loneliness and scaling out 'what works' without having to keep reinventing methods and approaches for doing so:

Priorities have got to be finding and supporting simple grass roots activities, and whether that's run by business or community or charity is less relevant. Providing the know how to evaluate those and their impact in a way that helps us scale them up and provide them as a template for other people.....there is going to be

²² Due to be published for consultation, Autumn 2017

²³ <https://campaigntoendloneliness.org/guidance/policy-landscape/>

more and more limited funding and at the moment we're concerned that everything will be essentially led by big 3rd sector agencies who have a capacity to do reporting. Agencies are reliant on funding and need to badge everything, it takes away from the small groups. They will own the scheme when you really want the community to own the scheme. An idiot's guide to evaluating well-being and financial impact, even if it's just 4 people meeting once a week at a club.

[Wales Stakeholder]

Making the case for investing time and resources in collaborative efforts will be key in moving this agenda forward at a local, national and UK wide level. The recent study on establishing cost effectiveness and making the economic case for investing in actions that reduce loneliness²⁴ referred to research in one English county that estimated the costs of loneliness over a 10-year period to be in excess of £1,700 per person, and for those severely lonely, in excess of £6,000. If measures are taken to reduce loneliness it follows that these costs can also be reduced/avoided.

At a national and UK wide level, different stakeholders and workshop participants have pointed to the need for the Campaign to operate not just as a “bringer of evidence” but as a facilitator who can engage and help to synchronise different partners and policy agendas - demonstrating links and synergies between these and practices that improve wellbeing and reduce the harmful consequences of inequalities and poor physical and mental health including loneliness. They feel that the Campaign has a vital role as a binding agent, that keeps policies and competing agendas working together rather than against each other. They make the point that “loneliness is a crowded space”, but that this does not mean that there isn't room for everyone and a range of different roles and approaches. Indeed, it highlights the need for a convenor who can shine a light on what does and doesn't work whilst supporting the widespread use of good practice and reliable methods of measuring and understanding the full range of loneliness experiences.

In this crowded space, the greatest contribution and priority is in pulling together, aligning strategies, linking it all up – at a local as well as UK wide level. Each stakeholder organisation is busy and dealing with a plethora of competing priorities – help them make sense of the whole. Help them make the connections between ageing well, age friendly communities, reducing isolation and loneliness, the importance of a life course approach whilst keeping a focus on what this means for older people and in older age.

[UK Stakeholder]

The point was also made that, as referred to under Outcome 3, stronger connections are needed between diverse approaches that build individual resilience, increase community capacity, strengthen community cohesion and harness contributions across generations, different socio-economic groups and communities, industries and sectors.

²⁴ McDaid, D, Bauer, A. and Park, A-L (2017) Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review

Outcome 5: Lonely older people have overcome social & psychological barriers to make & sustain meaningful connections

There's a wealth of knowledge about the benefits of kindness for individual and community wellbeing. It is less clear how well known and understood this is by the general public. When asked, people [rate meaningful connections](#) with neighbours and their local community (i.e. beyond a single act or interaction) above material possessions.

An important message coming through discussions with Campaign stakeholders is the need to see kindness as more than a movement of “random acts” which may or may not lead to meaningful connections; and to be wary of focusing on interventions and approaches that perpetuate unhelpful negative images and stereotypes of older people and older age. This includes what some call “compassionate ageism”. They emphasise the need to focus on older people's contributions and the power of mutuality and reciprocity in preventing as well as reducing the impact of loneliness in later life. This works at both an individual level (in building resilience, increasing self-esteem and reducing anxiety) and collective community levels (in building social capital and community connections).

The following example from Cambridge was identified in research carried out by NDTi for the Joseph Rowntree Foundation:

The Cherry Trees Club in Cambridge was set up to tackle the social isolation of many older people living alone in the neighbourhood who didn't really know each other or anyone else very well. Families had moved away, people had been bereaved, people's networks had shrunk. The weekly club meeting provides a wider range of contacts from which relationships and sometimes friendships flourish. It encourages interaction, it gets people out. It provides members with roles and a sense of belonging, and ownership of the club. One member organised small group holidays; another member set up a toenail-cutting service in her own home with a chiropodist. Members are proud of their self-help and mutual exchange system, which has enabled this club to meet weekly over the last ten years²⁵

The evidence reviewed for the baseline picture is a reminder that whether someone acts kindly is a [complex interplay](#) between personality, neurobiology, environment, historical, cultural and economic factors and people's own emotional state.

The Campaign is currently scoping the activities it is well placed to deliver and/or stimulate in relation to Outcome 5 – at different levels – but some interesting questions to consider in this exercise include: how can we use this understanding about the interplay of personal and environmental factors to enable more people to connect with each other in ways that are meaningful to them? And how can we ensure that older people drive this movement rather than being “done to” by others, potentially resulting in greater *disconnection*?

²⁵ Bowers, H. et al (2013) *Widening Choices for Older People with High Support Needs*. Joseph Rowntree Foundation. York



3. Conclusions and Recommendations

This section draws together summary conclusions, organised by the questions outlined in Section 1. For each of these questions we summarise the main messages and highlight areas for action/attention. These recommendations are then summarised in table form Section 3.2.

3.1 What are we learning about the conditions for change (towards the vision and outcomes?)

At a national/UK level and within the Campaign areas in Wales, Scotland and England, there is a solid foundation of awareness and knowledge about the scale of loneliness in older age and its impacts among policy makers and influencers, key stakeholders, Campaign partners and members in all UK nations. (The NI picture is being developed as the final Campaign area is currently being established).

Understanding about the characteristic, experiences and possible solutions is less developed and more variable, at a regional and local level within and across each nation. The estimated figures reflecting the scale of the “problem” are generally well known; this shared knowledge is not always mirrored in how local authorities and their partners are working together to address these issues in relation to their own populations. This implies that in general we don’t need further evidence on “the problem”, or indeed the possible solutions – but on *how* to spread and embed what works in more places to reach more people in ways that engage, harness and values contributions from all involved (including those people who are chronically lonely).

The evidence review and feedback from stakeholders, including those participating in local workshops, affirm the importance of a strategic, joined up approach at all levels in order for this to change. This shared commitment needs to be reflected in how partners and communities work together at three levels:

- a) for individuals, in terms of the design and delivery of tailored support and an holistic approach to improving wellbeing (not addressing “loneliness” in isolation from other factors impacting on their wellbeing);
- b) for communities, in terms of planning for and responding to the diverse needs and priorities of local communities across ages, gender, ethnicity, neighbourhoods; and for local partners, agencies and sectors in terms of their resources, activities and interventions and what each contributes to a local plan of action;
- c) for policy makers and politicians, in terms of joining up agendas and policies across government departments and investment plans.

Areas for action / attention

- Emphasise the benefits of developing and embedding joined up strategic approach, linked to the recent findings on cost effectiveness, tailored for different audiences e.g.

commissioners, businesses, service providers, local partnerships/alliances; and for politicians, policy makers etc.

- As part of the above, promote the benefits of and existing synergies between working on the “loneliness agenda” and wider initiatives, e.g. age friendly communities, promoting wellbeing and building individual and community resilience.
- Continue to promote, and consider another push, on using the CtEL loneliness framework as a tool for developing this local, joined up approach.
- Further reflect on and consider how to respond to the need for the Campaign to see itself and behave as a binding agent (a process that is starting within the local Campaign areas), not just as a ‘bringer of evidence’ (a role that is still highly valued and wanted by partners/stakeholders). This is a different role and potentially skill-set than historically associated with the Campaign, working with and alongside change agents already operating in the ‘loneliness space’.

3.2 Are there key gaps where we will be generating evidence rather than using or testing it?

There are four main areas reflecting gaps in the evidence where we believe the Campaign’s work is as much about generating new understanding as it is about testing and helping to roll out what works. These are summarised below:

- e) A better understanding about achieving better outcomes for individuals, through a mix of approaches that reflect social, psychological and environmental factors. This is linked to the development of Outcome 5, as outlined below, as well as the proportionate use of scales/measures that determine effectiveness for individuals (also outlined below in Section 3.3).
- f) Demonstrating the links and interdependency of initiatives/developments around combating loneliness and isolation and developing inclusive and age friendly communities/neighbourhoods, and the power of joined up approaches between different sectors/partners/agencies (making loneliness everyone’s business and an integral part of every development agenda).
- g) What helps and enables (more and different) individuals to act and contribute to these developments and changing the experience of loneliness at an individual and neighbourhood level?
- h) As referred to above, a better understanding of how to achieve change at different levels in order to reverse the loneliness trends. Is this about a different narrative as implied in the main body of the report, is it about doing different things, is it about doing more of the same things differently, or a combination of all of these things?

Areas for action/attention

- Consider producing a briefing paper on the synergies, contributions and importance of addressing loneliness within wider agendas around community capacity building, wellbeing, community led support, age friendly communities, dementia friendly communities etc.
- Continue with planned mapping/scoping work on Outcome 5 as a priority – covering a range and mix of individual and group approaches, and achieving a better understanding of psychological and social factors etc.

- Within Campaign areas, focus the collection/use of stories and messaging on what people can do/are doing – both in terms of their addressing/managing/reducing their own loneliness but also how different things can help/benefit different people in different ways (i.e. one size does not fit all).
- Consider how to/who best placed to develop evaluation/impact tools for local areas as well as for the purposes of evaluating progress towards the Campaigns vision and outcomes by NDTi.

3.3 What does the evidence say about current awareness, attitudes and propensity for kindness?

The evidence review and stakeholder discussions demonstrate the increased levels of awareness and reach of the Campaign over recent years; and that the Campaign has been at the forefront of this increased knowledge and awareness, including the negative impacts on people's health and wellbeing, and the costs to individuals as well as the public purse.

The connections between evidence on the scale/prevalence of loneliness and the body of knowledge about what can help at different levels feel tenuous and could be strengthened. For example, making the link between examples of what helps communities feel cohesive, inclusive and connected and what helps to prevent and reduce loneliness at different stages of life including older age.

The findings from the national survey and regional polls make for interesting reading, highlighting some of the public awareness and education priorities facing the Campaign across the UK and within the Campaign areas. Levels of awareness about "the issue" are consistently high – around 63-70%. However, there are lower levels of *understanding* about the realities and complexities of the issues, factors and experiences involved for different groups of people. A significant number of people believe that loneliness is an inevitable consequence of ageing; and many people do not know how to help or contribute to making a difference. The good news is that two thirds of people surveyed say they would help, if they knew how to. This is important intelligence to build on, particularly in the Campaign areas (see also Appendix 5).

The relationship between asset based approaches that recognise and value everyone's contribution (including those older people who are chronically lonely), the propensity not just for kindness but broader forms of social action, and experiences of loneliness, resilience and wellbeing – are not currently well known or understood. This is already reflected in the Campaign's work plans for next year.

Areas for action/attention

- There are plans underway within the Campaign team for scoping and increasing understanding relating to Outcome 5, and establishing the contribution of the Campaign in ensuring that individual responses and supports are better understood and acted upon.
- Campaign Managers and NDTi evaluation leads to consider ways of using local intelligence gathered to date to target activities/messaging/responses; and how to reflect this within local evidence grids/baseline summaries.
- Show what's possible and focus public messaging on addressing misconceptions of older age, negative stereotypes of older people and the inevitability of loneliness in later life. Within this, consider the use of language used in surveys/polls (e.g. will/can you help the loneliness crisis?)

- Strengthen/make/articulate the links between the evidence on what works in strengthening communities and wellbeing, and the evidence on what helps in reducing/preventing loneliness
- In relation to the above points on asset based approaches, mutuality and reciprocity, NDTi and the Campaign team to think about what this means for collection and use of change stories within the Campaign areas and as a source of local evidence/data.

3.4 What does the evidence tell us about the use of surveys/measures relevant to Campaign activity?

Figure 3 in Section 2.1, highlights the range of different approaches, tools and measures currently in use, highlighting where more examples and evidence of what works would be useful. There is a particular gap around guidance on the use of cumulative or aggregated intelligence gathered through the use of different scales/tools at different levels, and the extent to which this gives an accurate picture of the scale of the issue; and also what works at different levels and for different groups of people/communities.

There is a clear recognition of the need to measure the scale and experience of loneliness, and of interventions designed to reduce levels and alleviate the negatives consequences for individuals - with much of this recognition informed by the Campaign's work over the previous 3-5 years ; however, there is little movement on embedding approaches and the consistent use of validated measures and scales at all levels – individual, local and national level. This is an important priority and opportunity for the Campaign's activity at a UK, national and local level.

Areas for action/attention

- Consider ways of increasing the use of established measures and scales that are proportionate and appropriate to the task in hand; this will require further work by the Campaign and others to de-mystify the use of such tools and developing simple, practical guidance and support to those involved in using different measures/scales.
- This includes work to promote the use of different scales/measures for different uses; stressing the need for proportionality (in other words, 'don't dig up the flowers to see if they're growing'; and consider whether the use of tools/scales in some instances creates a perverse incentive e.g. for increasing the scale (the need for providers' services), or further excluding people that organisations are aiming to reach (because of the negative framing of questions in some scales).
- Revisit/explore how to continue with the planned work with the Centre for Ageing Better, Big Lottery, Gulbenkian and others as planned to draw together a simple guide on measuring loneliness and evaluating the impact of approaches designed to prevent or reduce loneliness at different levels (which has currently stalled).

3.5 What are the big shifts required to achieve the Vision and Outcomes?

The findings presented in the previous sections of the report and this summary of conclusions drawn indicate that in many respects the ambitions and workplans of the Campaign are pushing at an open door. For example: businesses are a prime target for concerted engagement activities and the timing to do this feels right. Major companies have or are making commitments or commissioning their own research on the subject; smaller companies have an important role to play in promoting the work and aspirations of the Campaign and getting involved on a practical basis in the Campaign

areas. National strategies are being developed in Scotland and Wales, being explored in Northern Ireland and there is a lot of activity involving political players and influencers in England. The time is right to push for more at this level and stress the importance of developing a cohesive, strategic commitment and emphasising the leadership role of public bodies, community and third sector leaders (as well as businesses).

At a local level, there is much more to be done in engaging all the possible (not just typical) partners/stakeholders, and in working with the corporate role and leadership of councils (not just adult social care services) to ensure they are and feel accountable as leaders and enablers at a local level (i.e. it's not just up to them and they mustn't control the agenda). Coproduction is key here. Engaging local communities and providers, businesses and statutory bodies to work together and find local solutions for local people is crucial if people are going to engage and take up opportunities that exist both to contribute and be supported. In the Campaign areas (as elsewhere) there are a lot of people vying for scarce resources whilst at the same time wanting to be seen as the prime movers and shakers in the loneliness space. As the Glasgow workshop found out – focusing on gaps and opportunities for the Campaign to really add value in an already busy field is crucially important.

At an individual level, there are many and substantial shifts required in order to change perceptions, influence prevailing attitudes and develop understanding in ways that enable and encourage people to play their part and take action, including ways that celebrate older people's contributions rather than further increase their sense of otherness and therefore potentially their experiences of loneliness.

Areas for action/attention

Some points outlined above are already covered in previous summary action lists. In addition:

- The Campaign's business engagement strategy is already underway. Engaging with a diversity of global, national and local businesses is key, not just the big players but range of sizes, sectors, industries and leaders.
- Nationally, continue to push for strategies that are inclusive as well as comprehensive, are evidence based and coproduced. Consider further action required that will help influence the development of an English strategy alongside the Scottish and Welsh strategies under development. Within this, emphasise the possibility of shortcutting evidence gathering via traditional routes (the Campaign already holds much of this existing evidence base). This could instead focus on engaging and ensuring the voices of those directly affected and involved are heard, alongside examples of what works and further evidence gathering on the gaps in solutions (as outlined elsewhere in this report).
- Locally, learn from mapping exercises within the Campaign areas identifying current activities, levels of action/contribution and gaps – to better understand where to focus Campaign resources/attention and to inform the development of outcome chains to aid local evaluation activities (eg attributing change/progress over time).
- In demonstrating and sharing what works, ensure this doesn't just reflect the Campaign's work; this is an excellent opportunity to shine a light on what partners and other people are doing and achieving, celebrate what is being achieved, and provide a space for collective learning as well as Campaign wide learning. Within this consider how/when/how/where to engage partners in the evaluation and learning process.
- Consider ways that the Campaign, NDTi and other partners can offer guidance and assistance with evaluating and demonstrating impact to local partners/partnerships.

3.6 Summary of Areas for Action / Attention

This summary of recommendations draws together all the identified areas for action/attention highlighted above, to answer the question, what are the key gaps and priorities for the Campaign over the next 18-24 months?

Areas for action/attention	Who is responsible?	When?
1. Emphasise benefits of developing and embedding joined up strategic approach, etc; promote benefits of /existing synergies between working on the “loneliness agenda” and wider initiatives. For example, consider another push, on using the CtEL loneliness framework as a tool for developing this local, joined up approach emphasising these synergies for different audiences.	Campaign team; part of research/learning programme activities during 2018?	2018
2. Further reflect on/consider how to be the ‘binding agent’ at a local and national level - working with and alongside change agents already operating in the ‘loneliness space’. Within this consider how/when/how/where to engage local/national partners in the evaluation and learning process.	Campaign team/leads RF/LAF/HB (re eval & learning process when/who etc).	Jan 2018 Dec 2017
3. Consider briefing paper on the synergies, contributions and importance of addressing loneliness within wider agendas around community capacity building, wellbeing, community led support, age friendly communities, dementia friendly communities etc.	Part of 1 above	See above
4. Continue with planned mapping/scoping work on Outcome 5 as a priority .	Already in Campaign plan	2018-19
5. a) Within Campaign areas, focus collection / use of stories and messaging on what people can do/are doing/asset based approaches. <i>Linked to.....</i>	CM/NDTi/RF	Nov-Dec 17
b) Campaign Managers and NDTi evaluation leads to consider ways of using local intelligence gathered to date to target activities/messaging/responses; and how to reflect this within local evidence grids/baseline summaries.	CM/NDTi/RF	Nov-Dec 17
6. Consider how to/who best placed to develop evaluation/impact tools for local areas as well as for the purposes of evaluating progress towards the Campaigns vision and outcomes by NDTi.	Campaign team/CMs/NDTi	Part of first learning cycle June 2018
7. Show what’s possible /focus public messaging on addressing misconceptions of older age, negative stereotypes of older people and the inevitability of loneliness in later life.	Media & Comms team	Ongoing
8. Strengthen/make/articulate the links between the evidence on what works in strengthening communities and wellbeing, and the evidence on what helps in reducing/preventing loneliness	?part of (1)	See above
9. a) Consider ways of increasing the use of established measures and scales that are proportionate and appropriate to the task in hand; de-mystify the use of such tools and	Campaign team/part of research & learning programme in 2018?	?2018

develop simple, practical guidance and support to those involved in using different measures/scales.		
b)Promote the use of different scales/measures for different uses; stressing the need for proportionality etc.	Part of above	See above
10. Revisit/explore how to continue planned work with Centre for Ageing Better, Big Lottery, Gulbenkian and others to draw together a simple guide on measuring loneliness and evaluating the impact of approaches designed to prevent or reduce loneliness at different levels.	KP/SD/HB/CfAB	Jan 2018
11. Continue progress with the business engagement strategy ensuring diversity of global, national and local businesses is key, etc.	Already in Campaign work plan	2018-19
12. Nationally, push for strategies that are inclusive as well as comprehensive, are evidence based and coproduced. And consider further action required to influence the development of an English strategy alongside the Scottish and Welsh strategies under development.	LAF/CMs?	Ongoing; ?2018 for initial England focus
13. Use local mapping exercises in Campaign areas (identifying current activities, levels of action/contribution and gaps) to better understand where to focus Campaign resources/attention; and inform the development of outcome chains to aid local evaluation activities (eg attributing change/progress over time).	CM/NDTi/RF	Dec 17-Jan 18
14. Consider ways that the Campaign, NDTi and other partners can offer guidance and assistance with evaluating and demonstrating impact to local partners/partnerships.	Part of (6) above	See (6) above



Immediate next steps for the evaluation also include finalising the write up of outcome and evidence grids and evaluation fieldwork schedules for each Campaign area. These schedules will be finalised by end January '17, the early part of Stage 2 of the evaluation (Process Evaluation) focusing on the experiences and lessons arising from the implementation of the evolving matrix of Campaign activities at UK, national and local levels.

Stage 2 of the evaluation begins in December 2017 and runs until January 2019. The following table summarises the key elements, the detail of which will be developed with Campaign managers and leads and finalised by the end of January.

Date/year	Evaluation activity	Timescales
Stage 2 : Process Evaluation November/December 2017-January 2019	Cycle of data collation/returns to NDTi starts (with regular check ins with campaign managers/leads)	Oct-Dec 17; Jan-March 18; April-June 18; July-Sept 18; Oct-Dec 18.
	6-monthly analysis /synthesis (by site and cross site), reflection & learning	April-May 2018; Oct-Nov 2018
	Building shared understanding of process learning and evidence – e.g. through quarterly CMO check ins with each pilot, and 6 monthly gatherings (detail eg face to face, virtual, timing) TBC.	Ongoing through phase 2
Year 2 January 2018	Supporting recruitment & briefing of local evaluators in each area.	Jan-March 2018
	Finalise fieldwork plans - agree sampling arrangements, prepare fieldwork tools and issue guidance for fieldwork	Nov-Dec 17; sign off Jan 18
	Brief/train local evaluators; liaise with Campaign areas to recruit fieldwork participants and set up interviews, focus groups, observations	March-April 2018

	<p>Deliver fieldwork in each site focusing on process learning to date: early experiences & signs of change, what's happening, helping & hindering progress?</p> <p>Analyse fieldwork and provide each site with feedback and opportunity to reflect, learn and apply lessons.</p> <p>Ongoing stakeholder interviews - TBC</p> <p>Ongoing quarterly reports/feedback to Campaign team/mgt groups</p>	<p>May-July 2018</p> <p>March/April 2018 and Oct 2018</p> <p>Ongoing /nos & dates TBC</p> <p>Quarterly, month following quarterly returns outlined above</p>
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Appendices (see separate document)

- Appendix 1: Campaign to End Loneliness Vision and Outcomes Framework
- Appendix 2: Baseline evidence grid (items included in the desk based review)
- Appendix 3: Stakeholders interviewed to inform baseline review
- Appendix 4: Topic guide for stakeholder interviews
- Appendix 5: Summary of themes and issues for Campaign areas