About the Research Bulletin

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

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The Missing Million report
In June, we published our new research report *The Missing Million: In Search of the Loneliest in our Communities* which gives advice about how to identify lonely older people. The report is made up of three sections.

The first section, **Identifying Loneliness** describes different ways of identifying older people who may be at risk of loneliness by exploring the options of which data is available to help locate these people. It also looks at how local and hidden intelligence might be surfaced to help identify the lonely.

The second section, **Applying the Methods**, illustrates how different methods can be used and provides case studies based on the approaches outlined in the first section.

The third section, **Talking About Loneliness** aims to help front line staff and volunteers prepare for and engage in constructive dialogue with someone at risk of being lonely.

Some of the key findings include:

- Use data to inform decisions
- Develop partnerships
- It is necessary to combine different methods and data sources in order to effectively identify older people experiencing loneliness
- The expanding range of open data, data visualisation packages, health informatics and the internet of things provides new ways of identifying older people experiencing loneliness
- Foundations for a conversation: use the skills and qualities of empathy, openness, warmth and respect to facilitate a conversation about loneliness

You can download the report [here](https://www.surveymonkey.co.uk/r/CN75YVY).

Research Scoping
The Learning and Research Manager Kellie Payne is currently undertaking a scoping exercise to determine the Campaign’s research needs for the next five years. She is conducting a number of expert interviews and a focus group made up of academics met to feed into the research priorities.

As part of this exercise you are asked to contribute by filling in an online survey. The survey outlines a number of suggested research strands and asks for your feedback and opinions on them. Please participate by filling in the survey which can be found here:

[https://www.surveymonkey.co.uk/r/CN75YVY](https://www.surveymonkey.co.uk/r/CN75YVY)
Loneliness and social participation - the association with health care utilization
This Canadian-based study examined whether social participation and loneliness predicted usage of health care services, namely physician visits, hospitalization, re-admission to hospital and length of stay in hospital. Data was gathered from 954 adults aged over 45 years of age who were tracked over a period of two and a half years following individual, face-to-face interviews. Social participation is defined in terms of the number of activities that a person participates in that have a social component. The study was set in the context of a universal healthcare system, where patients are seen determined by need, rather than ability to pay – consequently eliminating access to healthcare barriers, such as cost or access to health insurance.

What the research found

Being lonely was associated with a greater number of physician visits, although this relationship was mediated by health status. The results of this study suggest that lonely people are less healthy, and are therefore seeing their physicians more frequently. However, social participation was not associated with number of physician visits.

Neither loneliness nor social participation was associated with admission to hospital over two and a half years. Instead, a person’s age and the number of chronic health conditions they were experiencing were factors which were most closely associated with hospital admission. This can be explained by age-related health changes which typically occur as an individual progresses further into the life course, such as frailty. However, loneliness and social participation were important factors which came into play when it came to the older adult being re-hospitalised. The study found that being lonely was associated with being re-hospitalised and that a greater level of social participation was associated with shorter hospital stays. These relationships held even when controlling for health. This suggests that greater perceived social participation may indicate how socially connected an individual may be, such as having a greater number of social contacts which may help the recovery period after being hospitalised.

Implications for practice

Community-based services and health-based policy makers may be best placed to target lonely individuals, by encouraging and designing social participation interventions amongst adults aged over 45, resulting in an overall reduction in the number of visits made to a physician, the risk of being re-hospitalised and shorter hospital stays.
Loneliness, common mental disorders and the association with suicidal behaviour
Although there is a link between loneliness, common mental disorders, and the increased risk of engaging in suicidal behaviour, little research has been undertaken in this area amongst the general adult population. Nationally representative data from the 2007 Adult Psychiatric Morbidity Survey in England was examined in this study to look into these associations across lifetime periods and the previous 12 month period of an individual’s life.

What the research found
The study highlights the fact that loneliness is associated with suicidal behaviour amongst the general adult population, and the higher an individual’s level of loneliness, the more likely they are to have suicidal thoughts and attempts.

Higher levels of loneliness were associated with specific sample characteristics which the study controlled for. For example, having no educational qualifications, not being married, not being employed, alcohol dependency, low levels of social support and a greater number of physical health conditions all increased the levels of loneliness amongst individuals, in turn increasing the risk of an individual engaging in suicidal behaviour.

- The most at-risk individuals in terms of displaying suicidal behaviour across lifetimes and in the last 12 months were those who suffered from common mental disorders (i.e. depression, anxiety, and phobias) along with feelings of loneliness.

Implications for practice
Public health professionals are placed in positions whereby efforts can be made to target and eliminate feelings of loneliness amongst the general adult population, in order to decrease the risk of suicidal thoughts and attempts – which will in turn improve individual health and well-being. Also, clinical practitioners have a role to play in identifying feelings of loneliness and common mental disorders within individuals, to provide interventions at early stages to alleviate the risk of engaging in suicidal behaviour.
Social group memberships in retirement are associated with increased quality of life and reduced risk of premature death: evidence from a longitudinal cohort study

Retirement from the work place is a major later life transition which poses significant challenges to the health and wellbeing of older adults. Social groups have been found to shape people’s social identities by providing people with a sense of purpose, meaning, agency and belonging. This paper utilises data from the English Longitudinal Study of Ageing to compare the impacts of social group membership on retirement adjustment, in relation to subjective quality of life and objective mortality 6 years later. Social group membership is diverse in definition, relating to leisure groups (e.g. book clubs) family, friendship or community groups (e.g. church groups), sporting groups (e.g. tennis clubs), work groups (e.g. sales teams), professional groups (e.g. trade union) or any other groups that a person sees as an important part of who they are. 424 participants undergoing the retirement transition were compared to a matched control group of 424 participants who had highly similar demographic and health characteristics, but did not undergo the retirement transition.

What the research found

In general, the number of groups that retirees are members of is a predictor of both their subsequent quality of life and their likelihood of dying, this is the outcome even after controlling for socio-demographic covariates such as age, gender, relationship status and socioeconomic status. This has been found to be as good a predictor as the effects of physical activity on the retirement transition.

Specifically, results show that:

- For every group membership that participants lost in the first year following retirement, their experienced quality of life was approximately 10 per cent lower.
• Retirees who has 2 group memberships prior to retirement had a 2 per cent risk of death in the first 6 years of retirement if they maintained membership in two groups, a 5 per cent risk if they lost one group, and a 12 per cent risk if they lost membership in both groups. By comparing these results with a matched control group who were not undergoing the retirement transition, it is evident that these results were specific to those transitioning through retirement, suggesting that group memberships have a distinct role to play in the process of adapting to new circumstances following departure from the workplace.

Implications for practice

These findings have a number of important implications for retirement research and practice. Adjustment to retirement has been conceptualised as a developmental process, leading to calls for more longitudinal studies that track people’s transition to retirement as well as their longer term development.

These findings also have unique practical implications for retirement planning. They suggest that as much as practitioners may help retirees adjust by providing support with financial planning, they may also help by providing social planning. In this sense, practical interventions should focus on helping retirees to maintain their sense of purpose and belonging by assisting them to connect to groups and communities that are meaningful to who they are. More specifically, interventions which focus on facilitating the development of new group memberships post-retirement may be particularly important in sustaining retiree’s long-term adjustment, particularly when considering the loss of work-specific social group membership which usually accompanies retirement.

Research reference

Steffens NK., Cruwys T., Haslam C., Jetten, J. and Haslam, S. 2016. Social group memberships in retirement are associated with reduced risk of premature death: evidence from a longitudinal cohort study, BMJ Open. DOI: 10.1136/bmjopen-2015-010164,

Age differences in loneliness – from late adolescence to oldest old
A large body of research on loneliness focuses upon older adults only. This study broadens the knowledge gap by using data from a large nationally representative German study to describe and explain age differences in loneliness across the entire adult life span, from late adolescence to oldest old age. In order to explain patterns of loneliness, the following predictors are used in the study: socioeconomic status, work status, living arrangements, relationship status, physical functioning and social engagement.
What the research found

The study found that levels of loneliness amongst the adult population follow an unevenly distributed pattern. Key findings show that:

- **Young adults have elevated levels of loneliness**
  Work status was a common predictor of increased levels of loneliness amongst young adults. Young adults who worked full time did not differ much to young adults who did not work at all in relation to their loneliness levels. For those who do not yet work at all, this poses little opportunity to create social contacts and networks. On the other hand, for those who work full time, the effects can be detrimental for them. For instance, they may find it difficult building large, strong social networks because they have less flexibility in their daily lives than their peers who may work in part time jobs and attend higher education institutions.

- **Middle age represents the lowest risk of loneliness, although there is a peak at around age 35**
  Although middle age was found to be the time where loneliness levels are at their lowest, there is a clear peak at around age 35. Income and relationship status were the most closely related predictive factors of loneliness amongst this age group. This could be explained by mid-adulthood being the typical period for making, investing and saving money, which often become important life goals. In terms of relationship status, middle aged adults who were single had increased level of loneliness – which could also be explained by the societal norm that middle age is the family bearing stage where it is expected that people will settle down.

- **Levels of loneliness are highest amongst the oldest old (aged 80 and over)**
  The finding that the highest levels of loneliness is amongst the oldest old is consistent with previous research and common depictions of older adults spending their days in solitude. The study found the most common associations with loneliness in later life being low income, higher prevalence of functional limitations, and a higher proportion of singles – which is normally the result of widowhood.

- **Higher levels of educational attainment was a universal factor associated with decreased levels of loneliness amongst all age groups**
Amongst all adults, having an increased number of educational qualifications was related to lower levels in loneliness, even when controlling for other common predictors of loneliness, such as relationship status, physical functioning and social engagement.

Overall, explanations for age-related levels in loneliness are varied, and there is no single one reason why loneliness is experienced amongst different groups, at different stages of the life course. All findings and explanations relating to loneliness across the adult-life span follow an age-normative pattern, allowing explanation into why loneliness is experienced at different stages of the life course-and isn’t solely confined to older adults.

**Implications for practice**

More research needs to be undertaken using an age-normative approach, devoted to identifying age-specific risk factors of loneliness in young and middle aged adults to ensure these cohorts are not neglected, as a result of common stereotypes which confine the experience of loneliness to older adults only. Also, to further explain differences in age-related levels of loneliness, more in detail research should be undertaken with smaller age groups – by segmenting them, rather than grouping them as a whole.

**Research reference**


**Retirement homes can combat loneliness and social isolation in later life**

McCarthy and Stone supply privately owned retirement housing to older adults across the UK. Through the carefully planned design of each retirement community, the aim is to promote an ethos which is centred around social inclusion, social engagement and active participation for older residents to enjoy a good quality of life. Following evidence that people living in specialist age-specific settings (retirement housing, extra care, assisted living etc.) tend to feel far less lonely than those living in general housing, this recent report by Demos compares a survey of older adults living in general housing across the UK, to older adults living in McCarthy and Stone retirement homes, to identify what factors of age-specific housing contribute to older people feeling less lonely.

**What the research found**
By comparing both surveys, the report found that consistent with current research, McCarthy and Stone retirement home residents were more likely than older adults living in general housing to have:

- Decreased feelings of loneliness and social isolation
- Reported they had socialised recently
- Reported feeling a genuine ‘sense of community’
- Reported they have meaningful ‘companionships’ or ‘friendships’

There are a number of factors which emerged from the report, which explain why age-specific homes may help combat loneliness and social isolation. These factors can be separated into two broad categories – ‘place’ and ‘people’.

**Place**

**Location** - through retirement communities being built in close proximity to shops, services and transport links, this allows continuity for the older residents. One male resident explained how after giving up driving, the location of his retirement home is essential as it is near a bus stop which allows him to continue visiting his family, therefore maintaining his social network.

**Security** - retirement home residents talked about the reassurance they felt because of the ‘lock up and leave’ aspect of age-specific homes, knowing that staff would ensure their property was kept safe and secure if they took holidays or had a day out.

**Low maintenance** - the service charge paid by retirement home residents covers aspects such as laundry facilities, window cleaning and general maintenance. This ensures there is ample free time for residents to engage in social activities.

**Shared communal facilities and spaces** - having shared spaces and facilities, such as a garden and a lounge area within each retirement community, provides residents with an increased sense of community and belonging, as well as opportunities to engage with one another, promoting social inclusion.

**People**

**Activities** - daily based activities are available at each retirement community which are often centred around a shared interest. For example, gardening, arts and crafts, social events and coffee
mornings. The running of daily activities promotes and maintains good social relationships, and is particularly useful for new residents to get involved and familiarise themselves with others.

**Resident-led approach** - older residents have opportunities to organise events, welcome new people into the retirement community, and provide them with information and encouragement to join in with activities or social events which take place. This peer-based approach ensures new residents they are moving into a vibrant setting, and it also gives current older residents the opportunity to retain meaningful roles.

**Staff** - retirement home staff are present within each McCarthy and Stone location, and are trained to promote a sense of community, continuity and inclusivity, as well as directly encouraging meaningful social connections among residents by ensuring activities and social relationships are maintained.

**Implications for practice**

While many older adults are keen to ‘move on’ to age-specific residential settings which are suited to their needs to enjoy a good quality of life, there are a large group of older adults who are reluctant to move in later life, and who are consequently ‘ageing in place’, remaining in their family homes for as long as possible. The most important point to take from this report is that it isn’t possible to mainstream retirement housing as the solution to loneliness and social isolation in later life. Instead, we need to highlight what we can learn from research and examples of best practice, which can be applied to wider society. For example, how can feelings of social inclusion and inclusivity which are apparent in retirement community settings be applied to older adults living in general housing.

In terms of what others can learn from the findings presented by Demos and McCarthy and Stone in this report, these key messages can also be summarised into ‘people’ and ‘place’ based categories.

**Place**

‘Cities for all ages’ - Neighbourhood planners and policy makers should work together to create areas which incorporate transport, housing, street furniture and green space which enable older people to remain socially, physically and mentally active, by providing the mechanisms necessary to encourage and promote social participation and engagement.
Increasing the provision of retirement housing – Through housing strategies, national and local policy makers are encouraged to help unlock supply and boost the development and availability of age appropriate housing for older people keen to downsize.

*People*

**Encouragement of active citizenship** - local authorities could recruit ambassadors amongst the older generation, to work with local services and their peers to encourage social engagement and inclusion in the area. This would also ensure older adults are taking up active roles, or maintaining them.

**Real social networks** – the introduction of schemes that develop older people’s IT skills to prioritise education around activity which will result in ‘real life’ interactions such as joining forums and local groups.

**Collaborative working** - key services and organisations should work together to ensure that important messages are taken from research, which can be applied to real-life situations to essentially eliminate feelings of loneliness and isolation, while recognising that older people are far from a homogenous group, and services and interventions needs to be put in place which accommodate individual needs.

**Research reference**

*Building companionship: how better design can combat loneliness in later life. By Claudia Wood and Jo Salter of Demos. April 2016. Read the full report here.*

**Dorsal Raphe Dopamine Neurons Represent the Experience of Social Isolation – A Biological Perspective of loneliness**

The absence of social contact can trigger a strong desire to seek social interaction. Social isolation, or feelings of social disconnection can lead to loneliness, a strongly negative emotional state which is detrimental to physical and mental wellbeing. This study aims to understand the experience of loneliness and social isolation from a biological perspective, by specifically focusing upon dopamine (DA) neurons in the dorsal raphe nucleus (DRN) – part of the human brain. Several experiments were undertaken with mice, as rodents have been proven to possess very similar neurological features to humans.

**What the research found**
Overall, the key findings from the study found that:

- Dopamine neurons within the dorsal raphe nucleus are sensitive to acute social isolation - a number of experimental tests have proven this as part of the study.
- Acute social isolation increases DRN DA neuron activity.
- These neurons may be the cause of the subjective experience of social isolation – as well as acting as the motivational drive to re-engage in social connections.

As part of the study, the main experiment to examine the association between DA DRN activity and loneliness was to inject two groups of mice with a fluorescent dye to monitor brain activity. A juvenile mouse which neither group of mice had previous contact with was introduced to two individual cages – one which contained the mice which had previously been socially isolated for 24 hours, and one which contained the mice which were previously group-housed. When initial contact was made with the juvenile mouse, socially isolated mice displayed a huge increase in fluorescent signal within the brain, compared to the group-housed mice. Additionally, the DRN DA activity was also significantly higher when contact was first made with the juvenile mouse by the socially isolated mice. This finding supports the fact that following social isolation, the presence of a social stimulus is associated with a significant increase in DRN DA activity, at a neural level.

Therefore, DRN DA activity plays a causative role in motivating sociability in response to the negative state of isolation.

**Implications for practice**

- Continued dissection of the neural mechanisms which govern social behaviour is vital for the understanding and treatment of social impairments, which characterize many debilitating neuropsychiatric disorders.
- This study presents an additional element for consideration in the control of social behaviour, and support a novel role for a relatively unstudied population of dopamine neurons in representing the experience of social isolation. Future research should consider these findings and continue with experimenting DRN DA neurons and the association with social isolation.

**Research reference**

Case Study: The Arts and Older Peoples Programme – Northern Ireland

About the service

The Arts and Older People’s Programme was launched in 2009 by the Arts Council of Northern Ireland. The primary aim of the programme was to promote social inclusion for older people, based upon five principles underpinned by the active ageing strategy - independence, participation, care, self-fulfilment and dignity. The case studies selected for this report reflect the diversity of arts interventions across Northern Ireland, which include basket weaving, circus skills, creative writing, dance, pottery, photography and singing.

What is going well?

The Arts and Older People’s Programme has been successful in terms of ensuring every older person has the right to access the arts through the promotion of engagement strategies. Regardless of individual artistic ability, the arts based programmes ensure there is some aspect of each activity which each older person can relate to, and engage with.

Specifically, there are five factors which summarise what makes the arts effective in alleviating social isolation and loneliness amongst older adults:

- **Bringing people together – connectivity**

  Through engagement in each arts based activity, older participants have a reason for coming together over a shared purpose, resulting in relaxed social interactions and conversations with one another. The Waterside Theatre Project brought the added dimension of bringing young and older people together through its intergenerational approach to story-telling, singing and visual arts. Case study participants involved in this project generally lived in nursing homes and stated how having visits from young children made them feel connected and part of the community again, allowing them ways of knowing what’s going on in the outside world through the children providing insights about their own lives.

- **Encouraging people to be physically and mentally active – activity**

  There are numerous health benefits which have arisen from engagement with the arts. Physically, older people talked about increased flexibility and stamina through attending programmes. Artists also noted therapeutic benefits to older people such as an improvement in mobility or a reduction in pain, or a greater motivation to get out more.

  In terms of mental health, older participants talked about how arts based activities distracted the mind and allowed them to increase their concentration. Participants also noted how becoming completely immersed in an activity was a potent antidote to negative thinking and low mood. Artists also noticed that older adults
with dementia were less agitated and confused during a workshop, as this provided chances to reconnect and rekindle a skill or hobby which they may have once had.

- **Enable people to develop new skills – continued learning**

For many older participants the prospect of learning something new was a major part of the attraction and motivation for getting involved and staying engaged. The freedom to develop skills in later life in a relaxed, unpressured environment was valued by all participants. This outcome was made possible by the artists running the programmes being sensitive to the older adults different levels of abilities, and being non-judgmental in their approaches.

- **Encourage people to support and help others – give**

Having a shared purpose and working together resulted in people helping and supporting each other. Because each art intervention was based on people’s strengths, this allowed individual skill and knowledge to shine through. Confidence gained from participation resulted in one resident in the Waterside Project proposing ways in which learning opportunities could be expanded.

Peer to peer support also created reciprocal relationships between participants, and this was a major influencing factor in people feeling connected and not alone.

- **Allow people to create something – creativity and imagination**

All projects were created with the aim of participants producing something tangible that could be observed or experienced by others, such as a poem, a dance, photographs or pottery. Common to all was a sense of achievement. Older adults discussed finding talents they didn’t know they had. It was also highlighted through the projects holding some form of public exhibition or performance based on participant’s work. This aspect was greatly valued by older people as they took great satisfaction from having others see their work, and the opportunities this created to see the work produced by others, and to talk to other new people.

**Learning for others:**

This report highlights the far reaching benefits of the Arts and Older Peoples Programme as a catalyst to combat loneliness and social isolation in later life. The programme uses the arts, which has been a highly neglected, misunderstood area which can make a considerable difference to the lives of older people.

- **Further promotion and investment into this untapped area by local authorities** could further expand the arts as an intervention to prevent and combat loneliness and social exclusion, in turn improving the health and quality of life of older adults – as well as benefitting artists and programme staff who also reported an improvement in wellbeing through engagement in the programme.
• **Multi-agency partnership** approach should be seriously considered across all sectors in different areas of the UK, using the Arts and Older People’s Programme in Northern Ireland as an example of best practice – which brings together key stakeholders across the health care environment, working together in a holistic way to meet the needs of older people.

• **Development of an arts culture** - local arts-based businesses and organisations (e.g. theatres, museums, art cafes) have a key role to play in promoting the arts as a tool for people to engage with. By adopting outreach tactics to promote the services they offer (such as the ability to host events for the dissemination of older people’s work), this will ensure older people have a place to practice and share the skills learned through the programmes, and in turn, the local organisations will benefit economically.

Read the full report [here](#).

**Case Study: Community Hubs Gloucestershire**

**About the service**

As part of Gloucestershire’s Health and Wellbeing Strategy 2012-2032 ‘Fit for the Future’, 19 community hubs operate across Gloucestershire. Each hub promotes an ethos of active ageing with the aim of achieving positive outcomes of wellbeing in later life by alleviating negative psychological states such as loneliness and isolation. The hubs offer drop-in day time opportunities for adults aged over fifty-five, or those who may qualify based on their health and care needs. A range of initiatives have been introduced by the hubs which include: physical exercise classes, social and stimulating new activities, and interventions which directly promote independence.

**What is going well?**

To assess the effectiveness of the community hubs, an evaluation study was conducted based upon 288 evaluation forms completed by hub attendees. Overall, the study found that older adults attending community hubs have made improvements under all six categories which were assessed. These included: activity rates, level of social contact, engagement with stimulating new activities, ability to cope with activities of daily living and level of independence.

Specifically, the evaluation study found that:

• Attendees are more physically active and have improved health after attending the community hub (through new exercise classes such as Tai Chi, line dancing, gardening)
• Attendees are grateful for the social activities provided which allow opportunities for interaction and engagement, both with peers and instructors through one-to-one or group based activities.

• Attendees noted an improvement to their abilities to carry out activities of daily living and to remain independent through the introduction of new activities which they would have previously not engaged with.

Additionally, attendance at community hubs had wider reaching benefits:

• Support throughout bereavement – via social activities and interactions following the loss of a loved one
• Increased confidence – resulting in more active participation in other areas of life
• Unpaid carers benefit by recipients of care visiting hubs which provides care providers with more free time and reassurance

Learning for others:

Through social prescribing, health professionals can use community hubs as a viable option to refer or recommend individuals to prevent, or even rehabilitate individuals who may be at risk of, or who have experienced negative psychological states.

Gloucestershire’s community hub strategy is an example of best practice of promoting active ageing that other counties could learn from. The hubs act as infrastructures for social prescribing for older adults, which helps to reduce the cost on health and social care services providing for those who suffer from common mental disorders through negative psychological states.

Read the full report here.

Upcoming research calls

NIHR funding
The NIHR Public Health Research Programme wishes to commission research on the effectiveness of interventions to reduce loneliness and unwanted social isolation and improve health and wellbeing.

Its research question is: **What interventions are effective in reducing loneliness and unwanted social isolation and improving health and wellbeing?**
The due date for proposals is **15 August 2016**, by 1 PM.

Please contact the Campaign if you are planning to put in a bid as we are interested in helping researchers increase their impact by helping with research dissemination and can also help with recruitment.

More information can be found here: [http://www.nets.nihr.ac.uk/funding/phr-commissioned](http://www.nets.nihr.ac.uk/funding/phr-commissioned)

**Contribute to the Research Bulletin**

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

**About the Campaign to End Loneliness**

The Campaign to End Loneliness is a network of national, regional and local organisations and individuals that work through community action, sharing good practice, engaging in policy and research to combat loneliness in older age in the UK. The Campaign is led by 5 partners: Age UK Oxfordshire, Independent Age, Manchester City Council, Royal Voluntary Service and Sense. The Campaign to End Loneliness has over 1,800 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)