

‘WHAT DO WE KNOW ABOUT LONELINESS?’
MERTON COLLEGE, Oxford
9TH & 10TH JULY 2012

**WORKSHOP TWO: ‘WHAT WORKS AND WITH WHICH GROUPS; WHAT YET
DO WE NOT KNOW ABOUT LONELINESS?’**

Blue Group: David Harvey room
Leader: Thomas Scharf

What works and for which groups and what areas are not yet understood?

- Social workers can be very important in supporting older people; but professional training needs to be increased and improved and skills expanded. There is concern that there is too tight a remit on what people can do and too many restrictions.
 - Social care (domiciliary/residential) workers have a lot of one-to-one contact with older people. We need to invest in social care workers to improve training. How can we have such high expectations of people who aren't trained and aren't paid properly and have very restricted time?
 - Attitudes/culture change: individuals need to recognise that they have responsibility for their family, neighbours and friends. Also, individuals have a responsibility to invest in their own relationships throughout life and 'safeguard their convoy'.
 - Social groups provide opportunities to make friends and contacts (e.g. dancing/physical activity) and give people a sense of belonging.
 - Role of the private sector: how can private sector organisations create opportunities for social connections in later life? For example supermarkets can provide opportunities for people to meet. Innovative thinking!
 - Improving transport is a crucial starting point; this allows people to get out to services that are already available.
 - Companion animals can be incredibly important in alleviating loneliness. For example, introducing animals into care homes can 'reawaken' people.
 - Integrating communities is crucial; for example free events in community centres to allow different parts of the community to come together (e.g. Newham has a variety of activities advertised in a free magazine distributed throughout the borough: tea dances with reggae/bangra!).
 - Work can place intense demands placed on people can remove the ability to develop long-term relationships. Pre-retirement groups are therefore important to ensure people stay connected can have a significant impact on alleviating loneliness.
 - Meditation can be used to reduce depression and alleviate loneliness.
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Red Group: Auditorium
Leader: Paul Cann

- It may be that the existing cohort of older people are 'grateful' for what they get now but will future generations put up with it? Expectations have risen.
 - Some local groups, particularly befriending groups, feel isolated. Befriending Networks can share information and have a Code of Practice, policies, procedures etc. that can be helpful to others. Campaign to End Loneliness need to help groups feel connected and empowered.
 - Referrals from GPs can be difficult but a combined voice can be stronger in helping raise issues.
 - There needs to be coordination regarding best practice as it is hard to identify what is most effective. Universities have financial constraints but do want to promote good research.
 - It is unclear what volunteers can or cannot do. With reference to new media social support, the importance of touch is not mentioned.
 - Giving older people specific roles is important as some interventions may lead to their feeling 'victimised'. However, people age at different rates and whilst it is recognised that interventions are not useful for everyone, they are for some people. The balance is between providing leisure activities and allowing the older person to make their own choices.
 - How can we become known to lonely people? Contact with Social Services and GPs, also contacting organisations such as the Fire Brigade and Safer Neighbourhood Teams. Linking in with these organisations are important.
 - Social capital is flavour of government policy. How friendly is the external environment? What barriers prevent people participating in wider society? These are the things we can change.
 - The young are the loneliest – we must be careful not to stereotype. Some older people feel they can admit to loneliness because of life events such as bereavement.
 - How do you prioritise? Those who come forward are often those slightly less lonely than the loneliest. There are capacity issues with the hardest to reach.
 - **Companion Animals** Lots of older people have companion animals and they have use social capital and they are conversation starters – those with dogs in Japan have much wider social networks. People are more likely to do favours for those with dogs. Vets are sources of information that should not be forgotten.
 - **Stitchlinks** Started 2005 from physiotherapy background. Developed as physio identified that older people had no reason to get out of their chairs. Needed to develop a role and interest. Knitting is used as a therapeutic approach and can be a contribution to society. Clinicians need to make visits and develop a holistic approach, not just treat an illness. Changing the context of pain changes the pain experience. Knitting is self soothing and helps build confidence and leads to group involvement.
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Black Group: Ian Taylor Room
Leader: Laura Ferguson

What do we still want to know about loneliness interventions? A few of the questions raised by the group were:

- In what context do interventions work? What do we need in place for a particular intervention to be successful?
- When we're talking about 'what works' – what are the right outcomes we should be looking to achieve?
- How can local organisations demonstrate that what they are delivering is cost effective?
- How do we bring together all this information together to really identify what interventions work for what groups? Some contradictory information, use of different scales etc.
- How can we measure direct interventions – aimed at ending loneliness? Do we need randomised control trials? How do you measure if loneliness has been reduced?
- If all this is known about loneliness, why don't the people who need to know about, know about it? Why is there so little information getting through? Have we not been clear enough about what works?
- How do we improve quality of connections?

Answers offered to some of the questions included:

- Is there is a consistent way to measure loneliness?

They are a handful of ways to measure loneliness; first make sure you differentiate between social isolation and loneliness (particularly if the isolation is by choice). But most of the scales are highly correlated – i.e. Gierveld scale and the UCLA scale will get similar results

Should remember that if you ask someone 'do you feel lonely?' men are likely to under-represent how lonely they feel. So this question leads to underestimations of loneliness.

- How can the knowledge we do have really get to the people who need to know it?

A few suggestions from the group included:

- Get loneliness onto NICE's agenda. They will then review the evidence and provide the best advice they can, which will be distribute to field teams in the NHS and local authorities. (Liam Hughes)
 - Create a bibliography on loneliness for practitioners (Vanessa Burholt)
 - Build a Knowledge Transfer Partnership - funded by TSB and ESRC – usually to bring together business and research, but also works well for translating interventions into policy making. E.g. Civil servants work alongside researchers, but then feed learning back into their practice (Vanessa Burholt)
 - Review the evidence and find real-life examples to present to practitioners, such as GPs, and politicians. Start by presenting a specific example or case study, and then explain the evidence that supports why it works – but stay light on theory and heavy on practical implementation (Phil Rossall)
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Yellow Group: Mure Room

Leader: Sue Westwood

What works and with which groups? - Key Points

- Soft touch to identify people through other services-use of peer group volunteer-case finding services through GP practices—benefit checks –hospital discharge services
- Accessibility-environment, transport, accessible shops, etc.
- Keep services local- communication between services, information gathering at local level service user driven
- support for newly bereaved- older carers
- Better training awareness for professionals and public
- What we as individuals can do –more support for our own families and neighbours, support, facilitate and enable individuals to do things for themselves
- Menu of choices –different things for different people at different times of their lives(**changes across older age**)
- Minority groups –culturally sensitive services
- Purposeful activities
- Pros and cons of using the term loneliness

Further notes

- Befriending service no self referrals –other people's assessments when doing visits for benefits checks or home from hospital visit
- Case finding service through GP –questionnaire sent to all over 65s questions relating to bereavement etc.
- Listening project looking at identifying own needs
- Befriending in their own home
- Identifying individual s through benefit checks etc.
- Counselling service that assists individual's time restricted then help to access interest group after the end of counselling service
- Environment important- transport, toilets and pavements accessibility issues in shops etc.
- Change of professional mindset to encourage them to refer to services-better training to tackle ageism among professionals
- Ensuring policy frameworks are correct
- Individualised service
- Avoid use of term loneliness in service provision- others feel use of term lonely can be beneficial to identify individuals
- Loneliness and suicide
- Carers support
- Older volunteers
- Look at telehealth and telecare as potential to make loneliness worse
- Use of faith groups

- Keeping services local –communication between services, information gathering at local level service user driven-promote independence
- Ask people to contribute something, use a skill (particularly useful with men less inclined to join a group)
- What we as individuals can do –more support for our own families and neighbours, support, facilitate and enable individuals to do things for themselves-minority ethnic groups