Combatting Loneliness amongst older people

Jill Mortimer,
Policy Manager
Jill.Mortimer@ageuk.org.uk
Best of Times and the Worst of Times .......

- **The Worst**
  - Austerity: public services at full stretch and many being cut back
  - Local Government and Voluntary sector especially vulnerable, but health also struggling in many areas.

- **The Best**
  - Massive public response to Age UK’s No-one should have No-one Campaign 2015 and 2016
  - Lots going on, and a real will from all sides to work together to make a difference
Key Principles

• Embedding solutions to loneliness in the wider community more effective than a stand-alone loneliness service

• NHS, Local Government and Public Health should work together: loneliness is a well being and active community issue as well as a health issue

• Take a whole person, person-centred, coproduction approach

• Addressing prevention and early intervention as well as chronic loneliness identifies opportunities and solutions

• Too narrow an approach will compromise effectiveness

• And now is a golden moment for mobilising people across the community
Growing public awareness

- Response to Age UK’s No-one should have No-one Christmas Campaign
  - 17,000 peak in enquiries in 2016/17 compared with 7,000 enquiries in 2015/16 and no peak before
  - 43,000 annual enquires about volunteering compared with 20,000 in 2015/16 and 8,000 in 2014/15

- Jo Cox Commission on Loneliness
  - Huge sign up from across voluntary sector
  - Strong MP and ministerial interest

- Barnsley Age UK recruiting ‘eyes on the ground’ – overwhelming response

- British Red Cross recruiting volunteers in London: oversubscribed in two weeks
Over 150 local Age UKs delivered social, leisure and educational activities.

Over 90,000 older people supported by a practical help at home service.

Age UK and our network of local Age UKs were supported by approximately 75,000 volunteers and campaigners.

Local Age UKs offered over 1,700 services.

Over 5 million people reached through our national and local information & advice.

96% of English postcodes are covered by a local Age UK.
Age UK current programmes to address loneliness

- More than 120 local Age UKs provide social activities which help prevent or counteract loneliness, and/or with specific befriending services.
- Other services – information and advice on care and benefits, repairs, shops etc can help identify people who are lonely as well as practical help.
- Call in Time – national befriending call services
- Nationally ‘No-one should have no-one’ – mobilising public awareness and opportunities to volunteer and ‘Call in Time’
- Raising awareness of what works: with the Campaign and with the Local Government Association
- Test and Learn pilots with local Age UKs
What do we mean by loneliness?

• Lacking meaningful companionship

• Can be associated with, but not the same as, being on your own.

• UCLA three item indicators:
  • How often do you feel you lack companionship?
  • How often do you feel isolated from others
  • How often do you feel left out
“People seriously underestimate the awfulness of loneliness.

I had nobody. I was completely lost. Day and night, week after week, month after month. Hours become like days. Days become like weeks. The loneliness gets under your skin.”

“Call in Time has changed my life from a colourless day by day of ‘getting through it’ to getting back into ‘LIFE’ state. It’s been a gradual process but with the ongoing care and concern from Call in Time I am a much happier person.”

Barbara, 85
Impact on health and increases pressure on health and care services

• Association with higher incidence of strokes and heart disease, falls, depression and dementia, suicide

• Role of stress hormones

• Healthy and unhealthy behaviours

• Increased demand on health and care services

• Estimate 1.2 million older people in UK, and numbers increasing
What works? Testing Promising Approaches

- **Reach:**
  - Eyes on the ground
  - Mapping
  - Outreach

- **Understand**
  - People are different
  - Find out what will work for them
  - Listen, don’t make assumptions
  - Work with the lonely person
  - Help to help themselves

- **Support**
  - Tailored to personal needs and circumstances
  - Often short term but may need to be longer

- **Evaluation**
  - What works
Eyes on the ground

- Loneliness embedded in other services: across all local Age UK services: trained to recognise signs and to ask. Energised the local Age UKs
- Existing networks: eg health and social care, other voluntary sector organisations, home from hospital services, GPs receptionists, district nurses
- Other public sector professionals: Police Community Support Officers, Fire and Rescue
- Employers: employees and front line staff – the co-op, tescos
- Local shops and services: hairdressers, cafes, shops, pubs, parks, libraries, post offices, plumbers, electricians.
- Local MPs and councillors
- Local campaigns and activities: Neighbours, relatives, friends – Happy to chat! Street Parties. Pop up events
Community mobilisation: Range of Roles

• Publicise services

• Refer to services

• Engage and listen

• Help to find solutions
Using data to identify those at risk

- Research tool to measure and map risk of loneliness among older people in local community
- Based on analysis of the English Longitudinal Study of Ageing and developed with the Office for National Statistics
- Most important risk factors include:
  - poor health
  - household size / living alone
  - marital status / being widowed, divorced

www.ageuk.org.uk/professional-resources-home/research/loneliness-maps/
Loneliness Heat Maps - Wirral
Understand Guided Conversation

- Provide opportunity for older person to talk and be listened to.
- Explore whether lonely, and if so, how lonely
- Explore interests
- Find out what could help the older person find purpose and pleasure
- Identify the barriers and help needed to overcome them
- Ongoing process
- Needs training and ability to deal with upset
Support

• Telephone calls may provide bridging service
• Matching with volunteer
• Visits to home
• Identifying what would help and then helping to access: eg Accompanying on public transport; going together to lunch club, book club, introducing to people with similar interests; internet etc
• Also other services, like Benefits and Handyperson may also help ‘break the mood’ and energise. Transport may be key element
• Sensitivity to adapt service over time
• Flexible guidance on how long: contextual judgement on ‘dependency’
Evaluate

• UCLA three item questions:
  • How often do you feel you lack companionship
  • How often do you feel isolated from others
  • How often do you feel left out

• Score from 3 (Hardly Ever) to 9 (often)

• Asked at Guided Conversation

• Asked again 6 to 12 weeks after intervention started
What have we learnt?

• This approach has led to a statistically significant reduction in loneliness scores: 88% of people who were often lonely saw a reduction in their scores

• Treat as part of a mosaic of services: need to resolve other issues too, such as money worries

• Guided conversation itself can have a significant impact

• Offer immediate support, even if short-term & low level

• Train staff and volunteers to manage the guided conversation and ask the UCLA 3-point questions
Foundation services one element in a much wider setting

Foundation services
Direct Interventions
Gateway Services
Structured Interventions
Some elephant traps to avoid

Narrow focus can have unintended consequences

• Not lonely enough?
  • Investment in reach?
  • Turning away people who self refer?
  • Prevention and mobilisation

• Exclude if in receipt of social care? Issue is whether lonely. Consequences the same

• Payment by net impact on loneliness? Responsible for things outside control?

• Whole service criteria for success: how has the service helped? What has the individual gone on to do? Measures of growth in community capacity?
Further information from Age UK

No-one should have no-one report.

This and other reports and videos at:

www.ageuk.org.uk/no-one