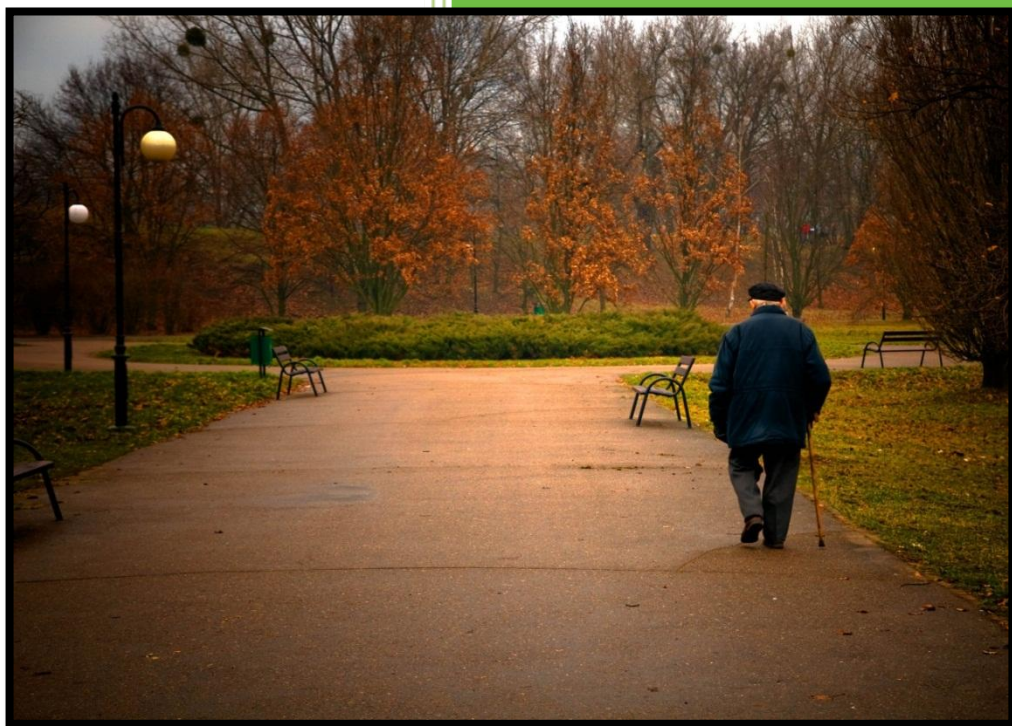


Loneliness Harms

Action Pack



Campaign to
EndLoneliness
CONNECTIONS IN OLDER AGE



Supported by

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Loneliness harms health

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Loneliness Harms Health

Foreword: Gloria Hunniford

I was shocked to discover that loneliness is as bad for our health as smoking fifteen cigarettes a day! Being lonely is not just a struggle emotionally, it can actually seriously harm our physical health too – and loneliness is affecting a significant proportion of the population: over 800,000 people in England say that they feel lonely all or most of the time. All sorts of things can trigger it: from having to give up driving, to bereavement, poor health or losing our sight or hearing. For those of us affected, it becomes harder to find companionship and maintain friendships; in some cases people go for days or weeks without talking to a single person.

There are so many ways of feeling lonely, and I'm sure we all know someone in our family or neighbourhood who has experienced loneliness, which is why we need to make sure there are a variety of ways to prevent or alleviate it. Helping to support our isolated family, neighbours and friends is one thing we can all do, but we can also help by being more active members of our wider community, which can often provide fantastic solutions to tackling loneliness, be they coffee mornings, social and lunch clubs, computer lessons or arts groups.

Sadly, most of us can think of a service or activity that helps keep people connected but is under threat of funding cuts, or even closure. Often they are not just important for someone who's feeling lonely, but also for those of us who wouldn't even consider ourselves isolated: libraries, buses and community centres, for example, keep us all connected. So, in order to create lasting change, we must speak to the people who are making decisions about community health and wellbeing and tell them just how much we need these services and activities.

If we care about our communities, about the activities we enjoy and about our relationships with other people, we have to make sure our voices are heard by our councils and local NHS authorities. Take the first step us achieve this today by joining me to support the *Loneliness Harms Health* campaign.

Gloria Hunniford, TV and radio presenter

Loneliness harms health

Section one

The aim of Loneliness Harms Health

“The most terrible poverty is loneliness, and the feeling of being unloved.”

Mother Teresa (1910 – 1997)

The *Loneliness Harms Health* campaign aims to ensure that:

For every health and wellbeing board in England to recognise the negative health implications of loneliness and isolation in older age, to take responsibility for measuring the level of loneliness and isolation in older age in their area and to develop a strategy to reduce it.

Experiencing loneliness and isolation in older age is an equivalent risk to health as smoking up to 15 cigarettes a day.ⁱ It has a destructive impact on quality of life and there are significant links between a lack of social interaction and the onset of degenerative diseases such as Alzheimer’sⁱⁱ; an illness which costs the NHS an estimated £20 billion a year. As our population ages, the sad fact is that the number of people experiencing the ‘terrible poverty’ of loneliness in our society is only going to increase.

Despite this, the vast majority of councils and NHS bodies do not take into account the nature or scale of the problem when planning care and support for older people.

However, responsibility for improving the population’s health has recently been given to newly-created local forums called ‘health and wellbeing boards’. These boards bring together senior representatives of the local council and the local NHS to work together to map their community’s health and care needs, and set priorities for action for the coming year.

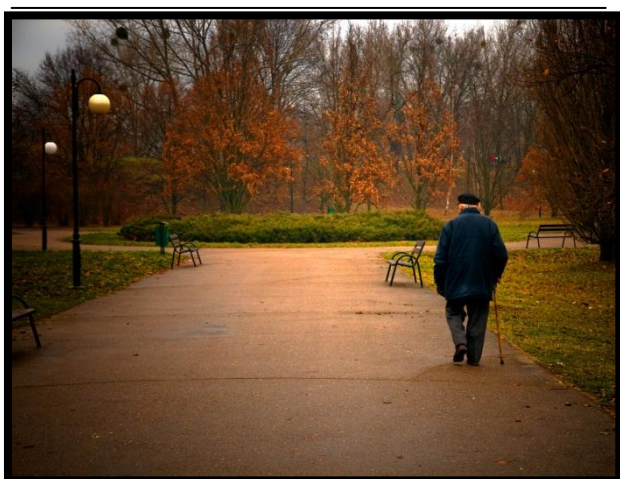
Consequently, health and wellbeing boards have the power to influence major decisions about allocating resources (which is called commissioning) in health and social care.

These boards took on their statutory duties across England in April 2013 and we have the opportunity to influence

how these boards prioritise issues. The Campaign to End Loneliness has collated a significant body of evidence on loneliness, and gained the support of the Department of Health. This is creating nationwide pressure on the boards to tackle loneliness in older age.

We believe that health and wellbeing boards should make informed decisions about services and activities that can help reduce loneliness. The boards will be better informed when making these decision if they:

- recognise the negative health implications of loneliness in older age
- take responsibility for measuring loneliness in older age in their area
- develop a strategy to reduce loneliness in older age
- listen to local people and their views on what impacts on loneliness in



older age

This is where you come in. We are asking people up and down the country to campaign with us on this issue. Together with our supporters, we want to influence the decisions taken by these new boards. Your health and wellbeing board should listen to you. If you are passionate about keeping older age sociable, healthy and a crucial part of your communities, then contact your local health and wellbeing board to demand that it makes tackling loneliness a priority in its commissioning plans.

This action pack describes more about why health and wellbeing boards are the right strategic organisation for you to lobby, and how you can get loneliness on their radar.

ⁱ Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 7(7): e1000316. doi:10.1371/journal.pmed.1000316

ⁱⁱ Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. Loneliness and risk of Alzheimer disease. *Arch Gen Psychiatry* 2007 Feb; 64(2):234-40

Loneliness harms health

Section two

Making the argument

“When you have nobody you can make a cup of tea for, when nobody needs you, that's when I think life is over.”

Audrey Hepburn, actress (1929- 1993)

2.1 Introduction

We are asking you to join our Loneliness Harms Health campaign by urging your local health and wellbeing board to start measuring loneliness and isolation in older age in their Joint Strategic Needs Assessment and including a target to tackle it in their Joint Health and Wellbeing Strategy. In section 3 we suggest lots of ways that you can do this. This section gives you some information to help you make the case when talking to people about the campaign and why it matters. For more information on loneliness and its health impacts, take a look at section 6a and to learn more about the health and wellbeing board take a look at section 6b.

2.2 Why the health and wellbeing boards?

The establishment of health and wellbeing boards gives us a fresh and exciting opportunity to make this issue of loneliness count. These boards have

a strong influence over how resources in health and social care are allocated. Their purpose is to look at people's health in a more rounded manner, ensuring that services aimed at improving well-being alongside physical and mental health are better integrated. Loneliness and isolation in older age sits very well within this remit.

They are also looking for *your* input. As part of the national government's localism agenda, they are attempting to move away from a 'top-down' approach to services, to one that is designed locally and reflects local people's needs. They are expected to engage, listen and consult with their community.

This is your opportunity to ensure that a target for reducing loneliness is embedded in local health and social care planning and delivery. The boards are making decisions about their priorities on a rolling basis so it is

important to help them identify loneliness as a priority if they have missed it in their work so far.

2.3 Why should health and wellbeing boards care about loneliness?

We know that loneliness and isolation in older age is harmful to our physical and mental health, and it would be great if this were enough to make the boards listen. However, we should remember that there are many important health issues and many other groups that will be clamouring to have their issue on the agenda of the board ahead of ours

A strong case therefore needs to be made. When preparing to present the case for tackling loneliness, you might want to have a think about the following:

- Loneliness in older age is a significant determinant of mortality (early death), morbidity (chronic diseases) and perceptions of poor quality of life
- Efforts to reduce loneliness and isolation will target priority groups at risk of other types of disadvantage (health inequalities) e.g. older people, those on lower incomes and those suffering from discrimination
- Isolated older people are not actively taking part in society. Many

could still be making a significant contribution to the community through, for example, volunteering. Thus tackling this issue will help people to reach their full potential and contribute more

- Doing something about loneliness in older age cuts across several sectors (e.g. housing, transport and health) and therefore provides an opportunity for partnership working between council and NHS departments.
- Tackling loneliness can save money (see below)

2.3.1 How can tackling loneliness save money?

Councils and the NHS alike must make huge efficiency savings. The health and wellbeing boards are therefore looking to save money, by improving effectiveness and reducing costs. It is crucial then, to present a strong case that outlines both the health and cost benefits of tackling loneliness. Health and wellbeing boards need to hear that it will save them money in the long term. So you could argue that:

- Activities, support or services that can address loneliness and isolation in older age are often fairly low cost as they use existing community venues, and often have a lot of volunteer involvement (including from older people themselves)

- Loneliness and isolation result in increased use of expensive health and social care services due to loneliness in older age being a significant determinant of morbidity (chronic ill health)
- Studies have shown that services that reduce loneliness have resulted in:
 - fewer GP visits, lower use of medication, lower incidence of falls and reduced risk factors for long term careⁱ
 - fewer days in hospital, physician visits and outpatient appointmentsⁱⁱ
 - fewer admissions to nursing homes and later admissionsⁱⁱⁱ

For a case study of the cost benefit of tackling loneliness, take a look at the [West Moor Befrienders](#)

ⁱ Cohen, G.D. et al. (2006) 'The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults', *The Gerontologist*, 46 (6)
<http://gerontologist.oxfordjournals.org/content/46/6/726.abstract>

ⁱⁱ Pitkala, K.H. et al. (2009) Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: a randomised, controlled trial. *Journal of Gerontology: Medical Sciences*, 64A (7)
<http://biomedgerontology.oxfordjournals.org/content/64A/7/792.abstract>

ⁱⁱⁱ Russell DW, Cutrona CE, de la Mora A, Wallace RB (1997) Loneliness and nursing home admission among rural older adults. *Psychol Aging* 12(4).
<http://www.ncbi.nlm.nih.gov/pubmed/9416627>

The Craft Café is a Glasgow based project founded by Impact Arts, conceived in areas of high deprivation as a way to reduce loneliness and to enable older people to live independently for longer. Participants attend for free and learn new skills. Since 2009, the Café pilots have engaged with over 100 people. Benefits of the project include:

For participants

- Participants make new friends and form stronger relationships
- Regular attendance brings mental stimulation and reduced levels of anxiety and depression
- Participants take more regular exercise and take greater notice of their health

For the health service

- A reduction in the symptoms of anxiety and depression
- Companionship and positivity of outlook mean participants reduce smoking
- The improved physical and mental health of participants leads to reduced GP visits

Social Return on Investment (SROI)

SROI assigns a monetary figure to the social and environmental value of a project rather than relying on a solely economic analysis.

In this case, the SROI analysis shows that the programme has created social value for each of the main stakeholder groups and that for every £1 of investment, the SROI is £8.27. For more information on the project, check out the [Craft Café Social Return on Investment Evaluation](#).

Section three

Take Action

“Solitude is fine but you need someone to tell that solitude is fine.”

Honoré de Balzac, novelist and playwright (1799-1850)

3.1 To get a better understanding of the health implications of loneliness and why this should matter to the health and wellbeing boards, take a look at section 6b. Once you’ve done this, you’re ready to start campaigning! This section takes a look at the steps you could follow to build a successful campaign. We’ll take a look at why campaigning is important, how to build up your key messages, set your goals, gather the evidence and how to start making a noise. We’ll also take a look at some of the tactics you could use. There are a great variety of ways that you can make your case to decision makers and not all of them will necessarily work – persistence is key. If one method doesn’t work then try another.

3.2 Why campaign?

Community groups, local charities and residents are able to highlight local problems and enable decision makers to understand the challenges in an

area. As a national campaign, we can only have so much influence on local policy in your area; but if *you* start talking, as an individual or as a group, to your MP, councillors, local newspaper or radio, they are much more likely to listen to what you have to say.

3.3 Define your vision, goals and key messages

Campaigns can achieve major change. However, it is important to set yourself realistic and achievable outcomes. When starting to campaign, or even if you just want to write a letter, ensure that you have a clearly defined aim and clear ways of expressing this to the people you are trying to convince. This will help others who might want to campaign with you. It will also remind you of what you are trying to achieve, and ensure that everyone knows the “key messages” you need to articulate when talking to the press, the board and anyone outside the group that you

may want to influence.

Finally, it helps to know what you want to achieve so you can make sure that you all recognise when it has been achieved: don't forget to celebrate that success!

If there isn't a large group of you, many of the actions we suggest in the next few pages can be carried out on your own or by just a very small group. Even just one or two dedicated people can make a real difference. Equally, many of the actions below can be taken as a 'one-off'; just writing a letter to your board or the local newspaper, or responding to a consultation could have a significant impact and start the ball rolling.

NB: When considering what you might want to call your loneliness campaign, for the sake of avoiding any confusion about national and local campaigns, we would ask that you try not to use Campaign to End Loneliness in your name. However, for clarity, you may want to use Loneliness Harms Health, e.g. "Loneliness Harms Health Essex."

3.4 Actions

Once you have identified the aim(s) of your campaign and highlighted the key messages you want to communicate, you can start thinking about how you

are going to achieve these aims. Read on for possible actions.

For example: Loneliness Harms Health Group, Cornwall

Campaign Vision: The Health and Wellbeing Board must listen to our community and work with us to find a way to confront loneliness and isolation in older age.

Objectives of the group:

- Listen to the experiences of older people and tell their stories
- Raise awareness of loneliness in older age in the community
- Engage with the community (particularly older people) and harness the power of local advocates to influence local decision makers to tackle loneliness in older age

Key Messaging: Loneliness is a serious condition which can affect a person's mental and physical health. It must be recognised as a serious health issue by key decision makers.

Cornwall has a large and growing older population. This, alongside poor transport, the rural nature of the county and wealth inequality combines to make loneliness and isolation a significant and growing problem.

The financial benefits of early intervention are clear. With such significant negative health implications, tackling loneliness at an earlier stage will help ease pressure on health and social services.

Action one

Know who to talk to on the health and wellbeing board

Who sits on the board and who might be warm to our campaign? The government has defined the minimum number of people who should sit on the board but it hasn't set a maximum, so research a list of all attendees (see section 6b)

You should be able to find out who the members and the chair are online. If not, give the council a call and they should be able to point you in the right direction.

Try to find out if there are any councillors on the board who have a particular interest in older people's issues (you could call the council or you can check out the [Direct Gov](#) website to help you do this).

Find contact details for the Director of Adult Social Care and the Director of Public Health (you can also check out

the [ADASS website](#) for this information or your council's website.)

A list of Pathfinder Clinical Commissioning Groups are available from the [Department of Health](#). This will help you identify your local commissioning groups.

There may also be others sitting on the health and wellbeing board that might have an interest in this issue. For example, there may be various members of the voluntary sector on the board, or even an older person's representative. If so, it's worth contacting them and getting some extra information about the board's priorities, timetable and whether it's likely to be warm to your cause.

For further information on your local board, see if the online [King's Fund directory of health and wellbeing boards](#) can help.

Share your activities– log your action on the [online map](#) on our website to inspire others

Action two

Is loneliness already on their radar?

Is any mention made of loneliness or social isolation in the current Joint Strategic Needs Assessment (JSNA) or the Joint Health and Wellbeing Strategy (JHWS) (see section 6b)? How about 'social connectedness' or 'relationships'? If there is, this is a great starting point! However, there is still plenty of follow up work you could do:

- Please let us at the Campaign know about it
- Is loneliness and isolation mentioned in both the JHWS and the JSNA or just one or the other?
- If it is in the strategy, how is it mentioned and what status is it given (see action 10 for more information on this)?
- Does the strategy set out what plans there are to deal with the issue and include targets for its reduction?

We would also suggest contacting your board to direct them to the evidence and support provided by

'Loneliness and Isolation: a toolkit for health and wellbeing boards', and sending them a link to the website www.campaigntoendloneliness.org.uk/toolkit

Once it is in the strategy, it is important that the council and the NHS are held to account for what they have undertaken. A year or so after the strategy has been published, and at regular intervals after that, it is worth contacting the board and finding out what progress has been made towards achieving the goal of reducing loneliness. You could:

- Ask what levels of loneliness the health and wellbeing board has identified through its JSNA
- Find out whether loneliness is being included in the JHWS each and every year
- Submit a [Freedom of Information](#) request to see if the council have commissioned or protected any

services, activities or support as a result of loneliness or isolation being included in the JSNA/JHWS.

- If yes; write in support/gather positive case studies to make sure this continues
- If not; ask them why not. Campaign for them to do so.



- Consider the types of activities or services that have been established or protected since the strategy was published. Are they likely to be effective in achieving results? For example, a one size fits all approach to tackling loneliness is unlikely to be successful; targeted responses are

considered to be more effective in achieving results. Lonely men, for example, are best engaged through specific activities related to long-standing interests (such as sport or gardening) and respond less well to loosely structured social gatherings, which women more often enjoy

- Consider whether practical barriers to social integration, such as transport or mobility issues, have been considered and addressed

If you have not received a satisfactory answer to any of your questions from the health and wellbeing board, you could consider renewing your campaign to improve responses to the issue.

If there is little or no mention of loneliness and isolation in the JSNA or JHWS, you will need to start your conversation with them and you may want to initiate a full-blown campaign - this can be an exciting decision as you have many options of how to do this. Take a look at the actions ahead to see how.

Share your activities— log your action on the [online map](#) on our website to inspire others

Loneliness harms health

Action three

Identify key timings

Forget sex or politics or religion, loneliness is the subject that clears out a room.

Doug Copeland, novelist (1961-)

Putting together a timeline of the critical points in the health and wellbeing board calendar means that you won't be taken by surprise by a key event or miss important deadlines. If you are going to convince them to include loneliness in their strategic planning, then you need to know when they are going to be making important decisions. For example:

- Has the health and wellbeing strategy been consulted on and published?
- If not, when are they consulting
- When is the deadline?
- If it has already been published, when will they next be updating the strategy?
- When is the [joint strategic needs assessment](#) next going to be updated?
- Are there any public meetings coming up?
- Does the health and wellbeing board conduct meetings in public? If so, when are they held?
- When is the councillor with a health or social care portfolio holding surgeries?
- When does your local [Healthwatch](#) meet?
- Are there any major health and wellbeing events taking place?



Share your activities— log your action on the [online map](#) on our website to inspire others

Loneliness harms health

Action four

Write a letter

An early step you could take is writing a letter to the members of the health and wellbeing board stating the case for the inclusion of loneliness and isolation in the strategy and in the JSNA. It might seem simple, but bear in mind that the board may not have even realised that loneliness is a relevant issue for them to consider. A template letter is available in this pack.

In the letter, you could also highlight the existence of our [loneliness toolkit for health and wellbeing boards](#). Why not ask all your contacts to do the same? Writing letters is a great first step to establish contact with decisions makers. Make sure it is concise, states your key messages and clearly sets out what you would like to see happen.

For a template letter, see resource 1.



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Action five

Gain allies

To get the health and wellbeing board's attention and to make an impact, the more people there are on side the better. You may already be part of a group that might be interested, such as an older people's forum, a church or a local charity. If so, a good starting point would be to ask to present for 10 minutes to the group. You can use our template presentation or build your own. Try and be as clear as possible about what you are hoping to achieve. Don't forget to explain the situation, explain why it is important to focus on health and wellbeing boards and then make some suggestions for action (you could use our actions set out here). You could also ask for ideas from the audience about how they think the campaign could ensure loneliness becomes a priority for your health and wellbeing board. Alongside this, you could write a newsletter article for their group's newsletter or magazine. For a template article, go to resource 4.

You could think about who else might be a likely ally or able to work with

you. You might like to investigate:

Older people's forums

These might also be called Over 50s groups, 50+ Forums or Assemblies, Pensioner Action Groups, Senior Citizens Forums or a variety of other names. These forums may include charities working with older people, council officers, as well as older people themselves. A good place to start is to look for your regional older people's forum and get in touch. You could ask that they advertise your campaign in the newsletter and ask potential campaigners to contact you, or you could go and give a presentation at their next meeting. You could also ask your local council or voluntary service for contacts in your local older people's forum. You can find contact details for your local community and voluntary service on the NAVCA (National Association for Voluntary and Community Action) website [here](#) or call them on 0114 278 6636.

Older People's Charities

Get in touch with your local Age UK

and WRVS to see if they're interested in getting involved or cascading your message through their networks.

Other interested charities might be:

- British Red Cross
- Royal British Legion
- Abbeyfield
- Sense
- Independent Age
- Alzheimer's Society
- Local RNIB
- Local Action on Hearing Loss
- Contact the Elderly
- Friends of the Elderly
- Local befriending charities

You may have come to this campaign by yourself and be looking to build up a group of allies from scratch. If this is the case, the same suggestions apply – and we would suggest older people's forums are an ideal place to start. Get in touch and ask to go and meet them; they'll almost certainly be interested in learning about the issue.

Local membership groups

A range of groups might be keen to get involved, such as:

- Rotary Club
- Women's Institute

- Townswomen's Guild
- Soroptomists
- University of the Third Age
- Residents Associations
- Lions Clubs
- Town/village societies
- Local political parties

Church or faith groups

You could contact the 'social engagement/responsibility officer' at your local diocese or get in touch with your local or regional Churches Together Group.

There will be hundreds more organisations that you will come across that aren't listed here. Even if people you contact can't help you directly, it's very likely that they will be able to point you in the direction of someone who can. Once you start looking, you'd be surprised how many people are concerned about this issue.

People have varying levels of interest and commitment: some people will want to get actively involved in planning, whilst others will just be interested in learning about the campaign and passing information onto their network. All levels of activity are important and the more people involved the better.

Share your activities – log your action on the [online map](#) on our website to inspire others

Action six

Collect relevant information

Using local evidence to reinforce your argument is important if you are going to be really successful in your campaign. The more evidence you can present, the more seriously you'll be taken and the more likely it is that the board will listen to what you have to say. You shouldn't expect to do the work of the Joint Strategic Needs Assessment (JSNA) for the board, but simply present a strong indication of a much deeper problem in the community.

Have a think about the sort of evidence you may need; it is useful to gather facts and figures, nationally and locally, and also to collect case studies or 'personal stories'. The sort of local statistics you could gather can be seen in action 7. Much of this evidence will be available online in the current JSNA or in local authority strategies. You can find national facts and figures at section 6a.

You might also want to consider finding your own data by conducting a survey, talking to people face to face

or even setting up a focus group.

Before gathering the data, you should think about how you're going to use it. You could put your findings in a press release, send a briefing note to your local MP or councillor, or ask to meet directly with the health and wellbeing board to present your findings.

Conducting a survey

Surveys should be fairly short and easy to answer. Remember to collect demographic data such as age and gender, if appropriate. Surveys could be put online (using a tool like [Survey Monkey](#)) or in paper format; left in libraries or community centres, which people will then need to send back to you. Why not work with your local newspapers to promote the survey? This could be a good opportunity to get the issue into the local media and to develop a good relationship with local journalists. A sample survey is available in the pack at resource 8. Remember, if you are going to conduct a survey, you will need to collate the

results at the end and this may be quite time consuming.

Case Studies

When conducting an ‘open ended’ interview (a more conversational method which avoids using firmly set questions and enables you to develop case studies), you should have around three main questions you want to be answered and also have a list of prompt questions in case the conversation steers away from this. The type of areas you might want your subject to cover could be:

- Experiences of loneliness/isolation
- Experiences of engaging (or not) with available services/activities/clubs etc. which could alleviate isolation
- What would help them to alleviate their own loneliness

If doing this you need to ask yourself whether there are any ethical issues you need to consider, such as:

- What impact will the research have on the participants, and myself?
- Do I need permission to collect and use this data?
- Does my data need to be confidential?
- Does my data need to be anonymous?
- Older people are classed as vulnerable and as such you may need to have a CRB check before interviewing them or go along with someone who has been checked.

Protect others and yourself!

Before conducting your own research, we would suggest getting in contact with your local Age UK or WRVS. It’s likely that they will have lots of case studies that they’ve collected from their own work and they may agree to share some with you. Case studies that are particularly useful are those that demonstrate the value of interventions such as befriending schemes or other community based projects. If not, ask local service providers whether they have any beneficiaries who would be happy to be interviewed. You will need to get some support on this and you may need to interview alongside a member of staff.

Share your activities— log your action on the [online map](#) on our website to inspire others

Action seven

Respond to consultations

The Health and Wellbeing Strategy

Identify when the health and wellbeing board will next be consulting on their strategy. They may be consulting on it right now. This means they will be asking for feedback on the draft priorities they have set and intend to include in their strategy, and want to find out whether the community agrees that these are the correct priorities to be focusing on. If they haven't mentioned loneliness in the strategy, tell them why it is important that they do. You may never have responded to a consultation before, so here are some tips to help you:

- You don't have to answer all the questions; just choose those that are most relevant to you
 - Take a look at some of our arguments for why health and wellbeing boards should do something about loneliness and include these (see section 2)
 - It is good to work with others so you can share ideas BUT do write your own response
- They might be holding stakeholder consultation events. If so, you could go along to these meetings in person to make the case
 - For more helpful hints for responding to consultations see resource [6](#).
 - Do remember, it helps to use relevant local statistics, so if you can find some, this will strengthen your case. Such statistics might be:
 - Lone pensioner households: numbers of households with only one person, who is over pensionable age, living alone
 - Estimated number of chronically lonely older people in your area (multiply number of people over 65 in your area by 0.1 to reach this figure, which equates to 10% of the population over 65)
 - Number of pensioners and the expected increase over the next 20-30 years
 - Number of winter deaths in the over 65s
 - Number of falls in over 65s]

- Number of cases of dementia
- Level of fear of crime in over 65
- Data on people who have recently lost their partners who are over 65



Much of this information is likely to already be available in your local Joint Strategic Needs Assessment (JSNA) or in other local authority strategies. These will be available on your council website or you could give the council a call or do an internet search for your “county name” (e.g. Buckinghamshire) and the words “joint strategic needs assessment”. If not, you’ll be able to find much of the data on the [Office of National Statistics website](#). Again, if you want to, to learn more about the JSNA, go to section 6b. Responding to consultations can make a difference.

The *Loneliness Harms Health* group in Cornwall responded to their health and wellbeing consultation en masse and all wrote letters to the board. The board was ‘overwhelmed’ with the strength

of feeling on the issue and agreed to include loneliness in older age in the strategy. Campaigners in Oxfordshire were also able to get loneliness into their [Health and Wellbeing Strategy](#) by responding to their consultation in writing and attending consultation meetings.

After the consultation has closed, check the strategy to see if loneliness has been included. If not, don’t be discouraged. Write a letter to ask why it isn’t there and you could even start a more dedicated campaign. Remember, strategies are renewed and rewritten frequently. If it’s not in there this time, more campaigning could ensure that it’s in next time.

If your strategy has already been consulted on, check to see when it will next be discussed publically. In the meantime, you could consider the following:

The Joint Strategic Needs Assessment

Some areas will also consult on their JSNA. Contact your local council to see if this happens in your area. If it doesn’t, you can still approach your council to discuss including loneliness and/or social isolation.

Health and wellbeing boards are not required to use a particular format or

mandatory data set for their JSNA, so it may be appropriate to suggest a range of loneliness indicators and measures, as well as different collection methods.

You could make one or more of the following suggestions when asking your board to include loneliness in their JSNA:

- Using a loneliness scale, such as the academic Gierveld Scale, in a survey. More information on this can be found in this [toolkit briefing](#). Some health and wellbeing boards are trialling loneliness scales in behaviour or quality of life surveys, so your health and wellbeing board should check the toolkit briefing for updates.
- Collecting data that can identify risk of social isolation and loneliness, for example on physical health, age, household size and mobility issues. A [toolkit case study](#) is Essex County Council, who are using similar data to create an 'Isolation Index' that identifies clusters of households at risk of isolation and loneliness.
- Using data from national outcomes frameworks: from April 2013, the Adult Social Care Outcomes Framework (ASCOF) contains a measure of social contact for care users and their carers. However, the

Department of Health are developing a full-population loneliness measure to replace it, which will also be shared with the Public Health Outcomes Framework (PHOF). The ASCOF reference for this measure is 1I and the PHOF reference is 1.18.

Guidance from the Department of Health states that health and wellbeing boards can ask their members, and other organisations, to supply information to their JSNA so they may not have to collect all information themselves.

Other consultations

Your council will almost certainly consult on various strategies throughout the year; this might be an older person's strategy, a public transport strategy, a dementia strategy or a mental health strategy, for example. Loneliness and isolation should be considered in any such strategy, and many of the arguments above (as well as in resource 6) can be used when responding.

Action eight

Get the issue heard by more people

Attending or arranging relevant meetings is a great way of making your voice heard on this issue; now's your chance to speak up, or you could even offer to give a presentation (check out resource 7) on the issue of loneliness to get a discussion started.

Check out what public participation groups are available or what public meetings might be taking place and try to make sure that members of your campaign are attending all the relevant meetings. These could range from 'Older People's Planning Groups', to PALS (patient advice and liaison service) or the newly formed Healthwatch.

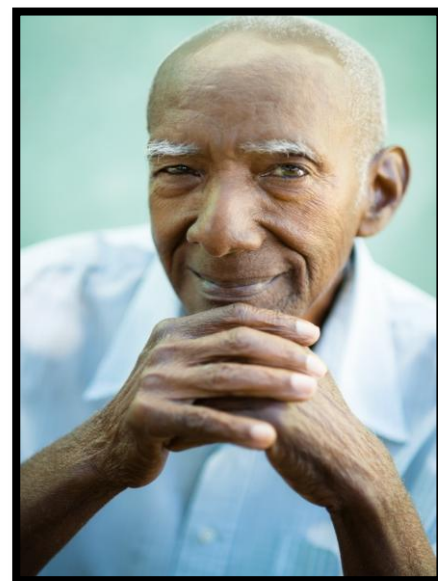
Local Healthwatch

Getting involved in your local Healthwatch is a great opportunity to highlight the negative health implications of loneliness to your health and wellbeing board. It is usually easy to join your local group. If you are not involved yourself, it will be worth gaining allies in Healthwatch as it will have a significant say in what

issues should be prioritised by the board. Investigate who is involved with the group and identify who is most likely to sympathise with the cause. Are any of the members involved in Age UK, for example, or do they perhaps sit on an older people's board at the council? You can find out more about Healthwatch in section 6b.

Other 'Public Participation Networks'

There are likely to be a range of other organisations already set up to try to influence commissioning priorities and provide the local authority and health officials with patient and community feedback on their actions.



These might be called ‘Local Involvement Networks’, ‘Patient Participation Networks’ or ‘Patient Involvement Networks’.

You could also see if there are any older people’s engagement groups (OPEG) in your area or any older people’s forums that you have yet to engage with. Many will be extremely interested in this issue. Get in touch and ask to present or just go along to their next meeting.

Giving a presentation

You may be asked to speak or present at one of these meetings. If so, consider the below first:

- Find out their remit and how long you have to speak
- Prepare your presentation well in advance
- Keep to the point and try to keep it jargon-free

- Find out whether you are able to use Powerpoint
- Don’t worry about not being an expert – you are there as a concerned citizen
- Expect questions and think about what they could be in advance. If you can’t answer them, say so. Take their contact details and explain that you’ll contact them with a more comprehensive answer
- If you can, find out whether any of the meeting attendees have a view about the issue of loneliness. You can do this by talking to the meeting organiser and finding out whether you can speak to a few people who will be there. Also find out whether they have discussed this issue before as it will help you to pinpoint a few friendly faces in the room when you are speaking and know their previous knowledge on the subject

Share your activities– log your action on the [online map](#) on our website to inspire others

Action nine

Meeting the influencers

Arranging meetings with MPs, councillors and other organisations is one of the best ways of trying to get loneliness on the agenda of the health and wellbeing board. As a constituent, your input and opinions should always be of value to people elected in your area.

Councillors: There will be elected members on the health and wellbeing board (councillors). They may be a good way in; their role is to listen to you and take your concerns on board. Try and arrange for either yourself or your group to meet with the 'portfolio holder' (someone who takes the lead on an issue on the council) for health and wellbeing or adult social care. Send an email or letter explaining the campaign and why you'd like to meet with them. If you don't get a response, do follow up with a phone call. Be persistent and they will contact you.

They may also have a regular surgery so you can book an appointment and go along to see them. Once you have a meeting arranged, ensure that you are

prepared. You should go along knowing what outcomes you want from the meeting. These could include:

- Ensuring the councillor understands the health impact of loneliness (make sure you have useful information to hand)
- Ensuring the councillor understands the prevalence of loneliness in your area
- Ensuring the councillor understands that measures to alleviate loneliness in older age can be relatively low cost and community based (you might want to have some case studies to hand)
- Ensuring the councillor understands what you'd like to see from the health and wellbeing board
- What outcomes you want from the meeting and what would be a very successful outcome

It will also be useful to leave some information with the person you're meeting so that they can refer to these at a later date.

Local Authority Officers: You could also contact the director for adult social services and the director of public health – both of whom will be sitting on the health and wellbeing board and will have an excellent understanding of health issues in your area.

It is easy to identify the director of adult social care by checking out the [ADASS website](#) (Association of Directors of Adult Social Services) or calling them on 020 7072 7433. Your director of public health should be named on council and NHS websites and can be found by using search engines. Otherwise, give your council a call and they will provide you with this information.

These are busy people and the first step might be to write them a letter introducing yourself and your campaign. Once you have met the relevant councillors and got them on board, you could ask them to arrange a meeting with the relevant local authority officers which you could attend together.

MPs: Contacting your MP as well will mean that you have covered all possible people who should be listening to your views about

loneliness in your area. You can do this either by writing a letter or attending a surgery. A surgery is a time that they have set aside to meet with and address their constituents' concerns. If you don't know who your local MP is or you can't find their contact details, take a look at www.theyworkforyou.com. MPs won't have any direct control over the priorities of the health and wellbeing board. However, they can certainly have an influence by lending their voice to your campaign. You could ask them to write a letter to the health and wellbeing board highlighting their concern about the issue and asking the board what action they are currently taking or planning to take to ensure that this issue is included in their commission plans. Take a look at our template letter to MPs (resource 2). You could also send your MP a copy of our [Constituency Campaign Pack](#).

Depending on their response to the issue, you could also ask them for a quote of support to include in your publicity or even to give a speech at any events you decide to hold. MPs are great for generating media interest and exerting influence, so do have a go at getting them on board with your campaign.

Share your activities— log your action on the [online map](#) on our website to inspire others

What does success look like?

“All the lonely people. Where do they all come from?”
Lennon and McCartney, musicians, 1966

You’ve written letters, you’ve given interviews and you’ve attended meetings; the health and wellbeing board has finally agreed to put loneliness into their health and wellbeing strategy and/or their JSNA. But are you able to take a step back and celebrate that you’ve achieved what you set out to do or is further campaigning necessary?

Based on the strategies that we have seen, the Campaign to End Loneliness team has defined a simple ranking system of gold, silver and bronze that should help you decide whether the status that loneliness has been given in your health and wellbeing strategy is going to achieve change.

Please note that each strategy differs significantly in its approach to defining local targets and priorities, and there are currently only a few recently updated health and wellbeing strategies finalised that include

loneliness. It has therefore not been easy to identify and define what success looks like. We will update this ranking system in the future, based on other strategies.



NB: remember, most JSNAs will be updated regularly (often on a yearly basis); the JSNA in your area may not have been updated to reflect the changes that have occurred as a result of your campaign and commitments made in the new strategy. So it might be worth giving your board a call to find out what plans are in place to measure loneliness in the next JSNA.

Bronze

Loneliness is acknowledged as a health issue in the strategy but no targets or actions are identified

Or

Commitments to learning more about social isolation/social connections/social relationships in a local area, e.g. mapping needs, designing interventions, identifying existing services that help.

Silver

Commitment to learning more about loneliness in a local area, e.g. mapping needs, designing interventions, identifying existing services that help

Or

Measureable actions/targets on social isolation, improving social connections/networks/relationships in the strategy

Gold

There are clear, measureable actions and targets to tackle loneliness in the joint health and wellbeing strategy. 'Isolation' could also be included but should not replace 'loneliness'.

And

Either: there is a specific measure for loneliness in older age in the JSNA or plans to develop one.

Or: existing data in the JSNA will be used to measure the scale of the problem, specific needs related to your community, and community assets relating to loneliness in older age.

The following is an extract from a recently published health and wellbeing strategy in the South East. Prior to its publication, there was a long period of consultation during which loneliness was frequently highlighted as a significant health issue. As a result, the strategy mentions the issue in relation to health and wellbeing. However, there is no target for its reduction and no stated commitment to measuring it in the JSNA.

Incorporated under the priority, *Support older people to live independently with dignity whilst reducing the need for care and support*, the strategy states:

“Loneliness and social isolation are increasingly acknowledged as root causes of poor health and wellbeing and we know they influence people’s choices about staying at home. More local information is needed to identify the key issues in this area”

We have decided that this strategy merits a bronze medal; loneliness is acknowledged as a health issue and there is a commitment to learning more about it, but no action or targets to reduce it are highlighted.

The following health and wellbeing strategy comes from the West Midlands. It is still in draft form.

Social networks are clearly recognised as a factor in good health. The strategy states “factors such as access to green spaces, housing quality, social networks and good quality services are known to be as important to creating good health and wellbeing as the behaviour of individuals.”

The strategy highlights "promotion of social connectedness" as an indicator under Priority Two 'Mobilise and influence communities around creating independent and healthy lives'.

We have decided to award this strategy a silver medal. The health impact of ‘social networks’ is recognised, and there are measurable actions to improve social connections and networks. However, loneliness and social isolation are not mentioned and there is no specific measure to reduce it.

The following is an extract from a recently published health and wellbeing strategy in the North West. Prior to its publication, the local 50+ Partnership worked closely with the Health and Wellbeing Board; loneliness was a top priority for the Partnership. A workshop was held to explore the matter further, which resulted in an agreement to research it further in an Integrated Strategic Needs Assessment (ISNA). As part of this, a series of community meetings to collect individual stories of social isolation and loneliness to feed into the ISNA were held. Under Programme Area 5: Promoting older people's independence and social inclusion, the Board have stated the following in their JHWS

“We need to know more about social isolation in older people locally, who it most affects and what can be done to reduce its impact. The 50+ Partnership therefore recommended social isolation as its priority topic for the 2012/13 programme of Integrated Strategic Needs Assessment. This piece of work will be both quantitative, including the most up-to-date local information from the 2011 Census, as it becomes available in early 2013, and qualitative, providing a real opportunity to engage and gain insight into the lives of older people. We will develop and implement a more strategic approach to prevention and early help in older people, which will include commissioning initiatives to build social capital and strengthen opportunities for older people to engage with social networks within their neighbourhoods and communities, as well as developing and using their own strengths and talents. We will increase the range of channels through which older people can access information, advice and advocacy.”

We have decided to award this strategy a gold medal. There are clear, measurable actions and targets to tackle loneliness and there is also a guarantee that information will be gathered to assess the extent of loneliness in the area.

The campaign team will continue posting examples from strategies as they are published and we will award them bronze, silver or gold status. If you have an example from your own strategy, please email us to let us know about it at info@campaigntoendloneliness.org.uk

Section four

Spreading the word

“Anyone would be lying if they said they didn’t get lonely at times”

George Clooney, actor (1961-)

4.1 Generating media coverage

Generating media coverage about the issue of loneliness in older age in your region will not only raise awareness of your campaign, it will also mean that health and wellbeing boards are increasingly asked to justify why they are not considering loneliness as a priority for health and wellbeing.

Getting your local newspapers on side could lend a good deal of support to your campaign. Journalists are always looking for interesting stories so don’t be nervous of contacting them. Try and build a relationship with a particular journalist if you can. Also remember that if your campaign becomes well-known, journalists may contact you for a quote on a relevant story. Be prepared for this and make sure your key messages are agreed beforehand. You don’t need to give a response straight away – let the journalist know that you will come back to them ASAP with a quote. This

will give you time to think through your response more carefully. Does anyone in your group have previous experience of working with the media? Find out what the people in your group are good at or enjoy doing; this could help you find appropriate roles for people. You might want to consider nominating one of your group to be in charge of media relations or publicity.

For an example press release, see resource 5.

Top tips for successful press releases:

- Ask your allies if anyone already has warm contacts in the press
- Include ‘Who, What, Why, When, Where’ in the first paragraph
- Keep sentences short and the release brief
- Keep it timely: try and tie your press release to something like an event or consultation. This will make it more relevant.
- Include a quote from a local person and try to make sure the quote

incorporates your key message

- Use a case study where possible
- If you hold an event, send some photos or invite a photographer (get permission from attendees to have their photo taken)
- Call the news desk to check they received your press release and to see whether they need any more information

If they don't use the release, don't be put off. They know about your campaign and may well be more interested next time. Keep them up to date with regular press releases.

4.2 Local Radio

Another good opportunity to get your campaign noticed is to get a slot on the local radio. This could simply be to talk about your campaign or to promote an event you are running. You could make initial contact by sending them a press release or even phoning into a talk show.

4.3 Letters to the editor

Another option for getting loneliness into the press is by writing to the editor and getting your letter printed on the letters page. Why not ask all your contacts and allies to do the same? Go to resource 3 for various template letters to the editor.

4.4 Printed Materials

Posters and leaflets are a good way of getting your message across. They could be left in GPs surgeries, libraries or community centres. There is a cost associated with this though so think carefully about how you want to use them and whether there is a better way of getting your message across. If designing your own leaflet, we do ask that you could let us at the Campaign see it before printing if you want to use the Campaign to End Loneliness logo.

4.5 The Internet

Social media, such as Facebook, Twitter or a blog, can be a great way to spread awareness about your campaign, provide an easy way for supporters to get/keep in touch and interact with each other or co-ordinate events. These tools can be a great way to spread the word and keep people in the loop with your campaign.

However, to have a successful social media campaign requires time and effort – the web is crowded and it takes dedicated work to make an online campaign successful. Think about what your objectives are for starting an online campaign before you launch into it. Also, remember that whilst lots of older people are happy

using the internet, there are still plenty of people who don't have a computer. If you are looking to involve people of all ages in your campaign, you should not rely on online communication.

4.6 Petitions

Yes, it's been done before. But if a lot of people sign up, petitions can be a really powerful tool and make it clear to the health and wellbeing board that the community is behind your campaign. Think creatively about how you can maximise the numbers of names on your petition; you could release a press release, attend events, and even stand in the street asking people to sign. There are also online petition sites that can host your petition and spread the word even further. Take a look at a couple of options [here](#) and [here](#).

4.7 Events and publicity stunts

Holding an event could be a great way to raise awareness of your campaign and a great hook for media coverage, but before setting out to do this, have a think about the aims of your event. What do you want to get out of it and how does it relate to your work

influencing the boards? Events could be a simple public meeting; an event in a community hall with some speakers with the public invited along to ask probing questions or a publicity stunt in the street using actors, designed to make a splash in the media. Do remember to get the relevant permission/insurance if planning an on-street event from the council.

4.8 Spread the word further

You could ask organisations campaigning with you to include the Campaign to End Loneliness logo on their website. Visitors to their site can then learn about the Campaign and either become involved in your activities or even start campaigning on the issue in their own area. If you do intend to use the logo, please use the accompanying text below:

“The Campaign to End Loneliness is a coalition of organisations and individuals working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age in the UK. [Click here to visit their website.](#)”

Share your activities— log your action on the [online map](#) on our website to inspire others

Section five

Share your story and inspire others

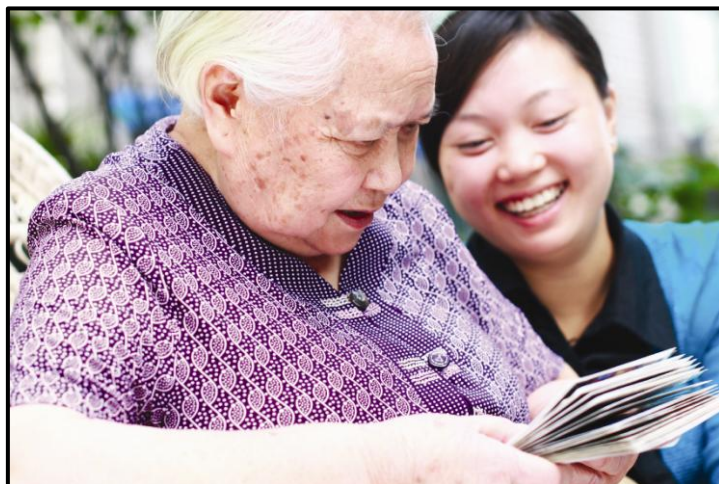
Once people across the country start making a noise about loneliness in older age then those making decisions about the future of services and activities will have to listen, and recognise the health implications of loneliness in older age.

Inspire others to take action by telling them what you've been doing. If you've written a letter, responded to a consultation, given a presentation, written to your newspaper or even held a major event, then share it.

All actions, large or small can be shared on our website on this purpose-built [interactive map](#). Simply log your activity so everyone can see the great work that is being done by communities across the country.

If your health and wellbeing board has listened to you and has included loneliness and isolation in older age in its strategic planning, you can also shout about your success by letting the Campaign team know of your progress.

Contact us on info@campaigntoendloneliness.org.uk or 020 012 1409.



Loneliness harms health

Section six (a)

Background – about loneliness

“Loneliness is an inner, gnawing pain born of circumstance and inertia, verging on despair. There is a higher risk the older you get, and no one talks about it”

Joan Bakewell DBE, journalist and television presenter (1933 -)

6a.1 Health Implications of Loneliness

Loneliness and isolation are major problems for many older people. It poses a severe risk to physical and mental health and can lead to early death.

The effect of loneliness on life expectancy actually exceeds the impact of factors such as physical inactivity and obesity, and is similar to the effect of cigarette smoking and alcohol consumptionⁱ.

Lonely individuals are at higher risk of high blood pressureⁱⁱ and are more prone to depressionⁱⁱⁱ and dementia^{iv}. The risk of Alzheimer’s disease, a growing drain on the health and social care system, almost doubles in older people suffering from loneliness^v.

6a.2 The problem is on the increase

As a result of demographic change the number of lonely and isolated older

people is likely to grow markedly. Those aged 60 plus currently make up around 20 per cent of the population, this is expected to rise to 24 per cent by 2030 and over the next 20 years, the population over 80 will treble and over 90 will double^{vi}.

There is thus a steep rise in loneliness amongst the oldest old, those who are 80 plus^{vii}. The older people become, the more vulnerable they will be to loneliness and isolation. This is because of the loss of friends and family, mobility or income or the onset of illness or disability including sensory impairment. Loneliness, ill health and disability are mutually re-enforcing and evidence suggests that loneliness increases older people’s use of expensive health and social care services.

6a.3 Why older people?

We can be lonely at any age but older

people can be especially vulnerable because of the transitions associated with later life. Too often transitions lead to a loss of social and emotional connections and lowered resilience. For example retirement, bereavement, loss of income, mobility and sensory loss or becoming a carer or are all triggers of loneliness.

Despite much policy debate, and many special projects, we are still poorly supported as we navigate these key transitions in life.

6a.4 The extent of the problem

Personal relationships are crucially important to the health and wellbeing of older people. Older people have emphasised the importance of ‘companionship’ and of having social or voluntary activities ‘to stop them worrying or feeling alone’^{viii}. Some useful statistics:

- It is estimated that about 20 per cent of the older population is mildly lonely and another 8–10 per cent is intensely lonely.^{ix} As our population ages, this means an absolute rise in the numbers of people experiencing chronic loneliness.
- 12 per cent of older people feel trapped in their own home^x.

- 6 per cent of older people leave their house once a week or less^{xi}.
- 17 per cent of older people are in contact with family, friends and neighbours less than once a week, and 11 per cent are in contact less than once a month^{xii}
- over half (51 per cent) of all people aged 75 and over live alone^{xiii}
- 36 per cent of people in the UK aged 65 and over feel out of touch with the pace of modern life and 9 per cent say they feel cut off from society^{xiv}

For more information, take a look at the online Campaign to End Loneliness [Statistics Fact Sheet](#).

6a.5 Who are we?

The Campaign to End Loneliness is a coalition of organisations and individuals working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age in the UK.

The work of the Campaign is led by five organisations: Age UK Oxfordshire, Independent Age, Manchester City Council, Sense and WRVS.

www.campaigntoendloneliness.org.uk

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ⁱⁱⁱ Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychol Aging* 2006;21(1):140-51.

^{iv} Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. Loneliness and risk of Alzheimer disease. *Arch Gen Psychiatry* 2007 Feb; 64(2):234-40

^v Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. Loneliness and risk of Alzheimer disease. *Arch Gen Psychiatry* 2007 Feb; 64(2):234-40

^{vi} Greaves CJ and Farbus L (2006) 'Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multi-method observational study', *The Journal of the Royal Society for the Promotion of Health*, vol 126, no 3, pp 133–142.

^{vii} 'Loneliness, Quality of Life and Health Inequalities', presentation of findings from Wave 2 of ELSA, P. Demakakos, 2006

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<http://campaigntoendloneliness.org.uk/wp-content/uploads/downloads/2011/07/safeguarding-the-convoy-a-call-to-action-from-the-campaign-to-end-loneliness.pdf>

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^{xi} Harrop A and Jopling K. One Voice: shaping our ageing society. Age Concern and Help the Aged (2009)
[http://www.ageuk.org.uk/documents/en-gb/forprofessionals/research/one%20voice%20\(2009\)_pro.pdf?dtrk=true](http://www.ageuk.org.uk/documents/en-gb/forprofessionals/research/one%20voice%20(2009)_pro.pdf?dtrk=true)

^{xii} Cann P and Joplin K. Safeguarding the Convoy – a call to action from the Campaign to End Loneliness, Age UK Oxfordshire (2011)
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^{xiii} 9 Cann P and Joplin K. Safeguarding the Convoy – a call to action from the Campaign to End Loneliness, Age UK Oxfordshire (2011)
<http://campaigntoendloneliness.org.uk/wp-content/uploads/downloads/2011/07/safeguarding-the-convoy-a-call-to-action-from-the-campaign-to-end-loneliness.pdf>

^{xiv} Age UK. Later Life in the United Kingdom. Age UK (2012)
http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

Background – about health and wellbeing boards

“Loneliness is the great unspoken public health issue. Research suggests it is more harmful to health than obesity and that there is a 50 per cent reduction in mortality if you have a strong social network.”

Paul Burstow MP, former Minister of State for Care Services

6b.1 What are health and wellbeing boards?

Health and wellbeing boards are new forums for leaders in the health and care system to work together to understand and address the health and social care needs of the local population.

The boards will work with those who allocate health and social care resources (called commissioners) and support them to work together in a more ‘joined up’ way.

There are 152 health and wellbeing boards across the country and each top tier and unitary authority will have its own board. This means for example, that Essex County Council (a top tier authority) will have a board, but Thurrock and Southend (both unitary authorities) will have separate boards. Similarly, York and North

Yorkshire have separate boards because York is a unitary authority whilst North Yorkshire is a top tier authority.

The boards became official in April 2013. This means that they have now taken on their statutory duties, which include:

- involving local people in the preparation of Joint Strategic Needs Assessments
- involving local people in development of Joint Health and Wellbeing Strategies

6b.2 Health and wellbeing board membership

This will vary from county to county but their minimum membership will include the following individuals:

- The local authority director for the

council's adult social services

- The director of public health (who will be moving from the old Primary Care Trust (PCT) to the local council)
- A representative of each local clinical commissioning group (groups of GPs and other healthcare professionals who will take over responsibility for allocating NHS funds from the Primary Care Trusts)
- A representative of the local Healthwatch organisation (see section 6b.4)
- Elected councillors with a portfolio related to health or social care

The boards can expand membership to include other experts including, for example, those from the voluntary sector.

6b.3 How can local communities get involved?

Boards are under a statutory duty to involve local people in the preparation of joint strategic needs assessments (JSNA) and the development of joint health and wellbeing strategies (JHWS) – see section 6b.5.

They will do this in a number of ways. All boards are also required to have a local Healthwatch (see section 6b.4) representative member and at least

one elected councillor on their board. Both of these people will regularly consult with the local population through a variety of ways such as public meetings, surgeries or consultations, for example.

6b.4 What is Local Healthwatch?

Each health and wellbeing board will have a local Healthwatch representative on board. These groups are affiliated to Healthwatch England, the new independent consumer champion for health and social care, but will be independent organisations; able to employ their own staff and volunteers. Its purpose is to give residents and communities a stronger voice to influence how health and social care services are provided within their local area. Healthwatch should have replaced Local Involvement Networks (LINKs) by April 2013 as the voice of the community regarding health and social care. You can read more about Healthwatch on the Department of Health website.

6b.5 Health and wellbeing board publications

Each health and wellbeing board has two main strategic jobs to do. One of these is to develop and update a large data-set on the current and future health care and wellbeing needs of the

people within the local area: the Joint Strategic Needs Assessment (JSNA). Some of the information gathered will be statistical (quantitative) and some of it will be based on the views of the public and people using local health and social care services (qualitative).

From the JSNA, the boards will be able to better understand the state of health and wellbeing in the community. This will allow them to develop a plan for addressing those needs that covers three main areas: health, public health and social care. This is called a Joint Strategic Health and Wellbeing Strategy (JHWS). This strategy will include recommendations for dividing up resources in a fair way, making sure they reach where they're most needed and where they will have the most impact.

The Joint Strategic Needs Assessment:

The first thing boards should be doing in relation to loneliness is measuring the extent of loneliness in older age in their area and including this information in the JSNA. This isn't as hard as you would imagine; a lot of indicators of loneliness are already measured but not currently used to identify it. For example they could use:

- Data on pensioners living alone from

the Office of National Statistics

- Local authority data on people who have recently lost their partners
- Council lists of older people who require help with putting out their bin (this will normally be people who have limited mobility and live alone)

Health and wellbeing boards can also ask for input from front line staff (such as community nurses, social workers, charity befriending schemes) in identifying service users that may be lonely, such as hospital patients, older patients or those in residential care homes.

[See for example the trigger toolkit developed by the Royal Borough of Kensington and Chelsea.](#)

See also, for example, the [Essex Isolation Index.](#)

Boards could also survey people within the community on their feelings of loneliness or isolation. Self-reporting is actually regarded as the best means of measuring social isolation and loneliness amongst older people. There are plenty of scales that the health and wellbeing board could use which could help them get quite a clear picture of the level and concentration of isolation in their

region. The most commonly used scale is called the de Jong Gierveld Scale. You might want to bring your board's attention to the online 'loneliness toolkit for health and wellbeing boards' which goes into much more detail about surveying loneliness in local populations.

Health and wellbeing boards will update their JSNA every year, so you will have a regular opportunity to ask them make sure data is being collected on loneliness and isolation. When making this request, you may wish to reference official guidance from the Department of Health recommends that the JSNA includes information on "wider social, environmental and economic factors that impact on health and wellbeing"¹.

Once loneliness has been included in the JSNA, your board will be able to better understand the extent and causes of loneliness in a community, including which communities are at highest risk. This information will allow them to develop a more effective strategy for addressing the issue. So even if your health and wellbeing board will not be renewing their Joint Health and Wellbeing Strategy in the near future, you can still influence their work and encourage them to address

loneliness.

The Joint Health and Wellbeing Strategy (JHWS):

Using data from the JSNA, health and wellbeing boards have a responsibility to prioritise local health issues and highlight how they will address them in a Joint Health and Wellbeing Strategy.

Different boards will approach this in different ways, with many selecting several broad priorities for their locality, which will have a series of smaller issues or steps underneath.

JHWSs priorities may be framed in a number of ways, for example by:

- Life stages (in this case, older people)
- Outcomes (e.g. improving the quality of life of older people)
- Condition (e.g. depression)
- Lifestyle factors (e.g. lack of physical activity)
- Area of focus (social isolation or loneliness)

A health and wellbeing board should be able to easily identify links between existing health priorities and loneliness and isolation amongst older people. For example, addressing loneliness is vital for 'ageing well', and it will help

delay the onset of a variety of conditions including dementia and depression. The board may also choose to include loneliness and isolation as a separate priority or theme.

Once they have established their main priorities, the board may then describe a model of working that is likely to be effective for that issue. When talking to your health and wellbeing board, you could highlight some approaches to tackling loneliness and isolation that could be included in the JHWS.

For example:

- An understanding of the importance of good advice and information (see for example East Sussex County Council's Social Care Direct)
- A strong referral system for support (see for example Yorkshire and Humber Age UK, GP Social Prescribing Pilot)
- Funding charities that enable care users to maintain and make connections (see for example Birmingham City Council and commissioning for outcomes)
- A good base in research; information on this issue is sparse so health and wellbeing boards need to improve the information and data on

loneliness and social isolation

- A good base in evaluation; boards need to evaluate their work to make sure they are investing in the most effective services

The Campaign to End Loneliness has created information specifically for health and wellbeing boards to help them work loneliness into their Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

The examples above come from this toolkit, which can be found at www.campaigntoendloneliness.org.uk/toolkit.

This will give you more in-depth information about the processes we are describing (remember this is written for professionals and members of health and wellbeing boards and is in "board-speak").

Do remember, that your board, as of April 1st 2013, is likely to have finalised and published its JHWS and you may not be able to influence the priorities in this strategy immediately. If this is the case, there are still many actions you can take to make sure that loneliness is on the agenda, but firstly, there are several things to think about/find out:

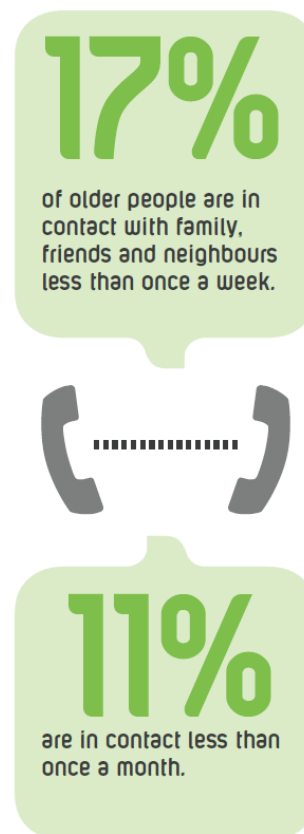
- When is the strategy likely to be

updated; is it annually? If so, you may want to start campaigning for the inclusion of loneliness now – it can take many months of lobbying to get your issue on the agenda.

- Is loneliness or social isolation being measured in the JSNA? This is likely to be updated more frequently than the JHWS and if loneliness is included here, it's more likely that it will be included as a priority in the JHWS when it is next updated.
- Are there any other strategies that are being developed by the board and/or the council which could include loneliness, such as an older people's strategy? If so, a good start would be to campaign to make sure that there is a significant section dedicated to this issue in here. This will then feed into commissioning decisions in the local area and hopefully feed into the JHWS next time it is updated.

Remember, the health and wellbeing boards have been designed to be

inclusive, with plenty of opportunities for public engagement. They are expected to have frequent opportunities for consultation and regular public meetings. Use these opportunities to make sure that loneliness and social isolation are on the agenda in YOUR community.



¹Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies p.8 <https://s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/18/files/2013/03/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf>

Write a letter to your local health and wellbeing board

The aim of this letter is to bring two things to the attention of the health and wellbeing board: the problem of loneliness and what they can do about it. You don't need to be an expert, we've already pulled together all the information boards need in our online ["loneliness toolkit for health and wellbeing boards"](#). By writing to them, you're highlighting the problem but also providing them with a tool to help them come up with the solution. Why not ask other friends or colleagues who feel strongly about the issue to send one of these letters? This will help the board recognise that there's a real strength of feeling around this issue.

Who do I send it to?

It is best to send the letter to the chair of the health and wellbeing board. If you don't know who this is, send it to the main county council building to 'Chair, Health and Wellbeing Board'. Or, you could find this information out by searching online or by calling your council. If you're the kind of person

who likes to research more thoroughly and want to learn more about health and wellbeing boards, go to section 6b.

Local statistics

It helps to use relevant local statistics on loneliness and ageing when talking to the health and wellbeing board. If you can find some, this will strengthen your case. Such statistics may include some of the following:

- Lone pensioner households – numbers of households with only one person, who is over pensionable age, living alone
- Number of people aged over 65 and the expected increase over the next 20-30 years
- Estimated number of chronically lonely older people in your area - multiply number of people over 65 in your area by 0.1 to reach this figure
- Number of winter deaths in the over 65s
- Number of people living with dementia

- Fear of crime in over 65s
- Data on people who have recently lost their partners who are over 65

Much of this information is likely to already be available in your local Joint Strategic Needs Assessment (JSNA) or in other local authority strategies. These will be available on your council

website or you could give the council a call or do an internet search for your county name (e.g. Buckinghamshire) and the words “joint strategic needs assessment”. If not, you’ll be able to find much of it on the [Office of National Statistics website](#). If you want to learn more about the JSNA, go to section 6b.

Share your activities– log your action on the [online map](#) on our website to inspire others

Dear Chair,

I am writing to you as part of the [YOUR AREA] Loneliness Harms Health Campaign. Loneliness and social isolation in older age is a significant determinant of current and future health needs and social care use in older populations. Research demonstrates it has a similar impact on mortality as smoking and has significant links to a range of chronic conditions, including hypertension, depression, and dementia – increasing the risk of developing Alzheimer’s disease by 50%.

We know that consistently around 10% of the population over 65 feel lonely all or most of the time. This means that in [YOUR AREA], around [POPULATION OVER 65 MULTIPLIED BY 0.1] older people are chronically lonely. Currently, there are [POPULATION OVER 65] in [YOUR AREA] and of these, [PERCENTAGE IN YOUR AREA] per cent of pensioners live alone. The population is projected to increase by [INPUT PERCENTAGE] in the next 30 years and as the size of our population aged over 65 grows, the problem of loneliness and isolation amongst older people is likely to grow with it.

[INLCUDE ANY OTHER RELEVANT DATA SUCH AS CASES OF DEMENTIA, CASES OF DEPRESSION IN OLDER PEOPLE, NUMBER OF FALLS BY OLDER PEOPLE]

To tackle this problem the Campaign to End Loneliness, working with health and wellbeing boards and with funding from Department of Health, have created a loneliness toolkit for health and wellbeing boards to help assess the need and set out strategic methods of tackling loneliness.

This toolkit will enable our health and wellbeing board to better understand, identify and

commission interventions for the issue of loneliness in older age.

The toolkit was launched on July 10th 2012 by Paul Burstow MP, Minister of State for Social Care (2010-2012), who said:

"Loneliness can have a significant impact on people's health. Yet, unlike risks such as alcohol and obesity, it is still out of sight.

Relationships can help keep us well, and we can all play a part in tackling loneliness. That is why we have funded work on a toolkit for Health and Wellbeing Boards to support local councils and the NHS to take action to address the issue of loneliness in their area."

Content

The toolkit explains how to best include assessments of loneliness prevalence and indicators in Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). It covers key research on the detrimental impact of loneliness on our health and offers a financial case for taking preventative active.

It also demonstrates how loneliness relates to Adult Social Care and Public Health Outcomes Frameworks. The toolkit includes four steps - each with a series of downloadable tools and examples, starting with 'Step 1: Gather the data' and ending with Step 4: Monitor and evaluate.

Where to find the toolkit

You can find the toolkit online at www.campaigntoendloneliness.org.uk/toolkit

I am a local resident and I encourage you to work with your colleagues and your local population of older people to work through this toolkit and consider the impact of loneliness on our community.

[INCLUDE ANY OTHER INFORMATION ABOUT THIS IS AN ISSUE IN YOUR AREA]

This toolkit will be updated regularly. If you'd like to receive updates and information on future events and publications from the Campaign to End Loneliness, you can sign-up at:

www.campaigntoendloneliness.org.uk/support-us/

Yours sincerely,

[YOUR DETAILS]

Resource two

Write a letter to your MP

Getting support from your local MP can be a great way to gain leverage with local decision makers; this letter asks them to write a letter of support for your campaign to your health and wellbeing board.

If you have any events going on, invite them along. This could be a great opportunity to get media coverage of the issue and your event.

Who should I send it to?

To find out the name and contact details of your local MP, visit: www.theyworkforyou.com. Send the letter to their local constituency office.

Local Statistics

Do remember, it helps to use relevant local statistics, so if you can find some, this will strengthen your case. Such statistics may include:

- Lone pensioner households – numbers of households with only one person, who is over pensionable age, living alone
- Number of people aged over 65 and

the expected increase over the next 20-30 years

- Estimated number of chronically lonely older people in your area: multiply number of people over 65 in your area by 0.1 to reach this figure
- Number of winter deaths in population aged over 65
- Number of people living with dementia
- Fear of crime in over 65s
- Data on people (65+) who have recently lost their partners

Much of this information is likely to already be available in your local Joint Strategic Needs Assessment (JSNA). These will be available on your council website. You could give the council a call or do an internet search for your “county name” (e.g. Buckinghamshire) and the words “joint strategic needs assessment”. If not, you’ll be able to find much of it on the [Office of National Statistics website](http://www.ons.gov.uk). Again, if you want to, to learn more about the JSNA, go to section 6b.

Share your activities— log your action on the [online map](#) on our website to inspire others

Dear [MPs NAME]

I am writing on behalf of the [YOUR AREA] *Loneliness Harms Health* campaign, a local project supported by the Campaign to End Loneliness. The Campaign to End Loneliness is a national coalition of organisations and individuals working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age in the UK.

The *Loneliness Harms Health* campaign is a new project currently underway in [YOUR AREA]. The aim of the campaign is to mobilise people throughout the county to urge the newly created Health and Wellbeing Board to tackle loneliness and social isolation amongst older people in their communities.

There is clear evidence that loneliness and isolation in older age presents a significant public health risk: research has demonstrated it has a similar impact on early mortality as cigarette smoking, and is worse for us than obesity. Lonely individuals are more prone to depression, hypertension, cognitive decline and dementia. They are also more likely to undergo early admission into residential or nursing care.

We know that consistently around 10% of the population over 65 feel lonely all or most of the time. This means that in [YOUR AREA], around [POPULATION OVER 65 MULTIPLIED BY 0.1] older people are chronically lonely. Currently, there are [POPULATION OVER 65] in [YOUR AREA] and of these, [PERCENTAGE IN YOUR AREA] of pensioners live alone. The population is projected to increase by [INPUT PERCENTAGE] in the next 30 years and as the size of our population aged over 65 grows, the problem of loneliness amongst older people is likely to grow too. [INCLUDE ANY OTHER RELEVANT DATA SUCH AS CASES OF DEMENTIA, CASES OF DEPRESSION IN OLDER PEOPLE, NUMBER OF FALLS ETC]

Effective interventions are often community based and utilise volunteers, so can be relatively low cost. Research on interventions that reduce loneliness found they led to:

- Fewer GP visits, lower use of medication, lower incidence of falls and reduced risk factors for long term care
- Fewer days in hospital, physician visits and outpatient appointments
- Fewer admissions to nursing homes and later admission

Over the last months, a growing group of locally based campaigners, consisting of representatives from [GIVE SOME EXAMPLES OF THE TYPE OF ORGANISATIONS INVOLVED] in [YOUR AREA] have come together. Collectively, we are calling for our health and wellbeing board to directly address the negative health impacts of loneliness in older age by including a measure for loneliness in the Joint Strategic Needs Assessment and including a target for reducing loneliness in the Joint Health and Wellbeing Strategy.

Paul Burstow MP, Minister for Care Services (2010 – 2012) has argued:

“Loneliness is the great unspoken public health issue. Research suggests it is more harmful to health than obesity and that there is a 50 per cent reduction in mortality if you have a strong social network. If we do nothing, these people are going to turn up in our accident and emergency departments and care homes at great cost to society and loss to the individuals concerned”.

The Campaign to End Loneliness has developed a Loneliness Toolkit for Health and Wellbeing Boards, funded by the Department of Health and launched by Paul Burstow MP on July 10th 2012. The toolkit offers a practical resource to the boards and commissioners to learn and then lead on combating loneliness in their communities. You can find this toolkit here: www.campaigntoendloneliness.org.uk/toolkit. The Campaign has also produced a *Constituency Campaign Pack* which gives further information about the issue, provides a template press release, council motion and letter to the health and wellbeing board. You can find these resources here: www.campaigntoendloneliness.org.uk/campaigns/constituency.

I am therefore writing to ask you whether you can support the *Loneliness Harms Health* campaign in [YOUR AREA] in our bid to ensure that loneliness and isolation in older age is recognised as a significant health issue by the Health and Wellbeing Board in [YOUR AREA] by highlighting your concern about this issue to the Board and asking them what action they are currently taking or planning to take to ensure that this issue is included in their commission plans?

Yours sincerely,

[YOUR NAME] (On behalf of the *Loneliness Harms Health Campaign* in [YOUR AREA])

Loneliness harms health

Resource three

Write a letter to the editor of your local newspaper

Adapt these letters to your local area and then submit to your local newspaper's letter page (check the word limit for letters; these will vary from paper to paper).

This is a good way to raise awareness of the issue and your *Loneliness Harms Health* campaign.

Include a local statistic

Research has shown that around 10% of older people over 65 are chronically lonely in the UK.ⁱ This means they are lonely all or most of the time.

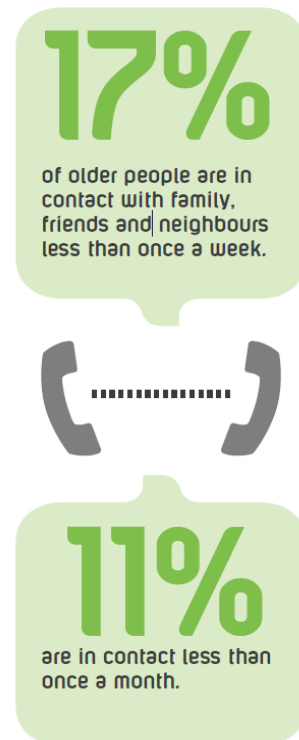
To work out an estimate of how many older people are chronically lonely in your county:

- Find out how many over 65s there are (you should be able to find this in your local Joint Strategic Needs Assessment)
- Multiply this number by 0.1

So for example, if there are 50,000 people over 65 in your area, around 5,000 of them are likely to be

chronically lonely.

You could also apply some of the following percentagesⁱⁱ to your local population:



ⁱ Victor, CR, Scambler, SJ, Bowling, A and Bond, J (2005) The prevalence of, and risk factors for, loneliness in later life: a survey of older people in great Britain, *Ageing and Society*, 25, (3), pp 357-76

ⁱⁱ Victor, C. Scambler, S, Bond, J and Bowling, A. 'Being alone in later life: loneliness, social isolation and living alone' *Reviews in Clinical Gerontology* 2000 v.10 (4)

Share your activities– log your action on the [online map](#) on our website to inspire others

Generic letter to raise awareness of the situation

To the Editor [INSERT NAME OF EDITOR IF KNOWN]

Did you know that loneliness is as bad for our health as smoking 15 cigarettes a day?

It is twice as harmful for us as obesity and is associated with increased rates of heart disease and dementia. It also has a destructive impact on our quality of life.

In [YOUR AREA], around [INSERT NUMBER] of older people will be lonely all or most of the time. Despite this, the public health implications of loneliness and isolation in older age have not been recognised by those allocating resources in our health system in [INSERT NAME OF COUNTY].

Services and activities that keep people connected are under threat of cuts or closure. This will lead to further isolation of older people in our communities and the consequent risk to their health.

I also encourage everyone to learn more about this issue by visiting the website of the Campaign to End Loneliness (www.campaigntoendloneliness.org.uk) and get involved in the *Loneliness Harms Health* campaign.

[YOUR NAME]

Letter to introduce your local campaign

To the Editor [INSERT NAME OF EDITOR IF KNOWN]

Did you know that loneliness is as bad for our health as smoking 15 cigarettes a day? It also associated with increased rates of heart disease and dementia.

In [YOUR AREA], around [INSERT NUMBER] of older people will be lonely all or most of the time but the public health implications of loneliness in older age have not been recognised by our local authorities.

New forums called health and wellbeing boards are responsible for making decisions in about where to allocate resources in the health and social care system. These decisions could have a major impact on funding for services that could tackle loneliness in older

age, such as day centres.

To raise awareness of this situation, a group of campaigners in [INSERT NAME OF COUNTY] have come together to urge local public health officials to recognise loneliness in older age as a public health issue and make tackling it a priority.

I encourage readers to contact me to learn more about how you can get involved in [INSERT NAME OF COUNTY]'s *Loneliness Harms Health* campaign.

[YOUR NAME]

[YOUR CONTACT DETAILS]

Letter to urge local people to respond to a consultation

To the Editor [INSERT NAME OF EDITOR IF KNOWN]

Did you know that loneliness is as bad for our health as smoking 15 cigarettes a day? It is also linked to increased rates of heart disease and dementia. In [YOUR AREA], around [INSERT NUMBER] of older people will be lonely all or most of the time.

New forums called health and wellbeing boards are responsible for making decisions about where to allocate resources in the health and social care system. These decisions could have a major impact on funding for services that could tackle loneliness in older age, such as day centres.

Our local board is seeking our views for their [Joint Health and Wellbeing Strategy/Joint Strategic Needs Assessment/Older People's strategy: DELETE AS APPROPRIATE]. This will help to decide how health and social care services should be delivered. I call on anyone concerned about loneliness to respond to the consultation, which closes on [DATE], and urge the board to include tackling loneliness as part of their strategy.

You can contact me to learn more about how you can get involved in [INSERT NAME OF COUNTY]'s *Loneliness Harms Health* Campaign. To respond to the consultation visit [CONSULTATION WEBSITE] or call [PHONE NUMBER] for a paper copy.

[YOUR NAME]

[YOUR CONTACT DETAILS]

Loneliness harms health

Resource four

Write an article for a newsletter

Church magazines, residents' newsletters, charity bulletins: all such communications are regularly looking for articles. Why not include an article about your campaign? You could adapt the article below to suit your own

campaign or write your own. This article asks for people to join the campaign, but you could submit an article about an upcoming event or ask people to respond to a consultation.

Share your activities – log on your action on the [online map](#) on our website to inspire others.

Did you know that being lonely is as bad for your health as smoking 15 cigarettes a day?ⁱ

It is twice as harmful for us as obesity and is associated with increased rates of heart diseaseⁱⁱ and dementiaⁱⁱⁱ. It also has a destructive impact on our quality of life. There are approximately 800,000 older people in England who are lonely all or most of the time.^{iv}

In [YOUR AREA], around [INSERT NUMBER] of older people will be lonely all or most of the time. Despite this, the public health implications of loneliness and isolation in older age have not been recognised by those allocating resources in our health system in [INSERT NAME OF COUNTY].

Services and activities that keep people connected are under threat of cuts or closure. This will lead to further isolation of older people in our communities and the consequent risk to their health.

Newly established local forums for senior health and care officials are responsible for making decisions about health and wellbeing priorities that could seriously affect the long term future of these services.

These forums, known as health and wellbeing boards, are there to listen to us. So if you

care about the quality of life of older people, get involved with Loneliness Harms Health and make sure your local decision makers understand the need to act on loneliness.

We are appealing for people in [YOUR AREA] to join a growing group of local campaigners raising awareness of the health impacts of loneliness in older age. We are working together to make sure that the negative health implications of loneliness are recognised and understood by health officials and policy makers and that tackling this issue is made a priority at the highest level in the county.

Our group, made up of representatives from [SOME EXAMPLES], has come together as part of the national *Loneliness Harms Health* campaign. *Loneliness Harms Health* was started by the Campaign to End Loneliness, a national coalition who are who are calling on people concerned about the effect loneliness is having on our older population. We have joined them in raising awareness about the growing problem and ensure that the issue is on the radar of those making public health decisions in their area.

You don't need to be an experienced campaigner and you can get involved as much, or as little, as you'd like; all we ask is that you are passionate about improving the quality of life for older people in your area. We believe that the more people there are talking about the hidden issue of loneliness, the better: everyone can make a difference to older people who are isolated or lonely.

So if you'd like to learn more about our work, please get in touch with [YOUR CONTACT DETAILS] to find out how you can get involved.

If you'd like to learn more about the work of the Campaign to End Loneliness, you can visit their website at www.campaigntoendloneliness.org.uk or contact info@campaigntoendloneliness.org.uk. You can also sign up for regular email updates on the website.

ⁱ Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 7(7): e1000316. doi:10.1371/journal.pmed.1000316

ⁱⁱ Hawkey LC, Thisted RA, Masi CM, Cacioppo JT. Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. *Psychol Aging* 2010;25(1):132-41 <http://www.ncbi.nlm.nih.gov/pubmed/20230134>

ⁱⁱⁱ James BD, Wilson RS, Barnes LL, Bennett DA. Late-life social activity and cognitive decline in old age. *J Int Neuropsychol Soc* 2011;17(6):998-1005

<http://www.ncbi.nlm.nih.gov/pubmed/22040898>; Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. Loneliness and risk of Alzheimer disease. *Arch Gen Psychiatry* 2007 Feb; 64(2):234-40 <http://www.ncbi.nlm.nih.gov/pubmed/17283291>

^{iv} Christina R. Victor & Keming Yang (2012): The Prevalence of Loneliness Among Adults: A Case Study of the United Kingdom, *The Journal of Psychology*, 146:1-2, 85-104

Loneliness harms health

Resource five

Raise awareness of the problem: issue a press release

The press release below introduces the campaign and urges people to get involved and to respond to a health and wellbeing strategy consultation. You could adapt it to invite people to

come along to an event or public meeting, or to fit with any other actions you are planning to take. Always try to include a relevant local case study and/or quote.

Share your activities— log your action on the [online map](#) on our website to inspire others

Local health officials must address the health risks of loneliness

Contact: [YOUR NAME AND CONTACT DETAILS]

A local group campaigning against loneliness in older age today urged people in [YOUR AREA] to respond to a consultation released by the Health and Wellbeing Board, seeking the public's views on how health and social care services should be shaped and delivered in [YOUR AREA].

The group is calling for the Health and Wellbeing Board to directly address the negative health impacts of loneliness in older age. The Campaign to End Loneliness, a coalition of organisations and individuals working together to combat loneliness in the UK has highlighted clear evidence that loneliness and isolation presents a significant public health risk; research has demonstrated it has a similar risk to health as smoking up to 15 cigarettes a day and is twice as bad for us as obesityⁱ.

In the UK, research estimates that:

- Around 1 million people aged over 65 report feeling lonely often or alwaysⁱⁱ

- 12 per cent of older people feel trapped in their own homeⁱⁱⁱ
- Six per cent of older people leave their house once a week or less^{iv}
- 17 per cent of older people are in contact with family, friends and neighbours less than once a week and 11 per cent are in contact less than once a month^v
- Half of all older people (about 5 million) say the television is their main company.^{vi}

However, recent draft proposals that identify health and wellbeing priorities for [YOUR AREA] have not taken into account the nature and scale of the problem of loneliness faced by older people. We know that consistently around 10% of the population over 65 feel lonely all or most of the time. This means that in [YOUR AREA], around [POPULATION OVER 65 MULTIPLIED BY 0.1] older people are chronically lonely. Currently, there are [POPULATION OVER 65] in [YOUR AREA] and of these, [PERCENTAGE IN YOUR AREA] per cent of pensioners live alone. The population is projected to increase by [INPUT PERCENTAGE] in the next 30 years and as the size of our population aged over 65 grows, the problem of loneliness and isolation amongst older people is likely to grow with it. [INCLUDE ANY OTHER RELEVANT DATA SUCH AS CASES OF DEMENTIA, CASES OF DEPRESSION IN OLDER PEOPLE, NUMBER OF FALLS BY OLDER PEOPLE]

The group is therefore appealing for people concerned about loneliness in older age to respond to the consultation, which closes on [DATE], to urge the Health and Wellbeing Board to prioritise loneliness in their commissioning plans. They are also appealing for local people to join a growing group of local people raising awareness of the health impacts of loneliness in older age and working to make tackling loneliness and isolation in older age a priority for decision makers.

Loneliness in [YOUR AREA]: A case study

There are many triggers for loneliness in older age but relatively simple solutions are often the most transformative, as this case study demonstrates:

[FIND A LOCAL CASE STUDY: THIS IS AN EXAMPLE CASE STUDY FROM CORNWALL:

“Betty* lives alone at her home in Cornwall. She has no family living nearby. She

attends a craft club but otherwise has very little social contact. “My original neighbours have all passed away, I do have a nice next door neighbour and one across the way but I can feel lonely. Most people work so there are not many people around during the day.”

However, through the WRVS Books on Wheels Scheme, Betty has been able to overcome her loneliness. She told us: “The lady (WRVS volunteer) that delivers books has become a good friend and we go to the shops or for lunch. I would be lost without her. We sometimes speak in the evening on the phone.”

[INCLUDE QUOTE FROM LOCAL COMMUNITY LEADER: THIS IS AN EXAMPLE QUOTE FROM CORNWALL: Chris Gould, Chair of Cornwall 50+ Assembly and supporter of the Campaign said “I am very concerned about the impact loneliness is having on the quality of life of many people, but especially the elderly. Statutory providers and the voluntary sector must recognise these trends and put into place immediate action plans to address these issues. I call upon the Health and Wellbeing Board to make it part of their work programme. We must invest in keeping people healthy and not in just treating disease.”

You can respond to the consultation here: **[WEBSITE/PHONE NUMBER]**

If you would like to get involved, please contact **[YOUR NAME]** on **[YOUR CONTACT DETAILS]**

To learn more about the Campaign to End Loneliness, visit www.campaigntoendloneliness.org.uk.

ENDS

ⁱ Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 7(7): e1000316. doi:10.1371/journal.pmed.1000316

ⁱⁱ Victor, CR, Scambler, SJ, Bowling, A and Bond, J (2005) The prevalence of, and risk factors for, loneliness in later life: a survey of older people in great Britain, *Ageing and Society*, 25, (3), pp 357-76

ⁱⁱⁱ GfK/NOP Spotlight 2006 survey

^{iv} Age Concern and Help the Aged (2009). *One Voice: shaping our ageing society, Age Concern and Help the Aged*

^v Victor, C et al (2003). *Loneliness, Social Isolation and Living alone in Later Life*, publisher unknown

^{vi} ICM Research Survey for age UK, December 2009

Loneliness harms health

Resource 6

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Gather your own data – run a survey

The survey below suggests questions that you might want to use in your own survey. Adapt it according to the sort of information you want to obtain from the results.

Share your activities– log your action on the [online map](#) on our website to inspire others

LONELINESS HARMS HEALTH: [YOUR AREA] SURVEY

Are you aged 50 or over? If so, we need your views!

This confidential survey has been undertaken as part of the Loneliness Harms Health Campaign in [YOUR AREA]. We will not share your personal details unless you ask us to.

The survey will be used to inform our campaigning in [YOUR AREA], and will enable us to make a stronger argument to local health bodies about the need to make sure loneliness and isolation in older age remains a priority.

Please only answer this survey if you are aged 50 or over

This survey will take you about 15 minutes to complete. The survey will remain open until [DATE]. For any questions about the survey, please contact [INPUT CONTACT DETAILS]

Please return your completed survey to [INPUT CONTACT DETAILS]

1. Do you live alone or with others (i.e. with a partner, friend or children) *

(choose one option)

- Alone
- With partner
- With family
- With others (i.e. supported housing)

2. Are you happy with the frequency with which you have contact with your family?

(choose one option)

- I have enough contact with my family
- I would like to have more contact with my family
- I have too much contact with my family

3. Are you happy with the frequency with which you have contact with friends?

(choose one option)

- I have enough contact with friends
- I would like to have more contact with friends

4. What would help you to keep in touch with friends and family more regularly?

5. Please read the statements below and choose the answer which is most appropriate to you.

	Hardly Ever	Some of the time	Often
How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Are you aware of any activities, groups, services or organisations that could help you if you were to experience feelings of loneliness?

(choose one option)

- I don't know of any that could help
- I know of one that could help
- I know of between two and four that could help
- I know of at least five that could help
- I'm not sure

7. What activities, groups or services or organisations are you are aware in your area of that could help you if you were to become lonely?

8. If not, what would restrict you from accessing these services? (tick all that apply)

- I don't have any transport that could take me
- I have caring responsibilities
- I have restricted mobility
- I have a sensory impairment
- I don't have anyone to go with
- They are too expensive
- They are too far away
- I would not have the confidence to go
- None of the services or activities interest me
- Other (Please Specify)

9. Would you ever consider using any of these services or organisations?

- Yes
- No

10. When you want to travel somewhere, how do you usually get there? (tick all that apply)

- I walk
- I get a lift with a family member or friend
- I use public transport
- I take a taxi
- I use community transport
- I don't travel anywhere
- Other (Please Specify)

Your Views on Loneliness

11. How damaging do you think loneliness is for someone's long term health? *

(choose one option)

- Not at all damaging
- Not very damaging
- Fairly Damaging
- Very Damaging
- I don't know

12. Please say how important you think loneliness is as a **social** issue on a scale of 1 - 10 where 1 is not at all damaging and 10 is very damaging *
(choose one option)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

13. Please say how important you think loneliness is as a **health** issue on a scale of 1 - 10 where 1 is not at all damaging and 10 is very damaging *

(choose one option)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

14. Do you worry about becoming lonely in the future?

(choose one option)

- Yes, a lot
- Yes, a little
- Not at all
- Not sure

About You

15. How did you hear about this survey? *

- I read about it in the newspaper
- It was emailed to me
- It was given to me
- Other (Please Specify)

16. Which age category do you fall into? *

- Under 50
- 50 - 65

- 66 - 75
- 76 - 85
- Over 85
- Prefer not to say

17. What is your gender? *

- Male
- Female
- Prefer not to say

18. Are you?

- Married
- Single
- Widowed (under 12 months)
- Widowed (over 12 months)
- Prefer not to say

19. What area of [YOUR AREA] do you live in?

20. Do you consider yourself to be disabled? *

- Yes
- No
- Prefer not to say

21. In general, how would you rate your health? *

- Very good
- Good
- Fair
- Poor
- Very poor

22. Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Include problems related to your age.

- Yes limited a lot
- Yes limited a little
- No

23. Do you look after, or give any help or support to family members, friends, neighbours or other because of either:

- long-term physical or mental ill-health/disability?
- problems related to older age?

(do not count anything you do as part of your paid employment)

- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50 or more hours a week

Thank you for participating in this survey. Your input is greatly appreciated.

Responding to a consultation

All health and wellbeing strategies are different and health and wellbeing boards will ask for different types of input from the public when consulting on their strategy. Some will have a form to fill in and will set out specific questions to answer, whilst others may simply ask whether you agree with their priorities.

Strategies will identify different priorities depending on the local situation. We believe that loneliness should be addressed in its own right as

an issue, but it also fits with other priorities that are likely to already have been identified.

For example, a council might make early diagnosis and prevention of dementia or 'ageing well' a priority. Loneliness relates to both these priorities. Below, we make some arguments that you could use to state the case for the inclusion of loneliness but also, how loneliness can fit in with other priorities. Make sure you use plenty of local statistics and examples.

Share your activities – log your action on the [online map](#) on our website to inspire others

Demographic changes mean we need to act *now*

It is a well-known fact that our population is ageing, and the number of single person households is increasing. Nationally:

- Over half (51 per cent) of all people aged 75 and over live alone^v
- Over the next 20 years, the population over 80 will treble and over 90 will double^{vi}
- It is predicted that between 2008 and 2031 the increase in the number of 65-74 years olds living alone will be 44 per cent and the increase in those aged 75 plus living alone will be 38 per cent^{vii}

We know that consistently between 6– 13% of the population aged over 65 feel

lonely often or most of the time^{viii}. As the size of our population aged over 65 grows, the problem of loneliness and isolation amongst older people is likely to grow with it.

Loneliness poses a significant threat to the physical and mental health

Loneliness, in the words of Paul Burstow Minister of State for Care Services (from 2010 to 2012), is *“the great unspoken public health issue”*. Research has demonstrated that it has a detrimental impact on the physical and mental health of the population. For example:

- The effect of loneliness on mortality exceeds the impact of well-known risk factors for mortality such as physical inactivity and obesity, and is similar to the effect of cigarette smoking^{ix}
- Lonely individuals are at higher risk of hypertension^x and poor self-rated physical health^{xi}.
- Lonely individuals are more prone to depression^{xii}
- Lonely individuals are more prone to cognitive decline^{xiii} and dementia.^{xiv}

The Marmot Review into health inequalities found that “individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely”^{xv}

Dementia

Dementia both influences an individual’s isolation and ability to remain connected, and is influenced by it. For example, one study has found that lonely individuals had nearly 50% increased risk of developing Alzheimer’s disease.^{xvi} Between 20 - 25% of people with dementia also have symptoms of depression.

Depression

Depression is the most common mental illness in the older population and one in four older people have symptoms of depression requiring treatment.^{xvii} This also increases with age; 40% of those over 85 suffer from depression^{xviii} whilst care home residents are also at a significantly higher risk of depression than older people living in the community; indeed, 40% of residents in care homes are likely to be depressed.^{xix} Despite this, fewer than one in six older people discuss their

symptoms with their GP.^{xx}

Suicide

Untreated depression is the chief cause of suicide amongst older people; men who live alone are at especially high risk.^{xxi} Older people have the highest suicide rate for women and second highest for men.^{xxii} This is the one age group where rates have not declined.^{xxiii}

Taking action on loneliness and social isolation can prevent or delay the onset of chronic health conditions and mental illness

Services, groups and projects that prevent or alleviate loneliness are crucial in avoiding, and potentially reducing, associated health problems related to loneliness and other mental illnesses:

Acting to address loneliness will also reduce the need for more costly or acute health interventions and will reduce use of expensive health and social care services.

- Socially isolated and lonely adults are more likely to undergo early admission into residential or nursing care^{xxiv}
- Two studies have found that some group-based interventions result in a reduction in visits to GPs, fewer bed days in hospital and reduced outpatient appointments^{xxv}
- One study demonstrates that loneliness is a predictor of use of accident and emergency independent of chronic illness^{xxvi}

You may wish to quote Paul Burstow MP, Minister for Care Services from 2010 to 2012, who said:

“Loneliness is the great unspoken public health issue. Research suggests it is more harmful to health than obesity and that there is a 50 per cent reduction in mortality if you have a strong social network. If we do nothing, these people are going to turn up in our accident and emergency departments and care homes at great cost to society and loss to the individuals concerned.”

Older people remain independent

Academic research is clear that preventing and alleviating loneliness is vital to enabling older people to remain as independent as possible. For example, we know that:

- Loneliness has a negative impact on physical and mental health, putting individuals at greater risk of hypertension^{xxvii} and cognitive decline^{xxviii} Loneliness increases the risk of developing Alzheimer's disease by 50%^{xxix}
- Lonely individuals are also at higher risk of depression^{xxx}
- Lonely individuals are also at higher risk of the onset of disability^{xxxi} as loneliness, ill health and disability are mutually re-enforcing.
- Lonely individuals are more likely to undergo early entry into residential or nursing care^{xxxii}

Effective interventions for loneliness are often low cost

Effective interventions for loneliness are often community based and mobilise volunteers, and are therefore relatively low cost. In your consultation response you might want to include examples of what is going on in your area, for example:

- Any good information and signposting services relating to loneliness
- Any befriending schemes - visits or phone contact
- Good day centre services such as lunch clubs for older people
- Any Initiatives that support older people to increase their participation in cultural activities (e.g. use of libraries and museums)
- Projects that encourage older people to volunteer as stay connected to their community
- Projects that support carers, particularly older carers

Services or activities that tackle loneliness can be boosted to maximise local and community assets that already exist, build informal networks of support for older adults and promote better health, better quality of life and sustained independence.

Not taking action on loneliness will result in a poorer quality of life for many older people

As the work of Professor Ann Bowling has demonstrated, older people strongly emphasise the importance of “companionship” and of having “social or voluntary activities” to their quality of life^{xxxiii}.

Support needs to cross local authority departments

From social care and the NHS to transport and physical environment. For example, lack of public transport can prevent people from participating in their local community, which will have a detrimental impact on their physical and mental health. Other issues that will have an impact on loneliness, but are not immediately obvious are:

- outdoor space – parks should be safe and welcoming for older people
- income - can determine the extent to which older people have access to recreational opportunities
- housing– older people need to feel safe in their homes and their immediate vicinity
- transport – local transportation should be accessible
- social participation – the design of housing developments should take into account the need for social spaces and attention should be given to providing and promoting opportunities for volunteering and community engagement^{xxxiv}

ⁱ Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 7(7): e1000316. doi:10.1371/journal.pmed.1000316

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