London Borough of Hammersmith & Fulham **HEALTH AND WELLBEING BOARD** **30 January 2019**	

Draft Social Isolation and Loneliness Action Plan (January 2019)

Open Report

Classification: For Discussion
Key Decision: No

Accountable Director: Report of Lisa Redfern, Strategic Director of Social Care and Public Service Reform

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1. INTRODUCTION

1.1 This draft action plan sets out an overall approach and an initial series of actions aimed at reducing isolation and loneliness in Hammersmith & Fulham.

1.2 The Health and Wellbeing Board is invited to give its views on the approach set out here and the next steps.

1.3 Combating social isolation and loneliness is one of Hammersmith and Fulham's Council's administration's manifesto commitments. It is also is a formal priority for Hammersmith & Fulham's Health and Wellbeing Board (HWB), Older People's Commission, Social Inclusion Board, Youth Council and Integrated Care Partnership, as well as many health and third sector partners.

1.4 Anyone can experience social isolation and loneliness. We set out at the Appendix some facts from the Campaign to End Loneliness about the health risks of loneliness and about how loneliness affects older people, people of all ages, families and Disabled people.

1.5 There are clear links between health and social inequality and loneliness. Those at increased risk include people living on lower incomes, people with poor physical and mental health or a disability, people living alone and people from black and minority ethnic or LGBT+ communities.

1.6 While there is a clear overlap, social isolation is not the same thing as loneliness and the two may require different approaches.
   - **Social isolation** is the quantity of the social relationships a person has. It can often, but not always, result in feelings of loneliness.
   - **Loneliness** is harder to define. It is generally taken to mean a negative feeling experienced when there is a gap between the quantity and quality of social relationships that someone wants and those they actually have. It can relate to the absence of a sense of purpose as well as of connection.

1.7 While it can be challenging to measure the impact of interventions in this area, there is evidence that tackling social isolation and loneliness in a community is a cost-effective way of improving people's health and wellbeing and reducing the burden on health and social care services.

1.8 A range of services provided by the public sector, third sector and businesses have the potential to reduce social isolation and loneliness, even if this is not their primary aim. Libraries, community transport and voluntary sector groups and clubs are among many examples.

1.9 In 2018, the HWB led a mapping exercise of activity in the borough which might be seen as reducing the problem, and held community workshops to discuss how to address the challenge. The mapping exercise revealed a wide range of services and activities, some specifically aimed at reducing isolation and loneliness, others addressing it as part of a wider remit. Generally, the focus is on older people.

1.10 There was limited evidence about the impact of these activities, and important groups tended not to be specifically targeted, including the following:
- Older men, who are less likely to engage in traditional social activities and volunteering
- Young people, particularly 20-25-year olds
- People at risk of, or experiencing, perinatal mental health issues.

1.11 There was also a gap in terms of:
- Intergenerational projects bringing together young and old
- 'Community connector' schemes that link people with activities/ projects through one-to-one support
- Resident-led solutions
- Opportunities for businesses to get involved.

2. EXECUTIVE SUMMARY

1.12 This draft action plan sets out an overall approach and an initial series of actions aimed at reducing isolation and loneliness in Hammersmith & Fulham.

1.13 It relies on building a successful partnership among residents, the council, health services, other public bodies, the third sector and local businesses.

1.14 The focus is on prevention and on reducing the harm that being socially isolated and lonely can do to residents, based on the three themes of Prevent, Respond and Restore. Within each theme, we will take a range of actions, as below.

Prevent

1.15 We will prevent people from experiencing enduring social isolation and loneliness (primary prevention) by:
- *Building resilience* – We will work with our local communities to address social isolation and loneliness by raising awareness, promoting kindness and reducing stigma.
- *Promoting our assets and volunteering* – We will work with our communities to identify and utilise assets at neighbourhood level to address social isolation and loneliness.

- *Tackling poverty and addressing inequality* – We will work together to mitigate the effects of poverty and its impact on social isolation and loneliness, providing access to activities which are co-produced with local communities.
- *Focusing on particular groups* – We will work together to undo, prevent and mitigate the effects of inequalities on social isolation and loneliness and will focus our efforts on particular population groups at higher risk.
- *Promoting and improving health and wellbeing* – We will ensure that local health strategies and action plans address social isolation and loneliness.
- *Accessing technology* – We will work together to promote transport and technological solutions to preventing social isolation and loneliness.

Respond

1.16 We will prevent people from falling into long-term social isolation or loneliness following one of the known "triggers" (secondary prevention) by:
- *Raising awareness of "triggers"* – We will work to raise awareness of triggers for social isolation and loneliness to identify and support those at higher risk.
- *Co-producing services and promoting peer-led support* – We will co-produce services with people and promote peer-led activities.

Restore

1.17 We will prevent those who are permanently lonely and socially isolated from experiencing poor social or health outcomes by:
- *Identifying those experiencing enduring loneliness* – We will work together to identify those individuals and communities experiencing loneliness and support them to reconnect.
- *Tackling stigma* – We will work with our communities to normalise feelings of loneliness, raise the profile of social isolation and loneliness as public health issues, and encourage and/or support those with feelings of loneliness to reconnect.
- *Offering support and reconnection* – We will work together to support those experiencing permanent loneliness with an aim of reconnecting individuals to community activity.
- *Using self-directed support* – We will promote choice and control via self-directed support options to reconnect individuals with their communities.

1.18 In order to identify which efforts are most worthwhile and which are not, we will apply appropriate measurement tools. To be effective, these will need be agreed and in place before an intervention begins.

3. PARTNERSHIP APPROACH

3.1 Evidence suggests that successfully reducing social isolation and loneliness depends on different organisations working together with a shared focus. We will build a **partnership** among residents, the public sector (the Council, NHS, schools, Imperial College London, etc.), the third sector and businesses to tackle social isolation and loneliness in Hammersmith & Fulham.

3.2 **The Council and NHS** have a core role in bringing together the various partners and driving this action plan. As service providers, they should develop a "prevent, respond and restore" approach to dealing with residents across their whole range of activity (a first step could be to ensure that the way their services engage with residents does not contribute to isolation and loneliness). As major employers, they should also be encouraged and supported to tackle loneliness and isolation within their organisations.

3.3 **The third sector** in H&F is already doing a great deal to lessen isolation and loneliness among residents. From the workshops, we know they would value support in coordinating this more effectively and in identifying which activities are achieving the best results. They also require funding streams that enable them to work on multi-year activities.

3.4 **Businesses** and their staff in the borough tell us they are keen to support and improve their community. Working together, new opportunities for them to tackle isolation and loneliness should be developed. They should also be encouraged and supported to tackle loneliness and isolation within their organisations (employee churn and reduced productivity as a result of loneliness are estimated to cost UK employers 2.5 billion a year[1]).

4. KEY THEMES

4.1 Our focus will be on prevention and on reducing the harm that being socially isolated and lonely can do to people. We will base our actions around the three themes of Prevent, Respond and Restore.

4.2 **Prevent** – Prevent people from experiencing enduring social isolation and loneliness (primary prevention) by:
- Building resilience
- Promoting our assets and volunteering
- Tackling poverty and addressing inequality

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[1] For example, days lost from caring for those with health conditions attributed to loneliness costs £220 million, while lost working days from those experiencing loneliness amounts to £20 million. Research by the New Economics Foundation for the Co-op (2017). See www.co-operative.coop/media/news-releases/loneliness-epidemic-costs-uk-businesses-gbp2-5-billion-a-year

- Focusing on particular groups
- Promoting and improving health and wellbeing
- Accessing technology.

4.3 **Respond** – Prevent people from falling into long-term social isolation or loneliness following one of the known "triggers" (secondary prevention) by:
- Raising awareness of "triggers" to identify those at risk
- Co-producing services and promote peer-led support.

4.4 **Restore** – Prevent those who are permanently lonely and socially isolated from experiencing poor social or health outcomes by:
- Identifying those experiencing enduring loneliness
- Tackling stigma
- Offering support and reconnection
- Using self-directed support.

4.5 There is no single service or approach that will work just as there is no one route to becoming socially isolated or lonely. A mixture of support is required for individuals at different stages of their experience.

4.6 We explore the three key themes in more detail in the following section and set out a range of specific actions in section 8 below.

5. PREVENT

Building resilience

5.1 *We will work with our local communities to address social isolation and loneliness by raising awareness, promoting kindness and reducing stigma.*

5.2 Resilience within individuals and communities can be built to prevent the development of permanent isolation or loneliness. As a first step, raising awareness of the issue should encourage communities and other agencies to take action.

5.3 Action will focus on reducing stigma, promoting kindness and encourage self-care, as well as promoting positive self-help techniques, strategies for maintaining and making connections, and general health and wellbeing.

Promoting our assets and volunteering

5.4 *We will work with our communities to identify and utilise assets at neighbourhood level to address social isolation and loneliness.*

5.5   Asset-based approaches will be used to identify assets in each neighbourhood that communities can use to tackle social isolation and loneliness. This will involve asset-mapping, building relationships and mobilising community members to be active by sharing knowledge, resources and identifying common interests.

5.6   People themselves will be seen as assets to their communities. Engaging them in volunteering or intergenerational projects will boost their own wellbeing and alleviate social isolation.

Tackling poverty and addressing inequality

5.7   *We will work together to mitigate the effects of poverty and its impact on social isolation and loneliness, providing access to activities which are co-produced with local communities*.

5.8   Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. They are most commonly associated with socio-economic inequity but can also result from discrimination.

5.9   Living in poverty can lead to feelings of loneliness and affect health. Not having the funds to get out, use transport or undertake activities which cost money can be socially isolating.

Focusing on particular groups

5.10   *We will work together to undo, prevent and mitigate the effects of inequalities on social isolation and loneliness and will focus our efforts on particular population groups at higher risk*.

5.11   Whilst loneliness is in itself not a health problem, having a mental or physical health problem, particularly a long-term condition, can increase the risk of long-term loneliness as it can restrict an individual's ability to engage in social activities.

5.12   It is important to address inequalities that affect particular groups of people such as carers, the unemployed, survivors of abuse, people who are homeless, people with addictions and offenders. Disabled people are more likely to experience physical and social barriers to accessing shared spaces and activities. Those with a sensory impairment or learning disability can experience loneliness if their condition interferes with communicating with others.

Promoting and improving health and wellbeing

5.13   *We will ensure that local health strategies and action plans address social isolation and loneliness*.

5.14 Social isolation and loneliness can contribute to poor health and wellbeing and, equally, individuals with poor physical and/or mental health are at a higher risk of experiencing isolation and loneliness.

5.15 There are local strategies and action plans aim to promote and improve health across the life course. These need to be encouraged to identify their contribution to tackling social isolation and loneliness, given that poor mental and physical health can increase isolation and loneliness.

Accessing technology

5.16 *We will work together to promote transport and technological solutions to preventing social isolation and loneliness*.

5.17 Technology, including social media, can be a two-edged sword. At its best it can enable people to stay connected and make new connections. Where it does not replace face-to-face contact, it can help alleviate social isolation and loneliness.

5.18 We should help people to stay connected using technology in a way that works for them. We are aware that the number of people online drops significantly among those aged over 80.

5.19 Supporting young people to develop "soft" digital skills, such as ensuring privacy, coping with peer pressure and dealing with digital distraction, would help to ensure that online connection was a positive, rather than potentially isolating, experience for them.

5.20 Technology can also be used to provide a "live" local directory of information about transport, groups and events. This could help link people to activities and new connections.

6.   RESPOND

Raising awareness of "triggers"

6.1 *We will work to raise awareness of triggers for social isolation and loneliness to identify and support those at higher risk*.

6.2 People experiencing certain "triggers" can be at higher risk of social isolation and/or loneliness. These can occur throughout life and often coincide with a life transition. They include becoming a parent, especially a young parent; leaving education and entering further education; leaving care; becoming a full-time carer; being made unemployed or redundant; experiencing the break-up of a long-term relationship; living without children at home ('empty-nester'); retirement; and the death of a partner

6.3 The diagram below represents drivers of loneliness at various levels.[2] At an individual level, factors include our sense of self, health, income, energy, confidence, emotions, perceptions and changed habits. Community-level factors include the availability and accessibility of social activities and spaces, the ease of accessing statutory services and support, the adequacy of transport, and a perception of neighbourhood safety.

6.4 Society also contributes to feelings of loneliness by causing barriers to connection. Examples are not speaking to strangers, a stressful work/life balance, not engaging in communities or with neighbours, increasing digital engagement and financial hardship and austerity.

Co-producing services and promoting peer-led support

6.5 *We will co-produce services with people and promote peer-led activities*.

6.6 Action should be sustainable and those who it is for should be involved in its design. This is particularly the case for interventions to enable the development of meaningful relationships, including peer-led support. The following are critical characteristics of co-production:

- People are active participants rather than passive participants
- People are involved in the planning and implementation of support
- Support is flexible and adaptable to the needs of the participants
- Support consists of group activities, particularly those with a defined goal
- Support is rooted in the community

[2] Diagram taken from *Trapped in a Bubble: an Investigation into Triggers for Loneliness in the UK,* British Red Cross and the Co-op (2016)*. See www.co-operative.coop/campaigning/loneliness

7. RESTORE

Identifying those experiencing enduring loneliness

7.1 ***We will work together to identify those individuals and communities experiencing loneliness and support them to reconnect***.

7.2 As they are also socially isolated, many people experiencing enduring loneliness are difficult to identify. Risk factors such as the following may assist identification:

- Living alone aged over age 65
- Reporting various health issues such as mental ill-health including anxiety and/or depression, sensory impairment/multiple eye conditions, and long-term conditions and/or disability
- Do not own a car or lack appropriate transport options
- Not living near family or have children
- Speak to neighbours less than once a month or never
- Say they don't have someone to listen to them, help in a crisis or relax with
- Say they are not satisfied with their social life
- Have a low income
- Are new to the community
- Experiencing a known trigger such leaving education, entering further education, the loss of a loved one, becoming or being an informal/unpaid carer
- Being of an ethnic or other minority group (such as LGBT+) and dependent on how much they feel connected to this group.

7.3 Risk factors may be identified by agencies by undertaking guided, compassionate, conversations. Systematic tools may also be used to identify those experiencing loneliness, such as the UCLA 3-item scale (three 3 questions that measure relational connectedness, social connectedness and self-perceived isolation).

7.4 The risks can be mapped at local authority level to provide information on potential geographical areas for intervention. Intervention will require a range of partnership working, from local shops to the public sector agencies to the third sector.

Tackling stigma

7.5 ***We will work with our communities to normalise feelings of loneliness, raise the profile of social isolation and loneliness as public health issues, and encourage and/or support those with feelings of loneliness to reconnect***.

7.6 Although loneliness is a normal human experience, many of those experiencing enduring loneliness feel stigma and are scared to admit it. Those already feeling

stigmatised for whatever reason, such as disability, mental illness or sexual orientation, may find it even harder to reconnect.

Offering support and reconnection

7.7 *We will work together to support those experiencing permanent loneliness with an aim of reconnecting individuals to community activity*.

7.8 It is likely that those who are long-term lonely will need support to attend any activity. Increasing their confidence to do so may require intensive, one-to-one support.

7.9 Group activities tend to be more beneficial at breaking down isolation and loneliness. Activities will: be person-centred to provide a sense of purpose; help develop new skills or interests; entail meeting others with similar interests/skills/life experience other than loneliness; and provide a reciprocal benefit for those involved.

Using self-directed support

7.10 *We will promote choice and control via self-directed support options to reconnect individuals with their communities*.

7.11 Self-directed support (SDS) is a mainstream, person-centre approach for individuals and their carers who are eligible to access social care support services. It recognises that people are best placed to understand their own needs, make choices and take more control of their lives.

Its principles are collaboration, informed choice, involvement and innovation. The SDS assessment explores a person's quality of life and focuses on existing assets, including social supports and networks. It identifies needs and any risks to health and wellbeing.

8. PROPOSED ACTIONS

8.1 We propose here a range of actions for the partners to take under our three themes of Prevent, Respond and Restore.

8.2 **Prevent**

Action	Partner	Lead	Funding
Building resilience			
• Develop training/awareness programmes with a focus on prevention, reducing stigma and promoting self-care. • Identify existing training programmes to include social isolation and loneliness, such as dementia-friendly training.	Council, NHS, public sector, third sector	Council, NHS, public sector and commissioned organisations	Existing resources
• Identify and promote existing training programmes that build resilience and self-confidence and promote self-care. • Through training and information, ensure frontline staff are able to identify and signpost individuals at risk of, or suffering from, social isolation and loneliness	Council, NHS, public sector, third sector		Existing resources
• Create a culture of tackling social isolation and loneliness wherever we are, e.g. hold thinkathon on how face-to-face services can tackle social isolation and loneliness.	Council, NHS	Council	
• Sign up to an anti-loneliness charter for staff.	Council, NHS	Council, NHS	
• Work with local businesses to raise awareness of, and consider their role in tackling, social isolation and loneliness, reducing stigma and promoting self-care. • This will include tackling barriers to kindness within the workplace. • Encourage businesses to sign up to an anti-loneliness charter for staff.	Business	Business representatives	Existing resources

Action	Partner	Lead	Funding
• Create opportunities for businesses to give resources to initiatives to tackle social isolation and loneliness, e.g. through Spacehive.			
• Work with the Community Safety Partnership to consider their contribution to tackling social isolation and loneliness at a neighbourhood level by tackling anti-social behaviour and perception of unsafe streets.	Council	Community Safety Partnership	Existing resources
• Promote non-statutory preventative services within communities to support people.	Third sector	Third sector	Existing resources
• Invite residents to come up with their own solutions to social isolation and loneliness through the government's Innovation in Democracy Programme, e.g. through Citizen's Assemblies • Suport residents' solutions through funding, Spacehive and/or other non-financial support. • Identify wider benefits, e.g. deepening the trust between residents and the council; increasing residents' skills, social connections and empowerment; hearing seldom-heard voices; and encouraging involvement in civic life and democracy.	Residents	Council	Existing resources
Promoting our assets and volunteering			
• Promote and raise awareness of volunteering opportunities across all organisations and communities.	All	Council	Existing resources

Action	Partner	Lead	Funding
• Include social isolation and loneliness as a specific focus within H&F's refreshed Volunteering Strategy.			
Community-led support programme			
• Promote the existing programmes and activities offered, using a co-production approach. • Explore option of using Turning Point's local 'Road to Wellbeing' map to signpost people to activities/ services available. • Consider developing "We are Hammersmith & Fulham" website showcasing what residents and others are doing	Residents, third sector	Third sector	Existing resources Council
Tackling poverty and addressing inequality			
• Ensure services are in place to support income maximisation, e.g. access to benefits, work and training.	Council, third sector	Council to coordinate	Existing resources
• Ensure social isolation and loneliness is explicit within other plans and strategies that target groups at higher risk of experiencing social isolation.	Public sector	Council and NHS to coordinate	Existing resources
Promoting health and wellbeing			
• Ensure social isolation and loneliness is explicit within other strategies and plans to promote health and wellbeing.	Public sector	Council and NHS to coordinate	Existing resources
• Support council and NHS staff at risk of or experiencing social isolation and loneliness • As part of a planned refresh of the council's staff support programme, develop a Workplace Wellbeing Strategy which includes measures to	Council and NHS	Council and NHS	Existing resources

Action	Partner	Lead	Funding
reduce social isolation and loneliness amongst staff.			

8.3 **Respond**

Action	Partner	Lead	Funding
Raise awareness of trigger points to identify those at risk			
• Raise awareness of trigger points and other contributing factors to social isolation and loneliness both across services and across local communities.	All	Council	Existing resources
• Use existing community resources, including libraries and businesses, to raise awareness and to support people currently, or at risk of, experiencing social isolation and loneliness.	All	Council to coordinate	Existing resources
• Work with Primary Care and community services to consider support (incl. commissioning opportunities within existing and new services) for those at risk of developing social isolation and loneliness around life transitions and triggers	NHS	CCG	Existing resources
Co-produce services and promote peer-led support			
• Involve a wider network of third sector organisations in the planning and delivery of services to tackle social isolation and loneliness.	Third sector, Council	Third sector	Existing resources
• Use a community connectors/navigators scheme, e.g. Community Champions, to identify people at risk and support them to access existing support. Set Community Champions pilot.	Resident, Council, third sector	Council	Existing resources

| Action	Partner	Lead	Funding
• Develop a consistent pathway from identification to reconnection that can be accessed and used by all partners, frontline and community staff.	Council, NHS	All	Resource required for co-ordination
• Raise awareness of guided, compassionate conversations to understand a person's loneliness and train those in direct contact with residents to have these conversations across all sectors	Council, NHS	Council, NHS	Resource required for co-ordination
Access to local services			
• Improve links across all relevant services that contribute to reducing social isolation and loneliness	Council, NHS	Council	Resource required for co-ordination
• Develop information on local activities for new residents who may be at risk of social isolation	Council	Council	Resource required for co-ordination
• Promote social prescribing/ referral to local activities to prevent social isolation and loneliness around life transitions and triggers.	Council, NHS	Council	Resource required for co-ordination

8.4 **Restore**

Action	Partner	Lead	Funding
Identify those experiencing enduring loneliness			
• Work with GPs and other primary care services to identify and respond to patients experiencing permanent loneliness and/or isolation.	Council, NHS		
• Improve the knowledge and skills of key staff, e.g. social work, home care and housing,	• All	• Council	• Resource required for

Action	Partner	Lead	Funding
to identify and respond to those who may be long-term lonely and/or isolated. Staff to include anyone likely to come into contact with such residents, e.g. Post Office workers, police, GPs, fire safety team, housing team, employment services, homeless services, substance misuse services, youth services, etc.			co-ordination •
• Support key NHS services to consider the impact of social isolation and/or loneliness on patients and identify ways to reduce barriers to connection while accessing services. • Develop an appropriate pathway from identification to support	NHS	CCG/ICP	Review social prescribing service resource
Offer support and reconnection			
• Explore localised befriending and volunteering initiatives that can reintroduce people to social activities, e.g. create opportunities for residents to support their neighbours through Next Door	Third sector, residents	Third sector	
Use self-directed support			
• Provide information and advice, and promote the uptake of self-directed support as a means to reconnecting individuals with their communities, e.g. work with Next Door to expand use for social isolation and loneliness initiatives	Council, third sector, residents		Resource required for co-ordination

9. FRAMEWORK

9.1 A range of interventions is needed across the community. The framework below, which has been developed by the Campaign to End Loneliness and Age UK, maps these under four headings: foundation services; direct interventions; gateway services; and structural enablers.
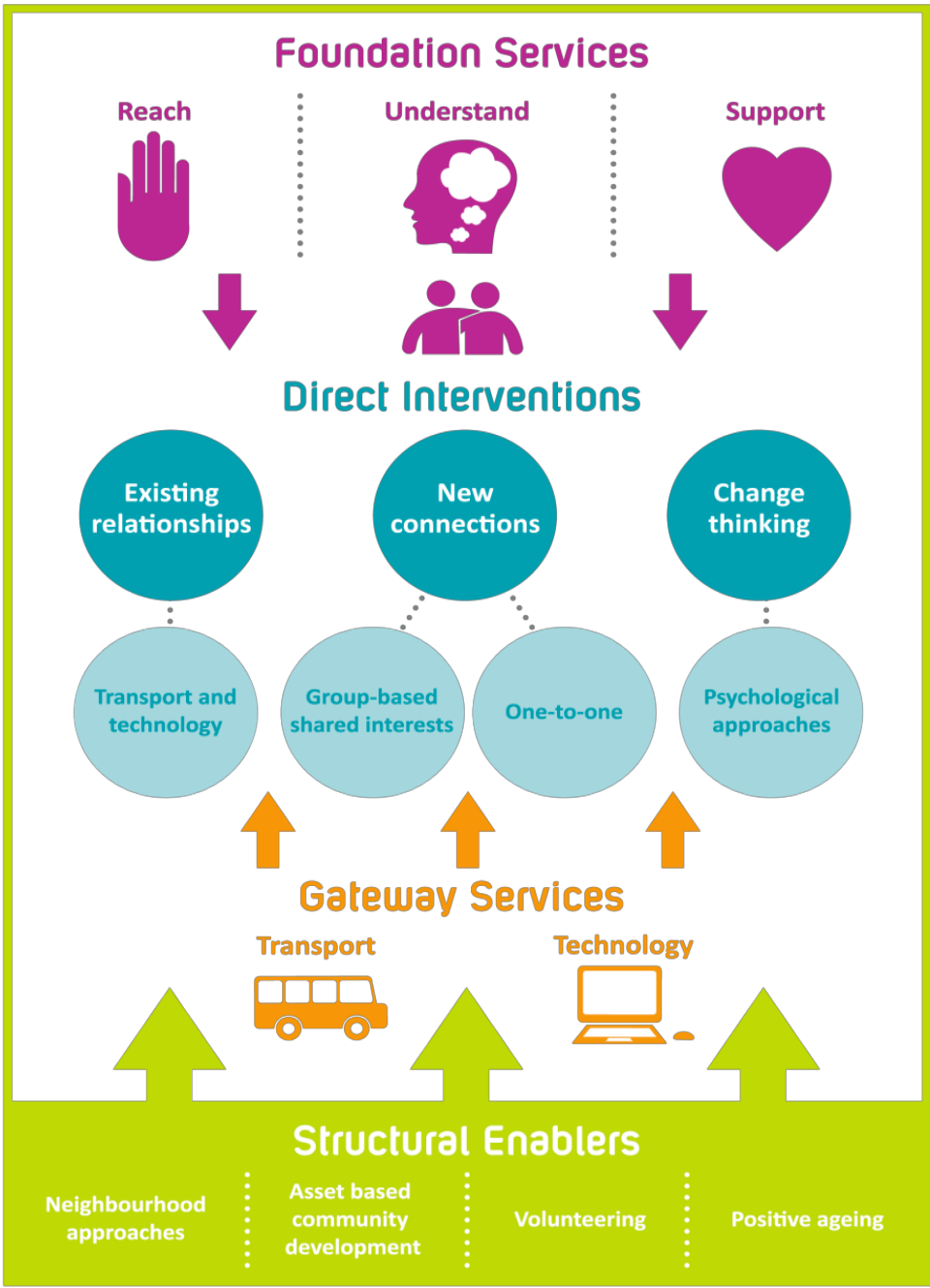
9.2 We set out below our proposed themes and actions according to this framework.

Foundation services

9.3 These are the first steps in identifying people and enabling them to gain support. They identify and establish contact with a lonely person (**reach**); draw out the specific circumstances and establish the most appropriate help (**understand**); and support people to make use of services (**support**).

Foundation service	H&F themes	H&F actions
Reach	Respond, Restore	• Raise awareness of triggers • Identify those at risk and develop pathway • Identify permanent loneliness
Understand	Respond, Restore	• Guided conversations
Support	Respond, Restore	• Support access to local activities/services • Individual/group support and reconnection • Self-directed support

Direct interventions

9.4 Direct interventions are services that reduce loneliness by directly increasing the quantity and/or quality of a person's relationships. Once someone experiencing loneliness is identified, commissioners should ensure there is a menu of direct interventions available in three key areas: supporting and maintaining relationships; supporting new social connections; and psychological approaches.

Direct intervention	H&F themes	H&F actions
Supporting and maintaining relationships	Prevent, Respond	• Promote and improve health and wellbeing • Transport • Technology
Supporting and maintaining relationships	Respond, Restore	• Self-directed support
Supporting new social connections	Prevent, Respond	• Community led-support • Build resilience
Supporting new social connections	Respond, Restore	• Peer-led support • Access to local activities/services
Supporting new social connections	Restore	• Support and reconnection • Self directed support

Direct intervention	H&F themes	H&F actions
Psychological approaches	Prevent	• Build resilience
Psychological approaches	Restore	• Support and reconnection

Gateway services

9.5 Gateway services include technology and transport, which help individuals to maintain existing relationships and make new social connections. Without these gateways, it is more difficult for people to engage with services and for communities to provide them.

Gateway service	H&F themes	H&F actions
Transport	Prevent, Respond, Restore	• Transport
Technology	Prevent, Respond, Restore	• Technology

Structural enablers

9.6 Structural enablers aim to create the right environment to reduce loneliness by focusing on "how" rather than "what".

Structural enabler	H&F themes	H&F actions
Neighbourhood approaches	Prevent	• Build resilience
Asset-based approaches	Prevent	• Promoting assets • Positive ageing • Tackle poverty and address inequality • Promote and improve health and wellbeing
Volunteering	Prevent	• Build resilience • Promoting volunteering

10.   MEASUREMENT

10.1 In order to identify which efforts are most worthwhile and which are less so, we will apply appropriate measurement tools. To be effective, these will need be agreed and put in place before an intervention begins.

10.2 The Campaign to End Loneliness has identified four evaluation scales of interest as below.
   - The Campaign's own Measurement Tool, designed for those providing services or running activities, is short, sensitively worded and easy to use but not widely tested.
   - The De Jong Gierveld Loneliness Scale is academically rigorous and distinguishes between different causes of loneliness.
   - The UCLA Loneliness Scale is short and academically rigorous, with a simple
   - scoring system, and enables international comparability.
   - The single-item 'scale' is a self-rating measure used to get to the heart of the issue with just one question.

10.3 It will important to be clear about the desired outcomes; how, by whom and when these will be measured; and how the information will be used. We will also need to ensure that the resources required for measurement are in keeping with the nature of the project.

10.4 We may wish to consider some specific uses of evaluation. For example, to test cost-saving claims, it could be useful to run a controlled project with particular GP surgeries to see if the activity results in fewer repeat visits by patients.

APPENDIX: Facts about Loneliness

Source: Campaign to End Loneliness

Health risks
- Loneliness, living alone and poor social connections are as bad for your health as smoking 15 cigarettes a day. (Holt-Lunstad, 2010)
- Loneliness is worse for you than obesity. (Holt-Lunstad, 2010)
- Lonely people are more likely to suffer from dementia, heart disease and depression. (Valtorta et al, 2016) (James et al, 2011) (Cacioppo et al, 2006)
- Loneliness is likely to increase your risk of death by 29% (Holt-Lunstad, 2015)

Loneliness and older people
- There are 1.2 million chronically lonely older people in the UK (Age UK 2016, No-one should have no one).
- Half a million older people go at least five or six days a week without seeing or speaking to anyone at all (Age UK 2016, No-one should have no one).
- Over half (51%) of all people aged 75 and over live alone (Office for National Statistics 2010. General Lifestyle Survey 2008).
- Two fifths all older people (about 3.9 million) say the television is their main company (Age, U.K., 2014. Evidence Review: Loneliness in Later Life. London: Age UK).
- There are over 2.2 million people aged 75 and over living alone in Great Britain, an increase of almost a quarter (24%) over the past 20 years (ONS).

Loneliness and people of all ages
- A study by The Co-op and the British Red Cross reveals over 9 million people in the UK across all adult ages – more than the population of London – are either always or often lonely.
- Research commissioned by Eden Project initiative The Big Lunch found that disconnected communities could be costing the UK economy £32 billion every year.

Loneliness and families
- A survey by Action for Children found that 43% of 17 – 25 year olds who used their service had experienced problems with loneliness, and that of this same group less than half said they felt loved.
- Action for Children have also reported 24% of parents surveyed said they were always or often lonely.

Loneliness and disabled people
- Research by Sense has shown that up to 50% of disabled people will be lonely on any given day.