Worcestershire Health and Wellbeing Board Joint Strategic Needs Assessment (JSNA)

Loneliness Needs Assessment

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Project/Commissioning Manager:	Rosie Winyard, Public Health
Project Sponsor:	Rachael Leslie, Public Health
Author:	Rachel Cullum, Specialty Registrar in Public Health
Lead on Loneliness Risk Index:	Claire Bloss, Principal Researcher, Commercial and Change
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1. Aims and objectives

The overarching aim of the Worcestershire Loneliness Needs Assessment is to improve health and wellbeing and reduce health inequalities for the population of Worcestershire. It provides partners and stakeholders with information about people living in Worcestershire who are lonely or may be at risk of loneliness. This will support and inform commissioning intentions to ensure that services within Worcestershire are appropriately commissioned now and in the future.

This needs assessment:

- Identifies risk factors for loneliness and explores and maps those in the Worcestershire population at increased risk of loneliness
- Provides a comprehensive overview of the services relevant to loneliness in Worcestershire provided by statutory and voluntary sectors
- Identify what the evidence currently says about what works to tackle loneliness
- Provides evidence-based recommendations to ensure the current and future level of services is appropriate for the level of need in Worcestershire

The needs assessment covers people aged 18 and over.

2. Executive summary

2.1 Identifying the lonely

Loneliness can be described as a deficiency between the amount and quality of social relationships that you have and those that you want. It has negative effects on both mental and physical health, can affect anyone, and tends to vary due to life circumstances. Loneliness is a subjective experience and can be transient; people can move in and out of loneliness according to their personal circumstances.

Because of its subjective and transient nature, loneliness is not something that can be measured easily or with one dataset at a regional level. In this needs assessment, to try to approximate the risk of loneliness in different areas across the county, a risk mapping approach has been used. This has involved using ACORN, the council's consumer profiling software, to map levels of risk.

A comprehensive literature search has been carried out to identify the risk factors for loneliness. These include being single, widowed or living alone, having poor self-reported health, being financially worse off, being less educated, feeling that you do not belong to your neighbourhood, and being Black or Asian. The evidence does not strongly suggest that either age or gender are predictive of loneliness. The literature search was limited by the fact that the evidence base is dominated by studies that focus on loneliness in the over 50s, with much of the evidence for loneliness in younger age groups coming from the grey literature.

These risk factors and ACORN were used to produce a relative risk map for Worcestershire showing that there are areas of higher risk across all the districts, and that pockets of higher risk tend to be situated in urban areas, particularly in Worcester City, Kidderminster, and Redditch. The highest risk was in the Warndon area of Worcester City.

The Loneliness Risk Maps, although a helpful tool, have their limitations, particularly as not all risk factors for loneliness could be mapped using ACORN. Other sources of data have also been analysed with key points as follows:

- The highest number of referrals to the Reconnections service, the service for lonely older 50s across Worcestershire, came from the Worcester district and the second highest from Wychavon district
- Worcestershire has a higher proportion of carers aged 65+ who do not have as much social contact as they would like than both England and the West Midlands. Wyre Forest is the district with the highest number of carers in receipt of Carer's Allowance
- Data from the Worcestershire Viewpoint Survey indicates that Bromsgrove is the district where people felt they belong least, and Wyre Forest is the district where people are most dissatisfied with their local area. Perceptions of safety are lowest in Redditch during the day and Wyre Forest at night
- The literature indicates that being a young mother can be a risk factor for loneliness. Redditch, Wyre Forest, and Worcester all have higher proportions of new young mothers (18-24)

2.2 Services for the lonely

Services for lonely people in Worcestershire have been grouped into two categories – foundation services/direct interventions, which locate lonely people and offer them direct support, and structural enablers/gateway services, which signpost people and provide the structural conditions necessary for loneliness to be reduced.

The main service for lonely people in Worcestershire is the Reconnections service which is both a foundation service and a direct intervention. The service triages lonely individuals to assess their needs and then supports them to participate in a range of activities. This service has been evaluated and found to be both effective and cost effective.

Other services that exist for lonely people in Worcestershire include a myriad of community groups and clubs that aim to reduce social isolation and loneliness, a social prescribing service which acts as a gateway service for Reconnections, and structural enablers such as the provision of community transport and a positive ageing approach through the ICOPE strategy.

2.3 Effective interventions

The evidence for what works to tackle loneliness is scant with large gaps around the needs of younger and middle-aged adults. In general, the evidence suggests that:

- Interventions are more likely to be successful if they are targeted at a particular group, designed with their needs in mind, and co-produced with them

- There should be avenues for social interaction to continue outside the intervention

- There is evidence that group interventions are effective, and these interventions are likely to be more effective when their primary focus is not reducing loneliness per se, but activities such as hobbies or sport

- Interventions should focus on helping individuals to build meaningful connections with others

- Tackling the stigma associated with loneliness is vital for interventions to work

- Volunteering itself can help to tackle loneliness by increasing the capacity and skills of volunteers

2.4 Recommendations

On the basis of the findings of this needs assessment the following is recommended:

- Any loneliness service going forward needs to be equipped to meet the needs of lonely people aged 18+ as there is no conclusive evidence that older age leads to higher levels of loneliness. However, realistically it should be recognised that age can lead to life events that trigger loneliness (e.g. widowhood and poor health) and these may be more likely in certain age groups

- There appear to be high risk areas for loneliness across all the districts and so the reach of any service needs to be spread equitably across the county

- The Loneliness Risk Map indicates that loneliness seems to be more common in the urban areas of Worcestershire. However, it should be recognised that the maps are indicators of risk, not hard measures of loneliness themselves, and anyone can experience loneliness regardless of whether or not they are living in a technically 'high risk' area. The fact that risk factors may be more concentrated in urban areas does not mean that those in rural areas are not lonely and the needs of those living more rurally should not be neglected

- There is no one-size-fits-all approach to tackling loneliness. For services to be effective they need to be appropriately targeted and person-centred. Where possible services should be co-produced with service users to ensure they are fit for purpose

- Any group interventions need to be mindful of the fact that these are more likely to be effective if their primary purpose is not to increase social contact but if there is an offer around activities, such as hobbies or sport. There is a stigma attached to loneliness and it may be the case that loneliness services overtly labelled and marketed as such are less likely to be appealing. There seem to be a large number of clubs and group already established across the county, and any service that is established needs to be mindful of avoiding duplication in provision. An asset and neighbourhood based approach, drawing on local strengths, is recommended

- Services should focus on building genuine one-to-one connections between people. The use of volunteers in interventions helps to tackle loneliness in volunteers themselves (for example through befriending) and would appear to be a sensible approach

- Respondents to the Worcestershire Loneliness Stakeholder Survey believed the following three things were important to bear in mind when establishing any new loneliness service: access and advertising, transport and distance issues, and providing face-to-face, one-to-one support

3. Introduction and background

3.1 Defining loneliness

The most widely used definition of loneliness is as gap between actual and desired social relationships, in terms of both quality and quantity (Peplau and Perlman, 1981). Loneliness comes from a deficiency in an individual's social relations, is a subjective phenomenon (people can be isolated without necessarily experiencing loneliness), and is an unpleasant experience (Peplau and Perlman, 1981). The Campaign to End Loneliness has broken the definition of loneliness down further into two types: emotional loneliness, when we miss a particular person, such as a spouse; and social loneliness, when we lack a wider social network or friends (Campaign to End Loneliness, 2019). Loneliness can be difficult to measure as it can be fleeting or sustained, is likely to change according to an individual's life circumstances and may be experienced by different people in different ways.

It is important to note that although social isolation and loneliness are related concepts, they are distinctly different. Loneliness is not always a result of a lack of contact with people but can also arise as a result of a lack of meaningful relationships - conversely, someone may be physically or socially isolated but not see this as a negative thing and not feel that they are lonely. This needs assessment will focus predominantly on loneliness rather than social isolation. Public Health England (2015) has provided the following helpful definitions to differentiate between the two:

- **Social isolation**: "the inadequate quality and quantity of social relationships with other people at the different levels where human interaction takes place"

- **Loneliness**: "an emotional perception that can be experienced by individuals regardless of the breath of their social networks"

It is important to recognise that the idea of being lonely has social stigma associated with it, and that people do not always like to admit they are lonely (De Jong Gierveld, 1998).

3.2 Impact on health

Loneliness poses a problem for public health because it can lead to poorer physical and mental health outcomes for individuals as well as causing emotional distress. Holt-Lunstad et al (2015) has argued that the heightened risk for mortality from lack of social relationships is greater than that from obesity highlighting that loneliness is predicted to reach 'epidemic proportions' by 2030.

There is a significant association between social isolation, loneliness and social network size with all-cause mortality – for loneliness the odds ratio is 1.26 or 26% higher odds of death (Leigh-Hunt et al, 2017). The evidence base is strongest for the relationship between social isolation, loneliness and cardiovascular disease; one meta-analysis of prospective cohort studies identified an increased cardiovascular relative risk of 1.5 in adults with high levels of social isolation (Leigh-Hunt et al, 2017).

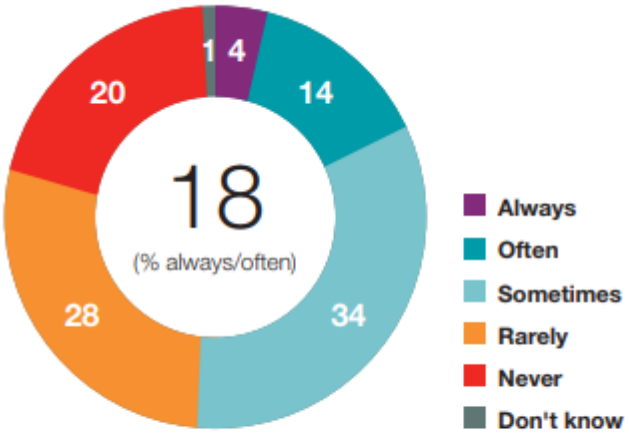
The impacts on individual mental health are also clear. One study found that lonely individuals have a 64% increased chance of developing clinical dementia (Holwerda et al, 2012). Cacioppo

et al (2006) found loneliness to be associated with depression in middle aged and older men and women.

3.3 National prevalence of loneliness

Findings by the British Red Cross and the Co-op indicate that loneliness is something that most people have experienced to some degree – about half of adults surveyed said they felt lonely 'sometimes' or more often, and 18% felt lonely 'always' or 'often' (British Red Cross, 2016).

Figure 1: Prevalence of loneliness in the UK general public (British Red Cross, 2016)



Source Q1: How often do you feel lonely, if at all.
Base: All UK adults aged 16+ (2,523).

In 2016/17, 5% of adults in England reported feeling lonely 'often' or 'always', with those aged 16-24 reporting feeling more lonely than those in older age groups (Office for National Statistics, 2018). Age UK estimates that there are 1.4 million chronically lonely older people in England (Age UK, 2019).

3.4 Measuring loneliness

Many different approaches have been used to measure loneliness in the literature ranging from validated scales such as the UCLA Loneliness Scale to single questions such as 'how often do you feel lonely?'. Other tools include the Campaign to End Loneliness Measurement Tool and the De Jong Gierveld 6 Item Loneliness Scale.

The UK Government has recently advised that the gold standard is to use both direct and indirect measures of loneliness using four specific questions. The first three come from the UCLA three-item loneliness scale and the last is a direct question about how often respondents feel lonely (Office for National Statistics, 2018 (2)).

The recommended questions are as follows:

Figure 2: Recommended measures of loneliness for adults (Office for National Statistics, 2018 (2))

Table 1: Recommended measures of loneliness for adults

Measures	Items	Response categories
The three-item UCLA Loneliness scale	1. How often do you feel that you lack companionship?	Hardly ever or never, Some of the time, Often
	2. How often do you feel left out?	Hardly ever or never, Some of the time, Often
	3. How often do you feel isolated from others?	Hardly ever or never, Some of the time, Often
The direct measure of loneliness	How often do you feel lonely?	Often/always, Some of the time, Occasionally, Hardly ever, Never

Source: Office for National Statistics

4. Policy context

4.1 National context

Loneliness has recently become more of a priority area for the UK government. The Jo Cox Commission on Loneliness was established in January 2017 and reported in December 2017, publishing the report "Combatting loneliness one conversation at a time: a call to action" (Jo Cox Commission on Loneliness, 2017). This called on the government to develop a UK wide strategy for loneliness across all ages, nominate a lead minister, and develop a family and relationships test for new policy. A programme of work on loneliness was subsequently announced by former Prime Minister Theresa May in January 2018. In October 2018 the UK government published a loneliness strategy, entitled "A connected society: a strategy for tackling loneliness" (HM Government, 2018).

This contained three overarching goals: to improve the evidence base around loneliness (including what causes loneliness and what works to tackle it), to embed loneliness as a consideration across government policy, and to build a national conversation around loneliness to raise awareness of its impact and to tackle stigma. It contained a commitment to rolling out social prescribing across GPs in England. It also included the launch of an 'Employer Pledge' to tackle loneliness in the workplace, and funding of £1.8m to increase the number of community spaces available. Other commitments included:

- Adding loneliness to ministerial portfolios at the Ministry for Housing, Community and Local Government, Department for Business, Energy and Industrial Strategy, and the Department for Transport.
- Incorporating loneliness into policy decisions with a view to a loneliness ‘policy test’ being included in departments’ plans.
- Embedding loneliness into relationships education classes
- Pilot projects to support flexible and inclusive volunteering for people such as those with long-term health conditions
- Exploring the impact technology has on loneliness and how new technologies can help prevent it.

4.2 Regional/local context

Other local authorities across the West Midlands have identified loneliness as a public health problem and are acting to tackle it. Warwickshire County Council has produced an extensive needs assessment including a risk map for social isolation across the county (Warwickshire County Council, 2015).

Work was previously carried out as part of Worcester Older People's JSNA to look at indicators of loneliness. This identified geographical isolation, long-term illness, communal establishment, single person households, income deprivation, unpaid care and being older as potential indicators of loneliness. It also identified a number of areas in Worcestershire that may be at increased risk for loneliness. However, this work focused specifically on older people.

The Worcestershire Health and Wellbeing Board has launched a strategic action plan to develop a system wide response to reducing loneliness. This identified 3 key priorities:

1. Empower residents and communities to maintain their connections, friendships and networks making use of community assets with active members and volunteers including mapping community-based activities, self-help materials
2. Improve access to activities and services that can prevent or alleviate isolation and loneliness, ensuring that they are tailored to meet need and demand e.g. Make Every Contact Count training, digital solutions for signposting on webpages, referral to services
3. Raise awareness of isolation and loneliness-signs and risk factors, local opportunities for prevention and intervention, public engagement, campaigns to reduce stigma, encourage an age positive approach.

The Loneliness Strategy Action Plan is currently under review by the Loneliness and Isolation Group, which comprises representatives from a range of local partners including organisations from across the local voluntary and community sector.

5. What makes people lonely?

As a public health problem, loneliness is difficult to investigate. Loneliness is subjective, may be transient, and is experienced differently by different people. While individual personality traits such as shyness and neuroticism have been shown to contribute to loneliness, there are other social characteristics such as living alone, being in poor health, and having a lower income that may contribute to loneliness. This needs assessment does not focus on personality-related loneliness predictors, as we would struggle to map and address these from a public health perspective.

There is no one dataset that shows the levels of loneliness in the Worcestershire population. Instead, proxy indicators must be used in order to try and investigate who across the county is at increased risk of loneliness. Because of a lack of objective data on loneliness as a phenomenon, paired with a lack of up-to-date Census data, this needs assessment has primarily taken a modelling approach to trying to predict loneliness in the population. This has involved carrying out a literature search to identify risk factors for loneliness and using the Council's consumer profiling software, ACORN, to try to map the risk of loneliness across the county.

5.1 Methods

To identify risk factors for loneliness a search of the database Ovid was carried out with the keywords "predict*" OR "determinants" OR "risk factor*" OR "causes" AND ("loneliness" OR "social isolation") (title) [published 2000 onwards]

The inclusion/exclusion criteria were as follows:

- Must include a focus on loneliness (and potentially social isolation, but not exclusively social isolation)
- About adults (eighteen or over and excluding articles looking specifically at student populations)
- About predictors of loneliness/social isolation, not health conditions that loneliness/social isolation predict or interventions to tackle loneliness
- Relevant and generalizable to Worcestershire population demographics (not focused on very specific groups e.g. prisoners, soldiers, nuns, those with specific long-term conditions)
- About public health relevant topics (not focused on personality types, psychological/emotional issues such as attachment/self-esteem, the impact of altered states such as sleep deprivation, or genetics, for example)
- Articles that are complete i.e. not just abstracts, not posters, not books

All study types were included. In order to pick up any papers that might have been missed, a separate additional search was carried out by Dudley Library Service and extensive searches were carried out of grey literature using Google.

5.2 Findings

The literature is dominated by studies that focus on older people (50+) and information about predictors of loneliness in younger populations was hard to find.

The search only returned three studies looking specifically at loneliness in the under 50s, all of which were cross-sectional. Much of the information about predictors of loneliness in younger people comes from the grey literature.

The literature search returned 28 studies looking at predictors of loneliness in the over 50s, the majority of which (18 studies) were cross sectional. There were two literature reviews, three cohort studies, four ecological studies, and one qualitative study.

There were five studies looking at loneliness across both age groups – one ecological study, three cross sectional studies, and a case-control study.

The search returned large amounts of grey literature, much of which looked at loneliness across all age groups. 24 pieces of relevant grey literature were returned.

The findings of the review are limited by the fact that the studies use different measures of loneliness. Measures used included the 20 item UCLA loneliness scale, the revised UCLA loneliness scale (3 item), the De Jong Gierveld Loneliness Scale and a variety of single question measures for asking for example 'how often do you feel lonely?' and 'are you ever bothered by feelings of loneliness?'.

5.3 Predictors of loneliness

Because the literature search was carried out to identify potential indicators for loneliness, findings have been group by indicator rather than study type.

5.3.1 Being single, widowed or childless

Being single, widowed or childless has been shown to be a predictor of loneliness however the evidence is much stronger for older age groups and the evidence base consists of mainly cross-sectional studies. In terms of younger age groups, Beutel et al (2017) in a cross-sectional study looking at loneliness in those aged 35-74 years found that loneliness was strong in those without a partner and those without children. The rest of the evidence looked at older age groups, mainly aged 60+.

A cohort study by Newall et al (2014) looking at loneliness in those aged 60+ found that those who were persistently lonely were more likely to be living alone and/or widowed. An ecological study by Yang et al (2018) exploring risk factors for loneliness among older people in England found that perceived closeness to a spouse or partner was statistically significant for predicting loneliness. An ecological study by Dahlberg et al (2018) found that the odds of loneliness were almost five times higher in people who were not married than in those who were married in old age.

The rest of the evidence was comprised of cross-sectional studies. A cross-sectional study by Age UK looking at prevalence of loneliness in older ages found that being single, divorced, separated, and widowhood are all associated with a higher prevalence of loneliness compared to being married (Iparraguirre, 2016). Ferrerira-Alves et al (2014) found that marital status was significantly associated with feelings of loneliness with those being married reporting the least loneliness and the divorced reporting feeling lonely more often. Honigh-de-Vlaming et al (2014) found marital status to be an independent predictor of loneliness.

Widowhood stands out as a risk factor for loneliness in older people. De Koning et al (2017) found that widowhood more than doubled the odds of loneliness in older rural living older adults in the UK. Dahlberg et al (2015) found that widowhood is a significant predictor of loneliness for both women and men. A study looking at loneliness in the Finnish older population found loneliness to be more common amongst those living alone, living in a residential home, and being widowed (Savikko et al, 2005). A study of determinants of loneliness in older adults in Canada found that those who were widowed, divorced, single or never married were significantly lonelier than those who were married (De Jong Gierveld et al, 2015).

5.3.1 Living alone

Living alone has been found to be a significant predictor of loneliness in older age in a number of studies (Ferrerira-Alves et al, 2014) (Beutel et al, 2017) (Newall et al, 2014) (Savikko et al, 2005) (Theeke, 2009) (Age UK, 2018) (Campaign to End Loneliness, 2011) (Cohen Mansfield, 2016). The grey literature indicates that this is a risk factor for loneliness in all age groups – a review carried out by the Red Cross (2016) looking at loneliness in all ages found that those living on their own were more likely to express feelings of loneliness.

Cross sectional studies have also shown that living in permanent institutional care is a risk factor for loneliness in older people (Ferrerira-Alves et al, 2014); (Savikko et al, 2005) (Campaign to End Loneliness, 2011)

5.3.2 Poor physical/mental health and disability

Poor physical, mental health and disability has been shown to be a predictor of loneliness across all age groups. A review by the Red Cross (2016) found that loneliness was higher in those with long term physical or mental health conditions, and mobility issues.

5.3.3.1 Physical health

Poor physical health is a risk factor for loneliness (De Jong Gierveld et al, 2015) (Cohen-Mansfield at al, 2009) (Savikko et al, 2005); (Victor et al, 2005) (Age UK, 2018); most of the evidence is more applicable to older age groups.

In their cross-sectional study of prevalence and risk factors for loneliness in older people in Britain, Victor et al (2005) found both poor current health and poorer health in old age than expected to be loneliness indicators. In their report 'All the Lonely People', Age UK (2018) reported that older people were 3.7 times more likely to be lonely if they were in poor health compared with older people who were in good or excellent health.

Poor self-reported health has been found to be a risk factor for loneliness in a number of studies, meaning those who perceive their health to be worse are lonelier (Cohen Mansfield, 2016) (Ferrerira-Alves et al, 2014) (Yang, 2018) (Paul & Ribeiro, 2009) (Iparraguirre, 2016) (Koning, 2017) (Theeke, 2009) (Emerson, 2016) (Yang et al, 2008) (Campaign to End Loneliness, 2016) (Campaign to End Loneliness, 2011) (Campaign to End Loneliness, 2015) (Age UK, 2018).

5.3.3.2 Mental health

In their literature review, Cohen-Mansfield et al (2016) found poor mental health and low self-efficacy beliefs to be associated with loneliness in older adults. Dahlberg et al (2015) found depression to be a significant predictor of loneliness – in their longitudinal study of older people in Sweden, each unit increase on the depression scale made participants more than twice as likely to report loneliness at follow up. De Koning et al (2017), in their study of loneliness in rural living older adults in the UK, found that feeling more limited by mental health was associated with loneliness (OR 2.33 for highest category of mental health limitations versus lowest).

5.3.3.3 Disability

The Community Life Survey (2018) which looked at loneliness in all ages found that those with a long term illness or disability were more likely to say they felt lonely 'often or always' than those without (13% compared to 3%).

Impediments to activities of daily living have been shown to be a predictor for loneliness in older people (Honigh-de-Vlaming et al, 2014) (Ferrerira-Alves et al, 2014) (Iparraguirre, 2016) (Campaign to End Loneliness, 2016). This is also true of poor functional status or motor impairment (Cohen Mansfield, 2016) (Savikko et al, 2005) (Theeke, 2009); (Campaign to End Loneliness, 2011) (Social Care Institute for Excellence, 2014), poor vision (Savikko et al, 2005) (Campaign to End Loneliness, 2016) (Campaign to End Loneliness, 2015), loss of hearing (Savikko et al, 2005) (Campaign to End Loneliness, 2015) cognitive deficit, (Cohen Mansfield, 2016) and pain (Emerson et al, 2018).

5.3.4 Socioeconomic factors

5.3.4.1 Poor income/financial difficulties

Ferreira-Alves et al (2014) have reported that loneliness is negatively associated with income. A review by the Red Cross (2016) has found that those in the DE social grades are more likely to be lonely. As Cohen Mansfield et al (2016) note, low income limits ability to attend social functions and has an impact on self-esteem and self-efficacy. Age UK (2018) has found that older people are 2.3 times more likely to be lonely if they have money issues that prevent them from doing the things they want compared to people who do not have money issues.

Savikko et al (2005) found that loneliness was more common among those with low income and those that had formerly worked in heavy physical jobs, for example farming or factory working. De Koning et al (2017) also found that financial difficulties were associated with loneliness with

those with 'perceived financial difficulty' 33% more likely to be lonely than those who were 'living comfortably'.

A negative change in finances has also been associated with loneliness. De Jong Gierveld et al (2015) found that changes towards worse financial situations and unmet needs were associated with loneliness.

5.3.4.2 Low educational level

There is some evidence that a lower educational level is associated with loneliness and being more educated is protective against loneliness. Cohen Mansfield et al (2016) reported that lower levels of education were consistently associated with higher levels of loneliness. De Jong Gierveld et al (2015) found that having less than a high school education was significantly related to loneliness and similarly Victor et al (2005) found possession of a post-basic education to be protective of loneliness. Age UK have reported that education is significantly and negatively associated with loneliness for the highest educational level (Iparraguirre, 2016).

5.3.4.3 Neighbourhood

People who feel they belong less strongly to their neighbourhood or have little trust of others in their area report feeling lonely more often (Office for National Statistics, 2018). Older people who evaluate the quality of their neighbourhood as low display significantly higher loneliness scores than those whose neighbourhood evaluations are more positive (Scharf, 2008). Dalhberg and McKee have found low perceived community integration to be a significant predictor of loneliness (Dahlberg and McKee, 2014).

The Community Life Survey (Department of Culture, Media and Sport, 2018) found that those living in urban and deprived areas were more likely to be lonely. The Campaign to End Loneliness identifies living in areas with high levels of material deprivation and in which crime is an issue as risk factors for loneliness (Campaign to End Loneliness, 2011).

5.3.5 Ethnicity

In the Community Life Survey 2018 (Department for Culture, Media and Sport, 2018), Black and Asian people were less likely to say they 'never' felt lonely than White people. The Campaign to End Loneliness has identified being from an ethnic minority community as a risk factor for loneliness (Campaign to End Loneliness, 2011). Research by the Red Cross (2019) has indicated that people from BAME backgrounds are more at risk of experiencing things that cause loneliness, such as feelings of not belonging and discrimination.

5.3.6 Personal relationships

Having a small number of friends/social relationships or social relationships that are low quality are indicators of loneliness in the over 50 age group (Cohen Mansfield, 2016) (Savikko et al, 2005) (Heylen, 2010) (De Jong Gierveld et al, 2015) (Sharon et al, 2010) (Dahlberg and McKee, 2014). Heylen (2010) found that quantity of social relationships, experienced discrepancy in their

number, the relationship standards and the quality of the relationships directly and significantly affected social loneliness.

5.3.7 Life transitions

For all ages, life transitions (e.g. bereavement, becoming a carer, giving up caring, retirement) have been shown to be important for predicting loneliness (Campaign to End Loneliness, 2011) (Campaign to End Loneliness, 2015). It is important to recognise the potential impact of life changes and transitions in younger people, for example Age UK point out that leaving education might be a trigger for loneliness for younger people (Age UK, 2018). The Red Cross has also noted the importance of transitions, for example motherhood, bereavement or divorce (Red Cross, 2016).

De Jong Gierveld et al (2015) also note the importance of transitions for loneliness, noting that changes towards worse financial situations and unmet needs were associated with loneliness. Newall et al (2014) noted that changes in living environments and perceived control predicted a change in loneliness.

5.3.8 Gender/age

The evidence around gender and age is both mixed and inconclusive. Some studies have found that female gender is associated with greater loneliness (Cohen Mansfield, 2016) (Ferrerira-Alves et al, 2014) (Beutel et al, 2017) whereas some have ascribed greater levels of loneliness to men (De Jong Gierveld et al, 2015) (Dahlberg and McKee, 2014).

Although much of the literature focuses on loneliness in older people, particularly the older 50s, loneliness in younger people has in some instances been shown to be more prevalent than in older groups. A recent survey by the BBC (BBC, 2018) found that 40% of 16-24 year olds who took part said they often or very often felt lonely compared to 27% of over 75s. The 2018 Community Life Survey (Department of Culture, Media and Sport, 2018) also found that people aged 16-34 were more likely to say they felt lonely always or often than those aged 65 and over. Some studies have found that loneliness declines with age (Beutel et al, 2017) (Heylen, 2010). However, some studies have found that among older people, increasing age leads to greater loneliness (Ferrerira-Alves et al, 2014) (Savikko et al, 2005) (Dahlberg et al, 2015) (Yang et al, 2008) (Age UK, 2018) (Cohen Mansfield, 2016) with particular emphasis placed on the over 75s (Campaign to End Loneliness, 2011).

Age UK's most recent analysis has concluded that age cannot predict loneliness (Age UK, 2018), and instead that loneliness is driven by circumstances, which tend to differ by age.

5.3.9 Other

- **Negative life events**. Negative life events have been found to be associated with loneliness (Cohen Mansfield, 2016). The Georgia Cenetenarian Study, which analysed both life events and personality to see what predicted loneliness, found that the higher the number of negative lifetime events (such as childhood adversities or the death of a

spouse), the higher the loneliness score (Hensley et al, 2012). Palgi et al (2012) found that potential lifetime traumatic events such as being abused or the death of a child were predictors of loneliness in the second half of life

- **Being gay or lesbian.** The Campaign to End Loneliness has identified loneliness as an issue for LGBT teens and LGBT older people, stating that gay older people don't have access to the same circles of support, and may be less likely to see their families (Campaign to End Loneliness, 2015)

- **Lack of transport.** Both the Red Cross and the Campaign to End Loneliness have identified lack of access to transport as a factor in being lonely (Red Cross, 2016) (Campaign to End Loneliness, 2015)

- **Bullying:** Having a history of being bullied has been found to be a predictor of loneliness in young adults (Segrin et al, 2012). Schafer et al (2004) found that former victims of bullying were significantly more emotionally lonely

- **Motherhood and being a young mum:** Mandai et al (2018) looked at predictors of loneliness among mothers raising children in Japan, finding that loneliness was significantly associated with being financially worse off, having a smaller family social network, having fewer friends, and having a smaller social networking sites network. Research by the Young Women's Trust (2017) found that over a quarter of young mothers left the house once a week, one in five young mums always felt lonely, and 57% felt they had become lonelier since becoming a mother. A review by Bristol City Council (2014) found that young and/or single mothers on low incomes are at particular risk of social isolation

- **Carers**: An analysis by Carers UK (2017) looking at loneliness in carers of all ages found that 8 out of 10 carers have felt lonely or socially isolated due to a caring role. More than 9 in 10 (93%) of those caring for a disabled child have felt lonely and isolated, and loneliness is higher for those juggling care with bringing up children. Younger carers experience higher levels of loneliness or social isolation, with 84% of carers under 24 years old having felt lonely or isolated as a result of their caring role

6. Who is at risk of loneliness in Worcestershire?

6.1 Developing a Loneliness Map

In order to try and estimate whereabouts in Worcestershire those at risk of loneliness are most likely to live, a Loneliness Risk Map has been generated using the Council's consumer profiling system, ACORN.

In order to develop a risk map, the predictors of loneliness generated by the literature review were mapped to a list of ACORN indicators, as follows:

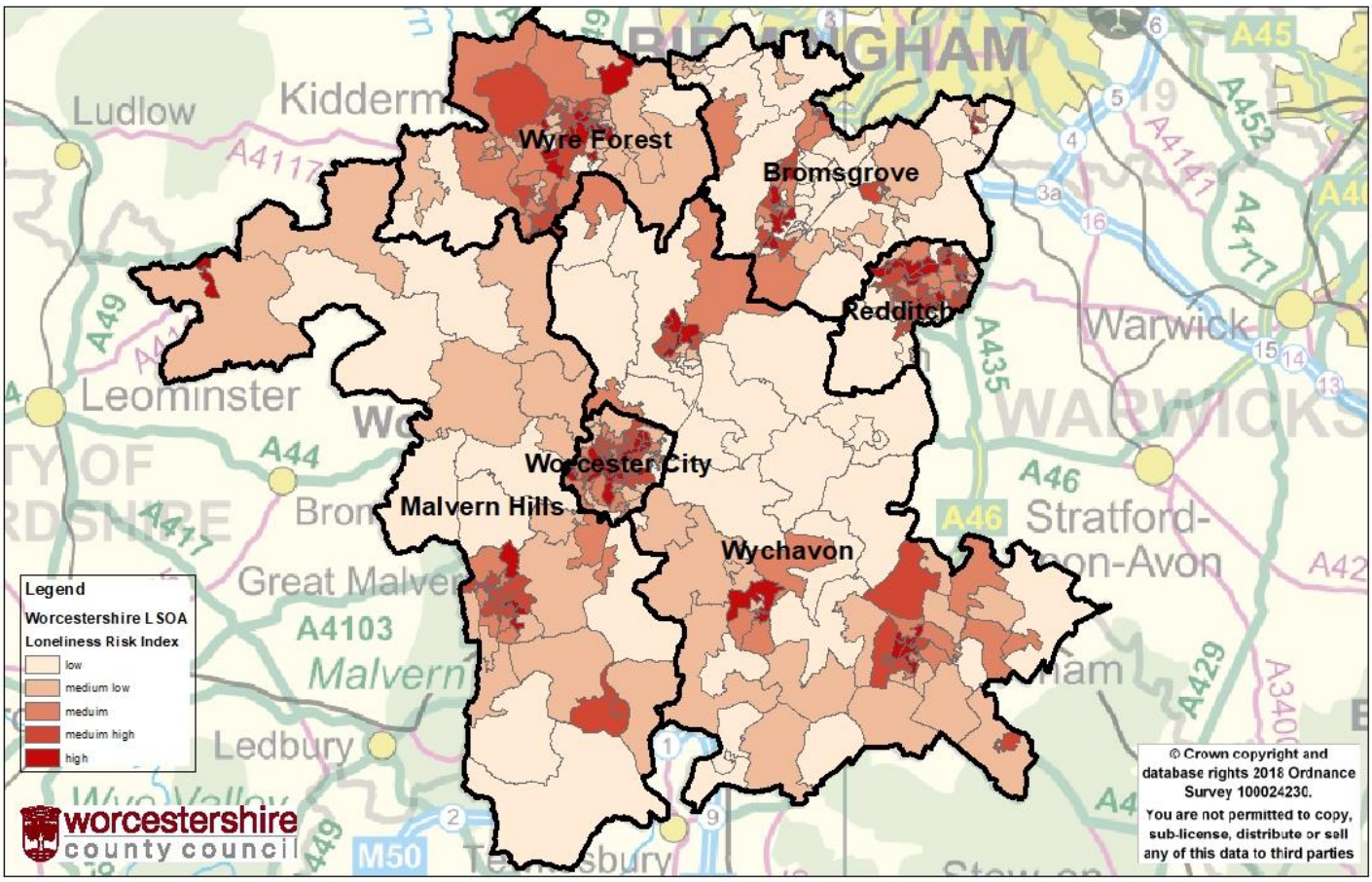
Table 1: List of ACORN indicators:

Being single/living alone:	**Poor health**	**Socioeconomic factors**	**Ethnicity**
Household size: 1 person *(weighted 2)* Structure: single person, no children Structure: single parent Children at home: 0	Contentment: not satisfied with health *(weighted 2)* Benefits: Disability Living Allowance Ever diagnosed: clinical depression	Economic activity: unemployed Social grade: D Social grade: E Highest level of qualification: none Contentment: not satisfied with income Loans: unsecured debt greater than £15,000 Household income: £0-20,000	Loans: unsecured debt greater than £15,000 Household income: £0-20,000 Ethnicity: Asian Ethnicity: Black
Neighbourhood	**Transport**		
Accommodation issues: extent of vandalism – fairly or very common Isolation: belong to neighbourhood – disagree Isolation: can borrow things from neighbours – disagree Isolation: talk regularly to neighbours – disagree Isolation: can go to someone in my neighbourhood for advice – disagree	Car ownership: number of cars – 0		

Given the weight of the evidence behind being/living alone and poor health as predictors for loneliness these indicators were weighted as 2 when calculating loneliness risk scores.

Risk factors for loneliness derived from the literature were matched with variables from the Household Acorn[1] geodemographic segmentation, shown in the table above. A risk score was then generated for each Household Acorn type using their likelihood of having these risk factors. The average Loneliness Risk Score for each lower super output area (LSOA) in Worcestershire was then calculated from the risk score of all the households within that area, to generate the following Loneliness Risk Map for Worcestershire.

Figure 3: Loneliness Risk Map for Worcestershire County Council



Map showing Loneliness Risk Index based on Household ACORN*

Produced by WCC Research Team, June 2019

*© CACI Limited 2013 - 2019

This is a relative risk map showing areas of higher and lower risk for loneliness across the county. The risk map for Worcestershire shows areas of higher risk in each district, with risk looking particularly concentrated in Worcester City, north Redditch, and across Wyre Forest. Risk seems to be more concentrated in the urban areas and there is correlation with deprivation. There is a particular pocket of higher risk in the Warndon area that does not come across visually. Maps of the higher risk areas across the county are pictured below and explored in more detail.

The maps have been produced by mapping across Lower Super Output Areas (LSOAs) rather than wards, and so for ease, the names of wards have been labelled on the district maps.

Although a helpful tool, these maps have their limitations:

[1] Household Acorn is a geodemographic segmentation of the UK's population at household level which segments households into 6 categories and 62 types. It analyses significant social factors and population behaviour to provide precise information and in-depth understanding of different types of households and the people within them.

- They provide a visual depiction of the risk of loneliness rather than loneliness itself, which we cannot know about objectively due to its personal and transient nature and a lack of robust data about who is or is not lonely

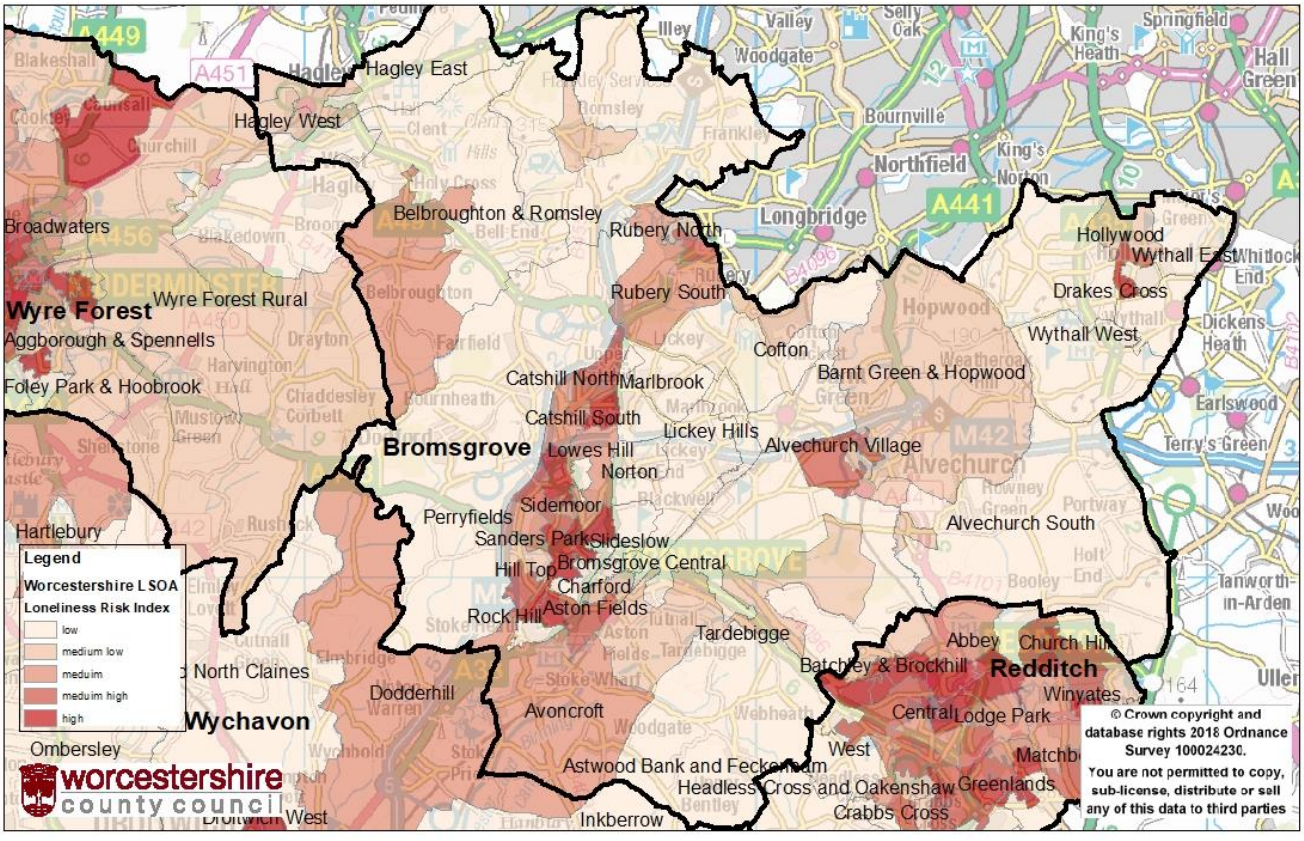
- The risk factors inputted may not be entirely comprehensive due to the nature of the evidence, particularly for younger and middle aged people, where the evidence for loneliness predictors is much thinner than for older people

- ACORN cannot take account of all indicators for example unable to look at specific groups such as widowed, carers, and young mums. The needs of these groups are explored separately in the next section

6.1.1 Loneliness Risk Maps: Higher risk areas

6.1.1.1 Bromsgrove/Redditch

Figure 4: Loneliness Risk Map for Bromsgrove/Redditch



Map showing Loneliness Risk Index based on Household ACORN*

Produced by WCC Research Team, June 2019

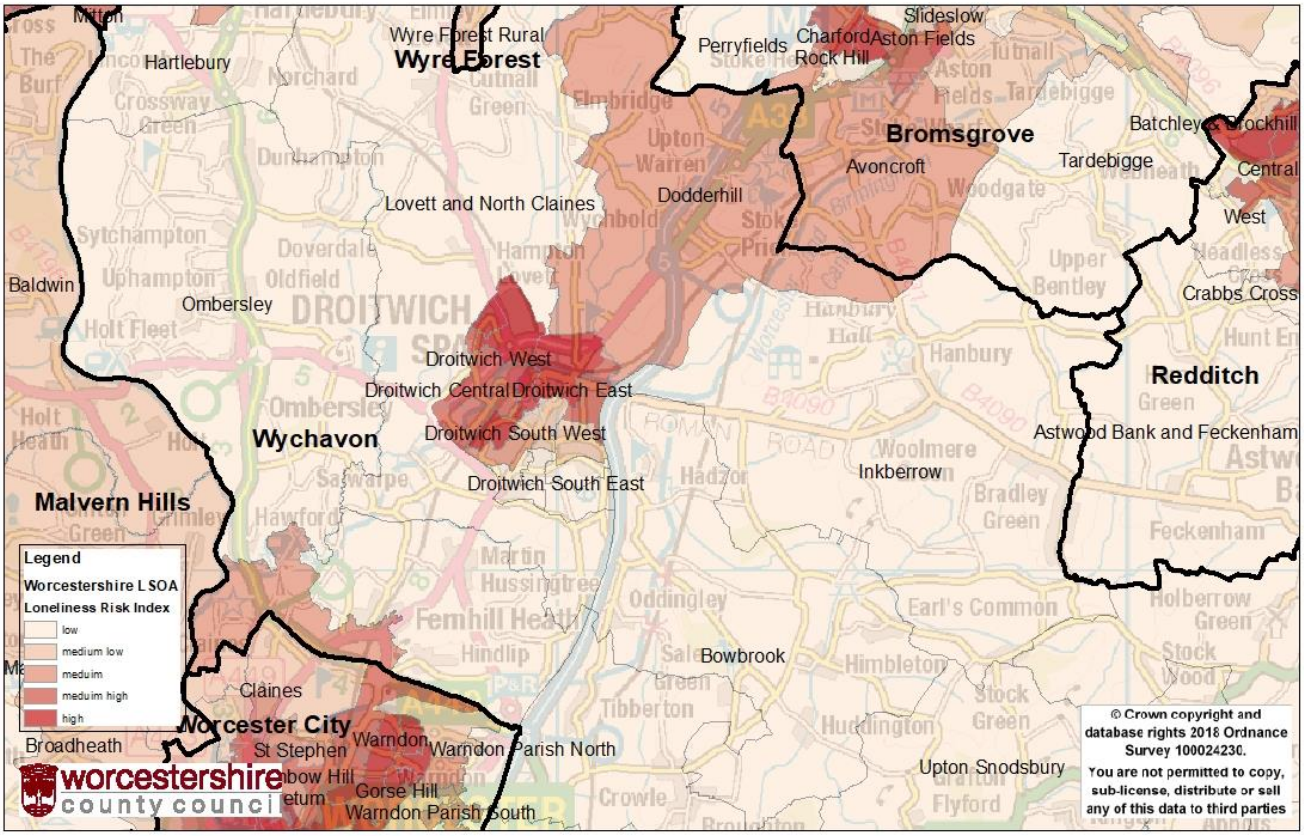
* © CACI Limited 2013 - 2019

In Bromsgrove the areas of highest risk are in Bromsgrove Central, Slideslow, Rock Hill, Aston Fields, Catshill South, Lowes Hill and Drake Cross wards. There are medium high risk areas in Alvechurch Village, Rubery North, Rubery South, Belbroughton and Romsley, and Avoncroft. Most of the more rural areas in Bromsgrove are low or medium low risk for loneliness including Perryfields, Lickey Hills, Alvechurch South and Hagley East.

The areas of higher risk in Redditch are all in the north of the district, with the highest risk areas in Batchley and Brockhill, Central, Lodge Park, Winyates and Church Hill wards. The south of Redditch (Astwood Bank and Feckenham ward) is a low risk area.

6.1.1.2 Wychavon (north)

Figure 5: Loneliness Risk Map for Wychavon (north)



Map showing Loneliness Risk Index based on Household ACORN*

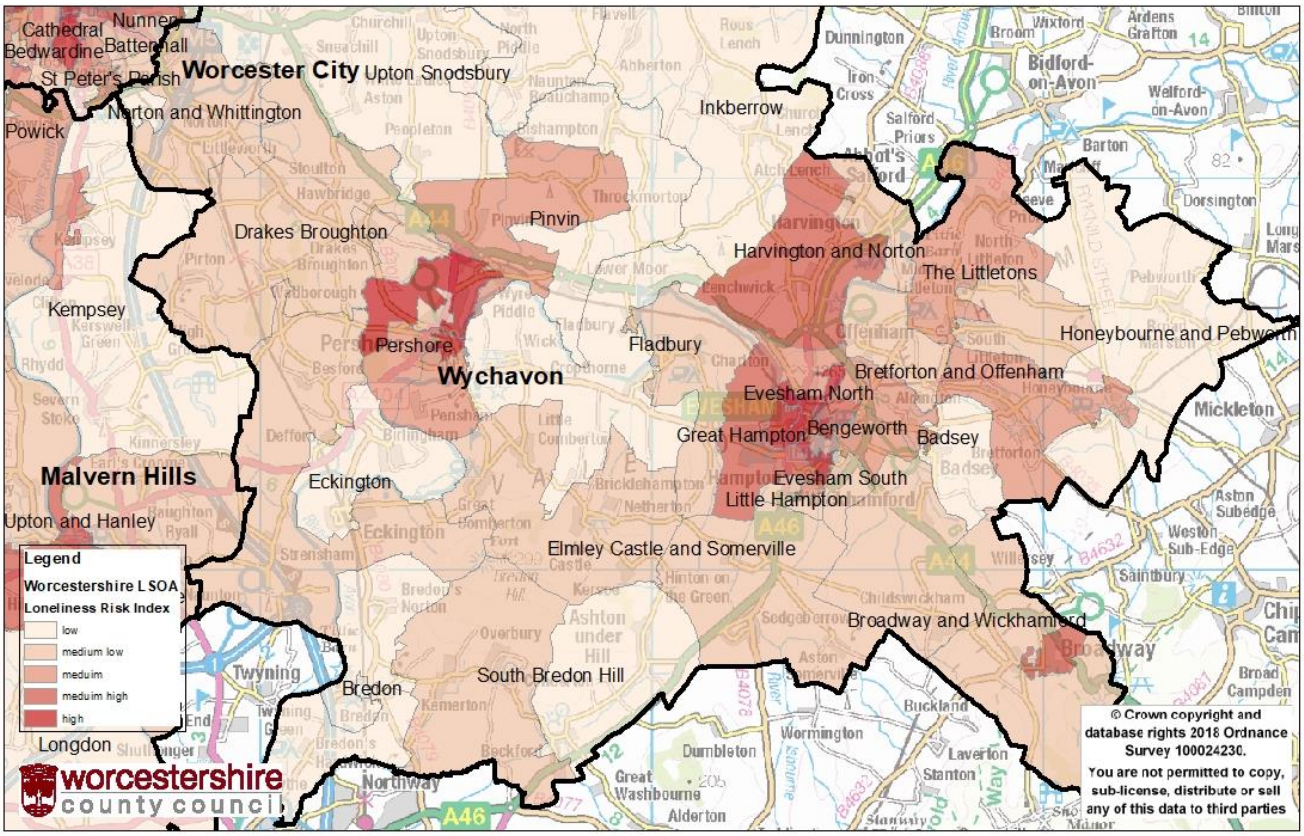
Produced by WCC Research Team, June 2019

* © CACI Limited 2013 - 2019

Pockets of high risk in north Wychavon are focused in Droitwich with an area of medium risk in Dodderhill ward around Upton Warren. The rest of the north of the district is lower risk.

6.1.1.3 Wychavon (south)

Figure 6: Loneliness Risk Map for Wychavon (south)



Map showing Loneliness Risk Index based on Household ACORN*

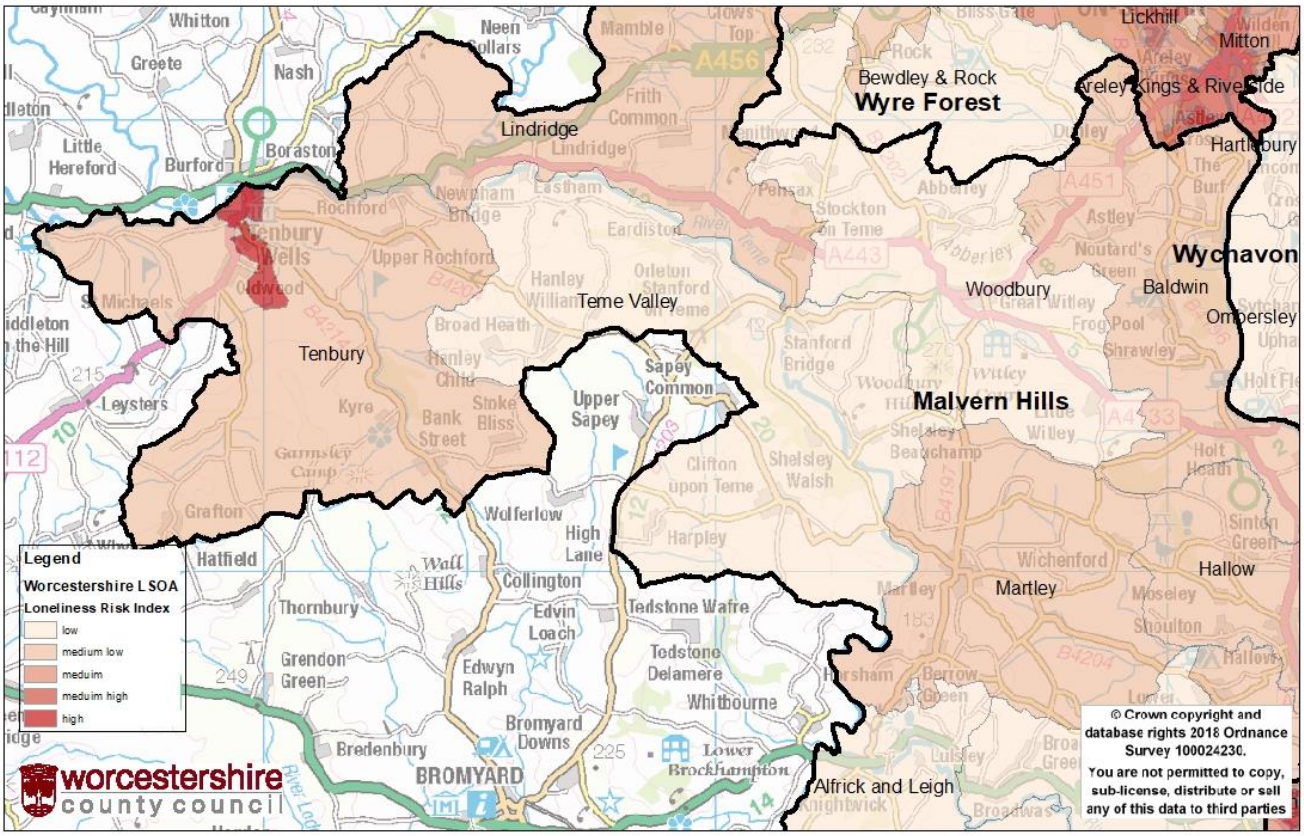
Produced by WCC Research Team, June 2019

* © CACI Limited 2013 - 2019

In the south of Wychavon there are higher risk areas around north Pershore and Evesham, with a high risk area in Harvington and Norton.

6.1.1.4 Malvern (north)

Figure 7: Loneliness Risk Map for Malvern (north)



Map showing Loneliness Risk Index based on Household ACORN*

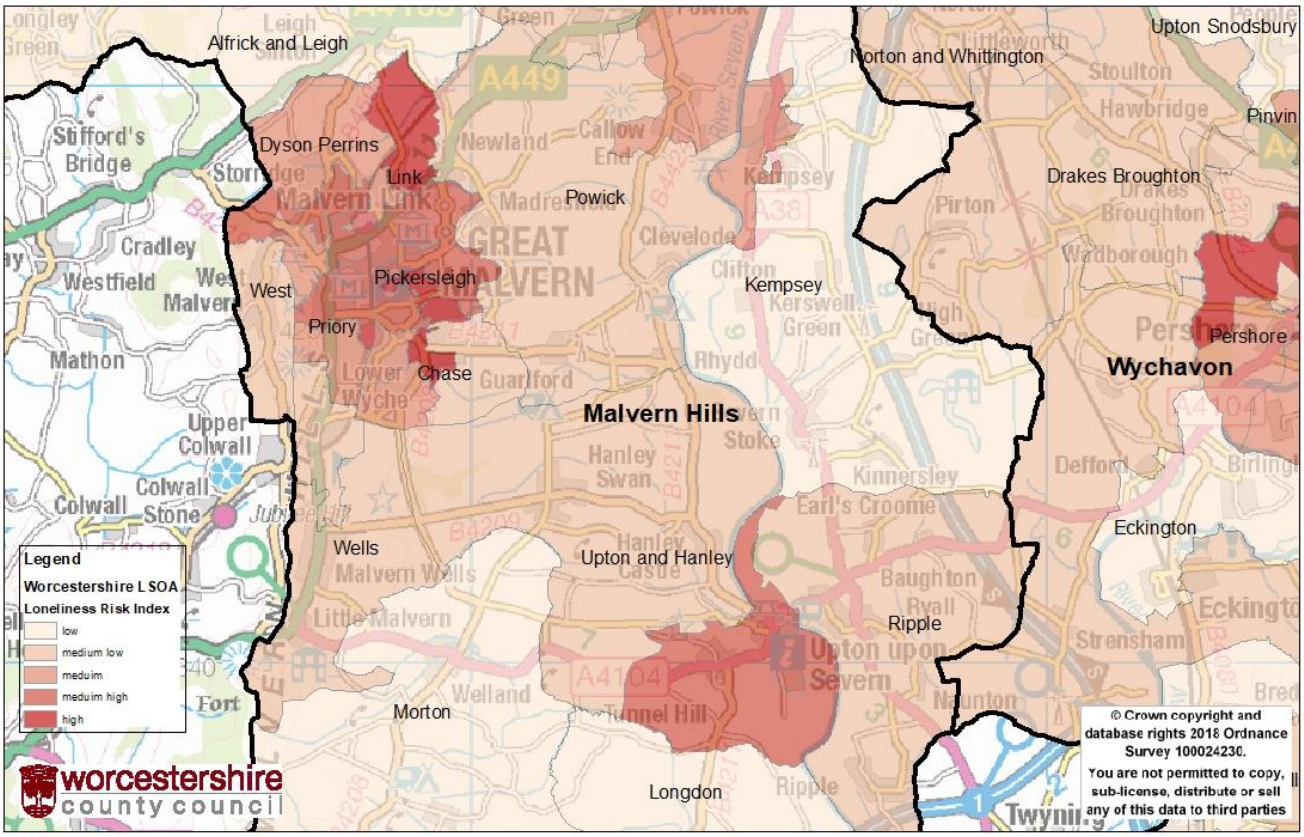
Produced by WCC Research Team, June 2019

* © CACI Limited 2013 - 2019

In the north of Malvern district, only the town of Tenbury Wells seems to be a high risk area. The rest of Tenbury and Lindridge is a medium risk area, with more medium risk areas in Martley, Hallow and Baldwin.

6.1.1.5 Malvern (south)

Figure 8: Loneliness Risk Map for Malvern (south)



Map showing Loneliness Risk Index based on Household ACORN*

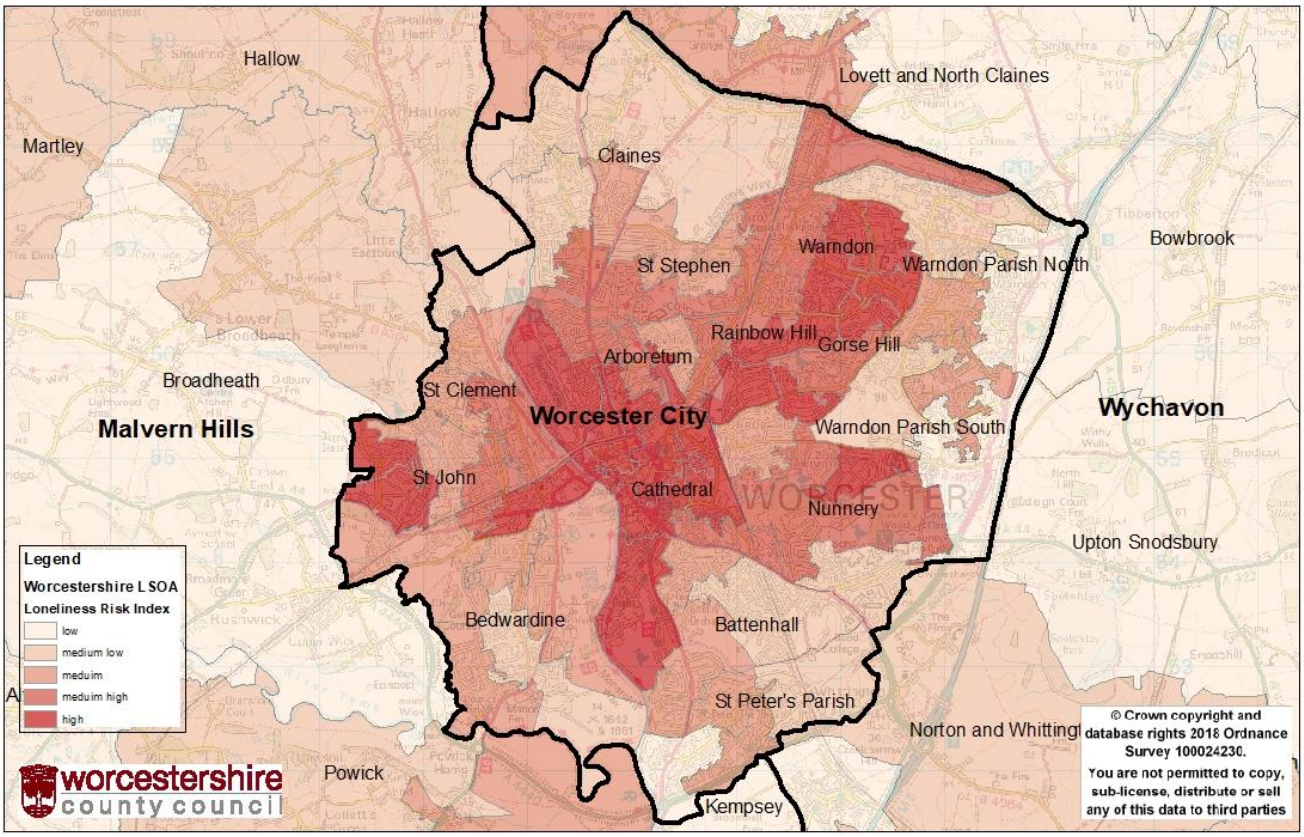
Produced by WCC Research Team, June 2019

*© CACI Limited 2013 - 2019

Areas of high risk in south Malvern are around Malvern itself, in Pickersleigh, Chase, and Link wards. There are areas of medium high risk in Priory, Dyson Perrins, and the south of Upton and Hanley around Tunnel Hill and Upton upon Severn.

6.1.1.6 Worcester City

Figure 9: Loneliness Risk Map for Worcester City



Map showing Loneliness Risk Index based on Household ACORN*

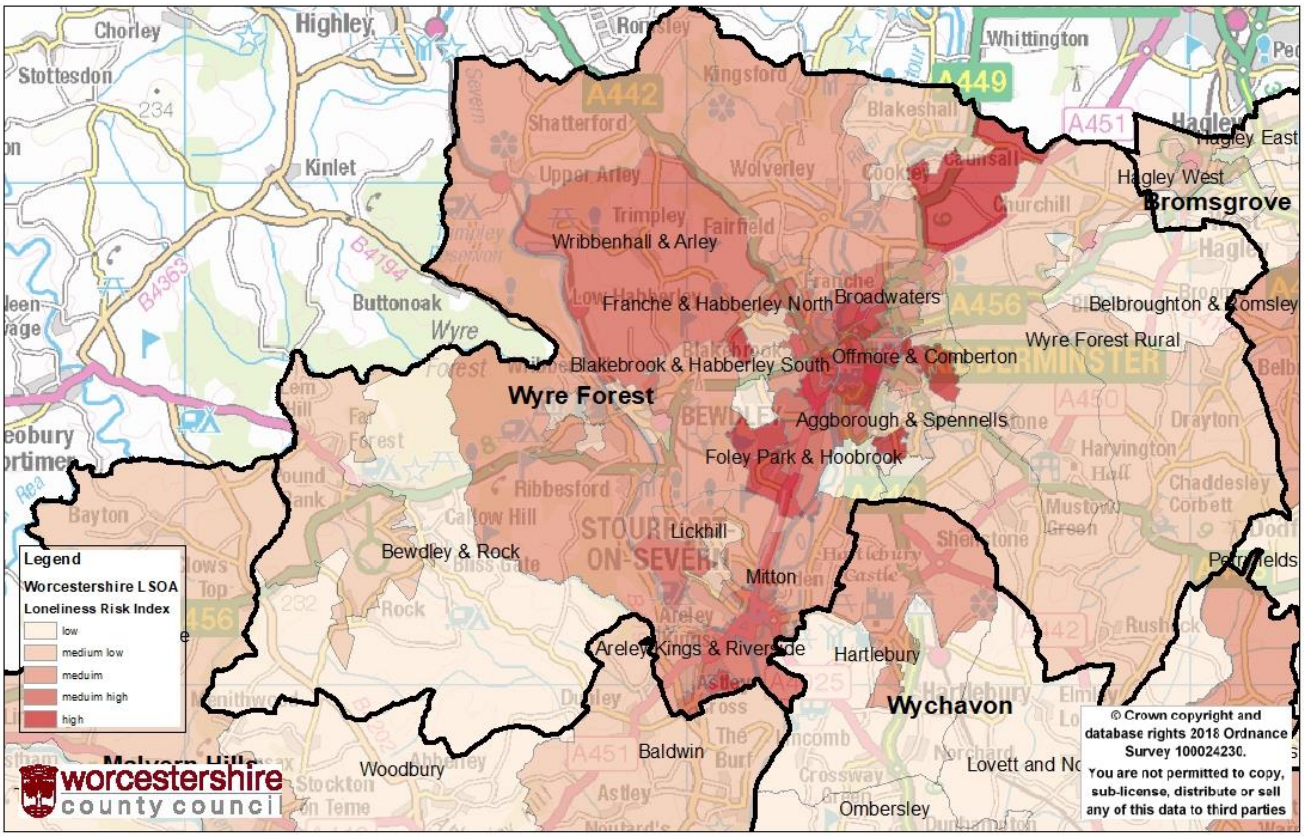
Produced by WCC Research Team, June 2019

* © CACI Limited 2013 - 2019

The district of Worcester City has quite a few high risk areas including in Cathedral ward, St John, Nunnery, Rainbow Hill, Gorse Hill and Warndon. A lot of the wards have medium and medium high areas with only the edges of Warndon Parish North and South being low risk, as well as the area at the south of St Peter's Parish.

6.1.1.7 Wyre Forest

Figure 10: Loneliness Risk Map for Wyre Forest



Map showing Loneliness Risk Index based on Household ACORN*

Produced by WCC Research Team, June 2019

* © CACI Limited 2013 - 2019

Areas of high risk in Wyre Forest are focused around the town of Kidderminster in Foley Park and Hoobrook, Offmore and Comberton, Broadwaters, Aggborough and Spennells and Blakebrook and Habberly South. There is also a high risk area in the north of Wyre Forest rural, near Caunsall and Churchill. There are also some medium and medium high risk areas near Stourport on Severn.

6.2 Exploring other data sources

Exploring predictive data using ACORN can only take us so far, and as stated, while this method is a helpful tool for approximately loneliness risk it does not give us a hard and fast picture of loneliness across the county. The maps are only one tool for enabling us to think about where the risk of loneliness might be higher. In order to build up a fuller picture, it is helpful to explore what other sources of data can tell us about the existence of loneliness across the county.

6.2.1 Data from loneliness-related services

6.2.1.1 Data from the Reconnections service

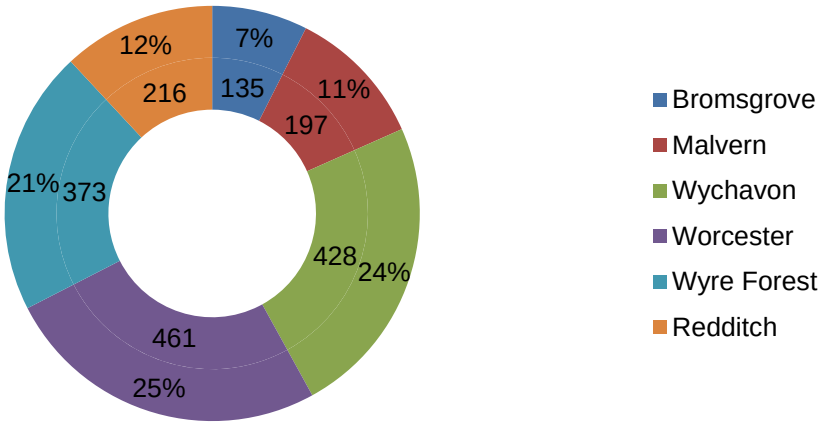
Reconnections is a loneliness reduction service for over 50s currently being delivered across Worcestershire. Data has been provided on referrals since the service started in May 2015 up to May 2019, sorted by loneliness score (the service uses the UCLA Loneliness Scale). The

data includes those who scored a 4, 5 or 6 on the loneliness scale although those who scored a 4 would not have been in formal receipt of the service due to lack of eligibility. There were 1832 referrals for which a loneliness score was provided. On the whole, the majority of referrals that were scored were for females rather than males (68%) and the 70/30 split was fairly consistent across the three categories of risk scores. The average age of those referred was 79. Interestingly, the average age decreased as risk score increased:

- Score 4/5/6: average age 82
- Score 7/8/9: average age 80
- Score 10/11/12: average age 75

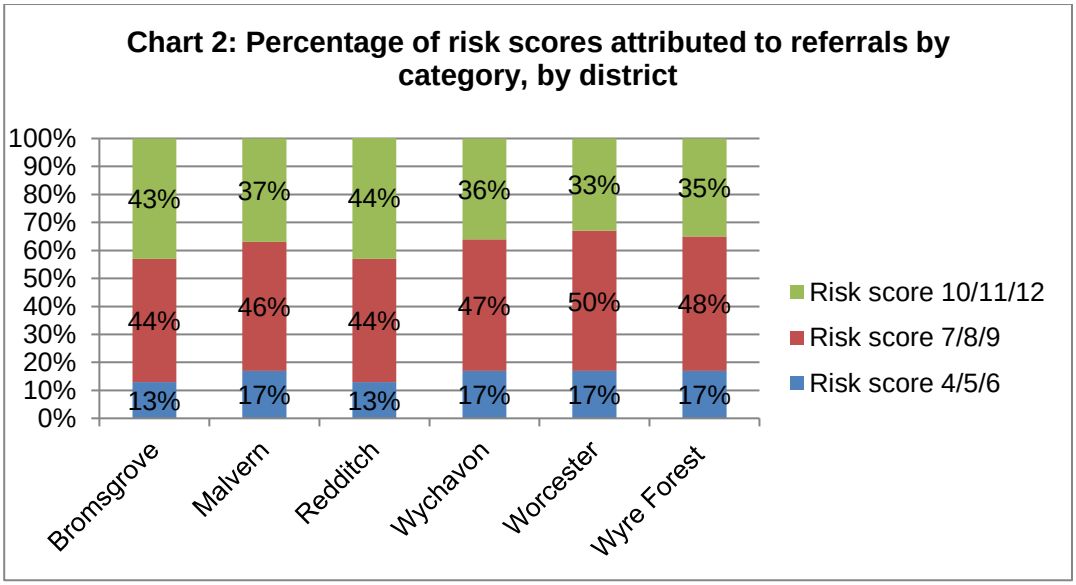
The district with the highest number of referrals (across all scores) was Worcester at 461, followed by Wychavon at 428.

Chart 1: Percentage and number of referrals to the Reconnections service, by district



Source: Reconnections Referrals Data

The percentage of risk scores attributed to individuals who were referred to the service varied by district, as displayed in Chart 2 below. Redditch had the highest percentage of risk score 10/11/12 referrals at 44%.



Source: Reconnections Referrals Data

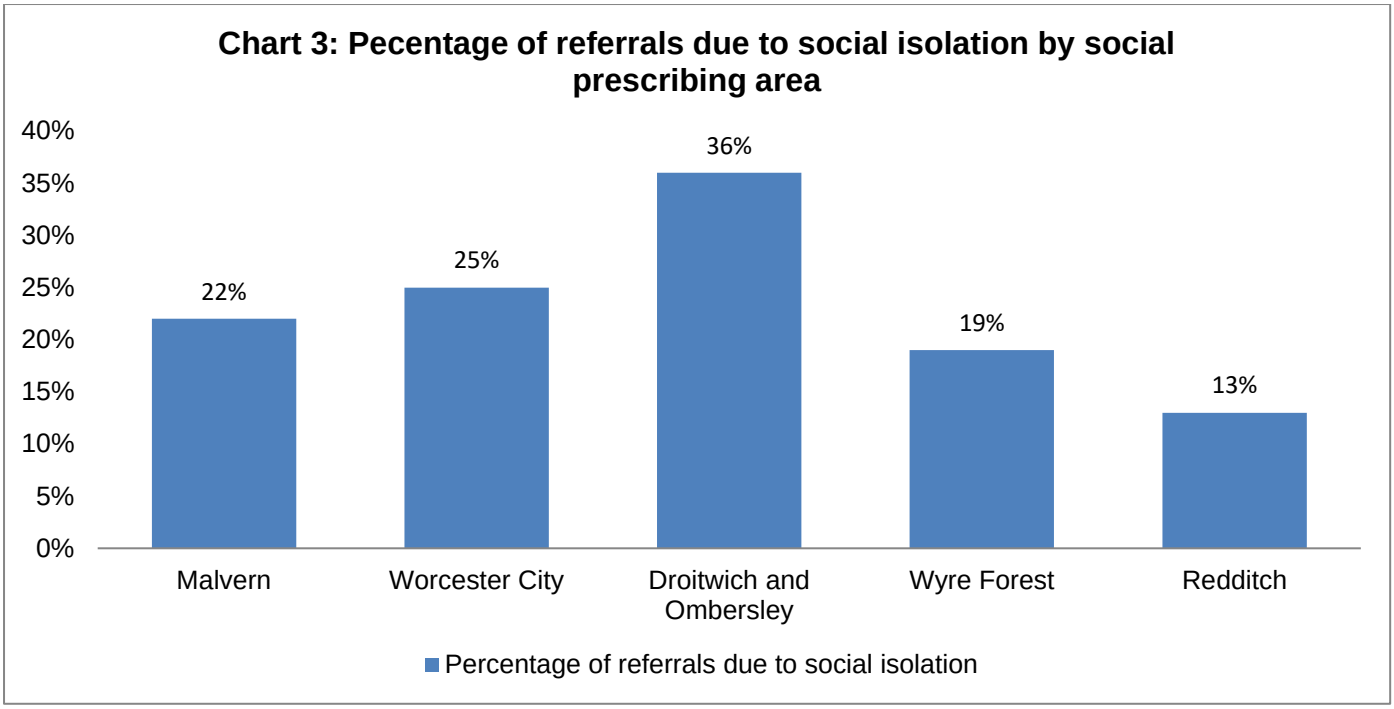
6.2.1.2 Social prescribing data on loneliness

Worcestershire County Council ran a social prescribing pilot from 2018-19, taking place in the following GP practices:

- Redditch (covering two practices only utilising an existing employee)
- Redditch (covering 9 practices)
- Worcester City (all practices)
- Wyre Forest (all practices)
- Malvern Town & Rural (all Malvern Town and Rural GP practices)
- Droitwich & Ombersley (all Droitwich and Ombersley GP practices)

As part of the social prescribing pilot data was collected on reason for referral which includes data on those referred because of social isolation. Although social isolation is not always a proxy for loneliness we can assume that being referred to the service for this reason implies the individuals are experiencing some negative consequences of being isolated and so it may be helpful to look at and consider what this data tells us.

Overall, 21% of referrals from social prescribing services have been due to social isolation – the second most common reason for referral after anxiety/stress/depression/low mood. However, this differs across the localities as follows:



Source: Social Prescribing Data, Worcestershire County Council

It would appear that the largest number of referrals for social isolation come from the Droitwich and Ombersley area. However, as previously stated, social isolation does not necessarily equate to loneliness and there may be other reasons for increased referrals for this reason from this area.

6.2.2 PHE Outcome Measure

Loneliness is measured as part of the Public Health Outcomes Framework (PHOF). The measure is quite a limited indicator of loneliness and information is not provided at the district level. The statistics for Worcestershire are as follows:

- **Social isolation – percentage of adult social care users who have as much social contact as they would like (18+ years): 49%/.** This is better than the percentage for England (46%) and for the West Midlands as a whole (47%). The area with the highest percentage in the West Midlands is Herefordshire, at 53.3%. This data is from 2017/18.

- **Social isolation – percentage of adult social care users who have as much social contact as they would like (65+ years): 45.4%.** This is better than the percentage for England (44%) and for the West Midlands as a whole (43.6%). The area with the highest percentage in the West Midlands is Herefordshire, at 52.7%. This data is from 2017/18.

- **Social isolation – percentage of adult carers who have as much social contact as they would like (18+ years): 38.4%.** This is better than the percentage for England (35.5%) and for the West Midlands as a whole (36.9%). The area with the highest percentage in the West Midlands is Staffordshire, at 44.2%. This data is from 2016/17.

- **Social isolation – percentage of adult carers who have as much social contact as they would like (65+): 36%.** This is worse than the percentage for England (38.3%) and for the West Midlands (39.2%). This data is from 2016/17.

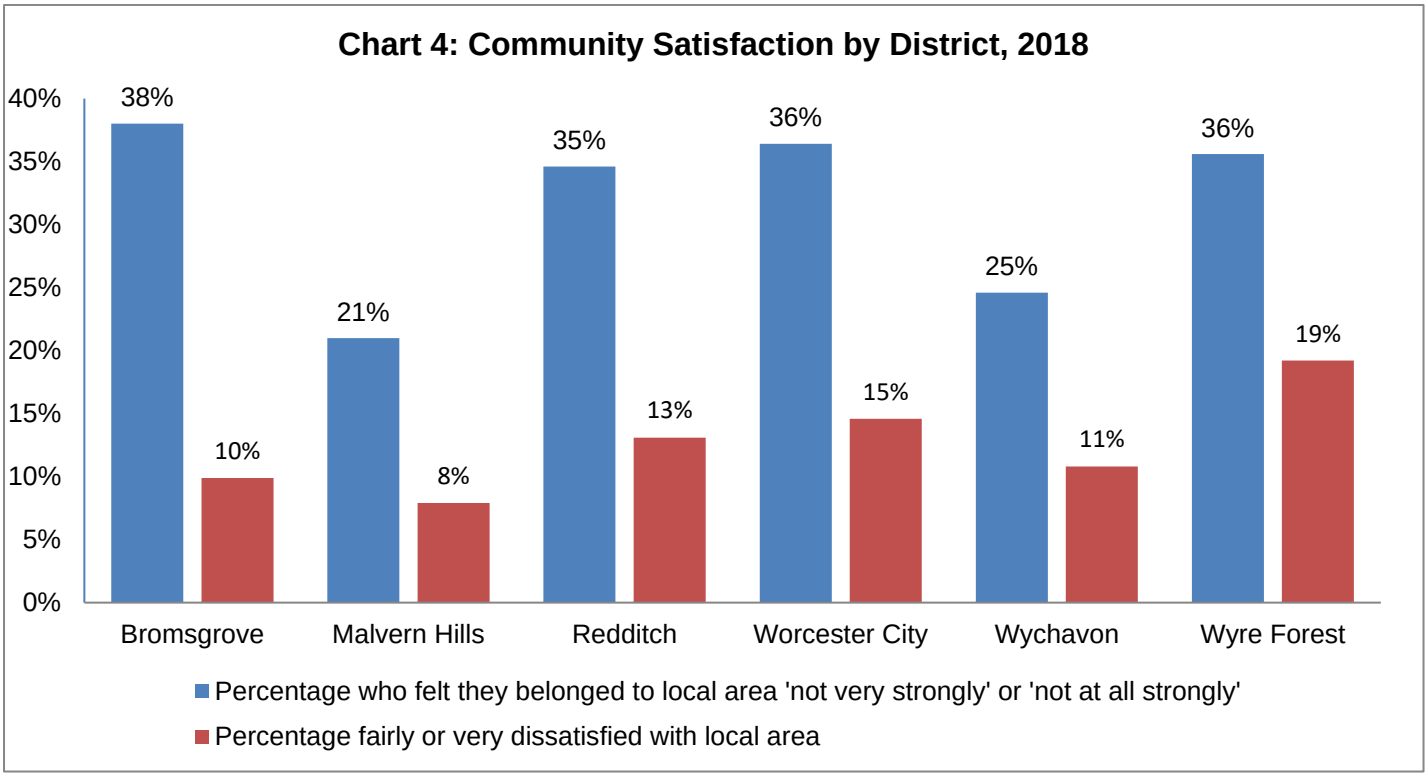
The only area in which Worcestershire performs worse than average (compared to national and West Midlands figures) is for social contact in carers aged 65+.

6.2.3 Data from local surveys

6.2.3.1 Worcestershire Viewpoint Survey

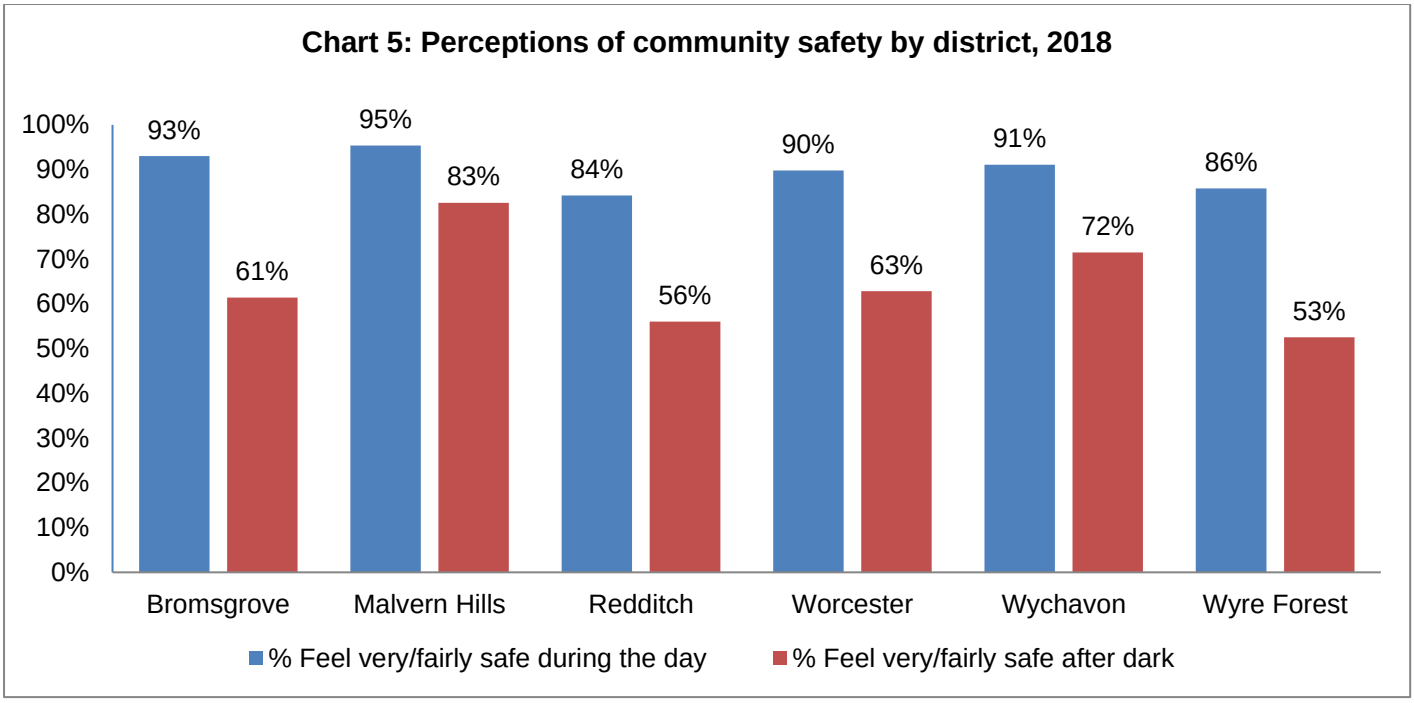
Perceived quality of neighbourhood has been shown to be a predictor of loneliness. Although some related factors were available to map using ACORN, some extra data is available as part of Worcestershire Viewpoint survey 2018.

The survey asked residents: "Overall, how satisfied are you with your local area as a place to live?" The proportions who were fairly or very dissatisfied varied across the districts. The survey also asked residents how strongly they felt they belonged to their local area, and the proportion who felt not very strongly/not at all strongly varied similarly, with Bromsgrove being the district where people felt they belonged least, and Wyre Forest being the area where people were most dissatisfied with their local area:



Source: Worcestershire Viewpoint Survey, 2018

The survey also provided data on feelings of community safety by district, which were as follows:



Source: Worcestershire Viewpoint Survey, 2018

Perceptions of safety appear to be lowest in Redditch during the day and Wyre Forest at night.

6.2.3.2 Loneliness stakeholder survey

Between 17 June 2019 and 8 July 2019, the three Worcestershire CCGs (Redditch and Bromsgrove CCG, South Worcestershire CCG and Wyre Forest CCG) and Worcestershire County Council ran a survey to engage with the Worcestershire population to gain views on a new Reducing Loneliness and Isolation Service. This survey provided some information on potential loneliness levels across Worcestershire County Council.

542 people responded to the survey, which represents a very high response rate for an engagement survey of this sort. The youngest respondent was aged 16 and the oldest was aged 93. Of those who answered, 18% were aged 49 and below. The largest age group were those aged 65 – 74 (29% of respondents).

Of those who completed the survey, 21% reported feeling lonely. Of those who felt lonely, 41% stated that they felt lonely every day and thought that the best support (37%) would be someone to talk to or meet up with regularly; 26% thought the most beneficial support would be to meet a group to talk to or meet up with regularly. Only 8% thought help to access information and advice would be the most beneficial form of support.

15% of respondents specified that they felt socially isolated. 72% indicated that they or a friend/relative had experienced some type of life event in the last three years. Of these respondents, 39% thought that level of support received at that time was not appropriate. The key themes of what support would have been needed were:

- Increased advice/support from Primary and Secondary care
- Having someone to talk to

54% of respondents reported having heard of the existing service to reduce loneliness and isolation for older adults, currently provided by Reconnections. Only 5% of respondents had

used a service to support them with loneliness and isolation. However, the comments would suggest that this figure was higher and that this question was not communicated effectively to stakeholders.

Respondents also provided their thoughts on what a new loneliness service for Worcestershire might look like. The majority of respondents (75%) thought that the age limit of a new service should be lowered to include people aged between 18 - 49 and believed that the best help for this age group would be someone to talk to on a one-to-one basis. The key themes from those who did not think the age limit should be lowered were:

- Limited resources/funding available
- The belief that younger people already have access to support services/family/friends
- The belief that one type of service does not suit everyone

Respondents thought that the project leads should consider the following points when setting up a new service (ranked in order of most mentioned):

1. Access and advertising the service
2. Transport and distance issues
3. Face-to-face, one-to-one support
4. Accessing existing groups
5. The service should not be ‘one size, fits all’
6. Support for new parents
7. Support for carers
8. Outreach to ‘find’ those who might need support
9. Support for rural communities
10. Increased access to education and skills

6.2.4 Other relevant demographic data

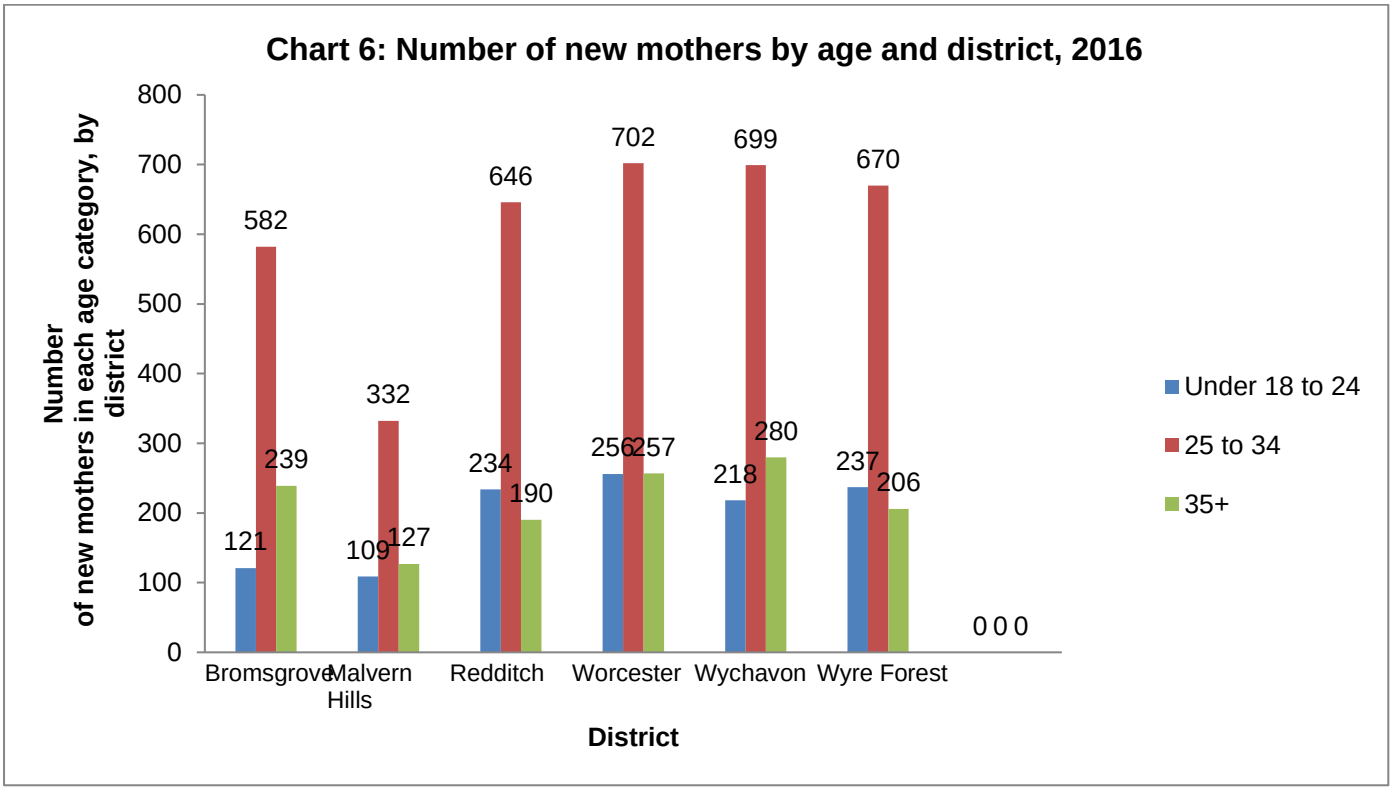
6.2.4.1 Being widowed

Although the literature indicated that being widowed is a risk factor for loneliness, ACORN is unable to map this. Bereavement support payments offer some insights into the geographical locations of those newly widowed (Department of Work and Pensions (DWP), 2018). DWP provides data on bereavement support payments which are as follows for the districts in June 2018:

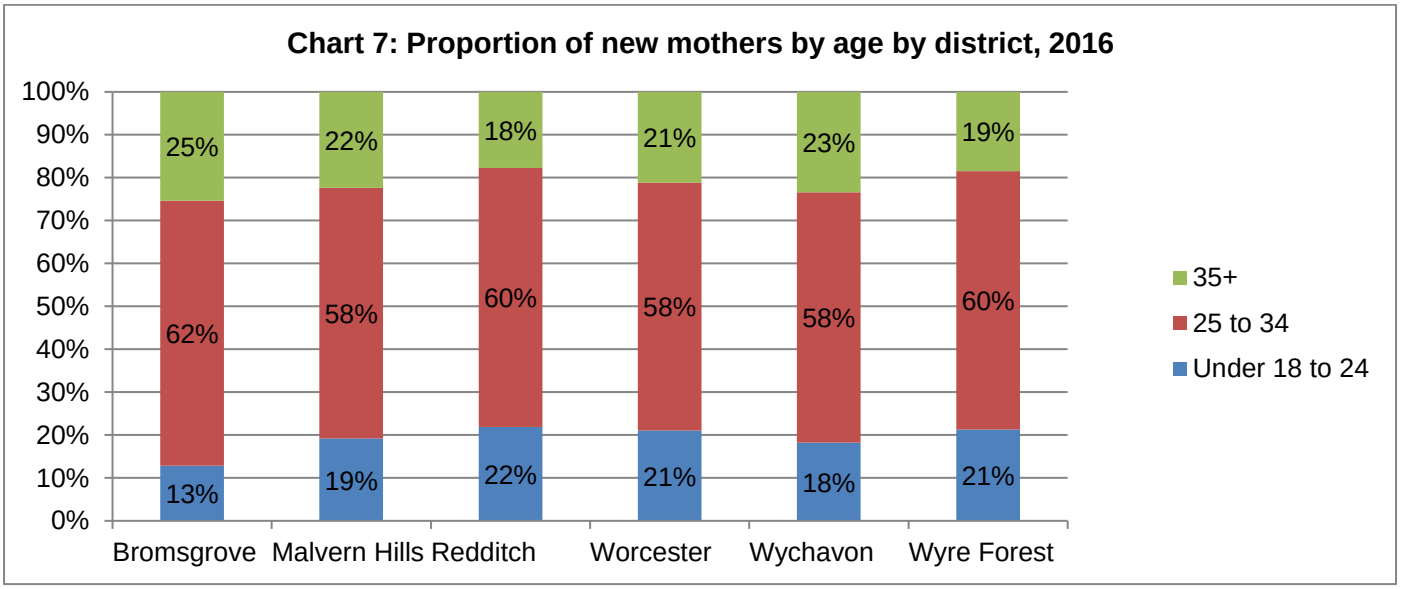
- Bromsgrove: 70
- Malvern Hills: 60
- Redditch: 60
- Worcester: 70
- Wychavon: 90
- Wyre Forest: 70

6.2.4.2 Motherhood and being a young mum

Being a new mother and a young mum have been shown in the grey literature to be potential predictors for loneliness. Becoming a new mother is a life transition point which may lead to increased loneliness. ACORN is unable to map this. The Office for National Statistics (2017) provides data on births by mother's usual residence broken down by age range. The data for Worcestershire is displayed in the charts below, split by district.



Source: Office for National Statistics, 2017



Source: Office for National Statistics, 2017

The highest number of new mothers in Worcestershire in 2016 was in the Worcester district (1215 new mothers). Worcester had the highest number of young new mothers aged between

under 18 and 24 (256) followed by Wyre Forest (237) and Redditch (234). The highest proportions of young mothers are in Redditch (22%), Wyre Forest (21%) and Worcester (21%).

6.2.4.3 Carers

The latest figures on the number of carers in Worcestershire come from the Census in 2011 and therefore are likely to be out of date. DWP provides numbers of people in receipt of Carer's Allowance. The number of people in receipt of an allowance as of November 2018 varies across the districts as follows (Department of Work and Pensions, 2019):

- Worcester: 1,180
- Wychavon: 1,336
- Bromsgrove: 843
- Redditch: 1,249
- Malvern Hills: 782
- Wyre Forest: 1,404

These figures indicate that Wyre Forest is the district with the highest number of carers in receipt of Carer's Allowance.

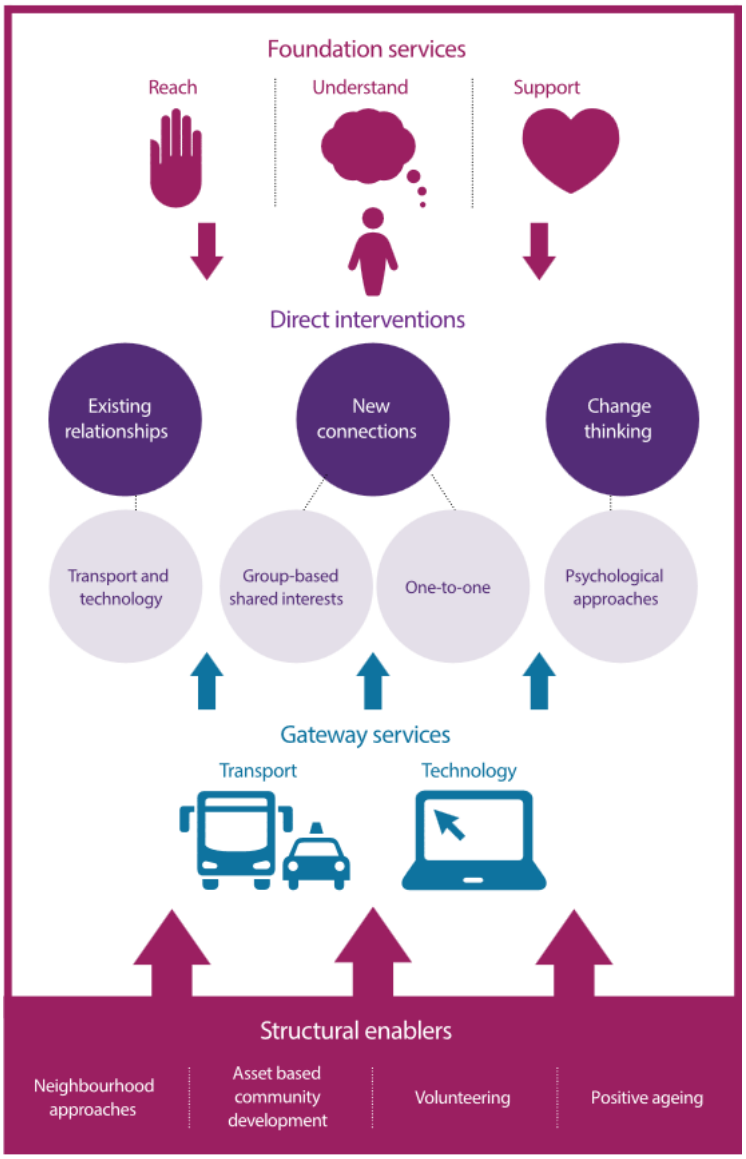
However, these figures do not give us a great insight into the true number of carers in the districts, as many carers may not be eligible for or claiming Carer's Allowance. People become eligible for Carer's Allowance if the person they care for is eligible for a disability related benefit, they look after a person for at least 35 hours a week, and don't earn over £123 a week.

7. What services exist for lonely people in Worcestershire?

The Campaign to End Loneliness and Age UK have developed a framework to tackle loneliness featuring four distinct categories of intervention which is helpful for categorising interventions available locally:

- Foundation services: reach lonely individuals and understand their specific circumstances
- Gateway services: provide a gateway to making connections e.g. transport and technology
- Direct interventions: help to maintain existing relationships and enable new connections – either group based or one-to-one support
- Structural enablers: needed in communities to create the right conditions for ending loneliness e.g. volunteering, positive ageing, neighbourhood approaches

This categorisation has been used to explore services currently being provided in Worcestershire.
Figure 11: Categorisation of loneliness interventions (LGA, 2018)



7.1 Foundations services and direct interventions

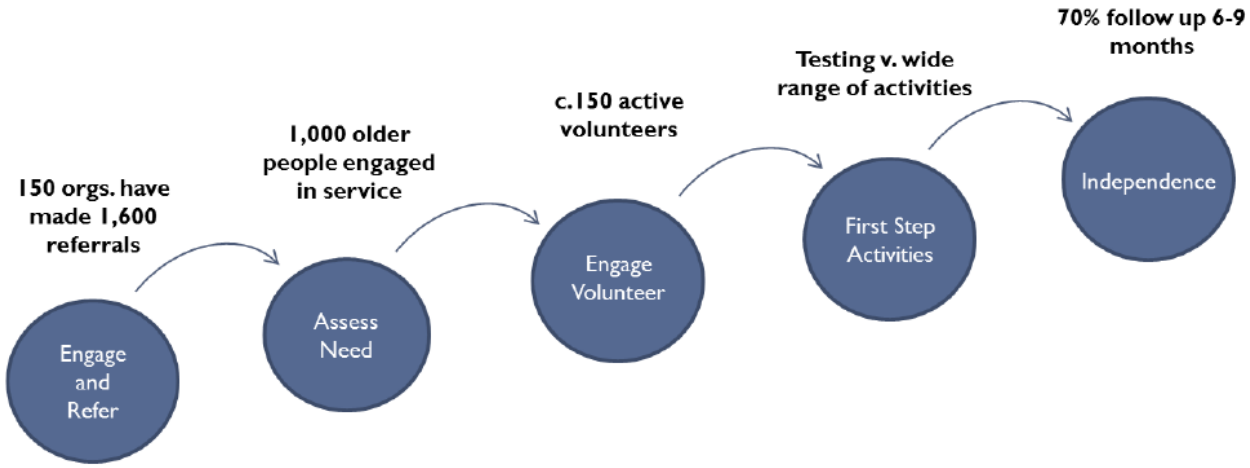
7.1.1 Reconnections service

The Reconnections service is both a foundation service and a direct intervention. The service is a community-based response to loneliness, launched in summer 2015 and providing services for the over 50s. Older people are supported by a volunteer and a case worker for six to nine months. It is currently commissioned on the basis of outcomes. Between 2015 and 2018 the service supported 1,000 older people who had higher needs and more severe loneliness than originally anticipated. The service only takes those who are suffering from severe loneliness and who measure between 7 and 12 on the UCLA Loneliness Scale.

The service is managed by a core team who are responsible for marketing and referrals, triage, assessments, managing volunteers, follow up and the overall service quality, as well as case managers based in four local delivery partners who oversee the work of local volunteers. Age UK Hereford and Worcestershire lead on the programme and three other delivery partners provided services in the first two years: Simply Limitless, Worcester Community Trust and Onside Advocacy. The service currently has 150 active volunteers.

The service operates as follows. Referrals are sought from individuals feeling lonely and health, care, housing and other services, community organisations, and family and friends. Following referral, telephone triage takes place followed by a case worker meeting to discuss needs. Older people are then supported to engage in a range of activities including social groups, visiting/befriending trips, exercise, community singing and emotional support.

Figure 12: Reconnections service pathway



Eight out of 10 participants have said they would recommend Reconnections to friends and family. The service has consistently achieved better outcomes than the benchmark -0.8pt reduction in loneliness score from previous studies, with an average of 1.2pt reduction. The service has also been shown to represent value for money. The London School of Economics have undertaken a cost-benefit analysis based on an annual cohort of 480 people reached and a 46% reduction in the risk of being lonely with a cost of £750 per participant, and this indicated a return on investment of £1.16 per £1 invested.

The London School of Economics produced an interim evaluation report for the Reconnections service in June 2016 (London School of Economics, 2016). As part of this there were a small number of interviews with clients, volunteers and delivery partners which indicated that Reconnections is valued by clients, and all clients were able to identify positive changes in their lives linked to the service. The report identified some challenges for delivering the service, particularly the cost of and access to transportation for service users, which is not covered by Reconnections. Other issues include the fact that some service users want befrienders rather than activities, and there have been issues with availability of volunteers and demands on volunteer time.

7.1.2 Community clubs, groups and activities

There are a number of groups and clubs that exist across Worcestershire that are likely to help reduce loneliness and act as direct interventions, although in some cases that may not be their primary purpose:

- **Physical activity groups**: groups such as Walk and Talk in Worcester which encourages participants to engage in social interaction as well as physical activity, and a buggy and toddler walk in Redditch which aims to support social interaction for parents and carers with children
- **Social groups**: groups such as Friendship and Fun in Redditch which meets on a regular basis to encourage socialisation, and Sue's Little Kitchen in Worcester which involves activities such as chatting, cooking and gardening
- **Singing groups**: groups such as a Community Choir in Bromsgrove and a Community Signing Group in Worcester, open to everyone
- **Activity groups**: groups such as a board game group in Bromsgrove, a garden group in Evesham, and a craft group in Bromsgrove

There are also a number of initiatives which have been established with the explicit aim of reducing loneliness. For example, Worcester Community Trust hosts Snack and Chat, a project aiming to reduce loneliness in older people across Worcester City, which includes the provision of food and games. The service also includes signposting to other sources of support. Age UK Hereford and Worcestershire have established a Men's Shed in Bromsgrove, and are in the process of establishing sheds in both Worcester and Malvern. Men's Sheds provide an environment for people to come together and typically participate in activities should as woodworking and crafting while socialising with other. Age UK also offer activities such as befriending, a walking group and an allotment for the over 50s.

7.1.3 Worcestershire Integrated Carers Hub

The Worcestershire Integrated Carers Hub is a one-stop-shop for carers providing care pathway advisors, carer training, a telephone befriending service and support groups. Carer support groups provide opportunities for carers to meet and talk with others and enjoy recreational activities. Group activities include a choir and a craft group.

7.2 Gateway services and structural enablers

7.2.1 Social prescribing

Social prescribing is a gateway service. Social prescribing is a way of enabling GPs and other frontline health care professionals to refer patients to a social prescriber, providing them with a face-to-face conversation where they can learn about opportunities to improve their health and wellbeing. A social prescribing pilot has been running in Worcestershire across six sites in Redditch, Worcester City, Wyre Forest, Malvern Town and Droitwich and Ombersley. Social prescribers link individuals to services in the community, including befriending groups and others that may help to combat loneliness. The pilot stage of social prescribing in the county is now finished and a permanent social prescribing structure is being established.

7.2.2. Transport schemes

Provision of transport to allow people to get out and socialise is a structural enabler for tackling loneliness. Worcestershire has a number of community transport schemes under the banner of Community Travel Worcestershire ranging from car transport provided by volunteers to the provision of dial-a-ride services and vehicle hire.

7.2.2 Worcester Community Action

Worcester Community Action helps to strengthen the volunteering base across the county by advertising volunteering opportunities, which is another structural enabler for reducing loneliness.

7.2.3 Integrated Care for Older People in Worcestershire (ICOPE)

The ICOPE programme is a structural enabler for tackling loneliness because of a focus on positive aging. The programme consists of partners from across the health and social care system and the voluntary and community sector and aims to improve the experience of ageing across Worcestershire.

8. What works to alleviate loneliness?

To make sensible recommendations about loneliness services in the county it is important to seek out evidence-based interventions that have been proved to be effective for reducing loneliness. In order to do this, a search of the scientific and grey literature was carried out.

8.1 Methods

In order to assess the effectiveness of interventions aiming to tackle loneliness a literature search was carried out by Dudley Library Service. This involved a search of PsycINFO, Medline, EMBASE, EMCARE, CINAHL, BNI and PubMed. An extra search of Ovid and additional Google/Google Scholar searches were also carried out to pick up any papers that may have been missed.

8.2 Results of literature search

8.2.1 Summary

The evidence for effective interventions to tackle loneliness is scant. The evidence search did not return a huge number of studies and even fewer of them were suitably robust. The vast majority of studies are focused on older people meaning there is a large gap in the evidence about what works for younger age groups, particularly the middle aged.

Helpfully a large systematic review by What Works for Wellbeing has been published recently. This involved a sift of 364 reviews and covers the years 2008-2018 so provides a fairly comprehensive overview of what does and does not work to tackle loneliness.

As the evidence is unbalanced and scant, it is difficult to draw firm conclusions about components of interventions that are more or less successful. The grey literature is keen to highlight that there is no 'one size fits all' approach to loneliness because of its subjective nature. The key messages of the evidence review are highlighted below:

- Interventions are more likely to be successful if they are targeted at a particular group and designed with their needs in mind (What Works for Wellbeing, 2018). They may be even more likely to succeed if they are co-produced with that particular group (Centre for Policy on Ageing, 2014) and if social interaction is allowed to continue outside the intervention (NPC, 2019)

- There is some evidence that group interventions are more effective than one-to-one interventions (Dickens, 2011) (Cattan et al, 2005) (University of York, 2014) however this is not particularly convincing and needs further investigation. There is strong evidence that group interventions are effective and that they are more likely to be effective when the offer is primarily around social contact but around activities such as hobbies and sport (NPC, 2019)

- Interventions should focus on helping individuals to build meaningful connections with others (What Works for Wellbeing, 2018) (NPC, 2019)

- Tackling the stigma associated with loneliness is vital for interventions to work (What Works for Wellbeing, 2018) (NPC, 2019)

- Volunteering itself can help to tackle loneliness by increasing the capacity and skills of volunteers (NPC, 2019)

- There is some evidence that signposting and/or navigation services can be cost-effective, but the case for cost effectiveness of befriending or social participation is mixed (London School of Economics, 2017)

8.2.2 Full overview

Below is a comprehensive discussion of the results of the literature search.

8.2.2.1 Systematic reviews

- What Works for Wellbeing (2018) has published an overview of systematic reviews on loneliness conducted between 2008 and 2018, only including controlled study designs and unpublished grey literature in the form of evaluation reports. The review covered 14 academic reviews and 14 unpublished papers from the UK grey literature. The evidence focused on older adults (55 and over). Interventions in the literature were very variable and included interventions such as animal interventions, gardening, physical activity, and befriending. The reviewers found a lot of heterogeneity (differences) in the studies including the use of different measures and definitions of loneliness. In general, the review found no strong effects of interventions designed to tackle loneliness. Results from controlled study designs in community settings and care homes showed no effects of interventions on loneliness. Evidence from the unpublished literature suggested factors relevant to intervention success included the development of companionship, supporting meaningful relationships, and tailoring interventions to specific target groups. The authors make a number of recommendations for designing successful interventions in the review, which include focusing on person-centred interventions, avoiding stigma, and emphasising meaningful relationships and social connections.

- Gardiner et al (2018) published a literature review looking at interventions to reduce social isolation and loneliness among older people. The thematic analysis identified six categories of intervention: social facilitation interventions, psychological therapies, health and social care provision, animal interventions, befriending interventions and leisure/skills development. Most interventions were complex and relied on more than one mechanism, but the review identified some common characteristics leading to intervention success: adaptability to local circumstances and needs, a community development approach, and productive engagement instead of passive activities. This study did not report group interventions as being more effective than solitary or one-to-one interventions.

- Dickens et al (2011) published a systematic review in 2011 looking at interventions tackling social isolation and loneliness in older people. This included sixteen RCTs and sixteen quasi-experimental studies. Participants included caregivers, disease sufferers, housing residents, residents in institutional settings and community dwelling older people. The review included a broad range of interventions including offering activities, support, internet training, home visiting and service provision. 79% of group based interventions and 55% of one-to-one interventions reported at least one improved participant outcome

across social, mental and physical health. However, the authors note that the included studies had medium to high risk of bias.

- Cattan et al (2005) published a systematic review looking at the effectiveness of health promotion interventions to prevent social isolation and loneliness among older people. Nine out of ten of the effective interventions they identified were group activities, whereas six out of eight ineffective interventions were those providing one-to-one support, advice and information or health needs assessment. In contrast to Gardiner et al (2018), the review concludes that educational and social activity group interventions have more potential for tackling loneliness than home visits or befriending.

8.2.2.2 Randomised controlled trials

The randomised controlled trials returned by the literature search tended to be very small scale and not show robust large effects.

- Savikko et al (2010) conducted trial of a psychosocial group rehabilitation intervention for lonely older people (aged 75+) with 117 participants. Results suggest that irrespective of the activity focus of the three groups (art, exercise or writing) the favourable processes, i.e. doing interesting things together, sharing past and present experiences and sharing feelings of loneliness, were similar and led to peer support and feelings of togetherness. Of the participants, 95% felt that their loneliness was alleviated during the intervention; 86% made new friends and 40% continued group meetings on their own.

- Cohen-Mansfield et al (2018) conducted a trial of the I-SOCIAL intervention for lonely older people (65 and above) with 89 trial participants. The intervention involved identifying barriers, individual meetings with an activities counsellor, and up to seven group sessions of participants and their activities counsellors. Loneliness decreased significantly in intervention group ($p < 0.05$).

- Pyonnen et al (2018) conducted a trial of the GoodMood project aimed at promoting mental wellbeing in older people. The participants randomized to the intervention group were allowed to select from three alternatives the intervention regime they thought would benefit them the most, from the choice of exercise programme, personal counselling, and social activity. Loneliness decreased in both the intervention and control groups during the study ($p < 0.001$).

- Jarvis et al (2019) conducted a trial of an intervention delivered via WhatsApp to residents aged 60+ living in four inner-city residential NGO care facilities in South Africa. The sample size was only 29 people. Overall the study found that a low intensity cognitive behavioural therapy (CBT) intervention tailored to individuals can be delivered to older people using smart phones and instant messaging with the potential to reduce loneliness. It was not possible to draw firm conclusions from the study due to the very small sample size involved.

8.2.2.3 Qualitative, mixed methods and pilot studies

There were a large number of qualitative, mixed methods and pilot studies returned by the search of varying levels of quality. Some of the more robust studies showing positive effects were as follows:

- Milligan et al (2015): a qualitative assessment of the 'men's sheds' initiatives set up by Age UK. The assessment concluded that Men's Sheds appeared to have a 'positive impact on men's wellbeing. The analysis suggested that for older men it was important to provide activities that resonated with the type of 'male-based occupations' or activities they engaged with during their working lives.
- Teater and Baldwin (2014): mixed methods study assessing the impact of the Golden Oldies community arts programme (older people's singing sessions). Qualitative analyses indicated the programme provided a reduction in social isolation and an increase in social contact.
- Morton and Forsey (2013): evaluation of the My Time, My Space initiative, a weekly group session for women with postnatal depression/anxiety. Qualitative results suggest participants valued the opportunity to meet new people and made new friends.

8.2.2.4 Grey literature

New Philanthropy Capital (NPC) has recently published a report entitled '10 tips to help your project reduce loneliness' (2019) which included a synthesis of the evidence of what works so far. The report states that due to the nature and different types of loneliness there will never be a 'one size fits all' approach and recognises that the evidence is still scant. There is a big gap in the evidence around what work to tackle loneliness in younger age groups, including the middle aged.

However, the report makes the following key points based on the existing evidence:

- User involvement can increase the impact of interventions to tackle loneliness
- Volunteering itself can help to fight loneliness in volunteers by increasing self-esteem, skills, and capacities of volunteers
- There is evidence that using an asset-based or strength-based approach can improve the effectiveness of loneliness interventions
- There is strong evidence that group interventions can reduce loneliness in older people – the most successful interventions are those where the primary offer is not social contact but something else, for example learning, health promotion, sport etc. Activities should be user led and specifically targeted, and social interaction should be able to continue outside of the intervention
- Bringing people together in meaningful one-to-one connections and nurturing friendships can reduce loneliness
- Stigma is a significant issue and the language chosen to describe services can affect effectiveness
- An age positive approach can work for tackling loneliness
- Most people spend a significant amount of time in their immediate neighbourhood, meaning locality has a significant influence on wellbeing
- Built environment and local area infrastructure e.g. access to transport is essential to support vibrant social networks

- Digital technology can both exacerbate and help to fight loneliness

The London School of Economics (2017) has carried out a systematic review of the cost-effectiveness of interventions to tackle loneliness. This has concluded that signposting and/or navigation services have the potential to be cost-effective with one analysis generating a return on investment (ROI) of between £2 and £3 for each £1 saved. However, the case for cost-effectiveness of befriending and participation in social activities was mixed.

The Office for Public Management (OPM) has published an evaluation of a programme in Manchester (OPM, 2016) designed to reduce social isolation and loneliness amongst Manchester residents. The programme consisted of a range of interventions such as befriending, practical support, trips and outings, exercise classes, drop-in socials, and coming/communal eating. Almost all respondents (97%) agreed they had met new people through the project they accessed and there was an increase the proportion who agreed they can find company when they need it - the proportion who strongly agreed increased 11% while the proportion who disagreed decreased from 11% to 3%.

In 2018 the LGA published a local authority guide to combatting loneliness which recommends offering the following services (LGA, 2018):

- Services for supporting and maintaining existing relationships e.g. transport and technology
- Service for supporting new social connections – both group-based approaches (targeted at a specific group, focused on a shared interest, involve participants in running the group) and buddying/befriending
- Psychological services for individuals experiencing loneliness who need help in changing their thinking about their social connections.

The Center for Policy on Ageing (2014) has produced a review of evidence of effectiveness to combat loneliness while recognising that the evidence base to support it is still sparse. They highlight effective interventions as being:

- Group interventions with an educational theme or specific support functions
- Interventions that target specific groups e.g. women, carers
- Interventions where participants are involved in setting up and running the group
- Interventions developed within or run by an existing service
- Interventions with a sound theoretical basis
- Interventions with a technological element, for example using videoconferencing or the internet

Analysis by the University of York (2014) also stated that evidence for effectiveness of interventions is limited but group-based activities providing opportunities for social interaction show promise for reducing loneliness. In their analysis the majority of studies looking at one-to-one interventions did not show statistically significant effects.

9. Recommendations

On the basis of the findings of this needs assessment the following is recommended:

- Any loneliness service going forward needs to be equipped to meet the needs of lonely people aged 18+ as there is no conclusive evidence that older age leads to higher levels of loneliness. However, realistically it should be recognised that age can lead to life events that trigger loneliness (e.g. widowhood and poor health) and these may be more likely in certain age groups

- There appear to be high risk areas for loneliness across all the districts and so the reach of any service needs to be spread equitably across the county

- The Loneliness Risk Map indicates that loneliness seems to be more common in the urban areas of Worcestershire. However, it should be recognised that the maps are indicators of risk, not hard measures of loneliness themselves, and anyone can experience loneliness regardless of whether or not they are living in a technically 'high risk' area. The fact that risk factors may be more concentrated in urban areas does not mean that those in rural areas are not lonely and the needs of those living more rurally should not be neglected

- There is no one-size-fits-all approach to tackling loneliness. For services to be effective they need to be appropriately targeted and person-centred. Where possible services should be co-produced with service users to ensure they are fit for purpose

- Any group interventions need to be mindful of the fact that these are more likely to be effective if their primary purpose is not to increase social contact but if there is an offer around activities, such as hobbies or sport. There is a stigma attached to loneliness and it may be the case that loneliness services overtly labelled and marketed as such are less likely to be appealing. There seem to be a large number of clubs and group already established across the county, and any service that is established needs to be mindful of avoiding duplication in provision. An asset and neighbourhood based approach, drawing on local strengths, is recommended

- Services should focus on building genuine one-to-one connections between people. The use of volunteers in interventions helps to tackle loneliness in volunteers themselves (for example through befriending) and would appear to be a sensible approach

- Respondents to the Worcestershire Loneliness Stakeholder Survey believed the following three things were important to bear in mind when establishing any new loneliness service: access and advertising, transport and distance issues, and providing face-to-face, one-to-one support

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Further Information and Feedback:

This report has been written by Worcestershire County Council's Public Health Team with guidance and support from the Joint Strategic Needs Assessment Working Group.

We welcome your comments and questions - please do contact us.

This document can be provided in alternative formats such as large print, audio recording or Braille.

Contact for comments, questions and alternative formats:

Janette Fulton

Tel: 01905 843359

Email: jfulton@worcestershire.gov.uk

If you or someone you know is affected by the issues raised in this publication, the following organisations may be able to offer advice and support:

- Reconnections: http://www.reconnectionsservice.org.uk/