

Erosh good practice guide

May 2018




Addressing Loneliness and Social Isolation in Older People



Produced in association with:

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Erosh members who have kindly provided case studies or good practice examples are indicated with a  .
If you are not an erosh member and would like to join to benefit from access to all our good policy and practice resources you can do so [here](#).

Disclaimer: the advice in this guide is for guidance only and is not from a technical expert, specialist professional or lawyer. Erosh cannot be held responsible for the consequences of any action taken based on the information provided. Please check with your own technical expert, specialist professional or legal adviser before acting.

Who we are



[Erosh](#) is a membership organisation for professionals in the sheltered and retirement housing sector. We provide news, commentary and good practice to help staff respond to current and future challenges and opportunities; to enhance individual and organisational performance; to help them comply with national standards; and ultimately to improve the quality of housing and support services for thousands of older people.



[The Silver Line](#) is the only free confidential helpline in the UK providing information, friendship and advice to older people, 24 hours a day, every day of the year. It also offers friendship schemes; facilitated group calls; helps to connect older people with local services; and protects and supports older people suffering abuse and neglect.



[Kier Group plc](#) is a leading property, residential, construction and services group which invests in, builds, maintains and renews the places where we work, live and play. Kier delivers its services to many sheltered housing schemes across the UK, working closely with older people and their wider support network.

Foreword by our patron, Dame Esther Rantzen DBE



I was never lonely until, at the age of 71, I found myself living alone for the first time, and not liking it. Loneliness comes in many different shapes and sizes. For me, it was as a friend defined it, having plenty of people to do something with, but nobody to do nothing with. So, every evening I would come home to an empty, dark flat, with no-one to make a cup of tea

for, nobody to watch tv with, nobody to discuss my day. I discovered to my sadness that it's almost impossible to laugh by yourself. But I have been lucky. For me, and for many others in my age group, volunteering has been not just useful, but also rewarding. I whole-heartedly recommend it.

Of course many people never experience any kind of loneliness, and I envy them. I met a Scottish lady of 96 who had lived alone all her life, but told me she never felt a moment's loneliness. But when I wrote about my own feelings, I was inundated with response from others who felt as I did, but found it really difficult to admit it. There is a stigma attached to loneliness, especially among older people who have been relied upon all their lives. They don't like asking for help, above all they don't want to be a burden.

The letters I received inspired me with a brilliant team around me to create a new telephone service for isolated older people, and we launched The Silver Line Helpline (0800 4 70 80 90 – free, confidential, open 24/7 every day and night of the year) in November 2013. As I write we are receiving around 10,000 calls a week, most of them after 5:30 and over the weekends and holidays when every other service shuts down. Beside our helpline we also offer a telephone befriending service, (Silver Line Friends) conference call discussions (Silver Circles), Silver Letters and a problem solving service, (Silver Connects). And our callers has given me insights into the impact of loneliness, which you will find defined and reflected in this valuable Erosch report.

I fear that society's attitude to older people is too often disrespectful and insensitive. One of our Silver Line callers, Margaret, is in her eighties, and is the sole carer for her husband who has dementia. Soon after we launched she wrote to say that speaking to us and using our services "certainly lights my week. How fascinating and so interesting to listen, and discuss so many topics. We Oldies do still have lots to offer... yet at this stage in life it can be lonely. At times we seem to be regarded as second rate, a bit of a nuisance, yet we have all the experience of life, been useful and busy... Indeed I do hate to be patronized."

In the last four years we at The Silver Line have discovered that there is no one silver bullet guaranteed to heal our loneliness epidemic. That would take us all to recognize the problem and prioritize the welfare of older people, within our families, in our communities, in the statutory and the voluntary sectors. In this report you will find moving and inspirational case histories, together with suggestions of effective ways of reaching out to older people who desperately need support but may be unwilling to ask for it. You will find listed a range of projects and resources which make a real difference. And the message I take from the evidence contained in this report is that we all need to work together to combat the damage loneliness can cause. It's worth it. As Margaret pointed out to me, the "oldies do still have lots to offer."

1. Introduction

As the number of older people in the UK is increasing and people are living longer, loneliness and social isolation is also increasing. There is a growing body of evidence about the role older people's housing plays in tackling loneliness and social isolation, but a lack of practical guidance for providers and those who work with older people on how to address it. This new guide consolidates some of this evidence, highlights the positive role sheltered and retirement housing plays in reducing loneliness and social isolation amongst all older people in a community, and includes good practice guidance for those who support older people who are, or are at risk of, loneliness and social isolation in any setting. We have deliberately focused on providing practical advice and case studies which effectively demonstrate the role sheltered and retirement housing organisations play in preventing and addressing loneliness and social isolation.

In addition to the kind support from [The Silver Line](#) and [Kier](#), and the good practice examples from erosh members, we also thank the following for their much-appreciated individual contributions:

- Sarah Davis, [Chartered Institute of Housing](#)
- Deborah Morgan, [Centre for Innovative Ageing, Swansea University](#)

2. Definitions

The terms 'loneliness' and 'social isolation' are often used interchangeably but they are different, and it is important to understand the difference to develop and apply the most appropriate interventions.

Loneliness is subjective and relates to the difference between the quantity and quality of relationships and contacts we would like to have with other people, groups and the wider community, and those we actually have

Social Isolation is more objective and refers to the number of social relationships we have with family and friends, other people, groups, and the wider community

As it says above, loneliness is *subjective*. If an individual has few relationships but there is no gap between this and the relationships we *would like* to have then someone is not necessarily lonely. Social isolation can derive from being physically isolated e.g. by distance, through disability, being unable to use modern technology, etc.; but people who are not necessarily socially isolated in these ways, can still feel lonely. We can feel lonely in a crowded room or a crowded city but are not necessarily socially isolated. We can of course be both socially isolated and lonely and the triggers for both are often similar.

Social isolation may also be a permanent or semi-permanent situation, whereas we can feel lonely at certain times in our lives e.g. after a bereavement, moving to a new area, on certain days e.g. Christmas or New Year's Day, Sundays, bank holidays etc; and at certain times of the day e.g. 8pm – 9pm in the evenings ([The Silver Line](#), 2018). Social isolation also links to social exclusion where individuals are disconnected from social groups and/or denied resources, rights, goods or services, for a variety of reasons e.g. economic, disability, ethnicity, age, etc. which other people are connected to.

3. Did you know?

Rather than reproducing the widely available research and information about loneliness and social isolation, we have presented some key statistics here and signposted to you to other key sources.

In the UK by 2039:

Population aged 65+ will rise from 8.3m to 9.22m

Population aged 75+ will rise by 89.3% (9.9m)

More than 1 in 12 of the population will be aged 80+

Population aged 85+ will reach 3.6m

No of people aged 100 will rise from 14,000 to 83,000

Source: [ONS, 2017](#)

In the UK by 2036:

Over half of local authorities projected to have 25%+ of their population aged 65+

3-4% of local authorities projected to have 3-4% of their population aged 85+

Some local authorities' population aged 65+ expected to nearly match those aged 16 to 64 (OADR*)

*Old age dependency ratio (OADR) - number of people over 65 years old for every 1,000 people between 16 and 64.

Source: [ONS, 2017](#)

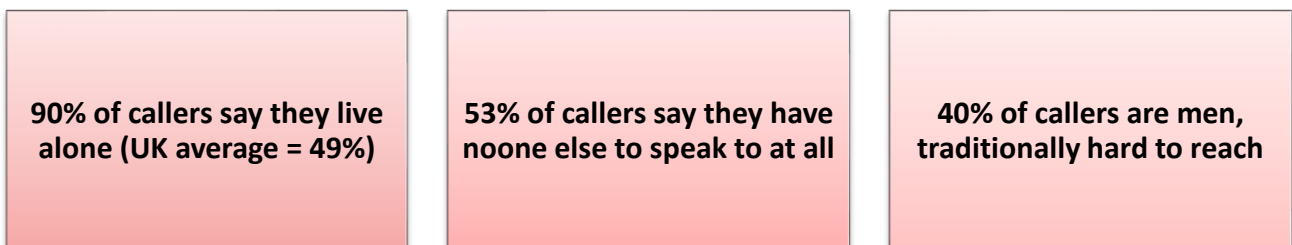
Office for National Statistics (ONS) has a fantastic [tool](#) (Fig 1) for seeing how the population is ageing in your own area; as well as [Nine things you might not know about older people in the UK](#) which summarises well some of the key statistics.

In terms of loneliness and social isolation specifically:



Source: [AgeUK 2017](#), [Campaign to End Loneliness 2018](#), [National Assembly for Wales 2017](#), [Alzheimer's Society 2013](#), [Scottish Government 2018](#), and [Carers NI, 2015](#)

And amongst callers to [The Silver Line](#) (2018):



Watch this [video](#) from the Campaign to End Loneliness (2017) which illustrates what it can be like to be on your own for just one week (and this is a young person knowing that the 'experiment' will come to an end).

4. The policy framework

Loneliness features amongst several key national outcomes frameworks which demonstrates governments' appreciation of its impact on health and well-being.

For example:

Q8a of the [Personal Social Services Adult Social Care Survey](#) (England) now asks people whether they have as much social contact as they want with people; adequate social contact with people; some social contact with people, but not enough; or little social contact with people and feel socially isolated

[Adult Social Care Outcomes Framework 2017/18](#) (p58) - people are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation

[Care Act 2014 statutory guidance](#) Section 2 Preventing, reducing or delaying needs and Section 4 Market Shaping and Commissioning of Adult Care and Support, both refer to reducing loneliness or isolation.

Read the Campaign to End Loneliness [Care Act and Loneliness briefing](#)

[Welsh Government National Indicators](#) (p3) refers to the *Percentage of people who are lonely*

Scottish Government's draft [performance framework](#) for tackling social isolation and loneliness and building stronger communities includes 4 outcomes:

Improved understanding of social isolation and loneliness and its main causes and impacts

Fewer causes of social isolation and loneliness

Reduced harm from the effects of social isolation and loneliness

Communities are more empowered to directly respond to social isolation and loneliness

And in January 2018, the Government announced [its plans](#) to tackle loneliness and isolation in response to the [report of the Jo Cox Commission on Loneliness](#), published December 2017.

5. The impact of social isolation and loneliness

Loneliness is associated with depression, insomnia, high blood pressure, impaired cognitive health, heightened vascular resistance, hypertension, psychological stress and mental health problems. It also makes it harder for people to regulate their behaviour, so they are more likely to drink too much, eat unhealthily or exercise less. ([Cann, 2011](#))

Loneliness can be as harmful for our health as smoking 15 cigarettes a day

People who are chronically lonely are at increased risk of developing dementia by 64%.

Social networks and friendships not only have an impact on reducing risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill

Loneliness increases the likelihood of mortality by 26%

Loneliness is associated with increased risk of coronary heart disease and stroke

Loneliness increases the risk of high blood pressure

Lonely individuals are at higher risk of the onset of disability

Lonely people are more prone to depression

Loneliness and low social interaction are predictive of suicide in older age

Source: [Campaign to End Loneliness, 2018](#)

Looking from the opposite perspective, social relationships and connections can ([Griffiths, 2017](#))

- Give us a sense of belonging and identify
- Provide support or knowledge about available support
- Promotes positive behaviours e.g. to live more healthy lives
- Help us cope with pressure, stress and change

Social isolation has a negative impact on health and well-being resulting in increased costs for health and social care; and there are clear links between inequality, social isolation and health ([UCL Institute of Health Equity, 2015](#)).

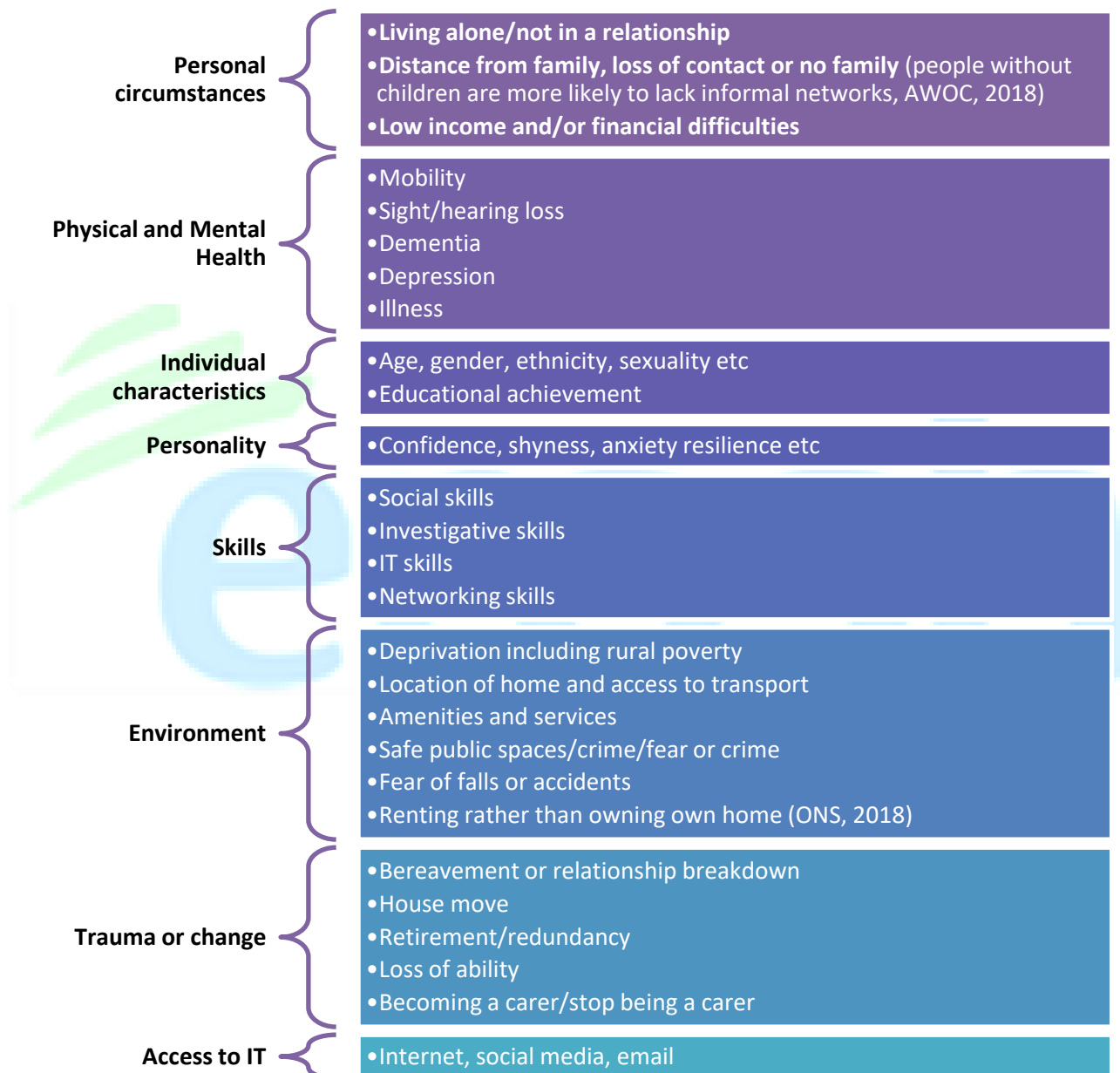
For example, individuals who are socially isolated are:

- 1.8 times more likely to visit a GP and 1.6 times more likely to visit A&E
- 1.3 times more likely to have emergency admissions
- 3.5 times more likely to enter local authority funded residential care
- 3.4 times more likely to suffer depression
- 1.9 times more likely to develop dementia
- Two thirds more likely to be physically inactive leading to a 7% increased likelihood of diabetes, 8% increased likelihood of a stroke and 14% increased likelihood of coronary heart disease.

Source: [Social Finance UK, 2015](#) (to read more about the costs of loneliness see Table 1 on page 11)

6. Who is lonely or socially isolated?

Anyone can experience loneliness and isolation, but some people are more at risk. The older we become the more likely we are to live alone and be at risk of isolation, loneliness and depression. Older men are more likely to be isolated as are people from ethnic minorities. People who feel less attached to their neighbourhood or have little trust of others are likely to feel lonely more often ([ONS, 2018](#)). People with dementia are also at a higher risk of social isolation ([Griffiths, 2017](#)). A range of factors influence the extent to which someone is at risk of being lonely or socially isolated. See also this useful [ONS \(2018\) report](#).



“These factors, often in various combinations, shape an individual’s experience in relation to the nature of the social networks in which they live and the individual’s ability to build and sustain adequate social networks”. ([Griffiths, 2017](#). P10)

7. Identifying older people at risk

We can identify older people who are, or are at risk of being lonely and socially isolated at two levels: at a strategic level by developing and integrating identification methods; and at an individual level by ensuring that staff who come into contact with older people are aware of the signs and take appropriate action.

Strategic level

Public perceptions	<ul style="list-style-type: none"> • Surveys/questionnaires, focus groups, networks etc to gather perceptions of loneliness and/or social isolation amongst all older people in a community
Data analysis	<ul style="list-style-type: none"> • Identifying for example if an individual is submitting unusually frequent repairs requests or no requests at all
Partnership working	<ul style="list-style-type: none"> • Encouraging other public/voluntary organisations, GPs, community health/social workers etc to identify/refer to you people who are or are at risk of loneliness and/or social isolation
Targets	<ul style="list-style-type: none"> • Measurable targets and actions to prioritise identification and develop an evidence base
Impact assessments	<ul style="list-style-type: none"> • Consider the impact on people who are or are at risk of loneliness and/or social isolation
Family and friends	<ul style="list-style-type: none"> • Provide information about loneliness and/or social isolation; and create opportunities for them to report concerns
Older people	<ul style="list-style-type: none"> • Provide information about loneliness and/or social isolation; and create opportunities for them to self-identify
Support planning and needs & risk assessment processes	<ul style="list-style-type: none"> • Include questions which help identify people who are or are at risk of loneliness and/or social isolation
Technology	<ul style="list-style-type: none"> • Consider the impact of digital solutions on loneliness and/or social isolation
Mapping schemes	<ul style="list-style-type: none"> • E.g. an 'isolation index' to identify older people who are or are at risk of loneliness and/or social isolation
Other departments	<ul style="list-style-type: none"> • Develop formal systems for and train other staff to identify and report concerns about people who are or are at risk of loneliness and/or social isolation

Individual level

Staff supporting or staff who come into contact with older people are key to identifying those who are or at risk of being lonely and/or socially isolated; the following are useful ways of doing so.



Adapted from: [Campaign to End Loneliness, 2015](#)

Be careful about making inappropriate assumptions and to approach any concerns about an individual who might be or be at risk of loneliness and/or social isolation with care and sensitivity. Just because an individual does not 'join in' does not necessarily mean that they are lonely or socially isolated. As mentioned earlier, loneliness relates to the individual's own perception of the gap between the relationships they have and those they would like to have.

Good Practice Example: Optivo ★

This example shows how a safeguarding issue can arise as a result of someone being lonely or isolated but also how an intervention to address another issue i.e. safeguarding, can help to address loneliness and social isolation. It also highlights the key role sheltered and retirement housing staff play in identifying people at risk and developing person centred interventions.

“Bob is the guy in the wheelchair with the roguish expression who will greet you when you visit the scheme. He’s so good at acting as an informal receptionist, our organisation has issued him with a tee shirt with our logo on it, which he wears with great pride. Bob is a regular attender at coffee mornings, residents meetings and all the scheme social events. A neighbourly, chatty guy enjoying his retirement without a care in the world.

At least, he is now. 18 months ago, Bob was struggling. His cramped privately-rented first floor flat was a tip. His increasing mobility problems meant he couldn’t get up and down the stairs, and relied on a kindly neighbour to do his shopping. He had money worries, was drinking too much and neglecting his appearance. Unsurprisingly, he’d got really depressed. We were delighted to offer him the vacant flat at our nearby scheme. Within a week of moving in, he was a changed man. “I can’t believe it here” he said “it’s like living at the Ritz!”

The following week, our scheme manager sat down with him to help deal with some letters and bills. Pretty quickly, she realised something was wrong. The kindly former neighbour had been siphoning off Bob’s pension. The scheme manager made a safeguarding alert to the local authority. The police got involved and working together the agencies recovered some of Bob’s cash and took action against the woman who had been financially abusing him.”

Questioning techniques

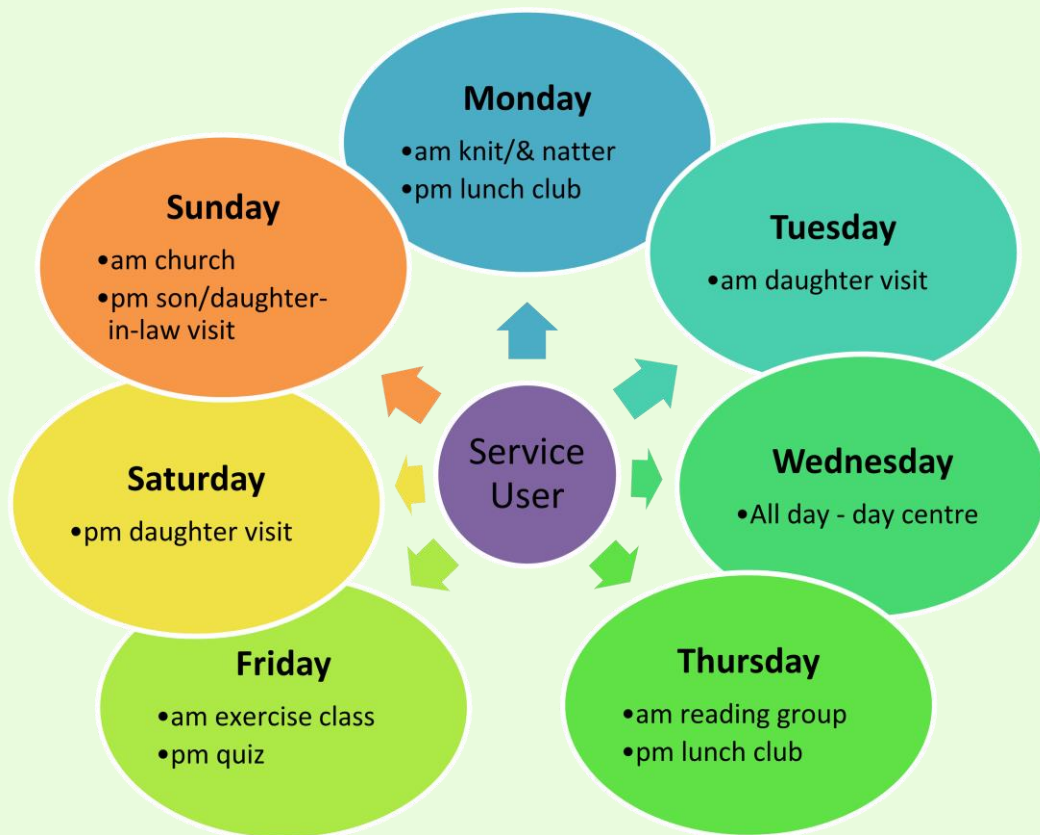
Asking someone directly if they are lonely or isolated is not likely to be successful. Often people (not just older people) do not like to admit they feel lonely or isolated or recognise that they are. To try to identify whether someone is lonely and/or socially isolated, the following questions are useful, both formally with support planning and risk assessment processes and informally:

- Who are the key people in your life / who is important to you?
- Where do they live / how often do you see them?
- What is important to you? What do you enjoy doing? How do you relax?
- What would you like to do that you are not doing now? What would help you to do X/Y/Z?
- How often do you like to socialise? Would you like to socialise more? What would help you to do so?
- What skills and experience do you have? How would you like to use these?

The Campaign to End Loneliness (undated) has produced a useful document called [Measuring Your Impact on Loneliness in Later Life](#) which helps to measure loneliness amongst people and to help to demonstrate the positive impact of interventions.

Good Practice Example: Care Quality Commission's '[Relationship Circle](#)'

1. Identify people who visit or contact the individual regularly.
2. Identify activities they currently participate in where there is contact with other people.
3. Identify any regular appointments e.g. GP, hospital, opticians, dentists etc.
4. Plot these visits, contacts and activities (see below).
5. Identify gaps and consider re-jigging visits/activities to avoid long periods without contact.



8. Interventions

Here we identify a range of different Interventions for addressing loneliness and/or social isolation.

Strategic approaches

Strategies to prevent or address issues of loneliness and/or social isolation. For example:

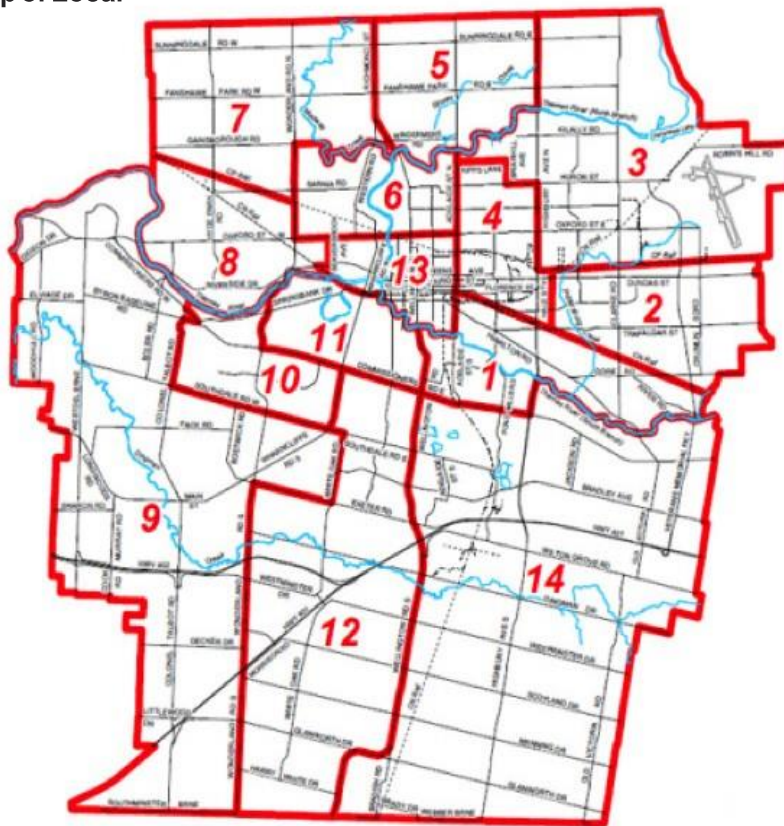
- **Customer involvement or engagement strategies** which specifically target older people who are or at risk of loneliness and/or social isolation; and which encourage older people's involvement in the organisation's governance structures.
- Encouraging older people to volunteer as **ambassadors, befrienders etc.**
- **'Formal' social interaction opportunities** – group rather than individual interventions are likely to be more successful*. Targeted or untargeted, these should be sufficiently varied to suit different needs, skills, and preferences; and proactively involve older people in planning and delivery. They should involve all older people in a community to maximise opportunities to develop new friendships, and to reach those who may not currently engage with services. Plan social activities also at times when people may feel particularly lonely e.g. cultural festivals, new year, bank holidays etc as well as on birthdays.
- **'Buddying' schemes** where a new resident is partnered with an existing resident to introduce them to the scheme, other residents, activities etc.
- Adopting **'Age positive' approaches** within the organisation, externally, and with partners presenting positive images of older people, avoiding stereotypes, focusing on abilities rather than disabilities etc.
- **Training** for staff directly supporting older people *and* other staff who meet older people, e.g. (depending on depth required) definitions of loneliness and/or social isolation and impact; identifying older people who are or are at risk of loneliness and/or social isolation; questioning/interviewing; person centred interventions etc.
- **Measure of success and records** to develop an evidence base of what works.
- **Involving families and carers** to ensure they have sufficient information to identify people who are or are at risk of loneliness and/or social isolation, and to play a part in interventions.
- **Dedicated telephone helpline** for older people and their concerns.
- **Dedicated outreach or community workers** with specific responsibility for calling on vulnerable residents including those who are or are at risk of loneliness and/or social isolation.
- **Directories** of support services (with named contacts where possible) for those who are or are at risk being lonely or socially isolated.
- Wide **promotion** of services (and scheme facilities) for older people to the wider community e.g. local press/magazines, GP surgeries, community/council newsletters, local clubs, religious centres, libraries, supermarkets etc. Anywhere older people are likely to pick up information.
- Maximise **sheltered housing communal rooms/facilities** which provide an ideal venue or community hub for providing or hosting services and activities.

*[Dickens, Richards, Greaves, and Campbell, 2011](#)

Good Practice Example: Care Quality Commission’s [local services map](#)

Plots local services on a visual map as well as listing them in a directory.

Map of Local



Key to Activities

- 1 Italian lunchclub
- 2 Befriendingscheme(AgeUK)
- 3 Day centre
Lunch club
U3A activities
- 4 ContacttheElderlygroup
- 5 Drop incentre
- 6 Befriendingscheme(AgeUK)
- 7 Friendly Bench location
- 8 Lunch club
- 9 U3A activities
- 10 Drop incentre
Contact the Elderly group
- 11 Drop incentre
- 12 Day centre
Chinese lunch club
Knitandnattergroup
Italianlunchclub
- 13 Friendship club
Befriendingscheme(AgeUK)
- 14 Men’sShedsAssociation
Indianlunchclub
U3A activities
ContacttheElderlygroup
FriendlyBenchlocation

Good Practice Example: ‘Derwen Links’ ★

‘Derwen Links’ is a people’s postcode lottery funded project in our Treberth/Bishpool estates of nearly 300 bungalows in Newport. The aim is to encourage and build new friendships and connections between the older people living on these estates. There is currently a very small community centre on the estate that cannot accommodate many people. All residents have been visited to find out if they would currently describe themselves as lonely and if they would like to get involved in coming up with ideas for getting more people involved, using the current community centre or other alternatives and what other activities they would like to see. A number of ideas have already borne fruit, including ‘Knock a neighbour’ which involves asking a neighbour who hasn’t been involved if they would like to come to a new event, and then asking them to bring a new neighbour the next time. A number of residents who hadn’t been involved with the existing activities have attended these sessions, including people who have been very isolated.

Good Practice Example: Derwen's approach ★

We are aware of the major impact that loneliness and social isolation can have on an individual's health and happiness.

To tackle loneliness and social isolation we support residents to:

- *reconnect with friends and family or make new contacts*
- *take part in social activities*
- *become volunteers in their community*
- *take up education or look for work*
- *stay well and active enough to participate in the things that matter to them*
- *become digitally included*

We do this by:

- *getting to know our residents and finding out what interests and needs they have*
- *finding out what activities and resources there are in the local community*
- *making local connections and partnerships*
- *supporting residents to develop social activities and open these to the wider community*
- *providing information and advice about health and wellbeing*
- *coming together as a Derwen community with events open to all staff and residents to have fun and learn more about what residents want and need*
- *celebrating the role residents have as good neighbours, volunteers and carers through our Derwen Resident STAR Award*
- *designing our homes and communities in a way which brings residents and the wider community together*

Good Practice Example: Wealden District Council ★

Miss H, 67, a lady with learning difficulties, moved into a WDC managed Retirement Living Court in July last year from a one bedroom flat in an adjacent village. This was due to her increasing social isolation and no longer being able to cope with living alone. Since moving to the Court she has settled in well and enjoys all the social events. Miss H loved her first Christmas at the Court as there was so much going on, with so many visitors, excited children, and, as she put it, "just life" to enjoy. This contrasted sharply with her previous Christmas in her flat where, despite having a loving family come to visit, she had not really felt part of the festivities. She and her dispersed family are so pleased she moved into the Court when she did and wished she had done so earlier. With the support of the Court manager and other residents she is thoroughly enjoying life again.

Partnership approaches

- **Develop relationships** with other statutory and voluntary agencies, GPs, pharmacists, policy, emergency services etc so they can identify older people who are or are at risk of loneliness and/or social isolation and can report their concerns to you.
- **Provide information** to key partners so they too are aware of the range of support services, community and voluntary interventions which they can signpost older people to.
- Agree **formal mechanisms** for reporting concerns about older people who are or are at risk of loneliness and/or social isolation to you.
- Agree **formal referral processes** with other agencies so that older people in the wider community can engage with your services, activities etc.

Good Practice Example: Trevallis

Trivallis works with RNIB Cymru to improve accommodation and services for people with sight loss in sheltered schemes through its Visibly Better (VB) Accreditation.

We manage 23 sheltered schemes and have achieved Platinum standard in 7 and Gold standard in 3. We aim to achieve VB accreditation in all our schemes by 2018. We have also trained 4 Tenants to become Assessors; they help identify works needed in communal areas and assess the scheme with RNIB to check standards have been met.

This has helped us to understand how important eye health is, and how small changes in style, design and décor can improve the health and wellbeing of our tenants, can prevent falls, and promote independent living. For example, clear signage, improved lighting and handrails make schemes more accessible to all.

Good Practice Example: Swansea University with Mid & West Wales Fire and Rescue Service

Swansea University is currently developing research bids with the fire service to address loneliness. The Fire Service sees a number of lonely, isolated older adults as part of their routine fire safety checks. They can, if the older person wishes, sign post them to additional services such as community connectors. We are developing bids in which the fire service will signpost people into our proposed research studies to enable us to identify potential solutions to address loneliness.

Signposting

Staff have a key role to play in signposting older people who are or are at risk of being lonely and/or socially isolated to other sources of support, groups, clubs, activities etc. Rather than taking a 'one size fits all' approach, it is important always to consider carefully which type of support might be most appropriate e.g. depending on whether the older person is lonely or socially isolated or both and the reasons why this might be the case; as well as taking into account individual interests.

Here are a few examples. This is of course not an exhaustive list; there are hundreds of different support services and organisations across the UK. This will give you some ideas as well as key links to organisations which signpost you to more services

- **Community hubs dedicated to older people** e.g. [LinkAge Plus](#) or [The Idea Store](#), in Tower Hamlets, London or [LinkAge Network](#), Bristol
- **Local groups/clubs/activities**, for example lunch clubs, book clubs, fitness groups, culturally specific groups, faith groups, local history groups, arts and crafts groups, reminiscence projects, dancing groups, dementia cafes, [University of the Third Age \(U3A\)](#) etc.
- **Face to face or telephone befriending schemes** e.g. [Age UK's Befriending Services](#), [Mentoring and Befriending Foundation](#), [Deaf Blind UK befriending services](#), [Pocklington Trust befriending service](#) (for people with sight loss), [Tower Hamlets Friends and Neighbours Scheme](#) etc. Lonely and/or socially isolated older people can also be encouraged to become befrienders themselves.
- **Volunteering schemes** e.g. [Age Connects Wales](#), [ExtraCare Charitable Trust](#), [NHS volunteers](#), [NCVO](#), [Volunteering Matters](#), [Do-It](#), [Volunteer Now](#), [Royal Voluntary Service](#), [National Trust](#), and [Timebank](#) schemes.
- **Local governance involvement** e.g. town/parish councils, school governors, political parties, [Healthwatch](#) etc.
- **Transport help** such as [Age UK transport advice](#), [Green Links Community Transport](#), [Community Transport Association \(England\)](#) etc.
- **Individual counselling, therapy, or bereavement support** e.g. [Cruse Bereavement Care](#)
- **Telephone support** e.g. [The Silver Line](#) which not only provides a 24/7/356 free and confidential helpline but also signposts people to local and national services and offers a volunteer befriending service through telephone, letters, and group friendships.
- **'Armchair' networks, groups or forums** e.g. [gransnet](#); [RNIB telephone book clubs](#); [Community networks](#)
- **Friendship centres** e.g. [Age UK friendship centres](#); [Contact the Elderly tea parties](#)
- **Self-help therapies** e.g. from the [NHS Moodzone](#)
- Specific information on how to deal with loneliness e.g. this [Ageing Well in Wales pocket guide](#)
- **Help with being a carer** from [Carers UK](#)

Good Practice Example: Belfast City Council ‘Good Morning’ Project

The [Good Morning Project](#) helps seniors stay connected to their community through daily phone calls. This allows officers to check a person's health and helps seniors become more involved in their local area. It also helps to build better relationships between young and old and encourages residents to find out more about staying safe.

Good Practice Example: Tower Hamlets Green Candle Dance Company

The [Green Candle Dance Company](#) improves the health and well-being of older people through dance and movement and helps them lead a more fulfilled and socially interactive life.

Good Practice Example: Wealden District Council ★

At a Retirement Living Court, the manager called on recently widowed Mrs X who hadn't responded to her morning call. The manager found Mrs X in a chair, struggling for breath and not responding. The manager saw a tablet box on the floor and immediately called 999. The ambulance crew managed to get a response and Mrs X admitted taking the pills. A few days after her return from hospital she had a long chat with the manager saying she had been very depressed. She was supported by her family but really missed her husband and felt very lonely. She had wanted to die to be with her husband. The manager made her aware of various clubs, support groups, and social activities in the area and offered to signpost her to them. He advised Mrs X that, if she ever started to feel suicidal again, she should contact him or phone her doctor, or Lifeline. A few weeks later she said she had seen her doctor who was also supporting her. She felt much more positive and was thankful that the support had been there when she really needed it. Mrs X is now playing a full role in the life of the Court and has had the chance to come through her debilitating, grief-related, depression and live happily again.

9. Key considerations when addressing loneliness and/or social isolation

It is important to differentiate between loneliness and/or social isolation to find the most appropriate interventions. So, for example, depending on their individual circumstances, older people who are socially isolated may just need resources or something practical like access to transport whereas an older person who is lonely may need emotional or one to one support to develop confidence and social skills, or improve self-esteem. In this section we have identified some key considerations when planning interventions.

Timely interventions

- Using the risk factors identified earlier in this guide, provide interventions, including signposting, at the right time e.g. immediately after a bereavement, a move, or change in ability or mobility or as soon as you have a concern that someone might be or be at risk of being lonely and/or socially isolated.
- Ensure that support planning and risk assessment processes (and more informal contact) for all service users help to identify if an older person is or at risk of being lonely and/or socially isolated.
- Although person centred solutions are recommended, it is useful to provide (e.g. in a resident's handbook) guidance on loneliness and/or social isolation to all residents e.g. this guide on [if you're feeling lonely How to stay connected in older age](#) from Independent Age

Person centred approaches

- As loneliness and social isolation are different, are triggered by different factors, and affect people in different ways, interventions must be tailored around the individual to maximise success. Activities which reflect people's lives, careers, skills and experiences, interests and preferences are more likely to be effective. This means of course finding out about people as well as their strengths and aspirations formally through support planning processes for example as well as through more informal contact.
- Although women have reported feeling lonely more often than men ([ONS, 2018](#)), our members have reported increasing numbers of men amongst sheltered and retirement housing tenants. This is another reason not to make assumptions which may exclude people and to find out about individual interests.
- Particularly where someone is lonely, interventions may be needed which help to develop confidence, self-esteem, independence and self-sufficiency as well as purposefulness. Similarly, where someone is socially isolated, more practical interventions may be appropriate e.g. helping with access to transport.

Good Practice Example: Optivo ★

Mrs G is an active lady in her 80s who moved from London's East End to give her husband some sea air before he died. Newly widowed, she had trouble making friends and creating a social life for herself. Secure in her sheltered accommodation, we were able to work with Mrs G to improve her self-confidence and as a result she became chair of the social committee, taking the lead in organising many events and scheme activities.

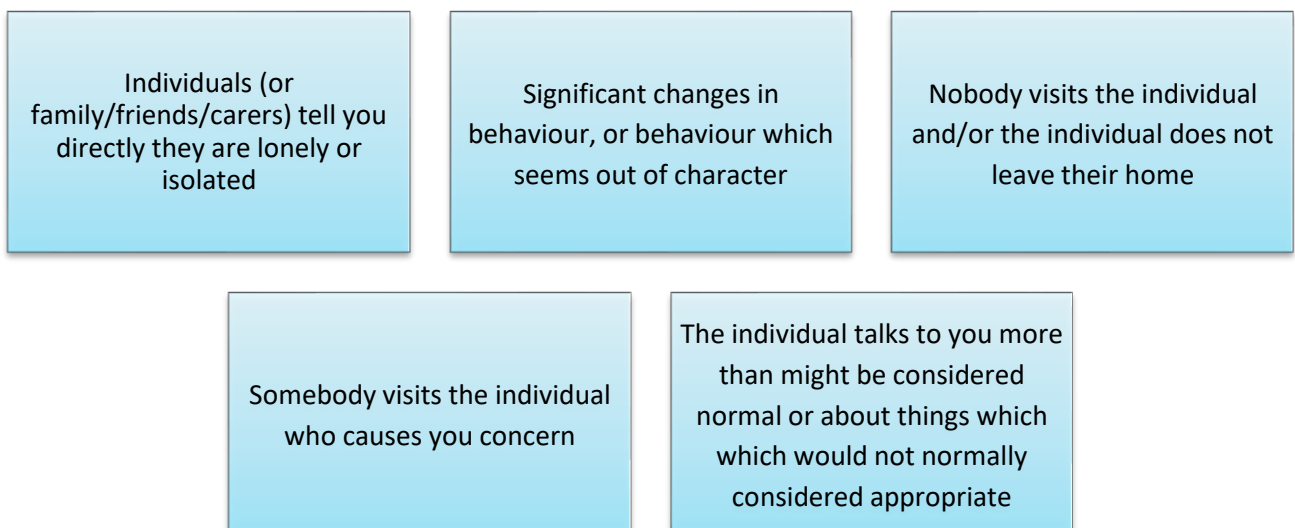
- Build on any existing positive relationships – where these have not been maintained, it might be a confidence issue or a more practical barrier like not being able to use email or social media.
- Encourage new relationships based on common interests rather than just social contact so it is more likely that lasting friendships will develop e.g. learning a new skill, community choir, faith groups, gardening clubs, book clubs, walking groups, dancing etc.
- Develop or build on existing mutual support networks e.g. families, friends, carers, volunteers, etc. Bear in mind always though that people may not have family or family they engage with.

Good Practice Example: Catalyst Housing Group ★

O’Grady Court is a sheltered housing scheme in West London which reflects demographic changes, with residents from a variety of backgrounds speaking many different languages. The project aimed to increase mutual understanding and decrease social isolation by including non-language based activities e.g. cooking. Including older tenants from outside the scheme, it created a ‘positive social environment’ and ‘inclusive sense of community’, as well as a reminiscence and recipe book. Scheme tenants have a better understanding of each other, their backgrounds and life stories and an inclusive sense of community develops. Acquiring skills later in life is empowering and tenants have proved that learning is a continuous process. English language skills have improved along with digital competence.

10. Guidance for others in contact with older people

All those who work in or provide services to older people’s homes (in any setting) have an important role to play in identifying individuals who are or are at risk of being lonely and/or socially isolated. These might include staff in other internal departments or external contractors who might be the only people come into contact with and who need to be able to recognise and respond to signs such as:



Approaches to the contractors' (or any other staff who come into contact with older people) role in tackling loneliness and social isolation will often be similar to those in relation to safeguarding which organisations may already be familiar with e.g.

- Training staff on loneliness and isolation as well as or a part of safeguarding training which includes much of the information in this guide but especially:
 - Factors that can cause older people to experience loneliness and/or social isolation.
 - Identifying older people who are or are at risk of being lonely and/or socially isolated.
 - Reporting concerns
- Concerns should always be reported to the housing provider at the earliest opportunity, however small they might seem. Reporting systems vary from organisation to organisation so it is essential to find out the preferred approach from the organisation concerned (which might be part of or very similar to the organisation's safeguarding procedures).
- Detailed records (in any format) of any concerns should always be kept.

Good Practice Example: Kier Housing Maintenance ★

This example highlights well the important role contractors play in identifying when loneliness and isolation might be underlying another issue; as well as being part of the solution.

We had been visiting Vera for 12 months to upgrade her central heating system. We learned that she had not had any heating and hot water for 2 years and was reluctant to have work carried out. Staff noticed that Vera was isolated with close family living far away and had begun to hoard, making it difficult to work in the property. After building trust with Vera, she allowed us to contact her daughter so we could liaise with her. What was of most value was being able to arrange for Vera's daughter to travel periodically from Edinburgh to Newcastle and take Vera out for the day to do something nice. We were able to raise awareness with Vera's family about our concerns and help reduce the social isolation faced by Vera, who was much happier following these visits and days out. We also made a new friend! There can sometimes be a correlation between the condition of the property and the social factors affecting the occupant. As a contractor we often see customers more than they might see their own family and it's really important that we take every opportunity to look at the person, and not just the property.

11. Digital inclusion



Digital inclusion is an important factor in reducing loneliness and/or social isolation.

People who use the internet feel more in control of their lives
 People who own a computer are more likely to feel they could learn a new skill
 People who use the internet are likely to feel less lonely or isolated

Source: [International Longevity Centre UK \(ILCUK\), 2012](#)

For many of us, digital technology is part of our everyday lives - internet banking, GP appointments, shopping, news, e-books, music, etc., and to communicate with friends and family. Organisations increasingly interact with customers through their online presence. Whilst it is increasingly inappropriate to assume older people do not or are not willing to engage with technology, there are still many people who for different reasons are unable to access digital technology, and older people represent a significant proportion of these.

90% UK households have internet access

88% of households with 1 adult aged 16-64 have internet access

66% of households with 1 adult aged 64+ have internet access

86% of adults under 65 bought online at least once

14% of adults aged 65+ bought online at least once

Source: [ONS, 2017](#)

Benefits of digital inclusion

One reason often cited for lack of engagement with digital technology amongst older people is a lack of appreciation of its benefits particularly in relation to accessing services, independence, empowerment and control as well as reducing loneliness and/or social isolation. For example:

- Interaction with family and friends, especially if the older person is at a distance or housebound.
- Interaction with their housing or service provider including dedicated older people's services.
- Accessing information, advice and services e.g. [NHS choices](#), social care, benefits and pensions advice etc.
- Financial inclusion e.g. accessing discounts and offers including discounts for paying bills on-line, cheaper utilities, ability to compare prices or shop around, more choice etc.
- Independence and control rather than relying on others e.g. on-line banking, shopping, advice and information etc., resulting in more quality time with family, friends, and carers.

- Help with disabilities e.g. talking books, large or differently styled keyboards and mice, type as you talk technologies, ability to increase font size etc.
- Improved mental health – social exclusion impacts on mental health and well-being. Connecting with other people helps to make individuals feel valued and respected and provides emotional support and companionship. ([Tinder Foundation, 2015](#), now [Good Things Foundation](#))

Barriers to digital inclusion

- Older people have not grown up with technology in the same way as younger people so often find it **complex and overwhelming** – clouds, Wifi, broadband, Skype, WhatsApp, Facebook, Instagram, Pinterest; Snapchat, Apps, blogs etc.! There can also be overwhelming amounts of visual information as well as advertising; and as for logins and passwords..... we all struggle with these! People who are more familiar with technology don't worry so much about all applications but just choose what suits them.
- **Disability** e.g. arthritic hands, sight loss, etc. However, technology today can provide a range of solutions to make it easier to use as well as ways of providing access to services, information, advice that previously would not have been easily available to people with disabilities.
- **Fear** e.g. of parting with personal information, on-line security, being victim to scams or fraud, etc as well as being fearful of doing something wrong or deleting something. Almost one in five internet users over 65 say that are 'not at all confident' about this. ([Ofcom, 2017](#))
- **Lack of confidence** sometimes older people prefer to be dismissive about technologies rather than feeling 'old and stupid'. 20% of people over 65 describe themselves as 'not confident' online, which is much higher than the average 7% ([Ofcom, 2017](#)).
- **Not being aware of or understanding the benefits** that new technologies can bring (as outlined above). 56% of over-75s do not go online and 86% of these have no plans to do so. ([Ofcom, 2017](#))
- **Lack of skills** and feeling 'too old to learn'. A higher proportion of older people have no digital skills and it will take them longer to acquire basic skills. (54% of people without digital skills are over 65. ([choose.co.uk, 2017](#)).
- **No access to or not knowing how to buy hardware/software** – many older people have limited income and are not used to (like younger people) to paying what might seem huge sums for mobile phones, broadband etc. as well as monthly charges. "Of 10.2% of UK adults who were not online in 2016, 9% said it was because equipment costs were too high, and another 9% cited access costs as the obstacle" ([choose.co.uk, 2017](#)).

What you can do

There are number of strategies and actions organisations can take to support older people to engage with digital technology and overcome the barriers identified above. For example:

- **Avoid "digital by default"** i.e. not all customers/service users (and not necessarily just older people) have access to or can use technology. Any communications, marketing, or engagement strategy should make sure that this is taken account of and a wide range of communication and engagement methods are used.

- **Training** (with clear written instructions) ranging from general awareness to using specific hardware and functions, staying safe on-line etc. Training should be in bite-size sessions and linked to what people might want to use it for e.g. on-line banking or shopping, using email, type to talk, using tablets, using mobile phones etc. Avoid making assumptions e.g. all older people want to communicate with grandchildren (there are increasing numbers of older people without children). Use older people to deliver training and support. They will have a better appreciation of the barriers older people face, their training needs and their learning pace; and it might help to address their own loneliness and/or social isolation.

Good Practice Example: NPT Homes ★

A resident of Haven Housing has been involved in our digital helpers project at sheltered housing schemes. This [clip](#) shows how the new skills she has learnt have helped her keep in touch with family as well as what is going on, news etc.

- Make sure training is accompanied with **on-going advice and support**. It can be difficult to get to grips with something new if we don't use it regularly and help when we need it can make all the difference. Again, it is great if this can be provided by another older person with relevant skills.
- Signpost older people to free sources of support e.g. [Silver Surfers](#) or [AbilityNet](#).
- Provide information about buying hardware or software cost effectively e.g. [reconditioned computers or tablets](#) (see for example [choose.co.uk](#), or [passitoncomputers.co.uk](#)). Advise people of different options e.g. pcs or tablets as well as mobile phones which suit specific individual needs rather than being all singing and dancing. Many older people have bypassed desktop pcs in favour of more convenient and easier to use tablets (although for some people with arthritis or poor circulation touch screens may be more difficult to use; sponge tip stylus pens or speech recognition facilities are useful). There has been a sharp rise in over 75s using tablets, from 15% to 27% ([Ofcom, 2017](#)). Also encourage 'testing out' with relatives' or friends' equipment.
- Information for people with disabilities e.g. AbilityNet's [factsheets](#) with advice and information about how computers and other digital technologies can help people with a range of conditions and impairments.
- Provide advice about fraud and scams without scaring people e.g. from the [financial conduct authority](#), [Which?](#), [AgeUK](#), [Independent Age](#), or [Friends Against Scams](#).

Whilst all of the above are useful, they need to be part of an overall approach to alleviating an individual's loneliness and/or social isolation. Sometimes where older people use digital technology say for example to maintain contact with dispersed family, they do not necessarily make new connections so remain lonely and/or isolated; support therefore needs to be provided to help individuals maximise opportunities for social contact and widen their social networks through technology. The desire to use digital technology must also come from the older person themselves rather than say be imposed by family.

12. Sources and resources

Documents

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Tinder Foundation. (2015) [The economic impact of Basic Digital Skills and inclusion in the UK](#)

Tower Hamlets. (2016) [Loneliness and Isolation in Older People: Factsheet](#)

Welsh Government. (2016) [How to measure a nation's progress? National indicators for Wales](#)

Which? Elderly Care. (2018) [Causes of Loneliness in Older People](#)

Websites

[Ageing Without Children](#) – a voice for people ageing without children.

[Age-Link](#) – brings comfort to older people who may be lonely because they are housebound, blind or partially blind, wheelchair users, or living alone without family.

[AgeUK](#) – including [loneliness resources](#)

[Campaign to End Loneliness](#) - inspires people and organisations to tackle loneliness in older age.

[Centre for Ageing Better](#) - brings about change to improve later lives.

[Contact the Elderly](#) - tackles loneliness and social isolation among older people through face to face contact.

[Giving and Getting](#) - a way of asking for and getting help, support, favours and treats from friends and neighbours. It also provides a way of extending friendship groups and sharing skills.

[Joseph Rowntree Foundation](#) – research organisation which has produced a useful [loneliness resource pack](#)

Independent Age – [befriending service](#) and [staying connected](#)

[Mentoring and Befriending Foundation](#) - puts mentoring and befriending at the centre of volunteering strategies.

[Omega](#) - end of life charity supporting caring families and the bereaved.

[The Silver Line](#) - information, friendship and advice 24/7 as well as different types of friendship schemes.

13. Share your thoughts

To share your experiences or your own good practice with fellow erosh members email info@erosh.co.uk.



Loneliness and Social Isolation Good Practice Checklist



You have clearly defined and differentiated between loneliness and social isolation



You are aware of the policy agenda in relation to loneliness and/or social isolation and can identify where your work fits in



Your staff are appropriately trained in identifying and helping to address loneliness and/or social isolation



You have formal mechanisms in place to identify older people who are or are at risk of loneliness and/or social isolation



You have formal mechanisms in place for monitoring what works or doesn't work in relation to addressing loneliness and/or social isolation



Your support planning and risk assessment processes include appropriate lines of enquiry to help identify people who are or are at risk of loneliness and/or social isolation



Organisational strategies including communication, marketing and promotion, and customer involvement or engagement take account of the needs of older people who are or are at risk of loneliness and/or social isolation



You work with key partners, other staff, contractors etc to help identify and provide solutions for older people who are or at risk of loneliness and/or social isolation



You have a directory of sources of information and advice for signposting older people



Your approaches to address loneliness and/or social isolation are person centred



You have a digital inclusion strategy which appreciates the needs and anxieties of older people