



Open Research Online

The Open University's repository of research publications and other research outputs

Social isolation and loneliness in people aged 55 and over in Milton Keynes

Other

How to cite:

Minocha, Shailey; Holland, Caroline; McNulty, Catherine; Banks, Duncan and Palmer, Jane (2015). Social isolation and loneliness in people aged 55 and over in Milton Keynes. The Open University, Milton Keynes, UK.

For guidance on citations see [FAQs](#).

© [\[not recorded\]](#)

Version: Version of Record

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's [data policy](#) on reuse of materials please consult the [policies](#) page.

oro.open.ac.uk

Social isolation and loneliness in people aged 55 and over in Milton Keynes

Shailey Minocha, Caroline Holland, Catherine McNulty, Duncan Banks and Jane Palmer
The Open University, Walton Hall, Milton Keynes MK7 6AA

In association with Jane Palmer, Chief Executive, Age UK Milton Keynes

Age UK Milton Keynes, The Peartree Centre, 1 Chadds Lane, Peartree Bridge, Milton Keynes, MK6 3EB.

Reference this report as: Minocha, Shailey; Holland, Caroline; McNulty, Catherine; Banks, Duncan and Palmer, Jane (2015). Social isolation and loneliness in people aged 55 and over in Milton Keynes. The Open University, Milton Keynes, UK. Available at: <http://oro.open.ac.uk/43925/>

The materials in this report are being made available under the terms of the Creative Commons license: Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) (http://creativecommons.org/licenses/by-nc-sa/4.0/deed.en_GB). This allows you to use the materials throughout the world without payment but for non-commercial purposes only **but** you must give **appropriate credit by attributing to this report and its authors**, provide a link to the license, and **indicate if changes were made**. Please read the Creative Commons License in full before making use of the materials.

Please contact Professor Shailey Minocha, shailey.minocha@open.ac.uk for any feedback, queries and comments. Thank you.

26 May 2015



Identifying people who are lonely though social isolation

This is difficult. Sometimes it is through [GP] surgeries, occasionally through community groups, churches, WI's and clubs etc. that is if they take the time to think through who they themselves notice. However a group will be doing their own activity and not necessarily thinking about how to reach lonely people. (Age UK MK community home visitor; by email)

Very difficult: Possible data from Council Tax single occupancy, census info, and GP referrals but Data Protection issues can make this difficult.

Local media to become involved to raise awareness of how to look out for these vulnerable people by running regular articles in press and on local radio. (coordinator in a charity in Milton Keynes; by email)

Engaging with an older person with the intention of helping them overcome the feeling of loneliness or enabling their social participation

Don't push/no pressure [to help older people] – it's very difficult - isn't it - to reach out to older people when you are not sure what they need?

Some older people like their independence; they may be happy doing their own thing or equally needing help/company.

One step at a time is important; once you get people in, you can gradually engage them to make them feel a part of something. That's why I think the traditional way of doing this is very important, ... posters, flyers (through doors) in local shops, hospitals, GPs, church, library, but also on websites, Facebook etc. because many older people do use technology plus children and grandchildren will be looking out for their family members. (reflections of a family-carer)

"...individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships. The magnitude of this effect is comparable with quitting smoking and it exceeds many well-known risk factors for mortality (e.g., obesity, physical inactivity)". (Holt-Lundstad et al., 2010)

Table of Contents

Acknowledgements	6
Executive Summary	8
An overview	10
Living alone.....	14
Setting the scope of this project.....	16
Outline of the report	20
Social isolation	21
Risk Factors associated with social isolation and loneliness	21
Consequences of social isolation and loneliness	26
Methodology	29
The Milton Keynes context	32
Local characteristics.....	32
Factors that influence social isolation and loneliness	33
Current local solutions that work	40
Age UK MK Community Home Visiting Service.....	40
Lunch clubs	41
Men in Sheds.....	42
The West Bletchley Council.....	43
Senior Friends, Woburn Sands Library	44
Milton Keynes University of the Third Age	45
Discussion.....	45
Commentary by Age UK Milton Keynes	47
Age UK Community Home Visiting Service	47
Lunch clubs.....	48
Transport	48
Age UK MK Hospital Aftercare Service	49
Giving assistance locally.....	50
Digital Inclusion	50
Reflections	51
Examples of services from elsewhere	53
Services to address social isolation and loneliness	53
The academic evidence on the effectiveness of services.....	66
Recommendations for Milton Keynes	70
Recommendations	70

Actions at different levels	72
References	99
Resources on social isolation and loneliness	103
About the authors	105
Appendices	106
Appendix A WHO Age-Friendly Cities Framework	107
Appendix B Guidance notes for our interactions with participants	110
Appendix C Questions for the October 2014 workshops	111
Appendix D Age UK MK Community Home Visitors Workshop	112
Appendix E Workshop with stakeholders from various services	113

Acknowledgements

We gratefully acknowledge the funding by Milton Keynes Council and the kind support that we received from Mrs Cath Broadhead, Senior Joint Commissioner, ^{Adult} Community Services.

We would like to very sincerely thank Jane Palmer, Chief Executive of Age UK Milton Keynes and her team who helped us during the entire research process – *from* introducing us to services and organisations in Milton Keynes, helping us with the recruitment of participants and in the planning and running of workshops and interviews, and *to the* writing up of this report.

Many thanks to Steve Offord (Community Safety Officer, West Bletchley Council) and to Adrienne Rutter (founder of Senior Friends, Woburn Sands Library) who shared their initiatives with us, and which we have included as case studies in this report.

We are grateful to our colleagues at The Open University who helped us in various ways: Debbie Briggs, Sam Dick, Sarah Drea, Shirley Evans, Karen Kear, Ivana Lickova, Jan Lloyd (friend of the university and First Older Persons' Champion in Milton Keynes and Chair of Older Persons' Forum in Milton Keynes), Karen Lynes, Mary McMahon, Brendan Murphy, Mike Newton (friend of the university and our former colleague), Sheila Peace, Di Seymour, Helen Sharp, Kathy Smith, Catherine Tuckwood, Janet van der Linden, Sarah Wood and Mark Woodroffe.

We would like to convey our gratitude to Judith Sinclair of Brunel Older People's Reference Group (BORG) of the Brunel Institute for Ageing Studies, Brunel University who shared her insights with us. We are grateful to David Martin of Pennine Horizons Digital Archive for contributing an inspiring case study of volunteering, digital skills, archiving and of capturing social history for generations to come.

We are thankful to all the participants who were generous with their time and attention to us during our empirical investigations.

Picture courtesy: <http://tinyurl.com/pwpcf76w> [accessed 26 May 2015]



Executive Summary

This research has been conducted by The Open University and in association with Age UK Milton Keynes. The aim was to get a better understanding of the conditions that lead to social isolation and loneliness among older people (55 years and above) in Milton Keynes, and to recommend possible strategies and solutions to prevent and mitigate isolation. The research involved a review of academic and policy literature on social isolation and loneliness, and an information gathering exercise that included expert workshops, individual and group interviews, and site visits.

Generally recognised risk factors that affect Milton Keynes residents include: low income, low literacy, poor health and disability, losses and bereavement, family, social and neighbourhood change, unemployment or redundancy, and aspects of the built environment and infrastructure. Specific additional challenges for Milton Keynes include: rapidly ageing population (from a low base); the pace of development of Milton Keynes and neighbourhood changes; structural elements including the design of and balance between the city centre, housing estates, and satellite villages; community diversity from deprived to affluent areas; a diverse and growing population of older people from Black, Asian, Minority Ethnic (BAME) groups; and the crucial on-going transport issues.

Some effective services have been identified that cater to different kinds of needs, including one-to-one services, group services, and wider social activities. The research has identified a need for continuity of these services, and that new services should be developed to bridge gaps in provision. These activities require integrated action across different levels within the community, and effective evaluation. Beyond suggestions for specific actions at all levels in the community, we recommend that Milton Keynes Council at this time should consider:

- The appointment of a named champion at committee level for the promotion of social inclusion across the board in Milton Keynes, with responsibility for taking leadership on this issue and reporting back to the Council.
- Developing a group of expert witnesses convened for this report as a resource for gathering information and guidance for Milton Keynes Council on future action on social isolation.
- Initiating an annual review of social exclusion in Milton Keynes, including mapping loneliness hotspots and delivering reports on the progress of initiatives.
- Adopting a partnership approach to ensure an integrated response to isolation across the borough. A range of services will be needed, and they should be flexible, responsive to change, and communicating with each other.
- Securing access to a baseline financial resource for social inclusion projects at a sufficient annual level to ensure services. This will prevent more expensive expenditure on the consequences of social isolation. We suggest a current focus on: supporting organisations to mobilise and effectively train and monitor volunteers; securing adequate transition resources where previous funding arrangements are being withdrawn; disseminating information about relevant services for Milton Keynes citizens; and working with the voluntary sector and businesses on finding alternative funding sources for local actions.
- Finally, we recommend an evaluation process to monitor the effectiveness and cost-effectiveness of services for the purpose of future planning.

1 An overview

The population of the UK is ageing¹. Ageing of the population refers to both the increase in the average (median) age of the population and the increase in the number and proportion of older people in the population. By 2035, it is projected that the median age will have risen to 42.2 years, an increase of 2.5 years in the quarter century after 2010.

In terms of increase in the number and proportion of older people in the UK population, the percentage of persons aged 65 and over increased from 15 per cent in 1985 to 17 per cent in 2010, an increase of 1.7 million people. The number of people aged 65 and over is projected to increase by 23 per cent from 10.3 million in 2010 to 12.7 million in 2018. Growth in this age group is projected to continue for the foreseeable future, with the 65+ population expected to reach 16.9 million by 2035, which will account for 23 per cent of the total population. The fastest population increases have been in the 'oldest old' (those aged 85 and over). By 2035 it is projected that the number of people aged 85 and over will be almost 2.5 times larger than in 2010, reaching 3.5 million and accounting for 5 per cent of the total UK population².

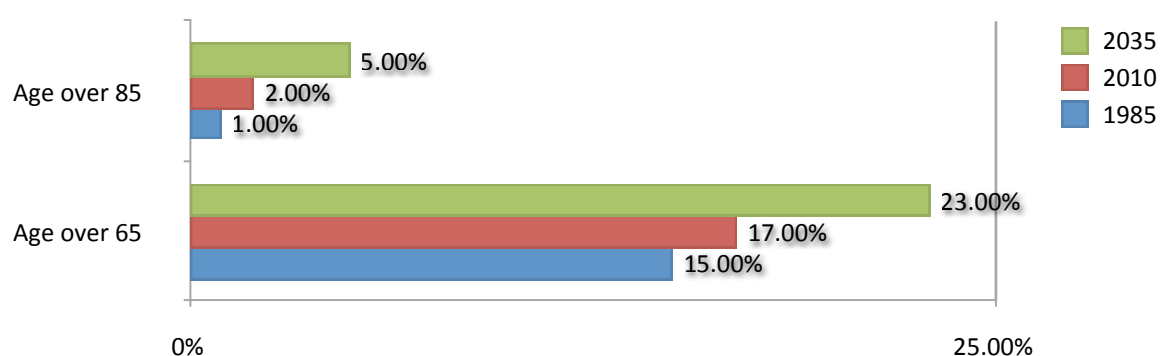


Figure 1: Population of people aged over 65 and over 85 (of the total UK population)

There is a broad consensus across the literature that ageing population and aspects of urban living including changing neighbourhood demographics and dynamics related to 'in and out' migration are all factors in the increasing numbers of socially isolated individuals - that is, people who have a very small number of meaningful ties with other people. Social isolation is a particular problem at older ages, with decreasing economic resources, reduced mobility and death of contemporaries - factors that limit social contacts.

¹ Population ageing: statistics. By Tom Rutherford. SN/SG/3228, <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SNo3228> [accessed 15 May 2015]

² Population Ageing in the United Kingdom, its Constituent Countries and the European Union, <http://www.ons.gov.uk/ons/rel/mortality-ageing/focus-on-older-people/population-ageing-in-the-united-kingdom-and-europe/rpt-age-uk-eu.html> [accessed 15 May 2015]

Social isolation and loneliness among older people are recognised as a national problem across the UK³, with a need for consideration within local strategies for older people. In fact, social isolation and loneliness are regarded as public health issues because of their known adverse effects on physical (e.g. cardiovascular health, infectious illness), mental health (Stephoe, *et al.*, 2013) including depression and cognitive decline (Cacioppo and Cacioppo, 2013), and reduced wellbeing⁴. Health risks⁵ associated with social isolation have been compared with the well-known detrimental effects of smoking and obesity⁶.

In England, the Government has made it a priority to help older people overcome social isolation. Recognising a clear link between loneliness and poor mental and physical health, the 2013-2014 Adult Social Care Outcomes Framework (ASCOF)⁷ for England included a measure of social isolation. This was in response to the Care and Support White Paper⁸, which set out Government's commitment to tackle loneliness and social isolation, supporting people to remain connected to their communities, and to develop and maintain connections to their friends and family. The measure drew on self-reported levels of social contact as an indicator of social isolation.

The ASCOF 2015-2016⁹ states the following:

"The 2013-14 framework included a measure of social isolation for the first time, demonstrating the government's commitment to tackling social isolation and loneliness in our communities, particularly for the most vulnerable. The measure identified that fewer than half of users of social care and carers have as much social contact as they would like. Although previous data for users suggests this figure is improving, it is clear that more needs to be done. We know that loneliness can have a significant impact on people's health – by highlighting areas where social isolation is high, better services and care can be targeted at those who need it most.

We have been exploring options for an additional population-based measure of loneliness. These have concluded that for the time being, the current social isolation indicator is the

³ Campaign to end loneliness (videos), <https://vimeo.com/endlonelinessuk> [accessed 6 May 2015]

⁴ Why does lonely make you ill? <http://www.bbc.co.uk/news/health-21517864> [accessed 2 May 2015]

⁵ Loneliness: a threat to health, <http://www.campaigntoendloneliness.org/threat-to-health/> [accessed 2 May 2015]; also, see: Our National Shame: Older people and loneliness, <http://blogs.bmj.com/ebn/2014/09/28/our-national-shame-older-people-and-loneliness-by-nova-corcoran-university-of-south-wales-novacorks-calvin-moorley-london-south-bank-university-calvinmoorley/> [accessed 12 May 2015]

⁶ Loneliness twice as unhealthy as obesity for older people, study finds, <http://www.theguardian.com/science/2014/feb/16/loneliness-twice-as-unhealthy-as-obesity-older-people> accessed 6 May 2015]

⁷ Adult Social Care Outcomes Framework 2013 to 2014, <https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014> [accessed 13 May 2015]

⁸ Caring For Our Future: reforming care and support, 2012, <https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support> [accessed 13 May 2015]

⁹ Adult Social Care Outcomes Framework 2015 to 2016, <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-ascf-2015-to-2016> [accessed 13 May 2015]

most effective measure for councils. We remain committed to tackling loneliness and will instead be concentrating our efforts and resource on improving outcomes through service innovation and improvement."

Multiple risk factors for loneliness and isolation (discussed in Section 3) are well identified, along with indications about effective approaches to reduce risks. However, knowing about these generic factors will not necessarily lead to change on the ground without investigating local circumstances. Hence, the Social Care Institute for Excellence (SCIE) has suggested a need for research on interventions that include different localities (Windle *et al.*, 2011)¹⁰ - our research (and this project) fits into that brief.

Focus of this report

This report is based on an investigation of issues of social isolation and loneliness within Milton Keynes unitary authority area. The research has been conducted in association with Age UK Milton Keynes (Age UK MK)¹¹ and was commissioned by Milton Keynes Council.

However, we hope that the recommendations and the resources from this research would be useful for other communities, towns and cities, who may also be facing the challenges of supporting an ageing population.

Definitions

Social isolation refers to an individual's lack of social contact with other people or ties with others. Social isolation concerns the objective characteristics of a situation and refers to the absence of relationships with other people. It is a situation where a person is deprived of opportunities for interacting with others, as they would like to do. There is a continuum running from social isolation at one extreme to social participation or being socially embedded at the other end. People who have poor or limited social contact are considered as 'at risk' of social isolation.

Loneliness is 'deprivation of social contact, the lack of people available or willing to share social and emotional experiences, a state where an individual has the potential to interact with others but is not doing so, and there is a discrepancy between the actual and desired interaction with others' (Victor, *et al.*, 2005). Loneliness could be a negative emotion of distress arising from missing loved ones¹². Loneliness is more dependent on the quality than the number of relationships (de Jong Gierveld, 1998). Loneliness can be described as:

"a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations in which the

¹⁰ Windle, K., Francis, J., and Coomber, C. (2011) Preventing loneliness and social isolation: interventions and outcomes. *SCIE research briefing 39*, <http://www.scie.org.uk/publications/briefings/briefing39/> [accessed 14 May 2015]

¹¹ Age UK Milton Keynes, <http://www.ageuk.org.uk/miltonkeynes/> [accessed 17 May 2015]

¹² The age of loneliness is killing us, <http://www.theguardian.com/commentisfree/2014/oct/14/age-of-loneliness-killing-us> [accessed 2 May 2015]

number of existing relationships is smaller than is considered desirable or admissible, as well as situations where the intimacy one wishes for has not been realized” (de Jong Gierveld 1987, p.120).

“loneliness is the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively” (Perlman and Peplau, 1981, p.31)

“... view loneliness as a discrepancy between one's desired and achieved levels of social relations. One advantage of this [discrepancy] approach is that it draws attention to the levels of social contact that people need or desire as an important set of conditions producing loneliness, whereas, all too often, social scientists have ignored this aspect of the problem and focused solely on the low levels of social contact that people actually achieve.” (Perlman and Peplau, 1981, p.32)

Both loneliness and isolation can be regarded as indicators of exclusion from social relations (Scharf, 2015). However, socially isolated persons are not necessarily lonely, and lonely persons are not necessarily socially isolated. Some older people prefer to be alone and suffer no adverse effects on their quality of life.

Loneliness¹³ is but one of the possible outcomes of a situation characterised by having a small number of relationships. It can be temporary, recurrent, or can be persistent (a chronic state). It is a feeling of disconnectedness from others, and a sense of not belonging. The experience of loneliness is likely to fluctuate across an individual's life course¹⁴ reflecting changing personal circumstances: when children leave home (the 'empty-nest' stage), or redundancy, or retirement; or life transitions such as relationship breakdown, personal and family migration, bereavement, onset of chronic ill health, or becoming a carer.

Studies have shown that the likelihood of expressing self-perceived loneliness increases with age (Bolton, 2012).

*“loneliness is the distress that results from discrepancies between ideal and perceived social relationships. This so-called **cognitive discrepancy perspective** makes it clear that loneliness is not synonymous with being alone, nor does being with others guarantee protection from feelings of loneliness. Rather, loneliness is the distressing feeling that occurs when one's social relationships are perceived as being less satisfying than what is desired.”¹⁵*

¹³ Is loneliness lethal? <http://www.nursingschoolhub.com/loneliness/> [accessed 14 May 2015]

¹⁴ Loneliness across the life course, <http://www.campaigntoendloneliness.org/blog/loneliness-across-the-life-course/> [accessed 14 May 2015]

¹⁵ Loneliness, <http://psychology.uchicago.edu/people/faculty/cacioppo/jtcreprints/hco9.pdf> [accessed 16 May 2015]

Social and environmental structures, such as close extended families, neighbourhood groups and religious institutions that used to help people avoid loneliness in old age aren't as strong or as readily available as they used to be.

Identify points of change - health, mental health, bereavement, etc., educating workforce to address social effects of ill health - not just older people. (workshop-participant; 6 February 2015 in response to how to identify people who may be socially isolated or feeling lonely)¹⁶

1.1 Living alone

With an increasing number of older people living longer and living alone in the United Kingdom, they are at risk of being socially isolated. As per the Office of National Statistics (ONS)¹⁷, older people were more likely to live alone than younger people. Of those aged 16 and over in England and Wales who were living alone in 2011, less than 4% were aged 16 to 24, 17% were aged 50 to 64 and 59% were aged 85 and over. Older women were more likely to live alone than older men. There were more men than women living alone in age groups under 65: 65% of those aged 35 to 49 living alone were men. This may be partly because divorced men are less likely to live with their children than divorced women. Those aged 65 and over living alone were more likely to be women: 63% of those aged 65 to 74 were women, and 76% of those aged 85 and over. This is likely to relate mainly to women living longer than men.

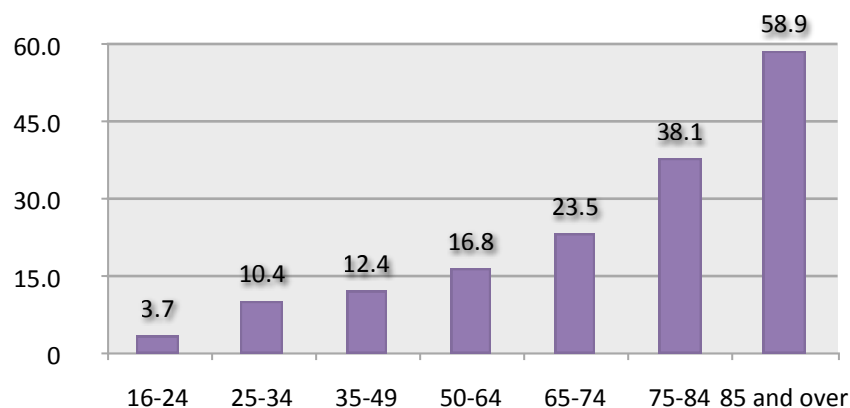


Figure 2: Percentage of usually resident household population (aged 16 and over) living alone by age group, 2011

¹⁶ This is a quote from our data; the participant and how the quote/data was received are in the parentheses.

¹⁷ Living alone in England and Wales, <http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/do-the-demographic-and-socio-economic-characteristics-of-those-living-alone-in-england-and-wales-differ-from-the-general-population/-sty-living-alone-in-the-uk.html>, 17 December 2014 [accessed 2 May 2015]

"In the United Kingdom, for instance, more than one-third of people 65 and older live alone; 40 percent say that TV or pets are their main form of company; and 23 percent of men and 15 percent of women have contact with friends or family members less than once a month", Steptoe said¹⁸.

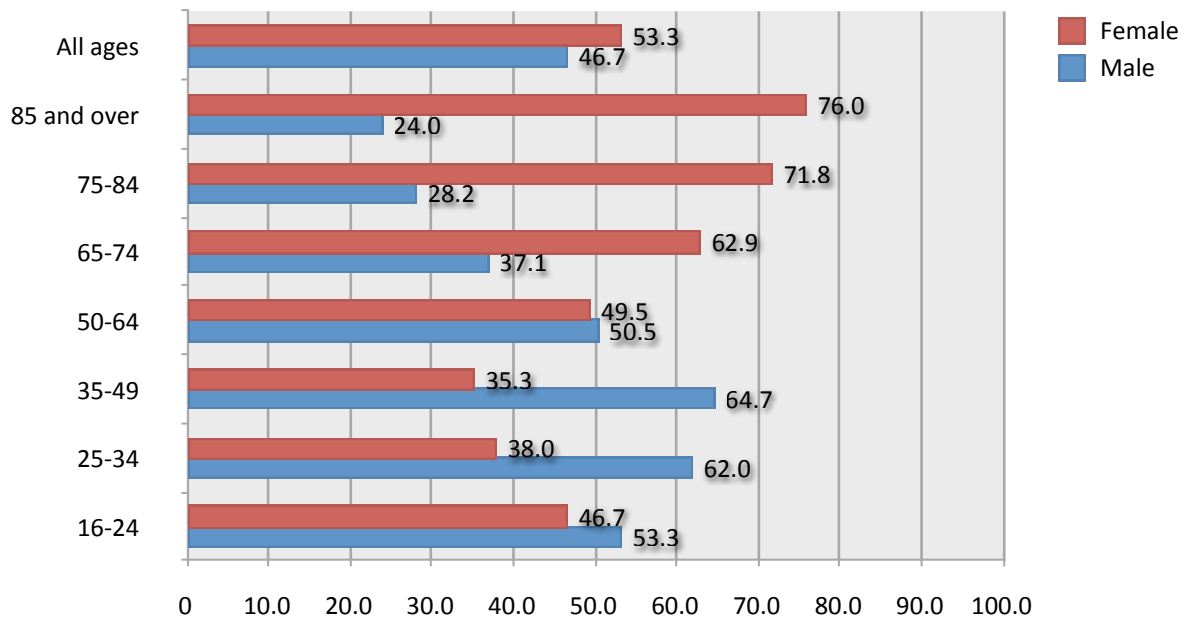


Figure 3: Sex distribution of those living alone by age, 2011

While there is an obvious link between social isolation and loneliness, there are some people who live a solitary life without necessarily feeling very lonely¹⁹. However, when older people are isolated and have a smaller network of relatives, neighbours and friends, it implies that they have less support to draw on when they need help for their social or care needs, and especially if they live on their own. They may also not have easy access to formal health and social care services, which may have adverse effects on their health and wellbeing.

"Social connections can provide emotional support and warmth which is important but they also provide things like advice, making sure people take their medication and provide support in helping them to do things", Steptoe said²⁰.

Research by Steptoe *et al.* (2013) suggests that even when people do not feel lonely, social isolation such as that arising from living on one's own has a significant effect on mortality. They suggest:

¹⁸ Dangers of loneliness, <http://www.bostonglobe.com/lifestyle/2015/04/24/loneliness/WMyewgKBU5cBjVnbkHgbVK/story.html> [accessed 26 May 2015]

¹⁹ How to embrace loneliness: a modern guide, http://www.theguardian.com/commentisfree/2015/apr/20/modern-guide-how-to-be-lonely?CMP=share_btn_tw [accessed 6 May 2015]

²⁰ Social isolation 'increases death risk in older people', <http://www.bbc.co.uk/news/health-21929197> [accessed 2 May 2015]

"Reducing both social isolation and loneliness are important for quality of life and well-being, but efforts to reduce isolation would be likely to have greater benefits in terms of mortality." (p. 5799)

However, living alone and having 'alone time' may not always be perceived as disadvantageous in so far as people are healthy and independent and are able to make use of the 'alone time' to re-energise and to enjoy their own company²¹.

To be alone is not necessarily to be lonely. Many welcome a chance to have some peace and quiet away from the madding crowd, but maybe not on a permanent basis. Having a hobby or interest can be very absorbing and satisfying. (retired school teacher; by email)

1.2 Setting the scope of this project

Social isolation and loneliness are not confined to any age group: younger adults²² and indeed children may be at risk - for example, as a result of disability or poverty. More than two thirds of adults in the UK experience loneliness - loneliness is significantly higher in 18 to 34-year olds, with 83% saying they have experienced loneliness²³.

Britain has, in fact, been labelled as the loneliness capital of Europe²⁴ based on comparisons across 28 European Union (EU) member states which show that people in the UK have below average levels of satisfaction with their social life, and that the UK is ranked 26th out of 28 countries according to the number of people (88.7%) who say they have someone near them to give support if needed. This number was lower than the EU-28 average of 93.0%²⁵.

²¹ 'Alone time' is really good for you, <http://tinyurl.com/mezgkde> [accessed 6 May 2015]

²² Loneliness: a silent plague that is hurting young people most, <http://www.theguardian.com/lifeandstyle/2014/jul/20/loneliness-britains-silent-plague-hurts-young-people-most> [accessed 2 May 2015]

²³ More than two thirds of adults in the UK experience loneliness, <http://www.thebiglunchers.com/index.php/2015/04/more-than-two-thirds-of-adults-in-the-uk-experience-loneliness/> [accessed 6 May 2015]; also, see: Bolton psychologist puts loneliness research on the menu, <http://www.bolton.ac.uk/MediaCentre/Articles/2015/Apr2015-08.aspx> [accessed 6 May 2015]

²⁴ Britain has been voted the loneliness capital of Europe, <http://www.independent.co.uk/life-style/health-and-families/features/britain-has-been-voted-the-loneliness-capital-of-europe--so-how-did-we-become-so-isolated-9566617.html> [accessed 7 May 2015]; also, see: Britain the loneliness capital of Europe, <http://www.telegraph.co.uk/news/politics/10909524/Britain-the-loneliness-capital-of-Europe.html> [accessed 22 May 2015]

²⁵ Measuring National Well-being, European comparisons, 2014, <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/european-comparisons--2014/index.html> [accessed 22 May 2015]

We are more connected than ever before through technologies (e.g. mobile phones) and especially via the social media (e.g. Facebook) and yet we are feeling alone²⁶.

The focus tends to be on older people but youngsters can feel lonely at times. I have taught children who had no home. The parents divorced, both had remarried; both loved their child but had a 'new' family. The child had to go to two places where they were an interloper as viewed by the family permanently established in that home.

I think that I got used to being alone when I was quite small. I was left alone all day at home during the school holidays, with a brief visit at lunchtime, from the age of five. I got quite used to my own company.

Young mothers at home with a child can feel alone. They may be besieged with advice (both good and bad) from mothers and friends but they can feel isolated when spending so much time with their precious small person. They long for stimulating adult conversation. (retired school teacher reflecting on loneliness; by email)

This project has focussed on social isolation in people **aged 55 and over**, aiming to gather evidence about specific risk factors for social isolation in Milton Keynes, and about local efforts to mitigate social isolation among older people. The scope of the project did not allow for quantification of the prevalence of social isolation in the older population. The investigations included the whole Milton Keynes authority area, and we were interested in capturing similarities and differences across the various areas ranging from the city centre to the outlying villages.

The group of over 55 that we focussed on includes the very old, people reaching or just beyond the ages at which people tend to retire, and also those regarded as still of 'working age', but for whom their age might be a barrier to social inclusion. For example, people aged over 55 of a working age may have difficulty in finding work perhaps after redundancy, but not yet be eligible for services that support older people (e.g. not being able to avail free bus travel or discounted rail fares). We have been interested in the issues facing both men and women who may be at risk of becoming socially isolated, and the experience of those who may have experienced isolation at some earlier point. We were also interested in local services, and whether people regarded them as being useful or not.

Milton Keynes has a young population, but older age groups are forecast to have high growth rates²⁷.

Age profile in Milton Keynes

The Milton Keynes population age profile is younger than that for England as a whole. In 2012, 22.4% of the Milton Keynes population were aged under 16 compared with 18.9% in England. 65.9% of the Milton Keynes population were aged

²⁶ The loneliness epidemic: We're more connected than ever - but are we feeling more alone? <http://www.independent.co.uk/life-style/health-and-families/features/the-loneliness-epidemic-more-connected-than-ever-but-feeling-more-alone-10143206.html> [accessed 7 May 2015]

²⁷ SNA population and growth, Milton Keynes Council, <http://www.milton-keynes.gov.uk/social-care-and-health/health-and-wellbeing-board/strategic-needs-assessment/jsna/1-population-and-growth> [accessed 2 May 2015]

16-64 compared with 64.1% in England and 11.7% of the Milton Keynes population were aged 65+ compared with 16.9% in England.

By 2026, the Borough's population will have changed. The population growth in the 65-79 years and the over 80 years groups is forecast to grow by 78.3% and 96.3% respectively by 2026. The median age will have grown from 37 years to almost 40 years because of migration and births to current residents. The older age groups are forecast to see the highest growth in Milton Keynes²⁸. Between 2012 and 2026 the population aged over 65 is projected to grow by 21,800 (+71.8%).

This project and report are in response to one of the strategic priorities in the Milton Keynes Older People Strategy 2014-2017²⁹: 'Improving the wellbeing of older people' and one of the action points 'continue to assess the impact of social isolation'. The aspects 'Building connections within communities to develop a stronger sense of wellbeing and reduce social isolation' and 'enhancing support to carers' are also an integral part of the strategic priority one ('Improve wellbeing') in the Milton Keynes' Joint Health and Wellbeing Strategy, 2012-2015²⁹.

Feeling well and overcoming loneliness

Guide for feeling well and overcoming loneliness later in life,

<http://www.royalvoluntaryservice.org.uk/get-help/advice-and-support/feeling-well-and-overcoming-loneliness> [accessed 9 May 2015]

Ideas for overcoming loneliness

<https://www.psychologytoday.com/blog/pieces-mind/201303/ideas-overcoming-loneliness> [accessed 11 May 2015]

Age of Happiness

The Age of Happiness project is an international project that serves to change people's perception of life after 70, 80 or even 100, <https://www.facebook.com/theageofhappiness>

Vladimir Yakovlev, started his Age of Happiness project in 2011, documenting people around the world who defy our expectations of ageing

Also, see: People who refuse to grow old: <http://www.bbc.com/culture/story/20150126-the-people-who-refuse-to-grow-old> [links accessed 2 May 2015]

Benefits of pets for older people

'A study published in the Journal of the American Geriatrics Society demonstrated that independently living older people who had pets tended to have better physical health and mental wellbeing than those that did not'.

²⁸ The future of loneliness, <http://www.fote.org.uk/resources/publications/future-loneliness/> [accessed 6 May 2015]

²⁹ Milton Keynes Council, Health and Wellbeing Board, <http://www.milton-keynes.gov.uk/social-care-and-health/health-and-wellbeing-board/consultations-strategies-and-action-plans> [accessed 18 May 2015]

See more at: <http://www.myageingparent.com/benefits-of-pets-for-older-people/> and <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.1999.tb02996.x/full> [links accessed 14 May 2015]

Also, see **Pets as Therapy**, a national charity, that provides therapeutic visits to hospitals, hospices, nursing and care homes, special needs schools and a variety of other venues by volunteers with their own friendly, temperament tested and vaccinated dogs and cats.

<https://www.petsastherapy.org/index.php> [accessed 22 May 2015]

We spend time and money advising people how to look after themselves to live longer, stop smoking, drink less alcohol and exercise more, but when you live longer as is the aim, we need to invest in how we will accommodate and care for these people (reflections of a coordinator of a charity in Milton Keynes; by email)

Need to be more precise about what we mean when we say "older people": some people can be 'young' at 80 and others 'old' at 60. (Age UK MK lunch club participant; September 2014)



2 Outline of the report

This report comprises of the following sections:

- In Section 3, we discuss the risk factors associated with social isolation and loneliness and the consequences of being socially isolated and feeling lonely.
- In section 4, we discuss the research design of this project.
- In Section 5, the context of Milton Keynes is outlined: local characteristics and the perceived risk factors for isolation and loneliness.
- A review of some key services in and around Milton Keynes is presented in Section 6.
- A commentary by colleagues of Age UK Milton Keynes on the situation in Milton Keynes is presented in Section 7.
- In Section 8, we present several examples of services that help reduce social isolation for older people. We reflect on the lack of and the need for evidence related to the role and effectiveness of the services to tackle social isolation and loneliness among older people.
- In Section 9, based on our investigations, we present our specific recommendations for addressing social isolation and loneliness in Milton Keynes.
- Lists of references (from the literature) and additional resources and services related to supporting older people are included in Sections 10 and 11, respectively.
- Brief biographies of the authors of this report are presented in Section 12.
- Appendices: Appendix A has a further discussion on age-friendly cities, a concept that we refer to in Section 9 and in our list of recommendations. In the other Appendices (B-E), we have consolidated the research materials that we used during the empirical investigations in this project.

3 Social isolation

Living alone, having few social network ties, and having infrequent social contact are all markers of social isolation (Holt-Lundstad *et al.*, 2015). It is not the same as solitude that some people choose for themselves. Social isolation is closely associated with loneliness, which is the subjective experience of distress at a lack of human company generally, or from missing loved ones, or not being satisfied with the current social relationships. Loneliness is:

"deeply personal - its causes, consequences and indeed its very existence are impossible to determine without reference to the individual and their own values, needs, wishes and feelings. As such, it is also a complex, and often time-consuming, issue to address" (Jopling, 2015, p.6)³⁰.

3.1 Risk Factors associated with social isolation and loneliness

Some people might be socially isolated but not feel lonely, but social isolation³¹ puts people at greater risk of loneliness. In this section, we discuss a number of personal, environmental and ecological risk factors for social isolation in older people.

Caring for others

Family carers can be at risk of social isolation particularly if they are caring for long hours and feel unable to leave the person they care for alone in the house. The number of older carers in England is rising: there are 1.2 m carers over 65, which is a 25% rise in the past decade, and with 87,000 carers who are over 85 years old, and this number has doubled over the past decade³².

Older carers may suffer from disabilities and ill health themselves, and at any age caring can bring its own stresses on physical and mental health. It can cause fatigue and result in people not caring about their own health. Carers also include people in late middle age who have taken a reduction in working hours, time out from work, or early retirement for caring responsibilities, affecting career progression, or their own final pension. Social isolation resulting from caring can, however, continue after the person they cared for has died or gone into residential care.

³⁰ Jopling, K. (2015) Promising approaches to reducing loneliness and isolation in later life. London: Age UK and The Campaign to End Loneliness, <http://www.campaigntoendloneliness.org/blog/promising-approaches/> [accessed 13 May 2015]

³¹ 20 facts about social isolation that will stun you, <http://www.aplaceformom.com/blog/10-17-14-facts-about-senior-isolation/> [accessed 12 May 2015]

³² More older carers 'risking health', <http://www.bbc.co.uk/news/health-32520410> [accessed 2 May 2015]; also, see: Caring into later life, Carers UK, 2015, <http://www.carersuk.org/for-professionals/policy/policy-library/caring-into-later-life> [accessed 25 May 2015]

Carers UK³³ has suggested that employers should allow carers to continue working flexibly and for longer, and that carers need to know their rights in the workplace; carers should have access to emotional support and a 'carers champion' at the workplace; and signposting to relevant information.

*"As a society we need to reach out to carers so they know that they are not alone. We also need to ensure they can get both practical and emotional support. Crucially we need to do this in a way that doesn't always rely on people identifying themselves as carers. It can take years before someone self-identifies as a carer, and this can mean essential support doesn't reach them."*³⁴

Carers Milton Keynes, <http://www.carersmiltonkeynes.org> [accessed 25 May 2015]

Carers Trust: Top tips to tackling loneliness and isolation, <http://www.carers.org/help-directory/top-tips-tackling-loneliness-and-isolation> [accessed 9 May 2015]

5 Creative ways to lower caregiver stress, <http://www.aplaceformom.com/blog/2013-12-17-how-to-lower-stress/> [accessed 12 May 2015]

Powerful tools for caregivers, The Powerful Tools for Caregivers programme, <http://www.powerfultoolsforcaregivers.org> [accessed 12 May 2015]

Glasgow Carer's Privilege Card, <https://www.glasgow.gov.uk/index.aspx?articleid=10790>, also see: <https://www.glasgow.gov.uk/carerscard> [links accessed 22 May 2015]

Personal risk factors

In addition to being a carer, there are several personal risk factors to social isolation.

- low income, affecting the ability to take part in social activities
- low literacy levels, blocking access to information and activities, and causing social embarrassment
- poor physical and/or mental health and any kind of disability that is an obstacle to social interactions
- having to give up driving or not having access to private transport due to affordability, or not being able to drive due to health conditions, or not knowing how to drive
- ageing without own children
- losses, for example, of status due to redundancy or unemployment, or emotionally significant relationships due to retirement or bereavement. At the same time people may find it difficult to build new relationships and friendships.

³³ Alone and caring, January 2015 <http://www.carersuk.org/for-professionals/policy/policy-library/alone-caring> [accessed 2 May 2015]

³⁴ Herklots, H. (2014) Caring alone, in *Alone in the crowd: loneliness and diversity*, <http://www.gulbenkian.org.uk/news/news/255-Alone-in-the-crowd--essays-on-loneliness-in-a-changing-society.html> [accessed 24 May 2015]

Environmental and ecological risk factors

The environmental and ecological risk factors constitute of:

- aspects of the built environment, for example, lack of seating in public spaces, inaccessible buildings, poor pavements, unsafe communal areas, not having street lights, and not having access to public toilets
- fear of crime³⁵, or perceived risk to personal security
- inadequate public transport, and especially accessible public transport.
- social or neighbourhood changes that limit possibilities for interactions, for example, high population turnover when people live in certain areas for ease of commuting
- not having access to the internet (due to costs or unavailability of high-speed internet in their areas, or not knowing its significance, or not being trained)
- lack of community facilities such as libraries and community centres.

People feel uneasy about their safety when walking out locally where previously walking into their local centre was a highlight of their day. (Age UK MK lunch club participant; September 2014)

Physical health and disability

Being physically unwell can make it very difficult for a person to get out of the house unaided, and after an outdoor trip, it may take a few days to build stamina for another outdoor activity. Particular physical disabilities can produce barriers for people to engage socially as much as they would like to, for example:

- mobility problems
- sensory impairments - visual and auditory
- learning disabilities.

Gradual increasing disabilities [in old age] - hearing loss, poor sight and mobility issues. (workshop-participant; 6 February 2015)

People living with these kinds of disabilities may need adjustments to be made and/or support provided to enable them to take part in activities outside the home.

Lack of mobility can be caused by a variety of things. Physical ones are quite confining as the person can't go to the friends or groups where they were formerly welcomed unless someone assists them; eyesight among other things. (a pensioner; by email)

Older people diagnosed with cancer and living with cancer or other life-threatening diseases may suffer isolation³⁶. Added to this is the effect of people's perceptions

³⁵Lorenc, T., Petticrew, M., Whitehead, M., Neary, D., Clayton, S., Wright, K., Thomson, H. and Cummins, S. (2014) Crime, fear of crime and mental health: synthesis of theory and systematic reviews of interventions and qualitative evidence, <http://www.journalslibrary.nihr.ac.uk/phr/volume-2/issue-2 - abstract> [accessed 11 May 2015]

³⁶ Facing the fight alone: cancer, isolation and loneliness, <http://www.campaigntoendloneliness.org/blog/facing-the-fight-alone-cancer-isolation-and-loneliness/> [accessed 24 May 2015]

about being a burden on society and needing to be seen as independent. This may lead individuals to avoid sharing with others that they do feel lonely or isolated, and in particular they may not talk about this with close family to avoid putting pressure on them or causing them anxiety.

Cancer can be the loneliest place, <http://opaalcopa.org.uk/2015/03/12/cancer-can-be-the-loneliest-place-reach-out-to-a-friend-or-loved-one-with-cancer-today/> [accessed 11 May 2015]

Age and social isolation, Macmillan Cancer Support, http://www.scottish.parliament.uk/S4_EqualOpportunitiesCommittee/Inquiries/MacMillan_Cancer_Support.pdf [accessed 22 May 2015]

Cancer survivors go into isolation to highlight plight of lonely cancer patients, http://www.macmillan.org.uk/Aboutus/News/Latest_News/Cancersurvivorgointoisolationtohighlightplightoflonelycancerpatients.aspx [accessed 24 May 2015]

Mental health conditions

A range of mental health conditions may cause older people to become socially isolated, as well as sometimes being caused or exacerbated by loneliness or isolation. Depression can be a particular problem for older people because it may often go unrecognised. People with learning difficulties who lose essential parental support as they become older may also have problems with social connectivity without support. Where conditions impede a person's ability to easily socialise, there may be a hesitation to participate and connect.

Developing dementia often results in loss of relationships and social contacts and reduction in social networks and social engagement (Moyle *et al.*, 2011). For people living alone with dementia, and without a trusted confidant, the consequences of social isolation can be severe in terms of their personal wellbeing and security, and reduce their capacity to remain living in the community³⁷. The UK Alzheimer's Society³⁸ suggests that people in these circumstances can be helped by appropriate services that allow them to maintain social contacts.

Further, social isolation is linked to increased susceptibility to dementia (Dickens *et al.*, 2011), and people with a high degree of loneliness have been found to be twice as likely to develop Alzheimer's as those with a low degree of loneliness (Age UK, 2014)³⁹.

³⁷ Dementia 2013: The hidden voice of loneliness, http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1677 [accessed 11 May 2015]

³⁸ Alzheimer's Society, <http://www.alzheimers.org.uk> [accessed 17 May 2015]

³⁹ Age UK, 2014, Evidence Review: Loneliness in Later Life, http://www.ageuk.org.uk/Documents/EN-GB/For_professionals/Research/Evidence_Review-Loneliness_2014.pdf?dtrk=true [accessed 12 May 2015]

Economic disadvantage

In our society people need a minimum amount of disposable income to engage socially: to look presentable, have access to transport, share meals, or pay club or event fees. The wealth of individual older people is very variable, but ageing is a factor in economic disadvantage, particularly when people have had a lifetime of low income. Older people in any income band can experience loneliness, but low income means that people have less access to ways out of social isolation. Lack of private transport also raises the risk of isolation in older people.

Some doctors send people for tests and so on without considering how the person will get there. Public transport is sometimes an option but not always. Taxis are quite expensive. (a pensioner; by email)

Bereavement

Bereavement can be a life-changing event for people whether or not it was anticipated, and regardless of the quality of the relationship. If the loss is of a partner or a family member upon whom an older person was dependent, it may affect their ability to cope with practical matters such as finances or transport (if they were not the driver in the family). If other family or friends do not step in to help, these matters can produce barriers to social interactions.

Older people who have been carers, especially sole carers, are at risk of loneliness when the person they cared for dies (or enters residential care with late stage dementia). The isolating effects of long-term intensive caring means that carers could have lost connections beyond the person they cared for, leaving them isolated when their caring task ends.

In addition to the loss of partners and cared-for people, the loss of long-term pets can be experienced as bereavement. Some older Milton Keynes citizens talked about losing their dog and deciding that it was impractical to take on a new, livelier pet. This can be a life-changing event because dogs in particular are a great reason to regularly get out and about, and act as a medium to spark conversations with other dog walkers. West Bletchley group members suggested that older people might accompany someone who still walks a dog, or help with walking someone else's dog as another form of good neighbour support.

Difficulties in making new friends or linking with old ones

People have different capacities to make and keep friends. Posner (1995) points out that older people tend to make friendships predominantly with those within the same age cohort. However in later life, some people may find it difficult to initiate new friendships and to belong to new networks due to lack of opportunity, lack of confidence, or the fear of further losses. With increasing age people may need support to make contacts with enough people to find new friends: for example, a volunteer home visitor or a family member introducing them to a lunch club by accompanying them in the first two-three visits to facilitate integration.

The St Vincent de Paul Society

Visiting and Befriending, <http://svp.org.uk/VisitingBefriending> [accessed 9 May 2015]

Gray (2009) discusses the challenges of gaining social support when an older person may not have an immediate family to offer help and may be too frail to reciprocate the help of others:

Consistent with Townsend's (1957)⁴⁰ observation that help to elders [older people] is contingent on the capacity to reciprocate, the findings of this [Gray's research] analysis have shown that people in poor health tend to experience a reduction in social support as they age. ... Frail or sick elders [older people] in the community may depend for social support on the unreciprocated solidarity of others, which raises the question of how this can be secured when personal communities are becoming less kin-based [family-based].

Gray (2009) concludes her paper by stating the need to find out more about how older people develop and sustain relationships with neighbours, co-religionists and fellow members of recreational groups, to help meet the challenges posed by an ageing society in which an increasing proportion will be childless.

Difficulties in using communications technologies

Although the over 60s are rapidly catching up with engagement with the internet, age remains one of the factors in digital exclusion, with the oldest old most likely to have never accessed the internet or have an interest in doing so. Of the 5.9 million adults in the UK who had never used the internet in quarter 1 (January to March 2015), just over half (3.0 million) were aged 75 years and over⁴¹. Physical, cognitive and perceptual impairments may make it very difficult for individual older people to make use of the potential of communication technologies to reinforce or extend their social connectivity.

3.2 Consequences of social isolation and loneliness

Social isolation and loneliness have been linked to the development of a number of serious chronic health conditions, including depression and high blood pressure. Feelings of loneliness are predictive of developing dementia (Holwerda *et al.*, 2012). People who experience loneliness are more likely to smoke and drink too much and have sleep disorders, and less likely to exercise and adhere to a medication regime. Loneliness is therefore correlated with poor quality of life, low self-esteem and causes some of the behaviours that can harm mental health⁴² and physical health⁴³.

⁴⁰ Townsend, P. (1957) *The Family Life of Old People. An inquiry in East London*. Institute of Community Studies, Report no. 2, Routledge & Kegan Paul, London.

⁴¹ Internet users, 2015, <http://www.ons.gov.uk/ons/rel/rdit2/internet-users/2015/stb-ia-2015.html> [accessed 22 May 2015]

⁴² Loneliness Rivals Obesity In Risk Of Early Death; Mental Health Often Unconsidered, <http://www.medicaldaily.com/loneliness-rivals-obesity-risk-early-death-mental-health-often-unconsidered-325390> [accessed 6

⁴³ Loneliness is deadly, http://www.slate.com/articles/health_and_science/medical_examiner/2013/08/dangers_of_loneliness_social_isolation_is_deadlier_than_obesity.html [accessed 6 May 2015]

Research has shown that lack of adequate social contacts can carry a comparable risk of death⁴⁴ to other well-established health risks. Holt-Lundstad *et al.*'s (2010) meta-analysis of research findings indicated that:

"the influence of social relationships on the risk of death are comparable with well-established risk factors for mortality such as smoking and alcohol consumption and exceed the influence of other risk factors such as physical inactivity and obesity".

Social isolation and loneliness have consequences for the wider community:

- *An increased burden on health and social services to treat the ill effects of loneliness and isolation.* This applies right across services, from GPs who might be the only point of contact for some patients⁴⁵, to public health issues including levels of smoking and alcohol use within communities. Isolated people may require more hospital admissions, or experience delayed discharges because of lack of support at home.
- *A loss of skill sets and memories from the community.* When people become socially disconnected, any skills or abilities that they may have accumulated over a lifetime will effectively be lost from communities rather than passed on to others. This may include practical skills such as carpentry or gardening, or creative skills such as musical ability. The social exclusion of older people with stories to tell means that local social histories may be lost.
- *Decline of communities.* Their potential as volunteers is lost too. Older people, especially those who have been long-time residents, can contribute to the stability and harmony of neighbourhoods - for example by being around during working hours to deter low-level crime, taking in parcels, or feeding pets. Where this two-way activity between the older people and the communities among whom they live breaks down, it is not just the individuals that lose out, but the communities as a whole.

Spotting the signs of loneliness

being neighbourly and being more aware of the people around us.

reaching out to an older neighbour with a smile and a hello.

thinking about simple everyday things to connect with older neighbours, for example, helping them with the bins on the bin collection day.

brief chat on the bus or at the supermarket can help an older person feel less alone.

Adapted from: Spotting the signs of loneliness, <http://www.beafriendtoday.org.uk/wp-content/uploads/2014/07/Spotting-the-signs-of-loneliness.pdf> [accessed 3 May 2015]

⁴⁴ Loneliness 'increases risk of premature death', <http://www.nhs.uk/news/2015/03March/Pages/Loneliness-increases-risk-of-premature-death.aspx> [accessed 6 May 2015]

⁴⁵ Chronic loneliness in older adults leads to more doctors' office visits, UGA study finds, <http://www.medicalnewstoday.com/releases/291854.php> [accessed 6 May 2015]

Be a Friend

Friends of the Elderly is calling on everyone to 'Be a Friend' and help change the future of loneliness. "Loneliness has a devastating impact on the lives of older people and it's on the rise, which is why we're urging everyone to connect with older neighbours and members of their community".

Be a Friend, <http://www.beafriendtoday.org.uk> [accessed 6 May 2015]

4 Methodology

During this project, the data was collected from a variety of sources (Table 1) such as workshops, interviews, and structured discussions - face-to-face or on the phone, a brief survey, and email interviews.

Data sources and data collection

The description of the event, date, stakeholder types and the number of participants are listed in Table 1. The research materials are included in **Appendices B-E**.

Table 1: Data sources, dates of the events and the number of participants

Description	Date	Participants
Briefing meeting with Age UK MK colleagues	11 August 2014	3 + 2 project team members
Meeting with Community Development Officer, Milton Keynes Council	14 August 2014	1 + 2 project team members
Age UK MK lunch club review with stakeholders	03 September 2014	As an observer (1 project team member)
Black, Asian, Minority Ethnic (BAME) communities meeting at Age UK MK premises	18 September 2014	As an observer (1 project team member)
Meeting with Jan Lloyd, Chair of Older Persons' Forum in Milton Keynes	16 October 2014	1 + 2 team members
Two half-day workshops at The Open University involving a number of stakeholders from a variety of services across Milton Keynes	17 October 2014	20 in each session + 3 team members
Meeting with Chief Executive, MK Centre for Integrated Living	28 October 2014	1 + 1 team member
Age UK MK Community Home Visitors meeting	30 October 2014	As an observer (1 team member)
Meeting with Steve Offord, West Bletchley Council	31 October 2014	1 + 2 team members
Age UK MK lunch club: group and individual interviews with the participants	05 November 2014 and 12 November 2014	~10 in each session (+ 2 team members)

Description	Date	Participants
Meeting with colleagues in Community Dementia Service, Milton Keynes Community Health Services	5 November 2014	~12 + 2 team members
Presented preliminary findings to Milton Keynes Council	12 November 2014	1 + 2 team members
Workshop during the weekly meeting, West Bletchley Council	19 November 2014	12 + 1 facilitator + 2 team members
Meeting with Adult Carer Service Manager, Carers MK	24 November 2014	1 + 2 team members
Age UK MK colleagues for a discussion on two initiatives: lunch clubs and community home visitors	23 December 2014	2 + 2 team members
Visit to Age UK MK's Snack and Chat venue in Central Milton Keynes and Men in Sheds programme in Kiln Farm	5 January 2015	1 Age UK MK colleague + 2 team members
Workshop at Age UK MK premises with the Age UK MK community home visitors	7 January 2015	12 + 2 Age UK MK facilitators + 2 team members
Meeting with Age UK MK volunteers	27 January 2015	2 + 1 team member
Workshop at The Open University involving a number of stakeholders from a variety of services across Milton Keynes	06 February 2015	30 + 3 project team members (23 reflective questionnaires were received at the end of the workshop)
Presented findings at the Better Care Fund Programme Board meeting	05 March 2015	~15 + 2 project team members
Email questionnaire (see Appendix E)	8 May – 17 May 2015	4 participants (1 community home visitor, 1 coordinator of a local charity, 1 expert in older people's issues in Milton Keynes, 1 U3A member)
Critical review of the findings and the report	4 May – 25 May 2015	4 experts in the areas of Dementia, home care services, accessibility and ageing (2 are residents of Milton Keynes) + 2 colleagues from Age UK MK

Data analysis

We applied the sense-making approach of thematic analysis for the analysis of the qualitative data from various sources listed in Table 1.

Thematic analysis is an analytic approach⁴⁶:

"for reducing and managing large volumes of data without losing the context, for getting close to or immersing oneself in the data, for organizing and summarising, and for focusing the interpretation."

Thematic analysis is a systematic approach to the analysis of qualitative data that involves identifying themes or patterns in the data (guided by the research objectives); coding and classifying data according to themes; and interpreting the resulting thematic structures by seeking commonalities, relationships, overarching patterns, or principles (Braun and Clarke, 2006).

In various sections of the report, we have presented the results of the empirical investigations. Themes and sub-themes from our analysis are accompanied by direct quotes from our data.

⁴⁶ Lapadat, J. C. (2010) *Thematic Analysis*, in the *Encyclopedia of Case Study Research*, Albert J. Mills and Gabrielle Durepos and Elden Wlebe, SAGE Publications.

5 The Milton Keynes context

Residents of Milton Keynes share with all citizens of the UK the common risk factors for social isolation and loneliness, as described in the literature on this topic (see Section 3). However there are also specific aspects of Milton Keynes that may make a difference - either increasing or decreasing risk factors, or creating local variations in patterns of risk.

5.1 Local characteristics

The specific risk factors in Milton Keynes arise from the nature and timing of the development of Milton Keynes as a major centre and administrative district, and its local demographic, economic, and organisational circumstances. We have identified some of these:

A rapidly increasing local ageing demographic

As per the Joint Strategic Needs Assessment (2013/14)⁴⁷, there will be a significant rise in the population of those over 65 in Milton Keynes. The rapidly increasing local ageing demographic will be demanding more services. By 2025, there will be an increase of 63% for the over-65 population. Those aged over 85 will grow at a faster rate: by 66% for the 85-89 population and 81% for the over-90s. By 2025, the number of people aged 65 to 74 predicted to be living alone will increase by 55%, and by 85% in the over-75 population.

Need to recognise as population ages - this is an opportunity for improving society, not just a burden! (workshop-participant; 6 February 2015)

Diversity of minority groups

By the 2011 census, 26.1% of Milton Keynes residents were from an ethnic group other than 'white British' compared with 20% in England as a whole. This includes 5.2% Black African, 5.1% 'other white' (which includes European migrants) and 3.3% Indian - all of which were higher than the average for England, and 1.5% Pakistani, a lower proportion than the England average.

Variation in neighbourhood profiles

The Milton Keynes unitary authority embraces communities that range from deprived to affluent in the UK deprivation indices. Community variation across the authority is from rural to urban and from economically affluent to deprived wards. In terms of the Index of Multiple Deprivation⁴⁸, Milton Keynes as a whole was ranked 211/326 (1 being most deprived) but a closer analysis of the 139 Milton Keynes lower

⁴⁷ JSNA Older people with social care needs (2013/14), <https://www.milton-keynes.gov.uk/social-care-and-health/health-and-wellbeing-board/strategic-needs-assessment/jsna/jsna-older-people-with-social-care-needs> [accessed 2 May 2015]

⁴⁸ English indices of deprivation, 2010, <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010> [accessed 19 May 2015]

super output areas (LSOAs) revealed that, within this overall ranking, were included 7 areas within the 10% most deprived in England. Overall, Milton Keynes included 24 LSOAs that were within the most deprived 30% nationally and 17 LSOAs, which were amongst the least deprived 10% in England as a whole. This continued a trend, seen between the 2004 and 2007 indices, of increasing numbers of LSOAs in Milton Keynes falling within the most and least deprived quintiles of the national population⁴⁹. Older people living in deprived areas are vulnerable to poverty and social exclusion (Scharf *et al.*, 2002). A poor quality environment can affect their mood, quality of life and low level of social activity - which can lead to feelings of loneliness.

These variations in wealth sit alongside diversity between communities with relation to age of settlement, design, and population characteristics. Of note here are the contrast between the outlying 'satellite' villages and hamlets in Milton Keynes but not in the new town itself; the larger pre-existing towns and villages that were absorbed into the new town (Wolverton/New Bradwell, Stony Stratford, and Bletchley - including the 1960/70s Lakes estate at Water Eaton); and the various developments post-designation of the new town. These developments were largely constructed with a Webberian concept of the nature of future communities: that is, one where social links and economic networks would supplant communities based primarily on proximity (Webber, 1964). For older people with weak social and economic links and networks, and for whom strong local neighbourhoods are essential, this can produce problems.

Multi-cultural challenges, ageing population, people living longer with multiple health and social needs. Infrastructure not built to support needs, social needs. (workshop-participant; 6 February 2015)

5.2 Factors that influence social isolation and loneliness

Based on our consultations, there is an awareness within organisations and from older people and others living locally of aspects of Milton Keynes life that add to the risks of social isolation, or exacerbate generic ones.

Centre of Milton Keynes

There is a perception that there is no real central public civic centre, in the sense of a traditional town square or village green where people might gather. The Centre MK is primarily seen as a shopping centre (and indeed is in private ownership). In the absence of an obvious place to linger and not have to spend money, many older people avoid going into the centre unless they need to.

The structure of the community, separated by road networks. Lack of central meeting points in the centre. (workshop-participant on 6 February 2015)

⁴⁹ Social Atlas, 2013, Milton Keynes intelligence (MKi) Observatory, <http://www.mkiobservatory.org.uk/Download/Public/1026/DOCUMENT/10364/SocialAtlas2013.pdf> [accessed 19 May 2015]

Housing

All towns and cities have areas built at different times and with different characteristics. In the case of Milton Keynes, this includes a range in the nature and composition of neighbourhoods based on when they were built, their physical form, and the kinds of households that predominate. There are issues about the physical design of some estates.

Most of the houses are built in a way that they can't be looked into – which is good for the young but can be isolating for older people. (Age UK MK community home visitors workshop; 7 January 2015)

Many of the estates have houses built for privacy and there are hundreds who don't have windows looking on to paths where people walk regularly. This makes them feel isolated although there may be folks around in the very next street. (Age UK MK community home visitor; by email)

The grid road system and "Estate" layout, lends itself to isolation, if you live in a flat for example in a small block the front entry door "locks out" after 11 pm. Security yes, but can lead to isolation. (workshop-participant; 6 February 2015)

Neighbourhoods and communities

People whom we consulted commented on the variation between communities, with some seen as well established with long-term residents often with family and friends nearby.

Olney is different – people were born there and some of them have even lived in the same house all their lives – so things that work for Olney may not work in MK [Milton Keynes]; villages have smaller communities and everybody knows everybody which is not so in MK. (Age UK MK community home visitors workshop; 7 January 2015)

Other communities are regarded as more transitory, with a high turnover of residents, often with incoming young workers.

MK is a very lonely place. The neighbours are transient or they are away to work most of the week. There is a lack of community in MK. There is no sense of community in MK. (Age UK MK lunch club participant; November 2014)

Milton Keynes has a transient population which is a problem, and of course the public transport problem never goes away and needs addressing (coordinator of a charity in Milton Keynes; by email)

Where people have been living in their own homes in the community, it is likely that they will know people around and about - even if these links are at a low-key level. Older people who could get out and about described how important these neighbourhood links were for them. To avoid social isolation, attention needs to be paid to older people who can't get out and about, and live in less settled communities where neighbours may not know one other.

Milton Keynes is so large that it has taken life from smaller towns and villages. We need to look at revitalising the places where most "older" people live. (workshop-participant; 6 February 2015)

Sheltered housing and extra care housing (e.g. Shenley Wood Village, Lovat Fields village), while offering inclusion for their residents (with varying degrees of success) are seen as tending to be localised communities but, in general, they are not very welcoming to outsiders for involvement with activities and for socialisation. It was suggested in our discussions with older people attending the Age UK MK lunch clubs that more conscious outreach by sheltered and extra-care housing schemes would benefit both residents and non-residents.

Another aspect about extra care housing that is discussed in the literature is that they may not always protect against loneliness (Burholt, *et al.*, 2013): they found that the residents did not necessarily make new friendships; they considered their real friends to be the people they knew from outside the sheltered housing. Therefore, extra care housing-providers, care providers and families should support older people to maintain existing meaningful and long-term friendships during and after the transition to sheltered housing.

Transport

Milton Keynes has long-standing transport issues for people who do not have access to cars because the road system is based on car usage:

Movement in Milton Keynes is dominated by the grid road system. The pattern of grid roads allows multiple route choices and disperses traffic across many routes; however, the grid roads do separate communities from facilities and increase distances to access public transport (workshop-participant; 17 October 2014)

As with other areas, there has been a long-running disputation about the provision of bus services, with older people taking a vocal position of provision in Milton Keynes. But it must be remembered that even with a comprehensive and regular public transport system, some older people and people with disabilities will still have problems with getting to the transport, boarding it and getting off again, and feeling safe and comfortable on it.

Unusually within the UK, much of Milton Keynes has an extensive 'Redway' system of dedicated pedestrian/cycle pathways that offers opportunities for short distance routes. However for many people there are worries about safety on parts of these routes:

'Redways have their own problems of isolation and fears about personal security for users. Segregation from other road users, subways, overgrown vegetation, vandalism and poor lighting tend to make users feel vulnerable, particularly at night'⁵⁰.

In our consultations, people identified specific problems: lack of transport connections - especially in the more outlying areas, and for travelling to and from Milton Keynes centre; and insufficient accessible public transport for people with

⁵⁰ Milton Keynes Walking Strategy (2003), <http://www.milton-keynes.gov.uk/streets-transport-and-parking/transport-roads-and-travel/walking-strategy>, Travelwise/Milton Keynes Council, p. 12

mobility problems. They also discussed the need to take taxis for basic purposes, such as weekly shopping, or visiting the GP, or the post office; taxis for larger wheel chairs are expensive, and are sometimes not available - and taxis have to come from Buckingham at a cost; the perception is that 'town is for people who can drive - it has been designed for cars'. For older people who have never driven or have given up their licence due to health, disability or cost, this is a disincentive to social engagement in Milton Keynes.

These are some of the comments that we received during the workshop on 6 February 2015:

Poor transport in and around local communities

Lack of transport in outlying villages

Transport, many parts of Milton Keynes are very spread out from each other

Urban design, rapid growth and influx, grid roads

The fact the city was designed around cars. The expectation was that every family would have two cars. With the result that not enough provision was made for public transport around the estates. (Age UK MK community home visitor; by email)

Localisation

Despite the existence of over 70 community facilities in Milton Keynes, including almost 50 community and leisure centres - some of which have a dedicated purpose, such as arts or youth projects - there is a perception of a lack of sufficient local centres, and indeed there is probably a shortfall in certain localities based on previously published local plans⁵¹ compared to current provision⁵². A Plan: MK Topic Paper⁵³ acknowledges the social and economic role of community centres, including their role in creating 'Lifetime Neighbourhoods', and it seeks to ensure that appropriate facilities are provided and existing facilities defended. The availability of accessible and local community centres are one of the cornerstones of infrastructure that can support local cohesion and defend older residents from the possibility of becoming socially isolated.

Lack of very local facilities such as halls/meeting rooms.

⁵¹ Milton Keynes Local Plan (2005), <http://www.milton-keynes.gov.uk/planning-and-building/planning-policy/local-plan-2005> [accessed 17 May 2015]. The Local Plan, adopted December 2005, sets out how Milton Keynes will be developed up until 2011.

⁵² Community Properties in and around Milton Keynes, Milton Keynes Council <https://www.milton-keynes.gov.uk/leisure-tourism-and-culture/leisure-and-community-facilities/community-centres> [accessed 17 May 2015]

⁵³ Plan: MK Topic Paper - Issues Consultation Culture, Recreation and Quality of Life, Milton Keynes Council, September 2014, <https://www.milton-keynes.gov.uk/planning-and-building/planning-policy/plan-mk> [accessed 17 May 2015]

Lack of community centres. The initial planning of the city bowed to the car (workshop-participants; 6 February 2015)

Pace of development in Milton Keynes

The pace of development of Milton Keynes has brought its own challenges to the infrastructure that have had an effect on services that could help to offset social isolation. Transport, as described above, is a recurring theme. There is also a perception that access to GPs and other medical appointments is a particular issue in Milton Keynes because the expansion of the population has outstripped the capacity of these services. This can have an effect, for example, on the probability that an older person with depression or dementia will become identified early, or get information about services when struggling to cope for himself or herself or for a partner. This is important because older people will often not identify themselves as isolated or lonely, as opposed to just 'old'. Since pride or shyness may prevent people from seeking or accepting help, services in Milton Keynes need to address these problems of self-identification via sensitive dedicated services. Redundancy and retirement can be tipping points where people might be supported to avoid isolation.

The future for older people in Milton Keynes (like everywhere in the country) does not look promising. We are being told that hospitals do not want to admit us (bed blocking). Community care is struggling.

We need another hospital, more sheltered housing and care homes.

Vital we have more rehabilitation and respite centres to reduce bed blocking, it is false economy and investment in these areas is essential.

(workshop-participants; 6 February 2015)

Black, Asian, Minority Ethnic population

Specific barriers to inclusion affecting older people from Black, Asian, Minority Ethnic (BAME) communities are described as including language issues, lifestyle changes in families that make it harder for elderly members to fit in, and in some cases a sense of being uprooted from their own familiar communities when they have moved to live with or closer to family members resident in Milton Keynes. There can also be misunderstandings about preferences: for example, older people from these groups sometimes do prefer the privacy of sheltered accommodation over living in an adult child's home with no room of their own. There does though tend to be avoidance to day care, partly for reasons of language and choice of food.

Meals on wheels, which can be a point of contact for isolated people does not always work well for older people in some of these cultural groups. For example, meals produced from general kitchens are not necessarily trusted for halal (as compared to the lunch club kitchens, which are halal certified - hence the home meals should be delivered from these kitchens). In addition, the BAME communities in Milton Keynes tend to be very separate, with little desire and sometimes little encouragement to mix. It was suggested in our investigations that some community leaders of BAMEs can be protective towards their communities and, sometimes do not pass on all of the information about available services. Therefore, multiple means of

disseminating information are required such as radio, television, in GP surgeries, and in shopping areas.

Many reasons [specific about Milton Keynes that makes people susceptible to social isolation] I'm sure but the fact that there are so many nuclear families, who moved here almost 50 years ago. Children now grown up, may have moved away, but anyway a lot of older persons who don't have a large network of friends/family in MK. (volunteer in Milton Keynes; by email)

I think a lot of people moved here many years ago for work/housing leaving their immediate families. Now they are older the family is spread across the country - pride prevents them from asking for help. (workshop-participant; 6 February 2015)

Perception that Milton Keynes has not been designed for older people

While the provision of houses and services for older people has been included since the inception of Milton Keynes, and numerous policy documents do refer to growth in the numbers of older people resident in Milton Keynes, the perception remains that this is a 'young city' - both in terms of its relatively new creation, and the continued emphasis on growth, innovation, economic activity, and opportunities for employment and enterprise. This ethos applies less to the more established towns and villages, but our research suggests that many older people will avoid going unaccompanied into the bustle of the city centre and find both the scale of the shopping centre and the kinds of shops on offer not particularly attractive to them.

Too many "young" coffee shops, not enough outlets, i.e. for elderly groups. Music aimed at younger people. (workshop-participant; 6 February 2015)

Making it attractive for the young is linked to perceptions about negative attitudes to older people more generally, which the experience of being in the centre does nothing to contradict.

The attitude of the younger people to the elderly seems, increasingly, to be hostile. The media seems to support this view. (workshop-participant; 6 February 2015)

Categorising everything as being for or about the "young" can have a real detrimental effect on society. Apart from dispiriting, it's not true and ignores the facts [about MK's ageing population]. Maybe something worth exploring – the effect of this constant negative marketing on older folk... (senior executive in an organisation that provides home care services; by email)

Older people sometimes struggle to get information about services that are available to them, again reinforcing the idea that Milton Keynes has not been designed for ageing.

We struggle to get people to know what is out there, people can be afraid to ask. (volunteer in Milton Keynes; workshop on 6 February 2015)

This report has been compiled against a backdrop of far-reaching changes in the economy of health and social care⁵⁴, cuts to local council budget and changes in the way that services are to be procured. These changes in themselves present challenges both for the sustainability of existing services and for the introduction of new ones, even though it can be argued that effective services to prevent and mitigate social isolation will save costs elsewhere. With the current pressures on statutory and voluntary sector services, families and communities may need to play a greater role in supporting the lives of older people alongside third sector organisations.

To be honest with all the council cuts and cost of hiring rooms and restrictions on suitable transport I am not at all positive about the future for older folks in MK. (Age UK MK community home visitor; by email)

With lack of Council funding in the voluntary sector, it does look bleak. (workshop-participant; 6 February 2015)

⁵⁴ NHS Better Care Fund postponed, <http://www.theguardian.com/local-government-network/2014/may/07/nhs-better-care-fund-policy-delayed> [accessed 16 May 2015]

6 Current local solutions that work

On advice from participants (including Jan Lloyd, Milton Keynes Older Persons' Champion and Chair of the Older Persons' Forum) consulted early in the research process, we visited a number of services that are currently available in Milton Keynes, which are specifically or implicitly aimed at fostering social inclusion or combatting loneliness, and are aimed at or include older residents among their client group. These ranged from the one-to-one service offered by the Age UK MK Community Home Visiting Service, to community-wide initiatives such as at parish council level. Examples of local good practice are described here, as they were configured at the time of our investigation, and before the budget-driven reorganisations outlined by Age UK MK in section 7 of this report.

6.1 Age UK MK Community Home Visiting Service

The Age UK MK Community Home Visiting Service is a befriending service for isolated and vulnerable people, offering regular home visits by a support worker or shared activities outside the home. It aims to reduce isolation, build confidence and resilience and maintain or increase activity and engagement. The home visits are particularly useful for people who (currently or always) prefer to be on their own or find it difficult to socialise or form friendships, and for those who have little contact from family and friends. They can also encourage or point people to activities/places that get them out and about. Home visits help people to feel safe, independent and comfortable in their own homes - particularly useful during post-hospital rehabilitation.

Signposting to relevant services and organisations ensures that older people are getting timely information on benefits, local transport, repairs or adaptations to the home and social and leisure activities. At the same time skilled home visitors are able to pick up signs of other problems and alert other services for help and assessment. Voluntary sector providers can also be effectively informed about potential gaps in provision. Age UK MK visiting services have additionally ensured that the house is secure and safe from fires; dealt with utility companies, sorting out billing mistakes or problems; liaised with local organisations to get the mobility aids; arranged for local libraries to deliver materials in a format that takes account of a disability (e.g. Talking Books); arranged visits to the local optician; and ensured that council tax and rent payments and receipt of benefits is streamlined.

By going to the homes of people who ask for help. Providing transport to bring people in for lunch clubs. Encouraging our clients to get connected and giving them the help to learn how to socialise is important. We advertise our services, the befriending and [lunch] clubs, however we can't make someone respond and come. We make a real difference but there really needs to be more organisations like ours, or more of us! (Age UK MK community home visitor; by email)

Lester *et al.* (2012) investigated the effectiveness of befriending for older people as well as the befrienders:

"befriending offers some compensation for loss of elective relationships from older adults' social networks, providing opportunities for emotional support and reciprocal social exchange through development of safe, confiding relationships. Good conversational skills and empathy were the foundation of successful relationships within which commonalities were then sought. Befrienders broadened befriendees' perspectives on life (particularly among older adults in residential care)". (p. 325)

"However, careful 'matching' on the basis of shared interests or backgrounds may be less critical to successful befriending in older adults than previous literature suggests". (p. 323)

6.2 Lunch clubs

Lunch Clubs bring people together to enjoy an affordable hot nutritious meal and to socialise with others. For some, this was often the only hot 'home cooked' meal that they would have in a week. However for many, attendance is a social occasion as much as a nutritional one. Along with the mid-day meal, there are often a wide range of activities, from dancing, bingo and crafts, to information to help with understanding pensions and benefits and filling in forms, exercise programmes, guest speakers, and IT awareness events.

For many older people at the lunches organised by Age UK MK that we spoke to, this was their first real contact with the organisation and a gateway to the whole range of other services. Peer relationships among some of the participants were also being established outside the organised lunch club, multiplying the benefits. Beyond those taking lunch, the clubs also provide a break for family carers; allow opportunities for volunteering (itself a mitigation against loneliness); and in the case of small locally based clubs, help to build community capacity. The lunch clubs have a positive influence on health and wellbeing of older people, help people to feel safer, promote their independence, and reduce the impact of social isolation – particularly for those who have any cognitive or physical impairment, or are suffering from bereavement.

When we think of lunch club we think of old people, we are technically old but we don't feel old. (workshop-participant; 6 February 2015)

A lot of older people don't feel old; they don't want our services just yet. So instead they will do volunteering, a bit of food preparation in the morning and napkin folding. They join in with lunch club and chat with members. (workshop-participant; 6 February 2015)

We found that several lunch clubs were operating specifically for BAME and faith community groups, where, it was suggested, social isolation may be identified when an older member starts to be missing from meals or group worship. The groups are financially supported by Milton Keynes Council for cooks and venue hire, with service users paying for the food, except for the Sikh meetings, which are funded by the community (clubs tended to break even with no reserve). Age UK MK provides transport for the African-Caribbean club, and the other clubs use shared cars, or shared taxis funded through Milton Keynes community transport funding. Groups

mainly tended to be weekly events, and included Sikh (two locations); African-Caribbean; East African; Tamil; Pakistani; Irish - also with several East European attendees; Hindu Dosti - with a potential second location. In addition, a Somali and a Dawoodi Bhora group had been in operation but were not currently meeting because they currently had no premises.

Volunteers work in the Tamil, African-Caribbean, Sikh and East African clubs. The organiser of these groups described how the African-Caribbean, Irish, and Pakistani clubs were, in particular, working well for social inclusion. The organiser described how people may need to be taken along several times before they feel comfortable, though this may get better as communities move to third generations.

I think from the work I am doing which is mainly in Birmingham that what's needed is a friend if you want people to come along to lunch clubs, Men in Sheds or any of these things. Actually, they need a friend to go along with; it is getting them to feel confident to come out of their home into a group of strangers. And something we need to think more about is the role of befriending services and actually how you make the friend in the first place which might be one to one before we get into encouraging people to come outside. (workshop-participant; 6 February 2015)

6.3 Men in Sheds

Men in Sheds - an activity-based initiative: currently based in north Milton Keynes⁵⁵, this organisation is part of the UK-wide movement, UK Men's Shed's Association⁵⁶. It provides a systematic setting where men (volunteers) are made fully aware of Health and Safety and are trained about the procedures. Members can choose from a range of activities and skills, including woodwork, metalwork, and electrical/electronic work to make metal sculptures, aircraft models, model railways, etc. - contributing and learning complementary skills. There is collaboration between projects within the Shed; for example, we found that the woodworkers were building artefacts for the train enthusiasts. The Shed takes on commissions from local companies, thus contributing to the local community through projects such as making cutlery holders for a local pub. In addition, there is a computer room where members can access the internet for information, and socialise over a cup of tea.

Attendance at the Shed brings discipline, as the members have a set number of days and timings to come in and work. As the men know about one another, they will enquire if somebody doesn't turn up: there is a sense of camaraderie, and pride in what they do. Men can self-refer to join the Shed, but often women enquire on behalf of their husbands. There have been discussions about whether women should also become involved, and although currently the intention is to preserve this as a

⁵⁵ Men in Sheds MK, <http://meninshedsmk.biz/dotorguk/> [accessed 26 May 2015]

⁵⁶ Men in sheds, <http://www.menssheds.org.uk> [accessed 4 May 2015]; also, see: Scottish Men's Sheds Association: <http://www.scottishmsa.org.uk>, Twitter: <https://twitter.com/ScottishMSA> [accessed 16 May 2015]

male space, given the specific needs of socially isolated men⁵⁷, there are plans for some specific training activities for women. The Shed, as currently configured at present, can't involve men who are not trained or competent with the potentially dangerous machinery involved in the projects. Hence, this initiative fulfils a very specific need by providing group activities for older men who are still capable of and wanting to be involved in hobbies and interests which are productive and sociable, but who without this provision would be stranded at home, and in many cases socially isolated.

The various groups/lunch clubs are ideal places as it gives people a chance to talk not only about themselves, but maybe a neighbour or friend who may need help. (workshop-participant; 6 February 2015)

6.4 The West Bletchley Council

West Bletchley Council covers the MK3 area with a remit 'to deliver or facilitate delivery of projects and/or services that make a positive difference to the community'. Because this is a largely residential area, with much of its housing pre-dating the development of Milton Keynes, and a population some of whom have been resident since the 1950s and 60s, there is an ageing population but also a sense of place identity and stability which can be an asset for community-level initiatives. A good example is the promotion and development of the Neighbourhood Watch Scheme in this area to expand the number of streets and people involved, including contacting older residents by personal door-to-door visits rather than using email or phone calls. Once neighbours are involved in this scheme, there are opportunities for other kinds of interactions between neighbours ('keeping an eye out') and referrals to other services. These include walking groups organised from local GP surgeries and Patient Participation Groups, and informal group discussion meetings over tea and biscuits for older people who feel a bit isolated.

Men and women attending this group, organised at their Parish Council Office in Whaddon Way by the West Bletchley Community Safety Officer (Steve Offord) had experienced some of the barriers to inclusion we have described, including a rapidly ageing community of people many of whom migrated to Bletchley around the same time, and social isolation among people aged in their late 50s living in tower blocks. They described becoming isolated after bereavement, especially 'six months in, when the "professional visits" stop'. Several of them had found that personal contact and encouragement had prompted them to come to the group and find some companionship.

In our conversations (when we visited one of their afternoon group sessions over coffee/tea and biscuits), they discussed other ways of keeping older people in the loop who might otherwise miss out on information and inclusion - suggestions included communications via multiple means including notice boards for events;

⁵⁷ Isolation: The emerging crisis for older men, http://www.ilcuk.org.uk/index.php/publications/publication_details/isolation_the_emerging_crisis_for_older_men [accessed 26 May 2015]; also, see: 'If I didn't come to the shed, I'd be alone, watching TV', <http://www.theguardian.com/society/2014/oct/07/mens-sheds-movement-isolation-loneliness-mental-health> [accessed 26 May 2015]

email and doorstep contacts; fridge magnet reminders of phone numbers for post-discharge patients; and funeral directors and house clearance services giving out information about support groups to bereaved older people. They suggested other possible activities such as group cooking events to share knowledge, produce good food, and share companionship. They discussed transport problems - given the size of the area, and made suggestions about ways to organise voluntary or paid pick-ups. They wanted a local 'Men in Sheds', and better local services for people with mental health problems. This initiative with an opportunity for an informal coffee and chat meeting held every other Wednesday is an example of how older people, at risk of isolation, can collectively both articulate the problems and suggest some solutions – but such an initiative needs the support of a community organiser with a proven background in the concerns and needs of older people to facilitate the meetings, and often direct one-to-one contact to get them over the threshold and get involved.

This case study is an excellent example where an invaluable Parish provision has come in to support the older people in the community.

6.5 Senior Friends, Woburn Sands Library

Adrienne Rutter, founder of Senior Friends Get Together (Woburn Sands Library, every Wednesday, 10 am - 12 noon) has contributed this case study. The account is in Adrienne's words, shared in the workshop on 6 February and then edited over email.

"With a colleague we set up a small 'drop in'. We rent the Library in Woburn Sands one morning a week, open the doors at 10 am and shut them again at 12 noon. We call it 'Senior Friends'; anyone who is a senior citizen and can get to Woburn Sands can call in and have coffee and tea. There are endless cakes and biscuits because they are donated. We've had as many as 30 people in one morning. It's a locally based thing because we are fortunate enough to do that in Woburn Sands because it's a village area and there are several churches. A lot of people belong to the churches. We've been fortunate that the two publications received in and around Woburn Sands will carry any publication, any piece of work I want to put about our group free of charge, and one of the magazines is 'Christian News'. They like what we do for the community."

"The council has actually given us a grant two years in a row to buy supplies if we want. We've bought a new table, we've bought a second kettle because we couldn't manage with one, and we have purchased 4 more chairs. We have to pay for the use of the library in Woburn Sands to Woburn Sands Council. We first started out by asking people to pay £2.00 each time they came to cover the cost of hiring the library. If you are a regular user it's a charge of £9.50 an hour. As long as we cover our costs the only cost we have is to pay for the library."

"After the first year we reviewed what we had in the bank because we had to open a bank account to put the money in as we had accrued quite a bit of cash. We recognised we could actually reduce the charge per person to £1.50 per week because that covers more than adequately. At Christmas time we went to a local 'pub' if you like, and took 30 people for Christmas lunch. We were able to contribute £10 per head per person because we had sufficient funds as the group is so successful."

6.6 Milton Keynes University of the Third Age

An initiative that we discuss later on in the report (Sections 8 and 9) but a brief mention here is warranted is the Milton Keynes University of the Third Age, MKU3A in Milton Keynes⁵⁸, which has 90 interest groups that provide lifelong learning opportunities and activities for socialisation.

I found that there were interest groups in U3A and started to attend German. I found the 'level' much better and people were happy to help me by explaining things. I then found groups for science, history and photography. Having already attended one group, the next ones were much easier to start because the welcome was assured. The groups meet twice a month so attending several groups does not mean a person is involved every day. Some groups take a summer break and others do not.

I am somewhat shy by nature and found going to these groups alone rather onerous but I need not have worried. It was a good thing that I steeled myself to go the first time. (a U3A member reflecting on her experiences; by email)

6.7 Discussion

In this section of the report, we have presented a few indicative examples of initiatives across the Milton Keynes area which have been able to provide opportunities for older people to break out of a cycle of increasing isolation, or in some cases help to prevent people from falling into isolation as a consequence of life events.

In these examples, we see a mix of strategies for engaging older people at risk of loneliness. Only the Age UK MK Community Home Visiting Service uses the approach of one-to-one, taking the service into the person's own home, but even here the service is seen as a gateway to other services and, where appropriate, in helping the person to reconnect with the community. The other services involve getting people out of their own homes to gather in sociable groups. These may be aimed at specific demographic groups, for example in the case of BAME lunch clubs and Men in Sheds; or they may be targeted within particular geographical communities, as with Senior Friends and the ad-hoc West Bletchley group; or people with specific interests, as with U3A. For all of these groups, the gateway function is important in two directions. First, people who become involved in the groups can find out about other services, activities and opportunities, and, importantly, the motivation or courage to take up offers, because of the relationships and encouragement developed within the groups. But secondly, the group organisers are also in a position to pick up on issues affecting group members that may inform the thinking or development of their parent organisations. All of the examples here involve, to varying degrees, organisational or financial support from public funding, alongside in most cases a large input of volunteer effort for day-to-day running, including some peer-to-peer support by group members volunteering within groups. In the case of Men in Sheds this extends to volunteer/members specifically developing skills and, for those who choose it, some enterprise.

⁵⁸ Milton Keynes University of the Third Age, <http://mku3a.org> [accessed 23 May 2015]

These example services have originated in a variety of ways and for different reasons. No one service is capable of meeting the needs of all Milton Keynes citizens at risk of social isolation, but the academic evidence from other places is that a mixed offer is essential to produce the variety of services that is most likely to be relevant to most people.

In a changing funding environment, we think it is essential to retain some of the core functions of these services to date:

- (re-)engaging on a person-to-person basis with people who have reached a point of actual or potential social isolation (this will require home visits)
- drawing otherwise isolated people back into social groups outside the home, and
- using these contacts to establish what other needs are being missed.

It is worth pointing out that if the existing services such as community home visits and lunch clubs providing these benefits are allowed to disintegrate, others would eventually have to be provided to carry out their preventative function.

Yes, you need a friend to go to these lunch clubs because it helps induction and introducing you to it but then sometimes if you take someone to a big group suddenly it's very hard for them to adjust even if you have a friend with you. So we are suggesting an interim strategy, take them to a coffee and snack club first. They just need two or three people around a table and that helps them open up about their interests, they will be able to talk about gaps in their lives and then slowly you take them. So it has to be a staged process. (workshop-participant; 6 February 2015)

7 Commentary by Age UK Milton Keynes

The Charity Age Concern Milton Keynes was formed in June 1978. We were and still are (as Age UK MK) an independent, autonomous organisation with our own charity number and responsible for our own governance and fundraising.

Our beginnings were small but relevant to the needs of a new town; people were moving into the area leaving established support systems and social contacts behind and so the initial services were designed to combat loneliness and isolation and develop social networks and inclusion.

As the years have progressed the needs of both service user and organisation have developed; impacted by the demand on local statutory services and, currently, the fastest ageing demographic in the UK.

Our core work has changed little in 37 years except the need has become greater and the community networks, due to a number of local and external issues, have in some ways become weaker. The years have also undoubtedly introduced new challenges and changing interests for those in later life.

The perception and media promotion of Milton Keynes is still that of a young, vibrant place; great for young people and families and although in the most recent advertising there is the occasional older person to be seen it is easy to see why older people are not at the forefront of most people's thinking.

The town of Milton Keynes does not lend itself to embracing community life. There are pockets where initiatives by local Councils have brought back some welcome neighbourly gatherings but these do tend to be in the more established areas (pre new town build) such as in West Bletchley (see Section 6).

Older people in the newer parts of Milton Keynes and those in the more remote villages have problems with isolation; lack of access to information and advice; lack of accessible transport; and lack of appropriate local community venues.

7.1 Age UK Community Home Visiting Service

The one saving grace for many of these people is the offer of an informal chat in their own home, with someone from an independent organisation, about anything that might be concerning them; there's no money to pay; no 'assessment' being made; there's a number to call if they need any additional help and the opportunity to say 'yes' or 'no' to further visits if they would like them.

This is the work our Community Home Visiting team does and these are some of the things that clients have said about them:

My visitor has done wonders to improve my life.

It's nice to feel that someone has time to spend with me, and help me resolve some of my problems.

Her visits cheer me up and lighten my life.

I look forward to her visit so much because she brings the outside world into my home.

From these visits we can begin to understand what each individual needs and signpost or refer them to other services available, whether it be Age UK MK services, or those run by a well-established network of organisations within the boundaries of Milton Keynes. Our objective is to enable that individual to move forward at his or her own pace, to give options as to what he or she might like to do and then when a decision is made, to support them in making that decision a reality.

Unfortunately, this year the Milton Keynes Council funding for this service has been removed and as it is a free service it will not be able to function at its present level after this financial year unless another source of funding is found. The service is involved in a number of Better Care Fund pilot schemes involving GP surgeries at the moment and it is hoped that the success of these schemes will ensure future funding.

7.2 Lunch clubs

One of the options for older people who want to get out of their home to socialise is the opportunity to attend an Age UK MK lunch club. The first club was set up in 1984 with three more opening the following year. Again, until April this year, Milton Keynes Council helped towards the funding of this service. From the original 26 clubs the number has now been reduced to 12, which we hope we can continue to run until they break even in the next 2 or 3 years.

Working with local businesses that have enthusiasm and foresight is also proving to be supportive to older people locally.

In addition, we have a Directory of Services for Older people⁵⁹, which is in both hard copy form and regularly updated on our website. Within the Directory are countless clubs and organisations that older people may be interested in as an alternative to lunch clubs. The Community Development component of our organisation is constantly looking for more outlets. In addition to who and where the clubs are, Age UK MK also supports them with any concerns they may have whether they are constitutional such as insurance, policies and food safety, or practical issues such as transport, moving furniture for meetings, promotion, etc.

Evenings are particularly lonely to older people, but this was made more bearable if they had participated in something like a lunch club during the day. (Age UK MK lunch club participant; September 2014)

7.3 Transport

A problem for all ages in Milton Keynes is suitable, timely and accessible transport. It is exacerbated for those who have mobility issues. Being able to utilise some of the services available is restricted by the type and regularity of transport available and

⁵⁹ Directory for people in later life, <http://www.ageuk.org.uk/miltonkeynes/information-and-advice-2/directory-for-people-in-later-life/> [accessed 24 May 2015]

so whether trying to be independent by shopping or visiting friends or just getting out of the house, transport can be a major cause for concern for an older person; long walks to the bus stops; lack of care by bus drivers who seem to be unaware of an older persons vulnerability; or the considerable cost if the only option is a taxi.

If this is to continue to be the case then more thought should be put into utilising already existing local venues.

As an organisation, we have recognised that an older person who needs help is happy to call into one of our high street Charity shops to pick up information, and in the larger shops there are rooms specifically made available for an older person to discuss their concerns with trained advisors. This approach could be used in other areas of Milton Keynes.

Many older people go to their GP with non-medical concerns because they know that someone will listen to them. With the new services that are being piloted at surgeries, this will undoubtedly become something that will be dealt with by non-medical intervention before reaching the GP.

However, if those people were aware of alternative venues where they would get the same consideration then surely a local shop, community centre or library could be utilised on a regular basis.

Mapping out the most likely centres for the distribution of information and advice throughout Milton Keynes would be beneficial for all age groups and would also be an opportunity for intergenerational meeting places where voluntary and community organisations, who already work well together, could offer a variety of guidance.

We are concerned about the community bus service - the number of routes and destinations but also increased cost.

Future changes to Community transport could leave people more isolated.

Community bus services have been cut. Historically, the sheltered housing residents could travel directly from the unit to various shopping sites around MK. Now this has been cut and only travels to Sainsbury's in CMK which is very limiting. The price has also dramatically increased. (Age UK MK lunch club participants; September 2014)

7.4 Age UK MK Hospital Aftercare Service

The Age UK Milton Keynes Hospital Aftercare Service is aimed to help a person stay independent with support for up to six weeks following a stay in hospital, attendance at Accident and Emergency or following a procedure as a day patient.

The support to be provided is identified with the patient and may include; visiting a patient on the ward to give information and advice, taking home from hospital and settling in, carrying out a risk assessment to ensure a safe home environment, shopping, housework, emotional support, confidence building and providing information on and signposting to other specialist services. The service can also offer

the timely fitting of key safes and furniture moving to assist with the delivery of hospital equipment and so help to prevent delayed discharges.

The Age UK MK Hospital Aftercare Service enables a safe transition from hospital, supporting the patient to remain at home and reduce hospital readmission.

7.5 Giving assistance locally

As an organisation, we have recognised that an older person who needs help is happy to call into one of our high street Charity shops to pick up information, and in the larger shops there are rooms specifically made available for an older person to discuss their concerns with trained advisors. This approach could be used in other areas of Milton Keynes.

Many older people go to their GP with non-medical concerns because they know that someone will listen to them. With the new services that are being piloted at surgeries, this will undoubtedly become something that will be dealt with by non-medical intervention before reaching the GP.

However, if those people were aware of alternative venues where they would get the same consideration then surely a local shop, community centre or library could be utilised on a regular basis.

Mapping out the most likely centres for the distribution of information and advice throughout Milton Keynes would be beneficial for all age groups and would also be an opportunity for intergenerational meeting places where voluntary and community organisations, who already work well together, could offer a variety of guidance.

7.6 Digital Inclusion

Over the last 7 years, Age UK MK and The Open University have worked closely together on projects that enable older people to gain confidence in the use of digital technology.

An insight from a joint paper written in May 2013: Older People and Online Social Interactions: An Empirical Investigation (Hartnett *et al.*, 2013):

Older people need an incentive to get and stay online. One of the motivating factors for the older users has been the ability to find information about their interests or to join online communities related to their interests such as family history.

A daughter said about her father: "He tends to look up military bands [on YouTube] which is an interest that he has that he can't access physically."

However, the main motivating factor is social connectedness with family. This is particularly important in situations where one or more members of a family live far away, most often in another country.

A big advantage is you're not restricted to time, so if you wanted to speak to somebody or put up a message and it's 10 o'clock at night, you wouldn't phone, but with Facebook or

emails ... they'll read it the next day ... if you can't sleep at night ... you're not annoying people.

A key benefit that has featured in our data is older users being able to easily access information:

We try to go to different places ... because ... you can access things on the computer we probably couldn't have done before. I was able to Google this roof garden [in London] and found it, found the address, and we're going to go there.

One-off training on using the computer and internet does not suffice. Rather, relatives and trainers need to structure their help over a period of time teaching one application at a time related to the older user's interests and using repetitive strategies to aid retention. This said, the bottom line can often be that the older person is unable to access help when having problems with their computer at home and this can lead to them giving up at an early stage⁶⁰.

Although recent internet use is notably lower in the older age groups, the proportion of adults aged 75 years and over who had never used the internet, decreased from 76% in quarter 2 (Apr to June) 2011 to 61% in quarter 1 (Jan to Mar) 2015.

Adults aged 75 years and over also had the highest rate of lapsed internet users in quarter 1 (Jan to Mar) 2015 at 6%, compared with 0.3% of adults aged 16 to 24 years. This suggests that, although more adults aged 75 years and over are becoming internet users, they are not necessarily continuing to use the internet⁶¹.

Age UK MK has tried to obtain funding for technical home support, whereby a dedicated line would be available for people to call with a problem which could either be sorted out over the 'phone or an appointment made for a visit. Funders appear to be interested only in the initial training stage. We do have people on the workforce who go out voluntarily to help those who may call but we have no dedicated resource to do this.

7.7 Reflections

Over the past few years funding has diminished for the Voluntary and Community Sector in Milton Keynes. European directives, changes in statutory organisations and government initiatives have all had an impact on how and what is commissioned. Other voluntary sector organisations have also lost vital funding in this last round of cuts. This has coincided with the call for Health, Social Care and the Voluntary sector to work together to provide more preventative services and is compounded by the implementation of the new Care Act.

Although we are yet to know the full impact of the Care Act in Milton Keynes, early indications are that older people will have less choice and access to services to support them.

⁶⁰ It is our emphasis in bold in the quote.

⁶¹ Internet users, 2015, Office for National Statistics, [http://www.ons.gov.uk/ons/rel/rdit2/internet-users/2015/stb-ia-2015.html - tab-Main-points](http://www.ons.gov.uk/ons/rel/rdit2/internet-users/2015/stb-ia-2015.html-tab-Main-points) [accessed 26 May 2015]

During these first months of 2015, Age UK MK has restructured its services in order to continue supporting those in later life; some services now have reduced capacity; some have adjusted their focus; some have been remodelled and those services that include client charges must develop and continue to be self-sustaining in order to contribute to central costs.

The rationale and challenge was to find a way to continue delivering services that older people request and value whilst remaining financially viable. We have revisited our basic and essential purpose and will continue to do so because older people are the ones we answer to and although some needs never change the outlook is much more variable.

There is no single system or solution to the dilemma of social isolation but there is a way to bring all known aspects together by working in partnership across diverse areas of the community. By thinking creatively and breaking down the cultural and physical barriers that hold back some of the more productive ideas, we can bring about an inclusive wellbeing sector that makes the whole system work and where no-one, of whatever age, feels isolated.

My crystal ball is a bit cloudy! MK is probably a little more resilient than many other places as it is economically quite vibrant. Whatever befalls the population in general will affect older persons in a more concentrated way and decisions made at a local level need to be predicated on an understanding of our large ageing population and the effects these decisions could have on them. (volunteer in Milton Keynes; by email)

8 Examples of services from elsewhere

There are a vast number of different initiatives to counter social isolation, both in the UK and elsewhere, from individual befriending to large group activities⁶². The 2015 report for Age UK and the Campaign to End Loneliness (Jopling, 2015)⁶³ describes several initiatives that seem to be effective. The website of Campaign to End Loneliness and their Learning Network⁶⁴ also lists a number of examples of good practice around loneliness.

We now discuss a selection of services from a variety of sources including the two mentioned above. We hope that these could be useful for drawing inspiration for setting up new services or adapting existing services in Milton Keynes. Not enough evidence is available on the effectiveness for all the services discussed here. We have included links to resources related to evaluation that we found for some of the services.

8.1 Services to address social isolation and loneliness

We now list the services under some category-headings that match best with the essence of the respective service.

Identifying older people who may be vulnerable

Springboard⁶⁵ (Starting a Proactive Response, Introducing New Gains, Benefiting Older-people and Reducing Dependency; case study 1 in Jopling, 2015) is a partnership between Age UK Cheshire and Cheshire Fire and Rescue Services. The partnership has enabled the Service to access existing electronic databases to identify and help people who might require extra help. This has resulted in the Service arranging to visit more than 47,000 people aged over 65, not only to offer potentially lifesaving advice, but also to refer people to other agencies or arrange for additional services and support.

In Cornwall a **Living Well** (case study 5 in Jopling, 2015) programme aims to provide practical support, navigation and coordination to people most at risk of increased dependency and hospitalisation. 'Under the scheme, older people with at least two long-term conditions, such as diabetes or memory loss, are referred to Age UK Cornwall. Its trained volunteers find out what is important to them and through a

⁶² What can be done about elderly loneliness?, <http://www.myageingparent.com/what-can-be-done-about-elderly-loneliness/> [accessed 6 May 2015]

⁶³ Jopling, K. (2015) Promising approaches to reducing loneliness and isolation in later life. London: Age UK and The Campaign to End Loneliness, <http://www.campaigntoendloneliness.org/blog/promising-approaches/> [accessed 13 May 2015]

⁶⁴ Campaign to End Loneliness, Learning Network, <http://www.campaigntoendloneliness.org/campaigns/learning-network/> [accessed 12 May 2015]

⁶⁵ Springboard, <http://www.cheshirefire.gov.uk/partnerships/springboard> [accessed 9 May 2015]

guided conversation how they can achieve their aims. Trained volunteers and coordinators act as conduits between health and social care services and more informal community-based support. They work as part of a local integrated care team based around the GP practice and alongside health and social care practitioners'⁶⁶. Trained volunteers provide support to build social networks, help people to connect to their community, and increase their physical and social activity.

Age UK MK and other voluntary sector organisations are taking part in similar schemes in Milton Keynes through Better Care funding pilots.

In Devon, **Time for Life** (TfL)⁶⁷ (case study 7 in Jopling, 2015) is a time-limited, targeted, and goal-oriented service for people aged 65 and over, aimed at tackling the risks of social isolation, which might follow from events such as bereavement, illness or a disability. This service is available to people who meet Fair Access to Care eligibility criteria, and delivered by a consortium of organisations.

Religious and cultural organisations may also help to provide social and emotional support and keep a 'watch' on older people.

How about the role played by religious or cultural organisations? From experience, I know older people of the Roman Catholic faith attend morning Mass, which is on in most Catholic churches daily. These services are often followed by coffee or tea served in parish halls. This daily discipline gets older people out to socialise and can be a lifeline as others may visit their home if they are not seen at Mass etc. for a few days. (senior executive in an organisation that provides home care services; by email)

Rote et al., 2012 (p. 48) concluded:

Our results indicate that religious attendance is associated with higher levels of social integration and social support and that social integration and social support are associated with lower levels of loneliness. ...Our mediation tests confirm our theoretical model, showing that religious attendance may protect against loneliness in later life by integrating older adults into larger and more supportive social networks.

Befriending

"**BuddyHub** is an ultra-local online matching service that helps lonely and isolated older people reconnect to their communities. An older person will be at the Hub of their own 'Friendship Wheel' and around three Buddies will be matched to them based on profiles of interests, skills, hopes and dreams. The Buddies in each 'Friendship Wheel' will be able to coordinate visiting and get to know each other in a chat area, over the phone or in person: it'll be a great way to get to know new people and connect up communities⁶⁸." BuddyHub is a new service and is an innovative approach to befriending and a pilot of the service is being conducted in Islington.

⁶⁶ The quiet revolution taking place in Cornish social care, <http://www.theguardian.com/social-care-network/2014/oct/29/the-quiet-revolution-taking-place-in-cornish-social-care> [accessed 9 May 2015]

⁶⁷ Time for Life, <http://www.timeforlife.org.uk/index.htm> [accessed 9 May 2015]

⁶⁸ Hello from BuddyHub, <https://hellofrombuddyhub.wordpress.com/page/2/> [accessed 7 May 2015]; also, see: Twitter: https://twitter.com/Buddy_Hub [accessed 22 May 2015]

Catherine McClen (<http://uk.linkedin.com/in/catherinemcclen>, accessed 22 May 2015) founded BuddyHub in 2014 because she felt strongly that 'we don't value older people in our society and that they should be respected and included in our communities'.

Rural Coffee Caravan Information project⁶⁹ delivers information and friendship across Suffolk. It befriends older people and gives them information about services.

Casserole Club⁷⁰ helps people share extra portions of home-cooked food with others in their area who are not always able to cook for themselves. There is a similar scheme in Shropshire called Meal Share (<http://www.shropshire-rcc.org.uk/services/individuals/meal-share/> [accessed 15 May 2015]).

Providing information about the services (signposting)

In Gloucestershire, **Village and Community Agents**⁷¹ (case study 6 in Jopling, 2015) are trusted members of the community who provide information and support to local people. The 'Village and Community Agents work with the over 50s in Gloucestershire, providing easy access to a wide range of information that will enable them to make informed choices about their present and future needs. The aim is to help older people feel more independent, secure, and cared for, and to have a better quality of life'.

Wayfinder programme in Dorset⁷² involves volunteers who provide signposting and support to older people who may require information or activities to support health promotion and independence. 'Managed by Help and Care, Wayfinders work flexibly, managing their own diary to suit what's happening in their local communities. They base themselves in convenient locations such as libraries, GP

⁶⁹ Rural Coffee Caravan Information project, <https://localgiving.com/charity/ruralcoffeecaravan>; also, see: Twitter, <https://twitter.com/coffeecaravan>, Video: <https://www.youtube.com/watch?v=Hmz5Z7ccvo8&feature=youtu.be> [links accessed 2 May 2015]

⁷⁰ Casserole Club, <https://www.casseroleclub.com>, also, see: <http://www.bbc.co.uk/news/uk-19698152> [accessed 2 May 2015]; The Casserole Club: keeping the community in touch with the elderly, <http://www.londonlive.co.uk/news/2015-01-14/the-casserole-club-keeping-the-community-in-touch-with-the-elderly> [accessed 9 May 2015]

⁷¹ Helping older people in Gloucestershire have a better quality of life, <http://www.villageagents.org.uk> [accessed 9 May 2015]; also, see: Gloucestershire County Council: Village and Community Agents, <http://www.community-links.org/earlyaction/success-stories/village-agents/> [accessed May 9 2015]; Village agent pilot project saving Gloucestershire tax payers millions, <http://www.gloucestercitizen.co.uk/Village-agent-pilot-project-saving/story-25702643-detail/story.html> [accessed 9 May 2015]; also, see: Gloucestershire village and community agents, http://www.cpa.org.uk/cpa-lga-evidence/Gloucestershire_Rural_Community_Council/GloucestershireVillageandCommunityAgents-NewMap.pdf [accessed 9 May 2015]

⁷² Dorset Wayfinders, <http://campaigntoendloneliness.org/toolkit/casestudy/dorset-wayfinders/> [accessed 16 May 2015]

surgeries, community pharmacies or supermarkets, so you can find them easily and ask for their help⁷³.

Keeping in contact by phone

Call in Time⁷⁴ (case study 17 in Jopling, 2015) is a national telephone befriending service provided by Age UK, based on a corporate volunteering model, with contributing organisations giving their staff time to take part.

The **Silver Line**⁷⁵ (case study 15 in Jopling, 2015) is the only free confidential helpline providing information, friendship and advice to older people, open 24 hours a day, every day of the year.

Home to Home Calls is a daily telephone befriending service based in Birmingham for those who may experience loneliness or social isolation. *'The daily calls provide peace of mind for carers and distant family members. Home to Home Calls offer an invaluable service for its everyday users by providing social interaction and general peace of mind that they have not been forgotten within society*⁷⁶.

Talking Communities. 'At Community Network we run a programme called Talking Communities. At the heart of this is peer support, the principle that people are best placed to support one another. For 25 years we have been running telephone groups for people who are at risk of or experiencing loneliness, isolation and exclusion. Using a specially designed conference service we have been able to connect people together from the comfort of their own homes. It is a service that is free, safe and accessible. Telephone Communities reduce loneliness, build confidence, and improve health and wellbeing for older people across the UK⁷⁷'.

The good morning service, Telephone befriending and alert, Springburn, Glasgow Scotland, <http://www.goodmorningservice.co.uk/services.html> [accessed 22 May 2015]

Small group meetings

Contact the Elderly⁷⁸ (case study 19 in Jopling, 2015) organises free monthly Sunday afternoon tea parties for people aged 75 and over, who live alone, and have little or

⁷³ Wayfinder programme in Dorset: <http://www.ageofnoretirement.org> [accessed 16 May 2015]

⁷⁴ Call in Time, <http://www.ageuk.org.uk/get-involved/corporate-partners/corporate-volunteering/call-in-time/> [accessed 9 May 2015]

⁷⁵ Silver Line, <http://www.thesilverline.org.uk>; also, see: Lonely elderly flood Silver Line helpline with calls, <http://www.bbc.co.uk/news/health-30175910> [links accessed 9 May 2015] When I get off the phone I feel like I belong to the human race: Evaluation report of The Silver Line Helpline pilots, http://www.thesilverline.org.uk/wp-content/uploads/2013/11/Evaluation-of-The-Silver-Line-Helpline-pilot-When-I-get-off-the-phone-I-feel-like-I-belong-to-the-human-race_.pdf [accessed 13 May 2015]

⁷⁶ Home to Home calls, <http://www.hometohomecalls.com> [accessed 6 May 2015]

⁷⁷ Talking Communities, <http://www.theideasboard.org/blog/a21x/> [accessed 6 May 2015]

⁷⁸ Contact the Elderly, <http://www.contact-the-elderly.org.uk>; also, see: video: <https://www.youtube.com/watch?v=6EnsMEdtQB8> [links accessed 6 May 2015]

no contact to family and friends. Guests are collected from home and driven to tea parties by their regular volunteer driver. The tea parties bring together volunteer drivers, older members and the volunteer host families for afternoons full of fun and laughter. There are currently over 7,300 volunteers supporting over 4,500 older people in 560 groups across England, Scotland and Wales. Each tea party group is formed of 6-8 older guests, 3-4 volunteer drivers, a bank of volunteer hosts and a volunteer coordinator. The group visits a different host each month but the volunteer drivers stay the same.

This scheme deals with the transport issue highlighted by the Milton Keynes residents. It deals with having somewhere to go for coffee and a chat and reduces cooking and cleaning, develops and maintains befriending. It also has corporate support, which is important and shows acknowledgment of how important such activities are for the old, a sign they are valued.

(From our correspondence with one of National Volunteer Support Officers at Contact the Elderly, we understand that there are two groups covering Milton Keynes - one opened in 2000 and the other in 2008. They host team parties at different venues each month. Perhaps there is a need for more of such groups and also more publicity and more groups - because the participants in our empirical investigations did not mention this service.)

There really needs to be somewhere in each 'village' where local groups can meet. There are many that are used well but it is often down to someone with an eye and a heart for the lonely' to get something set up. (Age UK MK community home visitor in Milton Keynes; by email)

...the lady here [referring to the above comment] talks about having somewhere in each village which is a brilliant idea of course! However, in reality I'm not sure they end up being something continuous unless someone commits to it and cost is always an issue!

What would concern me is these smaller groups with no real backing (funding wise and committed volunteers) if they fall apart these people are let down! It can do more damage than good and then to get them to attend something else may be very difficult. Older people don't like too much disruption and change, a larger programme is less likely to let that happen. (response by the researcher; by email)

Gusto

'Gusto is a network of active people who meet regularly and enjoy participating in activities together. Activities include regular social events, like theatre trips, cycling, dog walking, going to the cinema, meeting for lunch & enjoying fine dining, cocktail evenings, photography, Art classes etc.

Gusto is ideal for people who have just moved to a new area, have reduced their hours at work, and are newly retired or for people who want to access new hobbies and don't want to do these things on their own.

Members can also become hosts for the activities that they enjoy and share their interests with other members.'

<http://www.shropshire-rcc.org.uk/services/individuals/gusto/>; Twitter: <https://twitter.com/giveitsomegusto> [links accessed 15 May 2015]

Organisations working together: an integrated approach

The **Support Wellingborough** consortium⁷⁹ is a group of over 30 local organisations aiming to work together for the benefit of Wellingborough communities, and specifically vulnerable people. Housing, care and support providers and general and specialist agencies are working with voluntary sector organisations and local communities. The initiative aims to provide a single point of access to services, and to build community resilience - particularly in the context of changing local communities, and the withdrawal of existing services or funding.

Another example of providing an integrated set of services and activities is the Big Lottery Funded - **Fit for the future**⁸⁰ (case study 10 in Jopling, 2015) - 'to improve older people's mental and physical wellbeing by delivering real, sustainable change in the provision of integrated services and activities'.

A full evaluation of the programme will be completed in June 2015 and the 'good practice' which may inspire similar initiatives in Milton Keynes. The participants in our research have highlighted the significance of one-to-one visits and personalised plan for support. The Fit for Future programme provides a tailored plan ensuring the "right activity for the individual". As transport in Milton Keynes has been highlighted as a big issue, there are volunteers who will assist with those arrangements. The scheme also deals with the issue of overburdened GPs due to the reduction in hospital admissions, effectively dealing with a number of issues.

Ageing Better in Camden, Age UK Camden: working together to tackle isolation and loneliness among older people⁸¹. This is six-year programme with £4.4m funding from Big Lottery. It is testing a concept, 'Asset Based Community Development' - where older people consider themselves as assets, alongside the other assets in their communities (e.g. parks, churches) - to plan change for the better. The older people will be busy and engaged and improve planning. They will co-ordinate the activities, arrange meetings between them, and they will evaluate the projects to produce evidence of what works. There are 17 projects including:

- Camden Pharmacies - pharmacy drivers and counter staff will identify older people that they visit if isolated, and encourage them to contact services/activities.
- Internet Portal: 'Recommend Me' - a search engine for older people to find out what is happening locally.

⁷⁹ Support Wellingborough, <http://www.supportwellingborough.org> [accessed 12 May 2015]

⁸⁰ Fit for the future, <http://www.ageuk.org.uk/health-wellbeing/fit-as-a-fiddle/fit-for-the-future/> [accessed 18 May 2015]

⁸¹ Ageing Better in Camden, Age UK, Camden, <http://www.ageuk.org.uk/camden/ageing-better-in-camden/> [accessed 18 May 2015]

- Community Connections - volunteers to assist older people to (re)connect with activities.
- 7 Community Action Models - for where there is a significant risk of isolation: specific to 5 geographical areas, and the Bangladeshi and LGBT communities.
- Intergenerational Work - supporting students/young adults to meet and work with older people.
- Digital Inclusion - including tablets and smart phones.
- Men's Work - supporting older men to become involved and engaged with the community.

Mental health and wellbeing

Bibliotherapy is the use of fiction and poetry to support and improve positive outcomes for people with mental health and wellbeing issues. Kirklees Library and Information Service⁸² have been delivering bibliotherapy for over 14 years and are widely recognised as pioneers in this field. Video: Well into words, <https://vimeo.com/70929838> [accessed 12 May 2015].

'Qualitas Research has been commissioned by Kirklees Council to undertake an evaluation of its bibliotherapy scheme, Well into Words. The evaluation will assess the impact of bibliotherapy on the mental health and wellbeing of participants, which will include older people, people with dementia, and people with mental health issues. The research will run from the end of March until November 2015'⁸³.

Audio books combat elderly loneliness

"Audio books can be a fantastic tool for older people who could perhaps be experiencing pain, discomfort, loneliness or boredom as a result of an illness or disability. Many older people live alone and, due to an age-related illness or disability, might struggle to partake in the usual leisure activities that many of us use for escapism or comfort, such as watching the television or reading a printed book. With audio books, people need only press play to hear a comforting voice read a story".

<http://www.myageingparent.com/how-audio-books-and-cds-can-combat-elderly-loneliness/> [accessed 6 May 2015]

The **Bedford Wellbeing for Later Life** project⁸⁴, based in Bedford Mind, works with local communities to promote and sustain good mental health and wellbeing amongst older people. This involves linking with local older people who will lead the service, building local networks, liaising with other local services, and working with

⁸² Does bibliotherapy work? <http://www.cilip.org.uk/cilip/blog/does-bibliotherapy-work> [accessed 12 May 2015]; also, see: Inside a book therapy session: a novel cure? <http://www.channel4.com/news/booker-prize-win-books-novel-help-therapy-mental-health> [accessed 12 May 2015]

⁸³ Evaluation of Well into Words, <http://qualitas-research.co.uk/tag/older-people/> [accessed 12 May 2015]

⁸⁴ Wellbeing for Later Life, <http://www.mind-blmk.org.uk/how-we-can-help/wellbeing-for-later-life.html> [accessed 12 May 2015]

people around their changing sense of identity. It includes one-to-one-work, peer mentoring to achieve specific goals, group work, and providing information.

In Buckinghamshire, the **Growing Together: Horticulture and Wellbeing Project**⁸⁵ offers volunteering opportunities for people of all ages to work with socially isolated participants to maintain their own garden or grow fruit, vegetables and plants. This can involve supervised teams that support groups of older people, or working on a one-to-one basis.

Inter-generational activities

The Hairy Bikers have launched a campaign (the programme is called 'Old School') to help lonely pensioners, as a part of a forthcoming BBC Two programme. The campaign is based on US and Japanese schemes and will involve the Hairy Bikers (David Myers and Simon King) bringing 30 retired people into a secondary school to bring together different generations. The Hairy Bikers are hoping that not only will the school's pupils give the pensioners some comfort, but the retirees will help to teach the students.

*"This series is about two generations who have more in common with each other than they might at the start think - both groups are undervalued and often ignored by the rest of society, neither considered truly responsible for themselves - joining forces to demonstrate what they can achieve together"*⁸⁶

HenPower⁸⁷ (case study 26 in Jopling, 2015) brings together older people and hen-keeping to combat loneliness and depression and to improve wellbeing. Video: The Hen Men: <https://vimeo.com/104084628>. A 2013 evaluation report of HenPower is available here: An evaluation of 'HENPOWER:' Improving Wellbeing & Social Capital in Care Settings, <https://equalarts.org.uk/media/HENPOWERfinalreport.pdf> [links accessed 12 May 2015]

'**The Retired & Senior Volunteer Programme (RSVP)**⁸⁸ is a part of Community Service Volunteers (CSV). RSVP is for mature people (50+) who have built up skills

⁸⁵ Growing Together: Horticulture and Wellbeing project, <http://www.communityimpactbucks.org.uk/pages/gardening.html> [accessed 12 May 2015]

⁸⁶ The Hairy Bikers in BBC Two campaign to help lonely pensioners, <http://www.digitalspy.co.uk/tv/news/a643268/the-hairy-bikers-in-bbc-two-campaign-to-help-lonely-pensioners.html> - ~pbVYRj03eOnrcz [accessed 6 May 2015]

⁸⁷ HenPower, <https://henpowerblog.wordpress.com/about/>, HenPower on Equal Arts website: <https://equalarts.org.uk/our-work/henpower/> Also see HenPower Project <http://www.programsforelderly.com/social-henpower-initiative-equal-arts.php>, HenPower, The National Lottery: <http://www.lotterygoodcauses.org.uk/project/henpower>, Facebook, The HenPower project: <https://www.facebook.com/henpowerproject> Twitter, HenPower Project: <https://twitter.com/HenPowerProject> HenPower to the people: keeping hens is good for both body and soul, <http://www.telegraph.co.uk/gardening/gardenprojects/11486315/HenPower-to-thepeople-keeping-hens-is-good-for-both-body-and-soul.html> [links accessed 2 May 2015]

⁸⁸ RSVP, <http://www.rsvp-dorseteast.org.uk/index.htm> [accessed 12 May 2015]

and experience through their life, and who would like to offer some of it back to their local Community through voluntary work.' They have volunteers helping in schools assisting in whatever capacity the school needs; for example, listening to children reading and helping them when they are struggling.

Lifelong learning

Open Age⁸⁹ (case study 11 in Jopling, 2015) is a charity operating primarily in the Royal Borough of Kensington and Chelsea (RBKC), Westminster, and Hammersmith and Fulham to create chances for older Londoners to work, learn, take part and stay healthy in body and mind. The project provides almost 400 weekly activities across community venues and its own activity centres and hubs. Open Age also provide facilitated phone activities for those who are housebound, activities for carers and special daily men's sessions. Open Age place a heavy emphasis on the provision of activity and learning, rather than social contact in itself, as they find that this creates a more attractive offer to older people. The Charity's activities are led by the interests of older members and are also led by the older members.

A researcher on the project team commented on how such a programme would be effective in Milton Keynes:

I personally think Open Age programme would be the most suitable, more education focused [for Milton Keynes]. There was a real message [in the empirical data of this project] about respect and value in the feedback, what better way to show interest then provide a programme of education. There's a University [The Open University] on the doorstep which can drive such activity and plenty of educators are available for advice and input.

The University of the Third Age (U3A)⁹⁰, supported by its national organisation, the Third Age Trust, has plenty of opportunities for members to share their skills and experiences and learn new skills. This news item (and video) on late-life learning and U3A, has case studies of how people have learned new skills, languages and musical instruments: 'Britain's most inspiring university: You can study everything from Arabic to Scrabble and even learn to canoe and it's changing the lives of countless over-50s...', <http://www.dailymail.co.uk/femail/article-3075956/Britains-inspiring-university-study-Arabic-Scrabble-learn-canoe-changing-lives-countless-50s.html> [accessed 16 May 2015]

A retired Science teacher reflecting on her experiences with U3A (received by email)

The organisation has meant that I have been able to both extend my knowledge of various subjects and pass on my interests to others.

It is an organisation which relies on self-help. Those with knowledge can pass it on to others and, in so doing, extend and enhance their own knowledge. They can also benefit from the expertise of other members.

People are encouraged, but not forced or coerced into giving talks to pass on their knowledge. In the science and technology group I have given talks on: The Big Bang, Galileo, Particle Physics (I had to discover a lot of new information for that one because things have

⁸⁹ Open Age, <http://www.openage.org.uk/activities> [accessed 12 May 2015]

⁹⁰ The University of the Third Age (U3A), <http://www.u3a.org.uk> [accessed 12 May 2015]

moved on since my time at University!), Jenner, Vitamins, Copernicus, The Man from the Ice, etc. In the history group I have also given talks on a variety of topics, some of which have been recycled from the science ones! The research required to make a 1½ hour talk that is of interest to the assembled company takes quite a while. As with teaching, the subject matter must be matched to the knowledge and experience of the listeners. The information can be sourced on the internet and in the library. Both are useful in different ways and depending on the time available.

The social side of the groups is also important. There are so many activities available from theatre visits to rambling, visits to places of interest and more groups than there is time for in the week, and all run by the members.

When a person leaves the daily contact of work colleagues it invariably leaves a gap in life and the new friends made at U3A certainly provide a most welcome alternative, even though you still keep contact with some friends from the past. Indeed I attend an annual reunion of people with whom I was at school (60 years ago this year since we started at grammar school!) where we catch up on news and events. People who know you can provide support should you need it.

A friend recently broke her wrist and so is unable to drive. U3A members as well as other friends rallied round to offer help and support. She is feeling rather frustrated at the time it is taking to heal. Another friend lost her husband and again she felt that attending meetings gave her support at a time when she needed it. She said later that, 'U3A saved me'.

(A retired Science teacher reflecting on her experiences with U3A; received by email)

Open educational resources: Older workers are more likely to be made redundant when compared to those aged between 24-49. The probability of finding a job for someone who has been made redundant in their 50s or over is less than younger groups of people and is more likely to be unemployed for longer⁹¹. Learning opportunities such as through free learning resources on the internet such as The Open University's Open Learn⁹² and Massive Open Online Courses (MOOCs)⁹³ can increase workforce skills, improve employability, contribute to better mental health and wellbeing⁹⁴ along with providing opportunities to communicate online with other learners (through discussion forums). Working longer helps to reinforce individual financial wellbeing and may also have a positive influence on overall

⁹¹ Age UK's Economic Tracker: many in their early 50s fear losing their home, <http://ageukblog.org.uk/2013/08/09/age-uks-economic-tracker-many-in-their-early-50s-fear-losing-their-home/> [accessed 17 May 2015]

⁹² The home of free learning from The Open University, <http://www.open.edu/openlearn/> [accessed 17 May 2015]

⁹³ MOOCs are freely accessible and open-licensed short courses, delivered to large cohorts of learners fully online. FutureLearn is hosted by The Open University and offers a number of MOOCs: <https://www.futurelearn.com> [accessed 17 May 2015]

⁹⁴ "If you could do one thing..." Nine local actions to reduce health inequalities, http://www.britac.ac.uk/policy/Health_Inequalities.cfm [accessed 17 May 2015]

wellbeing.

I think for people at a point of change in their life where either their mental or physical health has changed or they have undergone bereavement. We have an opportunity there to really look at usefulness. What was I doing before that made me useful in society? How did I use my skills? And now things have changed, what can I do now? (workshop-participant; 6 February 2015)

Arts, culture, singing and dance

In Hertfordshire, **Love to Dance**⁹⁵ is a community project aiming to improve the health and wellbeing of adults over 50 who live in Hertfordshire, and to reduce social isolation through fun and engaging activities. It has been funded by Hertfordshire Council (Health and Wellbeing), coordinated by Herts Sports Partnership, and delivered by Saracens Sports Foundation.

There is an annual festival in Edinburgh⁹⁶ by and for older people: **Luminate Scotland** - a creative ageing festival celebrating creativity as we age.

There is a semi-professional dance company for the over 60s in Edinburgh: **Dancebase Prime**⁹⁷, National Centre for Dance.

Silver song clubs⁹⁸ host music making sessions for older people. Sometimes carers are invited to participate. The sessions involve singing, movement, and percussion. It is a unique model of participatory music making. This initiative has been evaluated and a report is available here: <http://www.ahsw.org.uk/evaluation.aspx?id=448> [accessed 12 May 2015]; also, see Skingley *et al.*, 2011 and Coulton, *et al.* 2015.

Another similar initiative is Goldies⁹⁹, The Sing and Smile Charity. Also see, Creative Arts, Age Action Alliance: <http://ageactionalliance.org/theme/creative-arts/> [accessed 18 May 2015]

Equal arts: creative opportunities with older people

'We are advocates of creative ageing, providing opportunities for self-expression to help improve wellbeing.

We strongly believe in the positive health impacts of the arts and support care staff and artists delivering musical, visual and movement-based creative activities with active older people and in dementia care settings.

⁹⁵ Love to Dance, <http://www.lovetodance.org.uk>; also, see the promotional video, <https://www.youtube.com/watch?v=mCO6LmyacPg> [accessed 12 May 2015]

⁹⁶ Luminate Scotland, creative ageing festival, <http://www.luminatescotland.org> [accessed 12 May 2015]

⁹⁷ Dancebase Prime, Edinburgh, <http://www.dancebase.co.uk/professional/prime-106> [accessed 11 May 2015]

⁹⁸ Silver song clubs, <http://www.singforyourlife.org.uk/silver-song-clubs> [accessed 12 May 2015]

⁹⁹ Goldies, <http://www.golden-oldies.org.uk> [accessed 12 May 2015]

In recent years we have explored the effects of creative activity on people experiencing early signs of dementia, and people over 60 who were isolated and therefore at risk of developing mental health problems.'

[From their website: <https://equalarts.org.uk> [accessed 3 May 2015]]

City Arts Nottingham¹⁰⁰: creative writing and dance projects¹⁰¹, and use of 'reminiscence boxes' to explore memories with older people; 'lacy days' for Nottingham's older people¹⁰² to re-connect with the city's world famous lace industry.

Manchester Cultural Offer for Older People Programme - connecting older people to museums, theatres and art galleries, for example, the Art and Stroke Recovery programme¹⁰³. Also, see the case studies of the Health and Culture programme in Manchester at: <http://www.healthandculture.org.uk/publications-case-studies/publications/> [accessed 12 May 2015]

A Choir in every Care Home

This is a new initiative from Live Music Now (LMN) (<http://www.livemusicnow.org.uk>), a charity that works to involve young professional musicians in high quality community music-making.

LMN's new initiative - which started in May 2015 - aims to explore how singing can feature regularly in all 20,000 of the UK's care homes, as part of a wider attempt to find 'effective and cost-effective solutions' to the increasing burden of dementia.

A choir in every care home, <http://www.sinfinimusic.com/uk/features/news/live-music-now-care-home-choirs-to-help-dementia-sufferers-may-2015>

[links accessed 3 May 2015]

Sporting memories network

Digital Sporting Reminiscence Resources and Tools, <http://www.sportingmemoriesnetwork.com/projects/england/digital-sporting-reminiscence-resources--tools-2015/>

Also see, How memories of sport are tackling dementia, depression & loneliness, <https://www.youtube.com/watch?v=46FNPWY15UU>

¹⁰⁰ City Arts Nottingham, Older People <http://www.city-arts.org.uk/category/projects/older-people/> [accessed 12 May 2015]

¹⁰¹ City Arts Nottingham, Homefront recall, Elders and Dance, <http://www.city-arts.org.uk/older-people/> [accessed 12 May 2015]

¹⁰² 'Lacy days' for Nottingham's older people: <http://www.city-arts.org.uk/lacy-days-for-nottinghams-older-people/> [accessed 12 May 2015]

¹⁰³ Art and Stroke Recovery, Manchester, <http://www.healthandculture.org.uk/programmes-artists/programmes/art-and-stroke-recovery/> [accessed 12 May 2015]

Charity to capture memories of York City and snooker champs to help tackle loneliness and depression, <http://www.yorkshirepost.co.uk/news/community/charity-to-capture-memories-of-york-city-and-snooker-champs-to-help-tackle-loneliness-and-depression-1-7211204>, and

Sporting memories used to unite lonely: <http://www.yorkshirepost.co.uk/news/community/sporting-memories-used-to-unite-lonely-1-6981970> [links accessed 2 May 2015]

Dementia friendship

Age UK Coventry (case study 14 in Jopling, 2015) runs a Dementia Friendship Scheme¹⁰⁴ for older people with early stage dementia, which aims to support people who live alone to maintain a hobby, or activity within their local community. Dementia-friendly communities are an important vehicle for reducing social isolation and loneliness. A similar initiative of creating Dementia friendly communities, an initiative of Alzheimer's Society, is being run in Milton Keynes. Also see Reading Well Books on Prescription to help people with dementia, <http://readingagency.org.uk/news/media/reading-well-books-on-prescription-to-help-people-with-dementia.html> [accessed 12 May 2015]

Home from hospital

Hospitalisation amongst older people may have negative health outcomes such as decline in the ability to carry out activities of daily living, weight loss and depression, which makes them more prone to social isolation. Home from Hospital scheme provided by **Royal Voluntary Service** provides time-limited support (six weeks) to older people on their return home after a stay in hospital and is targeted specifically to those who are living alone. Many older people may require support for a period for longer than six weeks following discharge. In such cases, the transition from Home from Hospital to other befriending schemes is encouraged.

'When older people come out of hospital, they can need more intensive support than usual to help get them back on their feet. Royal Voluntary Service Home from Hospital services¹⁰⁵ provides daily visits by volunteers for a period of up to six weeks, depending on the area they live in and what's needed.'

Age UK Milton Keynes has been running a similar scheme since 2001 and is now running an enhanced service (see Section 7).

¹⁰⁴ Dementia Friendship Scheme, Age UK Coventry, <http://www.ageuk.org.uk/coventry/our-services/dementia-friendship-scheme/> [accessed 12 May 2015]

¹⁰⁵ Home from Hospital, Royal Voluntary Service, <https://www.royalvoluntaryservice.org.uk/get-help/services-we-provide/practical-support-at-home/home-from-hospital> [accessed 13 May 2015]

Also, the 2014 report, *Going home alone, counting the cost to older people and the NHS*¹⁰⁶ marks the launch of a campaign 'Let's End Going Home Alone'¹⁰⁷, which sees the Royal Voluntary service in partnership with communities, local authorities and NHS Trusts to provide more volunteers in hospitals and support vulnerable older people in their homes following discharge from hospital. Such initiatives could lead to significant cost savings through reduction in hospital readmissions.

Age UK has a similar programme for over 60s: <http://www.ageuk.org.uk/wandsworth/our-services/home-from-hospital/> [accessed 13 May 2015] and also by British Red Cross: <http://www.redcross.org.uk/en/What-we-do/Health-and-social-care/Independent-living/Support-at-home> [accessed 13 May 2015].

8.2 The academic evidence on the effectiveness of services

Academic studies of services for tackling social isolation tend to indicate the kinds of approaches that appear to be effective, rather than making a definitive statement about what works, because the current evidence base is not thorough enough (Findley, 2003). It is suggested that there is a need for methodologically rigorous evidence from evaluation of specific services and from meta-analyses of such studies (McDaid *et al.*, 2015).

The evidence that is available to date does, though, indicate some characteristics of services that are effective in improving the wellbeing of older people; for example, Roe *et al.*, 2014 have reported the benefits to older people and their care staff in their evaluation of the Coffee, Cakes & Culture programme delivered by Whitworth Art Gallery and Manchester Museum. The programme encouraged creative arts and cultural engagement which promoted learning, creativity and social inclusion. A review of the Men in Sheds programme¹⁰⁸ uncovered beneficial effects for men through reductions in social exclusion and isolation, building of friendships, strengthening of social networks and providing a sense of purpose and identity.

McDaid *et al.*, 2015 have highlighted some evaluations that have taken place in the last few years in the UK such as the one on HenPower¹⁰⁹, Only the Lonely

¹⁰⁶ Going Home Alone, Counting the cost to older people and the NHS, <http://www.royalvoluntaryservice.org.uk/news-and-events/news/lack-of-support-after-hospital-doubles-readmissions-for-older-people> [accessed 13 May 2015]

¹⁰⁷ Let's End Going Home Alone, <http://www.royalvoluntaryservice.org.uk/our-impact/lets-end-going-home-alone> [accessed 13 May 2015]

¹⁰⁸ Men's Sheds and other gendered interventions for older men: improving health and wellbeing through social activity A systematic review and scoping of the evidence base http://www.lancaster.ac.uk/shm/research/C4AR/men-in-sheds_final-report.pdf [accessed 24 May 2015]

¹⁰⁹ An evaluation of 'HENPOWER: Improving Wellbeing & Social Capital in Care Settings (2013) <https://equalarts.org.uk/media/HENPOWERfinalreport.pdf> [accessed 16 May 2015]

programme in Ireland¹¹⁰, Silver Song Clubs (Coulton *et al.*, 2015), Gloucestershire Village Agents programme¹¹¹ and Dorset Wayfinder¹¹². Knapp *et al.*, 2010 calculated the costs of three community initiatives – time banks, befriending and community navigators for people with debt or benefits problems - and found that each generated net economic benefits in quite a short time period. In almost all these cases, the local university was commissioned to evaluate the service.

For funding agencies to be able to continue to fund a service or to initiate new services, they require evidence that the services have been effective and have met their intended outcomes (in the contexts where more funding is required) and in similar contexts (to fund new services). They require data on value for money – however, very few services that we have discussed have been subject to formal qualitative or quantitative evaluation. Projects and programmes funded through national initiatives such as the Big Lottery Fund have an integrated module on evaluation but in other cases, evaluation mainly constitutes of anecdotal quotes/ data and basic monitoring data, for example, the number of service users and the increase in number over a period of time. While this data is useful, there is a need for more robust evidence for the efficiency and effectiveness of the services for their sustainability, cost-effectiveness, and to be 'value for money', and, most importantly, on the positive impact on the physical and mental wellbeing of the older people and other stakeholders (including the volunteers, carers) who are involved. Even small-scale evaluations employing the loneliness scales to measure loneliness could provide some useful data and credible evidence about the changes that the older people (the target users) are experiencing. Examples of loneliness scales are: de Jong-Gierveld Loneliness Scale (de Jong Gierveld and Kamphuis, 1985; de Jong Gierveld and van Tilburg, 2006) and the UCLA Loneliness Scale (Russell, 1996). Loneliness is also included as a part of wider wellbeing scales such as Ryff Scales of Psychological Wellbeing, Warwick-Edinburgh Mental Wellbeing Scale, CES-Depression scale or the CASP-19 (Age UK, 2014)¹¹³.

"We would like to encourage you to measure loneliness for two reasons. Firstly, loneliness has a negative impact on our quality of life, and mental and physical health. Secondly, measuring loneliness will help you to demonstrate the positive impact of your work on the

¹¹⁰ Only the Lonely: a randomized controlled trial of a volunteer visiting programme for older people experiencing loneliness, http://agefriendlyireland.ie/wp-content/uploads/2014/10/AFN_Loneliness_MR.pdf [accessed 16 May 2015]

¹¹¹ Village and Community Agents – Gloucestershire Rural Community Council, <http://www.scie.org.uk/prevention-library/getdetailedresultbyid?id=a11G00000908yXIAQ> [accessed 16 May 2015]

¹¹² Evaluation of Dorset POPP, <https://www.dorsetforyou.com/article/376802/Evaluation-of-Dorset-POPP> [accessed 16 May 2015]; also, see: The economic value of older people's community based preventative measures, http://www.ndti.org.uk/uploads/files/The_economic_value_of_older_peoples_community_based_preventative_services_final.pdf [accessed 16 May 2015]

¹¹³ Age UK, 2014, Evidence Review: Loneliness in Later Life, http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Evidence_Review-Loneliness_2014.pdf?dtrk=true [accessed 12 May 2015]

way people feel about their relationships and connections – and give you a more detailed understanding than a wellbeing measure can.”¹¹⁴

As per McDaid *et al.* (2015), more evidence is required about the benefits of the services to older men.

Services have a greater chance of success if they are rooted in communities and make use of existing community resources and build on community capacity (Findlay, 2003). However, the selection, training and support of the facilitators or co-ordinators of the services are stated as being crucial to success. The literature indicates that services are more likely to be more effective if older people are involved at every stage, including planning, development and delivery and evaluation rather than being passive recipients (e.g. Cattan *et al.*, 2005; Age UK, 2014)¹¹³. This aspect of participation and co-production is in line with the thinking of the UK’s Design Council and the projects that they have been involved with¹¹⁵.

One-to-one services in the form of befriending, home visiting and carer support, or the Wayfinder or Community Navigator services (through the provision of information and indirectly linking people to services) are among the most frequently provided services to alleviate loneliness, but there are at best mixed messages about their effectiveness. What is known is that older people tend to respond favourably to this kind of support (e.g. Cattan (2002); Cattan *et al.*, 2005). Windle *et al.* (2011)¹¹⁶ concluded that some one-to-one activities are effective in reducing loneliness and can reduce depressive symptoms (which may be strongly linked to social isolation and loneliness) by a small but significant margin. Support needs to be flexible enough to adapt to individual needs¹¹⁷.

The idea of reciprocity is important. Services for specific groups of people (such as widowed people, men’s or women’s groups) can be very successful in allowing people to share interests. It is argued that this extends to one-to-one visiting and befriending, where common interests and shared characteristics between the visitor and the visited person fosters reciprocity (Cattan *et al.*, 2003; Lester *et al.*, 2012).

*“Older people emphasise the need for reciprocity in social support, which suggests that this is more likely to occur when the volunteer visitor and the ‘service recipient’ belong to the same generation, have common interests, and share a common culture and social background.” (Cattan *et al.*, 2003)*

¹¹⁴ Measuring your Impact on Loneliness in Later Life, <http://www.campaigntoendloneliness.org/measuring-loneliness/> [accessed 22 May 2015]

¹¹⁵ Design Council, Independence Matters, <http://www.designcouncil.org.uk/knowledge-resources/case-study/independence-matters> [accessed 16 May 2015]

¹¹⁶ Windle, K., Francis, J., and Coomber, C. (2011) Preventing loneliness and social isolation: interventions and outcomes. SCIE research briefing 39; <http://www.scie.org.uk/publications/briefings/briefing39/> [accessed 14 May 2015]

¹¹⁷ Preventing loneliness and social isolation in older people, IRISS insights, No. 25, 2014, <http://www.iriss.org.uk/resources/preventing-loneliness-and-social-isolation-older-people> [accessed 16 May 2015]

Group activities, especially those with a defined goal, such as singing and dancing programmes tend to be successful – these activities lead to new friendships. In recent years, the non-traditional (that is, other than lunch clubs or home visits) and low-cost services such as meeting in cafes for IT training and support (use of smart phones, iPads) or having a chat over coffee/cake, or arts-based services such as visits to museums, or walking clubs, or reading groups, or local history groups are proving to be popular. These are mostly designed and led by the older people themselves, or they are active volunteers who support these activities.

Further work is required to identify appropriate methods for evaluations at various stages of a service design, development and deployment - particularly, low-cost methods that small community-led initiatives could also apply with little or no technical help so that they have some evidence when applying for funding and/or to promote their initiatives to increase their body of volunteers and service-users.

There seems to be plenty of resources across the area but what's the uptake like? Are people simply unaware? What are the vehicles that would best inform? The elderly often make decisions based on trusted advisors - family, close friends, GP, home carers... How best can these routes be used to ensure all the options available are made known to those who need them? (senior executive in an organisation that provides home care services; by email)

9 Recommendations for Milton Keynes

Our recommendations are based on the review of the academic literature; our wide consultations across Milton Keynes including the evidence provided to us by older people who are currently experiencing loneliness and some degree of social isolation or have done so in the past; and evidence from initiatives in Milton Keynes itself and from other places (Section 8) that appear to have a beneficial effect.

We have concluded that tackling social isolation and loneliness requires a multi-faceted response: by older people themselves, their families and friends, Milton Keynes citizens, organisations (including the voluntary sector), and local government: as described in Section 9.2 'Actions'. However these need to be **framed within an over-arching partnership approach that draws together effort at all levels of the community** to produce an effective response to social isolation in Milton Keynes. Our recommendations are aimed at such an integrated approach.

Co-ordination between services has always been a very big issue. It's 10 years since my husband died and even then they were talking about co-ordination between services. Somebody has to be given the responsibility preferably without creating more bureaucracy. (workshop-participant; 6 February 2015)

9.1 Recommendations

1. **Political profile.** For all Milton Keynes citizens to be socially included it is essential that awareness of the risks and costs of isolation does not slip off the political agenda. We recommend the appointment of a named champion at committee level for the promotion of social inclusion across the board in Milton Keynes, with responsibility for reporting back to the Council. We recognise that the council alone cannot provide the resources needed to tackle all of the causes of social isolation, but it can provide leadership in partnership with other organisations, and focus minds on finding solutions.

2. **Expert network.** We recommend developing and extending the group of expert witnesses that came together to inform this report and which constitutes a resource for gathering information and guidance for Milton Keynes Council on future action on social isolation. A reference team, including council representation and representatives from local businesses, as well as Age UK MK and other local charities and interest groups, and academic advisors, could convene whether through face-to-face meetings or as a virtual reference group. It should include expertise to reflect the diversity of settlements within the unified authority area.

3. **Annual review.** The social inclusion champion (and/or expert network) should organise an annual review of the situation in Milton Keynes. This could include input from the Expert Network and up-dating a loneliness map (see Section 9.2). It also could include reviews of progress on some of the specific structural issues discussed in more detail in Section 9.2 (Actions at Different Levels), particularly developments in accessible transport, the effective provision of information to the public, and

engagement with the business community as partners in delivering services for Milton Keynes residents at risk of social isolation.

4. Integrated action. No one service or approach to dealing with social isolation is going to be effective for all people at risk. A range of approaches is needed, with capacity for flexibility, learning from good practice both locally and elsewhere, and producing innovation where appropriate. Actions would be most effective as part of an integrated effort where services are communicating with each other and sharing experience, for example about people they think they are failing to reach. Fostering this integration could be part of the role of the social inclusion champion. The introduction of new services, such as those described in Section 8, should take place within the context of existing services and the advice of the social isolation champion/expert network on gaps in provision or better ways of working.

5. Baseline resource. Most effective services for lonely older people include voluntary input, but to work effectively all services need an element of organisation and stability, requiring a minimum secure financial resource. We suggest that Milton Keynes Council should provide, secure from business or other sources, or underwrite, a baseline resource for social inclusion projects at a sufficient annual level to ensure services. This will prevent more expensive expenditure on the consequences of social isolation. Based on our review of existing services and the academic evidence on effectiveness, we suggest that Milton Keynes Council should focus its support, while resources are limited, on:

- supporting organisations to mobilise and effectively train and monitor a workforce to support older people on a one-to-one basis in their homes with the aim, where possible, of encouraging re-engagement with the wider community
- working with organisations that provide group activities for older people to provide adequate transition resources where previous funding arrangements are being withdrawn
- disseminating information about relevant services for Milton Keynes citizens, including possibly a specific interactive website or portal, and
- working with the voluntary sector and businesses on finding alternative funding sources for local actions. This might include direct fundraising activities and sponsorships by various organisations.

6. Evaluation. Finally, we recommend an evaluation process to monitor the effectiveness and cost-effectiveness of services for the purpose of future planning. The expert network would be able to give guidance on appropriate methods, levels and frequency of evaluations: for example whether services should include their own internal evaluations, or whether a whole-service review should be commissioned, for example after 5 years. In the Milton Keynes context, the transferability of initiatives between localities and communities needs to be investigated (for example whether neighbourhoods have equivalent capacities for local volunteering, or fundraising).

9.2 Actions at different levels

In this section we propose various actions at different levels, which could contribute to a more socially inclusive Milton Keynes. In many cases these suggestions do not require a financial input from Milton Keynes Council beyond that required of the leadership role we have proposed in our main recommendations.

Individuals

Individual people, as they grow older, need to consider the following.

Changing attitudes to 'old age' - not perceiving old age as inevitability, or themselves as a burden to the society, and not being hesitant to reach out to others and to share when that they are feeling lonely or are socially isolated.

I feel that while people are mobile they are generally fine if they make the effort to make and maintain contacts. The world will not come knocking! Even people who are not especially bold can make contact and enjoy social activity during the day as a lot of people prefer that to evenings, as the years roll on. (retired school teacher; by email)

Be willing to be helped by others especially neighbours, volunteers and other members of the community rather than only relying on family support; and to share information about their needs and preferences so that services can be matched to their requirements.

Being open to making new social connections such as by joining local groups to learn something new, or to contribute their expertise and experiences.

Being open to new interests and services - including adoption of technologies such as mobile devices (smart phones, Tablets¹¹⁸) and the internet, wherever possible. Getting online will provide easy access to information about local services but also to a vast set of resources related to their interests, and learning in later life through open educational resources such as MOOCs⁹³. They will have more contact with families and friends through video conferencing tools such as Skype and social networking tools (e.g. Facebook, Twitter).

Volunteering, if possible, so as to keep contributing to one's community and to re-connect/connect socially with others.

Local groups such as Helping Hands in Aspley Guise, have a list of volunteers who do various things for the elderly in the village (coordinator of a charity in Milton Keynes; by email)

I have a lot of outings with my husband now that he too has retired and we can visit friends and family but the family is now rather scattered so it is not a weekly or daily encounter. We also have interests around the house such as growing plants for the allotment; my husband has been chair of governors at a local school, etc. (retired husband-wife team; received from the wife by email)

Research has suggested that people who volunteer tend to have better physical and mental health than individuals who do not volunteer (Pilkington *et al.*, 2012). Brown *et al.* (2008) have shown that helping behavior (giving support to others) among

¹¹⁸ Tablets help drive increase in older people going online, <http://media.ofcom.org.uk/news/2014/tablets-help-drive-increase-in-older-people-going-online/> [accessed 26 May 2015]

older people is associated with accelerated recovery from depressive symptoms that accompany spousal loss. Barrett *et al.*, (2011) in The Irish Longitudinal Study of Ageing (TILDA) reported that the quality of life in people aged over 50 years improved with the frequency of engagement in voluntary work.

Volunteering is so different from employment. Immensely rewarding and satisfying, and always fun. (workshop-participant; 6 February 2015)

Matching the age groups, life experiences, or interests of volunteers with people identified as lonely. (volunteer in a charity in Milton Keynes; interview in January 2015)

Preparing for one's future life by building and nurturing a personal convoy - Jenny de Jong Gierveld's has introduced the concept of one's personal convoy which is the assembly of family, friends, social contacts, work, passions and pastimes, resources and assets which one takes forward through life, and which secures one's confidence and enables one to lead the life one chooses to the full. It is an individual's responsibility to build and nurture their 'own convoy' of connections and interests and secure personal protection against future loneliness. This could involve, for example, be deciding when and where we choose to live, and who we live with, and being mindful of the impact on future connections and later life; or planning about retirement in advance and being prepared for the sudden loss of social interactions with colleagues. Also, it would help to develop and foster interests and hobbies that involve building and maintaining social connections over time.

Building a personal convoy is taking a personal responsibility to prevent social isolation and loneliness in later life as much as possible.

Safeguarding a convoy

The personal convoy travels with us through our lives, but is prey to assaults and losses along the way, especially in later life. The priority for combating loneliness is for everyone in society to be safeguarding the convoy.

Safeguarding the Convoy - a call to action from the Campaign to End Loneliness, <http://www.royalvoluntaryservice.org.uk/our-impact/reports-and-reviews/safeguarding-the-convoy---a-call-to-action-from-the-campaign-to-end-loneliness> [accessed 13 May 2015]

Milton Keynes citizens

People of all ages living and working in Milton Keynes can help to reduce loneliness and isolation in the following ways.

Paying attention to events in the lives of older people in their communities - events that can make older people vulnerable and prone to loneliness and social isolation. These events include bereavement of a partner or sometimes a pet, or change in role such as retirement or redundancy, or becoming a carer, or being relieved of their caring duties, or returning home after a hospital stay. Providing general public information (for example, holding a social isolation awareness event in the lobby of Central Milton Keynes train station) can inform people about looking out for these signs of risk of isolation.

By being alert and switched on to signs and signals - simply by being human. Ask questions not directly touching on the subjects.

Mainly just by being aware. People going to shops day in day out always on their own, approach has to be gentle. Just saying 'good morning' is a good ice breaker

Observational skills - repetition of habits etc. or lack of habits. See how individuals [older people] are conducting themselves. (workshop-participants; 6 February 2015)

Developing volunteering capacity within the community - these include neighbourhood watch groups, which focus on keeping a watch on older people (see the West Bletchley case study in Section 6). A large body of volunteers supports Age UK MK. With the budget cuts and an increasing population of older people in Milton Keynes, it is imperative that the volunteering capacity within Milton Keynes continues to grow.

I spent a week in Beijing at The Peking University Peoples Hospital working there with some of my colleagues. What they said to me was that hospital that was a large provincial hospital had approximately 2000 volunteers, they stood out like a sore thumb. They were dressed in yellow jumpsuits so individuals would be welcomed by volunteers. The volunteers are all checked. Volunteers knew everything about the hospital, how to take people around, helping people, the elderly, infirm, showing them how to use the IT facilities which are very comprehensive. But what they said was having created a structure where they encouraged people to volunteer meant that a lot of the routine stuff that staff used to do was much easier. (workshop-participant; 6 February 2015).

We found in our research that it can be difficult to recruit volunteers who have empathy with older people or who have had previous experience of working with older people. Hence there is a need for mentoring services or training workshops for people to support and encourage potential volunteers. Crucially there needs to be a structure within which the volunteers can work.

Volunteers are not [the] answer to everything; organisational support is required so that they can build the infrastructure, logistics and the volunteering capacity. (Age UK MK community home visitors workshop; 7 January 2015)

Recognising that families can play a key role - especially when family members live locally or are able to visit regularly. Their support can help to make the older person aware of suitable activities and services, help them with technology, support when a partner passes away, or help them to get to activities such as lunch clubs. Older people who see their children once a month or less are twice as likely to feel lonely than those who see their children every day¹¹⁹. Lack of close family ties and infrequent contact with children greatly contributes to a sense of isolation and loneliness.

¹¹⁹ Loneliness amongst older people and the impact of family connections, 2012, <http://www.royalvoluntaryservice.org.uk/our-impact/reports-and-reviews/loneliness-amongst-older-people-and-impact-of-family-connections> [accessed 13 May 2015]

*Setting up local initiatives*¹²⁰ - such as walking groups, book clubs¹²¹, history groups, photography groups, sewing and knitting groups - using local venues such as parks, garden centres, or cafes as convenient places to meet. This includes utilising existing structures as well as venues, for example, residents' association meetings.

Empowering local people and communities to take ownership of their localities (workshop-participant; 6 February 2015)

Developing initiatives that involve different generations - school students and older people could be sharing skills - for example, learning to use the internet and recounting stories related to local history.

Getting the younger generation more involved, schools to raise awareness for students, most have grandparents who they are usually very fond of and to build on this. We have found when local businesses help at our events the younger ones are often surprised how much they have enjoyed it, and find they have a good rapport with the older generation and 'have a good laugh together' (coordinator of a local charity; 6 February 2015)

Organisations (including the voluntary sector)

The services to protect older people from social isolation will be more effective if they cater for different kinds of needs, including those based on age and life stages, and if they can recognise the signs of loneliness.

Recognising loneliness – when it is difficult to ascertain who is lonely. Developing systems such as loneliness maps (discussed in Section 9.2) may help in identifying individuals and areas at risk or experiencing social isolation, and to refer them to appropriate advice or services. GPs and other front-line medical (and social care) staff are in a good position to identify people who are at the risk of being lonely as they are aware of the patients' personal circumstances - for example, illness or bereavement - and they can signpost them to sources for support.

Views of workshop-participants on identifying people vulnerable to social isolation and loneliness:

Putting more onto already burdened GPs. But some notification, an alert, given between GPs and Age UK. Perhaps GPs could have a list of local volunteers on whom they could call.

GP surgery, community special services such as (Mind..), lunch club, other community-led activities, Social Services at the council! Age UK (there are gate keepers in some).

Educate parties like GPs to be aware of needs and signpost on.

GPs, sectors working more together, parish councils...

Home carers often are the most regular visitors to the elderly.

People become lonely, so identify the events (e.g. illness, change of job), that means they lose contacts and examine those events. Some charities know e.g. St Vincent De Paul's

¹²⁰ Healthier together, <https://www.homewatchcaregivers.com/blog/2015/03/31/healthier-together> [accessed 6 May 2015]

¹²¹ Reading well, <http://readingagency.org.uk/adults/quick-guides/reading-well/> [accessed 12 May 2015]; also, see: Bibliotherapy: Can you read yourself happy? <http://www.bbc.com/culture/story/20150106-can-you-read-yourself-happy> [accessed 12 May 2015]

Society and carers know, ... Ask the professional carers organisations, social services for the blind. (workshop-participants; 6 February 2015)

Possibly through GP surgeries. Difficult with confidentiality aspects. Age UK MK's Hospital Aftercare Service especially the aspect that supports those going home from A&E. (volunteer in Milton Keynes, workshop-participant; 6 February 2015)

Actually, the solution to this [confidentiality] is easier than you think because if the GP has identified an individual who feels socially isolated and they are over the 75 year old group & on the database, you only have to ask for their consent to contact a third party that's it really. Confidentiality doesn't really come into it if you've explained to the individual that it's in their best interest to communicate their problems to another group and of course the GP may have some advice as to what that other group is. (another workshop-participant in response to the confidentiality aspect; 6 February 2015)

Taking account of recognised risk factors when designing and implementing services - such as, disability, cognitive impairments, isolation amongst family carers and former-carers, and social and cultural factors affecting older members of the BAME groups.

Providing a variety of inter-related services to cater for different kinds of needs including those based on age and life stages: for example, people in their 50s/60s may not be comfortable being grouped with people in their 80s/90s; these people may be active and healthy requiring a different kind of support; or people who have been made redundant and are still in the employable age will require guidance on enhancing skills/opportunities for employability which is different to what a retired person, who might be looking for information on becoming a volunteer.

Isolation is a big burden to individual or family. There are opportunities in one form or another but to search and find the suitable one for the person is important. (workshop-participant; 6 February 2015)

You can't cater for people from 50 to 100 in the same way that one facility couldn't cater for people from babies to 50. (Age UK MK lunch club participant; September 2014 reflecting on the services for older people to alleviate social isolation and loneliness)

Being gender-aware for the services to be as effective as possible. Women are often seen as able to cope better, have deeper friendships than men, and able to accept old age better, while men are regarded as not coping so well after the loss of their partner, and with fewer deep friendships to fall back upon⁵⁷. However this does not apply to all men and women, and part of the reason for these differences lies in gender norms that have been changing. A home visitor said:

...with the balance of work between men and women changing over the generations – for example, more men engage in cooking and household activities, the differences between men and women and how they cope with ageing and loneliness is also changing. (Age UK MK community home visitors workshop; 7 January 2015)

Being flexible in the nature and time duration of services by recognising individual needs. For example, time-limited services may not be appropriate for everybody.

Some people may require just one or two visits by the community home visitors when they come back from hospital while others may need more time to feel independent.

The bulk of my clients are in their late eighties and not in great health, the outlook for an improvement in their loneliness is not great, as we can't spend nearly long enough with them. (Age UK MK community home visitor; by email)

People who are unfortunately unable to get out at all and whose only contact with another human is a ten minute visit once a day from a carer are in a particularly difficult situation. They must surely become lonely. Not everyone has family close by and, with the passing years, friends pass away. To keep in touch even electronically needs some help at times. (a retired lady; by email)

The quality of socialisation activities rather than focussing on the frequency/quantity - in our research, we found that older people do not require socialisation on a daily basis, and weekly activities may suffice. We observed in our conversations with them that they have divided their week in such a way that any outing is followed by a day's rest at home or wherever they live. So, they plan well to balance their social outdoor activities with taking rest-times. It can be exhausting for them to prepare themselves for external social activities.

It is really exhausting to shower and get ready for a trip or social activity. We want to look presentable and look respectable so that people don't feel that we are giving up... you want to go out in a socially acceptable manner - ...clean (Age UK MK lunch club participant; November 2014)

Hence, people want to go where there is value in getting ready and making the effort; for them it is the quality of the social interactions that matters rather than interacting with large groups. In fact, large groups and noisy areas can be quite intimidating for them. In a lunch-time forum, we observed that a lady with severe hearing impairment was very uneasy – when we asked, she mentioned about how the loud conversations were being amplified by her hearing aid. Smaller groups and familiar faces may be more suitable for people with a specific disability.

Some disabilities alienate people; difficulty in a large room of people chatting is difficult for the hard of hearing...can't cope with that. (Age UK MK lunch club participant; November 2014)

In the group I attend, we all tell each other if we are deaf and everybody copes with it. Because they know if you are talking to a very deaf person, you've got to be facing them and you've got to be speaking opening your mouth so they can lip-read. I wouldn't miss that club [Senior Friends, Woburn Sands Library] for anything as its one of my most important ways of contact with other people...(workshop-participant; 6 February 2015)

Making people aware of the local volunteering opportunities and social action - especially at those life-transition stages when they might be open to the idea of volunteering, for example, when they are made redundant or when they retire. Some of the larger companies in Milton Keynes might extend their volunteering

schemes compatible with their Corporate Social Responsibility (CSR) missions, and with the benefit of associated positive publicity. The Human Resource departments should design leaving/retirement packs to include information about skills development and lifelong learning opportunities (through initiatives such as MOOCs⁹³, U3A⁹⁰) for employability and opportunities where people could effectively apply their current skills (e.g. project management, team-working) to volunteering and other activities in their communities¹²². People with the fewest qualifications are likely to see the greatest improvement in health when they embark on learning opportunities in later life⁹⁴.

I think often we are looking at the illness, which is understandable at the time but we have to ask that question....well, what can I do now? I think there is an opportunity at that point in change to do that. So, one of the things we are trying out in the south locality is a weekly multidisciplinary meeting and for that, changing someone's life with their consent they can come to the meeting and we have the voluntary sector around the table as well, there's a range of health and social care staff - to really help that person think through that kind of an issue. (workshop-participant; 6 February 2015).

In general Milton Keynes has a good future but it would be short sighted to ignore older people who have experience that they would love to share. (workshop-participant; 6 February 2015)

"If we are to offer people sustainable and fulfilling opportunities as they grow older, we need to re-evaluate approaches to retirement and the contribution older people can make. Not to do so would waste a huge resource of experience and expertise."¹²³

Minagawa and Saito (2015) concluded from their study on participation and mortality risk among older people in Japan that activities geared more towards self-development, such as post-retirement employment and lifelong learning, are strongly associated with lower levels of mortality.

Where larger companies have established schemes in place where staff members are encouraged to be involved, smaller companies and self-employed individuals may not have such an arrangement. With regards to smaller companies, they may not, for example, have the investment, time, head count to organise volunteering schemes. However, there are other ways of being involved; for example, they may have a facility that could be used by older people for socialising (e.g. coffee morning) or maybe contribute financially to such an event. Rather than only considering this as a charitable contribution, there are benefits to both parties; it can also be looked at as a business promotional activity if the older persons' group is prepared to

¹²² A new vision for older workers: retain, retrain, recruit, March 2015, Department for Work and Pensions, <https://www.gov.uk/government/publications/a-new-vision-for-older-workers-retain-retrain-recruit> [accessed 18 May 2015]

¹²³ 2030 Vision: can we make the UK the best country to grow older in?, <http://www.independentage.org/campaigning/2030vision/> [accessed 17 May 2015]

acknowledge companies as sponsors which can only result in positive publicity for the company. With regards to self-employed members of the community, they will have skills which can be contributed to such activity also. For example, a self-employed website designer could build a website for a start-up older people group and maintain it; or, as described by Adrienne Rutter from 'Senior Friends' (Section 6), a local publication 'Christian News' printed information related to the group as they liked what they did for the community.

It's important not to forget to discuss directly with the older people within these groups, perhaps they were previously self-employed or employed by a small company or have relatives who fit these categories. (workshop-participant; 6 February 2015).

Some of the retired people have extensive skills/expertise that they can be utilised for the community such as in fund-raising initiatives - as suggested by one of our participants:

Why don't we turn the tables on businesses and go back to them and [they could say] 'this is Milton Keynes, we are doing something for our demographic'. Why can't we get some kind of funding and why not get them coming to us...just a thought. I'm a banker, I have no hesitation going in talking to CEOs, done that in my working career". (workshop-participant on dealing with funding problems; 6 February 2015)

This gentleman, after retirement, is actively involved in co-ordinating neighbourhood watch schemes (for older people) in West Bletchley, attending coffee meetings of older people, 'listening' to them and offering help and support – including offers to go on walks with the older residents in the neighbourhood to encourage them to get out and about. In addition, his banking background and experience of interacting with corporate clients could be exploited fruitfully for raising funds for local causes.

Providing organisational support for volunteering (e.g. training, mentoring) and a structure (and some set-up funds, wherever required and possible) to increase the volunteering capacity in the community.

It seems difficult now for things [services] to be set up without some sort of funding and lots of Red Tape. It would have been good if the local council had a small pool of money for such things. However we all know the reality. (Age UK MK community home visitor; by email)

It takes time and trust for some older people to get over their threshold and take the first steps towards participating in activities: training, mentoring and structure for volunteers is especially needed where they are working with people who have emotional or mental health issues, or who are at the onset of dementia.

Matching the age groups, life experiences, or interests of volunteers with people identified as lonely. (volunteer in a charity in Milton Keynes)

[Note: this aspect was also re-affirmed by Age UK MK community home visitors in Milton Keynes in the workshop on 7 January 2015]

Mobilising organisational resources to contribute to socially beneficial activities - The Open University, Milton Keynes College, local businesses and schools should be encouraged to offer their facilities such as rooms, equipment and human resources which could be useful for facilitating activities by and for older people especially with

regard to IT training and support - for example by maintaining and supplying equipment and volunteer trainers for community centres. MK Dons has an active outreach programme, which could become more involved with supporting socially isolated older people, via fundraising and activities.

Cost – both funding projects and cost for older people – involve the big companies in MK, I'm sure they like to put their name to community projects and would be happy to contribute financially. In order to integrate all 'older people' it has to be assumed that finances are tight otherwise there may be some exclusion. (workshop-participant; 6 February 2015)

At Age UK MK we do work with a lot of corporates, in particular, Santander who I can't praise enough. Obviously, because some of our lunch clubs are going to be affected I've been going to John Lewis and Santander and we've come up with a scheme 'sponsor a cook' because we worked out it would cost £2400 for the year to pay for the cook and then £5.00 or £8.00- that we charge to the client will obviously pay for the cost of the food and health and safety equipment. John Lewis has very kindly said they will sponsor one of our lunch clubs and Santander, we have put in a bid for £5000. If you know the right people, then they are willing to help the local community. (workshop-participant; 6 February 2015)

As a retired employee of Barclays Bank, I can organise a fund raising event every year and get matched funding up to £750.00. So I would say, ask your groups, are there any ex-bank people? It can be done and we do it every year and £750.00 to us is a lot of money. (workshop-participant; 6 February 2015)

Campaign on loneliness by a local newspaper, Yorkshire Post

Loneliness: Hidden Epidemic. The campaign has three main objectives - for loneliness to be universally recognised as a health priority and to encourage health authorities to write loneliness into their future strategies, and to get people talking about how to solve a clearly growing problem. And to encourage their newspaper readers to volunteer for support services.

Loneliness Campaign: Yorkshire Post, <http://www.yorkshirepost.co.uk/news/community/loneliness-campaign> [accessed 2 May 2015]; Loneliness: The Hidden Epidemic, <http://changeopinion.com/loneliness-the-hidden-epidemic/> [accessed 2 May 2015]; also, see, Making a difference <http://www.localnewspaperweek.co.uk/Making-a-Difference/75074> [accessed 12 May 2015]

Loneliness campaign-inspired Friendship Lunches extended across the region, <http://www.yorkshirepost.co.uk/news/community/loneliness-campaign-inspired-friendship-lunches-extended-across-the-region-1-7255043> [accessed 12 May 2015]

Promoting arts and culture activities -the physical and mental wellbeing of older people would benefit from involvement in culture and arts. So, making it easy for older people to attend cinema, theatre, concert/live music, museums and art exhibitions will promote social engagement, foster social inclusion, and provide

benefits to their learning, creativity and wellbeing (Greaves and Farbus, 2006): for example, specially trained staff to interact with older people, being dementia-friendly, and designing activities that make them work together with others such as community-based projects across different arts including music, dance, craft, drama and storytelling¹²⁴. For example, a selection of works from the Whitworth's collection has been curated by a group of older men from Beechfield Lodge care home in Salford and which are on exhibition at The Whitworth, Manchester¹²⁵.

In Section 8 of this report, we have outlined several examples that facilitate participation of older people (both as participants and organisers) in creative arts.

Coffee Cake & Culture

The Manchester Museum and Whitworth Art Gallery run a monthly programme for elderly people in supported housing or care homes, individuals with dementia and their family members or care partners. It provides a forum for dialogue through looking at museum objects and art. Specially trained Museum educators highlight themes, artists, and exhibitions during an interactive programme in the Museum's galleries and classrooms.

Coffee, Cake and Culture, <http://www.healthandculture.org.uk/programmes-artists/programmes/coffee-cake-and-culture-3/>

Also, see: <http://www.healthandculture.org.uk/publications-case-studies/publications/coffee-cake-and-culture-2/> [links accessed 2 May 2015]

Local government

Local government can work towards expanding the vision of Milton Keynes as a sociable place for all generations.

Highlighting the role older people can play in the community – such as volunteering, as mentors, and in training and transferring skills (for example, in Men in Sheds), and to work towards using a wide range of community facilities and resources to encourage their social integration.

There needs to be a bank of serious discussions on, do we really value and want older ones included and helped to remain part of society? (workshop-participant; 6 February 2015)

Mitigate problems with transport and connectivity between neighbourhoods – greater focus on accessible transport and community transport for older people to reach group services such as lunch clubs.

Milton Keynes Council has a highly significant role in harnessing the transport system to mitigate problems of age-related poor mobility and to increase connectivity between neighbourhoods, recognising also the sociability element of

¹²⁴ Inspiring arts in older age, <http://www.ageofcreativity.co.uk> [accessed 24 May 2015]; also, see: Tackling loneliness in older age – The role of the arts, 2012, <http://campaigntoendloneliness.org/wp-content/uploads/Tackling-Loneliness-A-Role-for-the-Arts1.pdf> [accessed 24 May 2015]

¹²⁵ Danger men at work, 8 May - 12 July 2015, Exhibition at The Whitworth, Manchester, <http://www.whitworth.manchester.ac.uk/whats-on/exhibitions/currentexhibitions/dangermenatwork/> [accessed 24 May 2015]

bus travel, which in itself can help people to feel connected. Greater recognition is needed for the role of accessible community transport so that older people can get to group services such as lunch clubs. However given budget constraints on the direct provision of transport, the Council may want to consider achieving this aim via negotiating sponsorship of dedicated minibuses funded by local main businesses, emulating, as an example, the 'Dons on Tour' activities bus provided by MK Dons.

SO much depends on older folks being able to access affordable transport from DOOR TO DOOR because of their health. Without that provision being increased and not decreased is hard to see how even with a greater numbers of groups and events lonely people can participate in community life. (Age UK MK community home visitor; by email)

Information provision - creating central point for information in the city/shopping centre; providing information packs for people when they first move into the area; not making assumptions that everybody is online or has ways to get access to online information; and using GP surgeries as information points for the available services. Services providing information should ensure that it is not just available digitally (on websites), but is accessible and useful to people with dementia and other older people through paper leaflets and in face-to-face events/exhibitions, recognising the potential exclusion of a 'digital by default' policy.

Advertising' (publicity) where older people do go - doctors, church, local libraries, local newspapers, magazines, garden centres - lots of leaflets. (workshop-participant; 6 February 2015)

Advertise information about lunch clubs and other social events in places like hairdressers. Putting up posters and information in places where older people will look, e.g. shopping centre, supermarket, library, coach and train stations. (workshop-participant; 6 February 2015)

Digital information can be very useful for families and friends who are looking for ways to support their relatives and friends.

An up-to-date website of individual organisations and clubs. (workshop-participant; 6 February 2015)

Increasing the access to technology and the internet through training and setting up links with businesses who may be able to provide technology (such as Tablets) and access to the internet at reduced costs to older people. However, it is important at the same time to make allowances for people who may not be able to have access to online information due to poor health or any impairments - age-related or otherwise.

Enabling open access to groups and services - for example, community areas in sheltered housing schemes could be more opened up for community use, and day care could be extended to include sessions for isolated BAME older women who could benefit from getting together in a safe and pleasant space.

Enlarging and promoting a holistic vision of the city - a city that welcomes the young and old and caters to all age groups; creating a positive image of people over the

age of 55 by making people aware of the contributions they make to their neighbourhoods and communities.

Transport, rural areas, many people move around, seen as a young city, hard to build community

(workshop-participant, 6 February 2015)

How the media portrays older people has an impact. Some participants mentioned the negative perceptions of older people created by the media:

...we are always told that we [older people] cost too much. But we put money in the National Health [Service].

We feel that we are being a burden asking people for help. (Age UK lunch club participant; November 2014)

While this attitude is a national problem¹²⁶, it could be addressed in local communications to the general public.

Considerations across the community

These are some aspects (from our investigations) that need to be considered for designing and supporting services.

Designing services that are linked to life course and physical capacity: some services are regarded as being not necessarily useful for everyone. For example, day centres are often regarded as being for the 'very old' or 'very unwell', and are, therefore, unattractive for the not quite so old, who are looking for more task-oriented activities. While very much taking on board that older people cannot simply be stratified by age, and that people vary enormously in their capacity and outlook at any given age, it might be useful to think about different strategies to combat social isolation linked to the life course and physical capacity of individual older persons.

For example, people roughly in 'late middle age/early old age' (c. 55-65) may be looking for reskilling for paid employment, or to take on volunteering roles, but have lost contact with previous networks (e.g. through redundancy, marital breakdown, or mental health issues). In this position the person might be looking for information that leads them back into activities through introduction by someone else.

Additionally, people who have been made redundant would benefit from voluntary work, which will occupy their time and keep them active and give them a sense of fulfilment and achievement. If they are in the process of looking for another job¹²⁷, voluntary work will enhance their employability.

the "younger older" were more likely to engage in activity if they were targeted early enough. (researcher; by email)

¹²⁶ Attitudes to Ageing, Age Action Alliance, <http://ageactionalliance.org/theme/attitudes-to-ageing/> [accessed 18 May 2015]

¹²⁷ Age UK, Work and Learning, <http://www.ageuk.org.uk/work-and-learning/> [accessed 13 May 2015]

We always worry more about the people who are 65, 70 or frailer. We never talk about the young older people and we really need to look after the young older people as well. (workshop-participants; 6 February 2015).

Trading times

Trading Times connects local employers with the most experienced, skilled, local people – the over 50s and family carers, <https://tradingtimes.org.uk> [accessed 2 May 2015]

In what has been described as the 'third age', many people still have connections with ex-colleagues; are socially active with grandchildren or the wider family; are active with various organisations, activities, volunteering or mentoring; are still driving, and able to get to clubs under their own steam. Where circumstances mean that a person does not have these connections, they may be looking for new networks for communal activities and interests.

Very much older people ('fourth age' - roughly 80-85 and over) are more likely to acquire health conditions including hearing, visual, cognitive and mobility impairments. They are more likely to have accumulated bereavements and other losses including giving up driving. They may require more practical assistance and adaptations. For many people in this position individual home visits may provide most of the face-to-face social contacts they can comfortably use. Some may continue to use group services such as lunch clubs, but evidence from users of the Milton Keynes lunch clubs is that less active older people have to put in a lot of effort to prepare themselves to be 'presentable' and use a lot of energy getting to the venue and taking part. They do it because they value the social interactions, but often have to pace themselves, with days spent quietly at home in between outings to clubs or shopping.

One-to-one interventions can be required ..., individuals would rather be in groups but for whatever reason that's not working for them. In fact, we probably need to look at how we do the groups, improve them in some way so people have that bigger social network and not just the individuals who see them because they are lonely. (workshop-participant; 6 February 2015).

In addition to providing practical support such as with transport, to get older people to engage initially there is a need to overcome people's apprehension and nervousness.

People have individual needs for socialisation – some are comfortable with one to one interactions, while others prefer group services...

For some, starting with small snack/coffee/chat encounters to get acclimatised before they move to large group interactions (volunteer in a lunch-time club in Milton Keynes)

Adequate funding to voluntary organisations: The impact of loneliness and social isolation on an individual's health and wellbeing has cost implications for health and social care services. It is, therefore, imperative that voluntary organisations are well-funded so that they can continue to help alleviate loneliness and improve the quality of life of older people, and, thereby, reducing dependence on more costly services.

In the UK, the voluntary sector is currently delivering many interventions, and Social Care Institute for Excellence (SCIE)¹²⁸ points to a vital need for health and social care statutory services to work alongside the third sector to help tackle the problem successfully.

"Adequate resourcing is needed to ensure that voluntary organisations can continue to provide, and expand, these services for older people in communities across the UK. This will help to improve older people's quality of life and reduce their reliance on more costly health and social care services."

For addressing social isolation and loneliness among older people in Milton Keynes, I recommend that no more loss of funding is applied by MKC [Milton Keynes Council] to agencies dealing with older persons. Age UK MK has suffered very badly. (volunteer in Milton Keynes; by email)

Role of neighbourhoods

Participants in our research commented that not all older people who are on their own are lonely: where people prefer to be on their own and to carry out solitary activities that interest them, we shouldn't be too worried about getting them to socialise. But this perception of older people being content on their own must not be assumed and there is a duty on communities to keep a check on their neighbours. When asked about the difficulty in identifying older people who are lonely, our participants (older people attending an Age UK MK lunch club) said:

unless you don't knock on somebody's door, you wouldn't know if they are lonely. Unless the council knows about them, they can't do anything.

there are people who don't take advantage of the services and sit behind closed doors; knocking on people's doors is the solution.

Neighbours really need to be aware of their neighbours and who they don't see often and make contact. Sadly busy working people often don't make the time and sometimes an older person feeling lonely does not always respond positively to a tentative reaching out by someone they don't yet know. (Age UK MK community home visitor; by email)

The local bobby in good old days would have known if somebody was not up and around. (Age UK MK community home visitor; workshop on 7 January 2015)

There is also a need to nurture the awareness and capacity of neighbourhoods to support and look out for local older people.

Raising awareness of the problem, via the media and projects... (coordinator of a charity in Milton Keynes; by email)

One of the groups of older people we spoke to mentioned:

It would be good if neighbours were checking on us.

¹²⁸ At a glance 60: Preventing loneliness and social isolation among older people, 2012, <http://www.scie.org.uk/publications/atagance/atagance60.asp> [accessed 14 May 2015]

Neighbours must do more...

However, in Milton Keynes where both partners may be employed and commuting (e.g. to London), they may not get a chance to know their neighbours. As some of the participants said:

My neighbours go out at 7 am and come back at 8 pm – have a meal, watch TV, go to bed. People no longer stop and chat. I don't know what the answer is (Age UK MK lunch club member; November 2014)

Earlier women were at home and knew what was going around in the neighbourhood. Now people live very busy lives. (Age UK MK community home visitors workshop; 7 January 2015)

For people who prefer one-to-one interaction or have difficulty getting out of the house, where possible the encouragement of low-key neighbouring can augment organised home visits. Neighbouring can be a two-way relationship: for example an older person might keep a watch on the house or look after the post/parcels when otherwise they would be left outside or require re-delivery, while in return the older neighbour could be helped with shopping.

The Big Lunch

The Big Lunch is the UK's annual get together for neighbours which takes place on Sunday 7th June 2015, <http://www.thebiglunch.com>; also, see <https://twitter.com/thebiglunch> [links accessed 2 May 2015]

Purbeck Good Neighbours

Purbeck Good Neighbours is a volunteer group who can help older people over 50 with small or difficult one-off tasks in their home.

<https://www.mylifemycare.com/Purbeck-Good-Neighbours>

<http://content.yudu.com/Library/A22isx/PurbeckGazetteMarch2/resources/31.htm>

[links accessed 9 May 2015]

Good neighbours

“Often family members might live too far away to visit regularly so Royal Voluntary Service Good Neighbours provide valuable company and friendship as well as making sure the older person is safe and well. Good Neighbours help counter social isolation and the service can act as a pre-emptive step to keep those who are vulnerable out of hospital.”

<https://www.royalvoluntaryservice.org.uk/get-help/services-we-provide/practical-support-at-home/good-neighbours> [accessed 9 May 2015]

Some examples

Wiltshire Good neighbours scheme, <http://www.communityfirst.org.uk/community-first-services/access-and-well-being/good-neighbours-scheme> [accessed 9 May 2015]

Age UK Isle of Wight, <http://www.ageuk.org.uk/isleofwight/our-services/good-neighbour-scheme/> [accessed 9 May 2015]

What can you do about loneliness in your neighbourhood

<http://www.jrf.org.uk/blog/2013/11/loneliness-your-neighbourhood>

Loneliness Resource Pack

<http://www.jrf.org.uk/publications/loneliness-resource-pack>

Joseph Rowntree Foundation [links accessed 25 May 2015]

Striving to be an age-friendly city

Milton Keynes should strive to be an age-friendly city. Older people are prone to depression and isolation if they are not able to get out and about. Urban spaces such as the city centre, supermarkets, art and culture centres such as museums, theatres, art galleries and concert halls, and so on should be designed to support the movement of older people¹²⁹.

The initial planning of the city [Milton Keynes] bowed to the car and the conviction that because it was a new city, an ageing community wasn't contemplated. It would be a city of eternal youth and now it is realised that it is not. (workshop-participant; 6 February 2015)

Older people face problems getting outdoors as the cities and spaces around them are not designed in an age-friendly manner: cluttered streets, uneven pavements, poor lighting and signage, unavailability of public toilets, inaccessible public transport coupled with drivers not parking close enough to the kerb and bus drivers moving off before giving time to people to sit down – all this has an adverse impact on sense of safety, security and independence of older people.

Change in infrastructure - more loos, better access in places like shopping centre, more affordable shops? (workshop-participant saying about their aspirations for Milton Keynes; 6 February 2015)

Uneven pavements can cause accidents and unavailability of public toilet facilities can deter people from shopping trips. Pelican crossings can be challenging too - when the green man flashes too quickly for older people with mobility constraints to reach the other end safely.

The other thing that can put some frail older folks off going out on public transport is the traffic bumps in the estates [in Milton Keynes], going over these in buses can often leave them extra tired. Know of one lady whose collar-bone was broken by going over a traffic bump. (I believe she may have had osteoporosis) (Age UK MK community home visitor; by email)

Rural areas have their challenges too: older people drive less and tend to rely on public transport for travelling around. Travel by taxis can be expensive for them as the public transport is often too sparse in Milton Keynes.

¹²⁹ Developing age-friendly cities: policy challenges & options, 2012, http://www.housinglin.org.uk/library/Resources/Housing/Support_materials/Viewpoints/HLIN_Viewpoint_37_Age_Friendly_Cities.pdf [accessed 14 May 2015]

From the Independent Age website¹³⁰:

"In the long list of barriers that prevent older people from getting out and about, seating, or the lack of it can be decisive. Statistics show that as much as 80% of a 65+-year-old's typical day is spent indoors, so knowing that there's seating outdoors can provide a vital psychological prop as well as a very real physical support to enable confident, easy movement through space that most of us take for granted".

The UK Network of Age-friendly Cities is comprised of: Belfast, Leeds, Sheffield, Manchester, Newcastle, Stoke-on-Trent, Brighton & Hove, Bristol, Edinburgh, Cardiff, Nottingham, London Borough of Camden and Glasgow (see **Appendix A** for further discussion on age-friendly cities). In 2010, Manchester was the first UK city to be accepted into the World Health Organisation's (WHO) Global Network of Age-friendly cities.

"In the past, our towns and cities evolved primarily to meet the needs of commerce, but careful planning could transform them for people of all ages. Initiatives like Manchester's A Great Place to Grow Older, which is implementing ways to make the city more age friendly, is pioneering the way to open up community life for all. With the number of over-85s set to double over the next 15 years, we need to start taking action now."¹³¹

Take-A-Seat initiative in Age-Friendly Manchester

The local shops signed up to a local Age-Friendly Charter, making it clear (through stickers on their shop-fronts) that older people were welcome to come in and take a seat when they're in need of a rest - with no obligation to buy or to consume anything on the premises.

"the added value of sharing space... as taking-a-seat means not just having a place to sit and rest, but finding a bit of warmth, social interaction and, often, if needed, the use of the shop's toilet too. For the age-inclusive designer, thinking about age-inclusive spaces means engaging, more flexibly but, ultimately, also more humanely, with people's ordinary, everyday interactions and use of urban space within the existing social fabric of a local neighbourhood"¹³⁰.

The concept of age-friendly cities (public environment) should be extended to age-friendly homes (the intimate environment) and to communities and neighbourhoods (the proximate environment):

¹³⁰ Handler, S., Borrowed space – designing age-inclusive spaces in different ways, <http://www.independentage.org/blog/blog/2014/april/dr-sophie-handler-borrowed-space---designing-age-inclusive-spaces-in-different-ways/> [accessed 12 May 2015]

¹³¹ 2030 vision: the best – and worst- futures for older people in the UK: <http://www.independentage.org/campaigning/2030vision/download-our-report/> [accessed 12 May 2015]

- Walking can help prolong life, improve health and fight the onset of dementia¹³². Keady *et al.*, 2012 discuss the walkability of neighbourhoods and demonstrate evidence that such places can have a positive effect on cognitive as well as physical abilities. They have observed:

"...suggests that 'walking' helps to (at least) maintain cognitive functioning in those with dementia and that the practicalities of getting "out and about" in neighbourhoods, such as navigating through local environments, play a pivotal role in maintaining a person with dementia's sense of self and wellbeing."

In 2015, Living Streets¹³³ is supporting older people to make walking safer and easier by safer crossings, ice-free pavements in winter, an end to pavement parking, and by having dropped curbs.

- Design of supermarkets¹³⁴: "The Adeg and Kaiser supermarket chains in Germany have wider aisles, non-skid floors, lower shelves, brighter lighting, larger price labels and magnifying labels hanging from chains."
- Ensuring accessibility for all in the early design stages of new houses and community centres.
- Inter-generational living, which will offer co-dependence between different generations¹³⁵ such as 'lifetime neighbourhoods'¹³⁶, which are designed to be lived in by all people regardless of their age or disability.

Studies (e.g. Brown *et al.*, 2009) have discussed the social risks to older people:

"...in physically deteriorated neighbourhoods [are more likely] to perceive that social support is less available to them...[in comparison with] elders who reside in better-maintained neighbourhoods".

The focus of age-friendly cities is not just on the infrastructure such as safe and accessible outdoor spaces and buildings, public transportation, adequate housing, and social and health services - but enhancing a sense of community and developing initiatives to make older people feel more included.

Encouraging people to become more neighbourly, also raise awareness in shopkeepers, postmen etc..... regular campaigns in public places. (coordinator in a charity in Milton Keynes; by email)

¹³² Case studies – where dementia-friendly communities are working, http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2282 [accessed 22 May 2015]

¹³³ Living Streets: <http://www.livingstreets.org.uk/walk-with-us/walking-with-older-people> [accessed 12 May 2015]

¹³⁴ Our cities must undergo a revolution for older people, <http://www.theguardian.com/commentisfree/2015/mar/15/age-friendly-cities-design-future> [accessed 12 May 2015]

¹³⁵ Silver Linings: The Active Third Age and the City, http://www.architecture.com/RIBA/Campaigns_and_issues/BuildingFutures/SilverLiningsNEW.aspx [accessed 12 May 2015]

¹³⁶ Lifetime neighbourhoods, <https://www.gov.uk/government/publications/lifetime-neighbourhoods--2> [accessed 18 May 2015]

Look at wider community and different groups of people i.e. utility companies, postman, milkman, churches, and neighbours [for keeping an eye on older people]. (workshop-participant; 6 February 2015)

Some of the participants mentioned the advantages of the retirement housing in Milton Keynes that offers independence, activity and social opportunities.

'Extra Care' retirement villages/local authority, Lovat Fields¹³⁷, Shenley Wood. Purchase/ Shared Ownership/Rent.

Many small interest groups, shop, gym, visiting entertainment, restaurant, coffee shop, bar. 24hr care team (Care has to be paid for). Perfect for older people WAITING LIST!! (workshop-participant; 6 February 2015)

Waitrose delivery drivers to be emergency 'lifeline' for elderly

'Vulnerable people who receive food deliveries from Waitrose can register a relative's telephone number so drivers can raise the alarm if there is no answer at the door. The new scheme could act as a lifeline to older people and the disabled who in the past might have relied on the postman or milkman.

To benefit, customers must ask to register a "secondary contact". This could be a relative, neighbour or carer. The number will only be contacted "in the event that a delivery driver is unable get a response from a customer attempting to deliver their shopping".

Customers can sign up online through their Waitrose.com accounts.

The project was welcomed by charities as a significant boost to more than 3.8 million people aged over 65 who live alone in Britain'.

<http://www.telegraph.co.uk/news/shopping-and-consumer-news/11592292/Waitrose-delivery-drivers-to-be-emergency-lifeline-for-elderly.html> [accessed 14 May 2015]

Can cycling improve mental health in old age?

'The University of Reading is asking for the local community's help for a study which will examine the mental health benefits for older people who regularly cycle.

Cycling is known to be very important for older people - not only as a positive effect on their health but as a potential way of retaining a sense of independence.

However, while cycling accounts for 23% of all journeys for people aged 65 and older in the Netherlands, 15% in Denmark and 9% in Germany, it represents only 1% all journeys in the UK'.

<http://www.itv.com/news/meridian/update/2015-05-11/can-cycling-improve-mental-health-in-old-age/>, 11 May 2015 [accessed 14 May 2015]

Also, see: <http://www.cycleboom.org/wellbeing-and-cognition-cycle-trials/> [accessed 20 May 2015]

¹³⁷ Lovat Fields Housing for older people in Milton Keynes, <https://www.gov.uk/government/news/kris-hopkins-sees-cutting-edge-homes-for-older-people-in-milton-keynes> [accessed 18 May 2015]

Loneliness map

The problem of loneliness should be tackled by creating maps to show where older people are more likely to be at risk¹³⁸. The resources and services could then be targeted towards areas where they are needed the most to support the well-being of the older residents. As per the Hidden Citizens report¹³⁹, this mapping initiative has been successfully implemented in Gloucestershire and Essex. Gloucestershire County Council adapted a model used by Essex County Council when creating its own loneliness map¹⁴⁰. The various factors that the Gloucestershire County Council considered to identify the vulnerable areas included age, household size, education level, car ownership, annual income, and access to the internet. They then identified and added the local services designed to address loneliness and isolation to the vulnerability or loneliness map, see here: <http://www.cotswold.gov.uk/media/777439/Appendix-2-Mapping-services-against-loneliness-index.PDF> [accessed 13 May 2015].

If Milton Keynes Council were to perform a similar exercise, it would help them to identify the areas that require support and more services than currently are available, to identify the gaps in the existing set of services depending upon the nature of the area and perhaps identify areas where there is a higher concentration of services but yet the venues are not easily accessible by public transport. We recommend that the Council undertakes the exercise of creating the loneliness map and mapping the existing services to the loneliness map to take stock of the current situation, to identify the gaps, and to plan new services.

Consider a register, where do we already capture data on those who live alone? Look at the person. Community Tax Office must know who lives alone. (workshop-participant; 6 February 2015)

Involving older people as co-designers and co-researchers

We have come across several projects where older people have been involved in the design and evaluation of the services for them: for example, services such as the

¹³⁸ 'Loneliness maps' could be used to target people at risk, <http://www.bbc.co.uk/news/uk-england-32201957> [accessed 12 May 2015]; also, see: 'Loneliness maps' should be used to help the most isolated people, report advises: <http://www.independent.co.uk/life-style/health-and-families/health-news/loneliness-maps-should-be-used-to-help-the-most-isolated-people-report-advises-10163696.html> [accessed 12 May 2015]

¹³⁹ Hidden Citizens: how can we identify loneliness in our communities, <http://www.campaigntoendloneliness.org/blog/hidden-citizens/> [accessed 13 May 2015]; also, see: <http://blogs.channel4.com/victoria-macdonald-on-health-and-social-care/loneliness-elderly-people-uk-council-bob-love-silver-line/2919> [accessed 20 May 2015]

¹⁴⁰ Social isolation in Gloucestershire, Strategic Needs Analysis Team, 2013, <http://www.cotswold.gov.uk/media/777436/Appendix-1-Social-Isolation-in-Gloucestershire.PDF> [accessed 13 May 2015]

Casserole Club and Gusto¹⁴¹; also, see: <http://www.designcouncil.org.uk/knowledge-resources/case-study/teignbridge-council> [accessed 20 May 2015].

In a project at University of Birmingham¹⁴², the older people participated as co-researchers; the project team has created a resource pack¹⁴³ for co-research projects as guidance for others. Also, see this recent initiative at the Manchester Institute for Collaborative Research on Ageing by Tine Buffel: <http://tinyurl.com/poqhh8p> [accessed 22 May 2015].

The involvement of older people in service design and research as advisors, interviewers, co-researchers or even initiators of research has the potential to enrich research by being informed by their experiential knowledge, and to ensure that design and evaluation activities are better related to the daily lives of older people. Successful implementation of services requires commitment from the target community, and that commitment increases if users are involved in the decision-making process. (Carter and Beresford, 2000). Through their participation, the older users will gain in various ways: volunteering opportunity; learn new skills or adapt existing skills such as interviewing, collating and analysing data and synthesis of findings; social engagement opportunities; enhance self-esteem; remuneration for their expenses, contributions and time; a sense of ownership and empowerment; will bring their voice to the service-design and influence decisions that will affect their lives in the long run (Bindels, *et al.*, 2014).

So, we recommend that efforts be made for active involvement of older people in the design, development, implementation and evaluation of services in Milton Keynes.

Digital inclusion

Digital inclusion can also be a path to greater social inclusion¹⁴⁴, and with a positive effect on the wellbeing of the people involved. Indeed, as and when increasing frailty or other life changes start to impact on people's quality of life, whether living at home or in sheltered housing or in a care home, online social interactions could help to overcome potential isolation.

¹⁴¹ Independence Matters, Design Council, <http://www.designcouncil.org.uk/knowledge-resources/case-study/independence-matters> [accessed 20 May 2015]; also, see: Design methods for developing services <http://www.designcouncil.org.uk/knowledge-resources/guide/design-methods-developing-services> [accessed 20 May 2015]

¹⁴² Understanding and improving transitions of older people: a user and carer centred approach, 2012, <http://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/news/2012/09/older-peoples-experiences-of-transitions-health-social-care.aspx> [accessed 20 May 2015]; also, see: <http://www.birmingham.ac.uk/documents/news/sdotransitions-report.pdf> [accessed 20 May 2015]

¹⁴³ Care transitions project, resource pack, <http://www.birmingham.ac.uk/schools/social-policy/departments/applied-social-studies/research/care-transitions-project-resource-pack.aspx> [accessed 20 May 2015]

¹⁴⁴ Internet training would cut pensioner loneliness, says think tank, <http://www.bbc.co.uk/news/uk-27577143> [accessed 26 May 2015]; also, see: 10 ways to help older people use the internet, <http://www.telegraph.co.uk/technology/internet/11200872/10-ways-to-help-older-people-use-the-internet.html> [accessed 26 May 2015]

In a related project conducted with older people primarily in Buckinghamshire and Northamptonshire, we have been investigating the role of online social interactions on the quality of life and wellbeing of people aged 65 years and over (Hartnett *et al.*, 2013; Minocha, 2013). We have found that existing social capital¹⁴⁵ inherent in family and neighbourly ties seem to motivate older people to go online. Being online allows older people to maintain and renew relationships. Our findings show that older people need an incentive to get and stay online; that relatives and trainers need to structure their help and use repetitive strategies to aid retention; that one-off training on using the computer and internet does not suffice and that older people need access to an on-going local technical support.

I wish some of these groups [referring to local groups] could help older people with learning how to use a computer. Even if you can't do much on it, it's very useful if you are house bound. If I can't get out and want some shopping, I could do my shopping on a computer". (workshop-participant; 6 February 2015).

Old Hands New Buttons

POST - FREE computer skills training for the over 65; POST has been set up to help older people who wish to learn new skills to stay in contact with friends and family. POST offers FREE computer skills training for the over 65.

POST, <http://postuk.club> [accessed 6 May 2015]

Some snapshots of our empirical investigations: Our research shows that online social interactions enable older people to sustain or even improve quality of life and wellbeing: for example, they feel less socially isolated and remain connected with their family; they are able to renew and forge friendships; and that they have a 'voice'; and are able to share their skills and knowledge with others.

One of the participants recounted her mother's experiences:

My mum was a bit of a campaigner and she belonged to an NHS [National Health Service] patient forum and they had meetings and they shared a lot of stuff by email ... and when she could no longer get to meetings she could still make a valid input on documents and stuff.

A designer who designs products with and for the older people mentioned how online social interactions can help in overcoming social isolation:

Decreased mobility may lead to older people becoming isolated. Online communities may help. I think a lot of deaf people, particularly people who lose their hearing in older age can become very, very isolated, so it [online interaction] is important.

A 90-year lady who was given an iPad on 89th birthday said:

Oh my God. I have always been like a sponge, trying to learn certain things. Now I need a whole big sponge, because I want to get through to all of these I can possibly get to learn about.

¹⁴⁵ Social capital is the array of social contacts that give access to social, emotional and practical support.

It has been a great change as far as age goes. I really don't have anything to worry about. If it is a rainy day or snow, I know I can go and continue to learn. Let's do it. That is what it has done to my mind. It has opened me even more.

Policy implications: Some of the key messages from our empirical investigations are listed below and we hope that they will influence the measures that the Council and other bodies are taking to get older people online:

- *Older people need an incentive to get and stay online.* So, instead of a standardised training package, the training should be around a specific interest of the older person, such as family history, travel, poetry, brass bands, and so on.
- *One-off training on using the computer and internet does not suffice.* Rather, relatives and trainers need to structure their help over a period of time, teaching one application at a time through task-scenarios related to the older user's interests and using repetitive strategies to aid retention.
- *Older people need access to an ongoing local technical support.* The technical support could relate to accepting software updates, or buying new equipment, or changing the privacy or security settings of social networking software such as Facebook.

ICT support hubs should be embedded within the community which could offer free, independent, trusted advice in a 'clinic', offering advice on choosing products and software, and supporting learning at various levels. These might include a sponsored mobile hub ('Computer Bus') capable of reaching smaller outlying communities as well as neighbourhoods around the town.

- *Older people prefer learning from one another by sharing knowledge and swapping tips.* Existing community venues such as schools, pubs and shops in the local communities could be used as hubs where older users could help sort out problems and share tips in a relaxed atmosphere.
- *Design local government's digital services that meet the needs of the older users.* These design features range from ensuring that that the websites and other applications have built-in accessibility features such as: changing the size of the text, text-to-speech feature, compatibility with the assistive technologies that an older person might already be using, sign in with OpenID¹⁴⁶ so that they don't have to remember too many passwords, and providing alternative to CAPTCHAs¹⁴⁷ as the letters are often difficult to read.

A common issue raised by several Milton Keynes' older people is a lack of information on what is available, or lack of access to that information. The existence of online information resources underlines the impact of digital exclusion in denying access to information and opportunities. Online information resources (for example,

¹⁴⁶ OpenID Explained, <http://openidexplained.com> [accessed 25 May 2015]

¹⁴⁷ CAPTCHA: Telling Humans and Computers Apart Automatically, <http://www.captcha.net> [accessed 25 May 2015]

the Directory for people in later life compiled by Age UK Milton Keynes¹⁴⁸) are useful not only for older people who are internet users but also for the younger family members who may be looking for suitable services for their parents/neighbours/relatives.

- *Focus on Tablets and Applications*: As we have made progress in our research on the use of the internet by older people, we have found that older people prefer Tablets because of the ease that Tablets provide¹⁴⁹.

You can sit on a sofa and look through photos or watch programmes on the iPlayer; there are no wires. I don't have to go upstairs to switch on my machine.

For printing and word-processing tasks, older people (like other computer users) prefer desktops or laptops but for browsing on the internet or for connecting on video conferencing tools such as Skype (<http://www.skype.com/en/>) or FaceTime (<https://www.apple.com/uk/ios/facetime/>, accessed 25 May 2015), they prefer Tablets¹⁵⁰. Tablets have Applications (Apps)¹⁵¹ that may match with their interests and hobbies too. (e.g. YouTube, Spotify¹⁵², BBC iPlayer).

Internet-based devices and Apps¹⁵³ will help older people to keep in contact with family and friends, to keep up with their hobbies, interests and learning and to look after themselves, and for others (family, carers, healthcare staff) to monitor their wellbeing.

As more applications are being developed to address impairments such as those related to dexterity, auditory (e.g. RogerVoice discussed below) and healthcare needs, it is imperative that older people are trained and supported to use technologies so that they can lead connected and yet independent lives.

¹⁴⁸ Directory for people in later life, Age UK Milton Keynes, <http://www.ageuk.org.uk/miltonkeynes/information-and-advice-2/directory-for-people-in-later-life/> [accessed 18 May 2015]

¹⁴⁹ Tablets are the best digital medicine, <http://www.telegraph.co.uk/technology/10291561/Tablets-are-the-best-digital-medicine.html> [accessed 25 May 2015]

¹⁵⁰ The generation that tech forgot, <http://www.bbc.co.uk/news/technology-32511489> [accessed 25 May 2015]

¹⁵¹ How to get older people using iPads & Apps, <https://myageingparent.com/technology/communication/how-to-get-older-people-using-ipads-apps/> [accessed 25 May 2015]

¹⁵² Spotify, Music for everyone, <https://www.spotify.com/uk/> [accessed 25 May 2015]

¹⁵³ Apps for People with Disabilities and Older People, http://www.assistireland.ie/eng/Information/Information_Sheets/Apps_for_People_with_Disabilities_and_Older_People.html [accessed 25 May 2015]

Breezie and Age UK

'A personalised, intuitive system, specifically designed for people who are less familiar with digital technology. Supplied complete with a Samsung tablet computer, it's the easiest way to get online and stay connected with friends, family and hobbies.'

<http://www.ageuk.org.uk/products/computing-and-phones/breezie---the-internet-made-easy/>

On Facebook: <https://www.facebook.com/getBreezie>

Video: A first look at what Breezie can do for you, <https://vimeo.com/122441486>

Also, see: The Internet is now Breezie for over 65s: <http://www.abilitymagazine.org.uk/Articles/Article-303-3.aspx> [links accessed 25 May 2015]

Apple and IBM announce plans for an elder-support service in Japan

(30 April 2015)

The companies will provide seniors in Japan with iPads loaded with "quality of life apps" that remind them of medical appointments and other daily tasks such as shopping, household maintenance, household cleaning, and transportation. This is a first-of-its kind initiative to address the economic and societal issues of the ageing population in Japan.

<http://www.fastcompany.com/3045749/tech-forecast/apple-and-ibm-announce-plans-for-an-elder-support-service-in-japan> [accessed 25 May 2015]

Also, see: Japan Post Group, IBM and Apple Deliver iPads and Custom Apps to Connect Elderly in Japan to Services, Family and Community

<https://www.apple.com/pr/library/2015/04/30Japan-Post-Group-IBM-and-Apple-Deliver-iPads-and-Custom-Apps-to-Connect-Elderly-in-Japan-to-Services-Family-and-Community.html> [accessed 25 May 2015]

RogerVoice: an app to enable the deaf to make phone calls

'For the deaf and hard-of-hearing, speech recognition is the perfect technology to create a bridge from the world of sound to the world of sight. RogerVoice has harnessed voice recognition into telecommunications to help bring down one of the last barriers for the deaf and hard-of-hearing in everyday life: the telephone.'

RogerVoice provides live text transcriptions of phone conversations. The service is mainly intended for the deaf and hearing impaired.

<http://hello.rogervoice.com> [accessed 25 May 2015]

Case study - Pennine Horizons Digital Archive

A story of volunteering, digital skills, social history of the area, social inclusion, intergenerational project – in the words of David Martin

The Pennine Horizons Digital Archive – PHDA – came into existence in 2012 following the donation of around 5,000 images from a renowned local photographer – Alice Longstaff – on her death in 1992. The recipient of her bequest – Frank Woolrych – was a member of the local history society and realised the collection was far too important to simply be left in a cupboard and he began to consider the creation of a local archive with a view to making the images available to the public.

The PHDA received quite a lot of local publicity when it was launched in 2012 and quickly attracted more donations from other photographers and organisations. It currently contains around 50,000 images – along with over 500 tapes containing historical interviews with local people.

This success brought its own problems – particularly with the organising and cataloguing of the donated material. Fortunately the publicity achieved generated considerable interest in the archive and a desire from local people to help and become involved with the project became apparent. To accommodate this, the archive developed and established a formal organisational structure and it is now a Fully Accredited Community Archive approved by the West Yorkshire Archive Service.

Initially the interest in volunteering to help came from local people – mainly of retirement age who had detailed knowledge of the area and therefore could assist in identifying and providing background to the images in the archive. From this came the realisation of the skills these volunteers possessed, such as typing ability, organizational skills and IT competency. As PHDA became more organised it generated more publicity, this in turn brought more interest from potential volunteers.

We have students volunteering to assist during their holidays, and we also have people who were new to the area. They are generally volunteering with a view to discovering more about the locality and to meet new acquaintances. We currently have around ten 'regular' volunteers but we have had another thirty or so who have contributed their time and expertise since 2012.

We had one volunteer who worked in IT and was made redundant. He took this quite badly and was feeling rather depressed, and then he heard of our work at PHDA. He came along as a volunteer and performed many tasks for us – scanning images, adding metadata etc. – and recovered much of his self-esteem.

He was able to put his PHDA experience on his CV and, with the help of a good reference from the archive, has recently obtained a new job – but we have now lost a very capable volunteer.

The PHDA is housed in a Grade II listed building (a converted Baptist Chapel) and is quite a pleasant environment. The volunteers enjoy coming to work here – not only for the satisfaction of doing the archiving tasks, but to meet and chat with fellow volunteers. The volunteers and PHDA have together benefitted enormously over the last three years and can now look forward to the coming years with considerable optimism.

Project website: <http://www.pennineheritage.org.uk/digital-archive>; also, see: David Martin's album: <http://www.pennineheritage.org.uk/Digital-Archive?aid=240> [links accessed 25 May 2015]

"Physicians, health professionals, educators, and the public media take risk factors such as smoking, diet, and exercise seriously; ... a compelling case for social relationship factors to be added to that list. With such recognition, medical evaluations and screenings could routinely include variables of social well-being; medical care could recommend if not outright promote enhanced social connections; hospitals and clinics could involve patient support networks in implementing and monitoring treatment regimens and compliance, etc. Health care policies and public health initiatives could likewise benefit from explicitly accounting for social factors in efforts aimed at reducing mortality risk". (Holt-Lundstad et al., 2010)

"Current evidence indicates that heightened risk of mortality from a lack of social relationships is greater than that from obesity...with the risk from social isolation and loneliness (controlling for multiple other factors) being equivalent to the risk associated with Grades 2 and 3 obesity". (Holt-Lundstad et al., 2015)



10 References

- Barrett, J. and Kirk, S. (2000) Running focus groups with elderly and disabled elderly participants. *Applied ergonomics*, vol. 31, no. 6, pp. 621-629.
- Barrett, A., Savva, G., Timonen, V., Kenny, R. A. (2011) The Irish Longitudinal Study of Ageing (TILDA). Trinity College Dublin, <http://tilda.tcd.ie> [accessed 25 May 2015]
- Bindels, J., Baur, V., Cox, K., Serve, H. and Tineke, A. (2014) Older people as co-researchers: a collaborative journey. *Ageing and Society*, vol. 34, pp. 951-973.
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, vol. 3, no. 2, pp. 77-101.
- Brown, S. L., Brown, R. M., House, J., and Smith, D. (2008) Coping with spousal loss: The potential buffering effects of self-reported helping behavior. *Personality & Social Psychology Bulletin*, vol. 34, pp. 849-861.
- Brown, S., Mason, C., Lombard, J., Martinez, F., Plater-Zyberk, E., Spokane, A., Newman, F., Pantin, H. and Szapocznik, J. (2009) The Relationship of Built Environment to Perceived Social Support and Psychological Distress in Hispanic Elders: The Role of "Eyes on the Street", *Journal of Gerontology: Psychological Sciences*, vol. 64B, pp. 234-246.
- Burholt, V., Nash, P. and Philips, J. (2013) The impact of supported living environments on social resources and the experience of loneliness for older widows living in Wales: An exploratory mediation analysis, *Family Science*, vol. 4, no. 1, pp. 121-132.
- Cacioppo, J. and Cacioppo, S. (2013) Older adults reporting social isolation or loneliness show poorer cognitive function 4 years later, *Evidence Based Nursing* vol. 17, pp. 59-60.
- Carter, T. and Beresford, P. (2000) Age and Change: Models of Involvement for Older People. Joseph Rowntree Foundation, York, UK. Available at: <http://www.jrf.org.uk/publications/age-and-change-models-involvement-older-people> [accessed 20 May 2015]
- Cattan, M., White, M., Bond, J. and Learmouth, A. (2005) Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions' *Ageing & Society*, vol. 25, pp. 41-67.
- Cattan, M. (2002) Supporting Older People to Overcome Social Isolation and Loneliness. Help the Aged, London. Available at: <http://www.scie-socialcareonline.org.uk/supporting-older-people-to-overcome-social-isolation-and-loneliness/r/a11G0000017zUhlAI> [accessed 17 May 2015]
- Cattan, M., Newell, C., Bond, J. and White, M. (2003) Alleviating social isolation and loneliness among older people. *International Journal of Mental Health Promotion*, vol. 5, no. 3, pp. 20-30.
- Coulton, S., Clift, S. Skingley, A. and Rodriguez, J. (2015) Effectiveness and cost-effectiveness of community singing on mental health-related quality of life of older people: randomised controlled trial, *British Journal of Psychiatry*. (in press)
- de Jong Gierveld, J., and Kamphuis, F.H. (1985) The development of a Rasch-type loneliness-scale, *Applied Psychological Measurement*, vol. 9, pp. 289-299.
- de Jong Gierveld J (1987) Developing and testing a model of loneliness. *Journal of Personality and Social Psychology*, vol. 53, no. 1, pp. 119-128.
- de Jong Gierveld J (1998) A review of loneliness: concept and definitions, determinants and consequences, *Reviews in Clinical Gerontology*, vol. 8, no. 1, pp. 73-80

- de Jong Gierveld, J., and van Tilburg, T.G. (2006) A 6-item scale for overall, emotional, and social loneliness: Confirmatory tests on survey data, *Research on Aging*, vol. 28, pp. 582-598.
- de Jong Gierveld, J., Fokkema, T., Van Tilburg, T. (2011) Alleviating loneliness among older adults: possibilities and constraints of interventions. Safeguarding the convoy: a call to action from the Campaign to End Loneliness. Age UK Oxfordshire. Available at: http://www.campaigntoendloneliness.org/wp-content/uploads/downloads/2011/07/safeguarding-the-convey_-_a-call-to-action-from-the-campaign-to-end-loneliness.pdf [accessed 17 May 2015]
- Dickens, A. P. Richards, S. H. Greaves, C. J. and Campbell, J. L. (2011) Interventions targeting social isolation in older people: a systematic review, *BMC Public Health*, vol. 11, no. 647, Available at: <http://www.biomedcentral.com/1471-2458/11/647> [accessed 13 May 2015]
- Findlay, R. A. (2003) Interventions to reduce social isolation amongst older people: where is the evidence? *Ageing & Society*, vol. 23, pp. 647-658.
- Gray, A. (2009). The social capital of older people. *Ageing & Society*, vol. 29, pp. 5-31.
- Greaves, C.J. and Farbus, L. (2006) Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multi-method observational study. *Journal of The Royal Society for the Promotion of Health*, vol. 126, no. 3, pp. 134-142.
- Hartnett, E., Minocha, S., Palmer, J., Petre, M., Evans, S., Middup, C. P., Dunn, K. Murphy, B.; Heap, T. and Roberts, D. (2013) Older people and online social interactions: an empirical investigation. In: *The UKAIS International Conference on Information Systems (UKAIS)*, 18-20 March 2013, Worcester College, University of Oxford. Available at: <http://oro.open.ac.uk/36591/> [accessed 20 May 2015]
- Holt-Lunstad, J., Smith, T. B., Layton, J. B. (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Medicine*, vol. 7, issue 7. Available at: <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316> [accessed 17 May 2015]
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T. and Stephenson, D. (2015) Loneliness and Social Isolation as Risk Factors for Mortality - A Meta-Analytic Review, *Perspectives on Psychological Science*, vol. 10, no. 2, pp. 227-237.
- Holwerda, T. J., Deeg, D. J. H., Beekman, A. T. F., van Tilburg, T. G., Stek, M. L., Jonker, C. and Schoevers, R. A. (2012) Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL). *Journal of Neurology, Neurosurgery & Psychiatry*, vol. 85, pp. 135-142.
- Hughes, M. E., Waite, L. J., Hawkey, L. C., and Cacioppo, J. T. (2004) A short scale for measuring loneliness in large surveys Results From Two Population-Based Studies, *Research on Aging*, vol. 26, no. 6, pp. 655-672.
- Lester, H. Mead, N., Graham, C. C., Gask, L. and Reilly, S. (2012) An exploration of the value and mechanisms of befriending for older adults in England, *Ageing & Society*, vol. 32, pp. 307-328.
- Keady, J., Campbell, S., Barnes, H., Ward, R., Xia, L., Swarbrick, C., Burrow, S. and Elvish, R. (2012) Neighbourhoods and dementia in the health and social care context: a realist review of the literature and implications for UK policy development, *Reviews in Clinical Gerontology*, vol. 22, no. 2, 150-151.
- Knapp, M., Bauer, A., Perkins, M. and Snell, T. (2010) Building community capacity: making an economic case. PSSRU Discussion Papers, DP2772. Personal Social Services Research Unit, London, UK. <http://eprints.lse.ac.uk/33163/> [accessed 14 May 2015]

- McDaid, D., Forsman, A. K., Matosevic, T., Park, A-La and Wahlbeck, K. (2015) Promoting mental wellbeing, tackling loneliness: a review of the effectiveness of actions delivered outside of the health sector. In: Research showcase: Loneliness, prevention and wellbeing, 17/04/2015, London School of Economics. Available at <http://eprints.lse.ac.uk/61769/> [accessed 12 May 2015]
- Minagawa, Y. and Saito, Y. (2015) Active Social Participation and Mortality Risk Among Older People in Japan: Results From a Nationally Representative Sample, *Research on Aging*, vol. 37, no. 5, pp. 481-499.
- Minocha, S. (2013) Older people and online social interactions, in: Older people and technological inclusion: multidisciplinary, perspectives on contemporary realities and aspirations, *ESRC Seminar Series on Technology and Ageing*, 22 April 2013, Milton Keynes. Available at: <http://oro.open.ac.uk/39528/> [accessed 20 May 2015]
- Minocha, S., Hartnett, E., Dunn, K., Evans, S., Heap, T., Middup, C. P., Murphy, B. and Roberts, D. (2013). Conducting empirical research with older people. In the workshop: *Designing for- and with - vulnerable people*, CHI 2013, 27 April 2013, Paris, France. Available at: <http://oro.open.ac.uk/36592/> [accessed 20 May 2015]
- Moyle, W., Kellett, U., Ballantyne, A. and Gracia, N. (2011) Dementia and loneliness: an Australian perspective, *Journal of Clinical Nursing*, vol. 20, issue 9-10, pp. 1445–1453.
- Perlman, D., Peplau, L. A. (1981) Toward a social psychology of loneliness. In: Gilmour R, Duck S (eds.) *Personal relationships 3: personal relationships in disorder*. Academic Press, London, pp. 31–56. Available from: http://www.peplaulab.ucla.edu/Peplau_Lab/Publications.html [accessed 17 May 2015]
- Pilkington, P., Windsor, T. D., & Crisp, D. A. (2012) Volunteering and subjective well-being in midlife and older adults. *Journal of Gerontology: Social Sciences*, vol. 67, pp. 249–260.
- Posner R. (1995) *Aging and Old Age*. USA: University of Chicago Press.
- Roe, B., McCormick, S., Lucas, T., Gallagher, W., Winn, A. and Elkin, S. (2014) Coffee, Cake & Culture: Evaluation of an art for health programme for older people in the community, *Dementia*, pp. 1-21.
- Rote, S., Hill, T. D. and Ellison, C. G. (2012) Religious Attendance and Loneliness in Later Life, *The Gerontologist*, vol. 53, no. 1, pp. 39-50.
- Russell, D. (1996) The UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure, *Journal of Personality Assessment*, vol. 66, pp. 20-40
- Scharf, T., Phillipson, C., Smith, A. and Kingston, P. (2002) Older people in deprived areas: Perceptions of the neighbourhood, *Quality in Ageing and Older Adults*, vol. 3, issue 2, pp. 11-21.
- Scharf, T. (2015) Rethinking loneliness as exclusion from social relations. Talk at the first ESRC Reimagining Loneliness seminar – Understanding loneliness: A glass half full or half empty?, Brunel University London, http://www.brunel.ac.uk/chls/clinical-sciences/news-and-events/events/ne_414328 [accessed 17 May 2015]
- Skingley, A., Clift, S. M., Coulton, S.P., and Rodriguez, J. (2011) The effectiveness and cost-effectiveness of a participative community singing programme as a health promotion initiative for older people: Protocol for a randomised controlled trial, *BMC Public Health*, vol. 11, no. 142. Available at: <http://www.biomedcentral.com/content/pdf/1471-2458-11-142.pdf> [accessed 17 May 2015]
- Skingley, A. and Bungay, H. (2010) The Silver Song Club Project: singing to promote the health of older people, *British Journal of Community Nursing*, vol. 15, no. 3, pp. 135-140.

Stephens, A., Shankar, A., Demakakos, P. and Wardle, J. (2013) Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences of the United States of America*, vol. 110, no. 15, pp.5797-5801. Available online: <http://www.pnas.org/content/110/15/5797.full> [accessed 17 May 2015]

Victor, C. R., Scambler, S. J., Bowling, A. and Bond, J. (2005) The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain, *Ageing and Society*, vol. 25, no. 6, pp. 357 -375.

Webber, M. (1964) 'The Urban Place and the Nonplace Urban Realm'. *Explorations into Urban Structure*. Melvin M. Webber, John W. Dyckman, Donald L. Foley, Albert Z.

Guttenberg, William L. C. Wheaton and Catherine Bauer Wurster (eds.). Philadelphia: U of Pennsylvania, 1964, pp. 79-153.

11 Resources on social isolation and loneliness

This section has a list of resources that celebrate later life and/or they are initiatives that are specifically targeted to support older people and make them safer and more included in the community.

A handbook for cultural engagement with older men, The Whitworth, Manchester, May 2015. Available at: [http://www.micra.manchester.ac.uk/medialibrary/WEB A Handbook for Cultural Engagement with Older Men.pdf](http://www.micra.manchester.ac.uk/medialibrary/WEB%20A%20Handbook%20for%20Cultural%20Engagement%20with%20Older%20Men.pdf) [accessed 24 May 2015]

Age Action Alliance, <http://ageactionalliance.org> [accessed 18 May 2015]; also see Loneliness and isolation, <http://ageactionalliance.org/theme/loneliness-isolation/> [accessed 18 May 2015]

Ageing Better resources, <http://mediablends.org.uk/livingwell/resources> [accessed 24 May 2015]

Age Friendly Manchester, The Whitworth, <http://www.whitworth.manchester.ac.uk/learn/adults/agefriendly/> [accessed 24 May 2015]

Alone in the crowd: loneliness and diversity: it is a collection of essays that has been brought together by the Calouste Gulbenkian Foundation (UK Branch) and the Campaign to End Loneliness on the subject of loneliness. Available at: <http://www.gulbenkian.org.uk/news/news/255-Alone-in-the-crowd--essays-on-loneliness-in-a-changing-society.html> [accessed 24 May 2015]

AWOC15 – The ageing without children conference: 'But who will look after you when you're old, <http://pailondon.org.uk/wp-content/uploads/2013/09/AWOC-PAiL-report-FINAL-lo-res.pdf>, January 2015 [accessed 2 May 2015]

British Society of Gerontology, <http://www.britishgerontology.org> [accessed 17 May 2015]

Brunel Institute for Ageing Studies, <http://www.brunel.ac.uk/research/centres/bias> [accessed 16 May 2015]

Buddi, personal emergency response system, <https://www.buddi.co.uk> [accessed 2 May 2015]

Campaign to end loneliness, Loneliness research, <http://www.campaigntoendloneliness.org/loneliness-research/> [accessed 13 May 2015]

Collins, A.B. and Wrigley, J. (2014) Can A Neighbourhood Approach To Loneliness Contribute To People's Well-Being? Joseph Rowntree Foundation. Available at: <http://www.jrf.org.uk/publications/loneliness-evaluation> [accessed 25 May 2015]

Delicious: Links on ageing and later life on the social bookmarking site maintained by the researchers at The Open University (authors of this report), <https://delicious.com/seniors> [accessed 16 May 2015]

Dot Everyone, An initiative set up by Martha Lane-Fox to encourage everybody to get online, <http://www.doteveryone.org.uk> [accessed 2 May 2015]

Evidence Reviews, Age UK, <http://www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics/evidence-reviews/introduction/> [accessed 17 May 2015]

Friends of the Elderly: Friends of the Elderly is a charity dedicated to providing support for older people, <http://www.beafriendtoday.org.uk>, also see, <https://twitter.com/FriendsElderly> [accessed 2 May 2015]

Friends of the Elderly (2014) The Future of Loneliness: Facing the challenge of loneliness for older people in the UK, 2014 to 2030, <http://www.fote.org.uk/resources/publications/future-loneliness/> [accessed 17 May 2015]

Gloucestershire praised for tackling social isolation among elderly residents in communities, <http://www.gloucestercitizen.co.uk/Gloucestershire-praised-tackling-social-isolation/story-26320917-detail/story.html> [accessed 12 May 2015]

Health and wellbeing consequences of social isolation and loneliness in old age, NIHR School for Social Care Research, <http://sscr.nihr.ac.uk/PDF/Findings/RF59.pdf> [accessed 2 May 2015]

Improving later life, Services for older people – what works, http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Services-what_works_spreads.pdf?dtrk=true [accessed 24 May 2015]

International Longevity Centre – UK, 'The International Longevity Centre-UK is the leading think tank on longevity and demographic change. It is an independent, non-partisan think tank dedicated to addressing issues of longevity, ageing and population change. We develop ideas, undertake research and create a forum for debate'. <http://www.ilcuk.org.uk> [accessed 26 May 2015]

International Longevity Centre (ILC-UK) (2014) Isolation: the emerging crisis for older men. A report exploring experiences of social isolation and loneliness among older men in England. Available at: <http://www.independentage.org/media/828364/isolation-the-emerging-crisis-for-older-men-report.pdf> [accessed 17 May 2015]

Kending, H. and Phillipson, C. (2014) Building Age-Friendly Communities: New Approaches to Challenging Health and Social Inequalities, http://www.britac.ac.uk/policy/Health_Inequalities.cfm [accessed 17 May 2015]

Loneliness, Psychology Today, <https://www.psychologytoday.com/topics/loneliness> [accessed 11 May 2015]

MICRA, Manchester Institute for Collaborative Research on Ageing, <http://www.micra.manchester.ac.uk> [accessed 2 May 2015]

Ode promotes appetite and helps in situations of weight loss of older adults living with dementia and Alzheimer's, <http://www.myode.org> [accessed 2 May 2015]

Positive Ageing in London, <http://pailondon.org.uk> [accessed 2 May 2015]

References on the website of Campaign to end loneliness: <http://www.campaigntoendloneliness.org/references/> [accessed 2 May 2015]

School for Social Care Research, Research showcase: Loneliness, prevention and wellbeing, <http://sscr.nihr.ac.uk/Events/Loneliness.php> [accessed 2 May 2015]

Spotting the signs of loneliness, <http://www.beafriendtoday.org.uk/wp-content/uploads/2014/07/Spotting-the-signs-of-loneliness.pdf> [accessed 3 May 2015]

The links between social connections and wellbeing in later life, http://www.ilcuk.org.uk/index.php/publications/publication_details/the_links_between_social_connections_and_wellbeing_in_later_life [accessed 26 May 2015]

12 About the authors

Professor Shailey Minocha

Professor Shailey Minocha is a Professor of Learning Technologies in the Centre for Research in Computing at The Open University. Shailey's research involves evaluating the user experience in emerging online domains: e-commerce, e-health, e-government, and learning technologies including social software (e.g. blogs, wikis, social networking tools) and 3D virtual environments.

Recently, Shailey, in collaboration with Age UK Milton Keynes, has extended her social software research to investigating the effect of online social interactions (digital inclusion) in overcoming social isolation and loneliness amongst people aged over 65. Based on her empirical research, she has developed guidance for imparting digital skills and providing technical support to people aged over 65. Her toolkit also includes usability, safety and accessibility guidelines for designing online learning environments for older people.

Dr Caroline Holland

Dr Caroline Holland is a Senior Research Fellow in the Faculty of Health and Social Care at The Open University. A Social Gerontologist, she has been researching ageing and how older people live for over twenty years, including studies based in Milton Keynes. She has published books and articles on aspects of the environments of ageing from the meaning of home in later life, to how older people use public places. Her recent work has included aspects of age discrimination; the needs and aspirations of older people living with dementia, vision impairments, and other high support needs; and ethics and values in the uses of ICTs by and for people.

Catherine McNulty

Catherine McNulty worked for the Faculty of Mathematics, Computing and Technology at The Open University for a number of years. She undertook a part-time degree in Business Studies during this time. She has a personal interest in the subject area and is interested in how businesses engage with charitable organisations through corporate social responsibility strategy.

Dr Duncan Banks

Dr Duncan Banks is a lecturer in the Science Faculty at The Open University. He is a neuroscientist whose main research interest is in neurodegenerative diseases such as Alzheimer's disease and the effect of ageing on the brain. He has been a director of three national charities including the British Neuroscience Association and the Family Care Trust. He is one of the foundation trustees for the latter charity based in the West Midlands that provides respite and nursing care for those who are elderly and mentally infirm. He has written books, TV series and articles on a variety of subjects including diabetes, cardiovascular diseases, emergency care and neuroscience. He is interested in social justice, social care policy and medical ethics.

Appendices

Appendix A WHO Age-Friendly Cities Framework

WHO defines an Age Friendly City as¹⁵⁴:

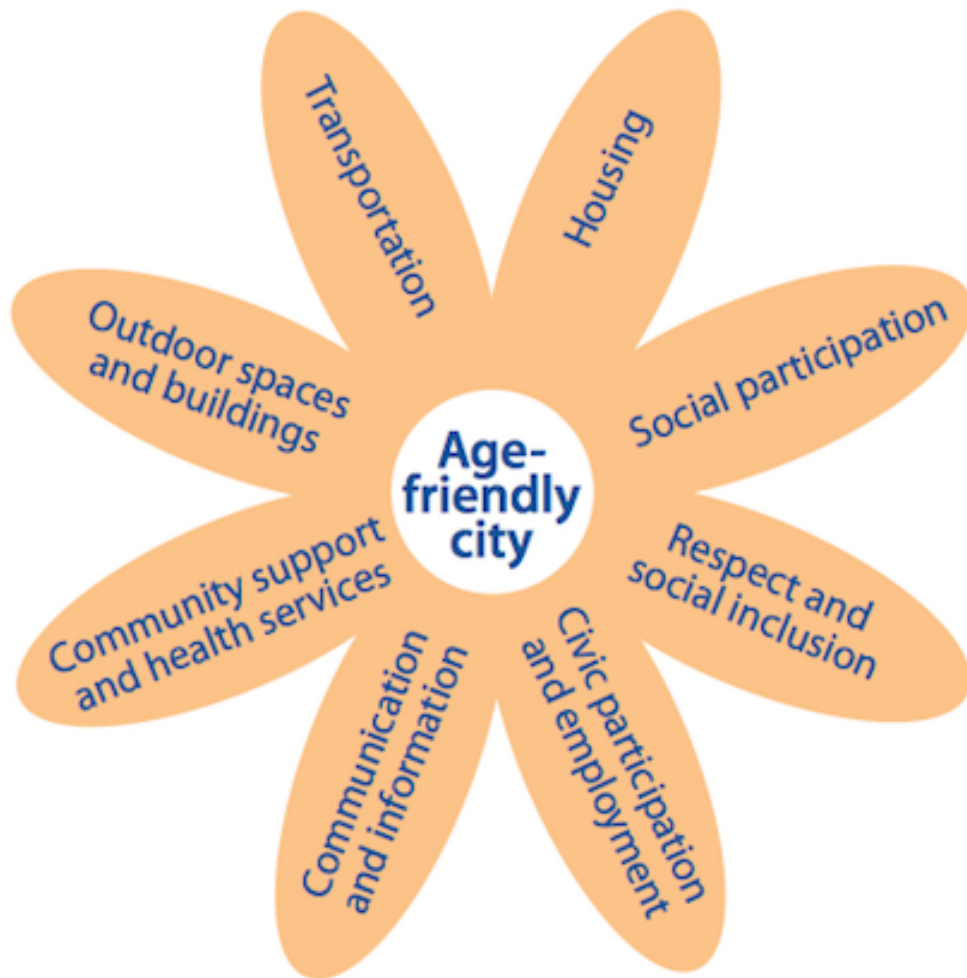
"An Age-friendly City encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities."

An age friendly city is determined by looking at a city's efforts to meet the needs of older people across eight key themes. The World Health Organization defines an Age-friendly City¹⁵⁵ through eight separate but interrelated 'domains': outdoor spaces and buildings, housing, transportation, social participation, respect and social inclusion, civic participation and employment, communication and information, and community and health services¹⁵⁶.

¹⁵⁴ WHO Age-friendly in practice, <http://agefriendlyworld.org/en/age-friendly-in-practice/> [accessed 2 May 2015]

¹⁵⁵ WHO Age-friendly world: <http://agefriendlyworld.org/en/>; also, see: WHO Global Age-friendly Cities project: http://www.who.int/ageing/projects/age_friendly_cities/en/

¹⁵⁶ Global age-friendly cities: a guide, http://www.who.int/ageing/age_friendly_cities_guide/en/



These are some attributes for each of the 8 domains:

- Outdoor spaces and buildings (e.g. public toilets, well-maintained pavements)
- Transportation (reliable, frequent)
- Housing (affordable, support to 'age in place')
- Social Participation (outreach for those isolated)
- Respect and social inclusion (anti-discrimination)
- Civic participation and employment (good quality employment, volunteering)
- Communication and information (good access to information about services & activities)
- Community support and health services (good range of services, community emergency plans in place)

The UK Network of Age-friendly Cities

The UK Network of Age-friendly Cities is comprised of the following Cities Belfast, Leeds, Sheffield, Manchester, Newcastle, Stoke-on-Trent, Brighton & Hove, Bristol, Edinburgh, Cardiff, Nottingham, London Borough of Camden and Glasgow.

In 2010, Manchester was the first UK city to be accepted into the World Health Organisation's Global Network of Age-friendly cities in recognition of the work carried out by the Valuing Older People partnership¹⁵⁷. Details about Age-friendly Manchester are available here: <http://www.manchester.gov.uk/agefriendly>. This resource outlines on how they worked towards making the Old Moat area in Manchester age-friendly: [http://www.bjf.org.uk/web/documents/page/OLD MOAT AGE FRIENDLY CITIES.pdf](http://www.bjf.org.uk/web/documents/page/OLD%20MOAT%20AGE%20FRIENDLY%20CITIES.pdf). Manchester has an age-friendly Manchester Development Plan, 2014-2016; summary is available here: http://www.manchester.gov.uk/downloads/download/5770/age-friendly_manchester_plan [links accessed on 26 May 2015]

There are various age-friendly initiatives in Manchester and other cities that are working towards becoming age-friendly. For example, in Manchester, to enable older people to get out and about, the local businesses supporting the initiative have age-friendly stickers on shop-fronts to indicate that have a 'seat' for older people to rest (a folding chair or chair with arms), a friendly and warm welcome, a glass of water or even a brew, and that they may have a toilet facility for older people without the restriction of having to buy something in the shops. The design of bus stops has been improved and efforts are being made to get older people to visit art galleries and museums and enjoy the tours that are especially designed for them.

Resources related to age-friendly spaces

2030 vision: can we make the UK the best country to grow older in: <http://www.independentage.org/campaigning/2030vision/> [accessed 26 May 2015]

Age friendly Ireland, <http://agefriendlyireland.ie> [accessed 2 May 2015]

Community Matters: Making our communities ready for ageing – a call to action:

http://www.ilcuk.org.uk/index.php/publications/publication_details/community_matters_making_our_communities_ready_for_ageing_a_call_to_action [accessed 2 May 2015]

Community Street Audits, <http://www.livingstreets.org.uk/professionals/working-with-communities/community-street-audits> [accessed 2 May 2015]

Sophie Handler, An alternative age-friendly handbook, 2014, <http://www.micra.manchester.ac.uk/news/headline-370272-en.htm> (page 61 has an age-friendly checklist) [accessed 26 May 2015]

Street Design and Management, <http://www.livingstreets.org.uk/professionals/street-design-and-management> [accessed 2 May 2015]

WHO, Age-friendly environments: <http://www.who.int/ageing/projects/age-friendly-environments/en/> [accessed 26 May 2015]

¹⁵⁷ Manchester – the UK's first 'age-friendly' city <http://www.bbc.co.uk/news/uk-27201484>

Appendix B Guidance notes for our interactions with participants

These are the notes that guided our (unstructured) conversations and group-interviews with participants.

- If and why MK is distinct from other places in terms of social isolation amongst people over 55 years of age?
- Are there any gender differences?
- What are the causes of social isolation?
- What are the consequences of social isolation? How are the services - e.g. GP surgeries, caring services, mental health services affected?
- What are the interventions that are in place to address social isolation?
- Which interventions have been effective and why?
- What are the differences in the nature and extent of social isolation amongst different areas of Milton Keynes? (referring to the Milton Keynes map)
- Any suggestions for services that are low-cost that could be run by local communities on their own, or which could be introduced by the Council, or Age UK MK?
- What are the differences in the nature of services to address social isolation in different areas of Milton Keynes?
- Gender differences for planning and implementing the interventions?
- Are there differences in types of social isolation in different age groups; 55-65; 65-75. 75+?
- Does the type of housing influence social isolation? Or the way estates are laid out?
- Specific disabilities/conditions that influence social isolation? so, for example, hearing, blindness, depression, mobility?

Appendix C Questions for the October 2014 workshops

These are the discussion points that guided the two workshops on 17 October 2014.

- What, if anything, is specific about Milton Keynes in terms of social isolation amongst older people?
- The perceived risk factors for social isolation affecting older people living in Milton Keynes.
- What are the effects of social isolation on health and other community services?
- What services are currently in place to address social isolation in older people?
- What interventions have been effective - and why?
- What interventions have not been effective - and why?
- How might the project team get access to people who are socially isolated, or are at risk of being socially isolated, who have been socially isolated and benefited (or not) from some interventions?
- Who else in the community should we be talking to better understand social isolation amongst older people in Milton Keynes?

Appendix D Age UK MK Community Home Visitors Workshop

These are the questions that guided our workshop with the Community home visitors on 7 January 2015.

- In your opinion, what are the causes of loneliness amongst the older people who you work with?
- How do you pick up the signs of loneliness?
- How do your visits help in their feeling less lonely?
- What are the kinds of actions that you take to help them to feel less lonely or socially isolated?
- Do you change the frequency of your visits if you feel that somebody needs more attention or your time to get over loneliness?
- Can you give us one or two examples of actions that were particularly successful?
- Any examples/situations where your actions weren't so effective?
- Any initiatives/services that you feel could be particularly helpful for overcoming loneliness amongst the older people?
- Do you find any difference in men and women? In their attitude towards loneliness? Or, in their response towards the actions that you propose to them?
- Are there differences in types of social isolation in different age groups; 55-65; 65-75. 75+?
- Are there aspects that are specific to Milton Keynes that cause loneliness amongst the older people in Milton Keynes?
- Are there any areas in Milton Keynes that you feel are more prone to loneliness than others?

Appendix E Workshop with stakeholders from various services

This set of questions guided the discussions during the workshop on 6 February 2015. We also requested participants to submit their views on these questions on the paper copies of this set. This set was also used to elicit views from stakeholders (by email) who were unable to attend the workshop.

Social isolation and loneliness among older people in Milton Keynes

- How can we identify people who are lonely through social isolation (without being intrusive)?
- What is specific about Milton Keynes that makes it susceptible to social isolation and loneliness among older people?
- How are the 'Milton Keynes' challenges addressed in your roles and organisations?
- What would you recommend for addressing social isolation and loneliness among older people in Milton Keynes?
- How does the future look for Milton Keynes?
- What impact it would have on older people?
- Any other thoughts about this topic?

