

JRF programme paper:
Neighbourhood Approaches to Loneliness

Loneliness compendium: Examples from research and practice

Katy Hole

March 2011

This paper:

- defines loneliness and explores how lonely people can be identified and engaged;
- outlines previous JRF research that could inform the Neighbourhood Approaches to Loneliness programme;
- identifies other research and projects that could inform the Neighbourhood Approaches to Loneliness programme.

The Joseph Rowntree Foundation (JRF) commissioned this paper as part of its Neighbourhood Approaches to Loneliness programme, looking at how communities can contribute to the well-being of residents at risk of or experiencing loneliness.

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This paper was commissioned to inform the work of the JRF's Neighbourhood Approaches to Loneliness programme, a three- year programme of work looking at how community activities could contribute to the well-being of people at risk of or experiencing loneliness; how they could play a central role in this activity; and how this involvement could in turn enhance community well-being.

The Joseph Rowntree Foundation has supported this project as part of its programme of research and innovative development projects, which it hopes will be of value to policy-makers, practitioners and service users. The facts presented and views expressed in this report are, however, those of the authors and not necessarily those of JRF or the Neighbourhood Approaches to Loneliness programme.

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Foreword

Loneliness can affect people at any time, and for some it can become an overwhelming problem. This is why JRF and JRHT have instigated a new action research programme Neighbourhood Approaches to Loneliness, which looks at how a neighbourhood as a whole can support those who live with loneliness.

Katy Hole, an intern, has been exploring the research, rhetoric and real issues surrounding loneliness. This has included searching through national and international material and well as meeting with residents and community groups on a local level.

Loneliness is something everyone can identify with, even if we don't want to think or talk about it. But if we are concerned with the wellbeing of our communities, we must. There are things we all can do within our neighbourhoods to enable ourselves and others to feel more supported and less alone.

This Compendium is a snap shot of the knowledge and experience already around and a wonderful foundation from which to build our action research programme.

The knowledge and experience of lonely people will be at the heart of this programme. We will be working at a neighbourhood level which will enable individuals and community groups to turn their ideas into action.

I hope you find this Compendium as illuminating and useful as I have. Now, as the programme moves forward, I feel confident that we are grounded in what needs to be done.

Tracey Robbins, Programme Manager

Key messages

- We all experience loneliness at points in our lives, and for some it can be an overwhelming feeling that becomes a powerfully destructive cycle of negative thoughts and behaviours.
- This will be a holistic programme, seeking to include anyone of any age in a neighbourhood who feels problematically lonely.
- Working with people in a neighbourhood will enable the programme to explore key external factors that contribute to feelings of overwhelming loneliness, such as health, well being, safety, independence and life transitions.
- This programme recognises that people are experts of their own experience, and plans to ensure that their experiences are at the heart of the programme.

1. Background to the Neighbourhood Approaches to Loneliness programme

What is loneliness?

'Language... has created the word "loneliness" to express the pain of being alone. And it has created the word "solitude" to express the glory of being alone.' Paul Johannes Tillich, *The Eternal Now*

Loneliness has been described as 'the subjective, unwelcome feeling of lack or loss of companionship' (Cattan *et al.*, 2003); it is something intrinsically different to desired solitude. It is about an individual's perception and interpretation of their social relationships and a discrepancy between what they have and what they desire (Drennan *et al.*, 2008). It is that feeling of being somehow removed or dissociated from the world and the other people in it.

The quality of a person's relationships is important in understanding loneliness; you can be surrounded by people and still feel lonely. Loneliness is more strongly associated with the number of close relationships than with sheer contact with social network members (Segrin and Passalacqua, 2010). So, a person could see many other people in their daily life and still feel very lonely, however, if they get on well with one of these people, that can be enough to alleviate their feelings of loneliness (Forbes, 1996).

The feeling of loneliness is instantly recognisable because all of us experience loneliness at points in our lives. For most people, most of the time, it is a relatively short-lived feeling which they have, or develop, the external support and internal resilience to cope with. However, for some people, the experience of loneliness is much more problematic. Difficult life changes or circumstances can bring on a feeling of all-encompassing loneliness which can get progressively harder to alleviate, leading to feeling stuck in a loop of negative thoughts and behaviours.

There has been a recent surge of interest in loneliness, thanks in part to the links which have been made between this feeling and our physical and mental health. Holt-Lunstad *et al.*'s (2010) meta-analytic review of 148 studies looked at the influence of social relationships on the risk of mortality and found that across the studies there was a 50 per cent increased likelihood of survival for people who had stronger social relationships compared to those who had weaker relationships.

Cacioppo and Patrick (2008) suggest that there are five causal pathways through which chronic loneliness adversely affects health:

- through increasing self destructive habits (such as over eating, greater alcohol consumption, smoking);
- through increasing exposure to stress;
- as people are more likely to withdraw and not seek emotional support;
- as it affects the immune and cardiovascular systems; and
- as it results in difficulty sleeping which has negative effects on metabolic, neural and hormonal regulations.

Loneliness can also severely affect people's mental health. It could be at the root of some people's experiences of depression, and is a factor in suicide (Griffin, 2010). In addition, evidence suggests that the risk of late-life Alzheimer's Disease (AD) more than doubles in lonely compared to non-lonely people, and is associated with a more rapid cognitive decline (however it is not associated with AD's leading physiological causes) (Wilson *et al.*, 2007).

If we can encourage people to take actions and build meaningful relationships which make them feel less overwhelmingly lonely, not only will this dramatically increase their wellbeing (which is a worthy enough aim in itself), but could also prevent serious health problems.

Who is lonely?

Mental Health Foundation's survey of 2,256 people found that 11 per cent of people described themselves as 'often' feeling lonely (Griffin, 2010). Understanding who may be particularly vulnerable to loneliness in an area is helpful in making sure attempts are made to reach these people and that they are involved in activities aimed at alleviating loneliness. However it must be stressed that loneliness can affect anyone at any age and in any situation; it can have external and internal causal factors. The Neighbourhood Approaches to Loneliness programme aims to be inclusive.

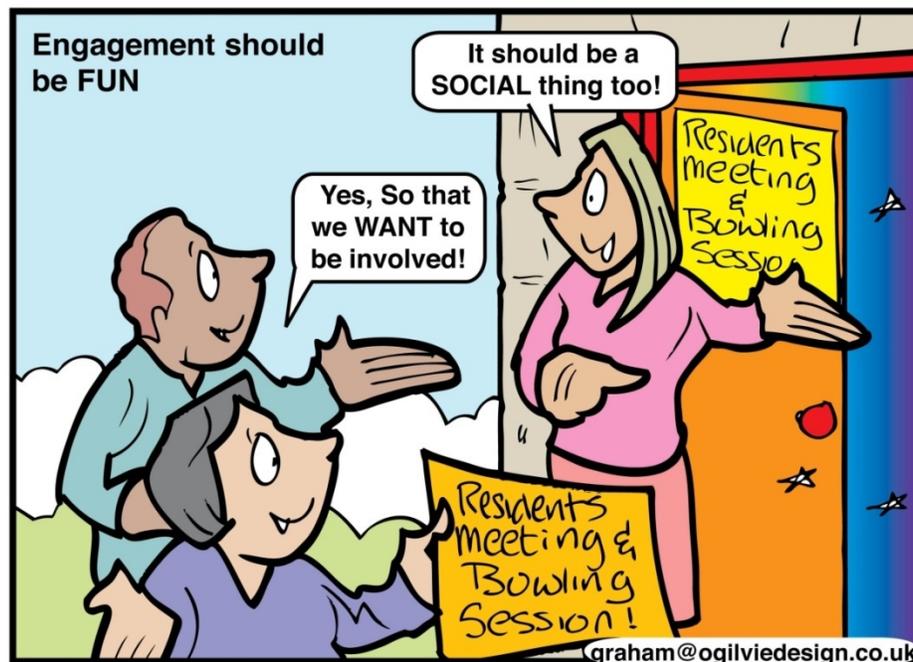
Figures released by ChildLine indicate that 6 per cent of children's' calls to the service include or are directly about problems of loneliness, with issues such as bereavement, divorce, bullying, neglect and abuse often affecting them (Hutchinson and Woods, 2010).

Patient UK identifies vulnerable adults such as those who are house bound, disabled people, resident carers, those living in rural areas and older people as particularly susceptible to isolation and loneliness (Tidy, 2010).

Major life transitions may lead to increased risk of loneliness (for example relocation, bereavement, retirement, break up or loss of important relationships), as may situations which make someone feel marginalised from mainstream society or socially excluded due to things like unemployment, poverty, mental illness, old age, immigration, and being a lone parent. Teenagers may be particularly susceptible due to developments in

their brain leading them to misread social cues and other's emotions, as well as feeling overwhelmed by the various transitions at this age and fear of ostracism (Griffin, 2010).

How could lonely people be identified and engaged?



Those most isolated, and most in need of social interaction, are also the hardest to find.

(Contact the Elderly, 2008)

One of the most difficult challenges in this programme will be finding out who is lonely in a neighbourhood and how best to incorporate and put them at the heart of the projects. It should be reiterated that this programme is not setting out to target those who are happy in their solitude and who have chosen to be isolated; people's lifestyle choices and privacy should be respected. However there are people who are lonely and wish to change their situation. How these people can be contacted and included will depend on the communities involved in the programme, and must be reactive to their circumstances. The following offers some suggestions about how this might be done.

As people who are problematically lonely are likely to be difficult to find, due to the nature of loneliness, the project might benefit from working with potential referrers such as social services, other charities, local welfare groups, IAPT (Improving Access to Psychological Therapies), bereavement counselling services, midwives, GPs, substance misuse groups, homeless charities, schools, as well as using knowledge of people in the neighbourhood. One problem is that this still only accesses people who are in some way engaged with a system, service, group or people around them.

... strategies that are used to address loneliness need to take account of its complexity and the individuality of the experience... [and] should encompass the individual person's own desire to communicate, the promotion of good health, the opportunity to meet people with a shared interest, background or experience, support from family members and the provision of a transport system. (Drennan *et al.*, 2008)

Drennan *et al.* (2008) used a large telephone survey to identify loneliness in the community, which was seen as an effective method although those without access to a landline would be omitted. Knocking on doors to disseminate information and get a conversation about loneliness started may be an option, although it is heavily reliant on staff or volunteer resources.

There is a potential problem of labelling in this area; both in terms of pathologising people who feel lonely, and because people may not feel the label 'lonely' fits them. In fact *The Lonely Society?* report suggests that one in three people would be embarrassed to admit to being lonely (Griffin, 2010). If the label of being lonely is one that is stigmatised in a community then this could put people off from participating in a project that is openly about addressing their loneliness. Whilst transparency about what the programme is about is important, this research suggests that a certain level of sensitivity to what loneliness might mean to people is important.

It may be helpful to start by emphasising the positive aspects of an activity or project and of making friends, rather than focusing on people's sometimes painful experiences of loneliness, at least until trusting relationships have been built. To reflect this, what the project is called in each particular neighbourhood might be something that people involved from the community could decide upon.

Understanding how people who are persistently lonely may be feeling is important when thinking of ways to reach them and how they might react. *The Lonely Society?* report suggests that loneliness is often related to feelings of 'anger, sadness, depression, worthlessness, resentment, emptiness, vulnerability and pessimism' (Griffin, 2010). The report also suggests that some lonely people may not realise that loneliness is a universal emotion and that it is a healthy prompt to look for social contact – this information could enable someone to feel that they are not alone in their loneliness, or in some way 'abnormal', and that it is a feeling that can be managed and even changed.

It might be helpful to run campaigns to de-stigmatise loneliness, to put it in the context of an emotion that everybody feels from time to time, and to highlight that if it is experienced as a problem, there are solutions that can help. The Defeat Depression Campaign, which ran from 1991 to 1996, was significantly (but by no means completely) successful in changing public and medical attitudes toward depression through

newspapers, magazines, radio, television and other media. Through attempting to de-stigmatise depression and educate the public about symptoms and treatment, there was a significant positive change in attitudes about depression, reported experience of it, and treatment from GPs (Paykel *et al.*, 1998).

Loneliness scales used in research and some of the cartoons drawn up from Joseph Rowntree Housing Trust residents' comments at their 2010 Annual Meeting (which are included throughout this report) could be used in information or advertising for the Neighbourhood Approaches to Loneliness programme, or as a basis around which to start to talk about loneliness in an informal manner.

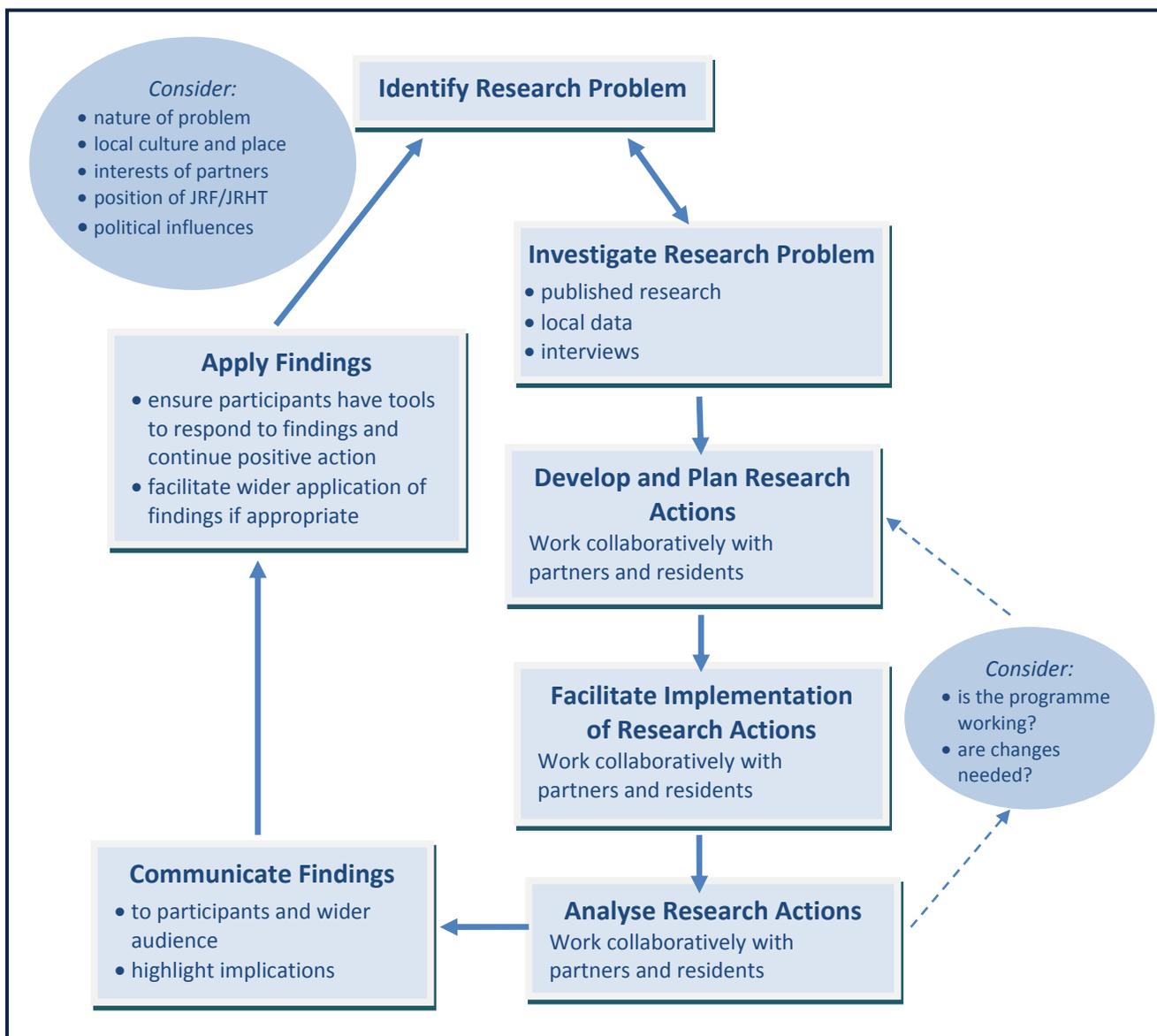
For some people, one-to-one contact and support may be appropriate, for example if they struggle to interact in a group situation or if they are agoraphobic. Those suffering dementia have been found to value one-on-one contact, especially where the time was used to maintain valued pastimes (Lawrence and Murray, 2009).

Practical issues such as a lack of readily available information about local activities and groups, language barriers, physical or mental difficulties, transport issues and so on may also affect this project, and are something to be mindful of. Where someone is lonely because they feel it has become impossible in a practical sense to continue partaking in activities they used to enjoy (for example due to ill health, ageing etc.), it might be useful to encourage them to use Selective Optimisation with Compensation (SOC) technique (Baltes and Baltes, 1990). This is an adaptational process whereby the individual is selective about which activities they choose to do (choosing the most valued or most possible), optimise their ability to do it (for example by doing it slightly less often or closer to home etc.) and use compensation methods to meet their goals in new ways (for example using assistive devices or modifying their behaviour). Cognitive Behaviour Therapy and Interpersonal Therapy may also offer interesting opportunities which could influence aspects of the programme.

Action research

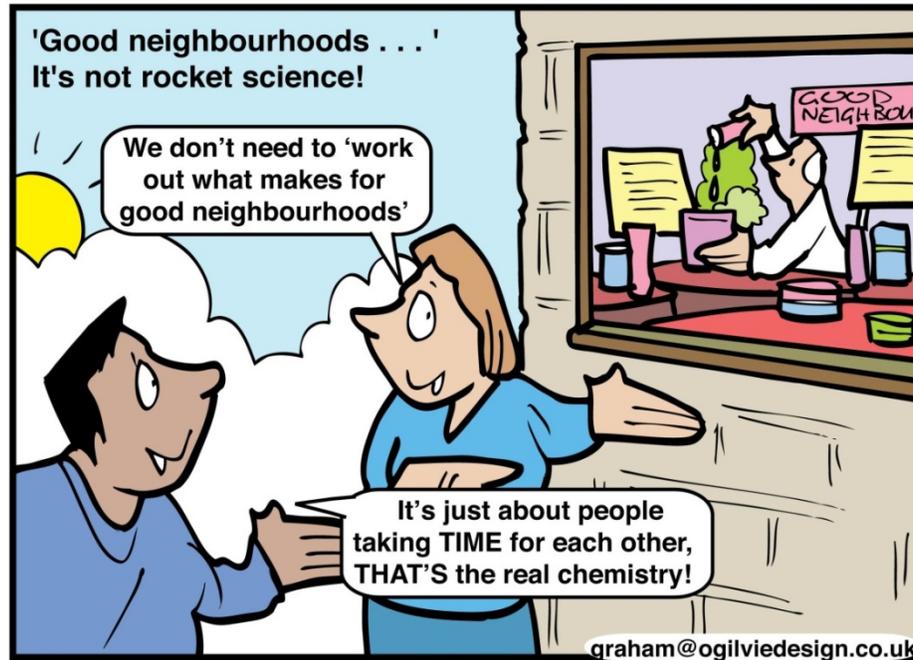
This programme is using an action research model to investigate the problem of loneliness and how, or indeed if, neighbourhoods can be part of developing a coping solution. Action research is about learning through doing and being continually reflective about actions taken as part of researching solutions to a chosen problem.

Figure 1 Action research model



This action research programme focuses on people in neighbourhoods who are experiencing problematic loneliness, and who are not necessarily straightforward to find or engage. Therefore, the primary steps of the programme will need to use local partners and organisations to initiate this process. Once local residents are engaged they will be at the heart of the programme- developing and planning active solutions, delivering them and thinking about whether they worked; rather than acting as passive recipients of services or observed participants of a research project.

Working in neighbourhoods



The Neighbourhood Approaches to Loneliness programme was partly born out of anecdotal reports from people living in a Joseph Rowntree Housing Trust neighbourhood, Hartrigg Oaks. People there reportedly said it was the neighbourliness of their community which made the real difference in their lives. Indeed a report by Croucher *et al.* (2003) found that 83 per cent of residents at Hartrigg Oaks were very or quite satisfied with living there, that they valued their social life and independence, and evidence of widespread neighbourliness was found (see the report for more detailed information on residents views).

Although loneliness certainly still exists in Hartrigg Oaks, there is a feeling that neighbours are there to help individuals cope with this experience. Often small things (like a smile on the street, popping in to check someone is okay, having a cup of tea and a chat) have the power to make a huge difference to people's lives. Talking with residents was illustrative both of the impact loneliness can have on people's lives, and the importance of a local community in helping people to try and cope with it. Whilst problems such as bereavement and loss of an important relationship comes hand in hand with a feeling of loneliness, having a supportive community and friends around can help people to feel able to cope with this emotion.

Thus, this programme looks to find out what extent, and in what ways, different neighbourhoods can change a person's experience of loneliness. This reflects both the unique and powerful position neighbourhoods are in to support those people who are

feeling problematically lonely, and also the neighbourhood specific issues which may impact on an individual's loneliness. By focusing on loneliness within specific neighbourhoods, this programme hopes to involve anybody in that area who may be experiencing loneliness, rather than looking at loneliness in specific groups of people in isolation.

2. Previous JRF research that could inform the programme

There is a plethora of research commissioned by the JRF which could inform this programme, especially within the themes of 'Empowerment' and 'Place'. The following section gives a selection of reports which could have links with this programme, focusing on aspects of the research relevant to neighbourhoods or loneliness. For full reports, please see the 'Publications' section of the JRF website (www.jrf.org.uk/publications).



Neighbourhood, community and housing in Bradford

Deborah Phillips, Bal Athwal, Malcolm Harrison, David Robinson, Nadia Bashir and Judith Atkinson, November 2010

<http://www.jrf.org.uk/publications/neighbourhood-community-housing-bradford>

This report focused on the tensions in a community that arise through the arrival of new migrants due to the competition for resources that they represent, and the potential use of community-based forums to build a shared understanding between different groups. The research found that people valued the opportunity to discuss their views on local community issues through forums, and that some people valued the opportunity to learn more about the newly settled migrants. Challenges faced by the project included recruitment, resources, language barriers, trust and the limits of what could be

realistically achieved by a single encounter given the cultural differences and stereotypes at play.

Participation and community on Bradford's traditionally white estates

Jenny Pearce and Elisabeth-Jane Milne, July 2010

<http://www.jrf.org.uk/publications/community-bradford-white-estates>

This research looked at how residents on two traditionally white estates in Bradford understood their communities, and how they participated within them. Many residents felt marginalised by society and minority ethnic groups coming on to the estates often became the focus of these frustrations. Residents who participated in improving their estates were often under-supported, and external agencies working with communities often underestimated the importance of the knowledge and role residents could bring to projects, thus demoralising them. The overarching message from the research is that residents need to be treated with respect; they understand their community better than anyone and should be central to improving it.

Women, faith and social cohesion

Ghazala Mir, John Lawler and Mary Godfrey, July 2010

<http://www.jrf.org.uk/publications/women-faith-social-cohesion>

This report looked at the role of women and faith in building cohesive communities by bringing people from different backgrounds together. Four levels of 'bridging' are described:

1. Hospitality, where people met as a guest/host at places such as a place of worship;
2. Information gathering/awareness, where positive messages were used to educate people about diverse communities;
3. Real meeting, where people got to know one another and found common ground; and
4. Meeting as equals, where people could also talk about problems and concerns, with this form of bridging being the most effective for creating cohesive communities.

This model of bridging was also found to be relevant to sub-groups within a faith community, where exclusion and tensions were also at play.

Creating a stronger information, advice and advocacy system for older people: Defining and developing services

Claire Horton, October 2009

<http://www.jrf.org.uk/publications/information-advice-advocacy-for-older-people>

This report outlines a multiagency signposting scheme enabling older people to access a range of services from one point of contact, and a Newcastle based 'Joining the Dots'

scheme which involves providing better information and building links between different services and volunteers. The research indicates that information is not sufficient on its own; older people want guidance and support to access relevant information. It suggests that to ensure needs and aspirations are met, older people should be meaningfully involved in the development of services, that the whole system should be looked at (not just one part in isolation), and that a common dataset of up-to-date information should be established.

Whilst websites are helpful, there are those who do not have access to the internet. The report suggests that a range of professionals, such as hospital staff, social workers, librarians, sheltered housing officers and Citizen's Advice Bureau volunteers should all be briefed regarding information that might be relevant to older people. Frontline staff need to be aware of their importance in helping to improve people's lives by passing on relevant and helpful information. Delivering change is not just about developing new services; often it involves improving access to existing projects and ensuring they meet people's needs.

Lessons from West Bowling Youth Initiative: Then, now and the future

Santokh Singh Gill with the West Bowling Youth Initiative (WBYI), December 2008

<http://www.jrf.org.uk/publications/2318>

This is a review of a project working in Bradford with young British Muslim Pakistani men, which aims to tackle social problems and strengthen the West Bowling community. Important points from the report include the value of the West Bowling Youth Initiative (WBYI) as a community resource that promotes a feeling of belonging and encourages people to participate in community life and explore and expand their identities. Project workers are local people who are seen as positive role models. Activities at the WBYI (including photography, film, sports, arts, volunteering etc.) build confidence and foster important relationships, as well as being fun or worthwhile activities in themselves. Partnerships with and visits from other organisations promote innovative projects and encourage meeting people from different backgrounds and challenging stereotypes.

Our lives, our communities: Promoting independence and inclusion for people with learning difficulties

Craig Hart, Chris Shane, Karen Spencer and Angela Still, August 2007

<http://www.jrf.org.uk/publications/our-lives-our-communities-promoting-independence-and-inclusion-people-with-learning-dif>

This report focused on how 15 people with learning difficulties live and think about their lives, researched by people with learning difficulties. They found that the more choices open to people, the more likely they were to be included in their local communities. Different activities and involvement in the community suit different people and the more choice there is, the more likely it is people will get involved in some way.

The research also found that whilst parents were very important to people with learning difficulties, they did not always allow them choice and control over their own lives. Those living more independently in community-based homes had the most choice and freedom, however there were still issues around staffing and transport limitations. Those who lived the most independently also knew the most people. There were issues throughout with people being isolated, as they mostly only had friends who also had learning difficulties and experienced long periods of boredom with little to do. Having enough money and information are also important aspects of having choice and control. This report highlighted the importance of work that is sometimes 'done' about people being carried out by the people in question, and the potential that different things come out through this process than would be found by 'outside' researchers.

Where poverty intersects with social exclusion

Donald Hirsch, September 2006

<http://www.jrf.org.uk/publications/where-poverty-intersects-with-social-exclusion-evidence-and-features-solutions>

This report suggested that social exclusion and poverty must be tackled together, as poverty can be thought of in terms of exclusion as well as income inequality. The author argued that poverty leads to social exclusion through different ways, for example because people are unable to afford 'social necessities' and to participate in social activities, such as having friends round for a snack, sending their children on school trips, etc. This in turn leads to future poverty. The report advised that measures need to be taken to prevent children living in poverty from feeling marginalised. It seems likely that social exclusion can lead to feelings of loneliness; therefore loneliness has a potential link with poverty which must be considered.

Social exclusion: Some possible broader areas of concern

Peter Kenway and Guy Palmer, September 2006

<http://www.jrf.org.uk/publications/social-exclusion-some-possible-broader-areas-concern>

This report concentrated on the higher risk of social exclusion for people who do not reach minimum educational standards, and who therefore face an increased likelihood of low income and unemployment, people who cannot find independent, affordable housing, and people who live alone, are disabled and are in workless households.

The Older People's Inquiry: That little bit of help

Norma Raynes, Heather Clark and Jennifer Beecham, July 2006

<http://www.jrf.org.uk/publications/report-older-peoples-inquiry-bit-help>

This inquiry involved older people, planners and service providers, who worked together to identify practical solutions to low-level support needs that are valued by older people. The inquiry group identified the value of 'that little bit of help' which supported older people to continue living in their own homes, looking at a wide range of possibilities which were then ranked to give a 'Baker's Dozen' of favoured approaches. These

covered different needs, for example 'Welcome Home' which provided practical support for people coming home from hospital, 'Digging Deep' an inter-generational gardening scheme, and 'RISE' (Reaching the Isolated Elderly), an outreach programme for the isolated providing transport to REGENERATE.com lunches and other outings and activities

The inquiry summed up the importance of services being about 'what we want, not simply what *they* [services] can offer', and it should be noted that the Baker's Dozen will probably differ from place to place, reflecting local needs and priorities.

The report highlights that the importance of small schemes in making a difference to peoples lives should not be underestimated, in promoting their connectedness to their community and staving off their need for more high dependency support.

Building a good life for older people in local communities

Mary Godfrey, Jean Townsend and Tracy Denby, September 2004

<http://www.jrf.org.uk/publications/building-good-life-older-people-local-communities>

In this report, older people talked about what made 'a good life' and their experiences of ageing. The research found variation in the resources available to people to deal with the changes that accompany ageing and to actively manage transition and loss in their lives. Being part of a community which values you and where there is organic mutual support was prized, and there was a strong feeling of not wishing to 'be a burden' on family. Localities were identified as of the upmost importance – as frailty increases people become increasingly affected by what is immediately available (both physically and socially); locality also influenced people's sense of personal identity. Social relationships, leisure activities and an interest in the world and in other people were seen as central to a good life. Neighbourliness (keeping an eye out for people, little errands, saying hello) was found to be important and existent, but seen as declining and fragile as it depended on a minority of 'good' neighbours.

Social exclusion and the onset of disability

Jane Dickson, November 2003

<http://www.jrf.org.uk/publications/social-exclusion-and-onset-disability>

This report looked at people's experiences of becoming disabled and the relationship between disability and social exclusion. The majority of disabled people begin to be impaired during adulthood, those who have indicators of disadvantage are more likely to become disabled, and the effect on employment depends upon the severity of the disability. Social exclusion is both a risk factor for, and a result of disability. The author points out that becoming disabled is a major life event which can lead to increased financial problems and exclusion from social activity.

'Getting old is not for cowards': Comfortable, healthy ageing

Jan Reed, Glenda Cook, Susan Childs and Amanda Hall, September 2003

<http://www.jrf.org.uk/publications/getting-old-not-cowards-comfortable-healthy-ageing>

Discussion groups with older people found that they viewed health as more than a physical concept, but something multifaceted and inclusive of financial/material, mental, social, and spiritual aspects as well. They vocalised the frustration of having to adapt to physical changes due to ageing and illness, but also of the importance of preparing for this by developing new interests which physical difficulties would not prohibit.

Interaction with other people was viewed as particularly important to healthy ageing, especially relationships built and maintained on mutual interest and need. Changes in personal circumstances were sometimes disruptive to friendships (e.g. retirement, ill health) and other potential barriers to social contact were identified, such as lack of confidence or being housebound. There was a focus on the value of groups and services which increased confidence and created opportunities to build relationships. Keeping in contact with family members was also cited as a positive experience, providing people with a sense of continuity across their lifespan and across the generations, although there were significant problems experienced in keeping in touch due to distance and physical health impeding ability to travel.

Independence, choice and control over their own lives was also vital to participants' life satisfaction, with the ability to make their own choices and act on them seen as central to this. Keeping busy by taking part in meaningful activity was valued as it allowed people to pursue interests and skills, feel connected to their community, and allowed them to meet people and forge friendships. However this was dependant upon physical ability, mental ability, what was available in the locality, accessibility, local transport, support and attitudes of other people.

Tackling social exclusion through social care practice

Alan Barr, Carolyn Stenhouse and Paul Henderson, 2001

<http://www.jrf.org.uk/publications/tackling-social-exclusion-through-social-care-practice>

This was an action research study in which four pilot projects aimed to tackle the social exclusion faced by care service users and carers by promoting inclusive and participatory community development. For example, one initiative focused on the participation of minority ethnic carers in inner city neighbourhoods in Glasgow. Key lessons learnt from the projects included the importance of building on what exists and what is needed, establishing local partnerships which had mutual trust and confidence, having realistic goals and approaches, and having community leaders with a key role in conveying local interests and initiating new projects.

Young people and transport in rural areas

Pamela Storey and Julia Brannen, July 2000

<http://www.jrf.org.uk/publications/young-people-and-transport-rural-areas>

This report investigates the difficulties people aged between 15-25 years in rural areas have in accessing services, jobs, and social interaction because of transport issues. Young people who are not legally able to or who cannot afford to drive, are reliant upon walking, cycling, lifts and public transport, which can make getting to school, work and to see friends more difficult. Although this research focuses on younger people, the role of lack of access to transport in increasing people's vulnerability to loneliness is likely to be applicable to other age groups.

3. Other research that could inform the programme

As well as JRF work, there is a wealth of other research that may inform this project. This section details relevant aspects of some of the available reports. Full references are given in the reference list at the end of this paper.

A meta-analysis of interventions to reduce loneliness

Christopher Masi, John Cacioppo, Louise Hawkley, Hsi-Yuan Chen, 2010

This quantitative review analysed strategies for reducing loneliness that fell into four categories:

- improving social skills;
- increasing social support;
- creating opportunities for social interaction; and
- addressing social cognition.

The authors found a small but significant effect in reducing loneliness in all 20 studies considered, and interventions targeting social cognition – a person's thoughts about themselves and others – were far more effective than the other strategies. Helping to break the cycle of negative thoughts about self worth and how they are perceived was most effective. Studies that used cognitive-behavioural therapy were found to be particularly effective.

Effective interventions are not so much about providing others with whom people can interact, providing social support, or teaching social skills as they are about changing how people who feel lonely perceive, think about, and act toward other people
(John Cacioppo, 2010)

Ageing in the neighbourhood: Creating caring communities and increasing liveability in Dutch neighbourhoods

Gerard Heins, 2010

This report outlines the aims for a caring community that has adequate facilities, activities, services and social structures, and is able to support its most vulnerable members. The report outlines four important social impact aspects of a caring community:

- Safety – people need to feel safe to become active;
- Social interaction;
- Volunteer aid; and
- Activities which increase involvement in the neighbourhood.

Important physical attributes of a caring community include suitable housing, accessible public spaces and facilities. The report suggests that higher levels of participation in society will lead to lower levels of passivity and loneliness, and sees it as important to encourage people to see old age as an opportunity, an enhancement of wisdom and life experience. Several suggestions to increase participation in neighbourhoods were given in the paper, of which some are outlined below.

Older people's participation was seen as a key role, with active older people creating social networks and establishing trust between inhabitants in a neighbourhood, rather than just being on the receiving end of care services. Bonding (making contact with similar people) and bridging (connecting with people in a wider social context) were both considered important.

Meeting over shared concern (e.g. for an allotment project) was considered better in encouraging participation than events like coffee mornings, village fairs etc. which tended to only attract those who are already positive about their neighbourhood. Correct and accessible information that was tailored to people's needs and interests was highlighted as important. Facilitation (support, finance, helping to organise) without taking over, and working with people at the heart of existing social networks was needed to give projects life. Formal participation in groups (such as voluntary service, sports groups, music groups etc.) was seen to create a sense of belonging, however these activities tended only to be taken up by people who were active anyway.

Connected communities: How social networks power and sustain the Big Society
Jonathan Rowson, Steve Broome, and Alasdair Jones, 2010

This report sets the scene in terms of social networks, communities, social policy and the Big Society for the work of the Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA) Connected Communities project. The report also outlines emerging data from their first year of work, which is based upon information gathered from surveys and interviews with residents in the New Cross Gate area of London.

The Connected Communities project will be three years long; this first completed year has been used to map existing social networks. The second year will involve using this information and working with local residents to design and trial social network based interventions to local problems. The third year will be used to look at behaviour change interventions through network models (based on the idea that behaviours are learnt from those around us, and so people's social networks can be used to promote pro-social behaviour changes).

Key findings from this first year of the project showed that a person's social network goes beyond their immediate geographical vicinity, that 'familiar strangers' (e.g. postmen, checkout assistants etc.) are an under-utilised community resource, that community 'hubs' (e.g. pubs and clubs) are an important aspect of community resilience

and that people who value neighbourliness are more likely to have large social networks.

The report looks at ways to try and make communities less divisive (for example by 'reconnecting the rich'; connecting the affluent with the less affluent and vice versa), both to combat stereotypes and expand access to opportunities. The Coalition Government's plans for the National Citizen Service are highlighted as they explicitly aim to mix participants from different backgrounds to attempt to create diverse and cohesive groups, which alongside delivering social action projects might foster bridging capital.

Seen and now heard: Taking action on child neglect
Action for Children, 2010

This report is based on recent research into the statistics and stories of neglect, speaking to over 3,000 8-12 year olds. It was found that up to 1.5 million children are affected by neglect in the UK, and the report reinforces 'that the lives of those struggling with neglect are often isolated and unhappy'. Of the children involved in the study, 34 per cent said they had seen children who didn't seem to have any friends at school or at home. Other signs of neglect identified in the study included being dirty, smelly and hungry – all of which may isolate a child from their peers. Almost half of the children asked said they thought children showing these signs of neglect were likely to be bullied or ignored.

Early intervention, parenting classes and professional family support were important tools in supporting vulnerable children and families; however the solutions (like the problems) are complex. The report also highlights that solutions and support can and should come from everywhere in a child's community.

The Lonely Society?
Jo Griffin, Mental Health Foundation, 2010

This is a comprehensive report about loneliness in today's society, including information from relevant research, survey responses from 2,256 people and in-depth interviews. A more thorough read of the report is suggested for interested parties, however some of the main points that may have bearing on the Neighbourhood Approaches to Loneliness programme are outlined below.

The report suggests that one in three people would be embarrassed to admit that they are lonely, suggesting there is a significant stigma attached to loneliness. Loneliness is associated with physical and mental health problems – it has a role in anxiety, paranoia and is a known factor in suicide.

Loneliness is portrayed as a circular problem: when a person is feeling lonely it can become more difficult for them to forge relationships, which then feeds into their feelings

of loneliness. The report puts loneliness in the context of the evolution of humans as social animals, with loneliness being a physical reminder to seek social contact.

However, people have different wants, needs and expectations of their relationships with others, meaning different people feel lonely because of different situations. If a person's needs are not met, their body will start to alert them that something is wrong, they will feel physically threatened, altering their ability to regulate their emotions and altering their 'social cognition' (how social interactions are interpreted).

The report suggests that communities tied to locality are declining, that they have at their heart local services (like post offices) and traditional meeting places (working men's clubs, local pubs etc.) which are closing down. It seems important to find a way to reconcile a perceived rise in individualism with community aspirations.

Loneliness is seen as a complex issue with both internal and external causes, and therefore requires a variety of different approaches to try and reduce it. Psychology professor Karen Rook (1984) identifies three broad goals of intervention:

- to establish good personal relationships;
- to prevent loneliness from becoming chronic;
- to prevent loneliness in 'at risk' populations.

The Lonely Society report recommends that to alleviate problematic loneliness we must raise awareness, ensure medical and social services understand the impact of loneliness so that they are proactive in directing people to appropriate services, map local assets and ensure information is accessible (e.g. in GP surgeries, mental health services, colleges, schools etc.) It suggests that more services should encourage good neighbourhood schemes, face-to-face interactions and social connections. In addition, it points out that support offered at an early stage can prevent chronic loneliness, and more formal psychological help should be made available if required.

Together but alone: Isolated older people in care

The Residents and Relatives Association (R&RA), 2010

This report was based on survey responses from 686 UK care homes and follow-up interviews. From their data, the R&RA scaled up their findings to estimate that around 40,000 older people may be living in care homes without any external support, and those who did have family and friends were still thought to have variable support and problems with loneliness. Whilst some people reported that they preferred to be alone, the authors highlight that loneliness is a complex issue, with some people withdrawing due to problems with eating or hearing which they felt made social interaction embarrassing or more difficult.

The report points to good practice examples including staff aiding residents communication with long distance family members through the telephone, Skype and email, having an inclusive home, activities, outings, staff who care about the residents, and involvement in the wider community. External volunteers and befriending schemes

were seen to be important in tackling resident's social isolation. A key point is that the more socially isolated a resident, the more vulnerable they are.

Total neighbourhood: Placing power back into the community

Barry Maginn, Localis, 2010

This report sets the thinking and lessons from the Labour Government's 'Total Place' programme in terms of the new Coalition Government's aims to decentralise services and empower localities to provide better services at less of a cost through the 'Big Society'. The report outlines examples of local communities delivering better results in Birmingham (for example through the 'Brighter Futures' programme tackling anti-social behaviour) and argues that for this localisation of power to work there needs to be thoughtful funding controlled by local communities. The potential of communities must be recognised, and effective community-led early intervention must be supported. It suggests that for David Cameron's 'Big Society' to work it must be led by enabled communities.

Older people and social isolation: A resource pack (3rd Edition)

Leeds Older People's Forum, 2009

This comprehensive resource pack outlines what social isolation is, what the effects are, the vulnerability of disadvantaged groups, expected behaviours, target strategies and what is available in Leeds for reducing social isolation. Although this resource pack is aimed at social isolation in older people there are many parallels with the Neighbourhood Approaches to Loneliness programme of work. Thorough reading of the pack is recommended, however some of the relevant information is detailed below.

To try and alleviate social isolation, information about local activities and groups that is up-to-date and accessible is important. There is a problem of measurement of loneliness as it is subjective and people may be uncomfortable talking about it or may accept it as a natural part of ageing. There is a reminder that social isolation and loneliness can be considered jargon, people tend to talk about 'lifting people's spirits' and 'feeling good'.

The pack suggests that social isolation and loneliness are complex issues demanding differing solutions, with the most important step being to understand what people actually want. Multiple causes of loneliness have different impacts on the experience of loneliness for different people and in different places. For example, in one place lack of accessible transport may be more of a contributing factor, but may not affect someone who could drive as it would someone who could not.

The pack highlights that disadvantaged groups may be more vulnerable to social exclusion, for example older women, lesbian, gay and bisexual older people, people with learning disabilities, homeless people, BME groups, prisoners, carers, people with mental health problems etc. Potential behaviours that might indicate loneliness are

identified, including verbal outpouring, prolonged physical contact, crying, withdrawal from social contact and a defeated demeanour.

There are tips for engaging socially isolated people, including GP/District Nurse referrals, posters in community centres, shops, post offices, sheltered housing schemes, flyers to local housing associations, contact with local faith and voluntary organisations, and radio advertisement.

Potential barriers to people using services are outlined: people may be concerned that they will be seen as a charity case, they may lack confidence, be worried they won't have anything in common with the other people there, or be worried about continence or transport issues. Potential steps to tackling social isolation include disseminating information about local services and groups, supporting people in accessing these for the first time, looking at practical and financial issues, exploring aids and adaptations, considering asking someone in the group to support a new member, considering what the individual likes to do, and considering referral to a GP for depression and psychological therapies where appropriate. It is highlighted that those working with socially isolated people need supporting; it can be stressful and highly emotional work.

This resource pack also gives locally specific information, including local mental health provision (especially in relation to depression and dementia), telecare providers, those promoting healthy living, local lifelong learning opportunities, bereavement support, befriending projects, volunteering opportunities, available transport, domestic help, benefits and debt management, BME specific organisations, local services for the sensory impaired, advocacy groups and specific support available for carers. Where possible, the pack provides general information and contact details for national and local organisations.

Social disconnectedness, perceived isolation, and health among older adults
Erin Cornwell and Linda Waite, 2009

This research looks at which of the different aspects of isolation may have a negative effect on health. Data was obtained from 2,910 older adults, measuring their self reported physical and mental health, social disconnectedness (with indicators such as size of social network, frequency of contact with social network members and amount of participation in social activities) and perceived isolation (with indicators such as loneliness, perceived lack of social support and feeling left out). They found that both forms of social isolation were associated with worse physical and mental health. Social disconnectedness and perceived isolation were independently associated with low levels of physical health. The relationship between social disconnectedness and mental health appeared to operate through the strong association between perceived isolation and mental health, suggesting that socially disconnected older adults only have worse mental health if they are feeling isolated.

Social support and successful aging: Investigating the relationships between lifetime cognitive change and life satisfaction

Alan Gow, Alison Pattie, Martha Whiteman, Lawrence Whalley, and Ian Deary, 2007

This research suggests that social networks and support may contribute to successful aging. Participants were 500 members of the Lothian Birth Cohort 1921 who had their mental ability assessed when they were 11 years old and when they were 79 years old. Participants also rated their life satisfaction, social networks and support at 80 years old. The study found that after controlling for social class, age 11-IQ, education and sex, loneliness was the only social network or support characteristic which significantly affected the age 79-IQ, with increased loneliness being associated with lower cognitive ability. Additionally, social network and support ratings accounted for 23% of the variance of Life Satisfaction ratings, with reduced loneliness and having someone to talk to being the most important contributors.

Volunteering in later life: Is it good for your health?

Jeni Warburton, 2006

This report looks at the relationship between volunteering and self-reported health in older people in Australia, based on data collected from 184 participants. The authors identified six key points in relation to volunteering:

- volunteering provides a sense of role and purpose;
- volunteering helps to raise people's confidence and self-esteem;
- volunteering provides an external focus;
- this external focus is associated with personal agency and control;
- it is important for positive development; and
- volunteering is a social activity which reduces loneliness.

The study emphasises that volunteering must be freely chosen for individuals to reap these benefits and that it will not be helpful if the volunteer becomes overwhelmed or stressed by their work.

Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions

Mima Cattan, Martin White, John Bond and Alison Learmouth, 2005

This study looked at the effectiveness of a range of interventions aiming to target social isolation and loneliness in older people. They looked at 30 studies and divided them into 'group', 'one-to-one', 'service provision' and 'community development' studies. They concluded that nine of the ten effective interventions were group activities which had an educational or support input (for example a structured skills course, bereavement support, and social activation programmes), whilst six of the eight ineffective interventions were ones that provided one-to-one social support or needs assessment (for example friendly telephone calls or a one-off health assessment).

The prevalence of, and risk factors for, loneliness in later life: A survey of older people in Great Britain

Christina Victor, Sasha Scambler, Ann Bowling and John Bond, 2005

This research was based on interviews with 999 older people, and found that 7 per cent of these people could be classed as severely lonely (as measured by a self-rating scale). Six independent vulnerability factors for loneliness were found:

- marital status;
- increased loneliness over the previous decade;
- increased time alone over the previous decade;
- increased mental health problems;
- poor current health; and
- poorer health than expected.

The authors propose that there are three pathways to loneliness in later life:

- continuation of long established loneliness;
- late onset loneliness; and
- decreasing loneliness.

They suggest that interventions aimed at tackling loneliness should reflect the needs of the person, which are dependant upon which path they are on.

Alleviating social isolation and loneliness among older people

Mima Cattan, Caroline Newell, John Bond and Martin White, 2003.

This report was based upon evaluation reports, in-depth interviews and focus group interviews with project staff and older people from 19 different UK voluntary projects which organised activities to alleviate social isolation and loneliness in older people. The older people interviewed differentiated between loneliness, social isolation and aloneness, and between situational and chronic loneliness. They identified internal (e.g. beliefs about themselves) and external (e.g. worries about cost) influences. Most interviewees in this study had few friends or family close by, for some their only contact was homecare services. Vividly illustrated by one participant:

I have nobody, no family, no friends. During the day I keep filling my hot water bottle, it gives me something to do.
(Female participant, aged 89)

Some people identified lack of confidence, loss of identity, poor social skills, detachment from the modern world, poor health and mobility as barriers to social inclusion. Weekends were considered particularly difficult. The groups that they were involved with were seen as a lifeline.

Key points from staff included that experience and knowledge of the community is vital in establishing schemes and that activities to reduce loneliness resulted in changes to participants' confidence, increased their social contacts, and helped to encourage friendships. Staff also suggested that there was a problem with schemes not actually including their intended target group of less active older people, and instead attracting 'a core of articulate, mainly middle class, reasonably fit, "active lonely" older people'.

Older people tended to use coping strategies when faced with loneliness, either acting against this negative experience (by being active, working, looking after their family, articulating their need to be needed, respected, and in control of their lives) or by accepting 'living with' loneliness (thus having little contact with their social networks, downplaying their feelings and saying that they didn't want to impose).

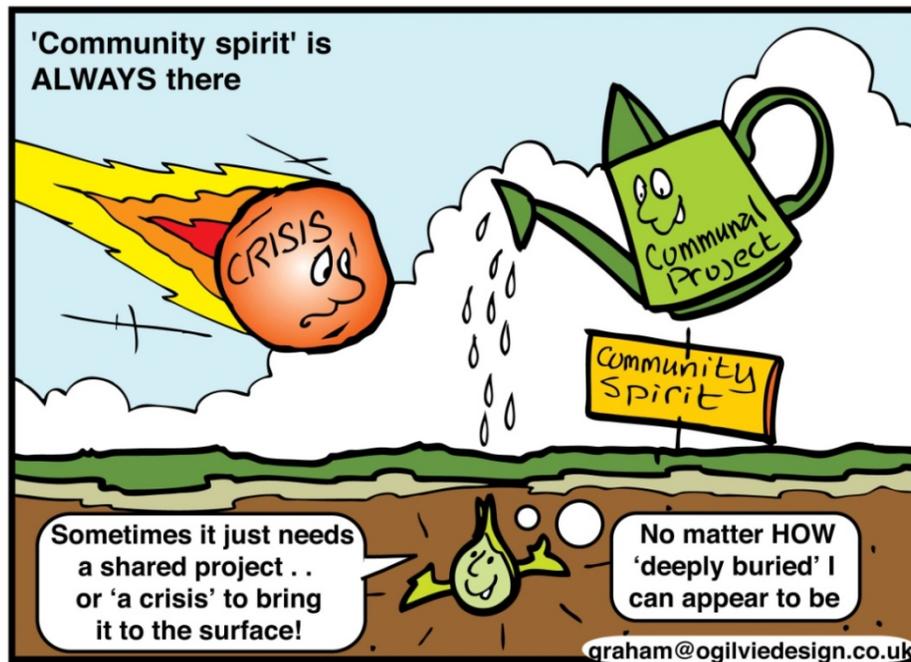
There was a disparity found between what was on offer and what older people wanted, with people making do with what's available because there was no other option. Large groups were often perceived as intimidating, and day centres were criticised as creating a culture of helplessness rather than participation. Information about services was not felt to be readily available.

The report suggested that flexible services were needed to meet individual needs and that social activities were needed during weekends. It also highlighted the importance of reassurance and gradual support, people's desire to retain independence and control, and people's wish to be valued, to contribute, to be a resource not a burden, and have a role in society.

This paper also identifies different levels of consultation and participation in projects— if alleviating loneliness is to come from the community then it is suggested that participants and the community should at the very least plan jointly with programme staff, and at best have control of the project with staff having only a facilitator role. The stigma of loneliness is also considered, as well as the importance of exploring ideas with people as to how to reach those most in need and lonely, targeting those most in need rather than those 'most in the know'.

4. Other relevant projects

This section provides examples of other projects, nationally and internationally, that could inform the Neighbourhood Approaches to Loneliness programme.



Back to Life Project (London, UK)

www.backtolife.org.uk

This project is run by the charity TimeBank, funded by South London and Maudsley NHS Foundation Trust Charitable Funds, working in four London boroughs until September 2011. Young adults (18-35) with mental health problems are matched with a similar aged same-sex mentor who does not have mental health problems, with the aim that the mentor will encourage them to feel confident enough to engage with their community and thus reduce the likelihood of them being lonely. Mentors commit to a minimum of five hours a month, some sessions are one-to-one and others with members of the wider community as appropriate.

A project co-ordinator comments 'It's no good matching people who aren't going to get on', and it is the flexible nature of the project that enables it to meet the needs of the client.

Campaign to End Loneliness (UK)

<http://campaigntoendloneliness.org/>

This new campaign, funded by the Calouste Gulbenkian Foundation, was founded by four partners: Age UK Oxfordshire, Counsel and Care, Independent Age and WRVS. The campaign was launched in February 2011 and aims to tackle loneliness that affects older people. The launch publication, 'Safeguarding the Convoy – a call to action from the Campaign to End Loneliness' gives a comprehensive overview of the issues of loneliness that affect older people. The partners in the campaign working to raise awareness of the problem of loneliness, promote initiatives that work to combat loneliness and identify what can be done to prevent and end loneliness in older age. Lessons will be shared between this programme and the JRF's Neighbourhood Approaches to Loneliness programme.

ExtraCare Charitable Trust (UK)

www.extracare.org.uk

The ExtraCare Charitable Trust runs 29 supported housing schemes and retirement villages, aiming to promote an independent, active lifestyle which they see as key to residents enjoying a good quality of life. They have a specialised Well-being Service which starts with a health and lifestyle assessment and aims to encourage residents to make informed decisions about their lives and health. They have found that, prior to this service, 75 per cent of residents at one of their schemes had not been to their GP as they perceived ill health as a natural part of growing older. One pilot study successfully diagnosed 122 previously undetected illnesses in a population of 135 people. Simple interventions could significantly improve the residents' quality of life; of the 105 people identified with hearing problems, 48 benefited from ear syringing, hearing aid adaptations etc. This is an example of simple measures significantly changing individual's lives for the better and illustrates how damaging the internalisation of ageist stereotypes can be.

Fremont Time (USA)

<http://www.scn.org/time/>

This is a people-to-people resource network that supports and coordinates the exchange of services among 221 residents in Fremont and other Seattle neighbourhoods. It is staffed by volunteers (but in its first year had three paid staff) who recruit, train and coordinate other members. Members are interviewed by volunteer staff, together establishing their requirements and skills. They pay a small admin fee if they can afford it. There are mentors who help some members deliver services (or be part of a team developing services) if they have difficulties (e.g. frail, disabled etc). People get 'good neighbour' points for services done, and spend these points on using someone else's skills to provide a service for you. People can donate points to household members or approved non-profit organisations.

Services available include tutoring, music entertainment, shopping, CV writing, bird watching, chess, plant sitting, plumbing, gardening, reading to others, and so on. They have found that connections brought together through these activities can become relationships that go far beyond them. There are also member pot luck gatherings once a month to encourage building of new relationships and meeting other members. The project reaches people through radio, TV, leaflets, and newsletters. Members are valued and part of the service – not just consumers of it.

Groundwork (UK)

www.groundwork.org.uk

Groundwork is a group of charities, working across England, Wales and Northern Ireland, helping people and organisations make changes in order to create better neighbourhoods, to build skills and job prospects, and to live and work in a greener way. They suggest that community action takes root most effectively in deprived areas if the community has the opportunity to deliver something practical and tangible in a decent timescale. They have helped start up several projects, a couple of which are detailed below.

- *Mars in the Community* – A project through which community volunteers renovated a park. This gave a reason for people to meet and work together (hopefully fostering relationships), and also led to the provision of a social space which felt community owned, safe and nurturing for social activities.
- *Selby's Hidden Heritage* – This is a self-guided walk, which was developed as a fun and free activity which encourages a sense of community.

Homeshare (UK)

www.naaps.org.uk/en/homeshare

This project matches 'householders' (those willing to share their home, who would like help and support in return) with 'homesharers' (those who need accommodation and are willing to give help in exchange). Both members benefit from the scheme; often the homesharer can provide low level support to the householder in return for having a place to live, which enables them to continue living in their own home.

Intergen (UK)

www.intergen.org.uk

Intergen builds partnerships between older people and younger people in schools, bringing these people together so they can learn from each other and support each other. Older people are volunteers who go in to schools sharing their knowledge and supporting the children (for example through cooking lessons, helping the children with number or writing work, listening to children read etc), thus providing both the older and younger people with an opportunity to get to know a person from a different generation and break down ageist stereotypes.

Involving All Neighbours (Seattle, USA)

www.cityofseattle.net/neighborhoods/involve/about.htm

Seattle's Department of Neighbourhoods is partner to over 300 organizations providing support for connecting activities that benefit everyone. Their mission is 'to encourage all Seattle citizens to become active in the life of their neighbourhood'. Involving all Neighbours (IAN) began with finding and supporting 'community connectors' (those who know a lot of people and are very involved with helping people around them).

The department has developed a series of workshops called 'Get Involved in Your Neighbourhood' for anyone who wants to get involved but isn't sure how. This helps people to explore what there is in their community and signposts resources. Small funds (about \$250) are awarded to neighbourhood projects or events that are community-building (for example gardening projects, picnics etc.), especially those that include people who are often excluded.

Importantly it is the neighbourhoods that are the catalyst for projects; IAN has a supportive role only. It acknowledges the role of small projects in significantly changing people's lives – they 'dare to think small'.

KeyRing (UK)

www.keyring.org

KeyRing has set up Living Support Networks (LSNs), which are networks of people who want or need some support to live safe and fulfilling lives within the community. They aim to put vulnerable people at the heart of their community, allowing people to share their skills to benefit the whole community. LSNs usually consist of ten members living in separate properties, one of which is a volunteer (living rent free) who encourages and supports the members to engage with their community, use their talents and provide mutual support for each other. There is also a Supported Living Manager who manages a cluster of networks, providing support for the volunteer and members if required.

KeyRing has facilitated these networks since 1990, now supporting about 900 people. CSED (Care Services Efficiency Delivery) consider these networks cost effective as they de-professionalise practical support, identify potential problems early on and encourage independence and confidence in their members. There is a focus on members doing things for themselves, but having flexible, practical and emotional support if and when they need it. Member selection was identified as particularly important, in that members must want to engage and live independently, in addition they point out the potential of LSNs working with other client groups such as those with mental health problems, or people who are older and isolated.

KeyRing was also independently evaluated by Paradigm in 2002, who found members had strong connections with their community, were active and regarded KeyRing as a club they had ownership of, not a service that was providing for them.

Men in Sheds, Age Concern (Cheshire, UK)

www.ageconcerncheshire.org.uk/shed.htm

This project was set up as it was felt that traditional social activities (coffee mornings etc.) hold less appeal for older men who are at risk of social isolation and often miss the structure of work. Age Concern point out that over 1 million older men now live alone in the UK, and they suggest that 400,000 of these men are experiencing loneliness. The project simply and effectively centres around a communal shed, which has good equipment and is a place people can come, work on individual DIY type projects, get to know each other and then build relationships that go beyond the scheme.

Mentoring and Befriending Foundation (UK)

www.mandbf.org.uk

The foundation provides support and guidance to organisations using mentoring and befriending, and are currently involved with 3,500 projects in the voluntary and community sector. They cite mentoring and befriending as an effective way of empowering people and reducing social isolation. As well as building a supportive and trusting relationship between the two people involved in the mentoring or befriending scheme, this often helps people to feel more confident to reach out and connect with people in other areas of their lives. Mentoring and befriending can benefit a variety of people in different ways, as outlined in the report *Befriending works: Building resilience in local communities* (MBF, 2010).

The foundation is currently developing a national peer support and anti-bullying programme for schools, as well as a pilot project working with ex-offenders.

Neighbourhoods for All Ages Network (Leeds, UK)

http://www.leeds.gov.uk/Advice_and_benefits/Community_advice/Neighbourhoods_for_all_ages_network.aspx

The Neighbourhoods for All Ages network (NfAA) was set up in Leeds in 2005 by the local authority in conjunction with wider working groups, to promote intergenerational work, co-ordinating and driving activity with members spanning children's services, education services, museum groups, adult social care, community and faith groups and more. They share information through this network, organise training events, and put out a quarterly newsletter. They have award-winning work in the form of the 'Building Bridges' programme, which supports intergenerational work in primary and secondary schools and has been successfully breaking down ageist attitudes in both directions. More than 50 people have now been trained to deliver Building Bridges in Leeds Schools.

Intergenerational work encourages understanding and integration in a community across different ages. However, we must ensure that all ages that want to be are

included in the Neighbourhood Approaches to Loneliness programme, not just older people and younger people.

Reaching Isolated Older People, Contact the Elderly (UK)

www.contact-the-elderly.org.uk

This project involves 320 groups across Britain and its focus is to address older people's loneliness and isolation. Local volunteers facilitate tea parties for older people one Sunday a month, providing a space to develop friendships and support networks, increasing people's confidence and reducing loneliness. Contact the Elderly trains volunteers and supports them, it has an intranet ('the Knowledge Base') with relevant support material and toolkits.

There was a three year development, expansion and evaluation project funded by the Big Lottery Fund. The evaluation found evidence that private social get-togethers are effective in reducing loneliness and have a positive impact on general health:

- 60 per cent of participants felt less lonely;
- 82 per cent had something to look forward to;
- 51 per cent felt more part of their community;
- 65 per cent said they had made new friends;
- 75 per cent felt more optimistic;
- 50 per cent said their general health had improved.

(Contact the Elderly, 2008)

Benefits extend beyond the activity, with people experiencing increased confidence and the activity leading to other social opportunities being taken up (54 per cent said that as a direct result of membership of their local group they had joined another activity during the week).

Telephone groups were found to be supportive, especially for those who are lonely and live with their family, as well as those awaiting the development of a face-to-face group; but should be used as an aid, or temporary measure, not as a replacement. The evaluation report also highlighted that 'a key to success is an enthusiastic and committed host who ensured all participants were included and drawn into conversation' (Contact the Elderly, 2008).

Southwark Circle (London, UK)

www.southwarkcircle.org.uk

This is an organisation set up by Participle Ltd. in London, where members are introduced to other local people, can join in various social and learning activities (such as book groups, concerts, museum or film trips) , and use tokens (which they pay for) to access Neighbourhood Helpers who provide practical help and support. They are reactive to members' requirements, for example over the festive period they have set up a Christmas tree delivery service. Members report that Southwark Circle has helped

them to get to know people who live nearby and assisted them with practical problems, such as planning a journey or setting up an email account.

The Choir With No Name (London, UK)

www.choirwithnoname.org

Founded in 2008, this is a homeless person's choir for all ages and abilities that meet once a week for rehearsals followed by some food. They work towards singing at events and, thanks to recent grants, they are putting together a CD showcasing their work. Those who participate report that the choir gives a 'balance' and 'value' to their lives, and whilst 'a lot of homeless places give essentials – food, bath, laundry – here you get something for your soul'. Marie Benton (founder) says 'It's about creating a safe environment for them [homeless people] to build confidence and develop a supportive community' (quoted in Cohen, 2010).

The Big Lunch (UK)

www.thebiglunch.com

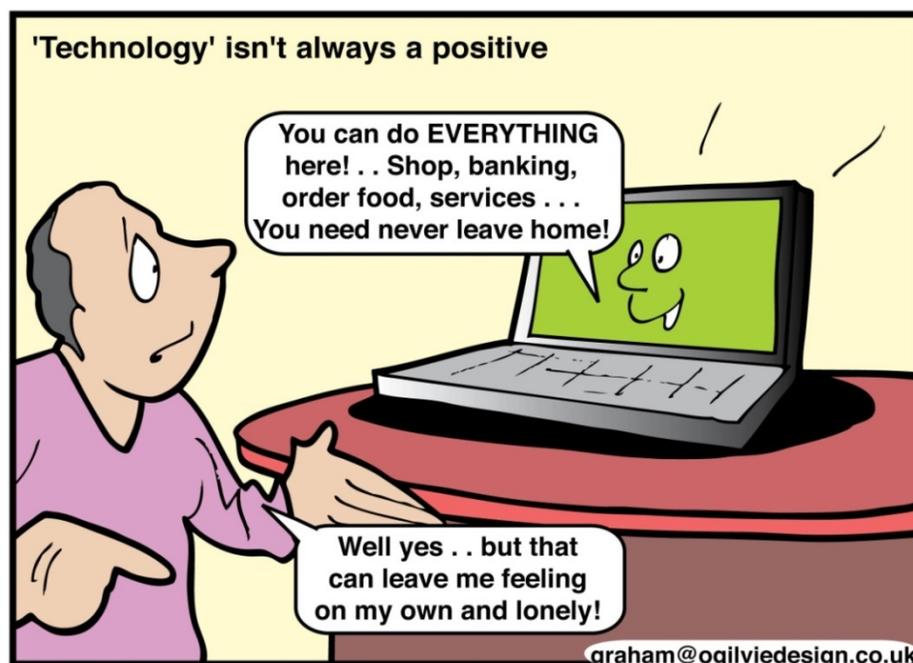
This is an Eden Project, which started in 2009 and encourages neighbours to get together for one day in the year for 'The Big Lunch'. The idea is that people across the country organise food, activities and games in their street or neighbourhood with the aim that neighbours will get to know each other and can start building positive relationships. This can spark a great feeling of community spirit and also help people in a community to feel less alone. The Big Lunch this year is Sunday 5 June, for more information, ideas and to register please see website above.

5. The role of technology

Technology could be important to the Neighbourhood Approaches to Loneliness programme in many different respects, depending upon the issues and solutions identified by residents in the different neighbourhoods. Signposting to relevant assistive technologies, simple aids, adaptations, and services such as internet shopping could increase people's independence, confidence and ability to live at home. People who feel confident and safe in their home are less likely to feel overwhelmed by other activities which may reduce their loneliness.

The internet may be very helpful in disseminating information about the programme and local information. The Office for National Statistics suggests that 60 per cent of adults access the internet every day in the UK (ONS, 2010), which represents a huge potential resource.

There may also be a place for social media (such as Twitter, Facebook and Mumsnet) in this programme as they enable people to share information, meet new people and stay in contact with people they already know. Resources such as Skype can allow people to keep in contact with friends and family who live far away and computer lessons may help people feel more in tune with the modern world.



However, the exclusivity of these resources must be kept in mind. The ONS (2010) points out that internet use is linked to many socio-economic and demographic factors,

for example age, education, where in the country people live and so on. Issues of computer competency and accessibility need to be considered where technology is used in this programme. In addition, it must be stressed that online relationships are not a satisfactory replacement for face-to-face relationships, and problematic internet use (over five hours a day) has been found to be significantly associated with loneliness, communication anxiety and unpopularity anxiety (Odaci and Kalkan, 2010).

However, the Government has made a commitment to get everyone online by 2012, and much of this work is being done through 'Race Online 2012' (www.raceonline2012.org) which is led by Martha Lane Fox. The aim is to make technology and the internet more inclusive and to ensure everyone has access to the internet by 2012, especially targeting those who may be excluded due to age, disability or financial problems.

Race Online 2012 are currently working with 864 partners to try and implement their aims of digital inclusion in the UK, and some of the work being carried out has potential links with issues of loneliness. One of their partners, AgeUK, encourage older people to learn to use the internet and computers, running events such as 'itea and biscuits' and 'myfriends online week'. Their website publicises the positive changes that people have found through the computer classes and gives examples of older people using the Age Concern chat room to make new friends and maintain contact with established friends all over the country and internationally.

Another partner organisation, Community Voices (www.mediatrust.org/community-voices), are working with 25 disadvantaged communities nationwide to try and make a meaningful difference through the use of digital media. For example, in the Nunthorpe Estate, Grimsby, they are training volunteers so they can make a series of short films that highlight positive aspects of the estate. The hope is that this will go some way in combating the negative self-image of the estate.

The Neighbourhood Approaches to Loneliness programme may find working with or learning from organisations promoting the use of the internet helpful if technology is identified as a barrier to social inclusion or as a good 'reason' to get together by members of the project.

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