



TACKLING LONELINESS

INNOVATION BRIEFING

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In partnership with



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INTRODUCTION

As many as one in five adults in the UK report often or always feeling lonely¹ - that's more than the combined population of Scotland and Wales. The scale of the problem hasn't gone unnoticed; there is now a Minister for Loneliness and a cross-governmental strategy to tackle the issue, propelled in part by the valuable work of the Commission on Loneliness set up by Jo Cox.

While this national attention is welcome, loneliness is a deeply personal issue, the experience of which will vary from person to person and place to place. Local government is therefore uniquely positioned to take the place-based, tailored action required to address issues relating to loneliness on the ground. This Innovation Briefing will draw on evidence and action to date to understand how councils are and can continue to tackle loneliness.

¹ See: <https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness>

WHAT IS LONELINESS?

Put simply, loneliness is the difference between the quality and quantity of social relationships that a person has, compared to those that they would like to have. It is a subjective measure, unlike social isolation, which objectively refers to a lack of social contact.²

THE SCALE OF THE ISSUE

Estimates of the extent of UK loneliness vary. Some research has estimated that as many as one in five people are 'often' or 'always' feel lonely, while other sources put this figure at one in 20.³ Understanding the extent of loneliness is difficult given its subjective nature, which often relies on self-report, cross-sectional and proxy measures. The Government has committed to further develop the evidence base and build on existing measures.⁴

² See: Perlman, D & Peplau, L. A. (1981) Toward a Social Psychology of Loneliness. In R. Gilmour & S. Duck (Eds.), *Personal Relationships: 3 Relationships in Disorder* (pp. 31-56). London: Academic Press in <https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness>

³ See: <https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness> and <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>

⁴ See: <https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness>

WHO IS AFFECTED AND WHAT ARE THE CAUSES?

Loneliness has traditionally been associated with older people, but it is young people aged 16-24 who are most likely to report being lonely.⁵ The impact on older people is however still significant. For example, acute loneliness has been estimated to affect around 10 to 13 per cent of older people.⁶ It is notable that these two stages are key transition points, when young people become increasingly independent and older people may experience changes in circumstance such as retirement or bereavement. Further risk factors include unemployment, disability or poor health, and people who have caring responsibilities.⁷

The causes of loneliness can be divided into three domains:⁸

1. Underlying factors including identity, personality and cultural influences.
2. Events or life triggers such as moving home or bereavement.
3. Personal thoughts and feelings including people's sense of control.

⁵ See: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>

⁶ See: https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf

⁷ See: <https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness>

⁸ Ibid

THE IMPACTS OF LONELINESS

At the individual level, loneliness affects mental and physical health and wellbeing. For example, it is associated with higher blood pressure, risk of stroke, depression and low self-esteem.⁹ More widely, loneliness can contribute to pressures on public services. For example, older people living alone – a risk factor for loneliness – are 50 per cent more likely to visit A&E than those who do not live alone.¹⁰ Broader still, loneliness has been shown to affect economic output. A recent study reported that it could be costing employers in the private sector up to £2.5 billion.¹¹

ACTION TO ADDRESS LONELINESS

Without action, loneliness will not only affect individual and community wellbeing, but councils' ability to meet growing demand in an increasingly complex world.

While there are no quick fixes, the rest of this briefing will focus on how councils can tackle loneliness, first focusing on principles to guide effective practice before detailing three case

⁹ Ibid and <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

¹⁰ See: <https://www.health.org.uk/news-and-comment/news/older-people-living-alone-are-50-more-likely-to-visit-ae-than-those-who-live-with>

¹¹ See: https://neweconomics.org/uploads/images/2017/02/NEF_COST-OF-LONELINESS_DIGITAL-Final.pdf

studies in Leeds, Greater Manchester and Solihull. These case studies will illustrate that action is required at the individual, community and societal level – from befriending initiatives to city design. They will also demonstrate that positive change is best achieved through a council-wide shift towards prevention and a collaborative approach with partners and communities.

GETTING STARTED ON TACKLING LONELINESS

There are many resources available to inform and engage people around the issue of loneliness, including research reports, practical guides, case studies and resource packs. A variety of useful materials are included in the appendix on p16.

1) CREATING AN ACTION PLAN

KEEP IT LOCAL

The complex nature of loneliness requires a mix of approaches tailored to individual and community needs. Understanding the priorities for a specific community is therefore essential, be this through involving residents in designing and implementing solutions or using tools to target action. For example, Age UK have published loneliness heat maps, which show the relative risk of loneliness

across 32,844 neighbourhoods in England.¹² These maps rely on proxy measures such as age, marital status and self-reported health status, but can be useful when used in combination with other methods.

DRAW ON STRATEGIES AND FRAMEWORKS WITHIN AND OUTSIDE THE COUNCIL

Useful frameworks include the Campaign to End Loneliness' and Age UK's *Promising Approaches* (2015), and the Campaign to End Loneliness' *Framework for Interventions Relevant to Local Authorities*.¹³ Within the council, loneliness is likely to be included in existing strategies, including the local Joint Health and Wellbeing Strategy and Public Health strategies. For example, the Durham Public Health Annual Report (2014) focused explicitly on loneliness and social isolation.¹⁴ The report highlighted the value of drawing on knowledge from across the council and beyond.

¹² See: <https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/>

¹³ See: <https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf> and <https://campaigntoendloneliness.org/guidance/>

¹⁴ See: <https://democracy.durham.gov.uk/documents/s48104/Item%2016%20-%20Appendix%203%20-%20DPH%20Annual%20Report%20-%20All%20the%20Lonely%20People%20Social%20Isolation%20and%20Loneliness%20in.pdf>

2) FUNDING AND PARTNERSHIPS

Some cross-sector partnerships and central government funds have been developed to support action to address loneliness. For example, the Building Connections Fund supports voluntary and community organisations, while the Arts Council is working with public health providers as part of the expansion of social prescribing.¹⁵ Some approaches can be achieved at low cost, harnessing the ideas and time of people within the community. Similarly, small initiatives can develop over time and attract external funding as they mature.

3) EVALUATING IMPACT

The Government has committed to extending research into the measurement of loneliness and the wider evidence base. Guidance on existing tools is available in resources such as the Campaign to End Loneliness' *Measuring your impact on loneliness in later life (2015)*.¹⁶ This resource explains several measurement tools including: the Campaign to End Loneliness measurement tool; the De Jong Gierveld loneliness scale; UCLA loneliness scale; and the single-item scale.

¹⁵ See: <https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness>

¹⁶ See: <https://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf>

Evaluation of loneliness should not rely on 'hard' measures alone, such as cashable savings and reductions in hospital admissions. Chris Gibbons, a Health Economics and Research Officer at Sheffield City Council, recently wrote:

“medicalising loneliness and social cohesion and community resilience by expecting interventions on those themes to deliver hard outcomes like cashable savings due to emergency admissions avoided, EQ-5D improvement, reduced falls etc. is probably very unwise and risks undervaluing the softer, qualitatively measured impact of such schemes which can be complex.”¹⁷

GUIDING PRINCIPLES TO TACKLE LONELINESS

COLLABORATION

Tackling loneliness requires action across sectors. For example, at the national level, The Loneliness Action Group brings together 40 organisations. At the local level, many councils are collaborating effectively within the council and working with partners across sectors to bring about change. Perhaps most importantly, local authorities are recognising

¹⁷ See: <https://donteatthechalk.wordpress.com/2019/01/30/thoughts-on-evidence-evidence-hierarchy-arguments-in-public-health-doing-the-right-thing-and-the-risks-of-expecting-hard-outcomes-from-squishy-interventions/>

the value of collaborating with the community. Where councils are taking an asset-based approach, mobilising the community, and drawing on the skills and resources of residents, many successful initiatives are underway.

A WHOLE-SYSTEMS APPROACH

The preventative approach required to tackle loneliness demands a mix of strategies and initiatives focused on people, places and services.

The Campaign to End Loneliness and Age UK have helpfully divided this multi-layered action into four parts:¹⁸

- **FOUNDATION SERVICES:** using existing services to reach people at risk, for example health and social care services.
- **DIRECT INTERVENTIONS:** maintain and enable social connection through interventions such as group activities and befriending services.
- **GATEWAY SERVICES:** help to keep people engaged and connected, including through technology and planning.
- **STRUCTURAL ENABLERS:** create the conditions for social connection, including asset-based community development and positive ageing.

¹⁸ See: <https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

ACTION OVER THE LIFE COURSE

Loneliness affects all ages but is particularly prevalent at key transition points in younger and older adults. Multigenerational approaches are essential, including initiatives that target specific age-groups, those that bring generations together or action that is sufficiently broad to reach people of all ages.

While there is inevitable overlap across these three principles, each of the following case studies will highlight one of the principles in turn.

CASE STUDY A

Neighbourhood Network Schemes: *Leeds City Council*

COLLABORATION TO TACKLE LONELINESS

The Leeds Neighbourhood Network Schemes (NNSs) exemplify collaboration across sectors and with the community. The schemes primarily provide support to older people in the city by creating greater choice and control over the opportunities and activities that enable people to interact. These vary from lunch clubs to dementia cafés and benefits advice groups. The NNSs take an asset-based approach and harness the creativity and resources of the local community.

The initiative began in the 1980s, when a social worker wanted to address loneliness in a disadvantaged part of Leeds. By collaborating with local people and other partners, a local organisation was established to support lonely people in the area. From there, the network has developed exponentially. There are now 35 NNSs spread across 37 geographical areas, covering the entirety of Leeds. The schemes are rooted in community collaboration and have close relationships with social care, housing, health, businesses and other community groups.

The primary aim of the NNSs is to empower older people and work towards four key outcomes:

- Reduce isolation.
- Increase participation and involvement of older people in the NNSs and their communities.
- Provide people with greater choice and control over their lives.
- Increase wellbeing and healthier life choices.

Each scheme is also encouraged to create tailored outcomes, which are specific to the community.

The schemes are independent charitable organisations managed by either a Management Committee or a Board of Trustees who are elected to serve by

members of the group. Crucially, the schemes are community developed and led, largely run by volunteers. This means that activities are tailored to local assets and needs and can adapt to changing demand. Some schemes have a remit beyond older people, with several encouraging intergenerational approaches.

The Adults and Health Directorate at Leeds City Council contribute funding towards the NNSs – in 2017/18 this was £2,421,035. Some schemes attract significant funding from organisations such as the Big Lottery Fund and Comic Relief.

IMPACT

COMMUNITY PARTICIPATION: The NNSs are delivered by 184 staff members and nearly 1978 volunteers. A 2008 review by Adult Social Care and NHS Leeds estimated that the NNSs contributed added value of approximately £804,000 simply through volunteer time.¹⁹ Not only has this untapped a vital and under-used asset, it has shifted the narrative on ageing from a negative burden to a positive force.

REDUCED DEMAND ON PUBLIC

SERVICES: 2017 monitoring data indicates that the NNSs have contributed towards

¹⁹ See: https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKewji8T4nKzgAhWsSxUIHXQdDfAQFjAAegQICRAC&url=https%3A%2F%2Fwww.thinklocalactpersonal.org.uk%2Fassets%2FBCC%20-%20Leeds%20NNS%20dragons%20Den.doc&usq=AOvVaw3j2_4NgILQOi6QoZzT0Hu6

1031 instances of preventing hospital admissions, 9306 instances of one to one support with individuals and 1666 instances of intensive support at home.

FUTURE EVALUATION AND RESEARCH:

Leeds City Council are currently working with the Centre for Ageing Better to develop further evidence on the impact of NNSs.

CHALLENGES

- The NNSs require significant resource, which is particularly challenging at a time of financial constraint for local authorities and funders. However, the figures above demonstrate the payback that can be achieved from this investment.
- Demographic pressures, including meeting the needs of sub-groups of older people such as people with dementia or learning disabilities.
- The diversity of NNSs is both a strength and a challenge. It ensures action is tailored to local demand and needs, but it does lead to a complex mix of premises and arrangements.

LESSONS LEARNED

- Don't expect too much in the first year of operation. It takes time for new organisations to become established.
- Community-led initiatives still require support and guidance from the council, including advice, training and signposting.

- Openness and transparency are key to forming successful partnerships between the council and community groups.

CONTACT: For more information, please contact: Michelle Atkinson, Commissioning Manager, Adults and Health Directorate
Michelle.L.Atkinson@leeds.gov.uk

A FURTHER EXAMPLE OF COLLABORATIVE ACTION

Leeds is not unique in its collaborative approach to tackling loneliness. For example, Norfolk County Council's *In Good Company* campaign capitalises on the power of connection through social media. Change has been achieved on a low budget of £8,000. Norfolk's #NoLonelyDay hashtag promotes the message that nobody should have a lonely day in Norfolk. It has helped to bring together small actions from across sectors to make a significant impact. For example, it has led to the development of 150 weekly events, organisations signing up to the In Good Company quality mark, and community volunteering.

For more information:

Visit <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/campaigns/in-good-company>

Email marketing@norfolk.gov.uk

CASE STUDY B

Age-friendly Manchester: *Greater Manchester Combined Authority (GMCA)*

A WHOLE-SYSTEMS APPROACH

In 20 years, 37 per cent of Manchester city region will be over 50.²⁰ Manchester was the first UK city to join the World Health Organisation's (WHO) age-friendly network in 2010 and Greater Manchester aims to become the UK's first age-friendly city region. The age-friendly network is an international community of over 700 age-friendly places that foster healthy and active ageing.²¹

The WHO identify eight domains of liveability for an age-friendly city, including housing, social participation and transportation. With this multidimensional, whole-systems approach in mind, Greater Manchester has developed its strategy and is working to improve the quality of life of older people. The strategy takes a social inclusion approach, seeking to promote social connection across the region. Significantly, this means it addresses loneliness through taking an asset-based inclusion and connection lens. The strategy includes wide-ranging policy goals,

²⁰ See: <https://www.greatermanchester-ca.gov.uk/age-friendlyGM>

²¹ See: <https://extranet.who.int/agefriendlyworld/about-us/>

spanning health and social care, transport, welfare support and many more.

In practice, this has led to several developments including the launch of the age-friendly hub, which brings together universities, public and private services and citizens as part of a cross-sectoral strategic response. Manchester Health and Wellbeing Service are hosting large-scale events and festivals, while multiagency groups in housing and planning are designed to improve infrastructure through collaboration between architects, housing providers, designers and many others.

Community involvement is key, with avenues such as the *Age-friendly Manchester Older People's Forum* and Board, which is used to consult on and co-design solutions with older people. Community participation is also pivotal in projects such as the 'Culture Champions' initiative. Working in partnership with cultural organisations across the city, these champions act as gatekeepers in their local communities to encourage greater engagement in arts and cultural opportunities.

IMPACT

Robust studies of age-friendly cities are rare because of practical difficulties and high costs.²² Traditional evaluation often rests on linear, independent pathways whereas

²² See: <https://www.sciencedirect.com/science/article/pii/S1353829211001614> in <http://researchbriefings.files.parliament.uk/documents/POST-PN-0539/POST-PN-0539.pdf>

Manchester's age-friendly strategy rests on interdependence, complexity and long-term change. That being said, there are identifiable measures of impact and the Centre for Ageing Better are working with GMCA to develop a framework of measures that can be used going forward.

COMMUNITY VOICE AND PARTICIPATION:

Older people have a greater voice in decision-making and there is evidence of older people's greater use of services such as libraries.

OUTCOMES FROM INDIVIDUAL

PROJECTS: For example, an evaluation of the Community Champions project (outlined above) found that involvement made individuals feel more confident, connected, informed and inspired.²³

INTERNATIONAL RECOGNITION: John Beard, former Director at the Department of Ageing and Life Course, WHO, has identified Manchester as a "leading authority in developing one of the most comprehensive strategic programmes on ageing." Meanwhile, Greater Manchester has become a 'Site of Excellence' for ageing, recognised by the European Union.²⁴

²³ See: <https://campaigntoendloneliness.org/guidance/case-study/culture-champions-age-friendly-manchester-2/>

²⁴ See: <http://hummedia.manchester.ac.uk/institutes/micra/events%202015/Paul%20McGarry%20Resilience%20workshop%20nov%202015.pdf>

GREATER MANCHESTER AGE-FRIENDLY

INDICATORS: The recently launched Greater Manchester Age-friendly strategy includes measurable indicators of change to be used in the future, across areas including: economy, work and skill; housing and planning; and internal ways of working such as leadership and communication.

CHALLENGES

- A whole-systems approach requires a change in mindset, which can be difficult to achieve in a context of narrow, short-term policymaking and the negative, burdensome narrative that surrounds ageing.
- Work is needed to improve the evidence base, particularly on the economic opportunities of an ageing population.

LESSONS LEARNED

- A strong narrative is essential. Focusing only on loneliness may lead to a deficit and individualised response. GMCA has worked to create a whole-systems vision that focuses on community assets and quality of life, rather than simply reducing loneliness.
- Mainstream an age-friendly strategy early on rather than creating a parallel workstream, which then needs to be integrated across services.

- Create an ecosystem of change by collaborating across sectors. The contribution of academic research with citizens has been particularly valuable.

CONTACT: For more information, please contact Paul McGarry, Head of Greater Manchester Ageing Hub
Paul.McGarry@greatermanchester-ca.gov.uk

A FURTHER EXAMPLE OF A WHOLE-SYSTEMS APPROACH

Age-friendly cities in the UK extend beyond Manchester, including Nottingham and Coventry. While services such as befriending schemes are increasingly widespread, structural action is arguably less so. Many structural approaches take time to achieve at scale, but tangible actions can be achieved quickly and at low cost. For example, both Nottingham and Manchester have been involved in the 'Take a Seat' Campaign, drawing on the success of a similar approach in New York. This involves participating organisations and businesses having a branded 'take a seat' fold-up chair on their premises, so that people with limited mobility are able to get out and about. This low-cost intervention is funded by the council and age-friendly organisations are signposted with 'we are age-friendly' window stickers. 300 premises are signed up in Nottingham and the scheme continues to grow.

For more information visit: <https://www.ageing-better.org.uk/publications/how-guide-take-seat-campaign>. Ageing Better also provide a number of further practical resources for designing and evaluating age-inclusive initiatives and programmes.

CASE STUDY C

Intergenerational Working: *Solihull Metropolitan Borough Council*

ACTION OVER THE LIFE COURSE

Solihull's intergenerational working programme was developed by the Early Help team (Engage) to improve speech and language in 0 to 5-year-olds, with the expectation that it would also address issues of loneliness and isolation in older people. It exemplifies work across generations to achieve positive outcomes over the life course.

Inspired by the Channel 4 documentary 'Old People's Home for 4 Year Olds', the council began a pilot in early 2018 where staff and children from a nursery would visit a care home to take part in activities with residents. The programme initially had a community coordinator to kick-start the pilot and conduct the necessary evaluation and reviews. This additional coordination role was always going to be short-term because it was a priority for

the council to start something sustainable in a context of limited funding. Engagement of nursery staff was high, and the programme has since developed even further.

IMPACT

- Although the pilot study involved just one nursery, there were positive outcomes for children on the Leuven Scale for Wellbeing and Involvement, which measures the level of child involvement and engagement in activities.
- There was a reduction in depression scores amongst the older adults. Again, the sample size was very small, but this was also supported by anecdotal evidence. For example, one of the participants never left their room before the pilot began.
- Unexpected outcomes included improvements in staff morale and children and families visiting the care home independently.
- There has been a ripple effect in terms of community participation. For example, off-shoot projects have developed, including a community choir to reach people who live alone at home.

CHALLENGES

- Safeguarding concerns. For example, the nursery required all the older people to

have DBS checks, which could have been a challenge if the participants had not had the necessary documentation.

- Health and safety considerations. For example, limited space available in care home living spaces and avoidance of hazards such as hot drinks.
- For the pilot, Solihull Council selected a care home rated 'outstanding'. If the programme is developed further, they may need to consider lowering this standard to 'good' because of the very small number of outstanding care homes.

LESSONS LEARNED

- Be prepared and have conversations before the project starts. For example, the children and adults were encouraged to get to know each other first through sending letters and mementos.
- It can be easy to overlook things. For example, Solihull didn't consider bereavement until one of the older adults died shortly after the pilot. Solihull has now planned how to approach this in depth.
- Seek advice where possible. Solihull asked for guidance from a Geriatrician at the hospital in Birmingham. Some of this advice was seemingly small but it was invaluable. For example, using the right language – 'older adults' or 'older people' rather than 'old people' – was really important to build positive relationships.

- Solihull Council will be launching a toolkit in 2019 to share the lessons learned through the process, including risk assessment templates, safeguarding details and advice on how to build relationships.

CONTACT: For more information please contact Yvonne Obaidy, Early Help Collaborative Lead – Community Development on yobaidy@solihull.gov.uk

A FURTHER EXAMPLE OF A LIFE COURSE APPROACH

Many Homeshare schemes are in operation across the UK, from Leeds to Wandsworth. These schemes match older people who have a spare bedroom with younger people who are seeking affordable accommodation. The younger person provides support and companionship, but both individuals often benefit from the arrangement, since it is these two age groups who are most likely to suffer from loneliness.

For more information visit:
<https://homeshareuk.org/>

CONCLUSION

These case studies illustrate just some of the valuable work underway to address loneliness. Some overarching themes and learning points that run through all of the examples include:

LONELINESS CAN'T BE TACKLED IN ISOLATION

It is notable that all three case studies simultaneously address other issues alongside loneliness. For example, age-friendly Manchester is about a broader notion of improving quality of life for older people, while Solihull's intergenerational working began with the aim of improving speech and language in children. Issues around loneliness are often interdependent and successful programmes of work needn't be labelled 'loneliness interventions' to be a success. Similarly, loneliness cannot be addressed by councils alone – it requires a cross-sectoral and collaborative effort.

TAKE AN ASSET-BASED APPROACH TO CHANGE THE NARRATIVE ON LONELINESS

The narrative around loneliness often focuses on deficits and reinforces stereotypes including the burden of lonely older people. By creating a positive narrative around quality

APPENDIX: RESOURCES ON LONELINESS

RESEARCH REPORTS AND PRACTICAL GUIDES

Loneliness: How do you know your council is actively tackling loneliness? (LGA, 2018) [https://www.local.gov.uk/sites/default/files/documents/22.28 - Loneliness Must Know WEB.pdf](https://www.local.gov.uk/sites/default/files/documents/22.28_-_Loneliness_Must_Know_WEB.pdf)

Combatting Loneliness one conversation at a time (Jo Cox Commission on Loneliness, 2017) https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_dec17_jocox_commission_finalreport.pdf

Reducing social isolation across the lifecourse (Public Health England and Institute for Health Inequality, 2015) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf

The missing million: a practical guide to identifying and talking about loneliness (Campaign to End Loneliness, 2016) <https://www.campaigntoendloneliness.org/blog/the-missing-million-a-practical-guide-to-identifying-and-talking-about-loneliness/>

CENTRAL GOVERNMENT STRATEGY

A connected society: A strategy for tackling loneliness (HM Government, 2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf

CASE STUDIES

Combating loneliness: A guide for local authorities (LGA and Campaign to End Loneliness, 2012) <https://campaigntoendloneliness.org/wp-content/uploads/downloads/2012/03/A-guide-for-local-authorities-combating-loneliness.pdf>

Combating loneliness: A guide for local authorities (LGA, Campaign to End Loneliness, Age UK 2018) https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf

Promising approaches (Campaign to End Loneliness and Age UK, 2015) <https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

VIDEOS/ PRESENTATIONS	<p>Loneliness across the lifecourse (Campaign to End Loneliness) https://www.campaigntoendloneliness.org/wp-content/uploads/2.-Christina-Victor-to-share.pdf</p> <p>Loneliness in later life (Manchester Institute for Collaborative Research on Ageing, 2018) https://www.micra.manchester.ac.uk/connect/events/events-archive/2018/loneliness-in-later-life/s</p>
RESOURCE PACKS	<p>Loneliness resource pack (Joseph Rowntree Foundation, 2013). This pack includes: a background paper, infographics, case studies, tips for external evaluators, group work sessions, a briefing for local government and many more useful resources. https://www.jrf.org.uk/report/loneliness-resource-pack</p>
DATA	<p>Loneliness - What characteristics and circumstances are associated with feeling lonely? (Office for National Statistics, 2018) https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10</p>
MAPS	<p>Age UK loneliness heat maps (Age UK, 2018) https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/</p>
IMAGES AND DIAGRAMS	<p>Many of the resources identified above include useful images and diagrams. One example is the ‘tackling loneliness: essential elements’ in Annex A of A connected society: A strategy for tackling loneliness (HM Government, 2018). This summarises the insights from the call for evidence on loneliness, which the Government launched in June 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf</p>
BLOGS AND NEWS ARTICLES	<p>Fourteen ways councils can help combat loneliness (Guardian, 2014) https://www.theguardian.com/local-government-network/2014/apr/14/fourteen-ways-councils-can-help-combat-loneliness</p>
SOCIAL MEDIA	<p>@EndLonelinessUK @DCMS @LGAWellbeing</p>