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Introduction

Victoria Lloyd, Age Cymru



Victoria Lloyd

Loneliness and isolation are a daily reality for many older people. 75,000 older people in Wales have reported 'always or often' feeling lonely. Being socially isolated has many

detrimental effects on older people, including a lack of stimulation that social contact brings, and an inability to contribute to society or fulfil their own potential. There is increasing evidence that this can have severe implications for physical and mental health.

People may become increasingly isolated in later life for a range of reasons, including bereavement, ill health, a lack of local services or transport, or a poor built environment in communities.

Later life should represent a time of enjoyment and fulfilment when people are able to participate in the community, learn new skills or take up new activities. Communities flourish where everyone is able to make the most of their skills, knowledge or experience.

A vital aspect of creating an age friendly Wales is to enable older people to play an active role in society by removing some of the barriers that can lead to social isolation.

In March 2017, we launched our 'No one should have no one' campaign against loneliness.¹ We believe that loneliness and isolation should be

addressed as priority public health issues to improve the health and wellbeing of Wales.

As part of our campaign, and in tribute to the late Jo Cox MP, Age Cymru held a roundtable event in Newport hosted by Jayne Bryant AM where older people, representatives from universities, housing associations, voluntary groups and religious bodies shared their ideas to combat loneliness. We continue to work with a range of stakeholders to share what works and to develop new ways of working with older people to combat loneliness.

In this edition of EnvisAGE, we shine a spotlight on tackling loneliness and social isolation among older people. We look at the reasons for loneliness and explore a broad range of possible approaches to reducing it to improve wellbeing and quality of life.

In our opening article Christopher Williams of Age Cymru relates the voices of older people in Wales who experience loneliness. As part of our 'No one should have no one' campaign, we asked older people to share their experiences of loneliness and isolation with us to help inspire the public to connect with older people in their communities. These conversations highlight that there is clearly no single cause of loneliness and issues that have a great impact on one person may not necessarily affect another in the same way.

Dr Deborah Morgan of the Centre for Innovative Ageing at Swansea University considers the risk factors associated with loneliness and social isolation in later life and the impact on older people. The article describes how loneliness and social isolation are distinct but related concepts,

and draws on research which examined the risk factors for different categories of loneliness and social isolation.

Jill Mortimer draws on Age UK's experiences of working to reduce loneliness. The article highlights that public awareness and concern about loneliness has grown considerably in the last few years and hence this is a really good time to mobilise communities and work across the public, private and voluntary sector to help people reconnect and build and maintain meaningful relationships. The article draws on the findings of the 'Promising approaches to tackling loneliness' report by Age UK and the Campaign to End Loneliness and Age UK's 'Testing Promising Approaches' programme.

Robert Visintainer provides an insight into the Men's Sheds movement in Wales, with a focus on The Squirrel's Nest near Bridgend which was the first Men's Shed in Wales. Men's Sheds provide a relaxed, friendly environment for men to socialise, do something practical and talk to each other at the same time. The article describes how Men's Sheds across Wales came together for social events such as 'Pimp My Uke' and the 'EiSHEDfod', in partnership with Age Cymru's Gwanwyn programme.

Nicola Fedyszyn describes Bridgend County Borough Council's innovative Olympic-themed event for older people being delivered in local care settings to help improve physical and mental wellbeing. Groups from local care homes and day centres came together and entered teams in the OlympAge Games, with participants enjoying the chance to socialise and take part in adapted games.

Emma Robinson of Age Cymru provides an insight into Gwanwyn clubs to explore how taking part in arts and creative activity can reduce feelings of loneliness and social isolation amongst older people. Gwanwyn has been piloting weekly sessions in both Aberystwyth and Caernarfon, working with our local Age

Cymru partners and the local arts community. These clubs for the over 50s provide opportunities for people to meet new friends and try out a whole range of new creative activities and experiences.

Dr Mark Llewellyn of the Welsh Institute for Health and Social Care (WIHSC), University of South Wales outlines evidence from the beneficiaries of third sector projects in Wales, which were funded to address loneliness and social isolation amongst older people. Consideration is given to the effectiveness and impact of these projects in the light of Welsh Government's 'National Outcomes Framework' and other policy areas.

Our final article draws on an international perspective from the U.S. and Nicola Palmarini, Sheila Zinck and Heather Fraser of IBM consider how a range of stakeholders, including business leaders, medical professionals, governments, advocacy groups and social service organisations, has a significant interest in preventing, identifying and addressing the root causes of loneliness. IBM's newest research explores how organisations in many industries can act to help older adults strengthen their social fabric and reconnect to others.

Our thanks to all the authors who have contributed their expertise and shared good practice towards reducing loneliness and social isolation among older people.

EnvisAGE is a discussion journal edited by Age Cymru. It aims to explore issues affecting older people, stimulate discussion and share good practice.

For more information on our vision for an age friendly Wales and any of the topics covered in this journal please contact us on 029 2043 1555 enquiries@agecymru.org.uk

No one should have no one - older people's experiences of loneliness

Christopher Williams, Age Cymru

We have all seen the many media reports in recent times regarding loneliness, particularly older people's loneliness, but assumptions may often be made about its causes. Age Cymru has had conversations with a range of older people who experience loneliness, asking what they believe may be the causes, with a wide range of reasons being found.

Whilst the general population believe lonely people may be completely isolated, this is often not the case. We spoke with Mrs L, aged in her late 90s, who has lived her entire life in a large Welsh city. Following the death of her husband Mrs L slowly became increasingly lonely, but a key reason for this was her mobility reducing significantly, making it very difficult for her to leave the house to meet friends and family. However, her situation changed dramatically

when she became the owner of a mobility scooter, which opened up her world once again.

Other people can be immersed in a busy lifestyle which may outwardly look very fulfilling, but still experience loneliness. For example, Mrs D, aged in her 70s, lives in a busy North Wales town and studies at university in order to keep herself active. However, having lost her husband and teenage daughter many years ago, as well as recently experiencing a period of ill health, she told us she still feels particularly dejected and very lonely at times.

Indeed, the death of a family member is a feature in the lives of many lonely people. Mrs H, in her early 80s, finds that although she lives in a large city she is very lonely and very depressed. She lost her son over ten years ago, and her husband lives in a care home, having been diagnosed with dementia. However, she misses them greatly and believes she has hit

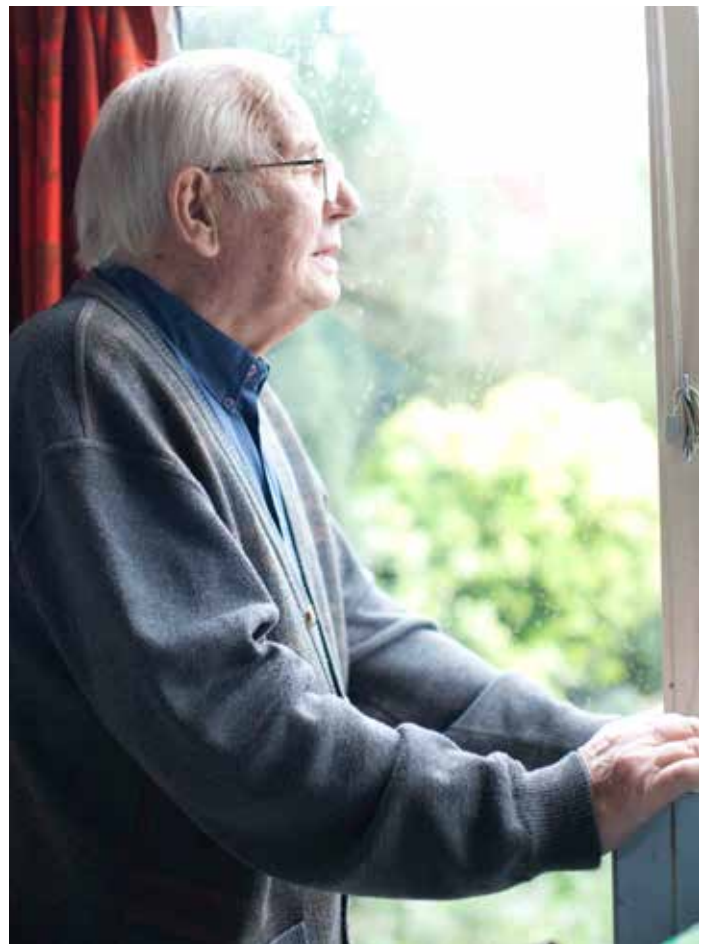


the lowest point in her life. Although she enjoys reading she only finds any sort of happiness when she can visit her husband, which she does three or four times per week. She has now reached the point where she is being prescribed medication for depression, but she says she does not want pills, only company.

A similar story was told to us by Mrs J, aged 60, who also lives alone in a large city since the death of her husband two years ago. Having previously been a very busy carer for her husband she nowadays rarely sees anybody, other than a supermarket delivery driver once a week. Her greatest forms of companionship are her TV, which she keeps switched on all day, and her pet dog, who she tries to walk every morning, although even this can be difficult as she has agoraphobia and can be quite fearful – she certainly cannot travel on a bus or taxi, and has to rely on friends to give her lifts if she needs to travel, as she has no family nearby.

Family relationships, rather than the loss of family members, was common to many of those we spoke with. Mrs P, from a North Wales seaside town, lost her husband a number of years ago, whilst her two remaining siblings have dementia and live many miles away, making visits very difficult and infrequent. However, although her son and granddaughter live relatively nearby her son is unwell, and her granddaughter is very busy caring for her own children, and as a result neither has the time available to visit or assist her. With a range of physical health difficulties requiring ongoing treatment, Mrs P feels very lonely and anxious. She cannot bring herself to leave the house, and instead sits indoors with the curtains closed. Feeling it is too much trouble to get dressed, she often remains in her nightclothes during the day, living in just one room of her home.

A similar situation is experienced by Mrs W, aged in her early 70s, who has also lived in



a North Wales coastal town since the death of her husband. Although she believed this move would give her a new start in life she has instead become quite isolated as her sons live some distance away and rarely visit. She seldom speaks to anyone any more.

Mrs D told us a similar story: she has been single for almost 40 years, and although she has an adult son she says she cannot rely upon him to call on her as he is too busy with work. Although she is not geographically isolated she feels emotionally isolated, lonely and depressed, in many ways blaming herself for her situation as she feels she has cut herself off from others.

As noted with Mrs L above, we found that mobility difficulties can lead to previously active people becoming isolated from their communities. Mrs B, who lives in a small rural town, had regularly walked and swam with local groups, but a sudden bout of illness



confined her to her home for many months. Sadly, now that she has regained some mobility her local bus service has been withdrawn, leaving her reliant on expensive taxis to go out, rather than use her free bus pass. As a result she now manages to leave her home just once a week.

Changes in local service provision have also created great difficulties for Mrs J, who lives in a North Wales coastal town. Her husband died around ten years ago, and whilst she has two adult children both rarely visit, living many miles away. However, the crux of her difficulty is her need for an adequate amount of public toilets. All but one of her usual facilities have been closed by her local authority, making it impossible to visit the town centre or beach, activities she once enjoyed. Her sole pleasure nowadays is her dog, who is himself quite ill and reliant upon expensive vet treatment. Despite the cost she feels she simply has to keep him well, stating “He understands me and I understand him and I don’t want to imagine life without him – who will I speak to? These four walls?”

There are also those who experience loneliness despite being in close proximity to others for

much of the day, such as Mrs S, in her late 60s, who has been the sole carer of her severely disabled son since the sudden death of her husband two years ago. She has no friends or relations within several hours journey, and her time is almost entirely spent caring for her son, other than brief periods of respite care, but even this does not allow her the chance to meet others, and many of the events she would like to access are not available during these periods. She has attempted to remedy the situation to some extent by establishing a weekly sports session for disabled people in her community, which gives her the chance to meet people, but for much of the time Facebook is her lifeline, allowing her to keep in touch with friends and family to a far greater extent than may otherwise be possible.

Clearly there is no single cause of loneliness, and issues which have a great impact on one person may not necessarily affect another in the same way, but nevertheless the factors found above seem to be significant in the lives of many lonely people we encountered. As such, there is no catch-all solution to loneliness, but a range of solutions which may each have a cumulative impact.

Loneliness in later life: what are the risk factors?

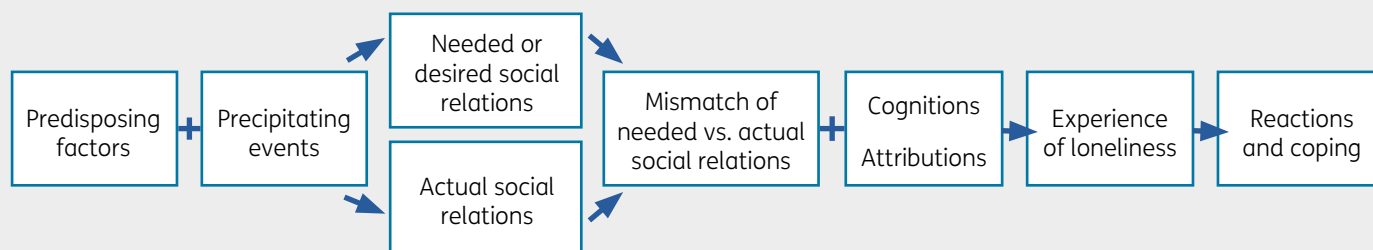
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**Dr Deborah Morgan, Research Assistant, Centre for Innovative Ageing,
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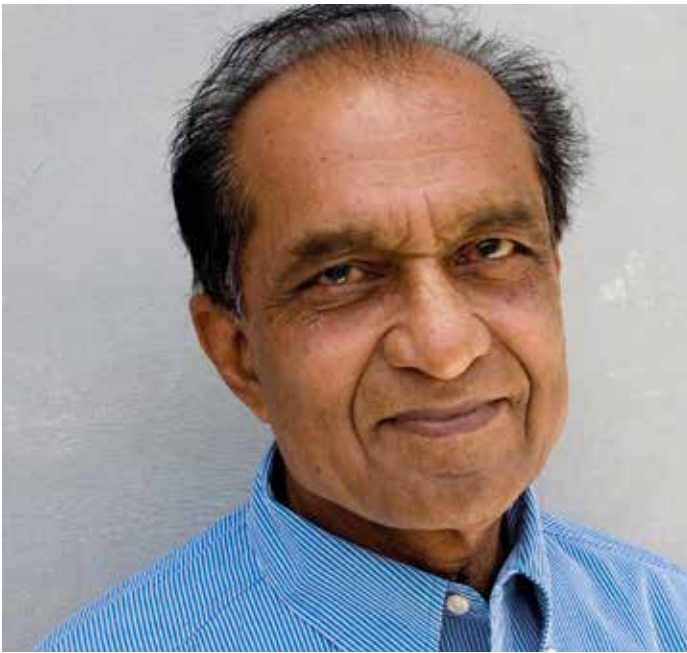
Loneliness and social isolation can affect people at any stage of the life course. However, changes and transitions associated with ageing mean that older people can be particularly vulnerable as risk factors for loneliness and social isolation increase and converge. Yet, loneliness and social isolation are complex. While one person may become lonely as a result of change in their circumstances, another person in similar circumstances may not experience loneliness. One explanation is that loneliness stems from a mismatch between the quality or the number of social relationships an older person wishes to have and their actual social relationships (Figure 1) (Perlman & Peplau, 1998). What this means is that someone with a small number of friends may never experience loneliness because they have all the relationships they require, while another person with a large group of friends may become lonely because they perceive those friendships to lack in quality or quantity. In contrast, social isolation refers to the absence of contact with other people (Wenger & Burholt, 2004). It is possible to be lonely without being socially isolated and vice versa. Loneliness and social isolation are not new phenomena;

loneliness is a universal experience, and one which most people have experienced. Although for many people, loneliness is a transient feeling that comes and goes, for others, it can become chronic, meaning that someone feels lonely all or most of the time. Levels of loneliness can also fluctuate over time.

Increasingly it is being suggested that wider social changes such as increased geographical mobility, the increase in single person households and a decline in intergenerational households has led to an increased prevalence of loneliness and social isolation in later life. This is a viewpoint being expressed by both politicians and the media alike. However, existing research has highlighted a wide range of factors that increase the risk of loneliness and social isolation in later life (Table 1). These include factors related to an older adult's personal circumstances; living alone (De Jong Gierveld, Broese Van Groenou, Hoogendoorn & Smit, 2009) being single, never married or divorced (Jivraj, Nazroo & Barnes, 2012). Similarly, certain personal characteristics have also been found to be associated with an increased risk of loneliness. Advanced age

Figure 1: Discrepancy Model of Loneliness (Perlman & Peplau 1998)





has been identified as a risk factor for both loneliness and social isolation (Demakakos, Nunn & Nazroo, 2006). While older adults from ethnic minority communities (Victor, Burholt & Martin, 2012) and those from the lesbian, gay, bisexual or transsexual community (Taylor, 2014) are also at increased risk of loneliness. Poor health or disability at any age can increase the risk of someone being lonely and/or isolated. In later life health related risk factors include; physical (Aartsen & Jylhä, 2011), cognitive (Burholt, Windle & Morgan, 2016) and sensory impairments (Alma, Van Der Mei, Feitsma & Groothoff, 2011), as well as poor physical (Sundström, Fransson, Malmberg & Davey, 2009) and mental health (Burholt & Scharf, 2013). Key transitions, such as the loss of a partner due to bereavement (Drennan et al., 2008; Aartsen & Jylhä, 2011) moving into a care home (Golden, Conroy & Lawlor, 2009), moving to a new area (Wenger, Davies, Shahtahmasebi & Scott, 1996) and caring for someone or giving up a caring role (De Jong Gierveld, Broese Van Groenou, Hoogendoorn & Smit, 2009) have also been shown to increase the risk of loneliness and social isolation as these transition points can disrupt social relationships. The environment in which older people live also plays a significant role

in increasing the risk of loneliness and social isolation. Factors such as the fear of crime (Scharf, Phillipson & Smith et al., 2007), a lack of accessible transport (Victor, Scrambler & Bond, 2009), or a lack of local facilities (Bowling & Stafford, 2007; O'Shea, Walsh & Scharf, 2012) have all been shown to inhibit social interaction increasing the risk of older adults becoming lonely or isolated. Physical aspects of rural and urban environments can also increase the risk of loneliness and isolation making it difficult for older adults to get out and about or to engage. For example the sparse population in rural areas when coupled with reduced or impaired functional ability of an older person, has been shown to impact upon their capacity to maintain social relationships with people who may be scattered over a large rural area (Burholt, 2011).

In addition, existing research shows that these risk factors operate at different levels. At the individual level (micro level), the social context of relationships with family and friends can influence loneliness and social isolation. At the level of the community (meso level) the community context provides opportunities for community engagement which are important for forming new relationships (De Jong Gierveld, Van der Pas & Keating, 2015). At the wider societal level (macro level) loneliness and social isolation can be influenced by the wider social, economic, cultural, and political context. So for example, existing research shows us that prevalence of loneliness and social isolation is greater in deprived areas, shaped in part by material deprivation which impacts on people's ability to engage in social activities across the life course. Indeed, findings from the English Longitudinal Study of Ageing (ELSA) suggest that 'wealth is a major correlate of loneliness' (Demakakos, Nunn & Nazroo, 2006:302). A lack of material and financial resources are also risks factors that can predispose individuals to loneliness and social isolation as they age.

Table 1: Risk Factors for Loneliness and Social Isolation

Personal Circumstances	Personal Characteristics	Health and Disability	Transitions	Environmental
Living alone*	Age* (being over 75yrs.)	Mobility/functional impairments*	Widowhood/bereavement	Urban /rural risk factors
Being single, divorced or never married*	Gender	Disability*	Admittance to a care home*	Lack of accessible transport
Availability of family and friends	Being gay, lesbian, bisexual, transsexual (LGBT)	Being a carer	Retirement migration	Lack of local facilities
Low income*		Poor health	Being a carer/ stopping being a carer	Fear of crime
Living in a council housing	From an ethnic minority community	Depression		
Educational level		Onset of illness		
Having access to a car		Cognitive impairment*		
		Sensory impairment		
		Dual sensory impairment		

* Also a risk factor for social isolation

While a great deal is known about the risk factors for loneliness and social isolation in later life, risk factors can converge. In addition, some factors pose more of a risk for loneliness than social isolation. My work around transitions in loneliness and social isolation explored some of these issues using data from the nationally representative Cognitive Function and Ageing Study Wales (CFAS Wales). CFAS Wales was a study of community dwelling older people aged 65 and older living in Wales. Drawing on a pre-release CFAS data set based on the responses of 2308 older adults, my work examined the risk factors for four categories of loneliness and social isolation: 1) lonely and isolated, 2) lonely not isolated, 3) isolated not lonely and 4) neither lonely or isolated. The findings showed that different risk factors were at play in each of the three categories of loneliness.

In the **lonely and isolated** category risk factors included being male, aged 85 years and over, being childless, frequently feeling sad or depressed, being in poor health, having low self-esteem, and low levels of interpersonal control (the ability to interact with others). The risk of being both lonely and isolated was also increased for older adults who did not participate in church or social groups, and those who lived more than 50 miles from family (Morgan, 2015). This finding is consistent with existing literature as many of the risk factors identified as being predictors of inclusion in the lonely and isolated category have been previously associated with both loneliness and social isolation.

In the **lonely not isolated** category there were some similarities with the lonely and isolated category risk factors. These included

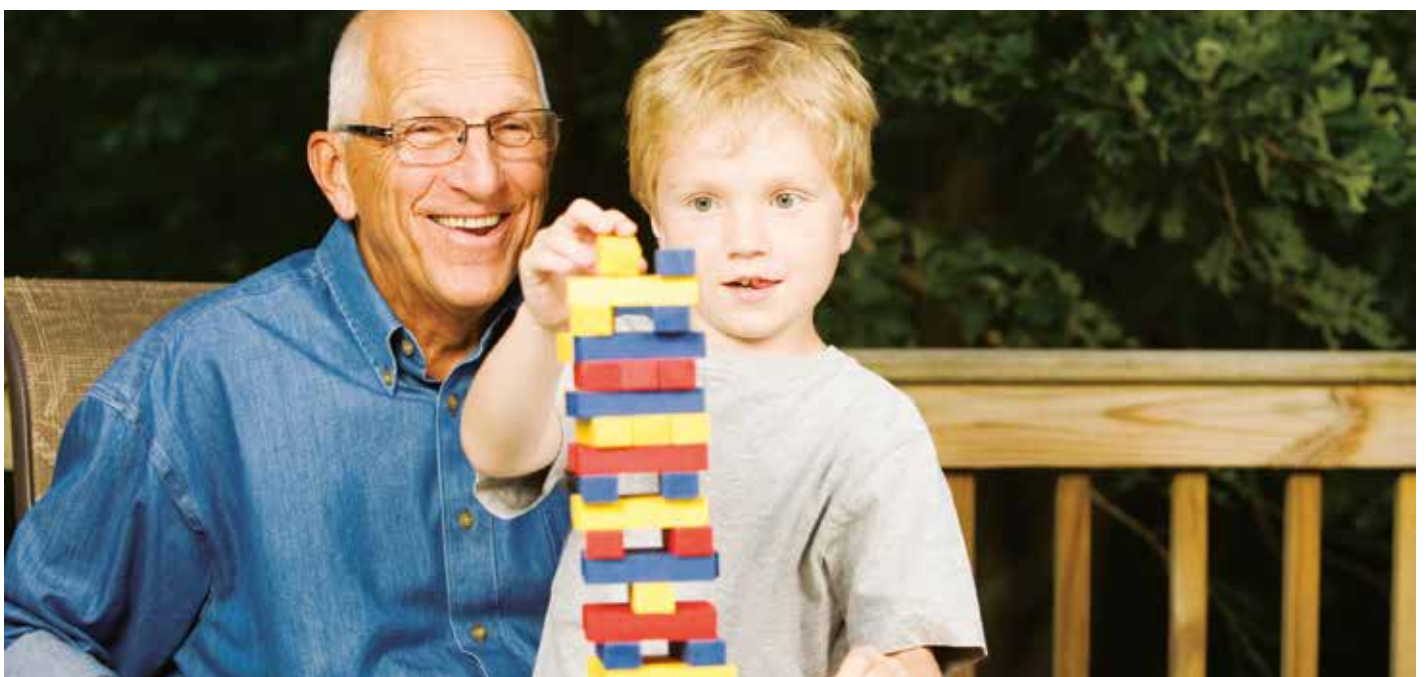
experiencing frequent feelings of sadness or depression, having low self-esteem, or low levels of interpersonal control (ability to interact with others) and living more than fifty miles from family which were found to increase the risk of an older person becoming lonely but not isolated. Similarly, the **isolated not lonely** category also highlighted some similarities in the risk factors associated with the preceding lonely and isolated category. These included being older (over 85 years), being in poor health, having low levels of interpersonal control and living more than fifty miles from family which were all found to increase the risk of being 'isolated not lonely'. However, the findings show that having a low level of education (leaving school at compulsory school leaving age or before) and being childless were also risk factors for being isolated but not lonely in later life (Morgan, 2015).

The fourth category, **neither lonely nor isolated**, identified some protective factors that reduced the risk of loneliness and social isolation. Individuals who were neither lonely nor isolated were found to be female, younger (aged 65-74), married, have children, a positive assessment of health, not depressed, high levels of both self-esteem and interpersonal

control, participate in church or social groups and living in close proximity to family (Morgan, 2015).

Older peoples experiences of loneliness and social isolation

One often overlooked aspect of loneliness research is the perspective of older lonely adults. As part of my work on transitions in loneliness and social isolation, I interviewed a number of lonely and isolated older adults who had taken part in the CFAS Wales study. The narratives of these lonely and/or isolated older adults showed that the transition into loneliness and/or isolation was triggered by some of the risk factors identified in existing studies and in my own statistical findings. Many of the older adults interviewed became lonely as a result of bereavement, while retirement, migration and disability were factors identified by older adults as being significant in their transition into social isolation. Yet some identified older adults interviewed spoke about difficulties they had across the lifecourse engaging in social relationship, often attributing it to personality characteristics such as shyness, being quiet or introverted (Morgan, 2015).





“I’m quiet, yeah, I am rather shy if you like, so that’s the problem I suppose” (lonely widow, aged 68)

These older adults frequently had smaller social networks comprised mainly of family members or friends of their partner. Existing research shows that older people, whose social networks are dominated by nearby family members with few friends and neighbours, are at risk of loneliness (Wenger, 1991).

The interviews with lonely/isolated older adults also highlighted a complex picture of the interplay between risk factors, with many of the older adults interviewed reporting multiple risk factors resulting in a cumulative effect.

“I think it’s the combination of finishing work and then having this sort of medical problem and I mean my life now revolves around going to the [...] pub” (lonely and isolated divorced male, aged 72)

“I was always out doing something and I used to go to keep fit, and oh lots of things but oh well as you get older, and I lost my husband, well eight years ago, and since then I haven’t been about so much. I did have a driving licence, then, and arthritis and I have a job turning me neck to see, and when you’re driving you’ve got to be able to do it and I didn’t feel that I would be safe” (lonely widow, aged 82)

It is evident that there are a number of risk factors associated with loneliness and social isolation in later life. The complexity of the risk factors and how they interact with the personal circumstances of older people suggest that when considering interventions a complex, personalised approach will be required. Interventions to address loneliness and social isolation will need to consider the unique circumstances in which ageing and loneliness is experienced by each individual. Highlighting the range of risk factors that can increase the likelihood of someone experiencing loneliness and social isolation also needs to be addressed in order to reduce the risk of people transitioning into loneliness as they age.

Combatting loneliness amongst older people – prioritise and mobilise!

Jill Mortimer, Policy Manager, Age UK

Most of us have experienced loneliness at some points of our lives. It can be a painful and miserable experience. Often these feelings pass as life moves on. But for some of us it becomes chronic, increasingly difficult to come through and increasingly damaging to health and well-being. It can be accompanied by a loss of self-confidence, reduction in self-esteem and feelings that life is meaningless.

Loneliness can affect people of all ages. There are estimates that at any one point in time 9 million people in the UK are often or sometimes lonely.¹ The statistics vary depending on the precise wording of the question asked, but it can be anything from 9 per cent to 15 per cent of each age cohort. There is also a lot of hidden loneliness. Over half of people over fifty who

responded to a Gransnet survey stated that their friends and family would be surprised to know how lonely they felt.²

Loneliness is often about loss – either of the relationships that you had, or relationships that you wished you had. People can be particularly vulnerable in life's transitions – for example becoming a teenager and then an adult; the potential isolation and change in identity for a new parent leaving work for a time to look after children; divorce; the 'empty nest' when children leave home; the experience of leaving home to go to university or to a new job in an unknown town; losing contact with work colleagues on retirement as well as the loss of the identity of a work role; the death of loved ones. There is also huge potential loneliness amongst groups who may experience social marginalisation through prejudice and discrimination: people from minority ethnic groups, refugees, LGBT groups, people with disabilities and older people.

Older people are particularly at risk of loneliness triggered by bereavement and the development of long-term health conditions that can reduce mobility and sensory impairments that can reduce confidence and ability to get out and about. As the number of older people in the UK increases so too does the number experiencing chronic loneliness. Studies estimate that 1.2 million people aged 65+ are chronically lonely³ and a staggering 1.9 million often feel ignored or invisible.⁴

There is scope for us all to work better together to help lonely older people re-engage with their communities. There has been a massive





growth recently in the public awareness that loneliness is something that we as a society can and should do something about. Age UK's 'No-one should have no-one' Christmas campaign in 2015/16 and 2016/17 prompted a surge of interest with 17,000 enquiries in 2016/17: more than double that of the year before. Over the 2016/17 year there were 43,000 annual enquiries about volunteering, also more than double the number of enquiries in the year before. The Jo Cox Commission on Loneliness is gathering pace, and there were over 100,000 'Big Get Together' events around the country on the anniversary of her death.

It is crucial that all of us working in the public, private and voluntary sector ride this wave of public concern and seize the opportunity to make a difference. The National Assembly for Wales' work to develop a strategy to tackle loneliness and social isolation in Wales is a huge step in the right direction.

Helping older people reduce their loneliness

Age UK has been working to address loneliness amongst older people for many years. More than 120 Age UKs in England have services that address loneliness – usually a combination of telephone calls, home visits, organised activities.

Call in Time

Age UK runs a national telephone befriending service called 'Call in Time'. Initially designed to engage corporate volunteers to help tackle loneliness it now includes volunteers from members of the public.⁵

We train these volunteers and match them with older people, based on shared interests. Each volunteer makes a 20 to 30 minutes call a week. The Age UK team supports volunteers by providing advice, covering calls when they are on holiday, and when appropriate, referring them to other Age UK services such as benefit advice and local clubs.

Since our first 'No-one should have no-one' Christmas campaign, the service has expanded massively. There are now over 1000 older people receiving calls each week and more than 500 volunteers provide the calls.

“I had nobody. I was completely lost. Day and night, week after week, month after month. The loneliness gets under your skin. ‘Call in Time’ has changed my life from a colourless day by day of ‘getting through it’ to getting back into ‘LIFE’ state” Barbara

“It (the call) brightens up your day when you have got nobody. I’m on my own all the time. It makes you feel better, it really does” Molly

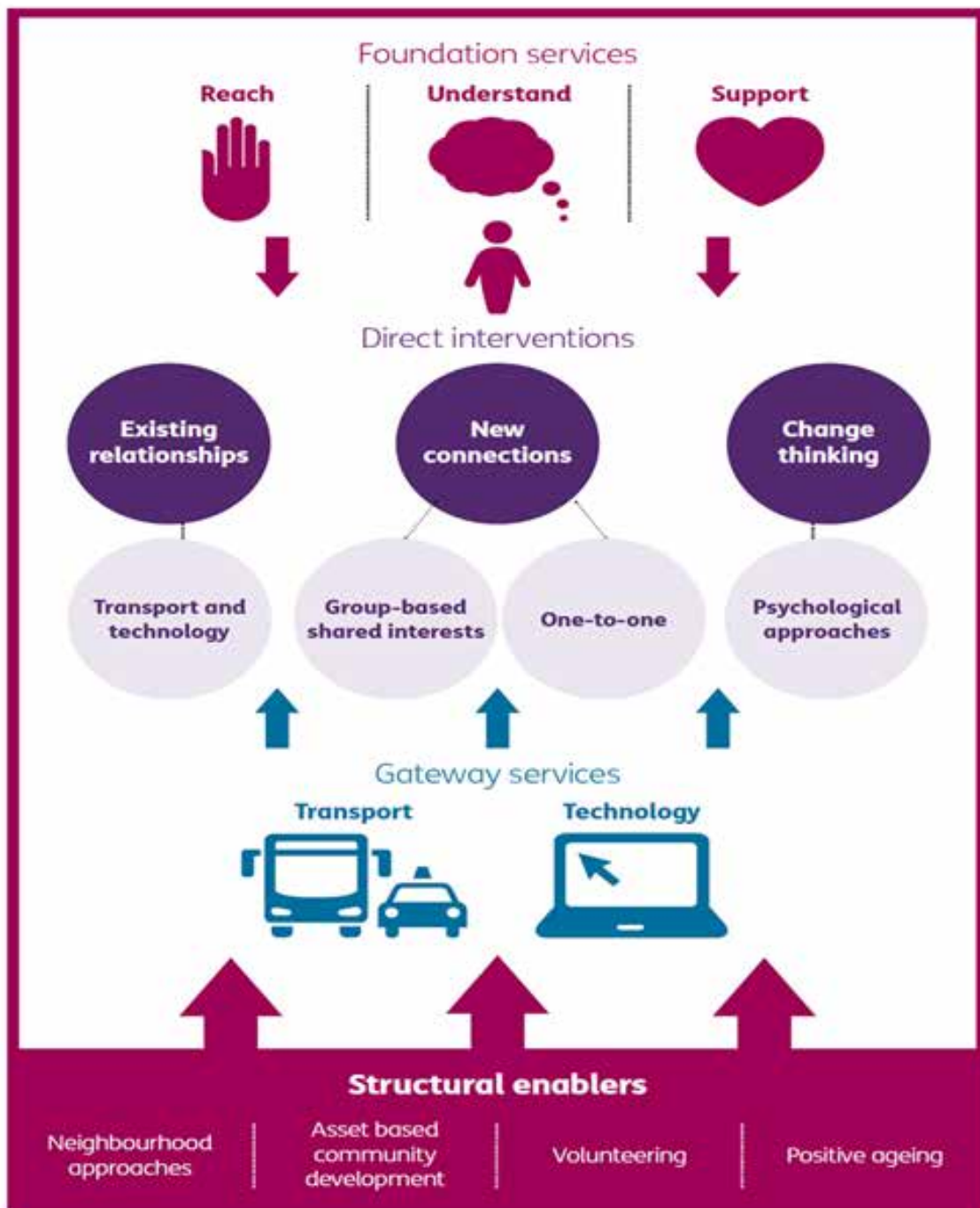
Promising Approaches to Reducing Loneliness and Isolation in Later Life

In 2014 we joined with the Campaign to End Loneliness to research ‘what works’ in helping older people address their loneliness. We published ‘Promising Approaches to Reducing Loneliness’ in 2015.⁶ This included a framework to identify all the different elements that

might contribute to a solution and provided 28 summary case studies of approaches where there is some evidence they’ve had an impact on loneliness.

Throughout the research we consulted with an expert panel who suggested that the least researched but potentially the most important element in the framework for chronically

Framework for Loneliness Interventionsⁱ



ⁱ Promising Approaches to Reducing Loneliness: Age UK and the Campaign to End Loneliness; January 2015, page 11.

lonely older people lay with foundation services. **Reach** – find lonely individuals who are not necessarily in contact with any of Age UK services; **Understand** – the nature of an individual’s loneliness and develop a personalised response; **Support** lonely individuals to access people, activities and services that help them reconnect. Age UK decided to pilot these services with 8 English Age UKsⁱⁱ in our Testing Promising Approaches to Reducing Loneliness programme.

Testing Promising Approaches

The first stage of the programme ran for 15 months and was successful in reducing loneliness especially amongst people who were often or always lonely. The following were identified as crucial elements for success.⁷

Personalisation

Loneliness is an intensely personal experience, and different approaches work for different people. For some of the people contacted through the programme, finding out they were eligible for benefits like pension credit or attendance allowance gave a real boost to their confidence and the financial means to get out and about again. Others had lost confidence in getting out after a fall, and a short period of being accompanied and finding ways to get their confidence back was the key to reconnecting. For some, their loneliness had been cutting deeper and for longer and they needed more time and contact to build their self- confidence and identify what could give them pleasure and purpose again.

People also differ in what kind of social activity might attract them. Coffee mornings and lunch clubs suit some people. Others prefer group activities like Men’s Sheds, walking

ⁱⁱ The local Age UKs involved in the programme were: Age UK Barrow & District; Age UK Blackpool & District; Age UK North Craven and Age UK North Yorkshire; Age UK Oxfordshire; Age UK South Lakeland; Age UK South Tyneside and Age UK Wirral.

football or netball, book clubs, film clubs or get-togethers at local pubs and cafés. Or finding people locally to play Scrabble or Bridge with, or walk together, or join a choir, or set up a local history group. There are numerous possibilities.

For many, befriending schemes with personal phone calls and visits are a means to an end. For some, especially someone with difficulty getting out of the house, befriending schemes are a crucial long-term element in improving their daily life.

Age UK staff and volunteers were trained in carrying out guided conversations with the people experiencing loneliness to help them identify what kind of support would make a difference. As the projects developed the staff and volunteers often found activities such as local book clubs that they hadn’t been aware of before.

‘Eyes and ears on the ground’

The local Age UKs developed their outreach to find lonely older people through:

- Training their front line staff to recognise the characteristics of loneliness – their reception and advice workers were trained as well as community development workers such as Village Agents and Urban Angels.



- Working with professionals in the voluntary and statutory services who were already in contact with older people at high risk of loneliness. These include fire and rescue officers and police community support officers who carry out home visits; GPs and practice nurses; district nurses, occupational therapists, social workers, social care workers and home from hospital services. Where a professional felt an older person might be lonely they either told them about Age UK services or asked them if they could forward their details onto the local Age UK.
- Working with people with strong community connections - such as hairdressers, publicans, people in faith groups, post offices, shopkeepers, staff on the tills at supermarkets - who are often aware of people who seem to be lonely and can hand out contact details for the local Age UK and get more involved in programmes to address loneliness if they wish.

Use loneliness heat mapping

Age UK's loneliness heat mapping tool uses data from the census to identify the relative risk of older residents being lonely in different

neighbourhoods.⁸ Areas appearing to be high risk, but with limited services can then be targeted with leaflets etc. to develop networks and services. The area could also be targeted for a 'big door knock' where staff and volunteers from across the area target a neighbourhood over a weekend or week to knock on doors and talk to people about the services and help that is available.

Help people help themselves

A core principle throughout was to help people work out what they wanted and needed to do to find pleasure and purpose in their lives again, and then help them achieve it. In most instances the befriending support was a type of mentoring, coming to an end once the individual was able to reconnect. In some cases the befriending relationship continued, because both enjoyed each other's company and sometimes also because the older person was unable to leave their home easily.

Knowing your limits

It's also very important for staff and volunteers to know when other services should be involved, such as health and social care.



Retaining and improving transport and digital services

The power of personal relationships is a crucial part of addressing loneliness, but there is also service infrastructure that plays a huge role in enabling people to establish and maintain connections. This includes access to transport and broadband and improvement in these usually requires input from the statutory authorities.

Is it working?

Finally, a core element in 'Testing Promising Approaches' involved building in evaluation questions asked at the beginning of the process and then six to twelve weeks later to measure whether people's experience of loneliness had reduced. Of those who were lonely often or some of the time, respectively 88 per cent and 70 per cent experienced a reduction.⁹ In addition qualitative feedback suggested many of those participating felt more independent, had better well-being and had improved connectedness with people.

“Arthur was spending hours alone in his flat in sheltered accommodation. He was unwilling to participate in group activities because of difficulties hearing. He had has a busy social life, but most of his friends had died or were unable to visit. Age UK introduced him to Paul who had had to retire early after an accident and was feeling increasingly isolated and depressed. They play dominoes and cribbage. They dissect the latest football match and reminisce about their time in the building trade – swapping funny stories of mishaps and adventures. Paul provides Arthur with good company and a ‘link’ back to the job he loved. Arthur has helped restore Paul’s sense of purpose and self-worth”

“It’s not so much about being alone. It’s about being lonely, even when people are visiting. I was quite down after everything (husband’s death, then stroke, followed by a fall) and confined to the house. I’m feeling happier and less nervous now. Jean (the volunteer visitor) is my new friend who helps me do the things I want to do” Charlotte

The Jo Cox Commission on Loneliness

Age UK is proud to be a member of the Jo Cox Commission on Loneliness. Through March and April 2017 we worked nationally and locally with six other charities to highlight the way chronic loneliness impacts upon older people. 59 MPs pledged their support at a drop in event on 22nd March. 12 MPs wrote to us to arrange meetings with their local Age UKs and Age UKs across the country held inspiring events to highlight the issues for older people in their locality. 1800 Age UK campaigners wrote to their MPs. The Commission’s work continues and will issue a statement on addressing loneliness in December 2017.

Our ‘No-one should have no-one’ Christmas campaign in 2015/16 and 2016/17 prompted a surge of interest with 17,000 enquiries in 2016/17: more than double that of the year before. Over the 2016/17 year there were 43,000 annual enquiries about volunteering, also more than double the number of enquiries than the year before. There has never been a better time for politicians, people working in the public, private and voluntary sector, and the public at large – to come together to do what we can to help people reconnect. Government at all levels can do big things like funding programmes and developing front line services to recognise loneliness and know how to help. All of us can do little things like starting a conversation, having a chat, knowing where we can refer people, because lots of little things will add up to a big impact! Together we can make an enormous difference.

The Men's Sheds movement in Wales – an insight from The Squirrel's Nest

Robert Visintainer, Joint Chair for the Cooperative Association of Men's Sheds Cymru

The Squirrel's Nest in Tondu, Bridgend was the first working 'Men's Shed' in Wales, and provides a relaxed, friendly environment for men to socialise, do something practical and talk to each other at the same time.

Men's Sheds are social groups or enterprises set up in local communities for the benefit of men. They are self-governed, self-supported and sustainable with a small committee, their own individual constitution, their own income and eventually their own premises.¹

The Men's Sheds idea originated in Australia and was developed by the health department to tackle growing concerns of social isolation amongst their male population. They identified that high numbers of men had time on their

hands (due to retirement, unemployment, illness etc.) and these things often manifested themselves in boredom, men suffering in silence with declining mental health and in the worst cases suicide.²

The Cooperative Association of Men's Sheds Cymru is a support organisation that helps older men in Wales to form Sheds – a meeting place that provides the opportunity for men to support each other 'shoulder to shoulder' while making, building and fixing things. The Men's Sheds movement in Wales has grown rapidly, and there are currently 34 Sheds across Wales. Many members of Men's Sheds are older men who feel isolated or who have experienced depression or other mental health conditions which have impacted negatively on their lives.



Squirrel's Nest

“If you are alone and by yourself you can come here and you are with people who know what it's like” (Squirrel's Nest member)

“It means everything to me. I don't have anything else so I'm here all the time. We have lots of people here at any one time so there is always someone to talk to. I knew there was a gap in the community for something like this and I think it's important that there is somewhere for men like me to be able to come” (Squirrel's Nest member)

The Squirrel's Nest Men's Shed has a fully equipped industrial unit where men can pop in, make something practical, make conversation and make new friends. The Nest holds daily sessions on weekdays where members can work with wood and carry out individual or

group projects to build furniture, a range of wood products and art. It's a safe and nurturing environment where men who have time on their hands, whether that's due to unemployment, retirement, bereavement or disability, can go to work on projects and activities that interest them.

How each individual Shed looks and the activities that take place in them depend entirely on the skills and interests of the group. While many are wood-working groups there is also a huge array of other activities on offer. Shedders are artists, collectors, story-tellers, amateur radio enthusiasts, train spotters, and model makers.³

“Men aren't always the best talkers but you can turn up here in the mornings if you are feeling down and by the afternoon your mood has picked up. The enjoyment of making something and seeing it finished is very rewarding” (Squirrel's Nest member)

‘Pimp My Uke’

‘Pimp My Uke’ was a venture between Men's Sheds Cymru and Age Cymru that successfully engaged older men in the arts. Men's Sheds across Wales were given kits to make their own ukuleles and provided with musical tuition to learn to play their ‘pimped’ instruments. 150 members from Sheds all across Wales came together to perform in St David's Hall, Cardiff, as part of the Gwanwyn festival which celebrates creativity in older age. The event provided the first opportunity for all Sheds in Wales to come together, and for some members it was the first time they had left their local community for a number of years.⁴

EiSHEDfod

Following on from the hugely successful ‘Pimp My Uke’ project, Men's Sheds across Wales came together in Cardiff for an EiSHEDfod - a



Squirrel's Nest

nod to the traditional format of the Welsh Eisteddfod and a celebration of all things creative from Sheds across Wales. The event was presented in partnership with Age Cymru's Gwanwyn programme.

This light hearted and enjoyable event created an opportunity for Sheds across Wales to come together and socialise, share their work and find out more about each other, and for Shedders to take part in new activities and learn new skills. There were performances and workshops, and a range of categories for people to enter their newly created pieces, made in advance of the day. In preparation for the event, members of the Squirrel's Nest built their own Appalachian Mountain Dulcimers.

Further information

For more information about Sheds in Wales including the Squirrel's Nest, please visit the Men's Sheds Cymru website www.mensshedsymru.co.uk

OlympAge Games provides a festival of fun sporting activities for older people

.....
Nicola Fedyszyn, Senior Marketing Officer, Bridgend County Borough Council
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Last year, the Prevention and Wellbeing department at Bridgend Council worked with partner organisations to deliver 'Later Life Training' to staff and activity leaders in order to roll out an innovative 'OlympAge' activity programme within local care settings.

The OlympAge programme involves going into day centres and residential homes and carrying out modified games suitable for older people, designed to get them moving about and being more active. The programme also acts as a tool to improve mental wellbeing by giving participants a sense of purpose and opportunities to socialise with others. The team has been supporting the participants and staff within these care settings to build in regular exercise as part of the programme. This includes playing adapted games such as bocchia, new-age curling, basketball, target throw and bounce ball.

After rolling out the programme and seeing how much the activities were making a difference to the lives of older people, the team wanted to put on an event which would bring together participants from across the county borough and give them something to look forward to and practice for. It was decided that a grand OlympAge Games ceremony would take place to celebrate the work being done to enrich the lives of older people in Bridgend County Borough.

The OlympAge Games were held on Thursday 8th December 2016 in the Bethlehem Life Centre, Cefn Cribwr in Bridgend.

The event was a great success, with over 200 people gathering to watch 14 teams made up of older people and people with disabilities enjoying competing in the Rio-themed events. The Minister for Social Services and Public Health, Rebecca Evans AM was in attendance along with the Deputy Mayor of Bridgend County Borough, National Exercise Referral Co-ordinator for Wales – Jeannie Wyatt Williams, representatives from partner organisations and local councillors.

The positive atmosphere at the event was heart-warming, with people of all ages coming together with the same goal, to make Bridgend County Borough a great place for people to grow older. Over 50 Bridgend College Health and Social Care students lent their support on the day, assisting people taking part to move around and play the games. This gave a multi-generational feel to the day and promoted the message that multi-generational interactions within in our communities should be the norm.

All participants received a medal on the day for their efforts, and the winning teams in each category received a special OlympAge Games 2016 trophy.

The ongoing aim is to keep working with care providers to ensure that momentum is not lost and that the equipment and training that has been provided is being utilised regularly.

Bridgend County Borough Council has built on this continued success and with support from organisations such as Welsh Government and Sport Wales has developed the OlympAge Games into an annual event. The 2017



Participants from Foxtroy House enjoying the OlympAge Games

OlympAge Games will take place on the 7 December at Bethlehem Church Life Centre.

The hope is also to encourage other local authorities in Wales to put on similar programmes by sharing best practice.

New online resource for older people in Bridgend County Borough

One thing we all have in common is ageing. In Bridgend County Borough, we believe it is in everyone's best interests to make our area a place where people of all ages realise their contribution to society and feel a sense of purpose and value in their lives.

Bridgend County Borough Council has developed a new website, called 'Ageing Well in Bridgend' which acts as a useful information source to help older people maintain daily independence and feel connected in their local communities.

The website provides useful information to help older people lead an active, fulfilling lifestyle, with a variety of useful links to initiatives and support aimed at older people.

On the website you can find out about local hobby groups, events and activities, as well as practical information relevant to older people's needs.

We also aim to raise awareness of issues faced by older people in Bridgend County Borough and we have an Ageing Well in Bridgend plan on the website.

The new website will be officially launched at the OlympAge Games on the 7th December.

Further information

For more information please visit:
www.ageingwellbridgend.co.uk

Gwanwyn clubs: ‘...and now for something completely different!’

.....
Emma Robinson, Arts and Creativity Programme Manager, Age Cymru
.....

Building on the success of Age Cymru’s [Gwanwyn festival](#) celebrating creativity in older age, Gwanwyn has introduced two new Gwanwyn clubs to explore how taking part in arts and creative activity can reduce feelings of loneliness and social isolation amongst older people.

Gwanwyn clubs are full day arts clubs for the over 50s that offer a programme of weekly events to create opportunities for people to meet new friends and try out a whole range of new creative activities and experiences.

Gwanwyn has been inspired by other clubs across the UK. Meet Me at the Albany in London has been described as ‘the kind of stereotype-smashing thing that sticks two knitting needles up at anyone who dares assume a day centre for older people is about flower arranging and endless cups of tea.’

Gwanwyn hopes to offer this refreshing attitude to people in Wales and has been piloting weekly sessions over a period of six months from May 2017 in both Aberystwyth and Caernarfon, working with our local Age Cymru partners (Age Cymru Gwynedd a Môn and Age Cymru Ceredigion) and the local arts community to offer something refreshingly different!

In each location we are running things a little differently. In Aberystwyth, the club is based at the arts centre and the Coordinator supports participants to attend. In Caernarfon, the club is based at Age Cymru Gwynedd a Môn’s new centre for older people in Bontnewydd, and the artists are brought in to attend and deliver on site.

Both clubs aim to push the boundaries of artistic endeavour and to re/ignite creative flair amongst older people. Our hope is to foster the creation of work that is punchy, risky, rude, controversial – not safe, tried, tired and tested.

The artists engaged to deliver the sessions and the participants who take part are embracing this challenge and keen to avoid maintaining the norm. As such, showcasing and presenting the work created is a fundamental part of the project. We want to show off the fabulous work and also provide a focus and gentle motivation to encourage participants to create great quality work that deserves to be shown to the wider community. Aberystwyth club is working towards a showcase in October and Caernarfon’s will follow closer to Christmas.



Gwanwyn club at Aberystwyth

So why the clubs, and why now?

Age UK's Index of Wellbeing found that 'creative and cultural participation' makes the biggest overall contribution to an individual's wellbeing. The arts make a powerful contribution towards a person's wellbeing and it's fantastic that this is reflected in Age UK findings.

Social connectedness is a contributory element to wellbeing and the arts play a significant role in connecting people together, keeping people active, providing opportunities to give and share, to take notice and learn.

David Cutler from The Baring Foundation writes about the Index of Wellbeing findings: **'Those with the lowest scores were likely to be the most disadvantaged, more likely to have low incomes, poor health and limited or no social and friend networks to help them through difficult times.'**

So that older people thrive rather than merely survive, arts should have a higher priority in work with older people, starting off with recognising this in policy and resourcing, but then crucially at the local level. Efforts must also be made to bring in people with little or no access or history of participation in the arts.'

This is what the clubs are trying to achieve; to encourage people to take part in the arts; people who may not have taken part since school or those who are living with long term health conditions that without support are unable to attend regular sessions.

I would however like to share a word of caution, especially as we develop activity and provision for those older people who are at risk of social isolation and loneliness. This, from the wonderful book 'How To Age' by Anne Karpf resonates strongly with me and has informed the design and delivery of the clubs:

'to detoxify ageing...we need to throw off the caricatures of old people. Older people are

almost invariably described as lonely...who can complain about campaigns launched by well meaning charities to alleviate loneliness among the 'elderly' at Christmas, yet such campaigns inadvertently encourage us to see them almost exclusively through the prism of vulnerability.'

Importantly, the clubs are about art first and foremost; the creation, the consumption and enjoyment of art. The celebration, strength and energy coming from its members, not the 'prism of vulnerability'. They are not befriending clubs (although people will make friends), they are not arts therapy classes (although people will feel better) and they are not just a means to keep older people occupied with something to do. The clubs are providing a platform for older people to have a voice, a fresh voice or to polish their existing one that's been silenced or quietened for a while: a participant from Aberystwyth club explains:

"When you are over 50+, there can be many issues that may affect you. Children leaving home, redundancy, retirement, health problems, social isolation etc. Running a regular weekly course gives people the opportunity to build friendships and share life experience and network. Exploring creativity is known to be good for the soul or psyche as it runs on a deeper level and promotes wellbeing and relaxation. Bonding through creative mediums promotes a sense of worth and self-esteem. Everyone takes away something different."

For more information please contact Age Cymru's Arts Programme Manager, Emma Robinson, on emma.robinson@agecymru.org.uk or call 029 2043 1540.

Gwanwyn clubs have been made possible by funding from the Arts Council of Wales via the National Lottery.

Reducing loneliness and social isolation in older people? The role of the third sector and public policy in Wales

Dr Mark Llewellyn, Deputy Director, Welsh Institute for Health and Social Care, University of South Wales

Introduction and context

Many older people (50+) experience feelings of loneliness and social isolation. It can be caused by any number of reasons, many of which are beyond an individual's sense of control. Feelings of loneliness and social isolation can have detrimental effects upon an individual's health and wellbeing. This in turn has cost implications for health and social care services, in Wales and elsewhere.

Over recent years, third sector organisations have responded to this by implementing a number of interventions to try and address

the issues. These have often been funded by grants – either from Welsh Government, foundations or perhaps most significantly from the Big Lottery Fund. These monies have been allocated in part on the basis that the third sector is particularly well placed to address issues of social isolation and loneliness.

In this regard, it is important to note the crucial role that the third sector plays in the lives of older people every day. There is a wide variety of third sector activity in communities across Wales – ranging from voluntary action undertaken by volunteers – whether known

Figure 1: Third Sector activity in communities

Voluntary action in a community

not known to CVC

Formalised voluntary action

known to CVC as member

Aligned 3S organisation

interested in local/ regional strategic policy agenda

Commissioned 3S organisation

interested in operational delivery funded by statutory sector – local/regional/national

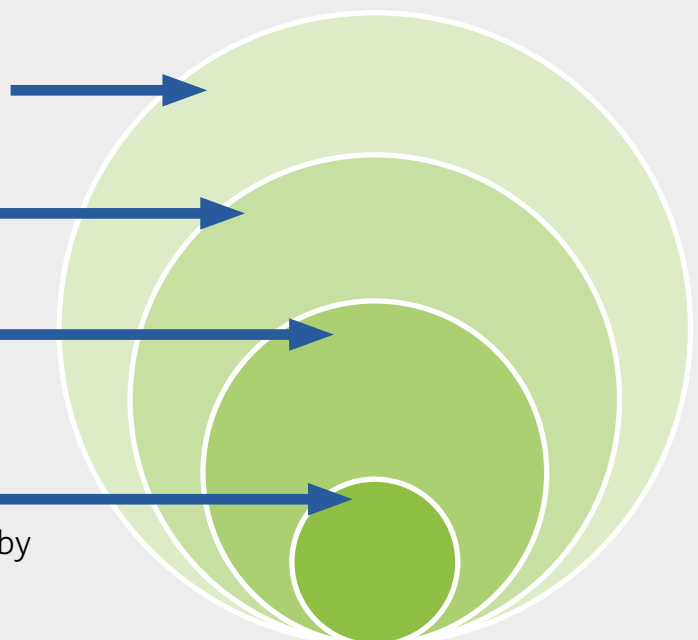
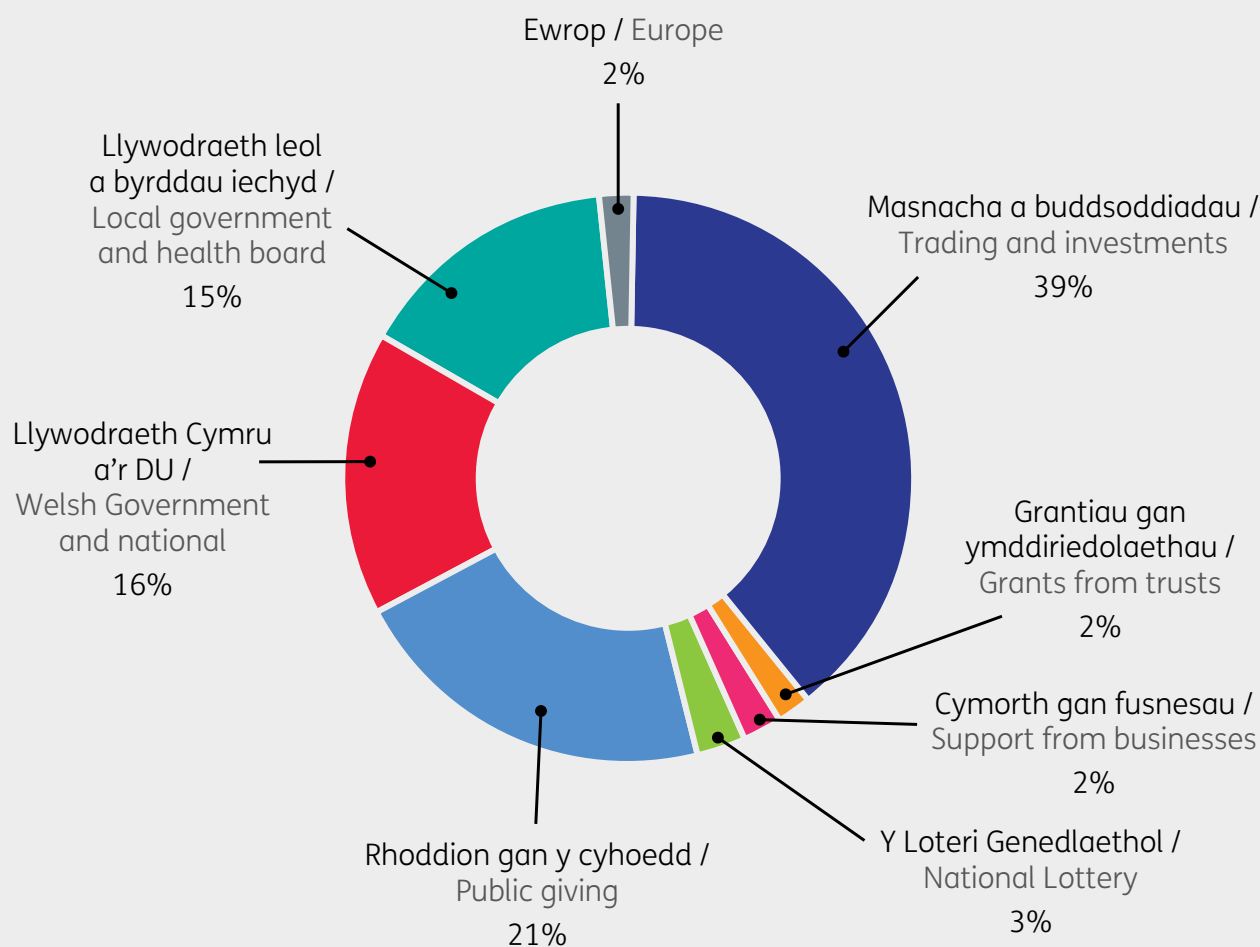


Figure 2: Funding of the Third Sector in Wales, 2013/14ⁱ



or not to county voluntary councils (CVCs) – through to commissioned third sector organisations undertaking work on behalf of the public sector. It is difficult to quantify both the amount and the proportions of activity in these categories, but Figure 1 tries to represent this typology. The key point to note about this diagram is that without the support on offer which is represented by each of these categories, older people would be more reliant on public services than they currently are.

In addition to this, it is useful to have an understanding of the amount of money spent within the third sector in Wales. Figure 2 provides the latest data from WCVA on the sources of funding of the sector.

The reason for including these data on funding is that the 15% (equivalent to £250m in 2013/14) that comes to the sector from local government and health boards is for services like those addressing loneliness. The Big Lottery Fund provides 3% (£60m) of the income for the sector.

These figures have been subject to real change since 2001, increasing by 165% in just over 10 years. The Welsh Audit Office have recently reported on this, and Table 1 along with Figure 3 provide an indication of the scale and pace of the change, including the different amounts spent on grants and contracts during that period.

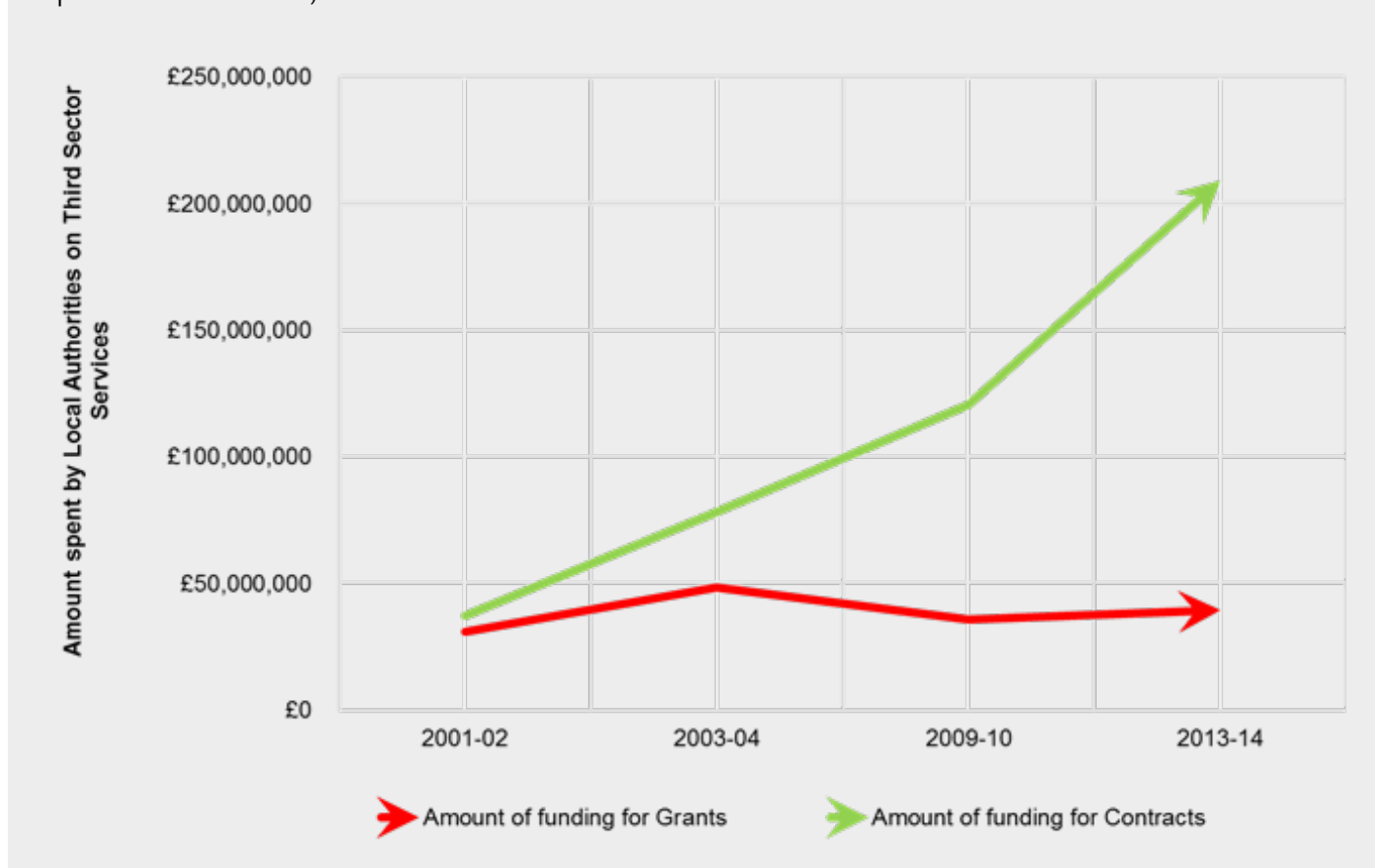
ⁱ WCVA (2016) Third Sector Statistical Resource – accessed, 29.8.17 from https://www.wcva.org.uk/media/3594846/wcva_almanac_2016_6_.pdf – data relate to 2013/14

Table 1: Total funding of the Third Sector in Wales from local government and health boards, 2001/02 to 2013/14ⁱⁱ

2001-02	2003-04	2009-10	2013-14	Change in real terms
£68m	£126m	£156m	£249m	+165.5%

There are clearly huge implications of this change for the third sector, especially the increasing amount of public money spent on contracts rather than through grants.

Figure 3: Total amount spent on the Third Sector in Wales – split into spend on grants and spend on contracts, 2001/02 to 2013/14ⁱⁱⁱ



Policy change – the ‘Outcomes’ turn

Alongside the change and growth in income for the third sector in Wales, this has been a period of significant legislative and policy change. There has been what might be called an ‘outcomes turn’ in Welsh policy in the last

five years which has had huge implications for the nature of support and provision for older people. Perhaps of greatest relevance and impact in respect of older people has been the advent of the Social Services and Well-being (Wales) Act 2014. The Act has combined a number of former pieces of legislation, and

ⁱⁱ Auditor General for Wales (2017) Local authority funding of third sector services Welsh Audit Office – accessed, 29.8.17 from <https://www.audit.wales/system/files/publications/Third-sector-funding-eng.pdf>

ⁱⁱⁱ Auditor General for Wales, op. cit.



set an ambitious new agenda for a number of service areas, placing duties on prevention and requiring that voice and choice are embedded at the heart of social care.

Much has already been written on the Act and its ongoing implementation, but the part that is of greatest significance to this paper is perhaps the outcomes frameworks – and particularly the ‘National Outcomes Framework’ (NOF)¹ – that have been developed to underpin the new policy developments. Our studies of the third sector projects that we have evaluated aligned the project outcomes with those of the NOF. This was so that the data collected were not only relevant locally, but also contributed to the national picture and allowed third sector

organisations to assess whether the outcomes they had achieved were the sorts of outcomes that the Welsh Government has determined are key for older people.

Evidence on reducing loneliness and social isolation in older people

As mentioned above, all of the third sector organisations were funded by Big Lottery Fund under the AdvantAGE strand.^{iv} When reflecting on the qualitative narrative provided by the beneficiaries across all four of the projects, there were six dimensions of evidence that linked the schemes together, and linked back to the outcomes of the NOF (Table 2).

^{iv} The projects included: a scheme to support people to maintain independence at home, and provide volunteers to make connections with community; a consortium providing a range of older people opportunities to make new relationships and learn skills; a programme for those with disabilities to come together in social spaces to learn about aids and adaptations, and to make new friendships; and a project supporting befriending opportunities in community hubs, and in people’s homes using meals as a key component of the social interaction.

Table 2: Evidence of impact set against the National Outcomes Framework (NOF)

NOF domain and outcome statements	Supporting beneficiary quotations from the studies
<p>PHYSICAL AND MENTAL HEALTH / EMOTIONAL WELL-BEING</p> <p>I am healthy</p> <p>I am happy</p>	<p>It makes me depressed to stay in the house all the time, and it makes me feel so much better when I've gone out and about – so coming here makes me feel healthier and I can then sleep better in the night because my thoughts aren't running through my head as much.</p> <p>It's nice to be cared for. When you're on your own the smallest things lose their significance. It can be the most delightful thing for someone just to make you a cup of tea and ask you how you're feeling.</p>
<p>SOCIAL AND ECONOMIC WELL-BEING</p> <p>I have a social life and can be with the people that I choose</p>	<p>When you're younger and in your job you have a network of people around you and you have people in your social circle, but as life changes you lose people along the way and your circle becomes smaller and smaller, and you need to create new relationships which is really hard to do. This group gives us the chance to do just that. It's a necessity in life to meet with people.</p>
<p>WELL-BEING</p> <p>I know and understand what care, support and opportunities are available to me</p> <p>I get the help I need, when I need it, in the way I want it</p>	<p>I got my independence back and that was wonderful...and now I can see how stupid I was to be afraid of getting out and about. On the night before [the volunteer] came I would lie awake worrying that I'd fall off the bus flat onto my face my confidence was that low.</p> <p>It's such a good feeling to be able to make new friends.</p> <p>[The volunteer] gave me my confidence back [after my stroke]. I am going back to the stroke unit...as a volunteer! I have a full life now.</p>
<p>CONTRIBUTION MADE TO SOCIETY</p> <p>I can engage and participate</p> <p>I feel valued in society</p>	<p>It's broken down barriers for us – it's nice to be able to bump into people in the village that you know, rather than not knowing anyone.</p> <p>It's like chatting over the garden wall which is what used to happen in the old days. This is our way.</p> <p>Most of us live on our own and because of that we don't see people every day. This is really good for companionship and making friends. It's easy to underestimate how much having human contact means to you.</p>

NOF domain and outcome statements	Supporting beneficiary quotations from the studies
<p>DOMESTIC, FAMILY AND PERSONAL RELATIONSHIPS</p> <p>I belong</p> <p>I have safe and healthy relationships</p>	<p>We've got to know one another better. It's hard to do especially when people are working and you're out and about – it's not too bad if you're young, but when you get older you end up being more and more isolated on your own. This has given us a focus to our lives when we didn't really have one before.</p> <p>If one week someone isn't here we're the ones who are looking out for each other. Even though people might have family locally they don't see everyone all the time – we're the regular meeting point for people and if someone isn't here we have a chat and might find a way of finding out if they're OK.</p>
<p>EDUCATION, TRAINING AND RECREATION</p> <p>I can learn and develop to my full potential</p> <p>I can do the things that matter to me</p>	<p>If anyone needed to be convinced about this help I would tell them how much it did for me, and I was amazed at the difference. It made me 'me' again.</p> <p>This has given me a different sort of life. It's a new world to me, it has opened doors for me.</p> <p>To keep in touch, to keep abreast of the times, and not to be able to compete with my grandson, but to be able to talk to him. The gap [between us] was a big one, but since I have had the i-pad, if I've wanted to know anything I have often called him...he thinks it's great!</p>

Conclusion

There is ample evidence through the studies that the outcomes delivered are in line with the aspirations of the third sector organisations, and the NOF under the Social Services and Well-being (Wales) Act. Investment in services like these, albeit in very straitened economic times, clearly can have very beneficial, preventative impacts for older people, and do much to reduce the detrimental effects of loneliness and social isolation.

Further information

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It's going to take a new kind of village: addressing loneliness in an ageing population

Nicola Palmarini and Sheila Zinck, IBM Research, and Heather Fraser, IBM Institute for Business Value.

The world's ageing population is expanding rapidly, and by 2050 more than one out of five people will be age 60 or older.¹ A new epidemic is growing just as quickly, with 43% of people over 60 reporting² that they are suffering from loneliness. In the UK, over 1 million older adults in the UK are reported to be chronically lonely at a cost of £6K per person.³

With an impact often equated to smoking 15 cigarettes a day,⁴ loneliness can have a devastating effect on both cognitive and physical health, including:

- 29 percent increased risk of coronary heart disease and 32 percent increased risk of stroke⁵
- 64 percent increase in developing dementia⁶
- 26 percent increased likelihood of death⁷

To better understand the impact of loneliness on the ageing population, IBM's Institute for Business Value and the IBM Accessibility Research teams conducted interviews with a global ecosystem of medical professionals, social workers, consumer and electronics manufacturing experts, advocacy leaders, as well as software start-ups and government officials.

The research found that for the ageing population, loneliness is more than a state of mind – it is an emerging risk factor that has implications for personal, economic and societal wellbeing. Loneliness nearly

always stems from some individual or societal loss including retirement; mobility or access to transportation; and physical distance from family and friends. And without countermeasures, older adults face continued detachment from the mainstream, even as their numbers grow.

In order to address these losses, the report finds that the most effective solutions – like those that treat ailments such as heart disease and diabetes – involve identifying those at risk and helping by taking preventative action.



Three key features of future solutions to help address loneliness in older adults.



The study highlights the need to re-examine many aspects of society from employment to education, transportation, housing, and more. Researchers, advocacy groups and public health workers require better tools to aggregate and mine data to identify people and communities at risk, and quickly deploy intervention. And, when loss does occur, older adults need the tools and support to build and enhance their social capital, in the same way they might manage and maintain their financial resources.

When it comes to developing services and offerings to help older adults connect with their loved ones, engage with their community, and build new social connections, there are a number of recommendations from the study:

- **No one organisation can solve this issue on its own:** Loneliness, by its very definition is an individual experience. It's also having a significant impact on society, and a challenge that will take an entire 'new village' to solve. Solutions designed to keep people

connected need to engage and integrate many stakeholders, including infrastructure providers, government agencies, healthcare and advocacy organisations. For example, the Call & Check⁸ programme by Jersey Post, is a novel use of the postal system and its existing infrastructure which helps connect socially isolated and lonely older residents with the community on a personal level. Postal workers can provide regular friendly visits by request to residents and check on their well-being based on a five-question checklist covering personal and social health. Resulting issues or requests can then be escalated to a named contact.

- **Customised, relevant content and services are essential:** To successfully build and enhance social capital, solutions need to be tailored to the interests of the individual and adapted to their communities. For example, Rendevers⁹, a U.S. virtual reality experience provider specialises in improving the quality of life of older adults living in senior

resident centres experiencing isolation and loneliness from the outside environment. In the comfort of their own living spaces, users can participate in solo or group virtual explorations to places they cannot physically visit, sharing memories inspired by recent experiences and feel more connected with each other.

- **Personalisation takes priority over simplification:** Solutions should be able to adapt to the wide variation of technical fluency within the ageing community. The University of Miami has developed a Personal Reminder Information and Social Management System (PRISM) to evaluate and quantify the potential value older adults can gain from technology systems in areas such as social isolation, connectivity and social support. Initial results in a clinical trial of over 300 older adults suggests increases in social support and well-being and decreases in perceived loneliness and that technology can be beneficial in improving the social quality of life for older adults.¹⁰
- **Scalability is the brass ring:** While there are many successful pilots and programs in place today, they operate in relative isolation and require a high degree of customisation, which limits their ability to expand. Future solutions need to offer both ease of customisation and cost effective scalability.

Finally, our research leads us to believe there is enormous opportunity across multiple sectors, from universities working with communities to create inter-generational housing for students and seniors, to telecommunications providers working with electronics vendors on virtual town-square projects, to self-driving vehicles – whose most enthusiastic early adopters may be older adults.



Further information

- IBM Institute for Business Value Report, ‘Loneliness and the ageing population – how businesses and government address a looming crisis.’ – www.ibm.biz/loneliness
- IBM Institute for Business Value – www.ibm.com/iibv
- IBM Research Ageing and Accessibility – <https://www.ibm.com/able/aging/>

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References and further information

Introduction

¹ Age Cymru (2017) No one should have no one – tackling loneliness and isolation in Wales <http://www.ageuk.org.uk/cymru/policy/age-cymru-policy-publications-1/no-one-should-have-no-one-tackling-isolation/>

Loneliness in later life: what are the risk factors?

Aartsen, M. & Jylhä, M. (2011). “Onset of loneliness in older adults: Results of a 28 year prospective study”. *European Journal of Ageing* 8 (1):31-38.

Alma, M.A., Van Der Mei, S.F., Feitsma, W.N., Groothoff, J.W., Van Tilburg, T.G. & Suurmeijer, T.P.B.M. (2011). “Loneliness and self-management abilities in the visually impaired elderly.” *Journal of Aging and Health* 23 (5):843-61.

Bowling, A. & Stafford, M. (2007). “How do objective and subjective assessments of neighbourhood influence social and physical functioning in older age? Findings from a British survey of ageing”. *Social Science & Medicine*, 64 (12):2533–2549.

Burholt, V. (2011). Loneliness of older men and women in rural areas of the UK. In *Safeguarding the convoy* (pp. 35–29). Oxford: Age UK Oxfordshire.

Burholt, V. & Scharf, T. (2013). “Poor health and loneliness in later life: The role of depressive symptoms, social resources and rural environments.” *Journals of Gerontology series B*. 69 (2):311-324.

Burholt, V., Windle, G., Morgan, D.J., & CFAS Wales team. (2016). *A Social Model of Loneliness: The Roles of Disability, Social Resources, and Cognitive Impairment*. *The Gerontologist*, gnw125.

De Jong Gierveld, J., Broese Van Groenou, M., Hoogendoorn, A.W. & Smit, J.H. (2009). “Quality of marriages in later life and emotional and social loneliness” *Journals of Gerontology series B* 64B (4):497-506 advanced access February 12 2009.

De Jong Gierveld, J., Van der Pas, S. & Keating, N. (2015). Loneliness of older immigrant groups in Canada: effects of ethnic-cultural background. *Journal of cross-cultural gerontology*, 30(3), 251-268.

Demakakos, P., Nunn, S., & Nazroo, J. (2006). 10. Loneliness, relative deprivation and life satisfaction. *Retirement, health and relationships of the older population in England*, 297.

Drennan, J., Treacy, M., Butler, M., Byrne, A., Fealy, G., Frazer, K. & Irving, K. (2008). “The experience of social and emotional loneliness among older people in Ireland” *Ageing and Society* 28 (8):1113-1132.

Golden, J., Conroy, R.M. & Lawlor, B.A. (2009). “Social support network structure in older people: underlying dimensions and association with psychological and physical health.” *Psychology, Health & Medicine* 14 (3):280–290.

Jivraj, S., Nazroo, J. & Barnes, M. (2012). “Change in social detachment in older age in England”

in Banks, J., Nazroo, J. & Steptoe, A. (eds) *The Dynamics of Ageing: Evidence from the English Longitudinal Study of Ageing 2002-10 (Wave 5)*.

Morgan D. (2015). *The Transient Nature of Loneliness and Social Isolation in later life* (unpublished doctoral thesis) Swansea University.

O'Shea, E., Walsh, K. & Scharf, T. (2012). "Exploring community perceptions of the relationship between age and social exclusion in rural areas." *Quality in Ageing and Older Adults*. 13 (1):16-26.

Perlman, D. & Peplau, L.A. (1998). "Loneliness". In Friedman, H. (ed), *Encyclopedia of Mental Health* (Vol 2 pp 571-581) San Diego, Academic Press.

Scharf, T., Phillipson, C., & Smith, A. (2007). Aging in a difficult place: assessing the impact of urban deprivation on older people. *New dynamics in old age: Individual, environmental and societal perspectives*, 153-73.

Sundström, G., Fransson, E., Malmberg, B. & Davey, A. (2009). "Loneliness among older Europeans" *European Journal of Ageing* 6 (4):267-275.

Taylor, J. (2014). *Going back in: Loneliness and its impact for older lesbian, gay and bisexual people Alone in the crowd: loneliness and diversity*. [Online]. London: Campaign to End Loneliness. [Accessed 15/09/17]. Available From: <http://www.Campaigntoendloneliness.org/wp-content/uploads/CEL-Alone-in-the-crowd.pdf>

Victor, C.R., Burholt, V. & Martin, W. (2012). Loneliness and ethnic minority elders in Great Britain: an exploratory study. *Journal of cross-cultural gerontology*, 27(1), 65-78.

Victor, C., Scrambler, S. & Bond, J. (Eds). (2009). *The Social World of Older People: Understanding loneliness and social isolation in later life*. Growing Older. Maidenhead, Open University Press.

Wenger, G.C. (1991). A network typology: From theory to practice. *Journal of Aging Studies*, 5(2), 147-162.

Wenger, G.C. & Burholt, V. (2004). "Changes in levels of social isolation and loneliness among older people in a rural area: A twenty-year longitudinal study." *Canadian Journal on Ageing* 23 (2):115-127.

Wenger, G.C., Davies, R., Shahtahmasebi, S. & Scott, A. (1996). Social isolation and loneliness in old age: review and model refinement. *Ageing and Society* 16:333-58.

Combatting loneliness amongst older people – prioritise and mobilise!

¹ 'Trapped in a bubble: An investigation into triggers for loneliness in the UK' Co-op and British Red Cross 2016.

² Gransnet loneliness survey 2017. 1014 people took part.

³ English Longitudinal Study of Ageing Waves 0-7, 1998-2015 Marmot M. et al., 2016.

⁴ TNS Loneliness Survey for Age UK, June 2016.

⁵ For more information go to <http://www.ageuk.org.uk/health-wellbeing/loneliness/sign-up-for-telephone-befriending/>

⁶ Promising Approaches to Reducing Loneliness: Age UK and the Campaign to End Loneliness; January 2015.

⁷ Fuller accounts of this programme can be found in ‘Testing Promising Approaches to Reducing Loneliness’ Age UK 2016 and ‘No-one should have no-one’ 2016.

⁸ Age UK Loneliness Mapping Tool can be found at <http://www.ageuk.org.uk/loneliness-maps>

⁹ ‘Testing Promising Approaches to Reducing Loneliness’ Age UK 2016.

The Men’s Sheds movement in Wales – an insight from The Squirrel’s Nest

^{1,2,3} Men’s Sheds Cymru website <http://www.mensshedscymru.co.uk/facebook-feeds/> Accessed 13/9/17

⁴ Age Cymru (2016) Gwanwyn Festival. Celebrating creativity in older age.

Reducing loneliness and social isolation in older people? The role of the third sector and public policy in Wales

¹ Welsh Government (2016) Social services: The national outcomes framework for people who need care and support and carers who need support. March 2016. <http://gov.wales/docs/dhss/publications/160610frameworken.pdf>

It’s going to take a new kind of village: addressing loneliness in an ageing population

¹ United Nations, Department of Economic and Social Affairs, Population Division. “World Population Aging 2015.” 2015. http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf?cm_mc_uid=46739552739714831115520&cm_mc_sid_50200000=1494025301

² Perissinotto, Carla M., Irena Stijacic Cenzer and Kenneth E. Covinsky. “Loneliness in Older Persons: A Predictor of Functional Decline and Death.” JAMA. Archives of Internal Medicine. Vol. 172, No. 14. June 2012. <http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1188033>

³ McDaid, David, Annette Bauer and A-La Park. “Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review.” Personal Social Services Research Unit. London School of Economics and Political Science. September 2017. <https://www.campaigntoendloneliness.org/uncategorized/new-research-cost-effectiveness-loneliness-interventions/>

⁴ Holt-Lunstad, Julianne, Timothy B. Smith, Mark Baker, Tyler Harris and David Stephenson. “Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review.” Sage Journals. Perspectives on Psychological Science. Vol. 10, No. 2, pp. 227. March 11, 2015. <http://journals.sagepub.com/doi/pdf/10.1177/1745691614568352>

⁵ Valtorta, Nicole K., Mona Kanaan, Simon Gilbody, Sara Ronzi and Barbara Hanratty. “Loneliness and Social Isolation as Risk Factors for Coronary Heart Disease and Stroke: Systematic Review and Meta-Analysis of Longitudinal Observational Studies.” PMC - U.S. National Library of Medicine.

National Institutes of Health. Heart. Vol. 102, No. 13, pp. 1009–1016. April 2016.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4941172/>

⁶ Holwerda, Tjalling Jan, Dorly J. H. Deeg, Aartjan T. F. Beekman, Theo G. van Tilburg, Max L. Stek, Cees Jonker and Robert A. Schoevers. “Feelings of Loneliness, but Not Social Isolation, Predict Dementia Onset: Results from the Amsterdam Study of the Elderly (AMSTEL).”

Journal of Neurology, Neurosurgery & Psychiatry. Vol. 85, No. 2, pp. 135. November 2012.

http://www.academia.edu/23136898/Feelings_of_loneliness_but_not_social_isolation_predict_dementia_onset_results_from_the_Amsterdam_Study_of_the_Elderly_AMSTEL_

⁷ Holt-Lunstad, Julianne, Timothy B. Smith, Mark Baker, Tyler Harris and David Stephenson.

“Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review.” Sage Journals. Perspectives on Psychological Science. Vol. 10, No. 2, pp. 227. March 11, 2015.

<http://journals.sagepub.com/doi/pdf/10.1177/1745691614568352>

⁸ “Call & Check – a friendly helping hand.” <http://www.jerseypost.com/community/callandcheck/>

⁹ “Virtual Reality: Not for Millennials Only.” <https://www.ibm.com/blogs/age-and-ability/2017/08/18/virtual-reality-not-millennials/>. Also see Rendeever website.

<http://rendeever.com/>

¹⁰ Czaja, Sara J., Walter R. Boot, Neil Charness, Wendy Rogers, Joseph Sharit, Arthur D. Fisk, Chin Chin Lee and Sankaran. “The Personalized Reminder Information and Social Management System (PRISM) Trial: Rationale, Methods and Baseline Characteristics.” Contemporary Clinical Trials. Vol. 40, pp. 35–46. January 2015. Interview with PRISM lead researcher, Sara Czaja. Also see “Center on Aging: PRISM Field Trial.” University of Miami Health System. Miller School of Medicine.

<http://centeronaging.med.miami.edu/prism>



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