Loneliness and social isolation in the London Borough of Hounslow
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About loneliness

Loneliness and isolation are related but distinct concepts. While isolation is an objective experience, loneliness is subjective: a negative feeling or mood associated with a perceived gap between the quality and quantity of relationships that we have and those we want.

An estimated 10% of older people are often or always lonely, so around 3,000 older people in the London Borough of Hounslow would be expected to be experiencing chronic loneliness. Loneliness and social isolation have clear impacts on health:

- Loneliness directly affects people’s health, with clear evidence of links to depression, stroke, dementia and other conditions.
- Having weak social connections is a similar risk factor for early mortality as smoking 15 cigarettes a day.
- Loneliness also makes people less likely to pursue healthy behaviours, e.g. physical activity.

Evidence on the costs of loneliness is still emerging, but they are likely to be significant. For example, early findings from the Reconnections programme in Worcestershire suggest that targeted interventions to support lonely individuals could help save £6,000 per person over ten years. The key costs of loneliness are linked to its impact on health and wellbeing, leading to:

- Increased hospital admissions
- Earlier admission to residential care, etc.

Risk profile of the London Borough of Hounslow

The evidence indicates that older people in the London Borough of Hounslow are at higher risk of experiencing loneliness or social isolation than those living in other parts of England (see overleaf).

Risk factors for loneliness

- Marital status
- Income
- Ethnicity
- Housing tenure
- Social care needs
- Sexual orientation
- Providing unpaid care
- Health status
- Gender
- Education level
- Living arrangements
- Age
The London Borough of Hounslow is ranked 72 out of 326 local authorities in England in Age UK’s predicted loneliness index, placing it in the top 25%. Evidence on the experience of carers and people receiving care services suggests that these risks are materialising into higher levels of loneliness in the Borough, and that current approaches are not effective in meeting the needs of lonely people. We therefore conclude that there are likely to be more than 3,000 older adults experiencing chronic loneliness in the London Borough of Hounslow.

Loneliness in the London Borough of Hounslow

Hounslow’s scores against national indicators of social connection are worse...

- **22%** of Hounslow carers said they had as much social contact as they would like, compared with a London average of 38% and an England average of 40%.

- **45%** of people who use care and support services in Hounslow said they had as much social contact as they would like, compared with an average of 40% across the rest of London and 44% across England.

- **35%** of people who use care and support services in Hounslow said they had as much social contact as they would like, compared with an average of 40% across the rest of London and 44% across England.

- **62%** of households in Hounslow are not living in a couple compared with 55% in England.

- **72%** out of 326 local authorities in England on Age UK’s predicted Loneliness Index, putting it in the top 25%.

- **65%** of Hounslow residents own their homes, in contrast to 74% in England.

- **51%** of people in Hounslow are single, separated, divorced, or widowed compared with an average of 44% across England.

- **21%** of people rent their homes from the council compared with the London average of 17%.

- **46%** of Hounslow residents report having good or very good health compared with 49% of people in England.

- **51%** of people in Hounslow who use care and support services in Hounslow said they had as much social contact as they would like, compared with an average of 40% across the rest of London and 44% across England.

- **22%** of Hounslow carers said they had as much social contact as they would like, compared with a London average of 38% and an England average of 40%.

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- **72%** out of 326 local authorities in England on Age UK’s predicted Loneliness Index, putting it in the top 25%.

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- **51%** of people in Hounslow are single, separated, divorced, or widowed compared with an average of 44% across England.

- **21%** of people rent their homes from the council compared with the London average of 17%.

- **46%** of Hounslow residents report having good or very good health compared with 49% of people in England.
Assessing provision against the Promising Approaches framework

There is a high degree of flux in the system of support for people at risk of, or experiencing, loneliness in the London Borough of Hounslow. However, many of the components of an effective response to loneliness are already in place. Unfortunately, the lack of an overarching strategy for tackling loneliness makes it difficult to see how components fit together and there are gaps in the safety net for lonely individuals. At present, it is difficult to gain an overview of provision and assess underserved groups. However:

- Carers and adult social care users clearly need more support.
- Other groups which may need attention include LGBT older people and older people from smaller minority ethnic communities.

The development of the LIFE programme is significant – it could be a core foundation service which channels people towards appropriate ‘direct interventions’. To be most effective the services which make up the LIFE programme need to build in insight around loneliness. Identifying lonely people and targeting support on the loneliest individuals remains a challenge.

At present, there is no clear pathway through which a lonely individual should be guided to support. Clarity is also needed around who will support lonely individuals to access community provision. Signposting is not enough.

Looking at the availability of direct interventions in the Borough:

There were no services offering support to change people’s thinking as a means of addressing loneliness in the Borough, but this is a common issue across the country.

The risk to Age UK Hounslow’s befriending service is significant as this is currently the only dedicated one-to-one support service in the Borough.

There is a wide range of provision of group-based activities in the community, but it is hard to assess who is using these services, and what their impact is. This is partly as a result of the diverse funding streams and programmes under which provision is made.

Transport is a cause of concern and a key driver of costs in the Borough. The potential of technology to reduce loneliness remains under-explored.

There are ‘green shoots’ of activity around some of the structural enablers but none have been adopted at the strategic level as a means of addressing loneliness.
Recommendaions

1. The London Borough of Hounslow needs to determine and set out its strategic approach to tackling loneliness and social isolation across the Borough

2. The London Borough of Hounslow should ensure its ‘foundation services’ – in particular those being developed as part of the LIFE programme – are tailored to meet the needs of lonely individuals

3. The London Borough of Hounslow should develop more effective approaches for identifying and reaching the most lonely individuals, so that they can be offered support

4. Consideration should be given to which service is most appropriate for providing lonely individuals with ‘supported access’ to wider provision in the community

5. There is a need for action to address gaps in the provision of ‘direct interventions’ for lonely and socially isolated individuals in the Borough

6. The London Borough of Hounslow should give urgent consideration to how the one-to-one support needs of individuals will be met

7. Action is needed to ensure that the needs of people who are lonely are being met by current group-based provision, through more effective targeting and impact measurement

8. The London Borough of Hounslow should look to improve the consistency of impact measurement around loneliness and social isolation

9. Consideration should be given to ways of ensuring that transport is not a barrier to social connection in the Borough

10. Efforts should be made to consider how technology could be used to support social connection in the Borough
1 Background

This independent review was commissioned to support the London Borough of Hounslow in deepening its understanding of the context for work on loneliness and social isolation in the Borough, to assess current provision aimed at tackling these issues, and to consider how resources could most effectively be deployed in future.

Loneliness and social isolation have increasingly been recognised as significant and growing public health challenges, requiring a coordinated response across communities. The London Borough of Hounslow has identified loneliness and social isolation as a ‘line of inquiry’ for particular focus during the process of updating its Joint Strategic Needs Assessment.

The objectives of this project were:

- To outline current understanding of risk factors for, and the impacts of, social isolation and loneliness as they relate to older people (aged 65 and over) living in the London Borough of Hounslow
- To assess current provision in the London Borough of Hounslow against the framework for approaches to loneliness and social isolation set out in Promising approaches to reducing loneliness and isolation in later life;1 as well as in relation to the understanding of which populations in the Borough may be at particular risk of experiencing loneliness and isolation
- To make recommendations as to the most pressing gaps in provision, with particular reference to current understanding of the likely impact of interventions

The following were considered to be within the scope of this project:

- Data and evidence on loneliness relating to older people (aged 65 and over) living in the London Borough of Hounslow
- Services and interventions designed to address loneliness among older adults, offered by organisations operating within the London Borough of Hounslow.

1.1 Project approach

This project was undertaken by Kate Jopling (project lead) and Hardeep Aiden (research lead), using a three-pronged practical approach, including:

- A rapid review of the literature
- Expert interviews
- Secondary data

The rapid evidence assessment (REA) focussed on the most recent academic articles and grey literature produced in the UK in the last ten years, in order to highlight:

- The impact of loneliness on health and its economic consequences
- The risk factors associated with loneliness, including specific factors of interest to the Borough (e.g. belonging to a faith community)
- Evidence on effective approaches designed to prevent, or alleviate loneliness, or social isolation.

We collated and analysed secondary data from a range of local and national sources, including:

- 2011 Census data
- NHS Digital (formerly the Health and Social Care Information Centre) data from the social care collection
- Age UK’s loneliness heat map data
- Hounslow Together’s community resilience measures

While producing a model of risk characteristics within the local area was beyond the scope of this project, we used the secondary data to assess the risk of loneliness among older people in the London Borough of Hounslow relative to those living in other local authorities in London and across England.

We interviewed experts from local authorities (including health bodies) and local voluntary and community sector organisations in order to assess the current state of provision for individuals experiencing, or at risk of experiencing, social isolation or loneliness. This assessment was then compared against the Promising Approaches framework.
2 What is loneliness?

While social isolation is an objective state, defined in terms of the quantity of social relationships and contacts, loneliness is a subjective experience. Loneliness is a negative feeling or mood associated with a perceived gap between the quality and quantity of relationships that we have and those we want. It is deeply personal and can only be understood by reference to the individual and their values, wishes and feelings.

One of the most common mistakes made by those seeking to address loneliness and social isolation is a failure to grasp the distinction between the two. This leads to the misconception that the solution to loneliness is always increased social contact. Loneliness and social isolation are not always found together – it is entirely possible to be lonely but not socially isolated, or to be socially isolated but not lonely. Viewing loneliness as simply a consequence of social isolation is inaccurate.

While most of us experience loneliness at some point in our lives, it is usually a passing experience. However a proportion of people experience loneliness consistently and over prolonged periods. Studies have suggested that around 10% of older people are often or always lonely in the UK – a situation described as ‘chronic loneliness’.
3 The impact of loneliness and social isolation

3.1 The health impact

There is a compelling case for action on both loneliness and social isolation. Research has consistently demonstrated the direct effects of loneliness and social isolation on health and the indirect effects in terms of contributing to harmful health behaviours.

People who feel lonely are more likely to rate their health as poor.\(^5\)\(^,\)\(^6\) Researchers have reported a number of specific negative effects linked to low social networks, such as heavy drinking, falls and increased rates of re-hospitalisation.\(^7\) The effects of loneliness seem to build up over time to accelerate physiological ageing. For instance, adults who live alone, who already have heart disease, or are at risk of developing it, are more likely to die from a heart attack or stroke than those who live with others.\(^8\) Similarly, loneliness is linked with increased blood pressure, and this association increases with age.\(^9\)

Low levels of social engagement significantly increase mortality,\(^10\) and a growing body of longitudinal research indicates that loneliness also predicts increased morbidity and mortality.\(^11\) In fact, weak social connections have been found to be an equivalent risk factor for early mortality to smoking 15 cigarettes a day, and have a greater impact than other risk factors such as physical inactivity and obesity.\(^12\)

Loneliness and low social interaction have been associated with increases in depressive symptoms,\(^13\) as well as suicidal behaviours in older age.\(^14\) In addition, people experiencing a high degree of loneliness are potentially twice as likely to develop Alzheimer’s as those experiencing a lower degree of loneliness.\(^15\)

Loneliness also has adverse effects on biological stress mechanisms, including changes to cortisol levels and greater fibrinogen production (associated with cardiovascular disease at higher levels).\(^16\) Loneliness may also have an impact on the body’s capacity to restore itself. According to some research, the same amount of sleep has fewer health benefits in individuals who feel more socially isolated and poor sleep further exacerbates feelings of social isolation.\(^17\)

There is also a strong relationship between loneliness and low personal well-being ratings. People who report feeling lonely are almost ten times more likely to report low feelings of worth, over seven times more likely to report low life satisfaction and over three times more likely to report feeling unhappy than those who have low ratings of loneliness.\(^18\)

In addition to the direct effects, loneliness is also linked with unhealthy behaviours. For example, it is estimated that around 70,000 avoidable deaths in the UK are caused by diets that do not match current guidelines,\(^19\) and older adults who live alone or are widowed and have infrequent contact with friends are known to eat less fruit and vegetables each day.\(^20\)\(^,\)\(^21\)

Loneliness can also make older people uniquely vulnerable to alcohol problems – alcohol may be used as a coping mechanism for loneliness.\(^22\) Conversely, loneliness may be a significant contributing and maintaining factor in alcohol abuse, and an obstacle in attempts to give up drinking.\(^23\) Furthermore, lonely adults are more likely to be smokers and to be overweight,\(^24\) and less likely to engage in physical activity and exercise.\(^25\)\(^,\)\(^26\) All of these behaviours can lead to poorer health if left unchecked.

Growing acceptance of loneliness as a public health issue is creating an imperative for public bodies to act. For example, guidance to help older people maintain their independence and mental wellbeing has recently been issued by NICE, partly designed to help reduce isolation and related mental health problems;\(^27\) and the Statutory Guidance which accompanies the Care Act 2014 elaborates how local authorities should meet their new prevention duties and promote wellbeing as they exercise their care and support functions (the ‘wellbeing principle’).\(^28\) This increasing recognition of the harmful effects of loneliness is likely to lead to more action by local authorities, clinical commissioning groups (CCGs) and other bodies to take steps to prevent chronic loneliness among those most at risk.
3.2 The economic impact

Most research on the impact of loneliness has focused on health outcomes, but there is increasing interest in its economic impact too. Many of the costs of loneliness are related to increased use of health and social care services among those experiencing it, but loneliness is also believed to have knock-on effects on people’s ability to work and be productive.29

There is no generalisable evidence on the financial costs of loneliness or isolation, but promising data is emerging from Reconnections – a holistic support programme run by Age UK Hereford and Worcestershire and a number of other local voluntary and community sector organisations, and funded through a Social Impact Bond.30 The programme provides tailored one-to-one support to lonely people aged 50 and over in Worcestershire to help them identify and talk about their loneliness. It aims to reduce loneliness by ‘reconnecting’ participants to interests and activities in their local communities.

Reconnections is subject to a rigorous ongoing evaluation. Interim findings suggest that effective action to avoid loneliness in a group drawn from the general population, some of whom will already be lonely, could help avoid costs of more than £1,700 per person over ten years (at 2015 values).31 These avoidable costs increase to £6,000 per person over ten years if actions can be targeted solely at those who are lonely most of the time. The savings break down as follows:

- Approximately 59% of the savings are due to the avoidance of unplanned hospital admissions.
- Avoidance of excess GP consultations account for 16% of savings.
- The delay in the use of dementia services (and the corresponding savings to the NHS, local authorities and to families) account for 21% of the averted costs.

The actual level of economic benefits accruing from addressing loneliness will depend on many factors, including the costs of implementing programmes to tackle loneliness, and the ability of programmes to identify those individuals who would benefit most. Nonetheless, these estimates give a sense of the potential savings if effective approaches to address loneliness can be identified and applied at scale.
Research has demonstrated a number of key factors which are correlated with increased risk of loneliness among older adults. These factors can be grouped into socio-demographic characteristics such as age and gender, personal circumstances such as marital status, and resources (like health) that can reduce one’s resilience to loneliness if undermined. Better information on these risk factors may help local decision makers target resources more effectively to tackle loneliness within the Borough.

This section outlines the key factors known to be associated with loneliness among older people, and examines how these risk factors affect the London Borough of Hounslow’s overall risk profile in comparison to London or England as a whole.

### 4.1 Risk profile of the London Borough of Hounslow

#### Personal characteristics: age

Older people are more likely to say they feel lonely than adults under the age of 65. Research suggests that the relationship between age and loneliness follows a U-shaped curve, i.e. younger people (under the age of 25) and older people (above the age of 75) are most likely to experience loneliness.

The overall risk profile of the London Borough of Hounslow is not significantly affected by its age profile. The Borough has a relatively ‘young’ population compared with other localities, with people aged 65 and over making up about 11% of the local population (similar to the London average) compared with nearly 18% for England as a whole. However, this profile can be expected to change over the next few years as the general population ages.

#### Personal characteristics: gender

Older women are more likely to say they feel lonely than adults under the age of 65. Research suggests that the relationship between age and loneliness follows a U-shaped curve, i.e. younger people (under the age of 25) and older people (above the age of 75) are most likely to experience loneliness.

As with the age profile, the Borough’s overall risk profile is not significantly affected by its gender profile. The ratio of female to male older people in the London Borough of Hounslow is identical to that of London and England as a whole (55% female, 45% male).

#### Personal characteristics: ethnicity

There is evidence that ethnic minority elders may be among the loneliest – research has found that Asian/Asian British elders of Pakistani, Bangladeshi and Chinese origin are more likely to report feeling lonely than the White/White British population, as are Black African older people, while older people of Indian origin show similar levels of loneliness to the White/White British population. Older people of Caribbean backgrounds are also relatively more likely to report feeling lonely. The London Borough of Hounslow differs substantially from other areas in its ethnic makeup. Just 59% of the local population is White British, compared with 67% for London and 92% for England as a whole, whereas a quarter (25%) are Asian/Asian British compared with 11% for London and less than 3% for England (see Table 1 below).

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>Subgroup</th>
<th>Hounslow</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>White British</td>
<td>59.0%</td>
<td>66.6%</td>
<td>91.6%</td>
</tr>
<tr>
<td></td>
<td>White Irish</td>
<td>4.8%</td>
<td>5.1%</td>
<td>1.8%</td>
</tr>
<tr>
<td></td>
<td>Other White</td>
<td>4.6%</td>
<td>6.4%</td>
<td>1.8%</td>
</tr>
<tr>
<td></td>
<td>Subtotal</td>
<td>68.5%</td>
<td>78.1%</td>
<td>95.3%</td>
</tr>
<tr>
<td>Asian / Asian British</td>
<td>Indian</td>
<td>16.9%</td>
<td>5.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td></td>
<td>Pakistani</td>
<td>2.9%</td>
<td>1.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td></td>
<td>Bangladeshi</td>
<td>0.3%</td>
<td>1.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
<td>0.7%</td>
<td>0.8%</td>
<td>0.2%</td>
</tr>
<tr>
<td></td>
<td>Other Asian</td>
<td>4.3%</td>
<td>2.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td>Subtotal</td>
<td>25.1%</td>
<td>11.4%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Black / Black British</td>
<td>African</td>
<td>1.2%</td>
<td>2.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td></td>
<td>Caribbean</td>
<td>1.5%</td>
<td>5.1%</td>
<td>0.9%</td>
</tr>
<tr>
<td></td>
<td>Other Black</td>
<td>0.4%</td>
<td>0.6%</td>
<td>0.1%</td>
</tr>
<tr>
<td></td>
<td>Subtotal</td>
<td>3.1%</td>
<td>7.7%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Mixed</td>
<td>Mixed</td>
<td>1.2%</td>
<td>1.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>2.1%</td>
<td>1.6%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

The London Borough of Hounslow also has a relatively high proportion of Black/Black British residents compared with other parts of England – 3.1% versus 1.3% – albeit below the London average of almost 8%. Given the higher risk of loneliness among certain BME groups, it is important that appropriate services are provided to support older people from minority ethnic backgrounds.

**Personal characteristics: sexual orientation**

Evidence on the links between sexual orientation and loneliness is still emerging, not least because samples in previous surveys have been too small to analyse. However, qualitative evidence submitted to the Scottish Parliament’s Equal Opportunities Committee inquiry into ageing and social isolation stated that LGBT older adults are ‘more likely to live alone, to be estranged from their families of origin, not to have had children and not necessarily to have had a relationship’. Moreover, an increasing number of international studies suggest that LGB adults may be at greater risk of becoming lonely or isolated as they age.

According to the Annual Population Survey, London is the region with the highest percentage (2.6%) of adults who identify themselves as lesbian, gay or bisexual (LGB), possibly due to its younger age structure. By contrast, the survey found that 1.7% of adults in the UK identified themselves as lesbian, gay or bisexual in 2015, falling to 0.6% of those aged 65 and over.

While we do not have reliable data on the number of people who identify as LGBT in the London Borough of Hounslow, we do know that the Borough has a particularly high proportion of older people in registered civil partnerships. For every 1,000 older people in the London Borough of Hounslow, 2.6 are in registered civil partnerships, compared with an average of 2.3 across London and 1.1 for England as a whole. However, this is likely to be a small proportion of the LGB community, as estimates suggest that just one in ten LGB people are in a civil partnership, with the majority (68%) identifying as single. Clearly more information is needed about the likely number of LGB and Trans older people in the London Borough of Hounslow, and their needs and aspirations.

**Personal circumstances: living arrangements**

Older people who live with a partner are less likely to experience loneliness. Almost two-thirds (63%) of older adults (aged 52 or over) who have been widowed, and half (51%) of those who are separated or divorced, report feeling lonely some of the time or often. Moreover, older people who live with their children may also be at reduced risk.

Compared with England as a whole, there is a notable gap between the proportions of people who are married or in a registered same-sex civil partnership in the London Borough of Hounslow and those who are single (never married), separated, divorced or widowed. In the London Borough of Hounslow the proportions are roughly 50:50, while for England as a whole it is 56% versus 44% (see Table 2).
In contrast with the rest of England where almost three-quarters (74%) of older people own their own home, less than two-thirds of London residents (64%) and residents of the London Borough of Hounslow (65%) own their homes outright (see Table 4). In the London Borough of Hounslow, a slightly higher proportion of people rent their homes from the council compared with the London average (almost 21% compared with 17%).

People living in rented accommodation are more likely to experience loneliness than those who living in their own homes, so the high proportion of renting households in the London Borough of Hounslow is a potential risk factor of which to be aware. The data also show that people living in private or social rented accommodation in the Borough and in other London boroughs are more likely to report having bad or very bad health (40% and 46% respectively) than those in other parts of England (37%). This could further increase the likelihood of loneliness in particular neighbourhoods.

Evidence suggests that receipt of informal or formal care is associated with a higher risk of loneliness. Available evidence suggests that people receiving support in a residential setting are more likely to experience loneliness than those receiving community-based care and support services, but this risk is reduced for care home residents who have regular contact with partners, family or friends.

The London Borough of Hounslow has a particularly low proportion of care home residents and a particularly high proportion of older people receiving community-based services (see Table 5). While this is the general direction of travel that the social care landscape is taking, there are risks for those living in the community if they do not have access to sufficient social support alongside the formal care they receive.

### Table 3: Household composition of households where the reference person is aged 65 or over

<table>
<thead>
<tr>
<th>Household composition</th>
<th>Hounslow</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person household</td>
<td>49.5%</td>
<td>51.4%</td>
<td>47.6%</td>
</tr>
<tr>
<td>2+ person household</td>
<td>48.2%</td>
<td>46.5%</td>
<td>51.2%</td>
</tr>
<tr>
<td>- no children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2+ person household</td>
<td>2.3%</td>
<td>2.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>- with children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living in a couple</td>
<td>37.7%</td>
<td>36.5%</td>
<td>44.8%</td>
</tr>
<tr>
<td>Not living in a couple</td>
<td>62.3%</td>
<td>63.5%</td>
<td>55.2%</td>
</tr>
</tbody>
</table>


### Table 4: Housing tenure for those aged 65 or over

<table>
<thead>
<tr>
<th>Tenure type</th>
<th>Hounslow</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owned</td>
<td>65.5%</td>
<td>64.5%</td>
<td>74.1%</td>
</tr>
<tr>
<td>Shared ownership</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Private rented</td>
<td>5.0%</td>
<td>6.0%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Living rent-free</td>
<td>2.2%</td>
<td>1.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Rented from council</td>
<td>20.7%</td>
<td>16.6%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Other social rented</td>
<td>6.2%</td>
<td>10.8%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Total aged 65+</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>


### Personal circumstances: care needs

Evidence suggests that receipt of informal or formal care is associated with a higher risk of loneliness. Available evidence suggests that people receiving support in a residential setting are more likely to experience loneliness than those receiving community-based care and support services, but this risk is reduced for care home residents who have regular contact with partners, family or friends.

The London Borough of Hounslow has a particularly low proportion of care home residents and a particularly high proportion of older people receiving community-based services (see Table 5). While this is the general direction of travel that the social care landscape is taking, there are risks for those living in the community if they do not have access to sufficient social support alongside the formal care they receive.

### Table 5: Proportion of people aged 65 and over receiving different types of long-term support during the year ending 31 March 2016

<table>
<thead>
<tr>
<th>Unpaid care provision</th>
<th>Hounslow</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides no unpaid care</td>
<td>87.5%</td>
<td>87.6%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Provides 1-19 hours’ unpaid care a week</td>
<td>6.2%</td>
<td>6.2%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Provides 20-49 hours’ unpaid care a week</td>
<td>1.8%</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Provides 50+ hours’ unpaid care a week</td>
<td>4.5%</td>
<td>4.5%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>


### Personal circumstances: unpaid care provision

There is also clear evidence that carers are at greater risk of experiencing loneliness themselves. Carers report less social interaction and fewer friendships, and this is largely due to their relationship with the person they care for and the effects of caring on social and family life.

Hounslow is a typical London borough in terms of the proportion of older people providing unpaid care and similar in its profile to those of other English local authorities.
In fact, a slightly higher proportion of older people in the Borough provide no unpaid care than the English average, while a slightly lower proportion provide more than 20 hours of unpaid care a week – 6.3% compared with 7.0% (see Table 6).

Table 6: Proportion of people aged 65 and over providing unpaid care

<table>
<thead>
<tr>
<th>Type of long term support accessed</th>
<th>Hounslow</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>0.5%</td>
<td>0.9%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Residential</td>
<td>0.8%</td>
<td>1.1%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Community</td>
<td>6.4%</td>
<td>5.6%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>


Although we do not have robust data on the incomes of older people living in the London Borough of Hounslow, current estimates suggest that 18% of pensioners in London are in poverty – falling to 16% in Outer London – compared with 12% in the rest of England. However, the absolute number of pensioners in poverty has fallen considerably over the last decade (from about 250,000 to 180,000), and pensioners in London now have a lower poverty rate than working-age adults (26%).

Table 7: Level of highest qualifications attained by people aged 65 and over

<table>
<thead>
<tr>
<th>Education level</th>
<th>Hounslow</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>48.5%</td>
<td>49.9%</td>
<td>52.9%</td>
</tr>
<tr>
<td>Level 1</td>
<td>6.0%</td>
<td>5.9%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Level 2</td>
<td>6.7%</td>
<td>7.2%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Level 3</td>
<td>3.9%</td>
<td>3.9%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Level 4 +</td>
<td>18.5%</td>
<td>20.2%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Other qualifications</td>
<td>16.4%</td>
<td>12.9%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>


The data on education levels suggest that older people in the London Borough of Hounslow have similar levels of education to those of older people from other local authorities (see Table 7). In fact, there are slightly fewer older people living in the London Borough of Hounslow with no qualifications (49%) compared with the London and England averages (50% and 53% respectively).

4.2 Predicted prevalence of loneliness

By analysing the English Longitudinal Study of Ageing, Age UK was able to identify six factors that are significantly associated with loneliness among older people: self-reported health status, marital status, household size, housing ownership, activities of daily living (ADLs) and multiple eye conditions. The UK Census includes data on the first three factors, together with age, and these were used to predict the relative risk of loneliness across neighbourhoods in England. The resulting loneliness risk index underpins the Age UK Loneliness Heat Map.

The London Borough of Hounslow is ranked 72 out of 326 local authorities in England in terms of the predicted risk of loneliness, placing it in the upper quartile of risk. (Four of the top five local authorities are located in London: Tower Hamlets, Hackney, Newham and Barking & Dagenham). The London Borough of Hounslow is ranked 15 out of the 32 London boroughs, but 5 out of 19 for the Outer London boroughs (based on the NUTS statistical definition of Outer London). Overall, this indicates that there are significant risk factors in the London Borough of Hounslow compared with other local authorities.

Resources: health status

Another group of risk factors relate to health, both physical (e.g. poor self-assessed physical health status, chronic illness) and mental (e.g. reported depression). While deteriorating physical health (or perceived poor health) is one of the most consistently identified risk factors, the direction of causation is still not well understood, i.e. it is unclear whether poor physical health leads to feelings of loneliness or vice versa.

Broadly speaking, the health profile of residents in the London Borough of Hounslow is similar to that of London and England as a whole. Approximately 54% of older people in the Borough say that their day-to-day activities are limited a little or a lot by long-term health problems or disability, compared with 52% of older people across London and England.

Resources: socioeconomic status

Both high income and education are thought to be associated with less loneliness, but evidence on the impact is equivocal. Some studies suggest that income is more significant than education in predicting loneliness, as insufficient income (whether actual or perceived) may prevent people from participating in activities, as well as reducing people’s capacity to return support provided by others. In contrast to income, education is more likely to determine the composition of people’s social networks and the kind of activities in which people engage, and some research suggests that high levels of education may be associated with reduced loneliness.
Age UK has used the data to produce a ‘heat map’ of areas where the highest levels of loneliness exist. This data has the potential to be used to improve the allocation of limited resources to reduce loneliness in the Borough. However Age UK warns that the data should be combined with local knowledge and an understanding of local neighbourhoods to most effectively target efforts.

As shown in Figure 1 below, Heston West seems to be particularly at risk of loneliness, especially the area around Heathrow Terminal 3. The southern parts of Cranford and Feltham North, particularly the area around the North Feltham Trading Estate, are also at very high risk. Other areas at high risk include certain areas around Hounslow town centre; the area between St Margarets and Twickenham Stadium; certain areas north of Isleworth station and around Brentford station; parts of Hanworth bordered by Hounslow Road (A314) and the A316; and the area around Feltham High Street. However, more work should be carried out to investigate the particular risk factors and circumstances at play within these neighbourhoods.

Figure 1: Predicted risk of loneliness for those aged 65 and over in the London Borough of Hounslow

Source: http://data.ageuk.org.uk/loneliness-maps/england-2016/hounslow/
4.3 Other potential risk factors

The review also examined a range of other factors of particular interest to the Borough, to consider their impact on levels of loneliness. We found that the evidence on these potential risk factors is less robust, but they are worth bearing in mind due to their potential impact on how services or interventions are provided in the Borough.

Language ability

London has a relatively high proportion of older residents for whom English is not their main language (14% of the total), and this is particularly true of the London Borough of Hounslow, where 22% of older residents say that English is not their main language (see Table 8). Although English language proficiency is not considered to be a key risk factor associated with loneliness, it is likely that accessing information or particular services is more difficult for people with lower levels of English language proficiency.

<table>
<thead>
<tr>
<th>Main language</th>
<th>Hounslow</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>77.9%</td>
<td>86.0%</td>
<td>96.7%</td>
</tr>
<tr>
<td>Other language</td>
<td>22.1%</td>
<td>14.0%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>


Belonging to a faith community

Similarly, a high proportion of residents in the London Borough of Hounslow identify as belonging to a faith community, but the research as to whether this generates risk of, or protection against loneliness is inconclusive.

Emerging research from the United States suggests that the odds of being socially isolated are higher for those who do not attend any religious event in a month compared to those who attend events more regularly (on a monthly basis). There is also some evidence that the impact of religious attendance on social integration and social support may have an indirect effect on loneliness. However, it is not clear which aspects of religious attendance (the social, the spiritual, etc.) are correlated with social isolation or whether religiosity may act as a resource helping to reduce the likelihood of loneliness. What is clear, however, is that faith communities form part of the social capital of local areas. It may therefore be more fruitful to explore the impact of faith from the perspective of support provided by faith organisations, rather than its impact on individual loneliness.

Community transience

In discussions with local experts, the issue of the transience of the local community the London Borough of Hounslow was repeatedly raised as a potential driver of higher levels of loneliness.

While the evidence in this area is relatively limited, it is thought that high levels of population turnover can have a negative impact on older people’s sense of belonging to a community and may contribute to the higher levels of loneliness reported among older people living in some socially deprived neighbourhoods. This may, therefore, be a relevant factor in considering how resources should be targeted.

Geographical isolation

Another factor raised by local experts as cause for concern was the geographical isolation of some communities within the Borough – primarily by dint of local infrastructure, such as poor public transport links, separation of communities by busy roads etc.

There is some evidence that experiences of social isolation and loneliness may vary across urban and rural areas, but it is not conclusive. For example, Age UK’s exploratory analysis of ELSA (the English Longitudinal Study of Ageing) data has found that the incidence of older people who say they often feel lonely is slightly higher in urban than rural areas, though the difference is slight. However, given that Hounslow is primarily urbanised, it is not clear that this evidence offers much insight to the issues likely to be facing the Borough.

Clearly, though, the state of local infrastructure is likely to be relevant to people’s experience of loneliness and isolation, and of accessing support, and this is explored as part of the overall framework of provision in the Borough.

4.4 Evidence of loneliness among social care users and carers

It is clear from the evidence that the population of the London Borough of Hounslow is characterised by a higher incidence of key risk factors for loneliness than other communities across London and England. It is therefore reasonable to predict that overall levels of loneliness will be likely to be higher in the Borough if effective action is not being taken to address the issue. And this prediction is lent weight by the Borough’s results in national datasets.

The Adult Social Care Outcomes Framework (ASCOF) data provide comparable information about the experience of carers and people receiving formal care and support services, including the extent to which they have enough social connection. These results suggest that levels of loneliness are higher within the London Borough of Hounslow than in other areas.
Loneliness and social isolation in the London Borough of Hounslow

The proportion of people using care and support services who did not say that they had as much social contact as they would like was approximately 65% in the London Borough of Hounslow. This is higher than the London average (just over 60%) and considerably higher than the England average (just over 56%). Similarly, only 22% of carers said that they had as much social contact as they would like, compared with a London average of 38% and an England average of 40%.

As groups served by social services, these results indicate that there may be more the Council can do to support individuals currently experiencing loneliness in the Borough. Conversely, action to reduce loneliness is likely to drive improvements across a wide range of ASCOF measures and other health and wellbeing framework outcomes.

4.5 Generating further insights about loneliness in the London Borough of Hounslow

Combining Age UK’s predicted loneliness scores with data from other local and national data sets should help generate further insights about the groups or communities at risk of experiencing loneliness in the Borough.

Under the guidance of Hounslow Together (Local Strategic Partnership), similar exercises have already been carried out with regard to measuring community resilience in the London Borough of Hounslow, by identifying the factors that support or undermine the resilience and wellbeing of local communities.

The community resilience research has identified six ‘resilience clusters’ which paint a picture of how wellbeing and resilience vary across the Borough. Among those clusters, the ‘low wellbeing’ cluster is likely to show the strongest correlation with the loneliness heat map, due to the similarity of the risk factors between the two (i.e. lower satisfaction with life overall, health, income, amount of leisure time, and concerns about managing financially).

Predictive data on the patterns of resilience across the Borough have been compared with actual data to reveal areas where resilience is weakest or strongest, and to identify areas where there are discrepancies between the actual data and the predictive data that may require further investigation. In addition, maps of the resilience clusters have been overlaid with local level data (e.g. data on use of primary care services) to generate further insights.

Using the loneliness heat map and risk factor data in similar ways should help the Borough develop a more nuanced appreciation of how loneliness affects local communities.
In this chapter we explore the framework for loneliness approaches set out in the guide *Promising Approaches to reducing loneliness and isolation in later life,* and the evidence-base that exists to support the approaches it describes.

The *Promising Approaches* framework was developed for Age UK and the Campaign to End Loneliness to set out a way of understanding the core elements of an effective response to loneliness at community level.

The framework delineates approaches taken to tackling loneliness and isolation, according to the role they play within a community-wide response – showing that a multi-faceted approach is needed to address loneliness within a locality. It demonstrates how a number of approaches, operating at different levels, need to be woven together to create an effective response.

In the following pages we set out the types of approaches described within the framework and explore the evidence-base that supports these.
5.1 Foundation services

The first area of provision is the foundation services. These services seek to address some of the key challenges in meeting the needs of lonely individuals, i.e.

1) Reaching lonely individuals
2) Understanding the nature of an individual’s loneliness and developing a personalised response
3) Supporting lonely individuals to access appropriate services

These approaches are focused on the individual and are the first steps taken as part of the work to reduce an individual’s loneliness. They come before, and provide a way into, the more commonly recognised loneliness interventions, such as social groups and befriending schemes.

The evidence for foundation services

The evidence for the impact of ‘foundation services’ on tackling loneliness is currently limited, although efforts are now being made to address this gap, for example through the Reconnections programme, which is subject to rigorous evaluation.

Previous studies of loneliness services have tended to focus more on ‘direct interventions’, than ‘foundation services’, partly because the latter are rarely framed as loneliness solutions, but instead as holistic and person-centred services, aimed at promoting healthy and active ageing, building resilience and supporting independence.

There is a good case to be made for identifying and addressing loneliness as part of an holistic approach to early intervention and prevention. For example such services are less likely to be affected by the stigma of loneliness, which can limit the potential for individuals to ask for help, or readily reveal their needs.

There is also a strong case for making specific efforts to reach out to and identify lonely individuals – due to the stigma of loneliness, the practical challenges of reaching a group who are often, but not always, also socially isolated, and concern that without explicit targeting, ‘loneliness’ initiatives will only serve people with a more naturally outgoing nature and those who may be more able to support themselves.

Promising Approaches identifies that both data-driven and ‘human’ approaches can be used to identify and target lonely people. Data-driven approaches to targeting loneliness services are in their infancy in England, but Cheshire and Essex have been early-adopters.

However, there is more evidence around approaches to reaching lonely individuals that involve community members and staff in identifying and reaching out. These programmes build on the insight that the majority of lonely individuals have some contact with the outside world.

Evidence from the US supports the use of what are known there as ‘gatekeeper’ services through which individuals within the community – including frontline staff in public services, but also bartenders and hairdressers – act as a form of loneliness ‘first responders’. Research has shown these are effective in identifying and engaging with older people who might otherwise not access services. And these models are being trialled in the UK – for example in Leeds.

Another area for which there is emerging evidence is that of social prescribing. There is a strong rationale for working with medical professionals to identify lonely individuals – both because of the strong links between loneliness and poor health, and because, for many of the most isolated older people, the GP is one of the few people with whom they have contact. There is also some evidence that some lonely older people visit their GP more regularly as a result of their loneliness.

Social prescribing approaches are often driven by a desire to achieve health-system outcomes – such as reductions in GP visits, or reduced Accident and Emergency admissions, and generally demonstrate positive impacts in these areas. Wellbeing outcomes are often also gathered. The loneliness impact is not always quantitatively evaluated, but qualitative evaluation regularly highlights reduction in loneliness and isolation as a key impact.

As noted above, there is strong evidence of the stigma associated with loneliness as a result of which older people are thought consistently to under-report their loneliness, and to show resistance to asking for support for loneliness directly. Learning from practice, therefore, suggests that the best way to understand what support will best meet need for connection is through relatively open ‘guided conversations’ designed to identify individuals’ own goals and interests. Check-list based approaches are not thought to be effective in working with the loneliest individuals. It is therefore clear that effective services to ‘understand’ lonely individuals’ needs must offer time and space for people to articulate their needs, and that specialist training for staff or volunteers providing such support will be needed.

Loneliness can have a damaging effect on individuals’ confidence, limiting their willingness to engage. The evidence therefore suggests that, while signposting to appropriate services can be helpful, many people experiencing loneliness need more support to reconnect with provision in their communities.

Some services which offer people support to connect to their communities have been reviewed for their effectiveness in tackling loneliness, and have been shown to have positive effects. However this evidence is somewhat limited.

Ultimately, however, the reductions in loneliness seen through evaluations of ‘foundation services’ rely as much on the quality of the services and supports to which people, once they have been reached, understood and supported, can be referred, as the ‘foundation services’ themselves.
In this way it is clear that these services can only be effective if they are backed by a wider web of support for those experiencing loneliness and isolation, within the community, which can offer the opportunity to develop and sustain meaningful relationships.

5.2 Structural enablers

The Promising Approaches framework also recognises a range of structural enablers – approaches which can underpin frameworks of intervention in communities, creating the right environment for loneliness to be reduced, and acting as the mechanisms by which effective interventions can come into being.

These approaches are not just effective ways of creating the social activities and groups that support thriving social connection between individuals, but can also play a role in addressing loneliness in themselves. They include:

- Neighbourhood approaches – working within small localities with which individuals feel a sense of identity
- Asset based community development (ABCD) – working with existing resources and capacities in the community to build something with the community
- Volunteering – utilising volunteer effort at the heart of services, wherever possible creating a ‘virtuous circle of volunteering’ whereby services users can themselves become volunteers
- Positive ageing – approaches that start from an affirmative understanding of ageing and later life as a time of opportunity, including particularly Age Friendly Cities and Dementia Friendly Communities.

The evidence for neighbourhood approaches

Research demonstrates that older people tend to spend more time in their immediate neighbourhood and often feel a higher degree of commitment to it than other age groups, making the immediate locality an extremely significant influence on older people’s wellbeing.1 There is, therefore, a clear logic behind the selection of the neighbourhood as the locus for action on loneliness. There are also practical benefits to tackling loneliness neighbourhood-by-neighbourhood, as breaking areas down into more manageable chunks allows more effective targeting of initiatives and outreach efforts.

While the evidence base in this area is still underdeveloped there are some positive results emerging. For example, a neighbourhood approach to tackling loneliness was trialled extensively in a major programme by the Joseph Rowntree Foundation, and showed positive results in terms of bringing communities together to tackle the issue across generations.11 Furthermore the Neighbourhood Networks in Leeds have led the way in establishing a neighbourhood-based approach to ageing issues more generally, and have gathered some evidence about the impact of engagement with neighbourhood networks on feelings of connectedness and wellbeing, using the older people’s Outcomes Star.44

The evidence for asset based community development (ABCD)

The evidence base on the impact of ABCD approaches on loneliness, specifically, is emerging but still in its infancy.85,86 However there is a case to be made that adopting an ABCD approach – i.e. one based around citizen involvement, building on existing assets, and seeing people as agents in addressing their own issues – would be likely to yield results, because it would be most likely to deliver services for older people that would meet three key criteria:

- Being what local older people want
- Involving older people
- Being sustainable

These features closely align to the evidence around the kind of groups, activities and services which have been shown to be effective in tackling loneliness.87

The evidence for volunteering

Encouraging volunteering as part of an effort to address loneliness presents a number of potential benefits not just in terms of increasing the efficiency of services, by reducing costs, but also in generating a potential ‘volunteering offer’ through which individuals can connect with others and expand their social networks.

Studies of volunteering demonstrate the positive impacts it has on volunteers’ own wellbeing and social connection.98 However, some caution is required because the evidence suggests that volunteering cannot be relied upon as an intervention to tackle loneliness on its own.99

The evidence for positive ageing approaches

Positive ageing approaches emphasise healthy and active ageing and reject negative stereotypes of later life. These are exemplified by initiatives such as Age Friendly Cities90 or Dementia Friendly91 Communities.

While there is little direct evidence of these schemes’ impact on loneliness, research shows that negative attitudes to ageing can present a barrier to older people taking up support available to enable social connection, so efforts to address these attitudes within a community are likely to be part of the solution.92 Furthermore, experience from some communities suggests adopting these approaches can help drive a more comprehensive community-wide response.93
5.3 Direct interventions

The Promising Approaches framework identifies three main forms of direct interventions for tackling loneliness. These are:

- Services to support and maintain existing relationships
- Services to foster and enable new connections
- Services to help people to change their thinking about their social connections

The guide makes clear that to be effective in tackling loneliness, communities will need to offer a wide range of ‘direct interventions’, and it will also be important that these interventions are high quality and rooted in best practice.

The evidence for group-based approaches

A wide range of group-based activities have been evaluated in terms of their impact on loneliness, with mixed results. However the characteristics of effective interventions have been identified by Mima Cattan and colleagues in their review of the literature.94 In general, effective interventions:

- Included group-based interventions with a focussed educational input, or ones that provided targeted support activities.
- Targeted specific groups, such as women, care-givers, the widowed, the physically inactive, or people with serious mental health conditions.
- Enabled some level of participant and/or facilitator control or consulted with the intended target group before the intervention.
- Evaluated an existing service or activity (demonstration study) or were developed and conducted within an existing service.
- Identified participants from agency lists (GPs, social services, service waiting lists), obituaries, or through mass-media solicitation (whereas self-selection was a problem noted in many studies).
- Included some form of process evaluation and their quality was judged to be high.

This means that many groups whose primary ‘offer’ is not social contact, but something else desirable – e.g. learning, health promotion or support through difficult circumstances – have the potential to address loneliness among older people.

The evidence for one-to-one approaches

The systematic review of loneliness interventions carried out by Cattan and others concluded that the evidence on one-to-one befriending was too weak to be able to state that these initiatives are effective in reducing loneliness, but it was noted that such services were highly valued.95 Other studies, before and since, have produced different conclusions. This phenomenon is at least partially explained by the tendency of these studies to categorise a wide range of interventions under the heading of ‘one-to-one’ interventions. Specifically, studies often conflate services which offer a one-to-one relationship as the end-game, with those which connect or reconnect individuals to wider social contacts through an (often time-limited) one-to-one enabling, mentoring, or other supportive intervention.

However, notwithstanding the lack of definitive evidence for a reduction in loneliness, it is clear that for some groups one-to-one befriending services may be the only loneliness intervention available.96 This is particularly true of those for whom practical barriers, such as disability, make getting out and about difficult, and in a context in which social care provision is simply insufficient to overcome these barriers. Furthermore, emerging evidence from programmes such as Reconnections is demonstrating that, for some of the most chronically lonely individuals, one-to-one befriending is often the only acceptable service model.

The evidence for psychological approaches

The third category of ‘direct interventions’ are focussed on supporting people to change their thinking about their relationships – essentially through psychological approaches, based on systems such as Cognitive Behavioural Therapy (CBT) and Mindfulness.

A meta-analysis of loneliness interventions by Christopher Masi and colleagues found that the greatest effect on loneliness was seen within interventions that addressed what they called ‘maladaptive social cognition’.97 The cornerstone of these approaches is to teach lonely individuals to identify automatic negative thoughts (e.g. low self-worth) and how to manage these feelings.

Mindfulness and CBT are currently recommended for use among individuals suffering from depression,98 and there is good evidence of their efficacy in addressing loneliness.99 Despite their effectiveness, however, few organisations offer psychological services as a loneliness intervention at present.
5.4 Gateway services

Lastly, the framework recognises the crucial role played by transport and technology, not just in helping to reduce loneliness by rekindling and/or improving the quality of existing relationships, but also as enablers of effective intervention across the piece. The guide also makes clear that when transport and technology are not available, or not accessible, they can also act as ‘disablers’, hindering wider work to reduce loneliness. These gateway services play a critical role in directly enabling existing relationships and a vital supporting role in those interventions designed to support new social connection.

The evidence around technology

The impact of technology on loneliness among older people is disputed. Some argue that the increasing use of technology exacerbates the exclusion of older people. Others argue that technology can enable older people to maintain and, to a lesser extent, develop their social connections. A systematic review by Robert Hagan and colleagues found that technology-based initiatives were among the most effective of all studied interventions in tackling loneliness. Most of these interventions used technology to help create new social connections, and in some schemes, such as IT training programmes, face-to-face relationships were also developed, making the impact of technology, specifically, hard to assess.

The evidence on transport

There is good evidence that transport is vital in keeping older people socially connected. However transport initiatives have not normally been evaluated specifically in relation to their impact on loneliness, and so the evidence base in this area remains limited. This gap is recognised and increasingly of interest.

5.5 Opportunities for developing the evidence-base on loneliness

While a number of gaps remain in the evidence-base around approaches to loneliness, there is growing interest in addressing these gaps, and a number of large scale programmes are underway, or just starting, that are expected to generate new insights around what works.

In addition to the Reconnections social impact bond programme which has already been mentioned, there is also:

- the £78m Big Lottery funded Ageing Better programme which is working in 15 areas, including Hackney and Camden, to deliver programmes to address isolation;
- a major initiative by British Red Cross which is rolling out a new Community Connectors service funded by the Co-op;
- a newly-announced Big Lottery funded programme led by the Campaign to End Loneliness to work across communities in the UK to reduce loneliness.

Evidence from these programme, and from studies around the world, is increasingly being distilled and shared by bodies including the Centre for Ageing Better and the Campaign to End Loneliness. It would therefore make sense for the London Borough of Hounslow to plug into these communities of practice and learning in order to ensure its work is informed by the latest evidence.

There would also be significant potential for any interventions developed and evaluated by the London Borough of Hounslow to contribute to the wider national conversation and evidence base. The London Borough of Hounslow could support the sharing of evidence by use existing tools to assess the impact of any services or interventions it develops, such as those suggested by the Campaign to End Loneliness.
Semi-structured telephone interviews were conducted with key stakeholders with an understanding of current provision for individuals who might be at risk of, or experiencing, loneliness in the London Borough of Hounslow. The majority of interviewees were employees of the Borough council, primarily working in commissioning and grant-making roles, but consultations were also held with representatives of the Clinical Commissioning Group (CCG) and local voluntary and community sector organisations. The information garnered during these interviews was supplemented by informal conversations with further individuals and a review of relevant websites and other documentation highlighted during discussions.

The selected methodology means that the picture of provision is necessarily partial. It has not been possible, within the timeframe of this project, to identify every service provided in every community. However, this approach offers an opportunity to gain an overview of the key areas of provision and an understanding of the extent to which a strategic approach is being taken in this area.

As far as possible, this review has sought to identify both provision which is explicitly focussed on preventing or alleviating loneliness, and wider provision which could potentially be of benefit to people at risk of, or experiencing, loneliness. We also sought to understand the picture of specialist provision offered to subgroups of the population that may be at particular risk of experiencing loneliness and isolation – such as carers or people with mental health issues – and whether this provision included support in building and maintaining social connections. In this way we examined a range of universally-available and more specialised loneliness responses.

In this chapter we unpack some of the key pieces of the Borough’s ‘patchwork’ of provision. As noted above, the methodology and timeline for this project did not allow for an exhaustive investigation, so this summary should be regarded as indicative rather than definitive.

### 6.1 Core elements of provision in the London Borough of Hounslow

This review was undertaken during a period of significant change in some of the core elements of provision in the Borough. This change is reflected in the outline below.

**Living Independently for Everyone (LIFE)**

The most significant change in the Borough’s provision of low-level preventative services for adults, including older people, has been the development of the LIFE (Living Independently for Everyone) programme.

The LIFE programme has three main elements – supported accommodation, a new Integrated Support Service providing non-accommodation based, preventative support, and a new gateway for support called HELP. The latter two elements were considered most relevant to this review.

At the time of writing, the contract for the new Integrated Support Service (ISS) had recently been let. The HELP service, which will provide a new single gateway into a range of support across the Borough, offering information, advice, access and brief interventions, was in the early stages of specification.

The intention of the ISS is to offer joined up one-to-one support to enable people to live more independently in the community. The service is particularly focussed on those not eligible for higher-end statutory services, who could potentially benefit from ‘preventative’ support.

These new programmes were set to come on stream in the context of wider provision across the Borough that was also relatively young in its development, with a number of other significant areas of provision having recently been reconfigured.
Loneliness and social isolation in the London Borough of Hounslow

One You Hounslow

A wide range of public health provision in the London Borough of Hounslow is provided under the banner of the One You Hounslow programme, which was less than a year old at the time of writing.

The One You Hounslow website outlines four core areas of provision with the scheme: ‘Stop Smoking’, ‘Be More Active’, ‘Eat Healthily’ and ‘Drink Less’. Some services are available by referral only, and these include specialist dietary advice and smoking cessation support, but there is also a universal physical activity offer, which is usually provided through group-based activities. The programme’s fifth strand – ‘Interact More’ – offers access to group-based activities, via self-referral and a ‘social prescription’ service.

Individuals who are referred to the ‘Interact More’ programme by their GP or other health professional are offered one-to-one support from a Health Advisor to identify activities in the community that might be of benefit to them. These include groups provided as part of the One You Hounslow universal physical activity offer, such as healthy walking and exercise classes, and traditional social provision including coffee mornings and lunch clubs, which are provided under contract with a voluntary sector collaboration known as the Hounslow Wellbeing Consortium.

The Wellbeing Network

Another recent development in the Borough is the establishment of the Wellbeing Network, which is funded through the Joint Mental Health Commissioning team sitting across the local authority and the CCG.

The Wellbeing Network was developed to support people with long-term mental health issues to stay well, but its remit is to promote mental health and wellbeing more broadly. The Network is built on the principles of asset based community development (ABCD). It aims to support people whose mental wellbeing may be at risk to tap into their own assets and those of their communities, to support connection and self-help as a means of reducing demand for more intensive services.

While the service was developed with people affected by mental health issues in mind, the intention is to support people whose wellbeing is at risk across the board, including those who are experiencing loneliness and social isolation. Provision – which includes the offer of one-to-one ‘network mapping’ support – is universally available.

According to the programme manager, the majority of current participants have some history of mental health issues, but among them are a number of older people who are experiencing loneliness and social isolation.

Age UK Hounslow activity programme

This review was undertaken in the context of the imminent end (on 31st March 2017) of a long-running contract between the local authority (latterly under the Public Health area) and Age UK Hounslow to provide support and activities, open to all older people in the Borough.

This contract provided for a comprehensive programme of group-based activities run from Age UK Hounslow’s main centre in central Hounslow, as well as home-based and telephone befriending services. The activity programme covered three main areas – social activity, physical activity and learning – and offered a diverse programme of 70 activity sessions per week, from IT courses to bingo. The activity programme was well used with around 17,000 attendances per year and over 3,000 people in membership or regularly attending the centre.

At the time of writing, Age UK Hounslow was seeking other sources of funding for these activities. A small proportion of the physical activity groups were likely to receive ongoing funding through the One You Hounslow programme, and some others were expected to continue with corporate support, but uncertainty over the overall programme remained.

Happy and Healthy 60+

A further publicly-funded provision in the Borough is the Happy and Healthy 60+ programme, which is provided in the Borough’s sheltered housing schemes. The programme offers a range of activities from yoga, to craft, to healthy living advice to IT courses, provided in the communal areas of four sheltered schemes which act as ‘hubs’ in three areas of the Borough. The programme also includes a subsidised session in Heston swimming pool with transport provided.

The provision is open to any resident of the London Borough of Hounslow aged 60 or over. However, take up from the community living outside the Borough’s sheltered schemes is limited, despite the offer of transportation for anyone who has mobility issues.

The programme is run by an activities coordinator, who is funded through the Better Care Fund. Participants pay a small charge for each session, but many sessions are subsidised further – with additional grant funding from public and other sources. Transport costs make up a significant proportion of the programme’s overall costs. The scheme currently uses the Borough’s Community Transport minibus or arranges taxis for participants, but is keen to find alternative cheaper means of providing transport in future.
Cranford Stronger Together Pilot

Another interesting development in the Borough’s offer is work taking place on the Meadows Estate under the banner of ‘Cranford Stronger Together’. The scheme forms part of the work supported by Hounslow Together and linked to the Future Borough Strategy.

At the time of writing the Cranford Stronger Together pilot programme, was about to enter its delivery phase, testing a neighbourhood approach to working with people with complex needs.

The scheme had been developed on the back of research undertaken by the RSA mapping social networks within the Meadows Estate in Cranford – an extremely deprived community within the Borough, characterised by a range of social issues and heavy service use. The research had mapped the social connections of residents on the estates and had identified three forms of isolation experienced by residents.104

The pilot programme will test the impact of intensive key worker intervention with a small cohort of individuals identified by service providers in the community as meeting a range of criteria, including being high users of services, and showing willingness to engage with a programme. The scheme aims to support these individuals to engage with community activities designed to widen their social network, so that their networks can more closely mirror an ‘ideal’ social network characterised by a range of strong and weak ties within and beyond the local community.

The programme is also intended to include a community development element, in recognition of the fact that there is unlikely to be significant social provision to meet the needs of all residents, particularly given the loss of a number of recent services which were formerly provided in the Hub centre on the estate. At the time of writing the team behind the programme had just learnt that they had not been successful in attracting national funding to support a Community Development post. However, a number of alternatives were being explored, including pooling resources across other programmes which were being developed on the estate.

Community Partnership Unit grants

Looking beyond the provision which is made under direct contract with the local authority, a major source of funding for social support in the community is the grants provided by the Community Partnerships Unit under the Community Grant programme. This grant funding supports a wide range of community organisations, who apply under one or more of the three primary objectives identified under the London Borough of Hounslow’s Thriving Communities strategy.109

Funding for organisations interested in tackling loneliness and isolation is primarily awarded under the strategy’s second outcome area, ‘Enabling independence and resilience by building the skills, resources and capacity of residents, neighbourhoods and communities’. Over recent years, significant sums have been awarded to organisations working with older adults across the community under this outcome area. This has included provision for older people’s organisations such as Age UK Hounslow, Hounslow Seniors’ Trust and Hounslow Pensioners’ Forum; and grants to cultural and community based organisations such as Feltham Asian Women’s Group, Indian Gymkhana and Saathi Association for Elderly Women.

Many of the grants awarded by the Community Partnerships Unit support social groups, exercise classes, trips and meal provision, some of which are free of charge for participants and some of which set a small charge of around £1-£2 per session. Grants rarely cover the full costs of the provision, but rather support specific programmes or initiatives. Grants are often sought to cover venue hire and transport costs, as they present a significant cost for groups to cover.

Grants are provided in response to applications, rather than to meet a defined brief. However the team make efforts to ensure that funding is spread across the various communities and geographical areas of the Borough, for example by proactively working with under-represented communities to stimulate bids.

As a partial funder, rather than a commissioner, the local authority has limited influence over the overall distribution of the groups and services provided in the community, and can only make a limited contribution to the sustainability of the overall web of provision of this type, through the grant programme. However, the Community Partnerships Unit offers other support to the voluntary and community sector to help organisations to develop their work, and to source funding.

All grantees are asked to state the outcomes they are seeking to achieve through their work, and to measure their impact against these. Larger grant recipients collect considerable amounts of information including detailed demographic data on those supported, and outcomes measures – for example the Pevensey Road Green Gym was able to report improvements against the Warwick Edinburgh Mental Wellbeing Scale, and to show that measures of feeling connected were improved through participation. However, a proportionate approach is taken to outcome measurement, being realistic about what is possible in small, informal, volunteer-led programmes. As a result it is hard to create an overall picture of the reach and impact of schemes funded under the Community Grant programme.
**Specialist provision for particular groups**

Beyond this universal provision, public funding is also made available to support a range of specialist provision for sub-groups within the wider community in the Borough. Much of this provision is focused around group-based activities, and therefore has the potential to reduce or prevent social isolation and loneliness among those using the services.

Group-based provision is made available to a range of communities who are at particular risk of loneliness – including peer support groups for carers and provision for people with dementia such as Singing for the Brain, as well as condition-specific support groups for people with diabetes, COPD, etc.

**Wider community provision**

Finally – there is a range of provision in the Borough which exists outside the formal funding envelope of the local authority. This includes provision made by some faith groups and other community groups.

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**6.2 Key impressions**

Looking across the information unearthed by this investigation there are two key observations which can be made.

- The London Borough of Hounslow benefits from a rich ‘patchwork’ of provision for people experiencing loneliness and social isolation, but this is loosely constructed and, in places, fragile. In particular, there seems to be a growing imbalance between the ongoing provision of, and investment in, ‘front end’ services – designed to assess need, and refer and support people into community provision – and the decreasing investment in, and patchy provision of, that support within the community into which lonely and isolated individuals would ultimately need to be referred.

- The system of support for adults with support needs in general, and older adults experiencing loneliness and social isolation, is in a period of significant flux – with many services relatively young, some coming to an end and new services just starting or due to start.
The fact that many current services are coming to an end, and new services are yet to be rolled out, presents some challenges for the process of mapping provision against the Promising Approaches framework. In developing this assessment we have, therefore, sought to understand how provision in the London Borough of Hounslow will look in future – making the assumption that services will meet the significant aspirations set for them.

7.1 Foundation services: gaps in identifying and supporting lonely people

Identification
Promising Approaches recognises a range of mechanisms which can be used to identify and target those at greatest risk of loneliness. At present few of these are in operation in the London Borough of Hounslow.

Data and mapping has been used to a limited extent, to identify the risk of isolation within the Cranford Stronger Together pilot, but this approach is yet to be rolled out across the community. If it were to be rolled out, then there would be potential to combine data from Hounslow Together with data from Age UK’s loneliness heat maps, and other local insight, to target resources in areas where the risk of loneliness is relatively high.

There are some schemes in the Borough through which frontline staff are intended to identify lonely individuals and refer them into support – in particular, the social prescribing scheme operated under the One You Hounslow programme. However, the extent to which referral to the social prescribing scheme is based on insight and understanding around the risk factors for loneliness is not clear. Nor is it clear how effectively other frontline staff (such as social workers) in the Borough are able to identify and refer those at risk of, or experiencing, loneliness to appropriate support.
More effective mechanisms for identifying lonely individuals and reaching out to them would enable better targeting of resources on those most in need of support. It would also enable more effective management of the flows of those seeking support into the services which aim then to understand and support them to connect. At present these mechanisms seem underdeveloped.

**Understanding and navigating**

Information on local provision of ‘direct interventions’ for loneliness – such as group-based and one-to-one support – is made available through a number of searchable databases, including the One You Hounslow site, and CarePlace.

CarePlace is, at present, focused heavily on information on health and social care services, and navigation to information on social connection is not straightforward. It therefore seems unlikely that, at present, lonely individuals seeking support would be ‘self-assess’ their need and find help independently. However, CarePlace is constantly under review and development, and there may therefore be potential to ensure that insights around how to offer a non-stigmatising route into opportunities to connect could be built into future iterations of the site.110

However, even if more effectively developed, such online portals are unlikely to offer a realistic route to support for most older people experiencing loneliness and isolation. Therefore services which can provide in-person support to help lonely people identify appropriate ways in which their needs for connection can be met will remain vital.

As noted above, the London Borough of Hounslow’s LIFE programme aims to create a new ‘front end’ for accessing support across the Borough. The intention is that the HELP service will act as a single point of access for all forms of preventative support, helping people to access appropriate provision in the community to meet their needs and to remain independent. It is expected that supporting individuals who are experiencing loneliness and social isolation to find ways of meeting their personal needs and aspirations for connection, would fall within the remit of this service.

The LIFE programme brings together a whole range of provision under one contract – and so some services are being decommissioned as LIFE comes on stream. One such service is the Care Navigator scheme, currently provided by Hounslow Community Partnership, which works with individuals who have been identified by health professionals as heavy users of health services, who are in need of holistic support. Other services – such as the ‘First Contact’ service offered by Social Services – will continue, but are intended to link into the HELP service, which, it is hoped, will be able to direct people not eligible for social care services, but in need of some help, into wider community provision.

However, even beyond the advent of HELP, a number of other potential ‘first ports of call’ for individuals in need of support with loneliness and isolation will remain. These include the One You Hounslow ‘Interact more’ social prescribing scheme, and a new scheme being funded by the CCG to place Self Care volunteers in GP practices. In addition there are a number of specialist helplines including a 24-hour mental health helpline, and helplines provided by voluntary and community organisations. It is not clear how these varied entry points, for individuals seeking support with their loneliness and isolation, will relate to one another and how appropriate referral pathways for those identified as experiencing loneliness will be communicated to frontline professionals.

For example: What would be the appropriate referral mechanism for GP to use to support an older person experiencing chronic loneliness? Should they be referred to One You Hounslow, to the self care volunteers in their practice, or to HELP? (See above.)

There is important work to do, therefore, to set out more clearly the appropriate pathway through which lonely people can be directed to support. It is vital to streamline the mechanisms through which support is accessed to avoid creating an unwelcome feeling, among lonely people, that they are being shunted around services and forced to repeat their stories.

It will also be important to ensure that whatever service is tasked with supporting lonely individuals is appropriately set up to meet their needs – i.e. to unearth, understand and respond appropriately to individuals’ particular experience of loneliness, drawing on the insights about what works. As noted above, enabling people to identify the most appropriate forms of loneliness support to meet their needs requires time and, usually, specialist training.

Insights around understanding and directing lonely people to support should therefore be built into the ways of working across the LIFE services.
Supported access
For many chronically lonely individuals, it is not enough simply to signpost to appropriate support, but instead individuals need additional, normally one-to-one, support to develop their confidence to the point that they are able to start to re-form social connections.111

The plans for the HELP service include some ‘targeted short-term interventions’, and the contract for the ISS envisages longer-term one-to-one support for some individuals. What is not yet clear is where, in the framework of provision being created in the Borough, the kind of mentoring support required to enable chronically lonely individuals to reconnect might be provided.

Such support could be provided via HELP or ISS under LIFE, or it might be that another provider would be better-placed to offer this intensive support. For example, providers such as the Wellbeing Network and Age UK Hounslow discussed their understanding of the need for this kind of additional support, and might therefore be more experienced in this form of provision.

Ultimately, however, which organisation provides this support is less important than ensuring that this provision is made available somewhere, and that all those involved in supporting lonely individuals are aware of the right places to refer individuals for support.

Supporting new connections
The London Borough of Hounslow currently benefits from a range of provision which has the potential to support lonely and isolated individuals to make new connections. However much of the funding that supports this provision is short-term and partial, and few services evaluate impact on loneliness and therefore little is known about the extent to which this provision is effective in meeting needs.

One-to-one services
The main form of one-to-one provision for people experiencing loneliness is befriending which is usually provided through home-visiting or over the telephone.

The London Borough of Hounslow currently benefits from a befriending service provided by Age UK Hounslow and funded by the local authority. At the time of writing this funding was due to end imminently (on 31st March 2017).

While Age UK Hounslow was hoping to find an alternative source of funding to continue to support over 300 current service-users, without further support, it seems unlikely that the scheme will be able to expand to meet the needs of the 300 older people currently on the waiting list, nor the additional need that may be identified in future.

For older people with mobility issues who are reliant on social care services for support, befriending is often the only viable form of provision. The reality is that older people’s social care packages rarely provide sufficient support to enable disabled older people to leave their homes, rendering access to group-based social activities impossible.

7.2 Direct services: a patchwork of provision

Changing thinking
This review did not identify any provision specifically targeted at reducing loneliness and isolation through psychological approaches in the London Borough of Hounslow. This is a common issue in many local authority areas.

However, the Wellbeing Network and Hounslow IAPT offer a range of provision aimed more broadly at developing resilience and promoting wellbeing which could potentially benefit lonely individuals. Furthermore there may be potential to work with these organisations to build programmes more specifically aimed at tackling loneliness in future.

Supporting current connections
The Promising Approaches framework notes that the prime mechanisms for supporting people’s existing connections are through access to transport and promoting the use of technology. These are covered in the section on ‘Gateway Services’ on page 31.
Given the evidence from the ASCOF data-set that suggests that adult social care users and older carers are facing particular challenges around loneliness (see Section 4.4), it would seem there is already unmet need in this area.

It is therefore a cause of significant concern that the future of the Borough’s befriending service remains so uncertain and that, in future, services engaging with lonely older people may not be able to offer one-to-one support where it is required.

Befriending is usually a relatively low-cost form of support – with revenue costs kept down through the recruitment of volunteers to act as befrienders. However, it is not a service that can easily be provided without appropriate infrastructure in place. Befriending schemes require a degree of expert involvement, in relation to volunteer management and training, and the matching of befrienders to people who want to be befriended. The high degree of vulnerability of many of the clients, and the fact that the service is often provided to the most isolated individuals – implying the need for a formal referral mechanism – mean that community-led schemes often struggle to be sustained. Furthermore, given what we know about the importance of not just the quantity of social connections, but also their quality, in reducing individuals’ loneliness, there is also a need for investment in careful assessment and matching processes.

Effective matching will maximise the potential of schemes to support the development of positive relationships based on shared interests, and in some cases on mutual exchanges of support – for example in the case of peer-support and skills-exchange based befriending schemes.

Exploring how to ensure that quality befriending services are available and able to meet the full extent of need in the Borough will be an important priority.

Group-based activities

There is currently a wide range of provision across the London Borough of Hounslow that fits into the category of group-based activity to support social connection.

At the time of writing, Age UK Hounslow was providing a significant programme of group-based activities across three key areas of physical activity, learning and social interaction, from their base in central Hounslow. However, funding for this programme was due to end (on 31st March 2017), and it looked likely that provision would have to be scaled back after this date.

Ongoing public funding supports a range of other universally accessible provision including the Sandbanks Day Centre provided by Age UK Hounslow, the provision made under the ‘Interact More’ strand of One You Hounslow, and the Happy and Healthy 60+ programme in sheltered housing.
Access to much of the provision outlined above is universal, with no specific criteria for access. However, mechanisms for accessing services are often opaque with referral pathways unclear, and general information services such as CarePlace failing to provide a user-friendly front door. Few mechanisms for targeting this provision on the most lonely seem to be in place.

Alongside general provision there are also examples of provision commissioned to meet the needs of specific groups, and provided in group settings. While this provision is not always explicitly commissioned to facilitate social connection, it has the potential to benefit people who are lonely and socially isolated, by supporting them to develop social connections, with people with whom they share characteristics or interests.

For example, a range of provision is made for carers in the Borough, including training and support, peer support groups and physical activity programmes, and carers’ consultative forums, as well as a support group for bereaved carers, though some of this provision will come under review as the LIFE programme rolls out. There is also provision for people with dementia and their carers including peer support groups for carers of people with dementia, and Singing for the Brain provided by the Alzheimer’s Society.

In addition to these fully-funded groups there is a patchwork of provision supported with partial funding from the Community Grants programme (discussed above) and, beyond that, a range of provision which exists outside the funding of the local authority. This includes provision made by some faith groups – including the Apricot Over 55s Group which is provided by the Maswell Park Church – and other community groups, which provide lunches and drop in sessions.

Looking at the picture of provision as a whole, across commissioned, grant-funded, and community-led group activities, it is clear that the London Borough of Hounslow benefits from a wide diversity of provision. This diversity is valuable and positive, however there are a number of challenges, which are discussed below.

It is not clear whether publicly funded ‘foundation services’ – such as the ‘Interact More’ social prescribing scheme – are aware of the full ‘menu’ of provision in the community, or whether they are making full use of it when seeking to connect people to activity. Information about community-led provision is relatively difficult to access. Some, but not all, groups can be found via CarePlace, though keeping this up to date is acknowledged as a key challenge.

Other attempts have been made to draw information on community groups together in one place – such as in the Self-Help directory produced by the Hounslow Voluntary Sector Support Service, and by Hounslow Community Trust. At present, however, no definitive source of information exists.

Understanding community-based provision in its entirety was beyond the scope of this review. However, at present it is very unclear how the overall ‘patchwork’ of provision fits together and whether there are any gaps. This is because there is little data available as to who is using services and what impact they are having. The ASCOF data suggests that the needs of social care users and carers are not being met by current provision, and LGBT older people and older people from some of the smaller minority ethnic communities may also warrant further attention. However detailed data on these issues is not available. Furthermore there is little clarity as to how any identified gaps in provision might best be filled.

In addition, our observation was that some of the publicly-funded provision being developed operated under the implicit assumptions that community provision would continue to be available, would have the capacity to absorb new referrals, and would be adequate to meet lonely people’s needs. In reality it is not clear that this is true.

There is little scrutiny of, or information on, the extent to which community-led groups are reaching lonely individuals, or meeting their needs. Furthermore it is not clear to what extent existing community provision meets the criteria identified for services most likely to be effective in reducing loneliness – which include being based on meaningful inclusion of users in the running of services, and offering people the opportunity to learn and to contribute.

Given the funding pressures on the voluntary and community sector more broadly and the considerable and growing costs associated with, in particular, transport and venue hire, there is a significant risk that provision may not be sustained at current levels. At the same time, there is also significant resource being spent across the authority on group-based activities, which are not always fully used. It may be, therefore, that bringing together information about the full spectrum of provision, would create potential to drive greater efficiency and more effective targeting of resource into areas of particular need.

This is not to say that authorities should seek to impose eligibility restrictions on current provision. At present most services are made universally accessible and this is extremely positive. Stringent eligibility criteria for group-based community activities are to be avoided, as these can create barriers to the formation of natural social groups and create stigma around services. However, it is possible through targeted outreach and clear processes for referral, to ensure that support is reaching those most in need.

The mechanisms through which the London Borough of Hounslow could seek to ensure a more comprehensive and sustainable picture of group-based activity provision, and to target public funding towards meeting the greatest needs are discussed in more detail under ‘Structural Enablers’.
7.3 Gateway services: barriers and untapped potential

‘Gateway services’ are described as those which play a pivotal role in supporting people to maintain their existing social connections and in enabling the delivery of effective direct support. A crucial feature of ‘gateway services’ is that when they are absent or provided inappropriately they can hinder connection and exacerbate the risk of loneliness in a community.

Transport

In consultation with experts across the Borough it was clear that transport is a significant barrier to many older residents remaining connected in later life.

The local transport infrastructure was not felt to be adequate to enable older people to maintain their social connections after they give up driving. However, only 64% of households with older people in the London Borough of Hounslow have a car or van – slightly above the London average of 59%, but low compared to the England average of 71%.

Many stakeholders observed the limitations of the Borough’s public transport network – with one consultee describing it as having an outer London Borough’s transport network, with an inner London Borough’s transport needs. And alternative provision in the Borough, including the taxi card and community transport schemes, was felt to be too expensive to provide a practical alternative for many residents.

It was notable that providers, such as the Happy and Healthy 60+ programme, were using limited resource to put on transport, but that there were real concerns that this may affect sustainability in the longer term.

It is therefore clear that further consideration will be needed to ensure that transport challenges do not exacerbate issues of loneliness and isolation in the Borough. Depending on the wider approach taken (see below) there may be solutions to this problem. For example, several consultees floated a volunteer driver scheme as one potential solution to the Borough’s transport challenges. Alternatively, focussing on a neighbourhood approach to addressing loneliness may be another way to reduce the pressure on transport.

Technology

It was notable that relatively little emphasis was placed, by interviewees, on the potential of technology to support people experiencing loneliness and isolation in the Borough.

The overall impression gained through this investigation is that the potential of technology to create a means through which older people could engage with local provision seems to be relatively untapped – with online portals for support including One You Hounslow and CarePlace offering little in terms of explicit navigation to opportunities to ‘connect’.

As noted above, the CarePlace system is under continual review and development and the Borough has recently launched a new service, called ‘Autonomy’, through which carers and people in need of care and support are guided through the process of assessment, so there may be potential to address these gaps. However, if this is to be effective, specific effort will be needed to ensure that insights around how best to talk about loneliness – such as those gathered by the Campaign to End Loneliness – are built into the design of these systems.

Looking at the wider potential of technology, beyond the use of telephones in Age UK Hounslow’s befriending scheme, there was little evidence of telephone-based or other technology-based schemes to address loneliness being developed in the Borough.

Some emphasis was being placed on supporting older people to get online as a means of maintaining social connection. Both Age UK Hounslow and the Happy and Healthy 60+ scheme offered IT training to older people and, with some of these schemes provided in partnership with corporate partners such as Barclays and Cisco, there is some prospect that this provision will continue beyond the end of Age UK’s main contract for activity. There are also other providers of support for getting online in the Borough – including local libraries – but these were seldom mentioned as a core area of provision, and hence technology in general seemed a relatively under-explored area.
There is, therefore, considerable potential for greater use of technology as a means of supporting and enabling work to tackle loneliness. However just as important as a proactive effort to support digital inclusion, will be an approach which carefully guards against digital exclusion, and the destruction of social connections. In particular, as consideration is given to moving services online, attention will be needed to ensure that this does not reduce opportunities for social connection and interaction.

7.4 Structural enablers: ‘green shoots’ of activity

The ‘structural enablers’ identified in the Promising Approaches framework are approaches which not only have the potential to support localities to develop effective and sustainable loneliness interventions, but can also in themselves contribute to the work to reduce loneliness.

A strategy for tackling loneliness which is built on one or more of these approaches is therefore likely to be more efficient and effective than a strategy which is otherwise developed or imposed. However it is clear that the London Borough of Hounslow has not yet settled on a clear strategy for addressing loneliness and isolation and has therefore not settled on a strategic approach.

The good news is that, in considering how to tackle loneliness, the Borough can look to some ‘green shoots’ around many of these approaches in pockets of the community.

Volunteering

It was clear that there was significant interest in harnessing the power of volunteers to increase capacity to respond to a wide range of challenges in the London Borough of Hounslow.

There is already a significant amount of volunteering going on in the Borough (though there was mixed evidence as to whether rates of volunteering were increasing or decreasing in the Borough with official figures contradicted by experience on the ground). A large number of the ‘direct services’ identified through this review were heavily reliant on volunteers – from the Age UK Hounslow befriending service, to the more informal community groups supported by the Community Partnerships Unit.

However the approach to volunteering across the Borough appears to be relatively piecemeal, and there is little explicit recognition at a strategic level of the potential of volunteering to offer both means of increasing provision for people experiencing loneliness, and a way of increasing resilience to loneliness among potentially at-risk groups.

Initiatives such as time-banking offer a model through which there is explicit recognition of the potential of older people to act as both contributors, and recipients, of volunteer time. However these schemes do not currently form part of the Borough’s offer.

Asset based community development (ABCD)

As noted above, both the Cranford Stronger Together pilot programme, and the Wellbeing Network are explicitly taking community development approaches to their programmes. However these schemes remain in their infancy, and the ABCD approach is not currently embedded across the wider approach to community projects.

In times of austerity, the potential of ABCD approaches to identify solutions based on existing rather than new assets, and to draw energy from within the communities being supported should be particularly attractive, and may present a more sustainable way to support community-led projects than a more traditional grant funding arrangement.

However, as evidence from the Joseph Rowntree Foundation programme showed, in communities which have become disconnected and isolated, community development takes time, and communities need support to come to a point at which they are able to tap into their assets effectively. So, while ABCD approaches may offer a route to sustainability, they require investment in the short-term.
Neighbourhood approaches

The local authority’s commitment to the Cranford Stronger Together pilot project would seem to suggest a desire within the authority to test out how a neighbourhood or place-based approach to social challenges might work. However it is clear that, in general, provision for loneliness and social isolation is not approached on a neighbourhood basis at present.

Given the limitations stakeholders identified in the local transport infrastructure, and the significant challenges associated with providing transport for some older people to reach current activity provision, there may well be a case for further exploring the potential of neighbourhood approaches to offering a manageable way of addressing loneliness challenges in future.

Neighbourhood approaches also tend to be non-age-specific, offering the potential of tackling loneliness among other vulnerable groups – such as carers, new parents and people affected by mental health issues.

Positive ageing approaches

Positive ageing approaches, such as Age Friendly Cities and Dementia Friendly Communities, have the potential for galvanising action across a wide range of actors within a locality to addressing challenges associated with ageing, including loneliness and social isolation. For example, within the WHO framework for Age Friendly Cities, social participation is a key area of interest.

However, despite a London-wide commitment to the city becoming age friendly, and a general sense of progress, there was little evidence that the Age Friendly ethos was significantly impacting the London Borough of Hounslow’s approach to addressing loneliness and social isolation.

In those areas where there has been a more explicit commitment to positive ageing approaches there is a sense that this has supported efforts to encourage a wider range of actors to take effective action to promote older people’s inclusion including transport, planning and policing. This may then be a helpful means of spurring community-wide action on this issue. It is also clear that for some older people ageist attitudes can create a barrier to inclusion, and so positive ageing approaches can help support a more positive approach to older people’s contribution to their communities.
8 Conclusions and recommendations

8.1 Conclusions

- There are good reasons to believe that older people within the London Borough of Hounslow may be at higher risk of loneliness and social isolation than the UK average.
- Estimates suggest that 10% of people aged 65 and over are often or always lonely.\textsuperscript{119} Given the increased risk factors in Hounslow, there are, therefore, likely to be more than 3,000 older adults experiencing chronic loneliness in the London Borough of Hounslow.
- There is good reason to believe that current approaches are not effective in reaching lonely people and meeting their needs – the only official data available suggests higher levels of loneliness in the London Borough of Hounslow than the rest of England and the rest of London.
- The evidence gathered suggests the London Borough of Hounslow has many of the components of an effective response to loneliness as set out in Promising Approaches.
- The lack of an explicit overarching strategy for addressing loneliness in the Borough means there is no clear sense of how existing components fit together, and there are some significant gaps.
- While the Borough has a range of provision, which explicitly addresses or could potentially address loneliness, there is currently a high degree of flux in the system making it difficult to assess the impact of provision.
- At present there is no clear pathway through which a person experiencing loneliness should be guided to support, and there are gaps through which lonely individuals are likely to fall.

8.2 Recommendations

1. The London Borough of Hounslow needs to determine and set out its strategic approach to tackling loneliness and social isolation across the Borough.

In discussion with local stakeholders, there was widespread recognition of the need for a more strategic approach to deploying resources to meet older people’s need for social connection and engagement.

Not only would the development of a clearer strategy within the Borough reduce the risk of gaps emerging in the ‘patchwork’ of provision, but there may also be potential to reduce the costs overall by reducing duplication of services, and placing greater emphasis on supporting communities to draw on their existing assets.

An early priority should be to set out more clearly the Borough’s strategic approach to loneliness – thinking about the ‘structural enablers’ which can support the development of a more effective strategy.

There are ‘green shoots’ of activity around some of the ‘structural enablers’ – but the core approach needs to be more effectively articulated.

This will mean making some decisions about the preferred approach – considering whether a neighbourhood or non-geographical community based approach is best for the Borough, assessing whether a community development approach should be used to support the development of ‘direct interventions’ or whether it is better to commission specific pieces of targeted provision, and so on.

Whatever strategic approach is settled upon, efforts must be made to engage older people in developing the Borough’s plans, including those older people who are experiencing loneliness and social isolation.
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The London Borough of Hounslow should ensure its ‘foundation services’ – in particular those being developed as part of the LIFE programme – are tailored to meet the needs of lonely individuals

The development of the LIFE programme across the London Borough of Hounslow is very significant. It is well-conceived to act as a core ‘foundation service’ in addressing loneliness in the Borough. However, for the LIFE programme to have the best chance of success, service models need to build in insight around how to tackle loneliness – including, in particular, insights around how best to talk to people about loneliness and to identify individuals’ needs.

The London Borough of Hounslow should develop more effective approaches for identifying and reaching the most lonely individuals, so that they can be offered support

Identifying lonely people and targeting support on those most at need is currently a gap in the Borough’s provision. There are a number of methods that could be pursued – from data-led approaches, to training frontline staff to identify and refer lonely individuals – but the right one for the Borough will depend on the wider structural approach being taken.

Consideration should be given to which service is most appropriate for providing lonely individuals with ‘supported access’ to wider provision in the community

At present it is not clear where, within the structures of the LIFE programme, or within the Borough’s wider service offer, lonely individuals will be provided with support to access services within the community. Signposting lonely individuals to community groups will not be sufficient in most cases, so it will be important to clarify who will provide support.

There is a need for action to address gaps in the provision of ‘direct interventions’ for lonely and socially isolated individuals in the Borough

The Borough currently benefits from a wealth of provision for individuals experiencing loneliness and isolation, but it is difficult to get a clear picture of exactly what is being provided to whom, due, in part, to the wide variety of providers and funding streams.

This diversity is a positive feature of the provision, but attention is needed to ensure that some groups are not being left without support in this ‘patchwork’. The London Borough of Hounslow should use insights around the risk factors for loneliness to assess how current provision is meeting the needs of lonely individuals and should think about how it can help to stimulate and support provision that fills current gaps.

Data from the ASCOF suggests carers and adult social care users need further support. Groups such as people from the smaller minority ethnic communities and LGBT older people may also warrant further attention.

The London Borough of Hounslow should give urgent consideration to how the one-to-one support needs of individuals will be met

The main form of one-to-one provision for lonely individuals, not just in the London Borough of Hounslow but across the UK, is befriending. As a service which can be provided to individuals in their own homes, it is a vital source of support to those unable to get out and about – as is the reality for many adult social care users and carers. Furthermore there is emerging evidence that many of the most chronically lonely are best supported through befriending. As a result, one-to-one befriending support will be an important part of an effective response to loneliness in the Borough.

There is already an under-supply of befriending in the Borough – the Age UK Hounslow service has a significant waiting list and the evidence suggests there is unmet need among adult social care users for support with loneliness.

Furthermore, as funding for the Age UK Hounslow service ends on 31st March 2017, there is some risk that current service users will lose support and significant risk that the needs of those on the waiting list, and the further potential beneficiaries currently without provision, will not be met.

Urgent consideration is needed to how to address this significant gap in provision in the Borough.
Action is needed to ensure that the needs of people who are lonely are being met by current group-based provision, through more effective targeting and impact measurement

As noted above, the London Borough of Hounslow currently benefits from a wealth of group-based provision, but it is not clear how effectively this ‘patchwork’ of provision is meeting the needs of the most lonely individuals, due to a lack of general data on who is using services and their impact.

While many of the services currently operating as ‘foundation services’ aspire to assess and refer individuals into appropriate community provision it is not clear how effectively this is being achieved and whether all services are making use of the full range of provision to best meet individuals needs.

As the London Borough of Hounslow works towards developing a more strategic approach to loneliness and social isolation, it will be important to consider how publicly funded provision can be most effectively targeted on lonely individuals.

Restricting access to social activities through the use of eligibility criteria would not be appropriate in most cases, as this runs against the effort to develop genuine communities and to reduce stigma.

However, consideration should be given as to how groups supported by public funds can be encouraged to ensure they are meeting the needs of the most lonely – for example, by locating services in areas identified as likely to include large numbers of lonely people, or by drawing on insights around risk factors for loneliness to inform outreach efforts.

The London Borough of Hounslow should look to improve the consistency of impact measurement around loneliness and social isolation

Efforts should be made more consistently to monitor the impact of services aimed at addressing loneliness. The London Borough of Hounslow can contribute to the emerging evidence-base on loneliness by using recognised tools to assess impact on loneliness – such as those identified by the Campaign to End Loneliness.120

Consideration should be given to ways of ensuring that transport is not a barrier to social connection in the Borough

Transport is a significant cause of concern and driver of the costs of provision in the Borough at present. Consideration should be given to how different structural approaches to tackling loneliness may be used to address this gap. For example, taking a neighbourhood approach to tackle loneliness may help to reduce reliance on transport across the Borough; and developing a volunteer driver scheme might support the provision of more affordable transport to some of the most socially isolated individuals.

Efforts should be made to consider how technology could be used to support social connection in the Borough

The potential of technology to enable better social connection and to support the delivery of social support seems to be an under-explored area, and should be considered further as part of a strategic approach to tackling loneliness.

Tailored support to enable older people to get online and to use technology to its full potential should be built into any strategy for addressing loneliness. Similarly consideration of the potential for non-user-friendly technology to exclude older adults, and limit social connection, should also be a core consideration in service development across the Borough.
References


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NH Digital, Measures from the Adult Social Care Outcomes Framework, England – 2015–16. (These measures were taken from the 2014-15 survey.)


http://www.reconnectionsservice.org.uk/


http://campaigntoendloneliness.org/guidance/case-study/seniors-network/


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84 http://campaigntoendloneliness.org/guidance/case-study/leads-neighbourhood-network/


104 https://www.biglotteryfund.org.uk/ageinbetter

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Kate Jopling is a Policy and Strategy consultant, with a background in the fields of ageing, health and care, and particular expertise in the area of loneliness and isolation. She works with organisations across the voluntary and community, and public sectors to provide insight and advice and to support the development of evidence-based policy and practice. Kate’s previous roles include Director of the Campaign to End Loneliness, Head of Policy and Public Affairs at the young people’s charity Catch 22, and Head of Public Affairs at Help the Aged.

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Hardeep Aiden is a freelance researcher with several years’ experience gained within the public and voluntary sectors. He has managed and commissioned research projects and multi-partner research collaborations, with a particular focus on migration, disability and health and social care. His recent roles include working as Senior Researcher at the British Red Cross where he provided research support for a partnership with the Co-op, aiming to tackle loneliness and social isolation among communities across the UK. The review was published as Isolation and Loneliness: An Overview of the Literature.