



Social Wellbeing Strategy 2017

Reducing loneliness and
building communities

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1. Vision and objectives

The City of London Corporation's Adult Wellbeing Principles includes a commitment that people are not socially isolated and that they have the relationships and support they need. The objective of this strategy is to realise this commitment in practice.

2. Background

2.1 The extent of loneliness

Loneliness is a national issue. A report from Age UK found that 7 per cent of people aged 65 or over in England said they always or often felt lonely. Including those who say they are sometimes lonely, the figure rises to 33 per cent.¹ There are reasons to believe that the City may be particularly affected, due to its older population and the prevalence of single person households. Greater London has an average of 11 per cent of residents over 65, while the City has 14 per cent, and 51 per cent of these older people live alone, compared to a national average of 33 per cent.

While loneliness can affect anyone, certain groups have been found to be more at risk. Older people are significantly more likely to be at risk, especially when coupled with a loss of income or existing relationships, living alone or in residential care. Being single, widowed, divorced or never married increases the risk of loneliness, as does having a partner or child but not feeling close to them.² A range of personal characteristics make loneliness more likely, such as entering later old age (75 years and over), being from an ethnic minority community, being gay or lesbian or having a mobility, cognitive or sensory impairment.³

While social isolation is mostly viewed an issue for older people, it can be an issue at any stage of life. A survey conducted on behalf of Family Action found that one in five new mothers lack support networks to help them through pregnancy. Among mothers living in low income households or from certain ethnic minorities, the figure rises substantially.⁴ Research by the New Economics Foundation estimated around 1 million workers in the UK experience loneliness, with a total cost to employers of £2.5 billion per year.⁵

Policy makers are concerned about loneliness for three reasons. Firstly, because dissatisfaction with one's level of social contact leads to lower personal wellbeing. Secondly, being lonely has a significant impact on an individual's physical and mental health, which in turn leads to earlier than expected support needs and requires the provision of health and social care services.⁶ Finally, social isolation can mean that someone is more at risk of abuse or neglect.

A survey by the Campaign to End Loneliness found that 16 per cent of over 60s would not know where to go for help if they were feeling lonely, while many more people are unwilling to seek help or identify as lonely because of the stigma associated with the issue. This is therefore not an issue which all individuals will have the capacity to solve for themselves and intervention from the statutory, voluntary and community sectors is required.

¹ Susan Davidson and Phil Rossall (2014), 'Age UK Evidence Review: Loneliness in Later Life.'

² Panayotes Demakakos, Susan Nunn and James Nazroo (2006), 'Loneliness, relative deprivation and life satisfaction', Retirement, health and relationships of the older population in England

³ Campaign to End Loneliness 'Risk Factors: Factsheet', <http://campaigntoendloneliness.org/guidance/wpcontent/uploads/2015/06/Risk-factorsGFLA.pdf>

⁴ Janaki Mahadevan (2012) 'New mums lack support to cope with isolation and depression', Children and Young People Now.

⁵ New Economics Foundation and the Co-op (2017), 'The Cost of Loneliness to UK Employers'

⁶ The costs of an individual being chronically lonely are estimated at £12k per year in additional GP and A&E visits and social care costs.

2.2 Social isolation and loneliness

While isolation and loneliness are closely linked, they are two distinct concepts. Isolation is an objective term to describe a person with limited social connections. Loneliness is a subjective measure of a person's feelings about their social relationships. It is a deeply personal state and a level of social contact that may satisfy one person may leave another feeling profoundly alone.

While the two states are related, one does not imply the other. It is possible to be isolated but not lonely. A person may prefer solitude and find that this has no impact on their quality of life. It is also possible to be lonely in a crowd. Older people in large households and care homes are more likely to feel lonely.⁷ Both isolation and loneliness are recognised as issues that should be addressed to improve wellbeing, although it is uncertain whether they have independent effects or whether isolation only impacts on health through loneliness. There are therefore three groups to consider when working to improve social wellbeing:

- the socially isolated and lonely – the most obvious target of any intervention, whose loneliness may be reduced by reducing their level of social isolation;
- the socially connected but lonely – interventions targeting this group may concentrate more on improving the quality of existing relationships, providing opportunities for specific interactions or reframing attitudes to the time they are alone;
- the socially isolated but satisfied – although happy with their limited social relationships, this group could be at risk if their personal circumstances change.

The importance of preventative work with this third group is highlighted by a recent investigation by the British Red Cross and the Co-op.⁸ Their research identified that life transitions, when an individual's relationships or role in society suddenly and substantially changed, were common triggers for loneliness. An example of such a transition could be retirement, becoming a parent or experiencing bereavement. While offering support after the event is important, the effect can be more effectively mitigated by ensuring the individual has adequate social connections prior to the transition point being reached.

2.3 Policy context

The 2010 Marmot Review sought to identify the most effective evidence based strategies for reducing health inequalities. These included:

- putting empowerment of individuals and communities and reducing social isolation at the heart of action on health inequalities;
- paying attention to the importance of stress and mental health in shaping physical health and life chances, and the importance of personal and community resilience;
- concentrate on the 'causes of the causes' – that is, invest more in the material and psychosocial determinants of health.

The Care Act 2014 creates a clear imperative for a range of partners to take action on loneliness. It states that a local authority must promote wellbeing when carrying out its support duties. The wellbeing principle includes; personal dignity, physical and mental health and emotional wellbeing, protection from abuse and neglect, control by an individual over day to day life, participation in work, education and leisure activities, social and economic wellbeing, maintaining personal relationships and the individual's contribution to society. Loneliness and social isolation present substantial barriers to a number of these principles.

⁷ Susan Davidson and Phil Rossall (2014), 'Age UK Evidence Review: Loneliness in Later Life.'

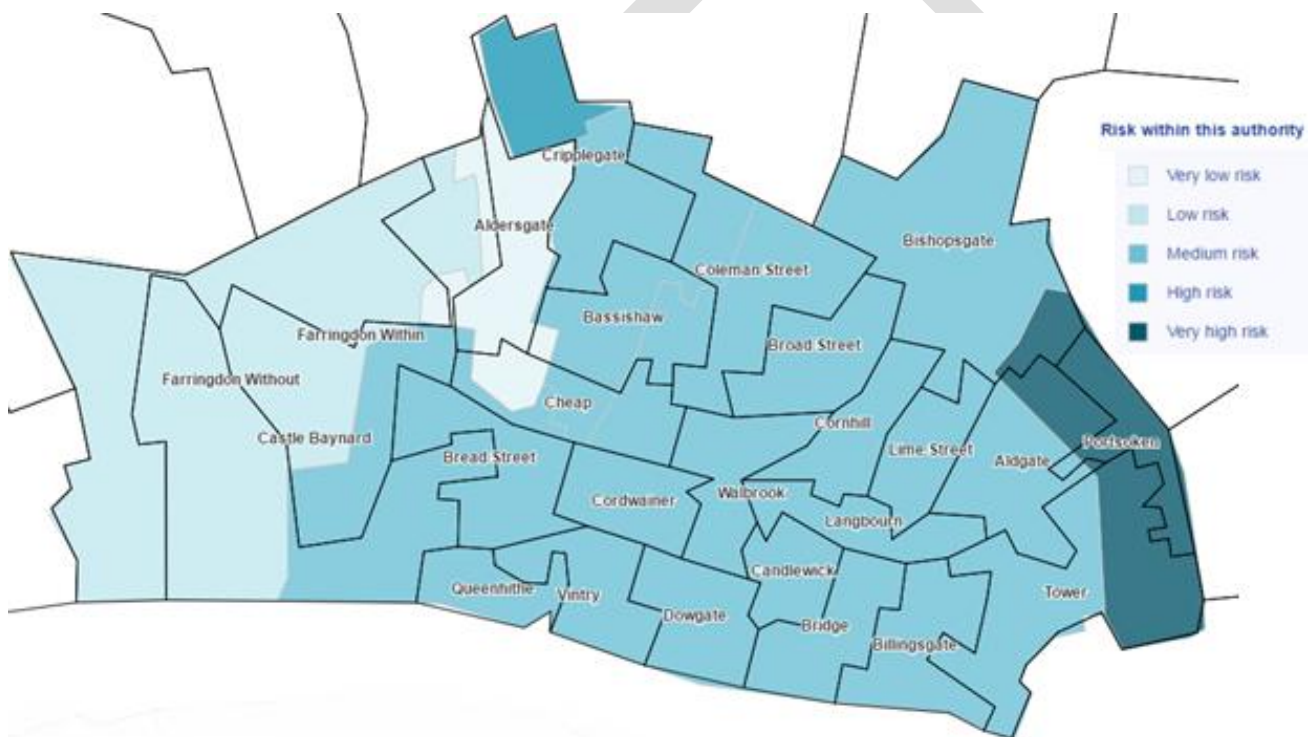
⁸ Co-op and British Red Cross (2016) 'Trapped in a bubble: An investigation into triggers for loneliness in the UK'

3 Loneliness in the City

3.1 Older people

In the City 14 per cent of residents are aged 65 and over, higher than the Greater London average of 11 per cent. The City also has a higher proportion of people in later old age with 4 per cent of the population over 75 years of age, compared to a Greater London figure of 3 per cent. The City has a large number single person households and around a fifth of these are home to a person over 65. In the City, 34 per cent of people live alone; 31 per cent of people aged under 65 and 51 per cent of people aged 65 years or over.⁹

The majority of these people will not be lonely. However, as older age and living alone are strong risk factors, they can be used as a starting point to estimate the likely level of need. Age UK have analysed data from the English Longitudinal Study of Aging (ELSA) and the Office for National Statistics to predict the risk of loneliness in the older population. The darker areas of the map (below) show the areas with the greatest predicted prevalence of loneliness. The prediction is based age, marital status, household size and self-reported health. The darker the map, the greater the probability of loneliness predicted by the model.



This indicates that older people in two areas, Golden Lane and Portsoken, home to large concentrations of the City's population, stand out as being high risk and very high risk areas.

That the City's other main population centre, the Barbican, appears to be relatively low risk is likely due to the map's focus on poor physical health as a cause of, and thereby proxy for, loneliness. While older residents living in the Barbican may be less likely to report poor health than their counterparts living elsewhere in London, other sources of local evidence suggest that it would be a mistake to assume there is no problem with social isolation here.

The City Corporation and Healthwatch hosted a series of 'Ageing Well in the City' workshops to learn about people's needs as they grew older. A particular theme raised during the events was a need to do more to tackle social isolation and loneliness.

⁹ Census 2011 / ONS

3.2 Working age people

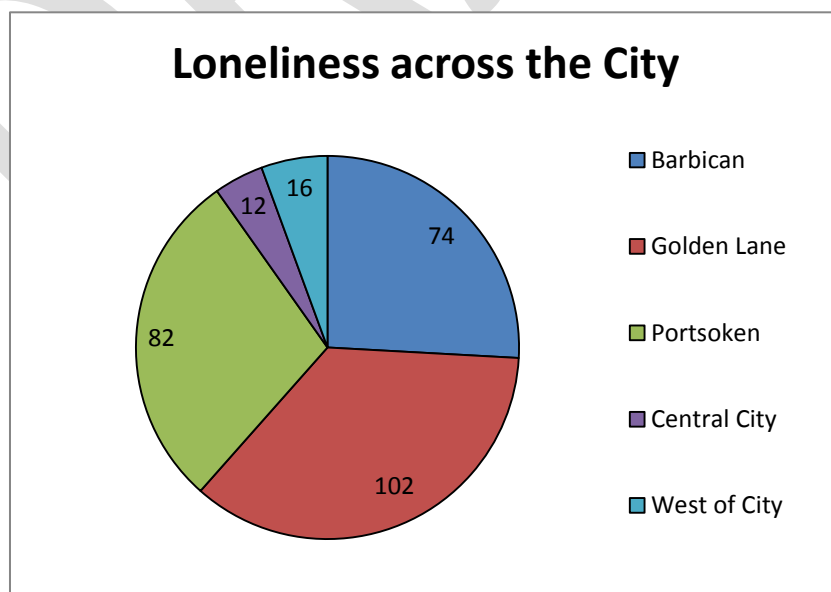
The Age UK and ELSA data only provides part of the picture, as loneliness can be an issue for people of any age. People with physical or mental health problems, caring or parental responsibilities, the long term unemployed and refugees and asylum seekers are all known to be at greater risk of loneliness. Other sources of data are needed to produce a more comprehensive picture.

In the City 42.5 per cent of Adult Social Care service users say they had as much social contact as they would like, similar to the average for Greater London of 41.8 per cent. Many carers are also both socially isolated and lonely as they can find their caring role leaves them with precious little free time to engage in social activity. Of City carers, 46.4 per cent are satisfied with their level of social contact compared to 35.5 per cent across Greater London. While the City compares favourably to the regional average, it still shows a majority experiencing loneliness.

Anecdotal evidence from Early Years Practitioners also suggests a considerable number of new City parents experience loneliness. This problem appears to cut across demographic groups. Nationally parents on low incomes or from BAME (Black and Minority Ethnic) groups are more affected by isolation. In the City these longer term residents tend to have enough of a social network to mitigate at least some of the problem. In contrast, high income professionals who move in to the City can become isolated from family and friends in other parts of the country and may be just as at risk.

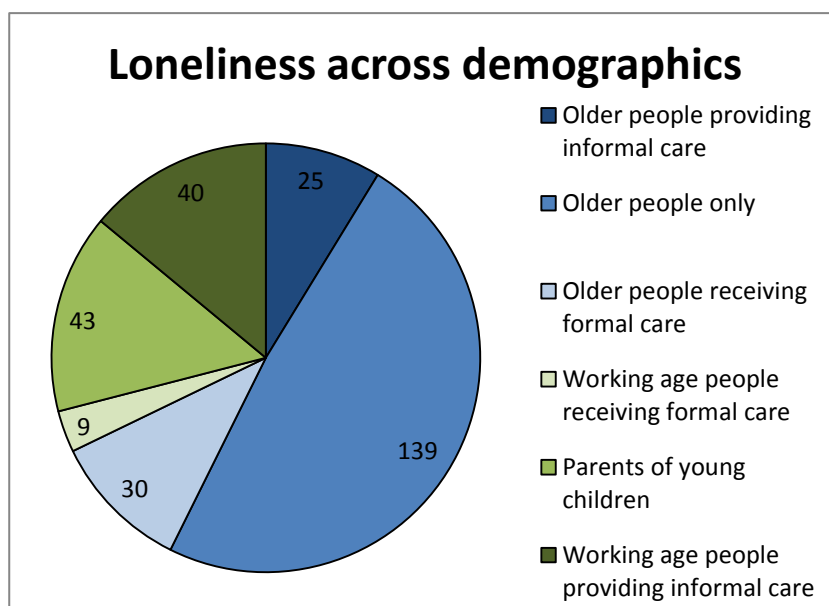
3.3 A Combined estimate

Combining these data sets to give a more complete overview of loneliness in the City replicates the geographic spread seen on the Age UK map on page 6. The Golden Lane and Portsoken areas are still home to the majority of individuals at risk of loneliness, the Barbican has a slightly stronger presence, accounting for just over a quarter of the total at risk population. Only a small number of people thought to be at risk of loneliness live outside these main residential areas.



The data can also be used to produce an estimate of who is most at risk of loneliness in the City. The 'loneliness across demographics' chart on page 8 provides an at a glance breakdown between older (blue) and working age (green) groups, as well as all those

providing informal care (by viewing the dark blue and dark green sections together) and all those receiving formal care (by viewing the light blue and light green sections together).



This suggests that around two thirds of lonely individuals in the City are over 65. Around half of the total is made up of older people who neither provide nor receive care, and as such they are unlikely to already be known to Adult Social Care services.

A quarter of lonely individuals are estimated to be informal carers and around two-thirds of these are of working age. Some, but by no means all, of these people will be known to Adult Social Care. In the 2011 Census, 121 people said they provided at least 20 hours of unpaid care per week. However, only 60 carers are known to Adult Social Care and only 22 per quarter engaged with the City Carers Service in 2015-16.

An estimated one in seven lonely City residents receives care from Adult Social Care. The majority of these are older people. A similar number of working age parents are thought to experience loneliness. These will all receive personal contact from a Health Visitor and an information pack from the FYi service, but those who become isolated are unlikely to have yet taken up the offer of the play groups and early help services that the City Corporation provides. Finding the isolated parents, informal carers and older people without care needs will be a crucial challenge in tackling loneliness in the City.

Many people who experience severe loneliness will not fall into any of the groups listed above. Again it must be recognised that loneliness is an experience unique to each individual and factors that may leave one person lonely, another would take in their stride. The estimates made above should be seen as a minimum, acknowledging that the figures for the Barbican based on ELSA data may be an underestimate and recognising that loneliness does not just affect older people, carers, new parents and people with disabilities. While it is helpful for services to target these groups, they should also be open to all and look to tackle loneliness wherever they encounter it.

3.4 Community research

In order to better understand personal experiences of loneliness the City Corporation commissioned Dr Roger Green, from the Centre for Community Engagement Research at Goldsmiths, University of London, to explore the level and nature of need in the local older

population. The study used a qualitative ethnographic approach to gain older residents' views. While living in the City of London was experienced by older residents in a number of different ways, the experience of being socially isolated or lonely was voiced by many residents. A number of themes emerged from this:

- Many residents chose to live in the City because of the anonymity that comes from living in the centre of a large conurbation. This solitude can turn to isolation and become problematic following a major change such as retirement or bereavement.
- Other residents spoke of feeling separated from friends and relatives living elsewhere in the UK or abroad. While many maintained regular phone contact, they still complained of feeling isolated from family.
- Some minority groups appeared to be underrepresented in existing community networks. This was evident with LGBT* (lesbian, gay, bisexual and transgender) and BAME older people.
- Some residents felt isolated by the extremely urban built environment and those in later old age or with physical disabilities found the physical layout of their estates difficult.¹⁰

3.5 Local profiles

By combining the analysis of the ELSA, social care and early years data with Dr Green's research, local estimates of loneliness can be produced for each area of the City.

Loneliness in the Barbican

Anecdotal evidence suggests that the socially isolated here are 'asset rich and income poor' older people. Our model suggests that around two thirds of those at risk of loneliness in the area are over 65. Around 1 in 5 provide unpaid care and around 1 in 6 receive formal care.

Of the working age people thought to be at risk of loneliness, 1 in 3 are informal carers and 2 in 3 are new parents. Very few working age people receive formal care in the Barbican.

Dr Green's study observed that isolation was also a particular issue for older LGBT people in the Barbican area, with limited engagement with community activities or good neighbour schemes.

Loneliness in Golden Lane

Our estimate suggests that loneliness in Golden Lane is overwhelmingly an older people's issue, with 80 per cent of those thought to be affected over 65. While the proportion providing informal care is in line with the City average and a slightly higher number receive formal care, the vast majority have no known care needs.

Income may be a factor restricting social activities for some older people on Golden Lane. Of the City's 130 Pension Credit claimants in August 2015, 50 lived on Golden Lane. Claimants tended to share several of the risk factors associated with loneliness, such as living alone and being in later old age.

¹⁰ Roger Green and Tim Stacey (2015), 'The Voices of Older People: Exploring Social Isolation and Loneliness in the City of London.'

Of the working age people thought to be at risk of experiencing loneliness on Golden Lane, half are informal carers and half are parents of young children. Again, few working age people receive formal care here.

Loneliness in Portsoken

Our loneliness estimate in Portsoken produces a more even split between age groups, with working age people accounting for 40 per cent of the total. Around half of these are providing informal care, a third are new parents and 1 in 5 are recipients of social care.

Three quarters of the older people thought to be at risk of loneliness in Portsoken neither provide informal care nor receive formal care. Very few older people here provide informal care, while 1 in 5 receives a care package from Adult Social Care. Portsoken has a higher number of Pension Credit claimants (60) than Golden Lane, despite having fewer people of pension age overall, indicating that income is likely to be an even larger barrier to socialising here.

Dr Green's study found that ethnicity was associated with loneliness on the Mansell Street Estate, with one resident saying she felt that there was 'no bridge' between the different communities. This research, along with national data and the relative youth of Portsoken's BAME population, indicates that problems with loneliness are likely to be especially prevalent.

Loneliness in the West and Central areas of the City

Our estimate suggests there is less loneliness in the West and Central areas of the City. These non-residential areas are home to 32 per cent of the population but only 10 per cent of the people thought to be at risk of loneliness.

The picture of who is lonely is also very different here, with primarily working age people thought to be affected. In the centre of the City, loneliness is primarily thought to affect parents of young children. In the West of the City unpaid carers stand out as making up almost half of the total. Housing tenure is likely to restrict the population in both of these areas to affluent individuals. Targeted interventions aimed at busy professionals juggling work with parenting or caring responsibilities should be considered here.

4 Current provision

The estimates of loneliness given in section 3 do not take into account the positive impact made by current efforts to reduce isolation. A wide range of activities are already on offer in the City that provide opportunities for social interaction.

4.1 City Corporation provision

The City Corporation aims to reduce loneliness through the Reach Out Network of support groups for older people, carers and people with memory problems or a diagnosis of dementia.

Age Concern are commissioned to provide a volunteer befriending and shopping service for older people or people with mild to moderate mental health problems. This includes telephone and e-befriending for those with limited mobility.

Many classes and groups are also available in City libraries, through the Adult Skills and Education Service and as part of the Young at Heart programme run from the Golden Lane Leisure Centre.

4.2 Neighbourhood development

The City Corporation's Neighbourhood Development Team aims to build and support strong and inclusive groups that enable people to feel more connected to their community and happier in their homes.

Their work includes supporting residents associations to develop and grow, running one-off events on estates and longer term projects such as the CityPlay East and Remembering Yesterday, Celebrating Today, and supporting the Neighbour Networks that provide an easy way for neighbours to volunteer in their local communities.

Spice Time Credits are a crucial part of the City Corporation's neighbourhood development work. Time Credits encourage people to volunteer or form their own groups. Spice's 2015 evaluation found that 60 per cent of volunteers said their level of social contact had increased as a result of Time Credits and 32 per cent said they felt less socially isolated.

4.3 Community activity

A wide range of community groups operate in the City, many of them using the Spice framework. Gardening is hugely popular in the City, with groups operating on most estates and Friends of City Gardens working throughout the City. Each estate also has an older people's group and residents' association. Ward members in Portsoken put on a busy programme of events and social activities.

St Luke's community centre in Islington and St Hilda's community centre in Tower Hamlets have busy schedules of classes and events, including regular older people's lunch clubs. Specific provision for the Bangladeshi community is available in the form of lunch clubs at Toynbee Hall and Sonali Gardens as well as the Mohila Women's and Girl's Spice Time Credits groups that meet at the Portsoken Health and Community Centre.

As well as running the City Corporation's befriending service, Age Concern City of London run a range of other projects promoting social and digital inclusion. These include busy Walking for Health groups, regular trips, Techy Tea Parties and targeted work with the most disadvantaged communities in the Square Mile.

4.4 Health related provision

The City and Hackney Clinical Commissioning Group (CHCCG) has commissioned Family Action to run a social prescribing pilot project. If a person's GP thinks they might benefit from taking part in activities or joining social groups, they will refer them to the scheme. The surgery's Wellbeing Coordinator will then meet with the person to talk through the options available and work with them to find local activities, services or advice that suit their needs and interests.

One Hackney and City provide a similar service for the most vulnerable patients as well as those with serious physical and mental health problems.

The City and Hackney Wellbeing Network helps people to build resilience and to alleviate issues such as stress, anxiety and low mood. As well as offering a large number of arts and activity based groups, courses developing emotional resilience, managing difficult emotions and building self-confidence are very relevant in the context of reducing loneliness.

4.5 Provision for new parents

The City has one Children's Centre within its borders, the Cass Child and Family Centre in Aldgate. City parents can also access the Golden Lane Children's Centre nearby in Islington. A range of drop in Stay & Play sessions and bookable advice, support and educational activities are on offer. Three community libraries offer a weekly schedule of parent and child activities such as Storytime, Rhymetime and Stay & Play.

The Adult Skills and Education Service offers a range of courses intended for parents to take with their children, such as Family Arts and Crafts and Learning Through Play. Courses are also available to address the practical issues that may be contributing to parental isolation, such as English for Speakers of Other Languages (ESOL), CV writing and interview skills. Little Outdoor Explorers, developed by the Family and Young People's Information Service, is an occasional six-week course designed to build confidence in parents with children under five, by helping them to venture out into the urban environment.

Targeted City parents will receive two additional Health Visitor assessments (supplementing the mandatory five) in their home with a focus on maternal mental health, maintaining infant health, promoting development and keeping safe. The targeted offer is aimed at first time parents and families identified as having needs such as physical or mental health problems, substance misuse issues and safeguarding or domestic abuse concerns.

The Hackney WellFamily Service is a primary care service commissioned by the CCG and provided by Family Action, aimed at addressing complex psychosocial needs. The service provides recovery-focused and holistic interventions including a mix of individually targeted and flexible practical and emotional support.

5 Evidence on interventions

5.1 Literature Review

There is limited evidence on what makes an intervention to reduce loneliness effective. A systematic review by Cattan and White was able to draw some limited conclusions about what showed the most promise.¹¹ Another evidence review compiled for the National Institute for Health Research made similar recommendations.¹²

The researchers concluded that group based interventions showed promise in reducing loneliness, especially when targeted at a specific group and with a specific activity in mind. Long-term effectiveness was improved by providing activities that enhance self-esteem and personal control. Where groups have a support purpose, such as post-bereavement, attendance needs to be over a period of five months or more to be of benefit.

One on one contact from health or social care workers may be successful at achieving other objectives, but has no impact on loneliness. One on one contact from a volunteer appears to be of limited impact, with the majority of studies failing to find a statistically significant impact.

While this indicates a preference for group based interventions, many group based interventions already exist and yet loneliness persists. This is because groups are only accessible for those who already possess the social skills to participate. The one on one interventions that have shown promise are those that aim to find and work with individuals at the stage before they can begin access group activities.

The outcome of technology-assisted interventions depends on whether existing relationships are being developed or new ones are being sought. There is some limited evidence that loneliness can be reduced by training older people to communicate online with friends and family. However, three systematic reviews of telephone-based interventions looking to match people with new contacts showed no decrease in loneliness.

Evidence also suggests that an asset based approach is likely to be effective in tackling loneliness. This means involving participants in the design and delivery of services in order to harness the skills, knowledge and connections already present within a community. Working in an asset based way is more likely to be successful as it is better able to deliver services that the intended beneficiaries want, to genuinely involve people as co-producers and to be sustainable in the long term.¹³

5.2 The Social Wellbeing Panel

The City Corporation established the Social Wellbeing Panel to gather further evidence on successful interventions implemented elsewhere and to learn more about how to reduce loneliness in the City.

Based on community research and feedback from residents, the Panel chose to hear from experts on isolation amongst new parents, Black and Minority Ethnic older people, those living in the commercial areas of the City and people with physical and mental health issues. Despite these groups having different circumstances, shared themes emerged from each evidence session.¹⁴ These themes, discussed in the next four sections, will be the building blocks of any attempt to reduce loneliness.

¹¹ Cattan, M. White, J. Bond and A. Learmouth (2005) 'Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions' *Ageing and Society* 25:1. p.41-67.

¹² Interventions for loneliness and social isolation; The University of York Centre for Reviews and Dissemination (2014)

¹³ Jane Foot (2010) 'A glass half-full: how an asset approach can improve community health and well-being'

¹⁴ Improving Social Wellbeing in the City of London: Reducing loneliness and building communities (2017)

5.2.1 Asset Based Community Development

In every evidence session witnesses spoke of the strength of volunteers, the effectiveness of peer support and the benefits of placing trust in communities. Local people are experts in their own lives and know what community assets they value and what further support they need to thrive. Local people already have the trust of their neighbours, the networks to reach people seen as 'hard to reach' by public services and the life experiences and language necessary to build relationships.

As well as providing valued support to others, volunteering can be transformative for the volunteer, building skills, confidence and social capital, instilling a sense of purpose and having a significant impact on personal wellbeing. Witnesses from a maternity support project spoke of their volunteers going on to train as midwives and doulas, while a community research project saw their interviewers grow in confidence and independence during the life of the project, becoming agents of change in their own communities.

Taken together, these principles lead to an asset based approach. This moves from seeing communities as repositories of need, such as loneliness and isolation, to being the source of opportunities and strengths, like volunteers and neighbours with lived experience. Instead of seeing people as clients receiving a service, commissioners should move to viewing people as citizens, each with something to offer and with the capacity to develop their own potential.

A word of caution was sounded that an asset based approach can take time to show results. Some communities will need an initial investment to strengthen and support local associations and it will take time to build up confidence and a sense of empowerment, as well as to build trust and assure local people that there is a genuine intention to share power with them. Finding enough suitable volunteers who can commit sufficient time to a project and sustain their involvement in the long term can also be a challenge.

In the City of London, this approach is most developed in the Portsoken Ward on the City's eastern edge. Here the ward's elected Members act as facilitators for community activity, securing funding and asking local people to decide what is most needed. While residents have the final say, Members have a preference for activity with a clear purpose, such as gardening or social trips, as this has proven to be most effective at bringing people together.

Regular and keen attendees are seen to be the most effective means of promoting events. They are asked to reach out to friends and neighbours who may be more isolated and to bring them along. This kind of low commitment activity may also be a good way of recruiting new volunteers and act as a catalyst for more involvement.

5.2.2 Shared Spaces

Another common theme to emerge was the need for shared spaces where relationships can develop naturally and where community building can take place. This can include some public sector places such as libraries, other inclusive spaces like cafes or venues run by community groups or simply areas of the streetscape that are welcoming, safe and encourage people to socialise.

To be effective assets for enhancing social wellbeing, shared spaces must be welcoming and informal. They must not appear to be, and should not be, the front door of statutory services. Many people will be unwilling to engage in venues where they fear judgement or where they may be given more help than they are ready to receive. Trust must be built up gradually on neutral ground, with contact moving at a pace set by each individual. Referrals to formal support, while important, can only be made once relationships are established and myths are dispelled.

Shared spaces should also have a broad appeal, offering activities and events that a wide variety of people want to participate in. Not only will a wide appeal enable more relationships to form, it is also an essential part of engaging with isolated people, as it prevents an intervention from becoming stigmatised.

While venues are important, those delivering loneliness interventions should not feel tied to their own bricks and mortar. Taking opportunities to engage with people in the informal spaces where they normally are is equally important. Venues such as housing estates, supermarkets and faith buildings should not be ignored.

5.2.3 Early Intervention

All of the speakers at the Social Wellbeing Panel stressed the importance, but also the challenge, of early intervention. If loneliness leads to lower personal wellbeing and risks to physical and mental health, providing support sooner is clearly preferable. It is also easier to deal with problems at an earlier stage, before the psychosocial effects of loneliness, such as lower confidence and a reluctance to engage with others, become entrenched.

The shared spaces discussed above play a crucial role in early intervention. People may not be comfortable approaching statutory services for help, but important issues can come out in informal and comfortable spaces once trusted relationships have been built up. Food or entertainment can draw people into venues and often more serious issues are raised. Other people participate when they realise there are people willing to listen and help is available.

There is also a need to work hard to let people know support is available. Poorly advertised support will only be accessed by those who would have found it anyway, those who are already well connected or who have the skills required to easily find and access help. Providing written information, in the right places and in the right format, as well as keeping health and community professionals briefed on the support available is a starting point. However, the best method of reaching the most isolated is to have advocates within the community who will vouch for services and actively promote them to a wide network.

A culture change across services can also play a part in early intervention and every service provider should be encouraged to ask themselves what they can do to improve social wellbeing. GP practices have developed this approach well, with social prescribing schemes enabling doctors to refer patients at risk of loneliness to social support.

5.2.4 Building Skills

A final theme to emerge was the potential to reduce people's risk of loneliness by building their skills. This could be about enabling people to have more ways to communicate, either through learning a shared language or by getting online and learning how to make new connections and keep in touch with friends and family on social media and Skype.

It could also look to the Recovery College Model and involve increasing people's ability to manage their own health conditions, thereby being better able to focus on other aspects of life such as social wellbeing. This is relevant beyond mental health, and includes helping everyone to develop the skills needed to make new connections and ensure their current relationships are healthy and mutually beneficial.

The effectiveness of skills development interventions can be enhanced by using asset based approaches and shared spaces. Recovery colleges use a co-production approach between a professional tutor and a peer supporter who is an 'expert by experience'. Languages and IT classes will have the best reach with their target audiences if they are supported by volunteers from those communities and if they are delivered in a local and welcoming venue.

6 Approach One: Asset Based Community Development

The evidence from the literature review and the Social Wellbeing Panel points to Asset Based Community Development as an effective way to tackle loneliness. Community based responses have the potential to reach isolated individuals that officials ones could never hope to connect with, to be sustainable in the long term and to maximise opportunities for social contact and personal growth by involving local people in their design and delivery.

The City Corporation has a role to play in creating the conditions necessary for community groups to thrive and in supporting vulnerable members of the community to feel able to take part and contribute their personal assets. However, the City Corporation should not seek to define community for residents and should recognise that many different understandings of this concept exist. Communities of interest, place and circumstance all enable people to connect to others and the most suitable approach will vary from person to person.

6.1 Communities of interest - Community Connectors

Throughout Dr Green's research, City residents report being lonely but also feeling that something is holding them back from engaging in the community life they know exists on their doorstep. He found that many lonely people were waiting for a helping hand to take the first step and approach these groups, either because they were unaware of what was available, because of a lack of confidence and a fear of rejection or simply because long established habits can take some encouragement to break.

Instead of waiting for lonely individuals to ask for help, there is a need for a more nuanced befriending approach that reaches into communities directly and pro-actively. Community Connector volunteers would help people to reconnect with their community using the individual's interests and skills. They would offer positive encouragement and emotional support, as well as practical help to identify activities that align with the person's passions and abilities. At first the volunteer may accompany the person to a new activity, or it may be enough to buddy them up with other new attendees. Ultimately the aim is to help build each person's confidence so they are able to take part independently.

Volunteers would be the face of the project and would use their existing social networks to contact people at risk of loneliness, making their approach more likely to be trusted and accepted and giving the project a wide reach into local communities. Referrals would also be sought from concerned family members or neighbours, frontline City Corporation staff who notice something amiss, and self-referrals from people who realise they need some additional support. Partnering with the Fire Service's Home Fire Safety Visits could give the Community Connectors direct access to some of the most isolated people in the City. Where a similar partnership was trialled in Cheshire, an Age UK advocate was invited into 98% of visited homes, resulting in the provision of further support in 36% of cases.

This quote from a worker in Gloucester shows how the project would work in practice:

*"I received a call about a lady in her 70s living alone. I made contact and after discussing her interests I put her in touch with people attending her local chapel. She also enjoyed scrabble but had recently lost her fellow players due to illness. I was aware of another single lady living close by, who also enjoyed scrabble. With permission I passed on their contact numbers. Soon afterwards they arranged to meet and enjoy playing regularly. She says she is now much happier."*¹⁵

¹⁵ Campaign to End Loneliness, Promising approaches to reducing loneliness and isolation in later life, <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

6.2 Communities of place – Neighbourhood Development

Neighbourhood development interventions may not be recognised as being intended to reduce loneliness by the communities they serve. Instead, they are focused on creating communities of place with shared activities bringing people together in a natural way.

As explored in 4.2, the City Corporation already has a successful Neighbourhood Development Team, which works to develop residents' groups and one-off events as well as promoting volunteering through Spice Time Credits and the Neighbour Networks.

The Volunteering Review found residents thought that more local and community based volunteering options would break down barriers between neighbours. In particular, there was a call for more housing estate based volunteering projects. This work will improve social wellbeing directly as people take part in activities, and indirectly, as when the community builds, people are more likely to look out for their neighbours.

Our approach to community development is to work with what is already there and keep momentum going, rather than continually changing our approach or suggesting new projects when development is slow-moving, but building. True community development means working with residents to assist them to develop and undertake activities that are inclusive and enjoyable for all, leading to long-term, workable community groups. We can do this by:

- continuing to support the 'Remembering Yesterday, Celebrating Today' programme of events which enables integration and intergenerational relationships to thrive;
- building the capacity of residents groups, using those at the Avondale Square estate as a benchmark and providing additional training and support where required;
- expanding our existing Neighbour Networks, providing support where necessary to foster these growing communities;
- offering clarity on where safeguarding procedures such as DBS checks are required and where they are not, and providing support for their administration;
- developing Time Credits as an empowerment tool for both estate staff and residents, encouraging a variety of new community groups to meet and develop;
- using mediation to improve communications with both newly-established and existing groups, to secure on-going relationships;
- building officer confidence to work with communities and to support resident led activity in its vital early stages;
- encouraging resident groups to cross estate boundaries and share what they do with others, working towards a City of London community;
- supporting Members and business organisations in the commercial areas of the City to better engage with their local resident populations.

6.3 Communities of circumstance

6.3.1 Perinatal support

All four witnesses speaking at the Social Wellbeing Panel's new parents evidence session agreed on the importance of providing support to new parents in both the periods before and after the birth of their baby. They also all spoke about the power of peer support and that using volunteers, rather than paid workers, would give a service the trust of the community, access to a greater number of isolated parents and the lived experience necessary to provide the right support to parents who are struggling.

The current offer to new parents is based around support provided by paid workers or informal group activities for parents and children in the libraries and Children's Centres. In

our consultation many parents told us that these groups were good for getting out and making acquaintances, but were not ideal venues for building deeper friendships.

This highlights a gap for a voluntary befriending service, supporting isolated parents from three months before birth up until their child's first birthday. A new perinatal support service would aim to develop a trained group of volunteers who were able to identify isolated new parents, encouraging them to form social groups with each other and provide mutual support, as well as signposting them to other services as trust is built up.

Our evidence on best practice told us that the most effective interventions started working with mothers from three months before birth. However, we recognise that this may present difficulties for working women. Consideration will need to be given to this when planning the work of the service. There should also be flexibility about what support means and it may be that these mothers would find it easier to engage online before their maternity leave begins.

6.3.2 Out and About at the Barbican

Dr Green's research noted a greater level of isolation was experienced by the Barbican's LGBT* community. In response, the City Corporation has commissioned Opening Doors London (ODL) to provide a pilot project working with this community.

ODL will establish a local, informal and supportive social group for LGBT* City residents aged 50 and over called 'Out and About at the Barbican'. Activities will be determined by attendees' interests and there will be opportunities to connect with ODL's London wide programme of events and befriending. The Barbican Centre has agreed to provide a regular meeting space and there is potential to work with the centre on a cross art project that will culminate in an installation in the Barbican foyers.

Initially the group will be supported by a small number of volunteers to act as 'buddies' for those less confident about coming along. Over the course of a nine month pilot, a small group of volunteers from within the City of London group will be recruited and trained to deliver monthly sessions and buddying themselves. The Sessional Worker will also identify additional support needs among more vulnerable members and offer advice, signposting and referrals to other support services as required.

6.3.3 The Mansell Street Women's Group

Dr Green's research also noted that ethnicity was a driving factor of loneliness for some residents of the Mansell Street estate. The City Corporation has commissioned Age Concern City of London to provide a pilot project working with women, primarily of Bangladeshi origin, aged 45 and over.

Age Concern will establish a bilingual social group based locally to Mansell Street at the Portsoken Health and Community Centre. Activities will be determined by attendees' interests and there will be opportunities to connect with Age Concern's local programme of events. The City Corporation will also run a Speaking English with Confidence class through the group, available free of charge to any member interested in improving their spoken English. Age Concern are also exploring the possibility of offering IT classes, either with the City Corporation or in partnership with Queen Mary, University of London.

Initially the group will be supported by bilingual (Sylheti and English) Engagement Workers. Over the course of the pilot, they will identify and support members of the community to take on volunteering and coordinating roles to enable the group to move towards self-sufficiency. The Engagement Workers will also identify additional support needs among more vulnerable members and offer advice, signposting and referrals to other support services as required.

7 Approach Two: Shared Spaces

Certain spaces in any area become locations where people not only ‘meet and greet’ each other but also where social and community capital emerges and where friendships and social networks can develop.

The Social Wellbeing Panel heard that to be at their most effective, these shared spaces should be separate from statutory services, be welcoming and offer activities with a wide appeal. Services should also move beyond their own spaces and seek to work with people in the places where they already go and naturally feel comfortable.

7.1 Libraries first

Public libraries provide a shared space where people feel they belong and which people feel comfortable visiting on their own. This provides an accessible, safe and relaxed space where people can access help at their own pace – as shown by the success of offering light-touch support at informal sessions in the libraries, such as the parent and child groups and Read and Relax group.

Efforts to improve social wellbeing should therefore take a ‘libraries first’ approach. Libraries are a place where many people naturally go, making them an ideal venue for outreach work. They are places where people feel at home, enabling trusting relationships to be built up. They are also an existing asset, reducing costs and offering value for money.

Some concerns have been raised that reduced library opening hours may limit their potential as community venues. However, the more libraries are used and the greater the number of services delivered through them, the better the budgetary pressures that have limited opening hours can be resisted.

7.2 Providing community space in City libraries

More can be done to fully utilise the City’s lending libraries as focal points for the community. The Barbican area lacks a suitable community venue and this shortage of suitable local venues can make it difficult for residents to organise their own group activities.

The library is already well used community hub, but it lacks a separate, multi-use, low-cost space, bookable by groups where social activities can be run.

By repurposing some of the space within the existing footprint of the library, such a space can be provided. This space can then enable a variety of community activity to take place in a local and accessible setting, as already takes place at the Artizan Library and the Portsoken Health and Community Centre.

Shoe Lane Library in the West of the City has recently been refurbished to host a new wellbeing area, a cosy seating space, iPads for reading e-magazines and a coffee machine, all of which should encourage social interaction.

7.3 Improving City Corporation community spaces

Of the City’s existing community spaces, two were identified in Dr Green’s research as not effectively facilitating informal relationship building. There were the Golden Lane Estate Community Centre and the Portsoken Health and Community Centre, known locally as the Green Box. Current projects offer an opportunity to these spaces.

The proposal to refurbish the Golden Lane Estate Community Centre, and locate the City of London Community Education Centre (COLCEC) and the Golden Lane Estate Office on the same site will allow the Centre to remain open for longer by sharing reception staff. This would overcome the issues with access arrangements and opening hours which have contributed to making Centre an underused space. An access agreement should also be arranged with the City of London Primary Academy Islington (COLPAI) to enable Golden Lane residents to use this as an additional community venue.

The freeholders of the Mansell Street estate, the Beetham Organisation, are exploring completely redeveloping the estate to increase the density of homes. The proposal includes the provision of a ground floor public Community Centre to replace the Portsoken Health and Community Centre, as well as a community rooftop top space for Guinness residents. This should provide a more effective and inviting community space for the area.

The management model used for these community spaces matters as much as the design. Residents should feel a sense of ownership, spaces should be inviting and easily adapted to a range of purposes, and booking should be accessible. Again, the Artizan Centre provides an example to follow. Residents can book space and party pay in Time Credits, achieving the dual aims of increasing the amount of activity and making the space more available to people on lower incomes.

The Aldgate Square scheme will also create a new public space conducive to relationship building, providing the Portsoken area with a pleasant, central, open space by the end of 2017. The Aldgate gyratory it replaces was a traffic dominated system that was difficult for all road users to navigate. Instead, the new scheme will be centred upon a large green space available for events, leisure and play. This will host will CityPlay East as well as City Café, a new community venue equidistant between the areas two housing estates.

7.4 Using other community spaces

It is also important to think outside the spaces managed by the City Corporation and to offer support to people in the venues they naturally frequent. This will enable interventions to take place earlier and increase the chances of reaching those who are most isolated.

Potential venues could include the GPs' surgery, pharmacies, supermarkets, housing estate offices, pubs, cafés, places of worship and local cultural venues. For example, volunteers with the proposed perinatal support project could attend the Neaman Practice when the baby clinic is running and talk to new parents, offering further support if it is needed.

Local pharmacists are keen to be more involved with public health work and as 76 per cent of Neaman Practice patients have their prescriptions dispensed at either Portman's Pharmacy on Cherry Tree Walk or Chauhan's Chemist on Goswell Road, these venues provides a means to reach a large proportion of City residents.¹⁶

A recent study by the University of Hertfordshire highlighted the social benefits many older people gain from a trip to the shops and suggested that this could be enhanced by using slower checkout lanes to improve the social aspect of shopping or using special offers to encourage older people to shop at quieter times of the week, making the supermarket a less stressful and more enjoyable environment.¹⁷ Dr Green's study found that the Waitrose on Cherry Tree Walk was a crucial 'bumping space' for Barbican residents and these ideas should be explored with store managers.

¹⁶ City and Hackney Joint Strategic Needs Assessment City Supplement (2014)

¹⁷ Wendy Wills, University of Hertfordshire (2016) <http://www.foodprovisioninlaterlife.com>

8 Approach Three: Early Intervention

Given the risks to health posed by loneliness, and the cumulative impact over time, it is clearly preferable to offer support as soon as possible. Sustained and consistent communication is needed to reach the most isolated – with the most effective forms of communication being service users and volunteers who will champion services to others. There is also a role for all service providers to play in reducing social isolation, from GPs surgeries to libraries and leisure centres.

8.1 Social prescribing

The City already has a pilot social prescribing service, commissioned from Family Action by the CHCCG. This allows GPs to refer patients with social and emotional needs to a Wellbeing Co-ordinator to receive tailored support. This will typically take place over two or three sessions and might result in referrals to welfare advice, walking clubs, art clubs, exercise groups or further support from the community or voluntary sector. Referrals to mental health support or CBT (cognitive behavioural therapy) are also available. If helpful, volunteers with the service can accompany people to the first sessions of a new activity.

The Neaman Practice has improved from being a low referrer of patients into the scheme to an average one, but a number of actions could be taken to ensure social prescribing is fully utilised as a means to support isolated people:

- Raising awareness of social prescribing amongst patients and the public, so if people feel they would benefit from the service they can ask for it, and do not need to wait for their GP to offer;
- Enhancing the social prescribing offer to carers. For most patients, GPs will make a referral to social prescribing if issues of isolation become evident during a consultation. Given the likelihood of carers both experiencing loneliness and attending the GPs' surgery, GPs could pro-actively discuss social wellbeing with all carers and consider referrals to social prescribing;
- Building links with other City services. A referral agreement between Social Prescribing and Fusion Leisure is being piloted and an agreement with Spice Time Credits is being explored;
- Working with Tower Hamlets CCG and ensuring that their new social prescribing service has the information and capacity to effectively support people living in the East of the City;
- Making more use of One Hackney and City for patients with serious physical and mental health problems and those who have previously been reluctant to engage with support;
- The actions listed in improving information below will also help the Wellbeing Coordinators to better tailor their support to a patient's needs and interests. Wellbeing Coordinators work mostly with Hackney or Tower Hamlets patients, and there is a need to make it easy for them to know what is available in the City.

8.2 Improving information

There is already a large amount of community and voluntary activity in the City of London, but barriers can make it difficult for socially isolated people to get involved. Some of these barriers will take considerable effort to overcome while some may be dealt with more simply. Improving communication offers a way a relatively large number of people with low level needs can be supported to engage with the community.

Dr Green's research found that information about current activities had considerable room for improvement and speakers at the Social Wellbeing Panel stressed the need for sustained

and consistent communication reiterating that support is available, in order to intervene as early as possible and reach those most in need.

Communications about the social activity available in the City could be improved by:

- Providing a one-stop website listing community groups and social activities in the City of London;
- Producing a City Over 50s Guide listing the most popular community groups and services working to improve social wellbeing;
- Ensuring full use is made of existing publications such as City Resident and the Barbican Broadcasts to raise awareness of community activity;
- Making more use of new technology such as Meetup and interests.me to enable people to find out about activities and make new connections.

8.3 Assertive outreach

A range of City Corporation services, such as the Fusion Young at Heart Over 50s Group or the reading groups in the libraries provide opportunities for social contact and companionship. Looking at those who have recently dropped out of attending may help identify those affected by social isolation.

Initially staff from the service should contact the resident. They may have an unrelated issue for non-attendance, such as having moved out of the area, or they may have comments relevant to the service. However, staff should also be alert to any social issues that may arise and should either seek to deal with these themselves or seek permission to make a referral to the Community Connectors or other services as appropriate.

Training may be required to enable staff to make the calls confidently and effectively. Targeting people who have recently dropped out of attendance at a group may find people who have experienced a significant life event, such as bereavement. These conversations and subsequent referrals will need to be handled sensitively. The calls may raise a number of issues, for example a fall in income may have caused a resident to stop going to a sports club, and officers will need to access to a wide variety of service to meet this range of needs.

Social Workers should ensure that their work with carers promotes having a life outside of their caring role, making use of referrals to the Reach Out Network, Community Connectors and other sources of support as appropriate. The Carer's Strategy also commits to developing a carer's buddying system to provide additional one to one peer support.

8.4 Financial safeguarding

The City of London Adult Safeguarding Board Sub Group has identified preventing financial abuse as a priority for the City, as this accounts for the second highest number of adult safeguarding alerts in the Square Mile.

Financial abuse has a complex relationship with social wellbeing. Those who are already isolated are more likely to become victims of financial abuse, while those who are targeted are at risk of experiencing a significant emotional impact, increased stress and anxiety, reduced self-esteem and family relationship breakdown.

To tackle financial abuse, a Task and Finish Group with representatives from the City Corporation, City Police and voluntary sector has been established. An awareness raising leaflet will be included alongside every 2017-18 Council Tax Bill and the participating organisations will explore how data sharing between them may enable those at risk of financial abuse to be identified and supported.

9 Approach Four: Building Skills

Developing skills can improve an individual's social wellbeing by enabling them to have more ways to communicate, make new connections and keep in better touch with friends and family. Improvements can also be made by learning to value existing personal relationships as wellbeing assets and by achieving personal development goals to build self-confidence or reframe an individual's attitude to the time they are alone.

9.1 Language skills

Improving the English language skills of those City residents who are not yet fluent will enhance their ability to make new friends outside of their own linguistic community. Chance encounters with neighbours or at the school gates will become more likely to lead to developing friendships, while gaining employment or joining a community group will be made easier. ESOL (English for Speakers of Other Languages) classes have an important role in promoting social integration and community cohesion.

In the 2011 Census, 101 residents said they could not speak English well or at all. These were mainly (80) working age people concentrated in the East of the City. In Portsoken 18 per cent of households contain no-one who speaks English as a main language, 4 per cent of households do not contain an adult who speaks English as a main language and 11 per cent of households contain some adults who do speak English as a main language and some who do not. This means 33 per cent of households in the area could benefit from additional English language education.

Offering additional pre-entry and entry level ESOL classes at Sir John Cass's Foundation Primary School in Aldgate or the Green Box on the Mansell Street Estate would make the classes more accessible to local people in Portsoken. Linking the classes to other community groups, such as the Mansell Street Women's Group with its bilingual outreach workers and community volunteers will extend the reach of the classes into the harder to reach sections of the community.

9.2: Technology tuition

Dr Green's research found that a large number of older people in the City had only very basic computer skills. This was particularly evident in discussing how residents became both physically and visually separated from their families who might live in another part of the UK or abroad, and felt very isolated from them despite regularly speaking to a child or grandchild over the phone. Many people were unaware of the social benefits of using Skype with a camera to keep in closer contact with family or friends.

Providing IT training would enable more people to get online and connect with friends and family or new people who share their interests. Age Concern City of London have previously run a training scheme, ciTy Smart, at the Artizan Library and COLCEC (which also runs its own computer classes). Whilst this was successful at promoting digital inclusion amongst those who are moderately active and engaged, IT training in community venues misses those who are most isolated and unable to travel.

The training should follow the principles laid out by the Good Things Foundation, which found that using peer support, from trained volunteers who have experienced similar challenges to their trainees, and lending people devices to use in their homes was particularly effective. The training should be responsive to the person's needs and interests, but with a focus on establishing social networks both on and offline. This could include closed Facebook and WhatsApp groups for participants, linking them in to special interest groups and forums online and using Skype to keep in touch with family and friends.

The training should also be supplemented by offline events, as it is a lot easier for people to chat to one another online if they have met in person first. Regular drop in IT sessions at a local venue should be available for those who can get there, while occasional social meetings with transport provided for everyone will enable digital relationships to flourish.

An intergenerational aspect to technology training should also be explored. This is something that was piloted previously as part of cITy Smart and St Paul's Girls School in the Barbican area have expressed an interest in playing a role.

9.3 Signposting to relationship advice

Research by Relate found that around one in five couple relationships are distressed to the point where the problems are having a clinically significant impact on one or both partners' wellbeing. There are also clear links between relationship distress and depression, anxiety, increased blood pressure and heightened risk of heart attacks.

Several life events older people are likely to experience, such as retirement, children leaving the home or becoming a carer can put relationships under considerable strain. However, only 4 per cent of Relate clients are over 60. Becoming a parent, particularly for the first time, also puts people at risk of experiencing personal and relationship distress. It is estimated that 40 to 70 per cent of couples experience a decline in relationship quality in their first year of parenthood.

Providers of counselling and support services typically operate a pay-what-you-can-afford model to ensure services are as accessible as possible. However, cultural attitudes often delay people seeking support and research indicates that most people who access relationship counselling believe they left it too late. Personal relationships are widely held to be a private matter and people often feel obliged to address any issues themselves without outside help. Similarly relationship support is often perceived as a specialist activity – the preserve of specific provider organisations. Frontline practitioners may need support to identify relationship distress, value relationships as an asset, and make appropriate referrals.

City Corporation officers and partner agencies should be offered training to help them identify relationship difficulties, respond using active listening and solution-focused techniques, and make appropriate referrals to further support. Embedding relationship support in services which are already accessed and trusted by people, such as GPs, health visitors, social workers and housing officers, can achieve more widespread take up.

Greater use should also be made of the social and emotional wellbeing courses offered by the City and Hackney Wellbeing Network. Courses are available at no charge to City residents and can help individuals to change how they respond to difficult emotions and situations, build self-confidence, develop emotional resilience and take part in arts and other activities in a relaxed and therapeutic setting.

10 Evaluating the impact

Evaluating the impact of any intervention to improve social wellbeing presents a number of difficulties. The stigma associated with loneliness can lead to significant levels of under-reporting. Loneliness is a fluid and subjective state, with vastly different experiences felt between individuals and by the same individual at different times. There will also always be considerable uncertainty as to whether the most vulnerable have been reached, as the most isolated are by definition not known to services and not easily found.

10.1 Public Health Outcomes Framework

The Public Health Outcomes Framework can provide one indicator. This asks Adult Social Care service users and informal carers whether they are satisfied with their current level of social contact. Improving these scores would be an encouraging sign. However, the confidence intervals attached to the data for the City of London are high, making any change unlikely to be statistically significant. The indicator also does not attempt to measure reductions in loneliness in the general population at a stage before they begin to require care, although the Department of Health has said that it will introduce such a measure.

10.2 Quantitative scales

Individual interventions should be evaluated using a quantitative scale to numerically measure participants' feelings about their own level of social contact. A number of different scales are available, with varying degrees of academic rigour, sensitivity and clarity between different types of loneliness.

The Campaign to End Loneliness Measurement Tool has undergone academic tests to ensure it produces valid and reliable results, it is short enough to be used routinely by service providers and it contains positive, sensitive, non-stigmatising language. Participants are asked to answer the following three questions on a scale of strongly disagree to strongly agree:

- I am content with my friendships and relationships
- I have enough people I feel comfortable asking for help at any time
- My relationships are as satisfying as I would want them to be.

Answers are combined to place each individual on a twelve point scale, ranging from lowest social wellbeing to highest.

This can be used to evaluate a service in two stages. All new participants should be asked to answer the questions at an early stage. This will provide a baseline and will also allow the service to check whether it is engaging with participants who truly need help to improve their social wellbeing. This is not intended filter out individual participants, as the scale has explicitly not been designed or tested to work as a screening tool. However, it may provide an indication that a service needs to refocus its outreach work.

After a period of six to twelve months all participants should be asked to answer the questions again. The focus will now be on how people's scores have changed over time. If someone scores '9' at one point, and then '7' three months later (after having been matched with a befriender, for example) it is reasonable to assume that their experience of loneliness has decreased.¹⁸

¹⁸ Campaign to End Loneliness 'Measuring your impact on loneliness in later life', <http://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf>

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