



Tackling Loneliness in the UK: Campaign to End Loneliness

Fiona Murphy

WHO Network for Age-friendly Cities and Communities
14th September 2018 Vitoria-Gasteiz

Campaign to End Loneliness
is supported by:



Campaign to
EndLoneliness

CONNECTIONS IN OLDER AGE

The Campaign to End Loneliness

Our vision

We believe nobody should be lonely in older age. We believe that loneliness is not inevitable. People of all ages need connections that matter.





Context

Social isolation and loneliness are often conflated as being the same situation, however they are not significantly correlated (Coyle and Dugan, 2012).

- Social isolation can be seen as an objective state, focusing on a lack of social relationships and contacts.
- Loneliness is a subjective state, defined as a negative emotion associated with a perceived gap between the quality and quantity of relations that we have and what we want (Perlman and Peplau, 1981).
- It is possible to be lonely without being socially isolated, to experience both loneliness and isolation, or to be socially isolated without feeling lonely.

Campaign to
EndLoneliness

CONNECTIONS IN OLDER AGE



Context

North Belfast is characterised by inequality and was greatly impacted by the Troubles - 16% of deaths between 1969 and 2001 took place in North Belfast . Some areas have high levels of deprivation whilst other areas are much more affluent.

A healthy city is one that continually creates and improves its physical and social environments and expands the community resources that enable people to mutually support each other in performing all the functions of life and developing to their maximum potential

(<http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/who-european-healthy-cities-network/what-is-a-healthy-city>).

Campaign to
EndLoneliness

CONNECTIONS IN OLDER AGE



Rationale

CLARE – Creative Local Action Responses and Engagement

Importantly, it recognised the need for more holistic, personalised, community based, preventative interventions that are now viewed as important elements of effective practice, as highlighted in the *Power to People* report (Kelly and Kennedy, 2017).

Key emerging issues from one-to-one discussions with older people were:

1. Loneliness,
2. Lack of family supports or contact,
3. Complex physical and mental health issues,
4. Need for very practical help to manage health care appointments and navigate support systems.

Campaign to
EndLoneliness

CONNECTIONS IN OLDER AGE



Rationale

CLARE – Creative Local Action Responses and Engagement

CLARE recognises the need to build social capital and promotes volunteering which generates community involvement, builds social capital and has the potential to create cohesive, socially-inclusive communities that people can be proud to be part of.

Campaign to
EndLoneliness

CONNECTIONS IN OLDER AGE



Description

CLARE – Creative Local Action Responses and Engagement





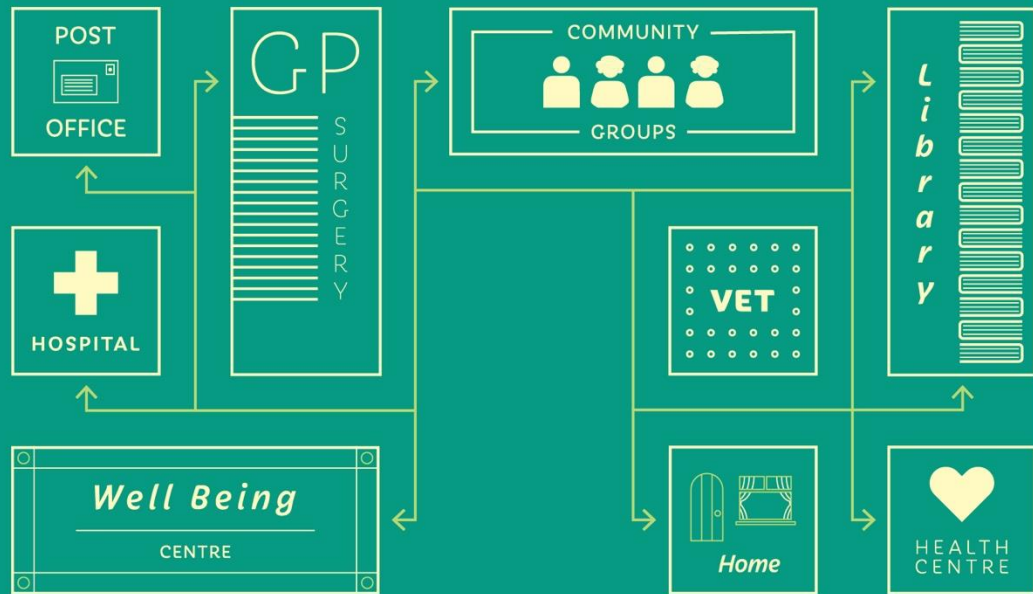
Loneliness

The CLARE Approach

John is 60 years old and describes lifelong issues of anxiety and lack of social connections exacerbated by having spent many years as a carer to his parent. He acknowledges feeling very lonely but needs time to adjust to meeting people and making friendships. He has concluded that the maximum time a human can cope on their own before getting lonely is five hours, because someone recently told him that she had to rush home to her dog whom she would never leave longer than five hours. John had a lot of support from CLARE when his role as a carer drew to a close to help him move house to a new area. He now 'drops in' to CLARE for advice and support but there is no quick solution to his loneliness.

CLARE Impact Report

April 2017 – March 2018



Together we can make a difference.

We are proud to tell you about the continued success of our community approach.

1040
Hours Of
Volunteer
Support

2244
Staff contacts
with service users

192
People
Supported

41
Connections
To Other
Organisations

293
Community
social worker
visits



Conclusion

Promising Approaches

CLARE demonstrates the effectiveness of a multi-dimensional model that addresses loneliness by encompassing the three core areas of 'foundation services' highlighted by the *Promising Approaches* framework:

- **reaching** those most isolated through community engagement and creative thinking, including partnerships with pharmacists and Health and Social care services,
- **understanding** the unique lived experience of the person referred, and
- the need to address the impact of loneliness by having a range of means of **supporting** that are personalised to each person's circumstances.



Conclusion

Promising Approaches

Practical – Volunteering is recognised as an important consideration in the framework but it is now clear that effective methods of signposting and ‘triaging’ is needed...

Emotional – Any systematic change in policies, practices and services relating to loneliness must be accompanied with wider social and cultural change...

Coordinated – It is increasingly apparent that there is a significant role for employers and businesses to address loneliness through their practices, products, services or assets.

Engaging the public

<https://bemoreus.org.uk/video>

- Motivate people to make mutually beneficial connections
- Tackling the stigma of loneliness
- Challenging stereotypes of older people
- Promote preparing for our social futures and mental wellbeing



- Campaign to End Loneliness – Fiona Murphy, NI Campaigns Manager – fiona@campaigntoendloneliness.org.uk
- ARK – Dr. Paula Devine, Co-Director - P.Devine@qub.ac.uk
- CLARE-CIC Mandy Cowden – Project Manager - m.cowden@clare-cic.org

Campaign to End Loneliness
is supported by:

