Testing Promising Approaches to Reducing Loneliness

Technical Annex - Quantitative Data Collected

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1. Introduction

Loneliness is a profoundly personal and painful experience and can leave people feeling completely hopeless. For many people this feeling is short lived as life moves on, but for some loneliness can become chronic. The feeling of chronic loneliness can make people feel miserable and loose self-confidence, which itself can make it increasingly difficult to build meaningful relationships that could restore a person's self and self-worth. Loneliness also carries a stigma that can make it hard to admit and seek help.

In January 2015, Age UK and the Campaign to End Loneliness published the report P*romising Approaches to reducing loneliness and isolation in later life* (www.ageuk.org.uk/promising-approaches-report). This report brought together what was known about support that appeared to work to help alleviate loneliness. A number of services were examined in detail, and the expertise and experience of leading figures in the field were drawn upon, leading to the report presenting a new framework providing a series of practical steps to support people experiencing loneliness.

In spring 2015 Age UK launched *Testing Promising Approaches to Reducing Loneliness*. This was a pilot programme involving eight local Age UK Brand Partners over fifteen months. The eight partners adapted their existing operations to test (to varying levels) different approaches to: (i) identifying and reaching older people who were lonely, (ii) understanding their needs through a person-centred conversation and (iii) the support provided to the older people. The results and learning from the pilot programme (www.ageuk.org.uk/loneliness-approaches) was published in 2016.

This paper is designed to accompany this report and provide more information about the quantitative data that was collected to evaluate the pilot programme. This paper also presents in more detail the analysis of the quantitative data.

The remainder of this paper is structured as follows: section 2 explains the quantitative data that was collected; section 3 explains the sample of the data collected that was used for the analysis; section 4 presents the characteristics of the older people supported; section 5 presents how the data on lonely older people were before receiving support (by characteristics); section 6 presents the change in loneliness for older people supported and section 7 concludes by highlighting the main findings from the analysis.

2. Quantitative Data Collected

Testing Promising Approaches to Reducing Loneliness was a pilot programme that aimed to test different approaches to: (i) identifying and reaching older people who were lonely, (ii) understanding their needs through a person-centred conversation, and (iii) providing tailored support to the older people. These three approaches formed the *foundation services* element of the framework that set out practical steps to support people experiencing loneliness. It was therefore important that loneliness experienced by the older people who were supported through the programme was measured in a consistent way to assess whether the approaches were having the desired impact.

Measuring Loneliness

There are many validated measures of loneliness, of which the suite of the De Jong Gierveld Loneliness Scale and the UCLA Loneliness Scale are the most commonly used. The Campaign to End Loneliness published a report discussing four of the measures available (http://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf). The eight local Age UK Partners and Age UK reviewed and discussed a variety of available measures and collectively decided to use the **UCLA 3-item Loneliness Scale** as the tool to measure loneliness levels amongst older people supported.

The UCLA 3-item Loneliness Scale was chosen because it is widely recognised, academically validated and has a simple scoring system; and whilst some Age UK partners felt the negative language of the questions was unhelpful it was accepted that the questions could be asked in a sensitive and empowering way as part of the person-centred conversation.

The UCLA 3-item Loneliness Scale consists of three questions:

- How often do you feel that you lack companionship?

- How often do you feel left out?

- How often do you feel isolated from others?

There are three responses to each question: **Hardly ever** (which equates to scoring 1), **some of the time** (which equates to scoring 2) and **often** (which equates to scoring 3). The scores of each question are added together to give a total score of between 3 (each question being responded with "Hardly ever") and 9 (each question being responded with "often").

For the analysis a respondent scoring 3 or 4 was defined as being Hardly Lonely; a score of 5, 6 or 7 defined them as being "Lonely some of the time" and a score of 8 or 9 defined them as being "Often lonely".

Table 1: Loneliness Levels by UCLA 3-item loneliness score

UCLA 3-item Loneliness Scale Score	Loneliness Classification
3	Hardly Lonely
4	Hardly Lonely
5	Lonely some of the time
6	Lonely some of the time
7	Lonely some of the time
8	Often Lonely
9	Often Lonely

The eight local Age UK Partners and Age UK National agreed that the UCLA 3-item loneliness scale would be asked at the *first guided conversation* with the older person, and then again six weeks from this point. This short time scale was chosen to limit the influence of other factors that could affect a person's level of loneliness, so that one could have greater confidence that any change in loneliness scores was (primarily) due to the support provided by Age UK.

In delivering the pilot programme all but one of the local Age UK partner asked these questions between 6 to 12 weeks after the *initial guided conversation*, with the remaining one partner (Age UK Barrow) asking the questions after 6 months.

Socio-demographic Characteristics

The eight local Age UK Partners and Age UK National discussed opportunities to develop common definitions to enable aggregation of this data, built on the existing socio-demographic information collected by each individual local Age UK Partner. The collectively agreed socio-demographic information is presented in Annex A. All but one partner (Age UK Barrow) collected all this information using the categories collectively agreed.

The analysis that informed the creation of the Age UK Loneliness Map (http://data.ageuk.org.uk/loneliness-maps/england-2016/) provided evidence that **health status**, **marital status**, **household size**, **housing ownership**, **activities of daily living** and **multiple eye conditions** were statistically significantly associated with being lonely. These characteristics are all included – with 'multiple eye conditions' and 'activities of daily living' captured as elements within 'impairment' – within the collectively agreed socio-demographic information to be captured consistently across all participating partners. The categories within each of these characteristics were agreed collectively between the eight local Age UK Partners and Age UK National.

These characteristics were supplemented with collectively agreed categories for information on **age**, **gender**, **occupation**, **ethnicity** and **sexual orientation** which the eight local Age UK Partners agreed were important to capture in a consistent way between all participating partners.

Referrals & Services

The eight local Age UK Partners and Age UK National also discussed the importance of capturing information on **referral** (including the date and by whom) and **services and support** provided to older people. It was agreed for this information to be captured in a consistent way across the participating partners. The agreed information and its categories are presented in Annex A. All but one partner (Age UK Barrow) collected this information using the categories collectively agreed.

3. Quantitative Data Analysed

Between spring 2015 and the end of June 2016, representing the twelve months that *Testing Promising Approaches to Reducing Loneliness* was piloted by eight local Age UK partners, a total of 1,021 older people were supported through this programme. Table 2 below shows the number of older people supported by the eight local Age UK partners.

Table 2: Number of Older People Supported

Age UK Blackpool	150	15%
Age UK Barrow	223	22%
Age UKs North Craven & North Yorkshire	32	3%
Age UK Oxfordshire	81	8%
Age UK South Lakeland	409	40%
Age UK South Tyneside	45	4%
Age UK Wirral	81	8%
Total	1021	100%

The figures in table 2 highlight that three local Age UK partners supported three-quarters of older people, with Age UK South Lakeland supporting 40%, Age UK Barrow 22% and Age UK Blackpool 15% of the older people.

In section 2 of this paper it was described that Age UK Barrow used different categories to capture socio-demographic information which makes it challenging to aggregate the quantitative information collected by Age UK Barrow with that collected by the other seven local Age UK partners. Age UK Barrow also reassessed older people's levels of loneliness six months after the *initial guided conversation* whereas the other seven local Age UK partners did so after six to twelve weeks. These differences mean that for the purposes of the analysis presented in this paper, data from Age UK Barrow is not included.

In addition to not including data from Age UK Barrow the analysis presented in this paper does not include data from Age UK Blackpool. The reason for this is that at the beginning of the programme Age UK Blackpool had some challenges in asking the loneliness questions, raising concern over the quality of some of the initial data collected. This issue was resolved but the inability to identify and remove those data points that raised concerns within the data collected by Age UK Blackpool meant it was unable to be included. Although this issue does not affect the socio-demographic data collected, for consistency in presentation of the analysis in this paper, all of the quantitative data collected by Age UK Blackpool has been excluded[1].

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[1] Including the socio-demographic data from Age UK Blackpool does not materially change the information presented in section 4 of this paper

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The exclusion of the quantitative data from Age UK Barrow and Age UK Blackpool means that of the remaining data, as shown in table 3, almost two-thirds represents data captured by Age UK South Lakeland.

Table 3: Number of Older People Supported (exc. Age UK Barrow & Age UK Blackpool data)

Local Age UK Partner	Number of Older People	Percentage of all Older People
Age UKs North Craven & North Yorkshire	32	5%
Age UK Oxfordshire	81	13%
Age UK South Lakeland	409	63%
Age UK South Tyneside	45	7%
Age UK Wirral	81	13%
Total	648	100%

Data from a total of 648 older people supported is available and used for the purposes of the analysis presented in this paper. This data is used to provide information on the profile of older people supported, including their level of loneliness at the *initial guided conversation* (as presented and discussed in sections 4 and 5).

With older people being brought onto the pilot programme until June 2016 it means that some older people supported will not have had their loneliness levels reassessed in time to be included in the analysis despite support being provided. Table 4 shows that 530 older people supported had their level of loneliness reassessed between 6 to 12 weeks from the *initial guided conversation*; this is the data that has been used to analysis how the support provided affected loneliness levels.

Table 4: Number of Older People whose loneliness reassessed

Local Age UK Partner	Number of Older People	Percentage of all Older People
Ages UK North Craven & North Yorkshire	29	5%
Age UK Oxfordshire	73	14%
Age UK South Lakeland	311	59%
Age UK South Tyneside	44	8%
Age UK Wirral	73	14%
Total	530	100%

Comparing the information in table 3 and table 4 shows that the proportion of older people supported by each local Age UK partner, and the proportion of older people reassessed (in time to be included in the analysis) by each local Age UK partner, is broadly the same. This provides a level of confidence that although we are not using all the data captured to analysis the change in loneliness levels amongst older people supported, the 82% (530 out of 648) of the data that is used, is likely to be representative and therefore the findings of the analysis are unlikely to be skewed by not being able to include data from all the 648 older people.

4. Older People Supported – Profile Information

Between spring 2015 and the end of June 2016, representing the fifteen months that *Testing Promising Approaches to Reducing Loneliness* was piloted by the eight local Age UK partners, a total of 1,021 older people were supported through this programme. Excluding data captured by Age UK Barrow and Age UK Blackpool (as discussed in section 3) results in data from 648 older people supported available for analysis. In this section of the paper the profile of these older people supported is presented.

Age

All the older people supported (648 out of 648) had a date of birth recorded. This information was used to calculate the age of the older people supported. Chart 1 shows that 60% of older people supported were aged between 76 and 90 and 80% between 71 and 95. The average age of these older people supported was around 80 (with the mean age being 78 and the median age being 80), with the youngest person supported aged 47 and the older person aged a little over 100.

Chart 1: Proportion of Older People by Age (n = 648)
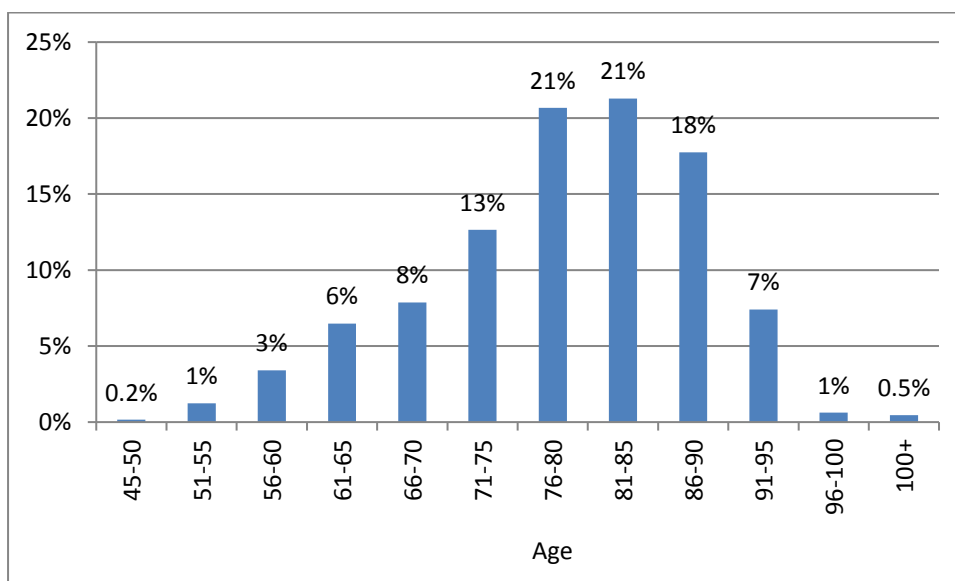
Gender

All the older people supported (648 out of 648) had a gender recorded. Chart 2 shows that 33% of these older people supported were male, and 67% were female.

Chart 2: Proportion of Older People by Gender (n = 648)

33%

67%

■ female   ■ male
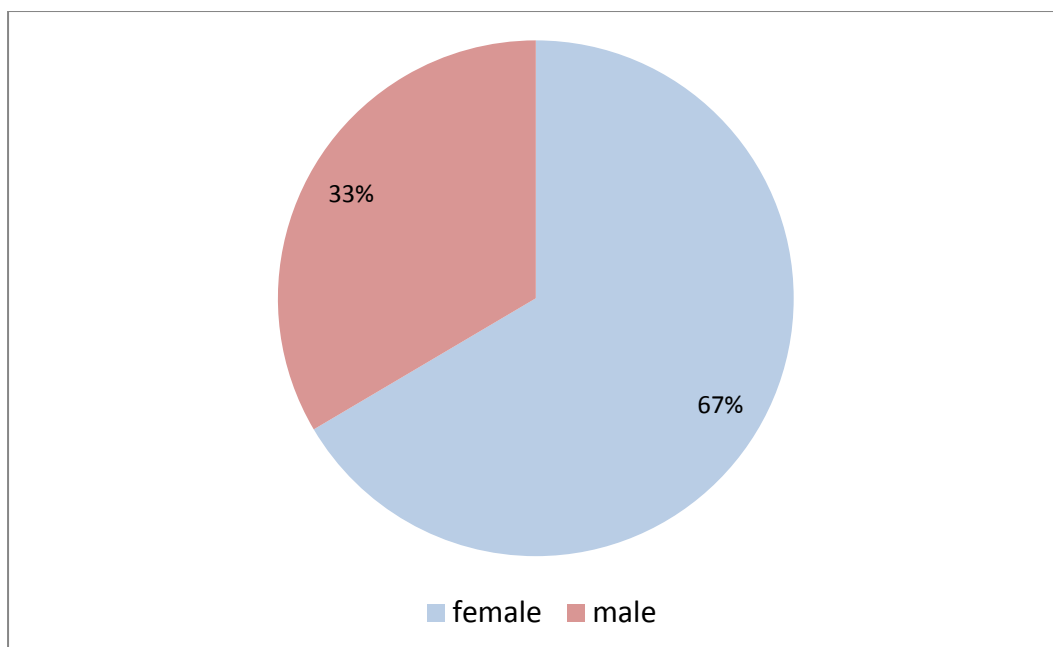
Health Status

Almost all the older people supported (636 out of 648) responded to the question on how they felt their health condition was at the time of the *initial guided conversation*. Chart 3 shows around half (53%) of these older people said that they were in fair health, with broadly similar numbers saying they were either in good health (19%) or in poor health (24%) and only a handful in very good health (3%).

Chart 3: Proportion of Older People by Health Status (n = 636)
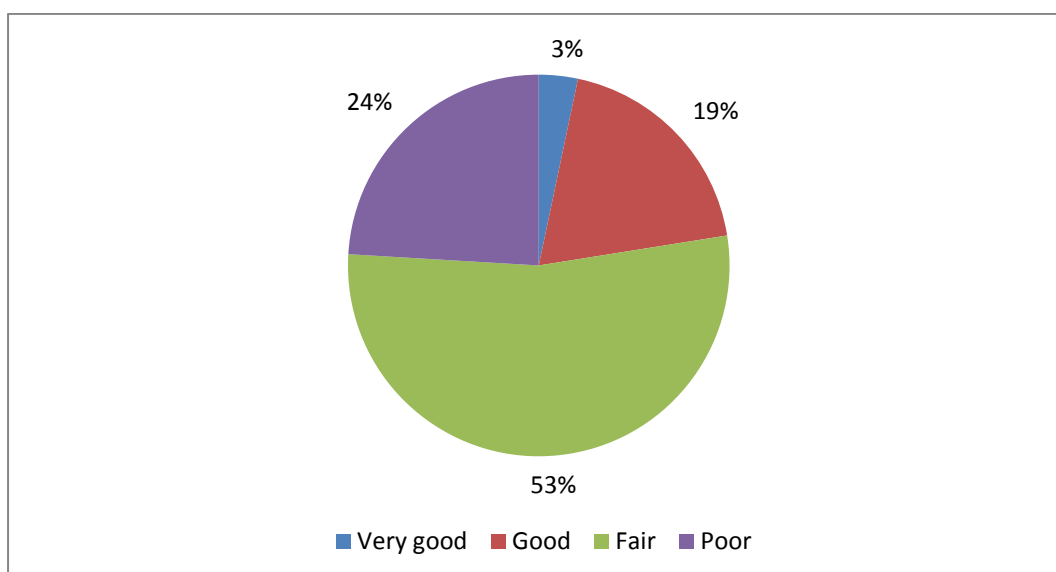
Marital Status

All the older people supported (648 out of 648) had marital status recorded. Chart 4 shows around two-thirds (39%) of these older people were bereaved (many for at least five years), around one-third were married (32%) and around one-quarter (24%) single. A few of these older people were separated (4%) or divorced (1%).

Chart 4: Proportion of Older People by Marital Status (n = 648)
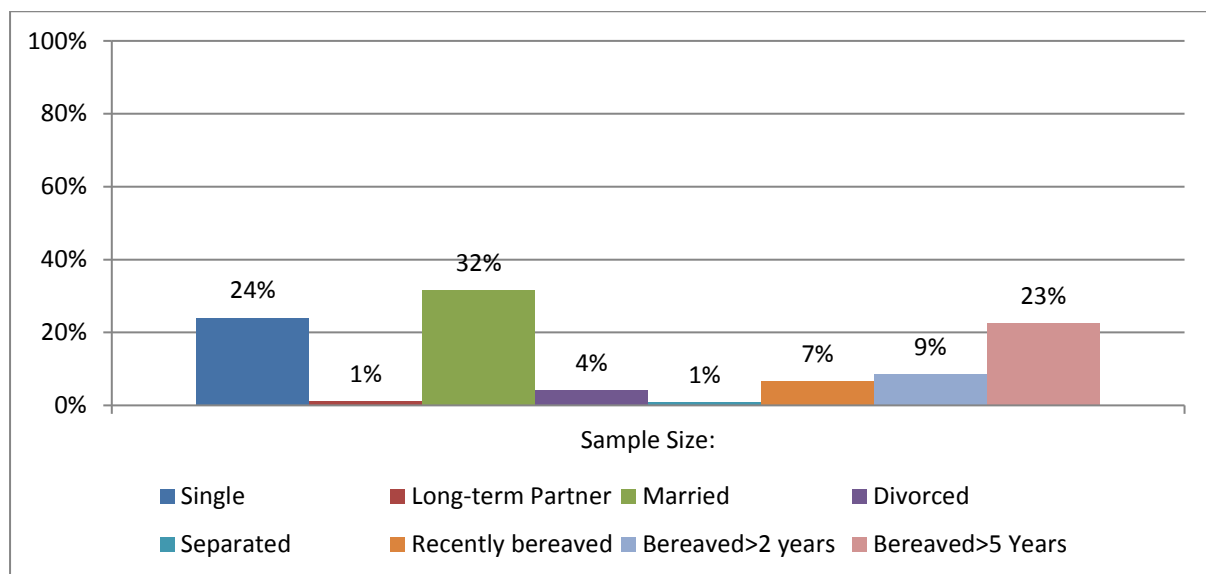
Household Size

Almost all the older people supported (647 out of 648) responded to the question on who they lived with at the time of the *initial guided conversation*. Chart 5 shows that the majority (61%) of these older people lived on their own, with almost one-third (31%) with a spouse or partner and the remainder either with friends or family (5%) or in assisted living (2%).

Chart 5: Proportion of Older People by Household Type (n = 646)
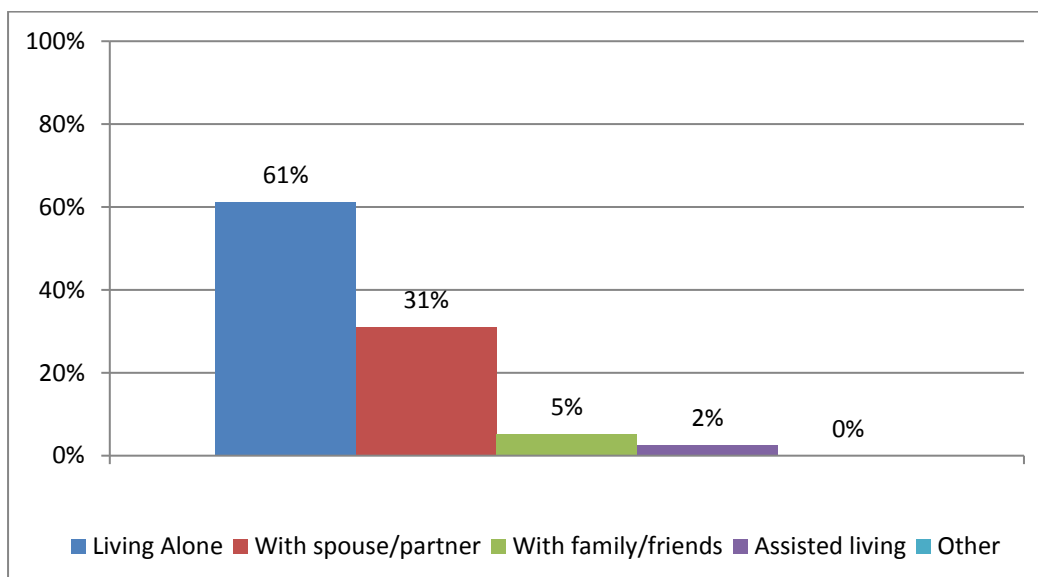
Type of Residence

Almost all the older people supported (647 out of 648) responded to the question on the type of accommodation they lived in at the time of the *initial guided conversation*. Chart 6 shows that two-thirds (67%) of these older people owned the property they lived in, around one-fifth (19%) lived in a housing association, one-tenth (10%) lived in privately rented accommodation and the remaining handful of older people supported lived in either a nursing residential or care home (1%), a shared home (3%) or elsewhere (1%).

Chart 6: Proportion of Older People by Residence (n = 647)
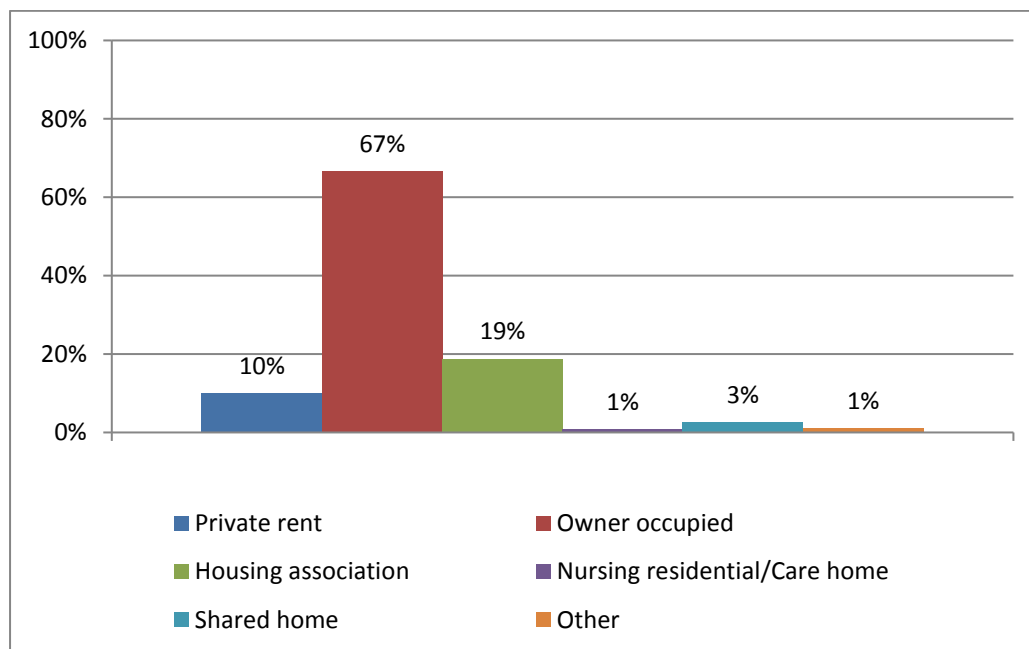
Disability / Impairment & Housebound

All the older people supported (648 out of 648) had responded to the question on whether they had a disability / impairment and almost all (635 out of 648) whether they were housebound at the time of the *initial guided conversation*. Table 5 shows that almost all (95%) of these older people had at least one disability / impairment; with almost one-fifth (17%) being housebound.

Table 5: Proportion of Older People by Disability & Housebound (n = 648; 635)

	Yes	No
Disability / Impairment	95%	5%
Housebound	17%	83%

Occupation

Almost all the older people supported (642 out of 648) responded to the question on their occupation at the time of the *initial guided conversation*. Table 7 shows that almost all (95%) of these older people were retired and a handful unemployed (4%) or in part-time work (1%).

Table 7: Proportion of Older People by Occupation (n = 642)

	Retired	Unemployed	Part-time Work
Occupation	95%	4%	1%

Ethnicity

Almost all the older people supported (643 out of 648) responded to the question on their ethnicity at the time of the *initial guided conversation*. Chart 7 shows that almost all (96%) of these older people had a white ethnic background. In the data captured it was recorded that one older person had an Indian ethnic background and one an 'other' ethnic background.

Chart 7: Proportion of Older People by Ethnicity (n = 643)
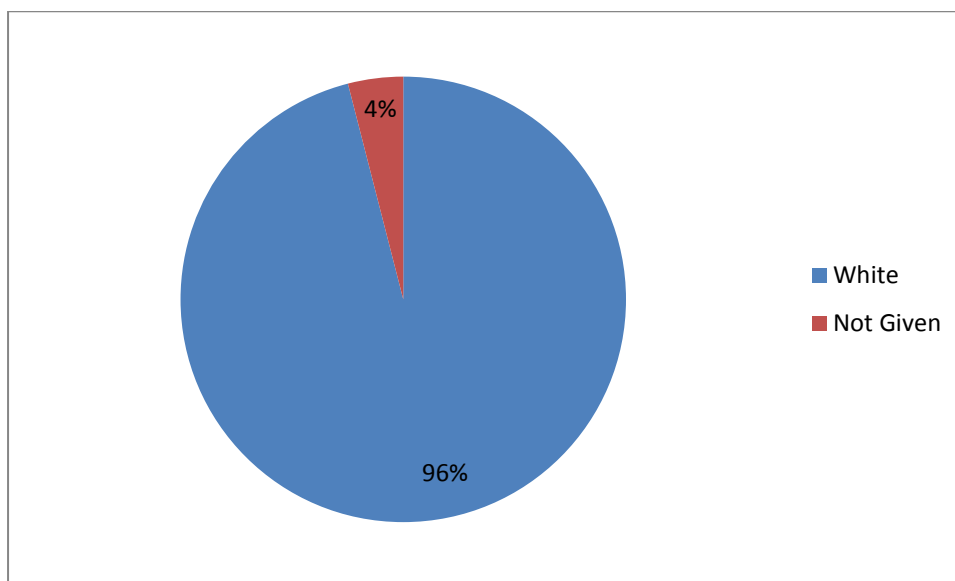
Sexual Orientation

Almost all the older people supported (645 out of 648) had responded to the question about sexual orientation. Chart 8 shows that three-quarters (76%) of these older people were heterosexual, with the remainder (24%) preferring not to disclose this information.

Chart 8: Proportion of Older People by Sexual Orientation (n =645)
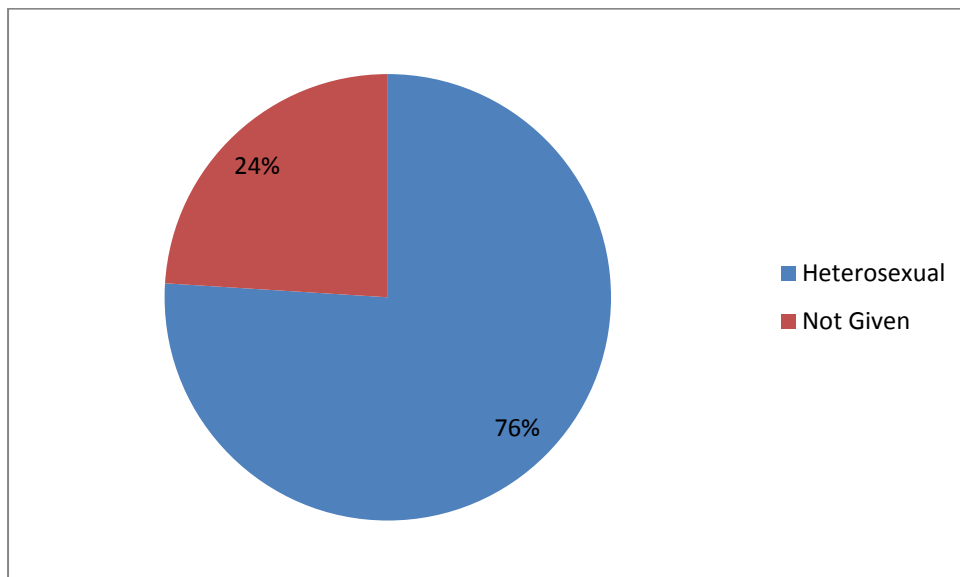
Referral Source

Information on how older people supported were referred to the local Age UK partners is recorded for all the older people supported (648 out of 648). Around one-third (35%) of these older people self-referred themselves to their local Age UK partner; almost one-fifth (17%) were referred by family or friends and one-tenth (11%) by GP Surgeries. The remainder were referred by a mixture of organisations including adult social care (7%), hospital discharge teams (5%) and other medical professionals (6%) - meaning referrals from health & social care as a whole (29%) was almost on par with self-referrals.

Chart 9: Source of referral (n =645)
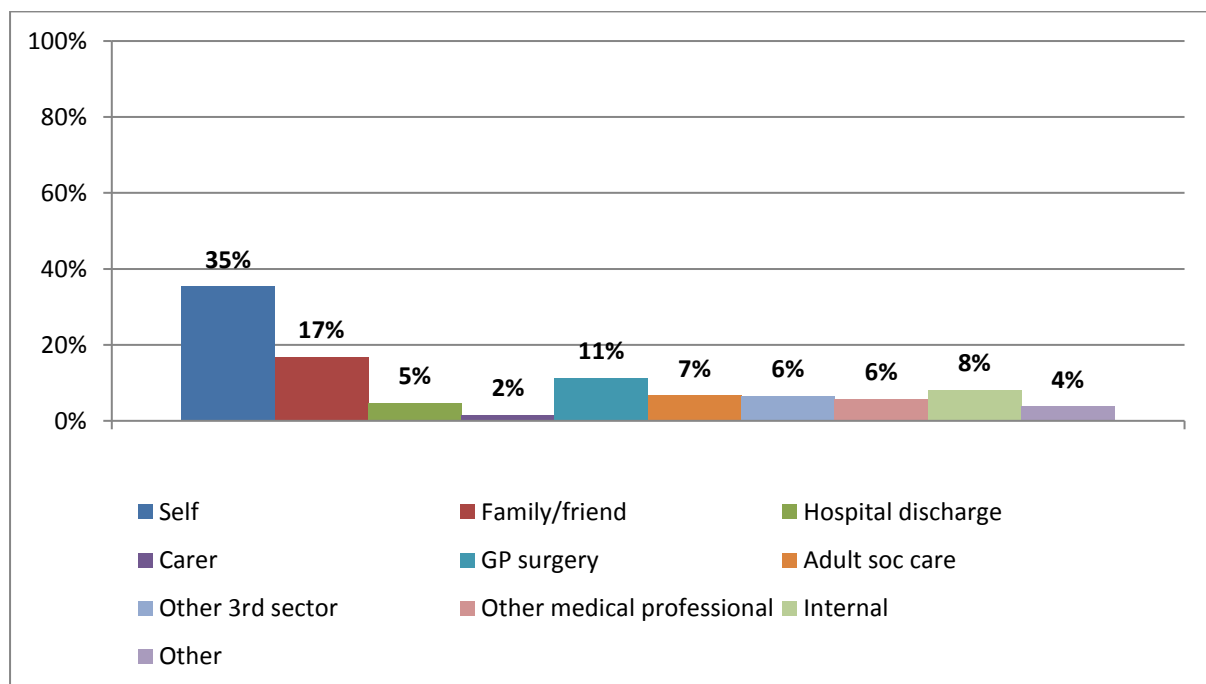
5. Older People Supported – Loneliness at Baseline

The profile of older people supported (discussed in section 4) is based on data captured at the time of the *initial guided* conversation. In addition to this information, at the same point in time, information was collected on the loneliness levels of these older people. In this section of the paper the loneliness levels of these older people supported is presented, including how these vary by socio-demographic characteristics and referral sources.

Loneliness Levels

Almost all the older people supported (643 out of 648) had recorded in the data captured their loneliness levels at the time of the *initial guided conversation*. Chart 10 shows that of the older people supported almost half (46%) were hardly lonely at the *initial guided conversation*, more than one-third (37%) were lonely some of the time and around one-fifth (17%) were lonely often.

Chart 10: Proportion of older people supported by Loneliness Levels (n =643)
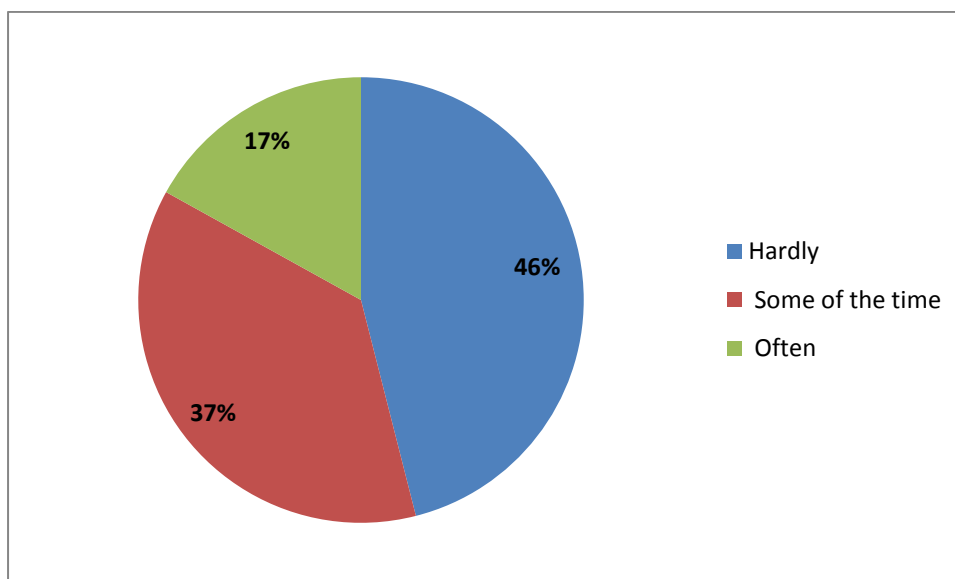
Chart 11 shows that of these older people around one-third (35%) had a loneliness score of 3 at the time of the *initial guided conversation* (indicating that of those hardly lonely the majority had this score); with almost one-fifth (18%) having a score of 6 (indicating that of those lonely some of the time around a half had this score); and around one-tenth (12%) having a score of 9 (indicating that of those often lonely the majority had this score).

Chart 11: Proportion of older people supported by Loneliness Scores (n =643)
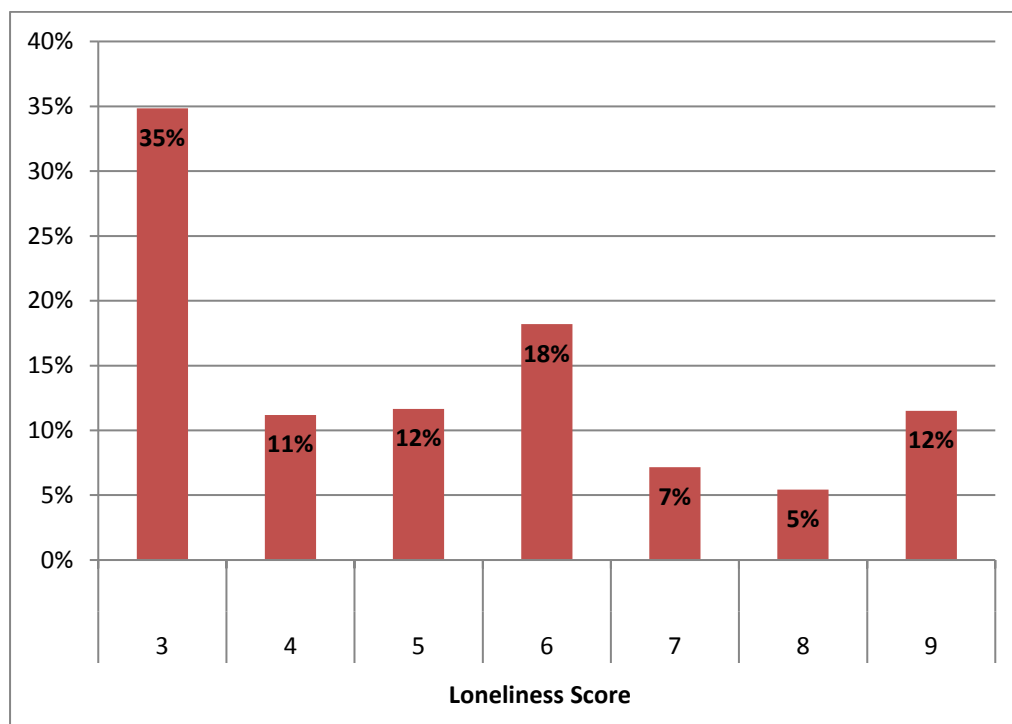
The reason why such a high proportion of older people supported were hardly lonely at the time of the *initial conversation* is driven by the delivery model of three local Age UK partners. These three local Age UK Partners did not provide a specific "loneliness service" and therefore older people referred to them who required an *initial guided conversation* were all asked the UCLA 3-item loneliness question. This means that for many older people referred, loneliness was not the reason for referral, and this is why they will have scored towards the lower end of the scale. They will however have had a need and be provided with the required support.

Being lonely is also not necessarily the same as being not lonely, and many of these older people may therefore have some levels of loneliness (just not towards the higher end of the scale). So for many of these older people the support provided may contribute to some reduction in loneliness or help reduce the risk of increased levels of loneliness in the future.

Loneliness Levels by Age

Chart 12 shows that for the older people supported there is little difference between the levels of loneliness at the time of the *initial guided conversation* and age. Older people aged 81 and 85 represented 26% of older people who were hardly lonely at the time of the *initial conversation*, with this decreasing to 19% for those experiencing loneliness some of the time and to 15% for those experiencing loneliness often.

Chart 12: Loneliness Levels by Age (n =643)

Chart 13 shows the association between the levels of loneliness at the time of the *initial guided conversation* and age, excluding those older people who scored 3. The reason for excluding these older people is to help understand if those who were the least lonely, and made up the largest proportion of participants, materially influenced the relationship discussed in the preceding paragraph. Chart 13 shows that compared to chart 12 the proportion of hardly lonely older people supported, who were aged 61 to 65 has doubled (14% vs 7%) and fallen slightly for those aged 81 to 85 (22% vs 35%), 86 to 90 (15% vs 18%) and 91 to 95 (6% to 7%) meaning that those older people supported who scored 3 at the time of the *initial guided conversation* were younger. These differences do not however materially change the relationship described in the preceding paragraph.

Chart 13: Loneliness Levels by Age excluding those who scored 3 (n =421)

Loneliness Levels by Gender

Chart 14 shows that for the older people supported there is a little difference association between the levels of loneliness at the time of the *initial guided conversation* and gender. The female gender represented 64% of older people supported who were hardly lonely at the time of the *initial guided conversation*, with this increasing a little to 68% for those experiencing loneliness some of the time and a little more to 72% for those experiencing loneliness often.

Chart 14: Loneliness Levels by Gender (n =643)

Chart 15 shows the association between the levels of loneliness at the time of the *initial guided conversation* and gender, excluding those older people who scored 3. The reason for excluding these older people is to help understand if those who were the least lonely, and made up the largest proportion of participants, materially influenced the relationship discussed in the preceding paragraph. Chart 15 shows compared to chart 14, excluding those who had scored 3 at the time of the *initial guided conversation* does not change the gender distribution of older people who are hardly lonely and thus the relationship described in preceding the paragraph.

Chart 15: Loneliness Levels by Gender excluding those who scored 3 (n =421)

Loneliness Levels by Health Status

Chart 16 shows that for the older people supported there is some difference between the levels of loneliness at the time of the *initial guided conversation* and health status. Older people supported in fair health (good health) represented 47% (26%) of older people who were hardly lonely at the time of the *initial guided conversation*, with this increasing (decreasing) to 57% (15%) for those experiencing loneliness some of the time and to 69% (8%) for those experiencing loneliness often.

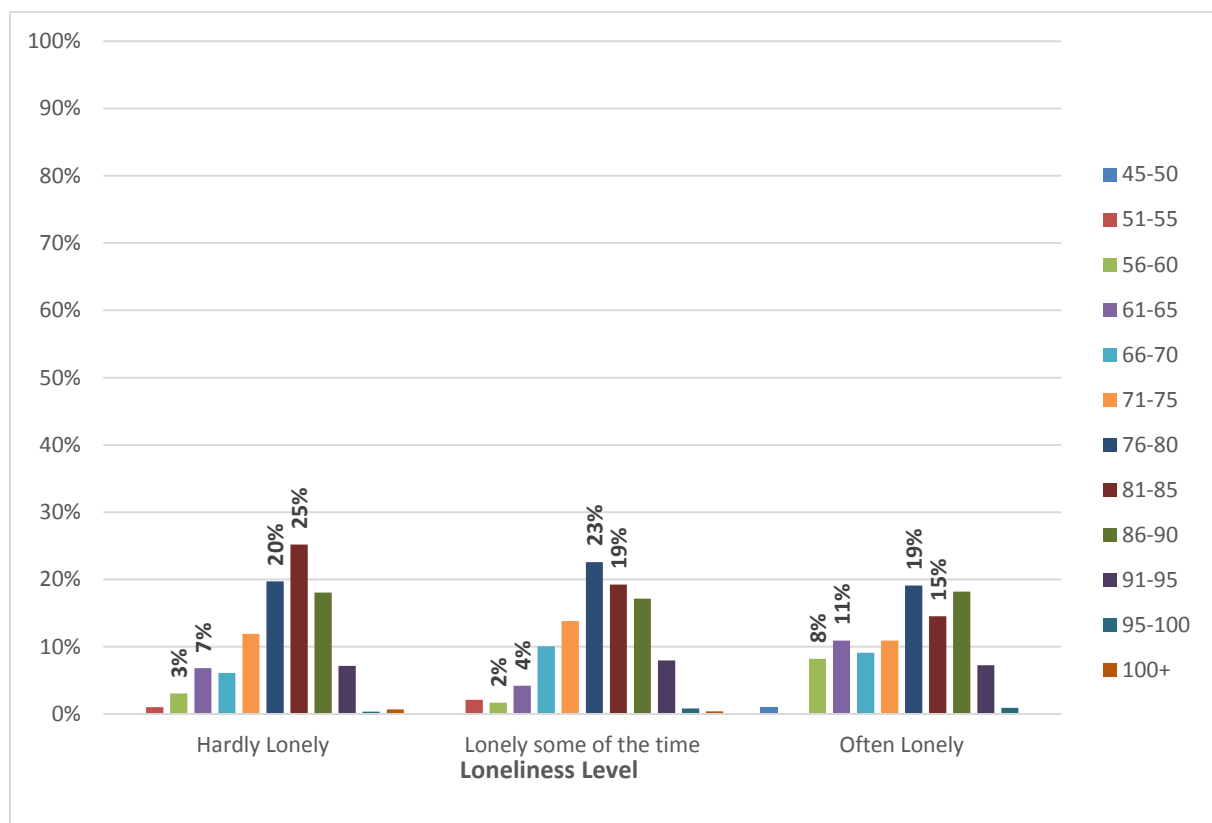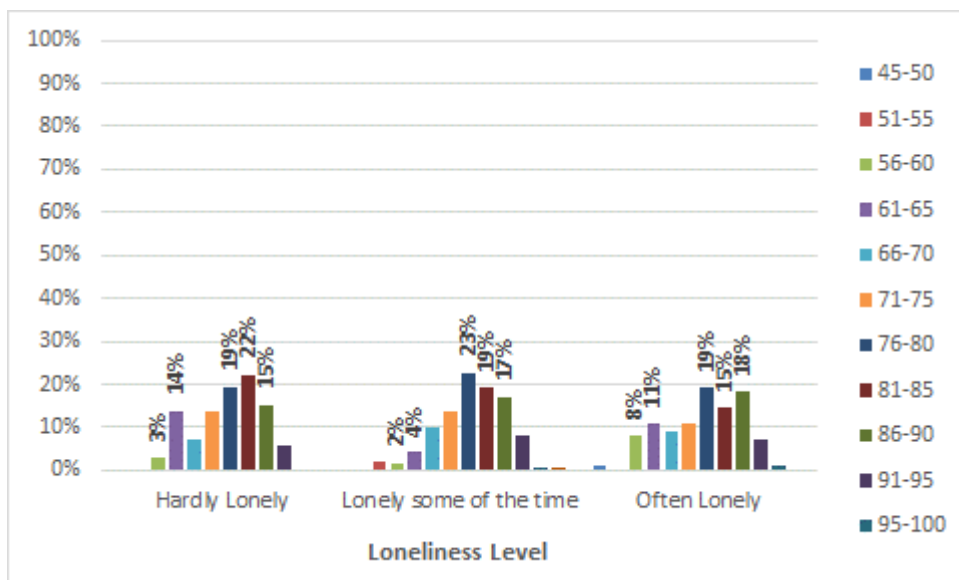Chart 16: Loneliness Levels by Health Status (n =629)

Chart 17 shows the association between the levels of loneliness at the time of the *initial guided conversation* and health status, excluding those older people who scored 3. The reason for excluding these older people is to help understand if those who were the least lonely, and made up the largest proportion of participants, materially influenced the relationship discussed in the preceding paragraph. Chart 17 shows that compared to chart 16 the proportion of hardly lonely older people supported, who were in fair health was slightly higher (52% vs 47%) and those in good health slightly lower (21% vs 26%) meaning that those older people supported who scored 3 at the time of the *initial guided conversation* felt slightly less healthy. These small differences do not however materially change the relationship described in the preceding paragraph.

Chart 17: Loneliness Levels by Health Status excluding those who scored 3 (n =408)
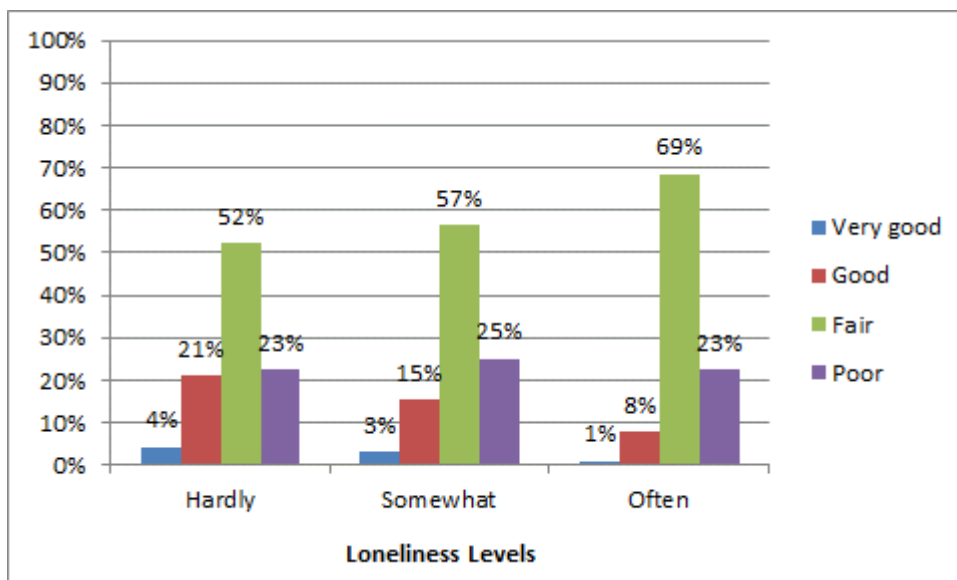
Loneliness Levels by Marital Status

Chart 18 shows that for the older people supported there is some difference between the levels of loneliness at the time of the *initial guided conversation* and marital status. Older people supported who were married represented 47% of older people who were hardly lonely at the time of the *initial guided conversation*, with this decreasing to 25% for those experiencing loneliness some of the time and to 10% for those experiencing loneliness often. Older people supported who were bereaved for at least five years represented 13% of older people who were hardly lonely at the time of the *initial guided conversation*, with this increasing to 29% and 37% respectively for those experiencing loneliness some of the time and often. Older people supported who were divorced (separated) represented 2% (5%) of older people who were hardly lonely at the time of the *initial guided conversation*, with this increasing to 3% (11%) and 14% (13%) respectively for those experiencing loneliness some of the time and often.
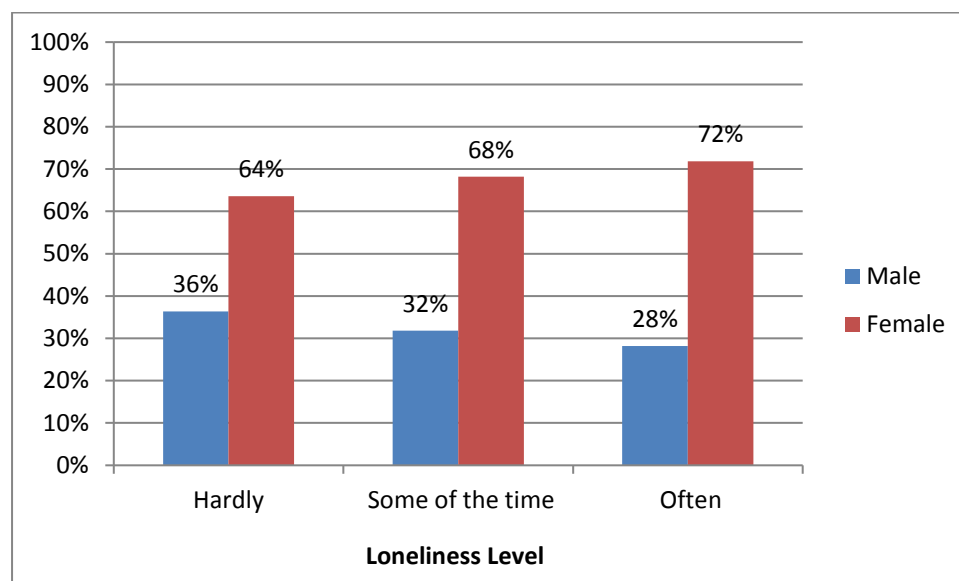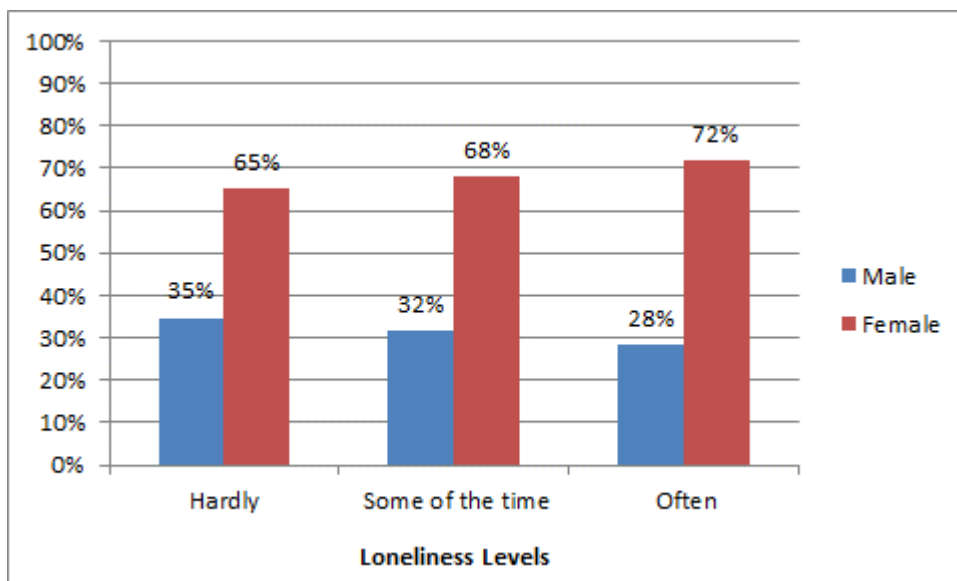
Chart 18: Loneliness Levels by Marital Status (n =643)

Chart 19 shows the association between the levels of loneliness at the time of the *initial guided conversation* (excluding those older people who scored 3) and marital status. The reason for excluding these older people is to help understand if those who were the least lonely, and made up the largest proportion of participants, materially influenced the relationship discussed in the preceding paragraph. Chart 19 shows that compared to chart 18 the proportion of hardly lonely older people supported, who were single and married was slightly lower (21% vs 26% and 39% vs 44%) and those recently bereaved slightly higher (8% vs 14%) meaning that those older people supported who scored 3 at the time of the *initial guided conversation* were more likely to be single or and less likely to have experienced a bereavement recently These small differences do not however materially change the relationship described in the preceding paragraph.

Chart 19: Loneliness Levels by Health Status excluding those who scored 3 (n =421)

Loneliness Levels by Household Type

Chart 20 shows that for the older people supported there is some difference between the levels of loneliness at the time of the *initial guided conversation* and household type. Older people supported living alone (with spouse or partner) represented 47% (45%) of older people who were hardly lonely at the time of the *initial guided conversation*, with this increasing (decreasing) to 68% (23%) for those experiencing loneliness some of the time and to 84% (8%) for those experiencing loneliness often.

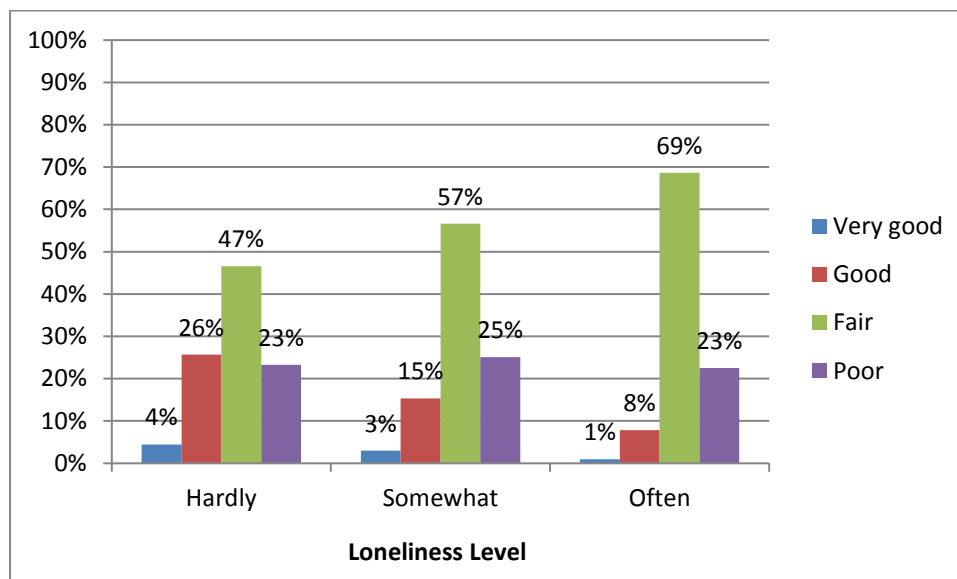Chart 20: Loneliness Levels by Household Type (n =642)

Chart 21 shows the association between the levels of loneliness at the time of the *initial guided conversation* and household type, excluding those older people who scored 3. The reason for excluding these older people is to help understand if those who were the least lonely, and made up the largest proportion of participants, materially influenced the relationship discussed in the preceding paragraph. Chart 21 shows that compared to chart 20 , excluding those who had scored 3 at the time of the *initial guided conversation* changes little the household type distribution of older people who are hardly lonely and thus the relationship described in preceding the paragraph.

Chart 21: Loneliness Levels by Household Type excluding those who scored 3 (n =420)

Loneliness Levels by Type of Residence

Chart 22 shows that for the older people supported there is some difference between the levels of loneliness at the time of the *initial guided conversation* and type of residence they live in. Older people supported who owned their own homes (lived in housing association or council home) represented 68% and 70% (15% and 20%) of older people who were hardly lonely and lonely some of the time at the time of the *initial guided conversation*, with this decreasing (increasing) to 58% (26%) for those experiencing loneliness often.
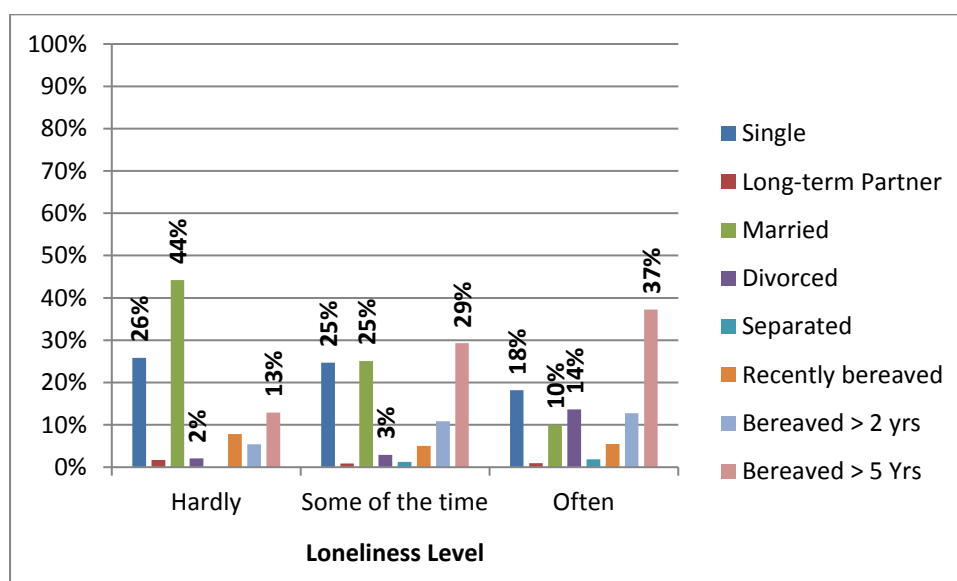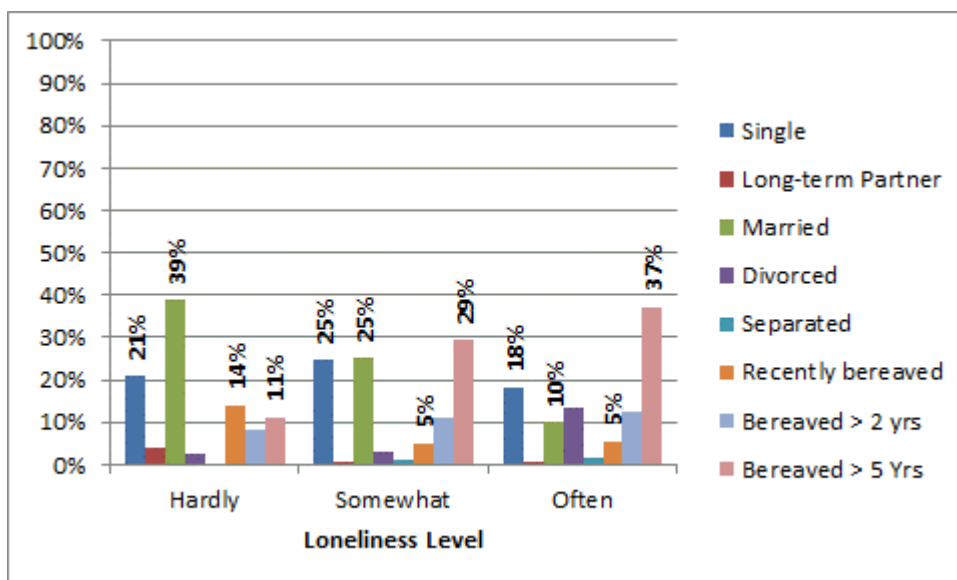
Chart 22: Loneliness Levels by Household Residence (n =642)

Chart 23 shows the association between the levels of loneliness at the time of the *initial guided conversation* and type of residence lived in, excluding those older people who scored 3. The reason for excluding these older people is to help understand if those who were the least lonely, and made up the largest proportion of participants, materially influenced the relationship discussed in the preceding paragraph. Chart 23 shows that compared to chart 22 the proportion of hardly lonely older people supported, who owned their own homes was slightly lower (64% vs 68%) and those living in housing association or council home slightly higher (19% vs 15%). These small differences do not however materially change the association described in the preceding paragraph.

Chart 23: Loneliness Levels by Household Residence excluding those who scored 3 (n =421)

Loneliness Levels by Disability / Impairment

Chart 24 shows that for the older people supported there is a no difference between the levels of loneliness at the time of the *initial guided conversation* and disability / impairment. Older people supported with at least one disability / impairment represented 95%, 94% and 96% of older people supported who were hardly lonely at the time of the *initial guided conversation*, lonely some of the time and often lonely.

Chart 24: Loneliness Levels by Disability / Impairment (n =643)
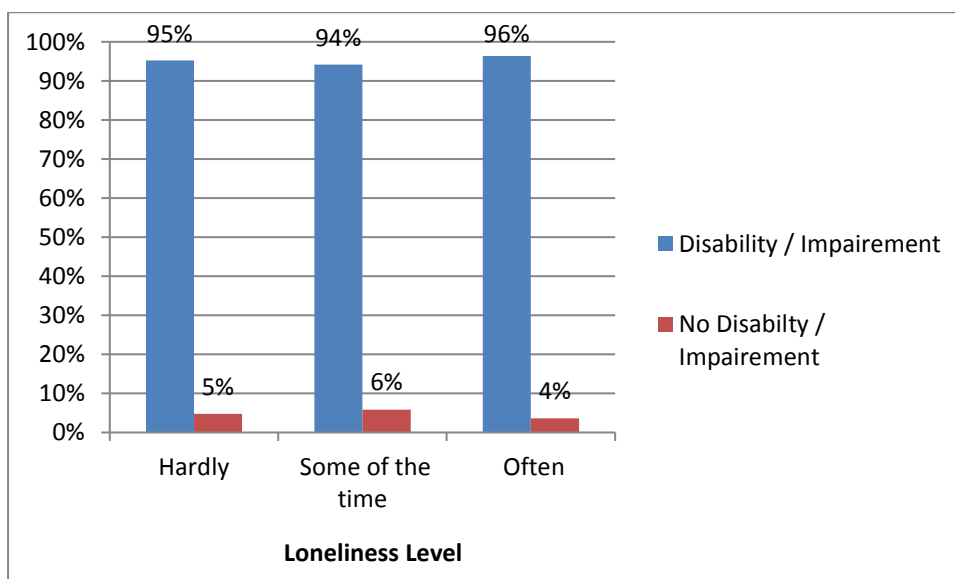
Chart 25 shows the association between the levels of loneliness at the time of the *initial guided conversation* and disability / impairment, excluding those older people who scored 3. The reason for excluding these older people is to help understand if those who were the least lonely, and made up the largest proportion of participants, materially influenced the relationship discussed in the preceding paragraph. Chart 26 shows that compared to Chart 25 excluding those who had scored 3 at the time of the *initial guided conversation* changes little the disability / impairment distribution of older people who are hardly lonely and thus the relationship described in preceding the paragraph.

Chart 25 Loneliness Levels by Disability / Impairment excluding those who scored 3 (n =421)
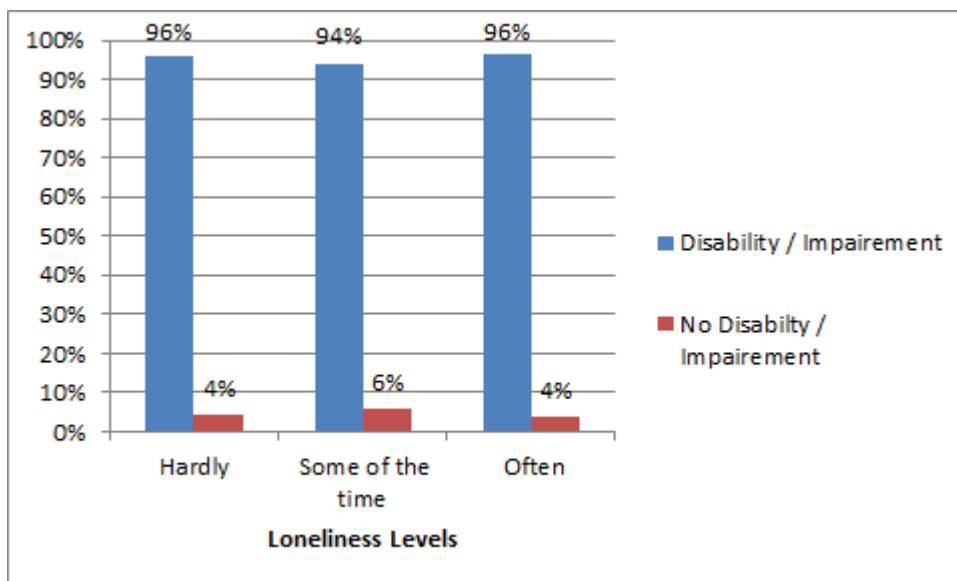
Loneliness Levels by Housebound

Chart 26 shows that for the older people supported there is little difference between the levels of loneliness at the time of the *initial guided conversation* and being housebound. Older people supported who were housebound represented 13%, 20% and 17% of older people supported who were hardly lonely at the time of the *initial guided conversation*, lonely some of the time and often lonely.

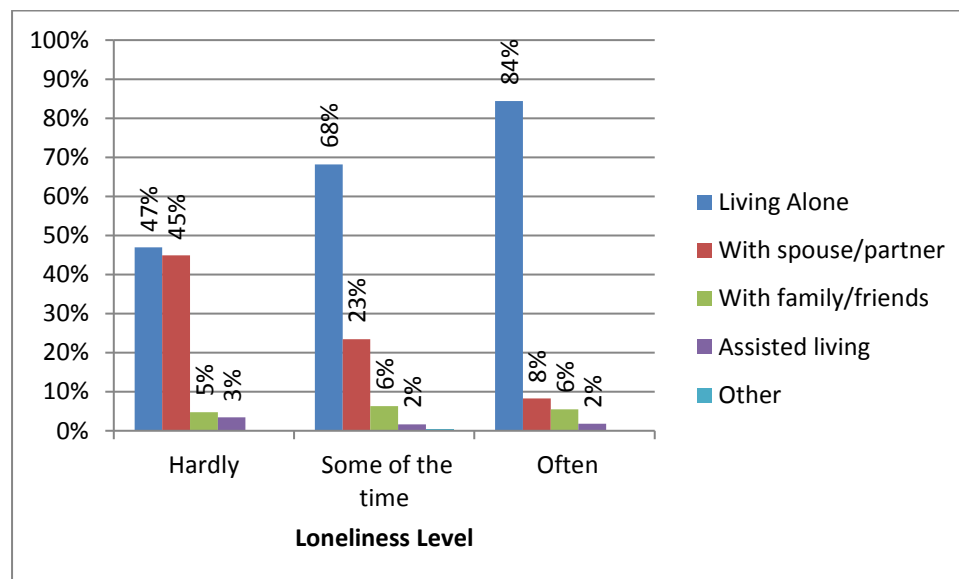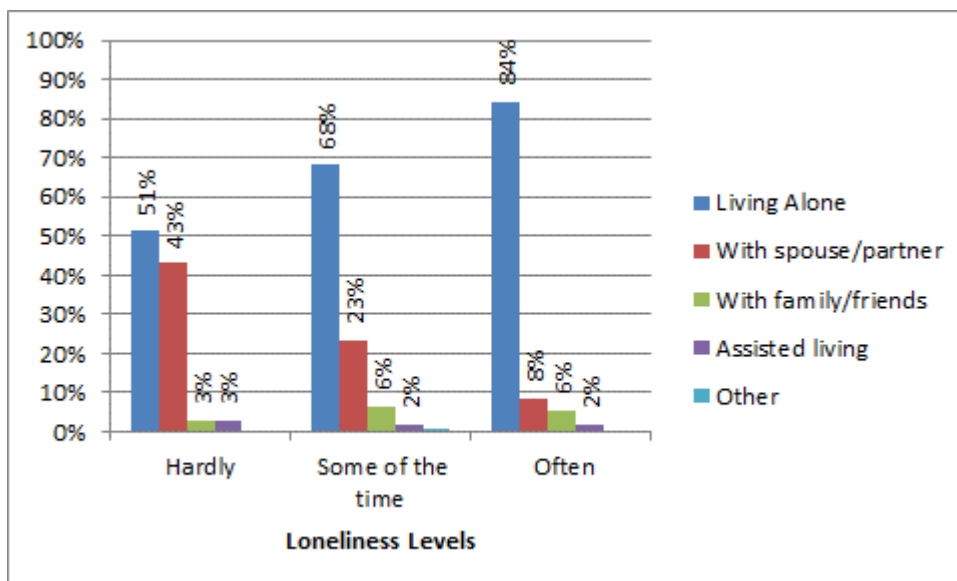Chart 26: Loneliness Levels by Housebound (n =629)
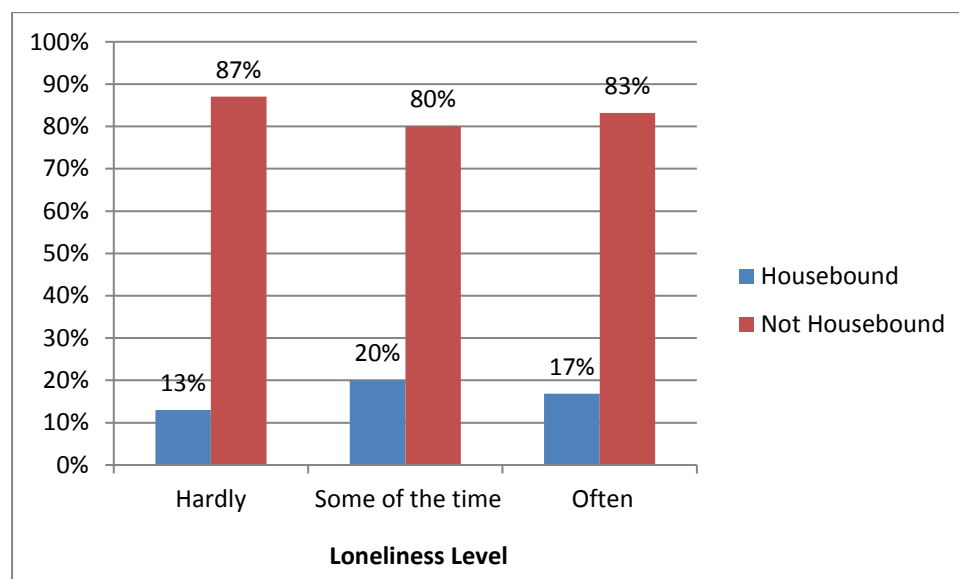
Chart 27 shows the association between the levels of loneliness at the time of the *initial guided conversation* and being housebound, excluding those older people who scored 3. The reason for excluding these older people is to help understand if those who were the least lonely, and made up the largest proportion of participants, materially influenced the relationship discussed in the preceding paragraph. Chart 27 shows that compared to chart 26 the proportion of hardly lonely older people supported who were housebound was almost half (7% vs 13%) meaning that those older people supported who scored 3 at the time of the *initial guided conversation* were less likely to be housebound. This figure is substantially lower than the proportion of older people supported who are lonely some of the time and lonely often (20% and 17%).

Chart 26: Loneliness Levels by Household Residence excluding those who scored 3 (n =407)
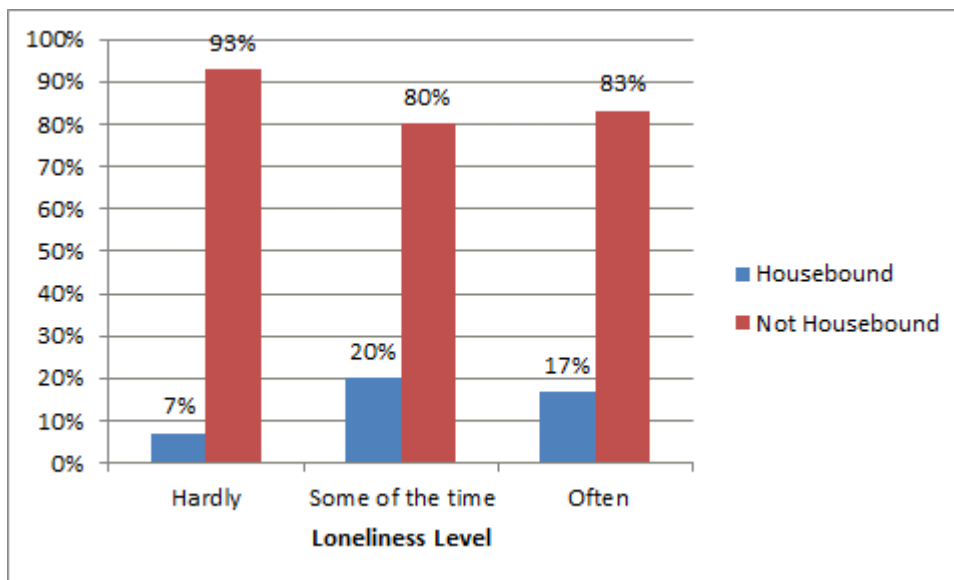
Loneliness Levels by Referral

Chart 28 shows that for the older people supported there is little difference between the levels of loneliness at the time of the *initial guided conversation* and how the older people were referred to their local Age UK. This indicates that no one source of referral was more effective at identifying older people with a particular level of loneliness.

Chart 28: Loneliness Levels by Referral Source (n =643)
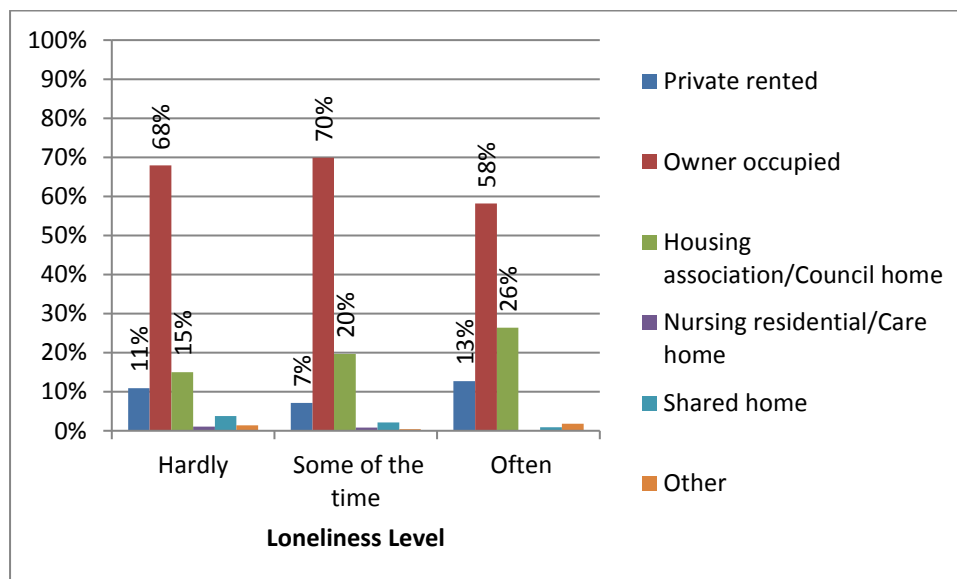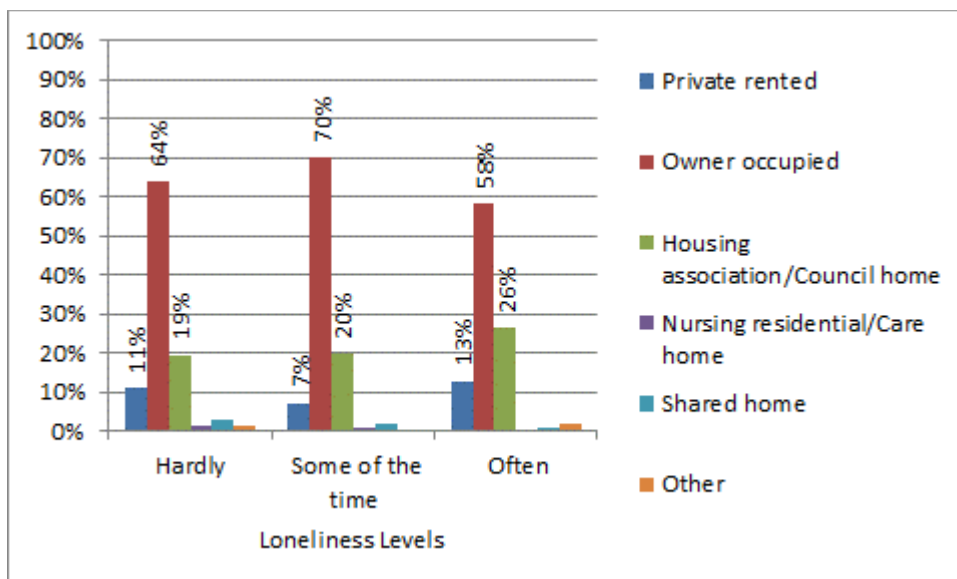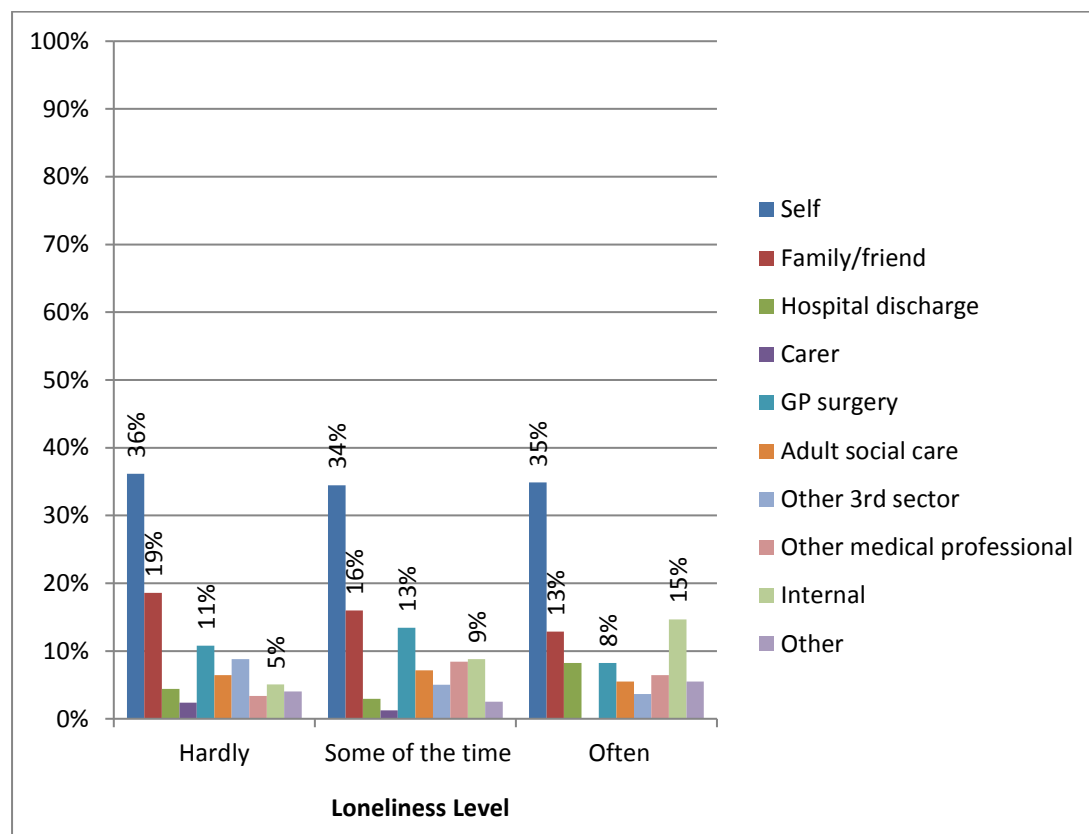
Chart 29 shows the association between the levels of loneliness at the time of the *initial guided conversation* and how the older people were referred to their local Age UK, excluding those older people who scored 3. The reason for excluding these older people is to help understand if those who were the least lonely, and made up the largest proportion of participants, materially influenced the relationship discussed in the preceding paragraph. Chart 29 shows that compared to chart 28 the proportion of hardly lonely older people supported were referred slightly less by themselves (32% vs 36%) and family & friends (15% vs 19%) and slightly more by other 3rd sector organisations (15% vs 9%).

Chart 29: Loneliness Levels by Referral Resource excluding those who scored 3 (n =419)
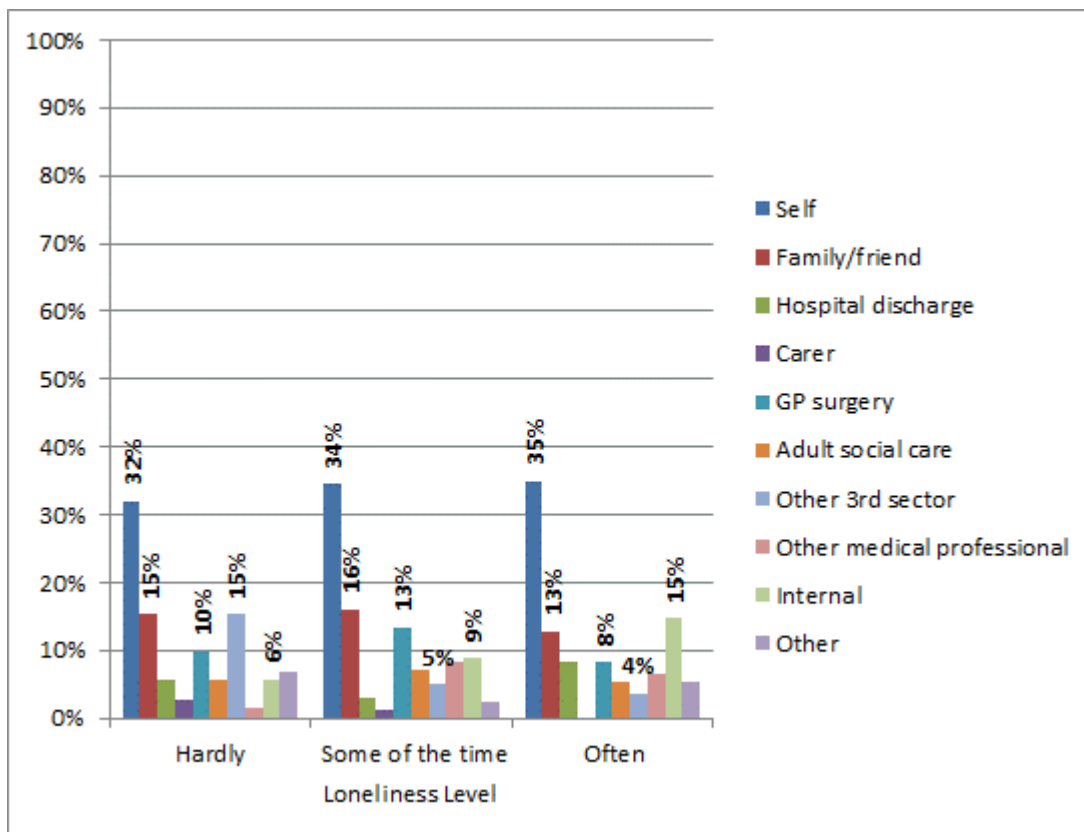
6. Older People Supported – Change in Loneliness

Testing Promising Approaches to Reducing Loneliness was piloted by the eight local Age UK partners between spring 2015 and the end of June 2016. With older people being brought onto the pilot programme until June 2016, some older people supported will not have had their loneliness levels reassessed following support provided. The analysis of the change in loneliness for those older people supported through the pilot programme is therefore based on a total of 530 older people. This represents the number of older people who had their loneliness levels reassessed between 6 to 12 weeks from the *initial guided conversation.*

Change Loneliness Levels

Table 7 shows the levels of loneliness at the *initial guided conversation* and *6 to 12 weeks after* of these 530 older people supported through the pilot programme. The table shows that around two-fifths of these older people were hardly lonely (231 out of 530) and lonely some of the time (209 out of 530) at the time of the *initial guided conversation*, with the remaining one-fifth (92 out of 530) often lonely. After *6 to 12 weeks* over half of these older people (310 out of 530) were hardly lonely, around two-thirds (199 of 530) lonely some of the time and only a handful (21 out 0f 530) often lonely.

Table 7: Loneliness Levels (n =530)

Loneliness Level	Before	After
Hardly	44%	58%
Some of the time	39%	38%
Often	17%	4%
Totals	100%	100%

Change in Loneliness by Initial Loneliness Levels

The information presented in table 7 indicates that loneliness decreased amongst many older people supported through the pilot programme. Chart 30 provides information on who experienced these changes, and shows that almost half of the older people reassessed (253 of the 530) experienced a reduction in their loneliness scores. This was especially pronounced amongst those people who were lonely some of the time or often at the time of the *initial guided conversation*, of whom 70% (145 of the 207) and 88% (81 of the 92) respectively experienced a reduction in their loneliness scores.

Chart 30: Change in loneliness levels (n =530)
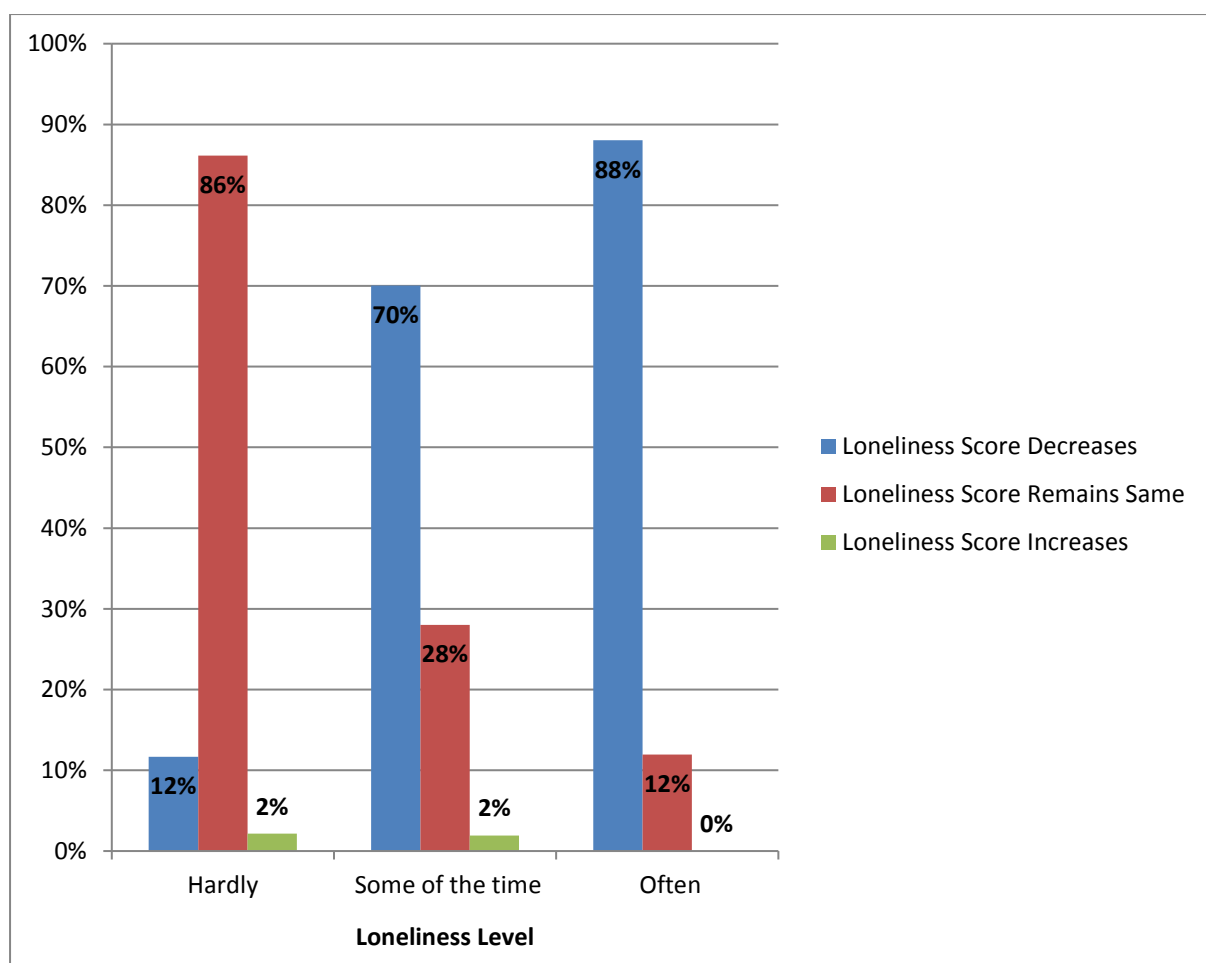
Chart 30 also shows that of those older people supported who were lonely some of the time at the time of the *initial guided conversation*, 2% (5 out of 231) experienced an increase in their loneliness score. A similar number of those older people supported who were often lonely at the time of the *initial guided conversation*, 2% (4 out of 207) experienced an increase in their loneliness score.

In section 5 of this paper it was shown that of those older people supported who were hardly lonely at the time of the *initial guided conversation*, the majority had a loneliness score of 3. This is the lowest score in the scale measuring loneliness and removing these older people from the data shows (see chart 31) that of those older people supported who were hardly lonely (with a score of 4 only) at the time of the *initial guided conversation*, 47% experienced a reducing in their loneliness score. This indicates that the high proportion of older people in chart 21, who remain hardly lonely, is driven by these older people not being able to reduce their score below three.

Chart 31: Change in loneliness levels for those who are Hardly Lonely by score (n =231, n=59)
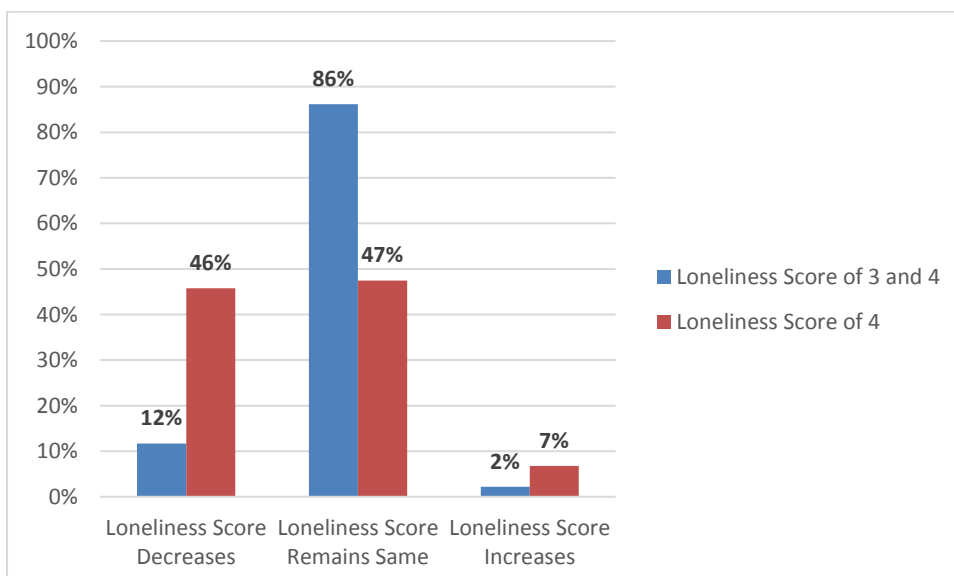
Average (Median) Change in Loneliness Scores

Almost half of the older people reassessed (253 of the 530) experienced a reduction in their loneliness scores, with the median reduction being 2 points and the largest reduction being 4 points. Chart 32 shows that those older people reassessed who were often lonely (i.e. loneliness score of 8 or 9) at the time of the *initial guided conversation*, had a greater median reduction (of 2 points) compared to those who were hardly lonely or lonely some of the time (of 1 point).

Chart 32: Average (median) reduction in loneliness scores for older people reassessed who experienced a reduction loneliness
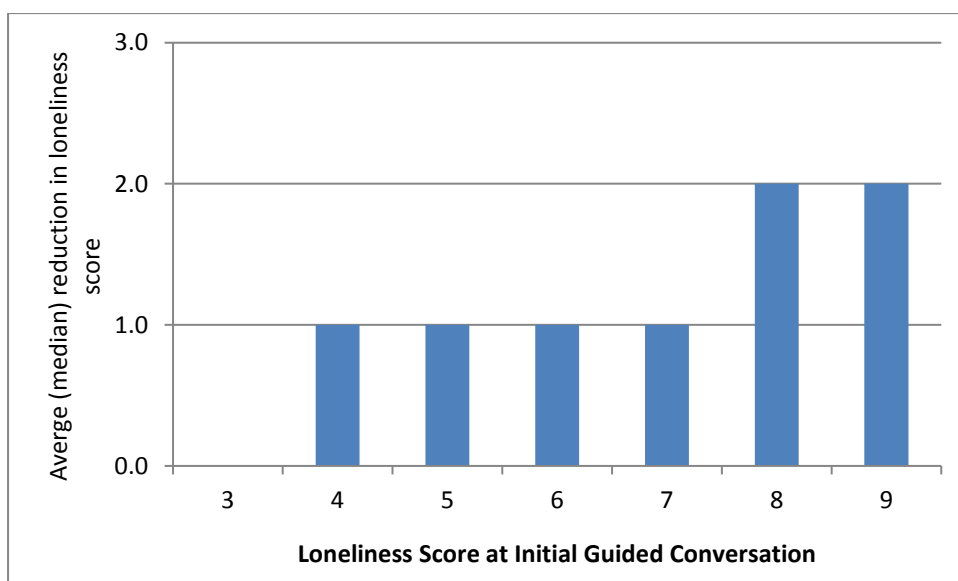
Note: by definition older people with initial loneliness score of 3 cannot experience a decrease in their score given that the scale used ranges from 3 (least lonely) to 9 (most lonely)

Change in Loneliness by Support Received

Almost 90% of the older people reassessed (461 of the 530) provided information on which of the support services that they received, they felt had the biggest impact on how they feel about life. Chat 33 shows that older people reassessed who were often lonely at the time of the *initial guided conversation* felt that support categorised as social engagement had the most impact for them, and for those who were lonely some of the time or hardly lonely welfare benefit advice had the biggest impact. This does not mean that social engagement has the greater impact on alleviating loneliness amongst those who are often lonely because (i) the question was not directly about support alleviating loneliness; and (ii) within a small sample the information could be more a reflection of service provision. Advice in general and transport also featured as support that had an impact for older people.

Chart 33: Impact of Different Services
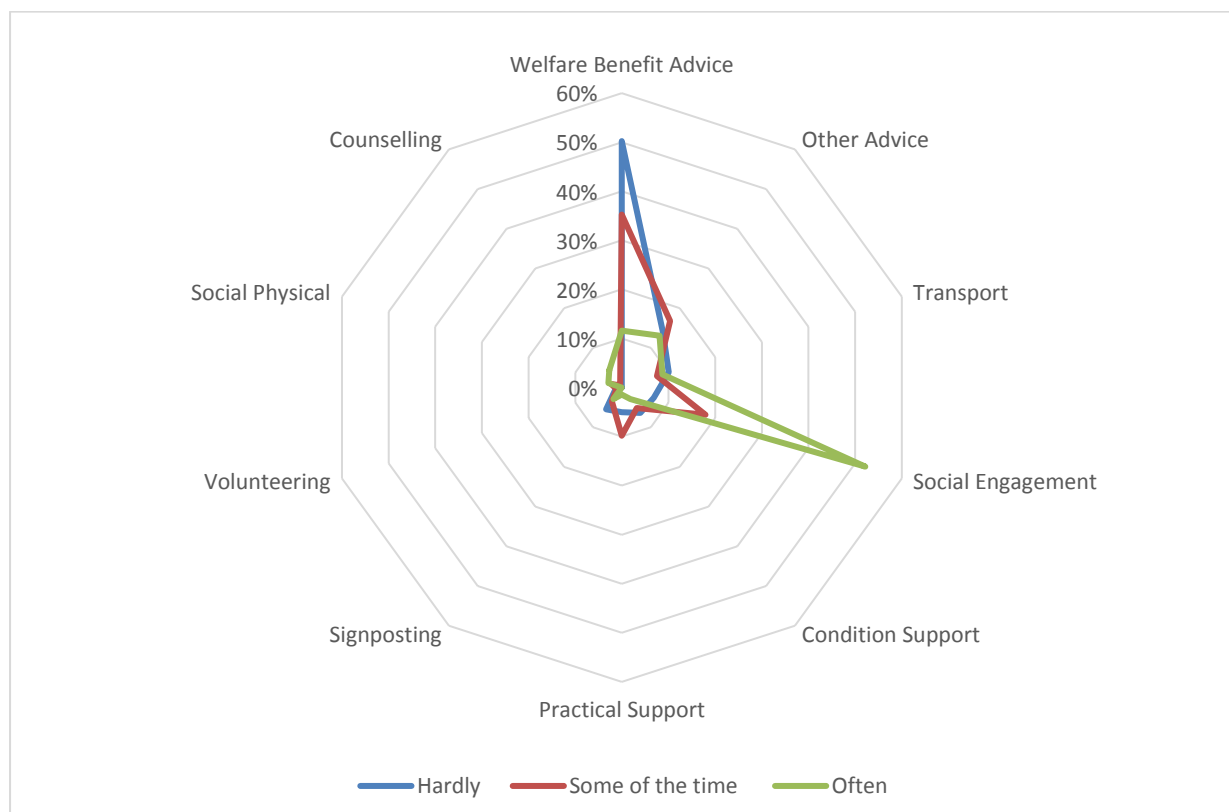
7. Discussion

Testing Promising Approaches to Reducing Loneliness was a pilot programme, involving eight local Age UK partners, who over fifteen months between spring 2015 and end of June 2016 tested different approaches to (i) identifying and reaching older people who were lonely; (ii) understanding their needs through a person-centred conversation; and (iii) providing support to older people. The results and learning from this pilot are published elsewhere, and section 9 provides a comprehensive list of relevant publications.

Over the twelve months of the pilot programme 1,021 older people were supported and of these, useable common quantitative information was captured for 648 older people supported by six of the eight local Age UK partners involved. This collection of data using the same questions and categories provided the ability to aggregate the data, helping inform the learning and results of the pilot programme.

The 648 older people supported were primarily made of:

- Female older people
- Older people in fair health
- Older people with an average age of around 80 years, with most between 71 and 95
- Older people living alone or with a spouse or partner
- Older people owning their own residence
- Older people who were disabled
- Older people who were retired
- Older people with a white ethnic background
- Older people who were heterosexual

These 648 older people were primarily (35%) self-referred to the local Age UKs, with almost similar numbers (26%) being referred from the health & social care sector. Of these older people almost half (46%) were hardly lonely at the time of the *initial guided conversation*, around one-third (37%) lonely some of the time and nearly one-fifth (17%) lonely often.

The loneliest of the 648 older people supported tended to be female, in fair health (as opposed to in good health) and living alone (as oppose to living with a spouse or partner). It should however not be inferred that these characteristics are predictors of the loneliest older people supported; a small sample combined with relatively little variation within characteristics of older people supported provides challenges in eliciting patterns and associations which are not conflated or reflect other factors.

The pilot programme continued to support new older people until end of June 2016 meaning that only 530 older people (82% of the 648 older people supported) had their loneliness levels assessed at the *initial guided conversation* and again *6 to 12 weeks after this point*. Almost half of these older people (253 out of 530) experienced a reduction in their loneliness scores, with an average (median) reduction of 2 points; and those who were lonely some of the time or often at the time of the *initial guided conversation* experienced the largest reductions of 70% (145 of 207) and 88% (81 of 92) respectively.

The short time frame between measuring loneliness levels suggests one can have confidence that the support provided by the local Age UKs is likely to have (primarily) contributed to the reductions in loneliness scores observed. This suggests that older people experiencing loneliness could be helped relatively quickly. However two caveats should be noted:

(i)   the data captured is not able to distinguish whether the feelings of loneliness amongst those older people supported were temporal or longstanding; and

(ii)   the changes may not be statistically (and in some case practically) different and tests for statistical significance have not been carried out because of the low sample sizes (especially as you subgroup the data captured)

The quantitative data is therefore best inferred as providing the likely direction of travel in terms of the findings, with more data required, to be able to say with greater confidence the magnitude of the change in loneliness that is attributable to the support provided.

Annex A – Older People Profile Data Categories

The loneliness project
Testing Promising Approaches

Unique client reference (UCR) .... **Postcode** ....

Date of birth .... **Gender** ○ Female ○ Male

Marital status

○ Single ○ Long-term Partner ○ Married ○ Divorced ○ Separated
○ Re bereaved ○ Bereaved >2 years ○ Bereaved >5 Years

Occupation

○ Retired ○ Part-time work ○ Full-time work ○ Volunteer ○ Unemployed

Place of residence

○ Private rent ○ Owner occupied ○ Housing association ○ Nursing residential
○ Shared home ○ Other

Make-up of household

○ Living alone ○ With spouse/partner ○ With family/friends ○ Ast living ○ Other

Ethnicity

○ White ○ Black Caribbean ○ Black African ○ Black other ○ Indian
○ Pakistani ○ Bangladeshi ○ Chinese ○ Other ○ Not given

Sexual orientation

○ Hetero ○ Lesbian ○ Gay ○ Bisexual ○ Trans
○ Not given

Impairment

○ Limited mob ○ Wheelchair user ○ Walking aids user ○ Severe sight imp
○ Mod sight imp ○ Severe hearing imp ○ Mod hearing imp ○ Severe dementia
○ Mod dementia ○ Early dementia ○ Chronic illness ○ Other ○ None

Referral date .... **Date of guided conversation/holistic assessment** ....

Referral source

○ Self ○ Family/friend ○ Hospital discharge ○ Carer ○ GP surgery
○ Adult soc care ○ Other 3rd sector ○ Other medical prof ○ Internal ○ Other

ELSA questions – Please ask your client the following:

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	○	○	○
How often do you feel left out?	○	○	○
How often do you feel isolated from others?	○	○	○

Does the client consider themselves housebound? **Yes** **No**

How does the client describe their health status?

○ Very good ○ Good ○ Fair ○ Poor

Primary intervention   **Date** ....   ○ **Internal**   ○ **External**

Type ○ Befriending   ○ Condition support   ○ Counselling   ○ Financial/debt advice
   ○ EPA/AD advice ○ Housing advice   ○ Lifestyle advice   ○ Substance abuse advice
   ○ NRCH advice   ○ Signposting   ○ Social education   ○ Welfare benefits advice
   ○ Transport   ○ Social Physical   ○ Social eng   ○ Volunteering

Duration ○ Single action   ○ 3 or less   ○ 7 or less   ○ 12 or less   ○ Long-term

---

Intervention 2   ○ **Internal**   ○ **External**

Type ○ Befriending   ○ Condition support   ○ Counselling   ○ Financial/debt advice
   ○ EPA/AD advice ○ Housing advice   ○ Lifestyle advice   ○ Substance abuse advice
   ○ NRCH advice   ○ Signposting   ○ Social education   ○ Welfare benefits advice
   ○ Transport   ○ Social Physical   ○ Social eng   ○ Volunteering

Duration ○ Single action   ○ 3 or less   ○ 7 or less   ○ 12 or less   ○ Long-term

---

Intervention 3   ○ **Internal**   ○ **External**

Type ○ Befriending   ○ Condition support   ○ Counselling   ○ Financial/debt advice
   ○ EPA/AD advice ○ Housing advice   ○ Lifestyle advice   ○ Substance abuse advice
   ○ NRCH advice   ○ Signposting   ○ Social education   ○ Welfare benefits advice
   ○ Transport   ○ Social Physical   ○ Social eng   ○ Volunteering

Duration ○ Single action   ○ 3 or less   ○ 7 or less   ○ 12 or less   ○ Long-term

---

Intervention 4   ○ **Internal**   ○ **External**

Type ○ Befriending   ○ Condition support   ○ Counselling   ○ Financial/debt advice
   ○ EPA/AD advice ○ Housing advice   ○ Lifestyle advice   ○ Substance abuse advice
   ○ NRCH advice   ○ Signposting   ○ Social education   ○ Welfare benefits advice
   ○ Transport   ○ Social Physical   ○ Social eng   ○ Volunteering

Duration ○ Single action   ○ 3 or less   ○ 7 or less   ○ 12 or less   ○ Long-term

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ELSA questions – Reassessment | Hardly ever | Some of the time | Often |

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	○	○	○
How often do you feel left out?	○	○	○
How often do you feel isolated from others?	○	○	○

Does the client consider themselves housebound?   **Yes**   **No**

How does the client describe their health status? ○ Very good   ○ Good   ○ Fair   ○ Poor

Which intervention does the client consider has had the biggest impact on how they now feel about life?

○ Primary intervention   ○ Initiative 2   ○ Initiative 3   ○ Initiative 4

Record closed   ○

Closed date ....

Annex B – Raw Data used for analysis

Table B1: Older People by Age (used to create Chart 1)

Age Group	Number of Older People
45-50	1
51-55	8
56-60	22
61-65	42
66-70	51
71-75	82
76-80	134
81-85	138
86-89	115
90-95	48
95-99	4
100+	3
Total	**648**

Table B2: Older People by Gender (used to create Chart 2)

Gender	Number of Older People
Female	431
Male	217
Total	**648**

Table B3: Older People by Health Status (used to create Chart 3)

Health Status	Number of Older People
Very good	21
Good	122
Fair	340
Poor	153
Total	**636**

Table B4: Older People by Marital Status (used to create Chart 4)

Marital Status	Number of Older People
Single	156
Long-term Partner	8
Married	205
Divorced	28
Separated	5
Recently bereaved	44
Bereaved > 2 years	56
Bereaved > 5 years	146
Total	**648**

Table B5: Older People by Household Type (used to create Chart 5)

Household Size	Number of Older People
Living Alone	395
With spouse/partner	201
With family/friends	34
Assisted living	16
Other	0
Totals	**646**

Table B6: Older People by Residence (used to create Chart 6)

Household Size	Number of Older People
Private rented	65
Owner occupied	431
Housing association/Council home	122
Nursing residential/Care home	5
Shared home	17
Other	7
Total	**647**

Table B7: Older People by Disability (used to create Table 5)

Disability / Impairment	Number of Older People
Yes	616
No	32
Total	**648**

Table B8: Older People by Housebound (used to create Table 5)

Housebound	Number of Older People
Yes	106
No	529
Total	**635**

Table B9: Older People by Occupation (used to create Table 6)

Occupation	Number of Older People
Retired	609
Part-time work	7
Full time work	0
Volunteer	1
Unemployed	25
Total	**642**

Table B10: Older People by Ethnicity (used to create Chart 7)

Ethnicity	Number of Older People
White	615
Black Caribbean	0
Black African	0
Black Other	0
Indian	1
Pakistani	0
Bangladeshi	0
Chinese	0
Other	1
Not given	26
Totals	**643**

Table B11: Older People by Sexual Orientation (used to create Chart 8)

Sexual Orientation	Number of Older People
Heterosexual	489
Lesbian	2
Gay	0
Bisexual	0
Transsexual	0
Not Given	154
Total	**645**

Table B12: Source of Referral (used to create Chart 9)

Referral Source	Number of Older People
Self	229
Family/friend	108
Hospital discharge	30
Carer	10
GP surgery	73
Adult social care	43
Other 3rd sector	42
Other medical professional	37
Internal	52
Other	24
Total	**648**

Table B13: Older people supported by initial loneliness levels (used to create Chart 10)

Loneliness Level	Number of Older People
Hardly	296
Somewhat	238
Often	109
Total	**643**

Table B14: Older people supported by initial loneliness scores (used to create Chart 11)

Loneliness Score	Number of older people
3	224
4	72
5	75
6	117
7	46
8	35
9	74
Total	**643**

Table B15: Loneliness levels by Age (used to create Chart 12)

	Hardly Lonely	Lonely some of the time	Often Lonely	Total
45-50	0	0	1	1
51-55	3	5	0	8
56-60	9	4	9	22
61-65	20	10	12	42
66-70	18	24	10	52
71-75	35	33	12	80
76-80	58	54	21	133
81-85	74	46	16	136
86-90	53	41	20	114
91-95	21	19	8	48
95-100	1	2	1	4
100+	2	1	0	3
Total	294	239	110	**643**

Table B16: Loneliness levels by Age excluding older people who scored 3 (used to create Chart 13)

	Hardly Lonely	Lonely some of the time	Often Lonely	Total
45-50	0	0	1	1
51-55	0	5	0	5
56-60	2	4	9	15
61-65	10	10	12	32
66-70	5	24	10	39
71-75	10	33	12	55
76-80	14	54	21	89
81-85	16	46	16	78
86-90	11	41	20	72
91-95	4	19	8	31
95-100	0	2	1	3
100+	0	1	0	1
Total	72	239	110	**421**

Table B17: Loneliness levels by Gender (used to create Chart 14)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Male	107	76	31	214
Female	187	163	79	429
Total	294	239	110	**643**

Table B18: Loneliness levels by Gender excluding older people who scored 3 (used to create Chart 15)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Male	25	76	31	132
Female	47	163	79	289
Total	72	239	110	**421**

Table B19: Loneliness levels by Health Status (used to create Chart 16)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Very good	13	7	1	21
Good	75	36	8	119
Fair	136	133	70	339
Poor	68	59	23	150
Total	292	235	102	**629**

Table B19: Loneliness levels by Health Status excluding older people who scored 3 (used to create Chart 17)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Very good	3	7	1	11
Good	15	36	8	59
Fair	37	133	70	240
Poor	16	59	23	98
Total	71	235	102	**408**

Table B20: Loneliness levels by Marital Status (used to create Chart 18)

	Hardly Lonely	Lonely Some of the time	Often Lonely	Total
Single	76	59	20	155
Long-term Partner	5	2	1	8
Married	130	60	11	201
Divorced	6	7	15	28
Separated	0	3	2	5
Recently bereaved	23	12	6	41
Bereaved > 2 years	16	26	14	56
Bereaved > 5 years	38	70	41	149
Total	294	239	110	**643**

Table B21: Loneliness levels by Marital Status excluding older people who scored 3 (used to create Chart 19)

	Hardly Lonely	Lonely Some of the time	Often Lonely	Total
Single	76	59	20	155
Long-term Partner	5	2	1	8
Married	130	60	11	201
Divorced	6	7	15	28
Separated	0	3	2	5
Recently bereaved	23	12	6	41
Bereaved > 2 years	16	26	14	56
Bereaved > 5 years	38	70	41	149
Total	294	239	110	**643**

Table B22: Loneliness levels by Household Type (used to create Chart 20)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Living Alone	138	163	92	393
With spouse/partner	132	56	9	197
With family/friends	14	15	6	35
Assisted living	10	4	2	16
Other	0	1	0	1
Total	294	239	109	**642**

Table B23: Loneliness levels by Household Type excluding older people who scored 3 (used to create Chart 21)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Living Alone	37	163	92	292
With spouse/partner	31	56	9	96
With family/friends	2	15	6	23
Assisted living	2	4	2	8
Other	0	1	0	1
Total	72	239	109	**420**

Table B24: Loneliness levels by Type of Residence (used to create Chart 22)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Private rented	32	17	14	63
Owner occupied	199	167	64	430
Housing association / Council home	44	47	29	120
Nursing residential / Care home	3	2	0	5
Shared home	11	5	1	17
Other	4	1	2	7
Total	293	239	110	**642**

Table B25: Loneliness levels by Type of Residence excluding older people who scored 3
(used to create Chart 23)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Private rented	8	17	14	39
Owner occupied	46	167	64	277
Housing association / Council home	14	47	29	90
Nursing residential / Care home	1	2	0	3
Shared home	2	5	1	8
Other	1	1	2	4
Total	72	239	110	**421**

Table B26: Loneliness levels by Disability / Impairment (used to create Chart 24)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Yes	280	225	106	611
No	14	14	4	32
Total	294	239	110	**643**

Table B27: Loneliness levels by Disability / Impairment excluding older people who scored 3 (used to create Chart 25)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Yes	69	225	106	400
No	3	14	4	21
Total	72	239	110	**421**

Table B28: Loneliness levels by Housebound (used to create Chart 26)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Yes	38	47	17	102
No	255	188	84	527
Total	293	235	101	**629**

Table B29: Loneliness levels by Housebound excluding older people who scored 3 (used to create Chart 27)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Yes	5	47	17	69
No	66	188	84	338
Total	71	235	101	**407**

Table B30: Loneliness levels by Referral Source (used to create Chart 28)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Self	107	82	38	227
Family/friend	55	38	14	107
Hospital discharge	13	7	9	29
Carer	7	3	0	10
GP surgery	32	32	9	73
Adult social care	19	17	6	42
Other 3rd sector	26	12	4	42
Other medical professional	10	20	7	37
Internal	15	21	16	52
Other	12	6	6	24
Total	296	238	109	**643**

Table B31: Loneliness levels by Referral Source (used to create Chart 29)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Self	23	82	38	143
Family/friend	11	38	14	63
Hospital discharge	4	7	9	20
Carer	2	3	0	5
GP surgery	7	32	9	48
Adult social care	4	17	6	27
Other 3rd sector	11	12	4	27
Other medical professional	1	20	7	28
Internal	4	21	16	41
Other	5	6	6	17
Total	72	238	109	**419**

Table B32: Loneliness levels (used to create Table 7)

	Number of Older People (at *initial guided conversation*)	Number of Older People (at *reassessment*)
Hardly Lonely	231	310
Lonely some of the time	207	199
Often Lonely	92	21
Total	530	530

Table B33: Change in loneliness levels (used to create Chart 30)

	Hardly Lonely	Lonely some of the time	Often Lonely	Total
Loneliness Score Decreases	27	145	81	253
Loneliness Score Remains Same	199	58	11	268
Loneliness Score Increases	5	4	0	9
Total	231	207	92	**530**

Table B34: Change in loneliness levels for those who are Hardly Lonely by score (used to create Chart 31)

	Older People with loneliness score of 3 or 4	Older People with loneliness score of 4
Loneliness Score Decreases	27	27
Loneliness Score Remains Same	199	28
Loneliness Score Increases	5	4
Total	231	59

Table B35: Average (median) reduction in loneliness scores for older people reassessed who experienced a reduction in loneliness (used to create Chart 32)

Loneliness Score (at initial guided conversation)	Median change in loneliness score
3	N/A*
4	1.0
5	1.0
6	1.0
7	1.0
8	2.0
9	2.0

*By definition older people with initial loneliness score of 3 cannot experience a decrease in their score given that the scale used ranges from 3 (least lonely) to 9 (most lonely)

Table B36: Impact of Different Services (used to create Chart 33)

	Hardly lonely	Lonely some of the time	Often lonely	Total
Welfare Benefit Advice	110	61	8	179
Other Advice*	31	29	9	69
Transport	22	13	6	41
Social Engagement	15	31	36	82
Condition Support	14	9	2	25
Practical Support	11	17	1	29
Signposting	12	6	2	20
Volunteering	3	2	0	5
Social Physical	1	4	2	7
Counselling	0	1	3	4
Befriending	0	0	0	0
Total	219	173	69	**461**

*this includes the responses *financial/debt advice, EPA/AD advice, housing advice, lifestyle advice, substance abuse advice* and *NRCH advice*

Further Reading

No One Should Have No One – Working to end loneliness amongst older people:
This document presents the work that Age UK are carrying out to reduce loneliness amongst older people, including how MPs, local councillors, health professionals, business and individuals can help contribute to achieving this goal. This document can be found at www.ageuk.org.uk/no-one-report

Results and learning from Age UK's Loneliness Pilots:
This document presents the results and learning from Age UK's loneliness pilots that tested the *foundation service* element of the new framework developed in the Promising Approaches to Reducing Loneliness (i.e. how to reach older people who are lonely, how to understand their loneliness and what support best helps them). This document can be found at www.ageuk.org.uk/loneliness-approaches

Measuring Loneliness Blog and Webinar:
The document presents the learning about how to ask older people questions about their feelings of loneliness from Age UK's loneliness pilots (and can be found at http://www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics/debates-on-ageing/loneliness/measuring-loneliness--the-myth-that-prevent-asking-older-people-how-lonely-they-are/). The webinar presents learning about measuring loneliness from various projects (and can be found at http://www.ageuk.org.uk/professional-resources-home/research/loneliness-research/loneliness-webinars/measuring-loneliness/)

Loneliness Heat Map:

The loneliness heat map presents the relative risk of loneliness across neighbourhoods in England for older people aged 65 and over. More information on the creation of the map can be found at www.ageuk.org.uk/loneliness-map-FAQand the interactive map itself is available at http://data.ageuk.org.uk/loneliness-maps/england-2016/

Loneliness Evidence Review:

This document presents the statistics and summary of the research on loneliness in later life as available at 2014. This document can be found at www.ageuk.org.uk/loneliness-review

Promising Approaches to Reducing Loneliness:

This document, published jointly with the Campaign to End Loneliness, attempted to bring together what is known about support that works to reduce loneliness. A number of services were examined in detail, and the expertise and experience of leading figures in the field were drawn upon, leading to the development of a new framework providing a series of practical steps to support people experiencing loneliness. This document can be found at www.ageuk.org.uk/promising-approaches-report

This report aims to provide more information on the quantitative data collected as part of the *Testing Promising Approaches to Reducing Loneliness Pilot Programme*, and what the analysis of this data tells us about the results and learning from the pilot programme.

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All data presented correct at time of publication.