Connecting communities to tackle loneliness and social isolation

Learning report

September 2018

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Contents

Foreword

The British Red Cross and Co-op are proud to work together to tackle loneliness and social isolation across the UK. Both our organisations have seen the devastating impact of loneliness on individuals and communities – from a deterioration of people's health and wellbeing, to extra pressure on public services. The extent to which this is affecting people from all walks of life across our communities is striking. Our research found that:

- Over nine million people in the UK say they're often or always lonely.

- Loneliness affects people of all ages.

- Life changes, such as becoming a parent, retirement, health changes, loss of mobility, divorce or bereavement are key triggers for loneliness.

To respond, we have launched almost 40 new 'Community Connector' services from Shetland to the west of Cornwall, to help adults of all ages who are lonely or at-risk of loneliness.

Our Community Connector teams of volunteers and staff reconnect people with their communities and support them to establish the meaningful connections of their choosing by providing time-limited, person-centred support.

In addition, the British Red Cross and Co-op's *Connecting Communities* learning programme has garnered the inputs and knowledge from more than 50 'connector' schemes at four insightful and inspiring events across the UK.

We were struck by people's commitment to, and enthusiasm for, tackling loneliness and social isolation and would like to thank all those who took part for sharing their knowledge so willingly and generously. This report is a summary of what we have learnt together.

We hope that the challenges identified, lessons learnt and recommendations for future development will be relevant to all those who are committed to tackling loneliness across the UK in a sustained and collaborative way from commissioners to government.

There is no one solution to loneliness and we are all individually and collectively accountable. A phenomenal amount of progress has been made over the past year following the Jo Cox Commission on Loneliness in 2017. The subsequent appointment of a responsible minister has helped build momentum into the loneliness arena and has prompted other stakeholders to invest in connector schemes and other initiatives addressing loneliness and social isolation.

To build on this we will be sharing all of our insights with a range of stakeholders including government officials who develop policy, commissioners and other funders and providers designing new services.

We have already used the insight and learning set out in this report to improve our own response to loneliness now and into the future.

We hope this report will enable others to do likewise so that together, we can help ensure that all those who experience loneliness find the means to feel better connected and able to experience renewed health and wellbeing.

Norman McKinley
Executive Director of UK Operations
British Red Cross

Paul Gerrard
Policy & Campaigns Director
Co-op

Executive summary

The British Red Cross and Co-op have been working in a Charity Partnership since 2015 to tackle loneliness and social isolation in the UK. To address these challenges the British Red Cross and Co-op launched almost 40 new Community Connector services across the UK to reconnect people who are experiencing loneliness back to their communities.

To share insight and learn from others working in similar services, a UK-wide learning programme took place between April and July 2018. This brought together more than 50 'connector' schemes across four learning events.

While it is important to acknowledge the unique attributes of different connector services, our programme has demonstrated that connector services belong to a family of services that share some common features:

Connector schemes can be specialist or generalist

Specialism may help to reach and support more excluded communities

Generalist services may have advantages of scale

Person-centred conversations – which focus on what matters to the individual and what they want to achieve – are at the heart of connector schemes

Building relationships between connectors and the people they are working with is vital to ensuring that people can be connected into their communities in ways that work for them

Even where tackling loneliness is not a core aim, schemes recognise the importance of social connections and relationships as significant for wellbeing

They target a defined cohort of people – whether by age, geography, specific experiences or characteristics

They offer person-centred support – i.e. based around individuals' own needs, wishes and aspirations

Supporting people to unpack complex needs and social and emotional issues takes time and trust

Different schemes use different methodologies – e.g. motivational interviewing, goal-setting etc – to support these conversations

They are normally time-limited (but with some flexibility)

They aim to connect people to one another and to wider services and support in the community

Setting a timeframe can help maintain a focus on fostering independence

Some clients with complex needs or who are experiencing chronic loneliness may need longer-term support

Connector services are reliant on wider community infrastructure, e.g. leisure centres, libraries, groups and activities; and services, e.g. housing advice, language classes etc. Their success will be impacted by what's available in the community

Our learning events enabled detailed conversations between service providers, and provided an opportunity to share and reflect on challenges facing services. Four common challenges emerged. While there is no easy solution to any of these, participants shared approaches for overcoming these barriers:

Challenge: Reaching those most in need

- Linking with health professionals can be helpful in reaching the most isolated people – GPs and other health professionals can often be people's only point of contact outside the home

- Specialist and hyper-local services can develop deep knowledge of the most vulnerable communities and build trust, helping services to reach the most lonely and isolated individuals

- Don't underestimate the stigma attached to loneliness and isolation. Talking about loneliness can help

- Go to everyday places such as supermarkets, libraries, pubs, taxi services etc. – these can be great places to connect

- Recruiting members of the community to act as 'eyes and ears' on the ground can help to reach those not in touch with formal services

Challenge: Connecting people

- Adopting an asset-based approach to working with individuals can be effective in helping people to navigate gaps in local services, and to find their own solutions

- Building community development and community capacity building approaches into connector programmes is important, particularly in communities where infrastructure has been depleted

- Linking with businesses, sheltered housing providers, local care homes and others can help unlock additional capacity

Challenge: Knowing what interventions are out there

- You'll need local knowledge and connections to find the right support for people in all their diversity

- Databases are helpful, but they need to be kept up to date, and they are not enough on their own

- Specialist and hyper-local services may find it easier to keep up to date with what's available

- Don't underestimate the time and effort required to keep up-to-date with changes in community infrastructure and resources, and the impact these changes have on people experiencing loneliness

Challenge: Measuring outcomes

- Don't underestimate the challenges involved in persuading frontline staff and service users to complete surveys and evaluation forms. It takes time to build the trust needed to deliver good outcomes

- Frontline staff will need training and support to use measurement tools effectively

- There are tried and tested tools available for measuring impact, including the UCLA loneliness scale, and the Campaign to End Loneliness tool – take a look at the guidance, or ask someone who has already done it

- Don't forget to gather qualitative as well as quantitative evidence of impact – tell people's stories

- Establishing data sharing protocols with health services and other statutory services can be very helpful, but takes time

The learning programme has also identified challenges requiring wider action and made recommendations for commissioners, funders and government bodies to consider and act upon:

Recommendations: To increase the impact of funding

- Funders and commissioners should:
  - work with providers of existing connector services to understand how they can build on and develop what already works
  - work together to smooth transitions in funding
  - work with providers to develop shared approaches to outcomes measurement
- The UK Government and devolved administrations should consider how they can support the development of long-term funding streams for connector services and support the development of consistent evaluation frameworks

Recommendations: To address growing case complexity

- Connector services should be planned and developed in the context of a wider web of services and support for people experiencing loneliness and social isolation in the community, and mindful of what other services and support exists for people with complex needs
- Local authorities should facilitate open dialogue between the range of agencies supporting people with complex needs, including social workers, police, mental health professionals and community connectors, to develop agreed ways of supporting people with the most complex needs
- Commissioners and funders of connector services should consider how to ensure contracts with connector scheme providers are realistic about the complexity of the needs of people experiencing loneliness and social isolation, and include mechanisms for adjusting service specifications in response to changes in the profile of individuals accessing support
- The UK Government and devolved administrations should consider the impact of wider service gaps on efforts to address loneliness

Recommendations: To address gaps in community infrastructure

- Funders and commissioners should recognise the wider dependencies of connector services on community infrastructure, and reflect this in setting expectations for throughput and outcomes
- Connector services should be planned and developed in the context of a wider web of services and support for people experiencing loneliness and social isolation in the community
- The UK Government and devolved administrations, as well as local authorities and local public bodies, should consider how to address the depletion of key community resources such as transport and community meeting spaces as this has a direct impact on those experiencing loneliness

Recommendations: To support collaboration between services

- Commissioners and funders should encourage collaboration rather than competition between connector services, and should ensure that they provide enough funding to give organisations the staff time needed to engage in relationship building and collaboration
- Funders and commissioners should be mindful of existing connector programmes and seek, where possible, to enable development and growth rather than promoting duplication

Recommendations: To address the stigma of loneliness

- Service designers and providers should consider how the language they use to describe services will affect not only individuals' willingness to access services but also people's overall perceptions of loneliness and the people who experience it
- Commissioners and funders of loneliness initiatives should ensure that their language is sensitive to the stigma of loneliness and does not unnecessarily pathologise the issue
- The UK Government and devolved administrations, as they take forward their strategies on loneliness, should consider how to support cultural change in attitudes towards loneliness, and to break down stigma

Connecting communities to tackle loneliness and social isolation

About Community Connectors

How we are helping

The British Red Cross and Co-op are working together to tackle loneliness and social isolation across the UK. As part of this, we have launched almost 40 Community Connector services from the north of Scotland to the west of Cornwall to help adults of all ages who are lonely or at-risk of loneliness.

Our Community Connectors, supported by volunteers, aim to reconnect people with their communities and establish the meaningful connections of their choosing by providing intensive, time-limited and person-centred support. We use a 'Top Three Goals' approach – mutually set, achievable targets – as a way to build confidence and independence and work towards what matters most to the individual.

Making a difference

We use the University of California, Los Angeles (UCLA) loneliness scale to measure how well our Community Connectors are working. Around three quarters of those we have helped experienced a positive change in their UCLA score and about half are no longer considered lonely at the end of their support.

A family of services

The programme brought together colleagues and volunteers from the British Red Cross *Connecting Communities* programme with representatives from other services interested in tackling loneliness and social isolation, around the UK. They included social prescribers, local area coordinators, mentors, village agents, community links workers, navigators and many more.
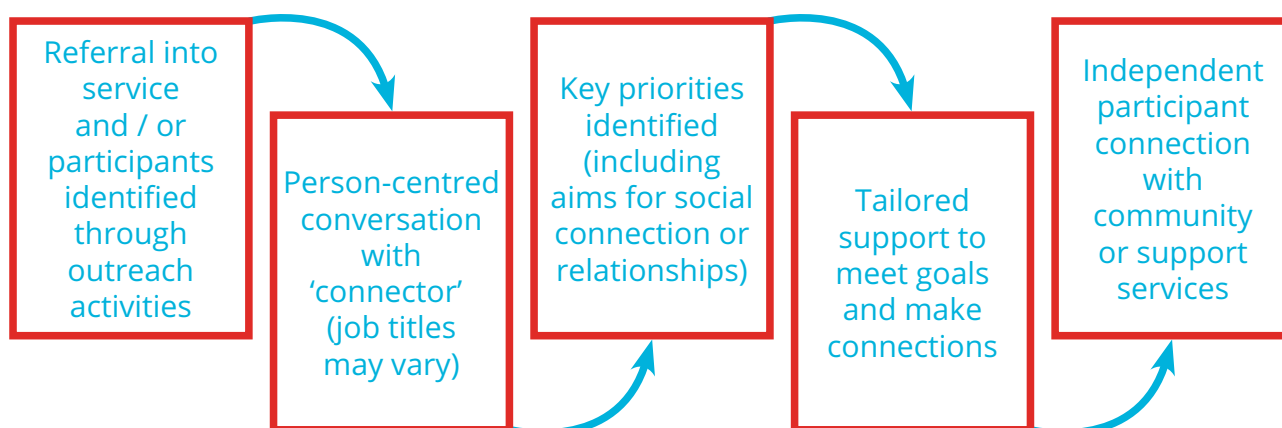
Services ranged from large to small, new to long established, and hyper-local to regional, but we hypothesised that these services belonged to a wider family of 'connector-type' services, which shared common features:

- **They target a defined cohort of people** – whether by age, geography, specific experiences or characteristics

- **They offer person-centred support** – i.e. based around an individual's own needs, wishes and aspirations

- **They are time-limited**, though often with some flexibility

- **They aim to connect people** to one another and to wider services and support in the community

Not all of the services with which we engaged were explicitly focused on addressing loneliness and social isolation – many had been set up to address wider needs around health, wellbeing, or inclusion. However, these services all recognised the importance of social connection and relationships to a good quality of life and were sensitive to the needs of people who were socially isolated.

There is good evidence that services which offer in-the-round support based on individuals' own needs, wishes and aspirations often find loneliness and social isolation are central issues in their work.[3][4][5][6][7]

Figure 1. How connector services work

Referral into service and / or participants identified through outreach activities → Person-centred conversation with 'connector' (job titles may vary) → Key priorities identified (including aims for social connection or relationships) → Tailored support to meet goals and make connections → Independent participant connection with community or support services

This programme has demonstrated that there is learning to be shared across this family of services, including around the different choices service designers make about the core features of their services. The sections below set out the common features of connector services, differences in design, and their implications.

Core aims and cohorts

Across the learning programme we identified connector services working with a wide range of cohorts, and commissioned and funded to achieve a variety of core aims. Some services were narrowly focused, while others were very broadly based.

British Red Cross Community Connectors are explicitly focused on **tackling loneliness**, but tackling loneliness is not always a primary or explicit aim of connector services. Interestingly, most of the programmes with an explicit focus on loneliness were charitably rather than publicly funded, for example through the Big Lottery Fund's Ageing Better programme.[8] A notable exception was the Reconnections programme in Worcestershire[9], which is funded by Worcestershire County Council and three local Clinical Commissioning Groups through a Social Impact Bond, supported by a charitable subsidy.

Several services were focused on **health outcomes**, for example the Mendip Health Connectors programme[10], the Glasgow Links Workers scheme[11], and Age UK's Integrated Care Programme.[12] The growing interest in social prescribing as a means of improving health outcomes and reducing demand for health services was found to have created new impetus for the development of connector services in some areas.

Another group of connector services – such as the Community Connector services supporting older people in Wales[13] – were funded by local authorities and focused on providing **low-level, preventative** interventions to people at risk of developing social care needs. However, some similar services in England had recently experienced the withdrawal of local authority funding, leaving them seeking funds from Clinical Commissioning Groups, and adjusting their services to fit a health-focused, social prescribing model.[14]

The learning programme encountered services which were designed to support very **specific cohorts** of individuals. This included services for refugees and asylum seekers[15] which offered intensive support with practical challenges as well as support to engage with local communities. This focus enables connectors to tailor the support offered and to develop detailed knowledge of support available for their service users' specific needs. The British Red Cross and Co-op have partnered with Home-Start[16] and Cruse Bereavement Care[17] to develop specialist services for new parents and people who have been bereaved as part of their *Connecting Communities* programme.

Some services focused on older adults (either 50 or 65 and over), others on people who met specific health criteria. Others had broader eligibility criteria across all ages – such as the Links Workers programme in Glasgow, and the British Red Cross and Co-op's own scheme.

An overview of the different cohorts focused on by the services attending the learning programme can be found below.

Figure 2. Target cohorts

Target cohorts		Asylum seekers and refugees	People with dementia	New parents
Cancer patients	Local area residents	16-25 year-olds	Children and young people with disabilities	Over-50-year-olds
Over-65-year-olds	People experiencing loneliness	People who have been bereaved	Families	People with mental health issues

Whatever their initial aim, or the cohort with which they worked, all services were committed to tackling the issues faced by individuals in the round – including addressing the need for social connection and relationships – and avoiding a 'one-size-fits-all' approach.

The significance of social and relational issues within a wider understanding of people's needs is borne out by the literature around these services. It demonstrates that even when service users face significant practical and other barriers, addressing emotional and social needs is highly significant to the individuals themselves. Indeed, addressing social and emotional needs first can be a way of unlocking individuals' willingness to engage with wider support and their capacity to self-manage across a range of other challenges.[18] [19] [20] [21]

Case study: Home-Start

Home-Start is one of the leading family support charities in the UK. Its volunteers help families with young children cope with the challenges they face, including feelings of loneliness or social isolation, while improving their confidence and building better lives for their children.

Volunteers know that how they engage with families at the beginning of support is an important part of building their trust. They use a person-centred approach and go the extra mile to link up with families even when the visits are cancelled or rearranged.

Sometimes it can be hard for families to just get out of the house. So, where necessary, even with group work, Home-Start support begins at home, getting the family ready and prepared to go out.

A key role of Home-Start volunteers is to help people access local services in their area, including children's centres, local mental health services, housing, financial advice and more. This access is actively facilitated by sign posting and providing contact details, transport to services, accompanying the family to events, and looking after children if the appointment is for a parent. Home-Start's own research has shown that through their work families saw a 60% improvement in their ability to access other services.

While tackling loneliness is not the sole focus of the vast majority of support Home-Start offers, volunteers have reported that many of the families they support describe themselves as isolated for a variety of reasons. Volunteers have found that by providing families with practical help, emotional support and help to access services, trust has been built and this has encouraged families to approach other services, where in the past they would not have been willing to look for help. Research indicates that 94% of the parents report improvements in their ability to cope with social isolation.[22]

"I had so many thoughts in my head. I couldn't sleep at night. Home-Start helps me a lot. I was free to talk to my volunteer and I can talk about the things I feared. She gives me hope. I am stronger because of Home-Start."

Aminatu, a mum supported by Home-Start Butetown

For more information visit: **home-start.org.uk**

Learning from connector services

- **Connector services can be specialist or generalist**
- **Specialism may be an advantage in reaching out to more excluded communities and can enable connectors to develop specialist knowledge of the support available locally for particular groups**
- **Generalist services can benefit from advantages of scale, for example they can more easily be publicised to whole communities without stigma and can help prevent people from falling through the gaps**
- **Connector services may not see tackling loneliness as their core aim, but they recognise the significance of social connections and relationships for individual wellbeing**

Person-centred conversations

Most connector services operate on a one-to-one basis to enable person-centred conversations, in which personal emotional and social needs are discussed. One-to-one interaction is particularly important for those who have lost confidence in social situations due to long-term social isolation and loneliness.[23][24][25]

Taking a person-centred approach came through strongly as a core element of connector services. Participants stressed the importance of getting to know people and taking time to listen to individual stories and circumstances, to understand what people really want to achieve and therefore what support would be most helpful.

A wide range of methodologies are applied in different services to support person-centred conversations. The British Red Cross own scheme centres its conversations around identifying the 'Top Three Goals' for individuals to help build independence. Although connectors at the learning programmes were clear that sometimes it worked better to ask, 'what do you want to do, that you can't do at the moment?' than to explicitly talk about 'goals'. Other services use methodologies such as motivational interviewing or guided conversations, while Local Area Coordination schemes, for example, centre on building a vision of a 'good life'.[26] All of these approaches aim to unpick what matters to the person they are trying to help.

Service providers were clear that open-ended conversations are important in enabling people to discuss their personal and emotional needs for social connection and relationships, and to unpack issues of loneliness. This supported the literature which suggests that check-list-based conversations are not necessarily effective in supporting those affected by loneliness and social isolation.[27]

Often services did not set time limits for initial meetings between connectors and the individuals with whom they worked. While connectors occasionally encountered individuals who just needed a brief conversation and some signposting, many of those who were most isolated, and who had the most complex needs, needed a couple of hours or more.

Case study: Glasgow Links Workers

The Links Worker Programme was initially a Scottish Government funded scheme (now funded through the Health and Social Care Partnerships), developed with The Health and Social Care Alliance Scotland (the ALLIANCE) and GPs at the Deep End, which connects people and their communities through GP practices.

The programme is based on the idea that by supporting individuals to build confidence and independence, they will become more likely to absorb and act on information about how to improve their health and wellbeing.

The project targets socioeconomically deprived areas with the aim of reducing health inequalities. Links workers are based in GP practices around Glasgow and work closely with primary care staff as well as local community resources, using and promoting ALISS (a local information system for Scotland) as an important resource. They hold honorary contracts with the GPs' surgeries in which they are based, to facilitate data sharing.

Links workers meet with people referred to the service by their GPs and offer them an opportunity to talk over the issues they are facing, including loneliness and social isolation, and to identify support in the community that might help them to overcome these challenges. Links workers offer support with a wide range of practical issues including housing and benefits, as well as helping people to rebuild their confidence and develop supportive social networks. They will share the person's journey for as long as it takes to enable them access to more specific or longer-term support.

The programme evaluation by the University of Glasgow highlights that service users appreciate the unconditional support they received from the links workers, being listened to and being valued, and being able to come back to see the links worker whenever they needed. It demonstrates that after working with links workers people feel better equipped to find help and self-manage problems.

For more information visit:
alliance-scotland.org.uk/in-the-community/national-link-programme

Learning from connector services

- **Person-centred conversations – which focus on what matters to the individual and what they want to achieve – are at the heart of connector services**

- **Different services use different methodologies to support these conversations e.g. motivational interviews, goal-setting, guided conversations**

- **Building relationships between connectors and the people they are working with is vital to ensuring that people can be connected into their communities in ways that work for them**

- **Supporting people to unpack complex needs and social and emotional issues takes time and trust**

Setting a timeframe

Insights from the learning events suggest that most services set a broad timeframe for their work with service users. These ranged from around 12 weeks to nine months. However, most services also had a degree of flexibility to extend services where the individual's needs required.

Those who set nominal timeframes felt that being explicit about the target timeline for an individual and a connector to work together could:

- **establish an expectation of moving on from the scheme, and thereby help to keep the focus on fostering independence**

- **ensure that more people could benefit from a scheme, given limited capacity.**

Importantly, many services reported that their initial estimates of the time needed to work with clients had been unrealistic, so they extended their timeframes. This was a challenge for those with very tight budgets and stretching targets.

A minority of services were opposed to setting time limits for their interactions. They felt that this acted as a barrier to the development of trust and relationships between clients and connectors, and that the complexity of their clients' needs meant that setting a limit was often unfeasible.

Case study: Connecting Communities in Blackpool

British Red Cross and Co-op Community Connectors spend up to 12 weeks helping service users to rediscover their interests and re-build links in their communities. In many cases, this is plenty of time. However, sometimes people's needs are too complex to have made enough progress to end the intervention within this timeframe. This has required a degree of flexibility.

Using a 'Top Three Goals' approach which includes setting achievable targets, tailored to the individual has helped build people's independence and prepare them for the service to end. To help, the Community Connector scheme in Blackpool has found it useful to focus on connecting people into longer-term support, activities or networks and encouraging people to take small steps along the way. Being clear about the timeline and setting expectations is also essential.

"Somebody is referred in to me and you go along for the first meeting, and you've got to set up goals. To set up the goals you really need to know what someone is interested in, and what they want out of the service. And it's a case of making sure they understand that they're only going to get out of it what they themselves put into it.

We're not here as a crutch, we're here as a means, as a vehicle if you like, to get them to succeed in these three goals. I try to find out what somebody used to do, what they're really interested in, what drives them or what did drive them, and then find a way of reintroducing them to that, by helping them with volunteers to take small steps."

Community Connector, Blackpool

For more information visit:
redcross.org.uk/get-help/get-help-with-loneliness

Learning from connector services

- **Setting a timeframe for interactions between connectors and the individuals with whom they work can help to maintain a focus on fostering independence**
- **Some clients with complex needs, or who are experiencing chronic loneliness, may need longer-term support**

Connecting to communities

Participants in the learning programme were clear that their success in tackling loneliness and social isolation was reliant upon strong communities with a wide range of community assets and resources, with which people were offered support to engage.

While some connectors had experience of supporting people to reconnect with existing friends or family, or to make informal friendships within the community (e.g. through connectors introducing individuals with shared interests), most were also involved in supporting individuals to engage in more formal social activities. Examples included interest groups, leisure activities and adult learning classes. Many also connected people into longer term befriending services – which were seen as an important complement to more goal-oriented connector services in communities, but which were unfortunately being withdrawn in some areas.

Social activities and groups were not the only services upon which connectors relied. Connectors across all services were involved in supporting their service users to access wider community resources including housing advice, language learning, benefits advice, health and social care services and much more.

This underlines the fact that loneliness and social isolation are often by-products of wider issues of exclusion, and that people can become socially isolated and experience loneliness due to a wide range of practical barriers, including health, mobility and language barriers, among others.

Case study: British Red Cross

Like many people using our connector services, Daniel was referred to our Community Connector, Michael, by health services. Daniel had been bullied at school. This resulted in him leaving school early with no qualifications, lowered his self-esteem and made him withdrawn and depressed.

When Michael and Daniel first met, Daniel had not left the house for a year. Soon after meeting, it became evident to Michael that Daniel enjoyed being outdoors. With this in mind he contacted a local Falconry Centre, where Daniel now volunteers. This helped Daniel's confidence grow, enabling him to reconnect with his family, engage with people, make new friends and gain new qualifications.

"You find out what drives them or what did drive them, and then reintroduce them to that, by helping them with volunteers to take small steps.

Once they realise no-one is going to make them do things they don't want to do, and it's going to work at their pace to help them succeed, you find that they open up. It's just wonderful to see people's live change."

Michael, Community Connector, Blyth

"Two years ago I felt completely different. This lonely person, down and depressed. I was down. I got bullied at school and tried to kill myself. I was staying in the house all the time, not going out. I was balling everything up. I thought I was by myself and was going to do nothing in life.

My mum got a call from Michael one day. He got me here. The first day I was nervous, I thought I wouldn't enjoy it. But the first time I held a bird, a Eurasian Eagle Owl, I was like 'I'm in love with this place'.

You build a good relationship with the animals. They become at peace with you, and you become at peace with them. And every day is different. That's what keeps us here, because everything's different, every day. Since I've been here, I've come out of my shell. I've grown more confident, I talk more to people, I get everything out, what I've been through. I know I'm not going to be judged.

It feels a lot more positive now that I can talk to people. I'm less depressed, I don't want to kill myself. I've got meaning in life. I can literally do whatever I desire."

Daniel, Blyth

For more information visit: **redcross.org.uk/lonely**

Learning from connector services

- **In order to reduce loneliness and social isolation connector schemes need to be able to connect people into wider support and activities in their communities**
- **Connector services are reliant on wider community infrastructure e.g. leisure centres, libraries, groups and activities; and services e.g. housing advice, language classes**
- **The effectiveness of connector services is often impacted by the wider assets and resources available in the community**

Challenges within services

The aim of our learning programme was to enable services to learn from each other's successes and challenges and to share thoughts around how to address common issues.

Through our discussions four core challenges emerged. These were:

- **Reaching those most in need**
- **Knowing what interventions are out there**
- **Connecting people**
- **Measuring outcomes**

The following section shares what we learned about these challenges and highlights approaches and tools which connector services have found useful in addressing them.

Reaching those most in need

Ensuring services can identify and support those most in need of help with loneliness and social isolation was recognised as a major challenge.

While not people who are lonely are socially isolated, many are, and reaching these individuals can be particularly challenging.

Some populations face additional barriers to accessing services and support in their communities. Populations who are often considered 'hard-to-reach' include, people who are housebound, refugees and asylum seekers, and geographically isolated or rural communities. These communities are known to be at significant risk of loneliness and social isolation.[28]

The reasons services struggle to reach some people vary, but include a lack of access to appropriate transport, fewer community spaces, language barriers, and the failure of 'word of mouth' promotion due to social isolation. Barriers around lack of trust and confidence can also be a challenge.[29] For the loneliest individuals stigma may be a significant barrier.[30]

Routes of access to connector services vary widely. Some services rely heavily on GPs and other **health professionals** to make referrals, and some have formal referral criteria linked to health conditions or service use. These include social prescribing services and Age UK's Integrated Care Programme.

There is evidence that health services are often the only point of contact for some of the most isolated individuals. In particular, the GP is often a person's only connection outside the home. As such, establishing referral linkages through health systems and building on trust already established between individuals and their health professionals can be very effective.[31] However, participants
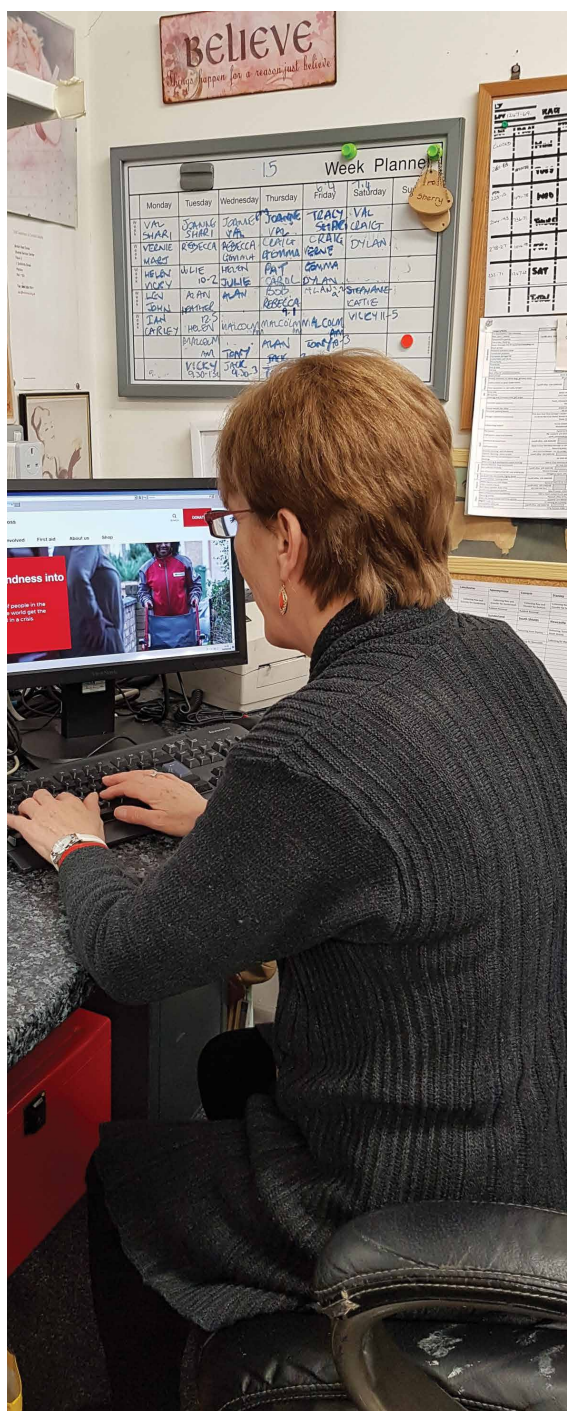
in our learning events told us that establishing connections with GPs and other health professionals can prove challenging in practice, due to time pressures on these professionals and, sometimes, their lack of willingness to engage with non-medical services.

While for some people health services offer a route to support, some groups – such as refugees, asylum seekers and people who are homeless – are less likely to use formal services and therefore may not be reached through these channels.[32] There is also some evidence that men may be less likely to be in touch with health services than women.[33]

In some areas, **specialist connector services** have been developed to overcome these barriers. These services can develop bespoke outreach programmes, and link with specialist professionals to ensure that excluded communities are able to access support. The learning programme found examples of connector services working with Black, Asian and minority ethnic (BAME) communities, people affected by drug and alcohol issues, women, migrants or asylum seekers, new parents and young people.

In other areas hyperlocal services, such as Local Area Coordinators, link with individuals through less formal channels, relying on their embeddedness in the **local community**. Such services rely on local outreach and 'word of mouth' to identify and connect with those who may benefit from support.

The British Red Cross Community Connector programme draws on insights from both these approaches, working on a hyperlocal basis to enable local connections. Community Connectors also establish webs of **referral linkages** with frontline professionals and community groups from across

health and social care and beyond, and **encourage self-referral** through their wider outreach work, including via social media, local engagement on the local radio, in supermarkets and libraries.

These approaches were reflected throughout the learning programme, with many examples of outreach work and promotion highlighted. Participants argued that this work was an important way of breaking down the stigma of loneliness, but needed sensitive handling to ensure there were always alternative routes of access for people who were digitally excluded and those affected by stigma.

Throughout the learning programme connector services shared a range of approaches for reaching those most in need:

- In North Somerset, connector services have used lists of people eligible for assisted waste collections to identify people potentially at risk of loneliness and social isolation

- In Camden a structured door knocking programme has been introduced[34]

- British Red Cross Community Connectors have linked up with the charity's Dawn Patrol service which offers a daily check to vulnerable individuals in the community to identify potential service users[35]

- In other communities linking with local 'First Contact' schemes – through which frontline staff use a basic checklist to identify needs and provide referral – has proved effective

Other services overcome barriers by bringing **volunteers** on board to widen outreach. In the Mendips, the Health Connector (social prescribing) programme has been complemented by the recruitment of volunteers from all walks of life, from taxi drivers to pub landlords, who are known as 'Community Connectors'. These volunteers do not play the same role as other connectors described in this report (this is the role of the Mendip Health Connectors). However, they are instrumental in broadening the awareness of, and encouraging people to access, the social prescribing scheme. They can also offer basic signposting information around local groups and activities to those who do not need intensive help.[36]

Despite the wide range of approaches taken to establishing routes for referral or client identification, services represented during the learning programme were not complacent about their ability to reach the most isolated and vulnerable individuals. Many perceived gaps in their reach and highlighted the need for on-going outreach work.

Unfortunately, both generalist and specialist services participating in our events highlighted the challenge of a lack of funding for **outreach work**, and warned that without more funding for outreach it was inevitable that some populations would be underserved.

Case study: Health Connections Mendip

Health Connections Mendip team members are employed by the 11 Mendip GP practices and offer one-to-one and group support to anyone who is a patient of a Mendip GP and might benefit from support to improve their health and wellbeing.

Many people experience loneliness and social isolation, and want support to engage with their communities. Health Connectors can listen to people's health story and give them information about local services such as exercise classes and support groups. They also work one-to-one to assist people in setting health-related goals, network mapping and network enhancement and support people to make sustainable changes, becoming more connected and reducing isolation.

Health Connections Mendip also supports community members to get new community support groups up and running with advice and expertise from its three Area Leads.

The scheme has developed a 'Mendip directory'[37] which lists local community resources and is linked to the GP patient record system.

Health Connections Mendip has also recruited an army of over 600 Community Connectors – these community members are provided with basic information about support available locally and can signpost friends, family and neighbours to support.

For more information visit: **healthconnectionsmendip.org/**

Learning from connector services

- **Linking with health professionals can be helpful in reaching the most isolated people – the GP is often people's only point of contact outside the home**

- **Specialist and hyperlocal services can develop deep knowledge of the most vulnerable communities and build trust, helping services reach the most lonely and isolated individuals**

- **Don't underestimate the stigma as well as the lack of awareness attached to loneliness and isolation. Talking about loneliness can help**

- **Go to everyday places such as supermarkets, libraries, pubs, taxi services etc. – these can be great places to reach people**

- **Recruiting members of the community to act as 'eyes and ears' on the ground can help to reach those not in touch with formal services, and can help to reduce the stigma of loneliness**

- **Don't underestimate the importance of outreach work and the funding required to do this well**

Knowing what interventions are out there

Knowing what is available in the local community is vital for connector services, however, staying up-to-date with groups or activities in the local community can be a challenge.

The range of services and support that clients require is very wide because service users have a huge diversity of interests and needs. Many services and activities are not well advertised and identifying opportunities can occupy a significant amount of connectors' time.

In both Wales[38] and Scotland[39], significant investment has been made to develop national databases of information on local services and support, including community activities. Recently the Royal College of General Practitioners have called for a similar database to be developed across England[40] and several English local authorities have already established such initiatives.[41] [42] [43]

Using databases to collate information about available support has the potential to streamline the process of connecting people. However, the learning programme also uncovered less positive experiences of using databases, which need to be addressed if databases are to be effective in future. This was, in part, due to perceived failure to invest in adequately mapping formal and informal services and activities, updating records, and to make databases sufficiently intuitive to search.

Participants also highlighted the limitations of relying on databases to identify routes to connection. They argued that over-reliance on databases would mean connectors would be less likely to develop the intimate local knowledge that can help informal and natural connections to be made – for example by connecting service users with other individuals in the community who share their interests.

Working on a hyper-local basis, like many British Red Cross Community Connectors and Local Area Coordinators do, helps to overcome these challenges. Connectors can develop a detailed knowledge of their communities, the people living there and their strengths and assets. Indeed schemes like the British Red Cross try to recruit connectors from the communities in which they work, so they bring local knowledge to the role. Similarly, those services working with more tightly defined cohorts (e.g. new parents) described developing specialist knowledge of the specific support available for their clients.

Overall participants agreed that the time and energy required to maintain good understanding of what services and support is available should not be underestimated.

Organisations need to establish good ways of sharing data internally as well as with external partners to stay up-to-date with what is available in the community. It will also be important for authorities establishing databases of community assets to create create mechanisms to support regular updating so that these remain current.

Case study: Local Area Coordinators

Local Area Coordination is an evidence-based approach which works for people of all ages including those often labelled as having complex needs.

Local Area Coordinators are based in community venues so they are easily accessible to people in the areas they work. They work across England and Wales in small areas of no more than 15,000 people so that they can get to know the community and the people within it.

They spend time supporting community-building by learning about the skills and activities available within the community and build their local connections, as well as working with individuals.

They work alongside people to build a vision of a good life and take a strengths-based approach[44] to identifying practical solutions to any problems. They also help people to plan or solve problems as a family or with friends where that makes sense to them.

Coordinators try to support local or non-service solutions wherever possible, and focus on what the person can do for themselves using their skills and experience; as well as the help that friends, family and the local community can provide.

For more information visit: **lacnetwork.org**

Case study: DEWIS

Dewis Cymru is an online resource where information about wellbeing and local services which provide wellbeing-related services or support can be accessed. It includes a section focusing on 'being social' which includes links to different clubs, outdoor activities, volunteering opportunities, befriending schemes and more.

It was established in response to the Social Services and Well-Being Wales Act (2014), aiming to provide people with more choice and control.

The database is not only intended to be used by patients and carers, but also by healthcare professionals and social services. Although anyone can register a service or activity on Dewis, these only become accessible once approved, and regular checks are conducted to keep the database up to date.

For more information visit: **dewis.wales**

Learning from connector services

- **You'll need local knowledge and connections to find the right support for people in all their diversity. It can be helpful to recruit people from the local area who already have this knowledge**
- **Databases are helpful, but they need to be kept up-to-date, and they are not enough on their own**
- **Specialist and hyper-local services may find it easier to keep up-to-date with what's available**
- **Don't underestimate the time and effort required to keep up-to-date with changes in community infrastructure and resources, and the impact these changes have on people experiencing loneliness**

Connecting people

Most connector services aim to enable the individuals with whom they work to progress from discussing concerns, making plans and accessing services with the support of their connector to, eventually, connecting independently with their community.

However, our discussions uncovered that many connectors were facing increasing challenges in identifying and accessing appropriate support for their service users, due to the depletion of the social infrastructure of their communities and increasingly restrictive eligibility criteria.

Gaps were identified in services which directly support people to develop social connections such as befriending services, leisure services, adult learning opportunities; and also in practical support services, including housing advice and benefits support, health and care services such as mental health support and respite care for carers. This reflects a year on year reduction in local authority spend on prevention.[45] These gaps in community resources pose a major challenge to the success of connector services.

Connector services cannot themselves address gaps in major infrastructure such as transport, community meeting spaces, or social care services. Some services have been able to mitigate losses by integrating community development and community capacity building approaches into their service models and by working with existing services and assets.

In these approaches, service users were encouraged to come together with others to develop their own community-led solutions, building on existing strengths and resources in the community.[46][47] Taking an asset-based approach, in which the starting point is a conversation about what strengths and resources are available to an individual, was seen as an important way

of enabling individuals to find their own solutions. However, some found their commissioners and funders did not appreciate the need for these approaches, and therefore struggled to attract funding for this work.

Other helpful approaches to addressing gaps in community provision included linking with businesses, which may be able to offer space for social activities and groups as well as funding, and this was identified as a potential growth area by several services. Other services reported being able to unlock capacity by partnering with other providers in the community, for example linking with sheltered housing providers to gain access to communal spaces for community events.

Case study: Rotherham Social Prescribing Service

The Rotherham Social Prescribing Service helps adults over the age of 18 with long term health conditions and mental health issues to improve their health and wellbeing by helping them to access community activities and services. Many of the patients referred to Social Prescribing are socially isolated and lonely.

The Rotherham Social Prescribing Service model is delivered by Voluntary Action Rotherham (VAR) in partnership with over 20 voluntary and community organisations.

The core team of VCS Advisors (Social Prescribers) at VAR receive referrals of targeted long-term condition patients from integrated case management teams in Rotherham GP Practices. In addition, the team receives referrals of patients currently in secondary mental health services from Community Mental Health Teams. Patients and carers in need of support are then assessed and linked up with resources in the community or statutory services if needed.

In order to meet the needs of service users, the scheme also administers grants for voluntary and community sector service providers, some of which help set up groups, activities and services within local communities where gaps are identified.

Research by Sheffield Hallam University has shown that since 2012, there have been 1,207 onward referrals to community services, 616 of which were in receipt of funding through the grant scheme. The evaluation also underlines an overall increase in range, scope and volume of services available within the targeted communities, highlighting Rotherham Social Prescribing as a promising example for 'micro-commissioning' approaches.

For more information visit: **rotherhamccg.nhs.uk/social-prescribing**

Learning from connector services

- **Adopting an asset-based approach to working with individuals can be effective in helping people to navigate gaps in local services, and to find their own solutions**
- **Integrating community development and community capacity building approaches into connector programmes is important, particularly in communities where infrastructure has been depleted**
- **Linking with businesses, sheltered housing providers, local care homes and others can help unlock additional capacity**

Measuring outcomes

Evaluating the impact of connector services was felt to be vital to ensuring their sustainability, development and spread across the country. Gathering quantitative data on the impact of loneliness initiatives was identified as a challenge for many services for several reasons, including:

- Finding the time or resources to develop, or use existing, measurement frameworks and systems

- Encouraging individuals who access services to complete evaluation forms and other surveys

- Reluctance among frontline staff to utilise agreed measurement frameworks and inconsistencies in the application of measurement frameworks

While some services experienced challenges in encouraging service users to complete surveys and evaluation forms, there was growing recognition of the importance of building the evidence base. We heard this from several organisations that had used, or were using, tools such as the UCLA loneliness scale[48] to assess levels of loneliness among service users, including Age UK, the Reconnections scheme, and the British Red Cross Community Connectors.

Participants highlighted the importance of training for frontline staff to manage the often-sensitive conversations involved in measuring loneliness with service users. Training was felt to be particularly important to equip staff to undertake baseline measurements, due to the need to ask sensitive questions before having established a relationship with a service user.

There was strong support for the development of common measurement frameworks and tools across services, such as those developed by the Campaign to End Loneliness, to support simpler evaluation.[49]

Connector services reported challenges in measuring other impacts of their work such as health outcomes and sharing data between the health system and voluntary sector organisations. Some organisations such as AgeUK have made progress towards measuring health outcomes, and the Glasgow Links Worker scheme has managed to establish data sharing arrangements, although this has been time consuming.

Participants highlighted that commissioners' requirements for evaluation could often be challenging to understand and to meet. Connector services explained that it could be difficult to know what measures of success would be most likely to persuade commissioners to provide sustainable funding.

While quantitative data was recognised as important, learning programme participants highlighted the value of gathering qualitative evidence too, especially in relation to loneliness, which is by its nature a highly individual and subjective experience. Case studies were thought to be a particularly effective way of communicating the impact of services, although maintaining service user anonymity was highlighted as an important consideration.

Case study: Reconnections

The Reconnections scheme aims to help people over 50 in Worcestershire improve their health and wellbeing by tackling the causes of loneliness and social isolation. The service provides a tailored approach, starting with a joint plan and then through a volunteer helping them connect with activities or services in the local community they are interested in. Age UK Herefordshire and Worcestershire is the lead delivery partner.

The scheme has found that people have a very wide range of needs, and benefit from an approach which starts with their interests and aspirations rather than a prescribed set of options. While some people can re-engage quickly, many need long term support and confidence building.

Reconnections is funded through a social impact bond, with payments linked to reductions in loneliness as measured on the UCLA scale. Measures of loneliness are taken at the start of service and after six and 18 months. Reconnections has consistently seen better than expected reductions in loneliness measured on the UCLA scale among its participants, but their experience has demonstrated that to gain a complete picture of service impact it is helpful use the UCLA scale alongside other measures such as wellbeing and satisfaction with the service.

For further information visit: **reconnectionsservice.org.uk**

Case study: Campaign to End Loneliness guidance

The Campaign to End Loneliness has developed guidance to support services in choosing an appropriate tool with which to measure their impact on loneliness.

The guidance includes a tool developed by the Campaign to End Loneliness in partnership with older people and service delivery organisations which is framed in positive terms.

For more information visit:
campaigntoendloneliness.org/measuring-loneliness

Learning from connector services

- **Don't underestimate the challenges involved in persuading frontline staff and volunteers to ask the questions needed to complete surveys and evaluation forms. It takes time to build the trust needed to deliver good outcomes**

- **Frontline staff will need training and support to use measurement tools effectively**

- **There are tried and tested tools available for measuring impact – including the UCLA loneliness scale and the Campaign to End Loneliness tool – take a look at the guidance, or ask someone who has already done it**

- **Don't forget to gather qualitative as well as quantitative evidence of impact – tell people's stories**

- **Establishing data sharing protocols with health services and other statutory services can be very helpful, but takes time**

The bigger picture – challenges requiring wider action

As well as identifying learning that can be applied directly by providers of connector services, the programme also uncovered challenges which require wider action from other service providers, funders, commissioners, local authorities and local public bodies, and the UK government and devolved administrations.

Through our discussions five core challenges emerged. These were:

- **Funding**

- **Complex cases**

- **Community infrastructure**

- **Relationships**

- **Language and stigma**

The following section explores these challenges and considers what action is needed.

Sustainable funding

A key challenge that emerged throughout the shared learning events was the ability to find sustainable funding for connector services, and to ensure that funds are used to support existing services, rather than reinventing or duplicating them.

Many services found it challenging to find sustainable funding for a range of reasons, including:

- **Changes within funding and commissioning bodies**, making it more challenging to identify sources of funding

- **Shifting priorities of funders and commissioners**, forcing providers to adapt to meet new requirements, or to loss of funding

- **Funding available is often short term**, making it difficult to sustain ongoing projects or further develop services

- **Some target cohorts are less well-known or understood than others**, which can result in a lack of funding to meet their needs – this was highlighted as a particular issue for services for refugees, and people with mental health issues

- **Funders are not always willing to cover staff costs or training** which can result in an overreliance on volunteers

- Funding pressures for **services into which community connectors may refer individuals**

While securing long-term funding is a widely recognised challenge across sectors, some challenges emerged as particularly impacting connector services.

For example, many services participating in the learning programme were funded as **pilot programmes** through charitable sources. This approach provided the opportunity to prove the effectiveness of the models and encouraged those running services to consider how they could be improved. However, learning programme participants also reflected that this approach led to concerns about the availability of sustainable funding, given pressures on statutory services.

Several learning programme participants highlighted a change in their funding source from local authority funding (usually under adult social care) to clinical commissioning group contracting (sometimes also moving from grant funding to tendering for service contracts). While new funding was welcome, providers worried new funders could bring **new requirements**, and could lead them to move away from successful service models.

A particular concern was that an **extra focus on health outcomes** might militate against some of the more person-centred and relational aspects of services, and/or community development activities. Participants were clear that the growing interest in **social prescribing,** while very welcome, needed to be harnessed to support the further integration and development of existing connector services. Furthermore, participants emphasised the importance of continuing to focus on improving outcomes for individuals, rather than shifting to services defined in terms of health-system-oriented goals such as reducing admissions etc.

There was a clear sense across participants that funders and commissioners could do more to work together to provide **support to tried and tested models**, such as Community Connector schemes, with existing community links, rather than always pursuing new model.

Participants also suggested that a clearer focus among funders and commissioners on a **small set of measurable outcomes** which could be measured across a range of different services would be helpful. This would enable more effective data collection and give providers the ability to flex models to meet local needs.

Funding is likely to remain a continued concern for services. As the UK Government and devolved administrations continue to develop strategies for loneliness, considering how to create **long-term funding streams** for connector services should be a priority.

Overcoming the funding challenge

- **Funders and commissioners should:**
  - **work with providers of existing connector services to understand how they can build on and develop what already works**
  - **work together to smooth transitions in funding**
  - **work with providers to develop shared approaches to outcomes measurement**
- **The UK Government and devolved administrations should consider how they can support the development of long-term funding streams for connector services and support the development of consistent evaluation frameworks.**

Complex cases

The experience of our learning event participants reflected a theme which also emerges from the literature – that people who use connector services often have complex needs including entrenched loneliness, alongside a host of related needs – many of which are both causes of isolation and loneliness and are exacerbated and complicated by it.[50]

The growing complexity of needs among service users presented challenges for many service providers. Learning programme participants reported that the cohort of individuals being referred into, or referring themselves into, their services had changed over time, while others had found that their service users' needs were more complex than had been envisaged when the service was developed. Many participants felt this was because of the **growing pressure on other services** within the community, and a lack of alternative sources of support for the individuals with whom they worked.

Participants highlighted **a lack of mental health services** as particularly impacting referrals to connector services. This was a challenge because, in most services, staff and volunteers are not trained to support people with mental health needs. **Gaps in social care** services were also thought to be leading to an influx of more complex cases.

In some cases, schemes had experienced significant changes in their case load in direct response to the **closure of another local service**. Learning programme participants highlighted that the implications of service reductions or closures for other local providers were not always taken into account by local commissioners when decisions about provision were made.

Inappropriate referrals were also a challenge for some services, with participants particularly flagging issues around inappropriate referrals from health professionals (such as GPs). In some cases, this manifested in people who were not lonely being referred to services specifically aimed at tackling loneliness; and, in others, a failure to refer to specialist services where these would be more appropriate, such as mental health services.

Improving links between health services, social care, the police, mental health service providers, and connector services was thought to be one way of addressing challenges around inappropriate referrals and complex cases. Some services also reported that they had seen positive results from **opening up dialogues** around case complexity with other service providers including social workers. For example, one scheme had been able to agree with social workers that individuals' cases would be kept open while they worked with connectors, to enable rapid transfer back to social workers should more intensive interventions be required.

However, providers were clear that establishing these relationships took significant time and resource. Furthermore, restrictions on sharing data – particularly in the light of GDPR – were felt to be a potential barrier to this work.

Similarly, while some providers had managed to establish open dialogues with their commissioners, and to secure **flexible contracts** that could be altered to account for changes in service user profiles, other services faced competitive tendering environments that militated against open dialogue.

Participants expected to continue to face challenges around case complexity as long as gaps in funding for services and community infrastructure remained. This will have ongoing implications for the caseloads providers can take on, the time needed to work with individuals and the training required for staff and volunteers. It is imperative that commissioners and funders of connector services consider these wider dependencies when drawing up contracts with scheme providers.

It is clear that efforts to address loneliness cannot go forward in isolation, and that wider policy decisions impact not only on levels of loneliness, but also on the effectiveness of loneliness interventions. As the UK Government and devolved administrations continue to develop strategies for tackling loneliness they should consider the impact of wider service gaps on efforts to address loneliness, especially transport, mental health and adult social care.

Addressing case complexity

- **Connector services should be planned and developed in the context of a wider web of services and support for people experiencing loneliness and social isolation in the community, and mindful of what other services and support exists for people with complex needs**

- **Local authorities should facilitate open dialogue between the range of agencies supporting people with complex needs, including health, social workers, police, mental health professionals and community connectors, to develop agreed ways of supporting people with the most complex needs**

- **Commissioners and funders of connector services should consider how to ensure contracts with connector scheme providers are realistic about the complexity of the needs of people experiencing loneliness and social isolation, and include mechanisms for adjusting service specifications in response to changes in the profile of individuals accessing support**

- **The UK Government and devolved administrations should consider the impact of wider service gaps on efforts to address loneliness**

Community infrastructure

The learning programme encountered a number of connector services which were struggling to find appropriate support for the individuals with whom they worked in their communities.

Participants expected to continue to face challenges in identifying appropriate support in the community until wider **gaps in funding** for services and community infrastructure were addressed. As the UK Government and devolved administrations continue to develop loneliness strategies they should consider how to address the depletion of key community resources such as transport and community meeting spaces, and how to ensure that services which enable and support social connection are valued.

In the meantime, it will be important for commissioners and funders to consider these **wider dependencies** and their impact on both the effectiveness and throughput of connector services when developing plans.

A key message for commissioners and funders is to be mindful of the fact that connector services are 'foundation services' and often the first step toward reducing loneliness. They can only operate effectively if there is a wider web of services and support in to a community to which they can link people. [51]

Addressing gaps in community infrastructure

- **Funders and commissioners should recognise the wider dependencies of connector services on community infrastructure, and reflect this in setting expectations for throughput and outcomes**
- **Connector services should be planned and developed in the context of a wider web of services and support for people experiencing loneliness and social isolation in the community**
- **The UK Government, devolved administrations and local government should consider how to address the depletion of key community resources such as transport and community meeting spaces, which directly impact on those experiencing loneliness**

Relationships

The ability to form trusting relationships between the connector and the service user is key to the success of connector services.

However, many providers shared that building **relationships across organisational boundaries** was a significant challenge to their effectiveness.

There were a number of reasons for this, including:

- The overlap between similar services and limited pockets of available funding leading to **competition for funding, volunteers or service users**

- The **breadth of cultures** across organisations, and within health and care services in particular, can be challenging to navigate

- A **lack of understanding** about what a connector scheme provides or who is involved, leading to a reluctance to refer into such services, or over reliance upon them.

Building relationships with the services which refer into connector schemes and into which connectors refer people is vital, but takes time and resource to do well.

The learning programme has helped to define a 'family' of 'connector services', which, while subtly different, play a similar role and work in a similar way. We have brought this family together to share learning and experience, and to build on what they share. An interesting challenge which emerged during the learning programme was the confusion and tension that can arise in **communities where several connector-type models are in place**. For example, where community-based services, social prescribing services, *and* specialist connector services, funded through a range of sources and with slightly different outcomes and emphases, are working in the same community.

Providers in these areas recognised that, particularly in the context of capacity challenges, the existence of multiple services was, overall, a good thing. However, it could create confusion about where best to seek help among those needing or referring into support. The challenge of similar services bidding for the same funding sources was also raised.

One solution is for commissioners and funders to be more mindful of the overlaps between such services and to ensure that funding is driven into **improving the capacity, reach and offer** of current services rather than building new ones. In addition, for services themselves the importance of ensuring clear and consistent language to describe their role and remit was raised.

Where multiple services already exist, providers recognised their own responsibilities to **develop relationships between connector services and wider community services**, so that clear protocols can be established for how best to meet needs.

Participants also pointed out that trusting relationships would be vital to ensure services are able to openly recognise strengths and weaknesses in identifying and reaching potential service users and address these gaps.

However, **time and resource are required to enable and facilitate connections between services**, and participants argued that this needed to be built into funding models. It was therefore clear that commissioners and funders have a crucial role to play in fostering and enabling collaboration across organisations.

Supporting collaboration between services

- **Commissioners and funders should encourage collaboration rather than competition between connector services – for example by encouraging partnerships - and should ensure that they provide enough funding to give organisations the staff time needed to engage in relationship building and collaboration**
- **Funders and commissioners should be mindful of existing connector programmes by carrying out local asset mapping and should seek, where possible, to enable development and growth rather than promoting duplication**

Language and stigma

The stigma attached to loneliness and the challenge this presents for services seeking to address the issues was a consistent theme across our learning events.

The fact that loneliness and social isolation are surrounded by stigma can result in people being reluctant to access services[52], can make it difficult to surface and address issues around loneliness, and can present challenges for measuring impact of services (particularly at the baseline stage).

While connector services recognised that they could play a role in addressing stigma, through **sensitive communication** and marketing of their services, and in the way in which they talked to service users about these issues, they felt that wider societal action was needed to break down these barriers.

Addressing stigma requires **a nuanced approach**. Providers recognised that the stigma of loneliness was such that often it was better to present service offers in positive terms – emphasising friendship and connection rather than loneliness and isolation[53].

However, at the same time, they argued that it was important not to shy away from 'the L word', and that **talking about loneliness** openly was an important part of breaking down stigma. Several participants also reported that the people with whom they worked often felt relieved to have the opportunity to openly discuss their loneliness in a non-judgemental environment, to have the opportunity to name their experiences, and to have the issue addressed directly.

Some participants expressed concern that efforts to draw attention to the scale and seriousness of loneliness sometimes had the unintended consequence of further stigmatising those who experience it. It was felt important **not to 'pathologise' loneliness**, but instead to recognise it as a normal part of life.

Many felt that tackling stigma required **large scale campaigning** activity to raise awareness and address negative stereotypes. Several participants pointed to the success of campaigns like *Time to Change*[54] in mental health, which they felt had been effective in changing attitudes.

Addressing the stigma of loneliness

- **Service designers and providers should consider how the language they use to describe services will affect not only individuals' willingness to access services but also people's overall perceptions of loneliness and the people who experience it**

- **Commissioners and funders of loneliness initiatives should ensure that their language is sensitive to the stigma of loneliness and does not unnecessarily pathologise the issue**

- **The UK Government and devolved administrations, as they draw up their strategies on loneliness, should consider how to support cultural change in attitudes towards loneliness, and to break down stigma**

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