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# Building companionship:

how better design can combat loneliness in later life

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This report draws from the results of two surveys – the first was an independent survey carried out in December 2015 by Voluntas of 2,422 McCarthy & Stone homeowners exploring life in McCarthy & Stone developments; the second was an omnibus survey of 2059 members of the British general public, run by Populus Data Solutions during 9th-10th March 2016, posing a series of questions regarding socialising, loneliness and community spirit.

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# Executive Summary

## Context

This report explores the issue of loneliness in later life: the scale and nature of the problem; the impact on health and potential costs to the state; what is most effective in combatting loneliness for older people; and, importantly, why it might be that older people living in specialist age specific housing (retirement housing, extra care, assisted living and so on) tend to feel far less lonely than their counterparts in general housing. Demos is carrying out this work with the support of McCarthy & Stone, the retirement housing provider, to better understand how loneliness can be tackled and what factors of retirement housing contribute to older people feeling less lonely and building better social networks. For this report, Demos reviewed the evidence regarding loneliness in later life, interviewed a small number of McCarthy & Stone homeowners about their social lives before and after moving into retirement housing, and commissioned a survey of the public – the findings of which we directly compared with a survey McCarthy & Stone has recently carried out with their homeowners where some of the key questions related to social networks and companionship. McCarthy & Stone are interested in to what extent, and why, older people are less lonely in retirement housing, and whether lessons might be learnt for wider aspects of policy, such as neighbourhood planning – to help older people become more socially connected and feel less lonely regardless of where they live.

## Tackling loneliness

Evidence suggests loneliness is a large and growing problem among older people, and particularly so for the older old (i.e. over 80s). Risk factors associated with a greater sense of loneliness include poor health, living alone, being widowed, and having limited social, civic and cultural networks. All of these risks tend to increase with age. As such, people over 80 are almost twice as likely to report feeling lonely most of the time compared to their younger counterparts (14.8% of 16-64s report this, compared to 29.2% over the over 80s).<sup>1</sup>

The impact of loneliness on one's health is significant and well documented – from poorer mental health to a greater risk of falling and hospitalisation. This, in turn, has obvious cost implications for the NHS, social care and wider economy, though no one has yet quantified the country-wide “cost” of loneliness in later life. However, schemes which have sought to tackle loneliness on a small scale have consistently shown a positive impact and associated cost savings in reducing falls and hospitalisations, to the tune of around £3 saved for every £1 invested in reducing loneliness.

The most effective interventions to tackle loneliness among older people tend to have three things in common – they work on a group basis, they focus on a common interest or activity, and they allow for the involvement of older people in their planning or implementation.

## Housing and loneliness

Older people living in specialist age-specific housing (such as retirement housing and extra care assisted living developments) tend to report being less lonely than their peers. For this report, we compared the findings of a large survey of McCarthy & Stone homeowners with a survey of the general public asking comparator questions. The findings are conclusive – McCarthy & Stone homeowners (whose average age is c.80) are much more likely than older people in general to say they have socialised recently, to report feeling a sense of community, and to say there are enough social events for them to enjoy.

There are a variety of explanations for this – for example social engagement in retirement housing developments tend to have the three features of successful schemes to combat loneliness, outlined above. However, the evidence also points to the importance of shared and communal space and facilities to encourage social engagement, as well the design of retirement housing which promotes mobility and better health (enabling older people to leave their homes and socialise in a safer way) and less time spent on maintenance (allowing more time for socialising and leisure). The factors present in retirement developments could be described as either “people” (an inclusive community ethos and pro-active staff and homeowners who encourage others to participate and arrange activities) or “place” (the design of communal space etc).

<sup>1</sup> [http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766\\_418058.pdf](http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_418058.pdf)

Total agreeing to the following statements	Whole population – all ages (n = 2,059)	55-64s (n = 297)	65-74s (n = 382)	75+ (n = 80)	McCarthy & Stone homeowners (n = 2,422)
There is a sense of community among the people who live in my housing development/neighbourhood or street	49%	42%	58%	51%	85%
I have made new friends and socialise more since moving into my apartment	–	–	–	–	70%
I have made new friends in the last 12 months	66%	51%	63%	56%	–
There are sufficient social events (for my age group)	38%	36%	53%	56%	73%
I have socialised very often with family or friends in the last 12 months	35%	33%	44%	46%	–

## Implications for policy makers and practitioners

Tackling the growing problem of loneliness among older people is both a social and economic priority – the implications for spending on health, care and support services for socially isolated older people, at a time where budgets are already stretched, are such that the case for preventative and lower level “social fixes” to tackle loneliness (and its health implications) is compelling. The recommendations in this report consider how policy makers and practitioners might learn from the common features of the most effective housing-related interventions in tackling loneliness, but also how the features of specialist retirement accommodation – where older people report to be far less lonely – might be encouraged more widely. Many older people are interested in a move to age-specific housing developments (certainly with demand outstripping supply),<sup>2</sup> though it is far from the case that such housing would be able to meet the needs of all older people, particularly as many older people will want to stay in their current family home for as long as possible. As such, it is important to consider what we might learn from what can be achieved in housing developments and apply this even more widely to neighbourhood planning.

## Recommendations

- Apply a “city for all ages” approach to neighbourhood planning and Local Plans, including sufficient age-appropriate housing, communal space and transport to enable older people to remain socially, physically and mentally active
- Create older people’s “social agents” to encourage active citizenship among older people to encourage people to socialise and engage in activities
- Recognise the health and care costs associated with loneliness and isolation in Joint Health and Wellbeing Strategies and develop commissioning strategies which might tackle this social issue as a public health challenge
- Bring local businesses on board to create opportunities for older people to meet and socialise – in particular retail, hospitality and leisure
- Ensure the Digital Inclusion Strategy and local schemes recognise the internet as a social vehicle and gateway
- Encourage local authorities and housing schemes to develop a social media presence for older people to develop social networks
- Help ensure demand for retirement housing is met – by helping older people to access retirement housing, loneliness and isolation might also be reduced
- Ensure retirement housing developments have the right design and ethos to create sociable communities, based on the evidence of good practice.

<sup>2</sup> Wood, C; Top of the Ladder, Demos 2013

## Concluding thoughts

There are three factors that need to be taken into account when considering housing and its role in combatting loneliness among older people. The evidence is indisputable that:

- 1) Appropriate housing can make a real difference to an older person's physical and mental health, and to their sense of loneliness and isolation.
- 2) Those older people living in age-specific housing (retirement housing and extra-care settings) report feeling substantially less lonely and more socially active than their counterparts in private housing (see above).
- 3) There is latent demand for retirement housing which is not being met with current levels of supply.<sup>3</sup>

Nonetheless, it is important to recognise that the majority of older people will remain in private housing and might not consider downsizing or moving to specialist housing. Yet there is still a compelling argument to be made that, by helping to boost the supply of retirement housing, loneliness and isolation among older people might also be reduced. Surveys consistently suggest that around quarter to a third of older people would be interested in moving to retirement housing,<sup>4</sup> and Demos has explored the mismatch of supply and demand of retirement housing in previous research – concluding that national and local policy makers could do much more to help unlock supply and boost the development and availability of age appropriate housing for older people keen to downsize.<sup>5</sup>

For people who will never move to specialist housing, the right neighbourhood planning and use of social agents – a “people and place” strategy – will be central to tackling isolation. The fact that older people living in retirement developments report to be significantly less lonely and more socially engaged, and also healthier, ought to be taken into account when policy makers at national and local level seek to tackle loneliness among older people. There are important lessons that might be learnt from the approaches to social engagement and activities that could be applied community wide – the following report helps open this debate.

3 Top of the Ladder, Demos 2013; A Better Fit, Shelter 2012

4 Ibid

5 Ibid

# Chapter 1 – the rise of loneliness

Loneliness looms large in the lives of older people across the UK. Over a million older people say that they always or often feel lonely – with those over 80 almost twice as likely to report feeling lonely most of the time compared to their younger counterparts (14.8% of 16-64s report this, compared to 29.2% over the over 80s).<sup>6</sup> Around a fifth of older people (17%) are in touch with family, friends and neighbours less than once a week. Around 2 million people over 75 live alone and 1.5 million of these are women.<sup>7</sup> 12% of older people report feeling trapped in their own homes, 6% leave their homes less than once a week.<sup>8</sup>

Moreover, loneliness and isolation among older people seems to be growing. Long-term social trends such as increasing divorce rates among the over 60s and more geographically dispersed families will contribute to increasing the number of people living alone in later life. According to a BBC study<sup>9</sup>, British society has become more geographically and demographically segregated since the 1960s, and as a result, people are experiencing ‘stronger feelings of isolation and weaker feelings of “belonging”’. This was measured through an indices of ‘anomie’<sup>10</sup>, and was cited as the reason behind communities becoming ‘less rooted’ in every region of the UK since 1971. The study concluded that ‘the social glue and cohesion has been weakening and Britain has been steadily moving towards a slightly more atomised society with each decade that passes’. Reasons that could explain this trend were greater prosperity and better access to transport, which have made it easier for people to move for employment, retirement, and a better quality of life. The decline in marriage, increasing divorce, immigration and a growing student population were also cited as having contributed to the segregation<sup>11</sup>. A Bupa study<sup>12</sup> found that ‘adults over 35 now live nearly an average 100 miles, or a two-hour drive, from their older parents. People in London have the furthest to travel, living an average 205 miles away’. Furthermore, according to the Royal Voluntary Service, ‘distance is shown to have a clear impact on how often older people see their family, with the frequency of children visiting their parents decreasing the further away they live: of those whose children live an hour’s drive away or more, almost half (48 per cent) are visited just once every two to six months<sup>13</sup>.’

Declining community spirit is another important factor. An ONS survey<sup>14</sup> found that only 55% of adults aged 16 and over in the UK agreed or strongly agreed that friendships and associations with other people in their community meant a lot to them, meaning a significant number do not see community relationships as important. A Mental Health Foundation study<sup>15</sup> drew attention to the decline of local services as a contributing factor to declining community spirit, explaining that ‘at the heart of old-style communities were local services such as post-offices, but these have declined. The closure of post offices all over the UK has had an impact on people for whom they were a focal point of the community’. The report cites a study in Wales,<sup>16</sup> which showed that the closure of post-offices meant that older people, as well as disabled people and those with health problems, felt more ‘neglected’ due to the loss of ‘space for social interaction, information and advice’ that the post office had provided.

The ILC report ‘The State of Intergenerational Relations Today’<sup>17</sup> also found that intergenerational co-residence is in long-term decline:

*‘Surveys from the 1950s and 1960s found that between one third and one half of elderly people in the UK lived in a household containing one of their children. By the 1990s, this proportion was closer to 5-15%. By extension, it can be surmised that the number of households containing a grandchild and grandparent must also be declining’.*

Thus, older people are becoming increasingly less likely to live with their family, which may be expected to have an impact on increasing loneliness amongst older people. Nonetheless, Friends of the Elderly asserts that older peoples’ contact with their children ‘has been stable in recent years’, and that ‘today’s grandparents have an ever-greater role in the lives of grandchildren’, evidenced by the fact that grandparents are taking an increasing role in the childcare of their grandchildren<sup>18</sup>. In the following chapter we will see that many older people who had moved into retirement housing reported doing so in order to live closer to their children.

6 [http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766\\_418058.pdf](http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_418058.pdf)

7 [http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later\\_Life\\_UK\\_factsheet.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true)

8 [http://www.local.gov.uk/web/guest/publications/-/journal\\_content/56/10180/7666327/PUBLICATION](http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/7666327/PUBLICATION)

9 [http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/01\\_12\\_08\\_changinguk.pdf](http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/01_12_08_changinguk.pdf)

10 A sociological term to describe the feeling of “not belonging”

11 <http://news.bbc.co.uk/1/hi/uk/7755641.stm>

12 <http://www.bupa.co.uk/Newsroom/OurViews/Scattered-families-make-aged-care-decisions-harder>

13 [http://www.royalvoluntaryservice.org.uk/Uploads/Documents/How\\_we\\_help/loneliness-amongst-older-people-and-the-impact-of-family-connections.pdf](http://www.royalvoluntaryservice.org.uk/Uploads/Documents/How_we_help/loneliness-amongst-older-people-and-the-impact-of-family-connections.pdf)

14 [http://www.ons.gov.uk/ons/dcp171766\\_394187.pdf](http://www.ons.gov.uk/ons/dcp171766_394187.pdf)

15 <http://www.mentalhealth.org.nz/assets/ResourceFinder/the-lonely-society-report-MHF-UK.pdf>

16 [https://www.nao.org.uk/wp-content/uploads/2009/06/0809558\\_Ipsos\\_Case\\_Studies\\_Area4\\_Report.pdf](https://www.nao.org.uk/wp-content/uploads/2009/06/0809558_Ipsos_Case_Studies_Area4_Report.pdf)

17 Lloyd, James: The State of Intergenerational Relations Today, ILC 2008 [http://www.ilcuk.org.uk/index.php/publications/publication\\_details/the\\_state\\_of\\_intergenerational\\_relations\\_today](http://www.ilcuk.org.uk/index.php/publications/publication_details/the_state_of_intergenerational_relations_today)

18 The report cites Michael Wilmott & William Nelson, Complicated Lives, Wiley, 2004, and Jonathon Gershuny, Changing Times, OUP, 2003. [http://www.fote.org.uk/wp-content/uploads/2014/07/2014\\_03-FOTE-Future-of-loneliness-Report-low-res-without-crops.pdf](http://www.fote.org.uk/wp-content/uploads/2014/07/2014_03-FOTE-Future-of-loneliness-Report-low-res-without-crops.pdf)

## Who are the lonely?

Loneliness is relatively common in later life, but certain groups of older people appear to be more affected than others. An Age UK meta-review found the following groups to be most at risk of experiencing loneliness<sup>19</sup>:

- The oldest old
- Older women
- People who live alone
- People who are bereaved, separated or divorced
- People living in residential care
- People with poor health, reduced mobility, cognitive impairment, and sensory impairment
- Older people from ethnic minorities, or for whom English is not a first language<sup>20</sup>
- LGBT older people.

According to the most recent ONS *Insights into loneliness, older people and wellbeing*<sup>21</sup>, 30.8% of people (all ages) who live on their own report high levels of loneliness, compared to 12.6% of people who do not live on their own – living alone more than doubles the chance of feeling lonely. WRVS research found that older people who live alone also have less frequent contact (either face-to-face or over the phone/internet) with their adult children, even though they are more in need of it than older people who live together as a couple/with other relatives<sup>22</sup>.

This was borne out in the polling carried out for this research – which found that of the over 55s in the survey sample, those who were married, in civil partnership or cohabiting were far less likely to feel lonely ‘very often’ (21%) than those who were widowed, separated or divorced (40%), while those with a longstanding condition or disability were much more likely to feel lonely very often (14%) than those without (2%).

As the population continues to age, so too will these particular sub-groups most at risk of feeling lonely. For example, increasing numbers of older people will be living longer with multiple health conditions, while the number of people living into their 80s and 90s (the “older old”) is set to increase dramatically, with the number of people over 85 projected to double within the next 23 years, to more than 3.4 million by 2040<sup>23</sup>.

Recent analysis of the 2015 wave of the ONS Opinions and Lifestyle Survey found that levels of loneliness are slightly *lower* in the 65-79 age group compared to the working age population, but shoot up in the 80 plus age group. People aged 80 and above were twice as likely to report feeling lonely on a daily basis as people aged 65-79, with a third of the 80 plus age group reporting high levels of loneliness in their daily lives, compared to 14.5% of people aged 65-79<sup>24</sup>.

### Proportion of people who report feeling lonely in their daily life by age group, 2014 to 2015

Great Britain	Reporting very low levels of loneliness	Reporting high levels of loneliness
16 to 64	55.7%	14.8%
65 to 79	62.4%	14.5%
80 and above	43.4%	29.2%

Source: Opinions and Lifestyle Survey (OPN) – Office for National Statistics

There are many reasons that might explain why the 65-79s feel slightly less lonely than their working age counterparts. For example, they may be enjoying the early years of retirement with good health by engaging in leisure pursuits, or they may simply be playing a more active role in caring for their grandchildren (as mentioned above). On the other hand, the ‘very old’ may well be feeling the impact of poor health or limited mobility, and the risk of bereavement, or living in residential or nursing care increases. Whatever the precise reasons, it is clear that loneliness (and the risk factors associated with increased loneliness) increase with age.

19 <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf?dtrk=true>

20 Bolton, M. (2012) Loneliness: the state we're in: a report of evidence compiled for the Campaign to End Loneliness, Abingdon: Age UK Oxfordshire.

70 Victor, C., Burholt, V., and Martin, W. (2012) ‘Loneliness and Ethnic Minority Elders in Great Britain: An exploratory study’, J Cross Cult Gerontol, 27, pp. 65–78; both cited in <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf?dtrk=true>

21 ONS, 2015, Insights into loneliness, older people and wellbeing

22 [http://www.royalvoluntaryservice.org.uk/Uploads/Documents/How\\_we\\_help/loneliness-amongst-older-people-and-the-impact-of-family-connections.pdf](http://www.royalvoluntaryservice.org.uk/Uploads/Documents/How_we_help/loneliness-amongst-older-people-and-the-impact-of-family-connections.pdf)

23 National population projections for the UK, 2014-based, Office for National Statistics, 2015

24 [http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766\\_418058.pdf](http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_418058.pdf)

An Age UK meta-review<sup>25</sup> also highlighted the connection between social exclusion and the likelihood of feeling lonely, as they found that ‘overall exclusion was a significant predictor of wellbeing and loneliness.’

The charity pointed to evidence from ELSA 2002 and 2008 surveys, which found social exclusion to be characterised by the following seven domains:

- 1) social relationships;
- 2) cultural;
- 3) civic activities and access to information;
- 4) local amenities;
- 5) decent housing and public transport;
- 6) common consumer goods;
- 7) financial products.

A comparative analysis of results from 2002-2008 concluded that ‘experiencing exclusion in three or more of these areas [is] associated with almost a three-fold increase in the risk of becoming lonely’. Similarly, ‘social detachment’, where people consistently fail to engage in social activities, was found to be a problem for a significant number of older people, according to analysis of ELSA data<sup>26</sup>.

Participation is classified by ELSA into four main domains:

- 1) civic participation: membership of political party, trade union, neighbourhood watch, church, volunteering.
- 2) leisure activities: education, arts activities, social or sports club, gym, etc.
- 3) cultural engagement – going to cinema, art gallery, theatre, etc.
- 4) social networks – not having or not being in contact with friends, family, children.

The analysis found that 20% of older people are detached from 3 or more domains, 50% are detached from civic participation and leisure activities, and 5% detached from social networks.

Although the impact of social detachment on feelings of loneliness was not measured in this study, it seems logical to assume that such factors would have some impact on older people and their wellbeing; and as the report states: ‘Older people who are not involved in social activity are at increased risk of having lonely and unsatisfying later years, poorer health and impaired cognitive function<sup>27</sup>.

## Where are the lonely?

The survey commissioned for this report pointed to some regional variations, both in levels of loneliness among people aged 55 and over, and in the extent to which different forms of social interaction are counteracting this. The table on the following page provides a selected sample of the full results. Taking a number of responses combined, some interesting patterns emerge. For example, Yorkshire and Humberside emerged as one of the least lonely parts of the country for older people – 25% of the over 55s living there said that they had never felt lonely at any point during the past 12 months. They also report consistently highly for socialising, having sufficient social events and feeling a sense of community compared to most other places in the country, suggesting local communities and neighbours may play a bigger role in this than family and friends.

In contrast, in the North West, where people also tend to spend less time with their family and friends, levels of loneliness are much higher, and here older people are most likely to say that they would consider remedying this by moving to be closer to friends and family. In London, the pattern is similar. Older people in both of these areas have the highest levels of loneliness in the country, reporting that more than four out of five (87%) felt lonely at least some of the time. London and the North West also score poorly for having adequate opportunities to socialise and having adequate social events for the over 55s, which may be a contributing factor in their high loneliness scores.

25 <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf?dtrk=true>

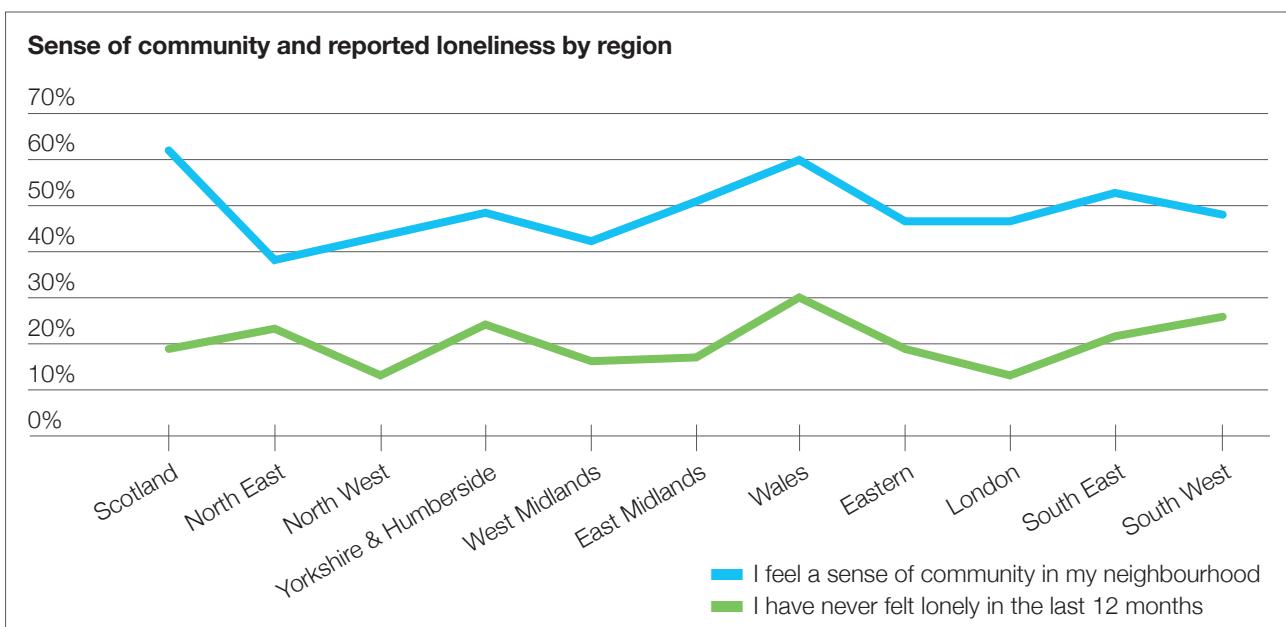
26 Jivraj, S., Nazroo, J., and Barnes, M. (2012) ‘Change in social detachment in older age in England’, in: The Dynamics of Ageing. Evidence from the English Longitudinal Study of Ageing 2002-2010. Wave 5. James Banks, James Nazroo, and Andrew Steptoe (Eds.) Chapter 3, pp. 48-83. London: The Institute for Fiscal Studies, cited in <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf?dtrk=true>

27 <http://www.ucl.ac.uk/news/pdf/elsa5final.pdf>

## A selection of regional responses for the 55+ age group

	Scotland (n=200)	North East (n=77)	North West (n=219)	Yorkshire & Humberside (n=206)	West Midlands (n=164)	East Midlands (n=157)	Wales (n= 133)	Eastern (n=227)	London (n=250)	South East (n=279)	South West (n=167)
I feel a sense of community in my neighbourhood	62%	38%	44%	49%	42%	51%	60%	47%	47%	53%	49%
I have socialised very often in the last 12 months	73%	84%	73%	76%	83%	76%	83%	71%	79%	81%	82%
There are adequate social events in my area for my age group	39%	35%	32%	37%	40%	39%	37%	32%	34%	44%	47%
I have never felt lonely in the last 12 months	19%	24%	13%	25%	16%	17%	31%	19%	13%	22%	26%
There are enough opportunities in my area for me to socialise	42%	32%	37%	33%	37%	43%	30%	37%	33%	47%	47%
I would consider moving to a more sociable area	30%	24%	41%	25%	31%	27%	35%	25%	37%	27%	33%

Other interesting observations include a very poor sense of community reported in the North East, but the highest level of socialising (and fewest people willing to move to a more social area), perhaps suggesting people in this region socialise more with family rather than their wider neighbourhood. This seems to be an exception to the rule – however: a sense of community seems to correlate most closely to levels of loneliness, as can be seen from the graph below. Wales illustrates this well – by having the low levels of loneliness, high levels of socialising and a strong sense of community, in spite of reporting limited opportunities to socialise.



## The impact of loneliness

The link between loneliness and poor health is well understood. There is a substantial body of evidence which shows that people who say they feel lonely are more likely to suffer from high blood pressure<sup>28</sup> and depression<sup>29</sup>, and are more than twice as likely to develop Alzheimer's disease in later life<sup>30</sup>, compared to those with stronger social relationships. Each of these have the effect of cutting short life expectancy for older people who experience loneliness – and researchers have estimated that this risk is comparable to smoking 15 cigarettes a day<sup>31</sup>. Put simply, loneliness causes older people to get sicker, and die quicker.

Why might this be the case? Research points to a number of explanatory factors: older people who feel lonely do not take as good care of themselves as those with an active and healthy social life. They smoke and drink more, eat less healthily, are less physically active, and neglect to care for health conditions (e.g. by failing to take medications). They may also lack the support networks to help them cope with an illness or long-term condition, meaning that this deteriorates more rapidly. Research by WRVS found that older people living alone are less likely to have visited a GP following a fall, and people who live alone and have little social interaction may have nobody to notice if their health deteriorates.<sup>32</sup>

The consequences of loneliness for health are so widely recognised that levels of social contact among both service users and carers are shared indicators across both the Public Health Outcomes Framework (PHOF) and Adult Social Care Outcomes Framework (ASCOF). This is based on an understanding of what tackling loneliness and social isolation can do for the overall health of the country, but also the high cost of loneliness to the public purse.

Public spending on dealing with the effects of loneliness is difficult to estimate, as a scoping report by the Campaign to End Loneliness found. The number of additional factors to account and control for make it challenging to provide an accurate overall picture. As such, instead of attempting to calculate the total "cost" of loneliness among older people to the country, many studies have instead quantified the potential health and care savings that can be attributed to specific projects and services that aim to reduce loneliness. The most common monetised savings are generated by reduced hospital admissions, reduced length of stay for people who are admitted to hospital, and reduced number of GP visits among those older people who are less lonely.

### A selection of schemes tackling isolation, evaluated for the savings they generate<sup>33</sup>:

Gloucestershire Village and Community Agents, a scheme to identify the most lonely and isolated, resulted in savings to Gloucestershire health and social care services totalling £1.2 million, and with every £1 that the scheme cost, the return on investment is calculated to be £3.10.

Rotherham Social Prescribing Scheme: commissioned by NHS Rotherham Clinical Commissioning Group (CCG) and delivered by Rotherham Voluntary Action, this measured patients' progress towards social outcomes and predicts a £1:£3.38 long term return on investment.

Living Well Cornwall: initiated by Age UK and NHS Kernow CCG this program is designed to build self-reliance and self-confidence in participants and has shown a 41 per cent reduction in the cost of hospital admissions and a 3:1 return on investment. The scheme has also led to an 8 per cent reduction in social care costs.

Link Age Bristol: a community development partnership targeting older lonely people cites an initial social return on investment of at least £1:£1.20.

28 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2841310/>

29 (Cacioppo et al, 2006) (Green et al, 1992), cited by <http://www.campaigntoendloneliness.org/threat-to-health/>

30 Wilson, R. S. et al. (2007) 'Loneliness and Risk of Alzheimer Disease', Archives of General Psychiatry, Vol. 64, pp. 234–40

31 Holt-Lunstad et al (2010), Brigham Young University, <http://pps.sagepub.com/content/10/2/227.abstract>, cited in file:///C:/Users/hotdesk.DEMOS/Downloads/loneliness-neighbourhoods-engagement-full.pdf

32 Holt-Lunstad et al (2010), Brigham Young University, <http://pps.sagepub.com/content/10/2/227.abstract>

33 <http://www.local.gov.uk/documents/10180/7632544/L15-431-Combating+loneliness+-+a+guide+for+local+authorities/b4b88757-2623-4696-ae04-565892a58909>

In this chapter we have seen that loneliness is a very common and growing problem for older people, and in particular the older old (i.e. over 80s). Risk factors associated with increased loneliness include poor health, living alone, being widowed, and having limited social, civic and cultural networks, and all such factors tend to increase with age. We have also seen that areas in Britain with lower reported loneliness among older people tend to be where people have better social networks and community activities, to make up for the fact that they might live away from their families.

We then go on to review the evidence regarding the impact of loneliness, which is compelling in showing significant health effects associated with being lonely and isolated. This, in turn, has obvious implications for the NHS, social care and wider economy, though no one has yet quantified the country-wide “cost” of loneliness in later life. However, schemes which have sought to tackle loneliness on a small scale have consistently shown a positive impact and associated cost savings in reducing falls and hospitalisations, to the tune of around £3 saved for every £1 invested in reducing loneliness.

In the following chapter we explore in more detail what effective interventions to tackle loneliness have in common, and why they might be effective. We then consider why it might be the case that older people living in specialist age-specific housing (such as retirement housing and extra care) tend to be less lonely than their peers.

## Chapter 2 – combatting loneliness among older people

As the prevalence of loneliness, and awareness of its impacts, have grown, so too have the number of initiatives aimed at preventing it, and we are now beginning to understand more about how loneliness and isolation among older people can best be tackled. Research into quality of life and wellbeing in older people has indicated that social factors are particularly important. In a study entitled ‘Quality of life from the perspectives of older people’<sup>34</sup>, which invited older people to describe the most important factors for a good quality of life, designated having good social relationships, maintaining social activities and retaining a role in society (amongst other factors) as crucial.

Furthermore, a study into ‘The Salience of Social Relationships for Resident Wellbeing in Assisted Living’<sup>35</sup> found that social relationships within the facility, measured by friendships with other residents as well as positive feelings toward staff, was the factor which had the strongest and most consistent effect upon resident wellbeing. According to the report, ‘socially integrated residents were significantly more likely than residents with fewer internal social relationships to report life satisfaction, stable or improved quality of life, and a sense of feeling at home in [the facility].’

A report by the Joseph Rowntree Foundation<sup>36</sup> exploring what makes ‘a good life in old age’ identified the following as significant:

- social relationships with family, friends and neighbours
- a sense of belonging within a wider community
- leisure pursuits and activities which offered pleasure and stimulation
- retaining interest in the world and in people around them
- being part of social life.

Interestingly, the report found that ‘although family was a primary source of comfort and support, friends were the mainstay of most people’s daily lives’. While analysis has shown that ‘having friends is a more important factor in warding off loneliness than frequent contact with these friends,’<sup>37</sup> which could have implications for the role of internet and social media use for older people (discussed below).

Projects (like those mentioned in the previous chapter) set up to tackle loneliness among older people often take one of three approaches, as identified by the Campaign to End Loneliness:

- 1) Help people to maintain existing social relationships.
- 2) Help people to make new friends.
- 3) Create the right environment for reducing loneliness by strengthening structures within local communities.<sup>38</sup>

According to the review, ‘most experts believed that these kinds of interventions were effective in tackling loneliness’, with group-based services seen as the ‘most promising’. The importance of these services having a focus on a shared-interest, or an educational focus, was emphasised. There was also ‘growing interest among experts about the need for psychological approaches to help people change their thinking about their social connections’. Cattan et. al. (2005)<sup>39</sup> carried out a systematic review of thirty interventions targeting social isolation and loneliness among older people. They found that the most effective interventions shared a number of characteristics:

- They were group-based rather than one-to-one
- They included an educational focus or a targeted activity (e.g. learning a new skill, taking part in a favourite hobby), or are centred around a common interest (a shared sense of identity)
- They targeted specific groups (e.g. women, carers)
- They were led/designed by or in consultation with older people, and created a meaningful role for older people, where they are active contributors rather than passive recipients.

They also found that all of the least effective interventions were one-to-one activities in peoples’ own homes.

<sup>34</sup> <http://discovery.ucl.ac.uk/1648/1/qualityoflife.pdf>

<sup>35</sup> <http://psychogerontology.oxfordjournals.org/content/62/2/S129.full.pdf+html>

<sup>36</sup> <https://www.jrf.org.uk/report/building-good-life-older-people-local-communities>:

<sup>37</sup> [http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence\\_review\\_loneliness\\_and\\_isolation.pdf?dtrk=true](http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true)

<sup>38</sup> Based on the framework developed in <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

<sup>39</sup> <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0022350/>

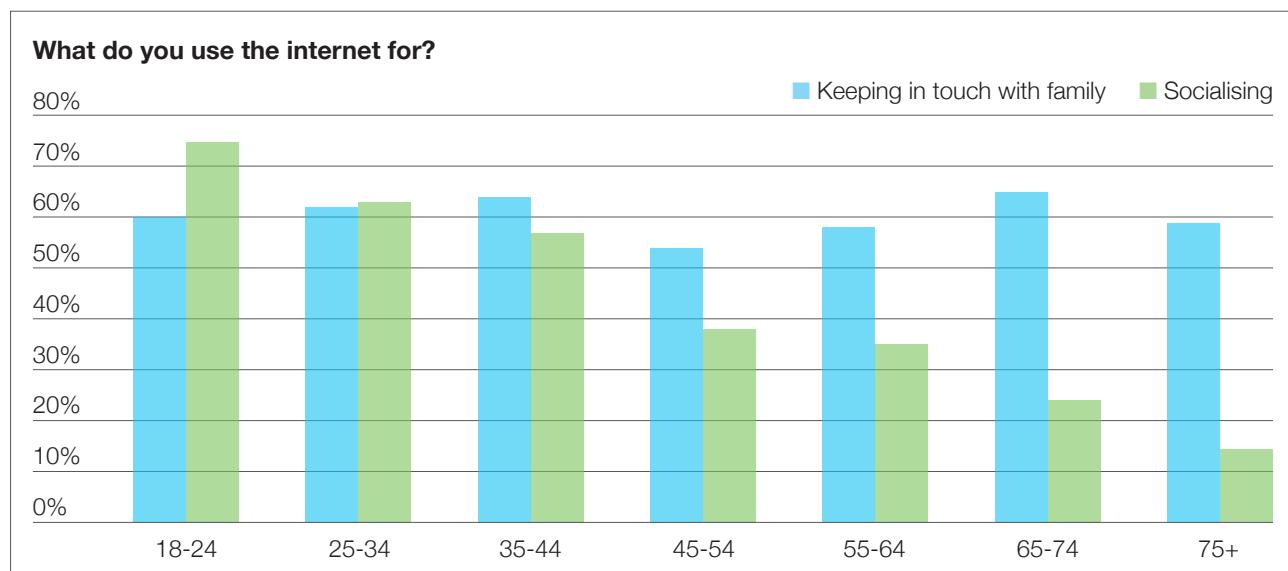
## A role for technology?

We are living in the digital age, with an increasing proportion of transactions and social interactions carried out online – including among older people. Age UK's evidence review of digital inclusion has concluded that while two thirds of the UK's digitally excluded are over 65, we have now reached a “tipping point” – where more people over 65 have used the internet than have not.<sup>40</sup>

In polling commissioned for this project, we asked a sample of 2,000 adults about what they use the internet for outside of their jobs, and found that:

- 83% shopped online
- 76% used the internet to search for information
- 75% used it for transactions such as online banking
- Two thirds (60%) used the internet to keep in touch with family.

These proportions were almost identical among the over 55 age group. However, changes were identified in the “social” aspect of internet use among the oldest in the survey – for example, 46% of all survey participants said they used the internet for socialising, compared to 35% of the 55-64s, 24% of the 65-74s, and just 14% of those over 75. These age-specific differences compare to the results for “contacting family”, which remains fairly constant regardless of age: 60% of the entire surveyed sample said they stayed in touch with their family through the internet, compared to 58% of the 55-64s, 65% of the 65-74s and 59% of the 75+ group.



The older people we interviewed for this research (all of whom were over 70 and one of whom was 95) overwhelmingly used the internet (e.g. Facebook and e-mail) to communicate with existing friends, family and contacts – rather than to make new ones. One reported, for example, the ability to use Facebook to keep track of his grandchildren as they often were too busy to visit or talk on the phone, but looking at photos posted online helped him stay in touch. Another used email and Facetime to keep in touch with his brother in Australia. To bridge the increasingly common geographical dispersal mentioned above, the internet can be vital. Nonetheless, caution should be exercised when considering the role that the internet and connective technology can play in creating new social opportunities for older people. Help to go online and use the internet to communicate with friends and family cannot replace face to face interaction and, for many older people, cannot help them meet new friends or create new networks – this often requires more traditional methods of interaction (eg arranged social events or activities and communal spaces for social opportunities). As such, it stands to reason that the internet is likely to be less effective in helping an already isolated older person gain new relationships and become less lonely.

For this reason, a recent Age UK and Campaign to End Loneliness report classifies both technology and transport as ‘gateway services’ – a way of reaching older people, and a way for older people to reach others – but not a solution to isolation in and of itself.

40 <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Digital%20Inclusion%20Evidence%20Review%202013.pdf?dtrk=true>

There is a risk that an excessive focus on ‘technological fixes’ can leave older people who do not feel comfortable communicating online feeling even more excluded. The House of Lords *Ready for Ageing* report strikes a note of caution about the role of technologies, such as telecare and telehealth, in improving support for older people. The report warns that ‘caution is needed to ensure that older people do not feel increasingly marginalised by digitalisation and automation, and to ensure that an expanding reliance on telecare does not increase loneliness.’<sup>41</sup> However, Friends of the Elderly has disputed this, as whilst they concede that face-to-face contact remains important, they claim that ‘face-time with friends is not as important to warding off loneliness as simply ‘having friends’<sup>42</sup>, meaning that online social networking could have a very significant role to play.

Nonetheless, research suggests many older people are digitally excluded, and often reluctant to engage with computers and the internet, and would not naturally associate them with a healthy social relationship. As one McCarthy & Stone homeowner who we spoke to during our research explained:

*“Quite a lot of older people don’t want to know about a computer, they are scared of them. So for those people, it is just not a form of contact that is available to them. If you do get on with them [computers], you do have a wider range of people to talk to – through Facebook, etc.”* – a McCarthy & Stone homeowner, in his 70s

Thus, improving computer confidence and literacy may well be an important element of cementing older people’s existing social networks – but not a means of replacing traditional “human interaction”.

<sup>41</sup> <http://www.cpahq.org/cpahq/cpadocs/UK%20Parliament%20HOL%20Ready%20for%20the%20Ageing.pdf>, 241

<sup>42</sup> [http://www.fote.org.uk/wp-content/uploads/2014/07/2014\\_03-FOTE-Future-of-loneliness-Report-low-res-without-crops.pdf](http://www.fote.org.uk/wp-content/uploads/2014/07/2014_03-FOTE-Future-of-loneliness-Report-low-res-without-crops.pdf)

## Chapter 3 – exploring the link between retirement housing and loneliness

As outlined above, older people more at risk of feeling lonely are those who are widowed, and/or living alone. Those living in residential care also report feeling more lonely than other older people – which might be explained by the fact that while they do not live “alone” per se, this group is more likely to experience poor health or limited mobility, be ‘very old’ (80+) and perhaps be widowed – all factors which increase one’s risk of loneliness.

On the other hand, evidence suggests that older people who live in other forms of age-specific housing – for example, within a purpose-built retirement community, or an extra care assisted living scheme – report lower levels of loneliness than their peers in mainstream housing. In this section we explore some of the evidence related to this issue and discuss why this might be the case.

One of the most thorough studies related to specialist housing and social networks – Callaghan et al’s 2009 work for JRF<sup>43</sup> – concluded that a move to extra care housing saw the vast majority of people’s social lives improve, increasing circles of friends, and improved wellbeing as a result. Moreover, the majority of those moving to extra care expected their social life to improve and (alongside the need for care and support) could be cited as one of the motivating factors in moving. Callaghan et al evaluated the social wellbeing of almost 600 older people after moving into 15 new extra care housing schemes, finding that:

- Around 90% of residents had made friends since moving
- 82% described their social life as ‘good’ or ‘as good as it can be’, and did not feel lonely
- 75% were fully occupied in activities of their choice and were not bored
- 70% took part in an activity at least once or twice a week
- less than one-in-ten said that they hadn’t made any friends at the scheme
- only 6% reported that they never met up with friends (within and beyond the scheme)
- 63% of residents said that they would turn to staff for advice and help respectively, indicating positive resident-staff relationships.

A recent review by the Housing LIN of the evidence base associating extra care with decreased loneliness and wellbeing also cites the more recent 2015 ILC report ‘Village Life: Independence, Loneliness, and Quality of Life in Retirement Villages with Extra Care<sup>44</sup>’ which includes a survey of residents in seven retirement villages offering extra care support, and found that:

- The average person in a retirement village experiences half the amount of loneliness (12.17%) than those in the wider community (22.83%)
- Over 4 out of 5 (81.7%) respondents said they hardly ever or never feel isolated, and only 1.1% often feel isolated
- A very small proportion of respondents report a high degree of loneliness, (measured either using a single question or a three-item scale, the proportion was 3.6% and 3.8% respectively)
- Using the three-item scale, 64.2% of respondents can be classified as not lonely at all.

43 Callaghan, L., Netten, A. and Darton, R.(2009) The Development of Social Wellbeing in New Extra Care Housing Schemes.York: Joseph Rowntree Foundation

44 [http://www.housinglin.org.uk/\\_library/Resources/Housing/OtherOrganisation/ILC-UK\\_Village\\_Life\\_FINAL.pdf](http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/ILC-UK_Village_Life_FINAL.pdf)

In addition to this existing evidence, an even more recent survey of over 2,422 older people living in McCarthy & Stone retirement developments enables us to compare more directly the experiences of this group of older people with their counterparts in general housing. For this report, we commissioned an online survey of 2,059 GB adults, using the same or similar questions where possible to compare results regarding people's social life within their community or local area. McCarthy & Stone homeowners were asked to think about their housing development, while the public polling asked people to think about their neighbourhood or street.

### **Questions asked in the McCarthy & Stone survey and polling of GB adults**

<b>McCarthy &amp; Stone homeowner survey</b>	<b>Polling of GB adults</b>
There is a sense of community among the people who live in my development	Do you feel there is a sense of community in your neighbourhood/street?
I have made new friends and socialise more since moving into my apartment	Have you made new friends in the last 12 months? How often have you socialised with friends or family in the last 12 months?
There are sufficient social events	Do you feel there are sufficient social events in your neighbourhood/street for your age group?
The companionship that comes from sharing facilities within the complex is important to me	

The results were unequivocal. Older people living in McCarthy & Stone retirement properties were much more likely to describe their local neighbourhood as having a sense of community compared to the older people in the general population – 85% of homeowners surveyed agreed, compared to only 51% of the over 75s (the average age for McCarthy & Stone homeowners is c 80, making the over 75s the closest comparison group); were much more likely to feel there were sufficient social events for their age group; and were more likely to have recently made friends. As one of the McCarthy & Stone homeowners commented in the survey:

*"I have made several friends and do join in with a lot of the social activities. For me this is the best thing that has come out of moving here."* – McCarthy & Stone Homeowner

### **Results – comparing McCarthy & Stone homeowners with the over 55s in general housing**

	<b>Whole population – all ages (n = 2,059)</b>	<b>55-64s (n = 297)</b>	<b>65-74s (n = 382)</b>	<b>75+ (n=80)</b>	<b>McCarthy &amp; Stone residents (n = 2,059)</b>
NET agree – there is a sense of community among the people who live in my housing development/neighbourhood or street	49%	42%	58%	51%	85%
NET agree – I have made new friends and socialise more since moving into my apartment	–	–	–	–	70%
NET agree – I have made new friends in the last 12 months	66%	51%	63%	56%	–
NET agree – there are sufficient social events (for my age group)	38%	36%	53%	56%	73%
NET agree – I have socialised <u>very often</u> with family or friends in the last 12 months	35%	33%	44%	46%	–

McCarthy & Stone homeowners were also asked why they moved into their retirement properties, and many reported health reasons, downsizing, bereavement, difficulty in managing their property, and so on. Of those surveyed, 314 gave additional "other" reasons – of which 266 were related to moving nearer facilities (eg shops) or transport links; or moving nearer to family or friends. 48 cited specifically the wish to move to somewhere where companionship and a sense of community would be greater.

## Why might retirement housing help tackle loneliness?

The aforementioned Housing LIN review acknowledges that research explaining why older people report feeling less lonely in retirement housing is limited. However, there are a range of factors that are recognised as effective in reducing one's sense of isolation and loneliness which are present in most retirement facilities: as outlined above, research suggests the most effective schemes to tackle loneliness are those which help people to maintain existing social relationships, help people to make new friends and create the right environment for reducing loneliness by strengthening structures within local communities,<sup>45</sup> and which are group-based, centred around a common interest or activity (a shared sense of identity), and create a meaningful role for older people, where they are active contributors rather than passive recipients. As such, the communal and collective nature of many retirement developments, the social activities organised on-site, and the presence of residents' committees and resident-led activities may help to explain why those living in such communities feel less socially isolated.

The ILC draws attention to the sociable nature of extra care villages, stating that because:

*'the nature of the housing ... includes a fundamental element of being community-based residential spaces, it is likely that residents will have ample opportunity to interact with others and engage in social contact. As a consequence, social isolation ... is unlikely to manifest as frequently compared to those living in other private housing'*<sup>46</sup>.

Previous research by McCarthy & Stone also finds that: 'the presence of an in-built community offers residents of private sheltered housing the option of company and a social life should they choose it.' They also raise the importance of 'the reduction in household responsibilities (e.g. in managing a large house and garden) that comes with downsizing to private sheltered housing', which by increasing the independence of residents, increases opportunities to socialise.<sup>47</sup>

A Joseph Rowntree Foundation report<sup>48</sup> also identifies the following particular aspects of extra care housing as having improved the social wellbeing of its residents – again, many of which are present in other forms of age specific housing:

Communal facilities were found to be important for facilitating social wellbeing, as they provide venues and opportunities for building friendships. Communal mealtimes, shops and restaurants were identified as particularly important for social interaction.

Social activities were valued by those living in specialist housing and were important for friendship development. The researchers found that the more frequently a person took part in social activities, the more likely they were to describe their social life as 'good' or 'as good as it could be'.

Local community links and those developments with a more central location were seen as more successful in promoting social wellbeing than those who lacked accessibility and appropriate transport. It is interesting to note that over 200 of the homeowners surveyed by McCarthy & Stone – over 10% of the total sample – mentioned proximity to shops and transport links, or a central location, as one of the main reasons they bought their home.

The ILC report 'What role for extra care housing in a socially isolated landscape?'<sup>49</sup> agrees with the three factors identified by the JRF, but groups these features into the following fields: design, activities, ethos/community and the promotion of health. Many of these can be found in extra care and other age-specific housing options, such as retirement housing and sheltered housing.

## Design

The way in which specialist older people's housing units are designed, including the provision of facilities, the presence of communal areas, and the incorporation of new technology, may all help to promote social inclusion. As the ILC puts it – the design 'can be thought of as providing the tools and space for residents to develop social relationships'<sup>50</sup>.

<sup>45</sup> Based on the framework developed in <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf> file:///C:/Users/hotdesk.DEMOS/Downloads/Village\_Life\_ILC-UK\_Report%20(1).pdf

<sup>46</sup> Beach, Brian: Village Life, ILC 2015. [http://www.ilcuk.org.uk/index.php/publications/publication\\_details/village\\_life\\_independence\\_loneliness\\_and\\_quality\\_of\\_life\\_in\\_retirement\\_vill](http://www.ilcuk.org.uk/index.php/publications/publication_details/village_life_independence_loneliness_and_quality_of_life_in_retirement_vill) file:///C:/Users/hotdesk.DEMOS/Downloads/care-and-wellbeing-full.pdf

<sup>47</sup> Callaghan et al, The development of social well-being in new extra care housing schemes, JRF 2009 <https://www.jrf.org.uk/report/development-social-well-being-new-extra-care-housing-schemes>

<sup>48</sup> Housing LIN, What role for extra care housing in a socially isolated landscape? (2015) <http://www.housinglin.org.uk/Topics/browse/HousingOlderPeople/HousingandHealth?parent=977&child=8863>

## **Shared facilities and communal space**

From the polling commissioned for this research, and the survey of McCarthy & Stone homeowners, it was clear that the emphasis placed on socialising with near neighbours, or within a small community, increased with age. Among McCarthy & Stone homeowners, those aged 90 and above were more likely to say that there was a sense of community where they lived (with 88% agreeing, compared to 76% of those aged under 70) and were also more likely to say that the companionship comes from having shared on-site facilities, such as a lounge and garden – 85% agreed, compared to 60% of under 70s.

This was also born out in interviews with McCarthy & Stone residents, where the homeowners we spoke to reflected that the younger people in the community tended to continue to socialise more outside of the scheme, but for the older residents, who were less able to get out and about, the social activities on offer within the scheme occupied an increasingly important place in their social life. One lady we spoke to in her 60s said that for some of the older ladies who lived alone in her apartment building, the weekly coffee mornings in the lounge were the highlight of their week. Another homeowner commented in the McCarthy & Stone survey:

*"At the moment I am able to continue with outside voluntary activities but at a later date I will be glad of the companionship."*

## **Location, maintenance and “lock up and leave”**

However, the distinction was not always based on age, but rather health and mobility – one man we spoke to was 95, and continued to socialise primarily outside of the retirement community, through volunteering regularly at a local museum, and keeping in touch with former neighbours. His ability to continue to socialise was facilitated by the location of his development – having given up driving four years previously, his move brought him closer to shops, his church and transport links which he can now continue to access.

The ILC supports this – it reported that features designed to improve mobility can also have a direct impact on levels of social isolation, by making it easier to maintain social connections. Similarly, features designed to lower incidences of falls amongst residents, such as grab rails, motion detectors, and easily accessed alarms, were also identified as possibly enabling greater social inclusion<sup>51</sup>. This is not simply because the design of age-specific homes can have a quantifiable impact on a person's health (see below), which in turn can reduce loneliness, but also due to the design being enabling for older people to leave their homes and travel about the scheme with ease – so meeting other people is less of a physical or logistical challenge. Many of the McCarthy & Stone homeowners surveyed mentioned the positive benefit of being able to socialise without having to ‘go outside’ – the older old, and those with health conditions and limited mobility, are less able to travel to engage in social activities or pursue leisure interests. But specialist housing schemes which are accessible and built in a way which works for those with limited mobility means leaving one's home and socialising “on site” becomes a safer prospect for disabled older people or those who lack the confidence to travel on their own.

*"I still join in outside community activities. Have more energy – able to join in extra activities within development. Appreciate being able to invite friends made in the development, without having to put on outdoor wear." – McCarthy & Stone homeowner*

Finally, the “lock up and leave” aspect of age specific homes (i.e not having to worry about security or maintenance, meaning holidays and trips out are easier) would more likely appeal to those more mobile or younger old who might holiday or venture further afield more regularly. Surveyed homeowners commented:

*"We attend some of the social activities. We no longer have to deal with things like building maintenance or gardening so this means we have more free time."*

*"The main pull for me was the lack of maintenance required, meaning I have more time for family and friends, but the social element and opportunities for friendship have also been a real bonus. It's nice to be surrounded by like-minded people and have the opportunity to make a new group of friends."*

*"The local proximity to transport makes it possible to get out and about more easily so I am consequently more active."*

<sup>51</sup> Housing LIN, What role for extra care housing in a socially isolated landscape? (2015) <http://www.housinglin.org.uk/Topics/browse/HousingOlderPeople/HousingandHealth/?parent=977&child=8863>

## Activities

Activities and events are an obvious way of fostering and maintaining social connections between people, and many specialist housing facilities offer daily activities such as arts and crafts, IT, gardening, woodwork, social events and entertainment and coffee mornings. The ILC suggests that it is the 'extensive and diverse programme of activities available at most extra care schemes' that is the most significant of all factors in lowering loneliness<sup>52</sup>. The same can be said for retirement housing, villages, sheltered schemes and so on that offer activities programmes. There is a multitude of evidence to demonstrate that social activities are valued by older people in their housing.<sup>53</sup>

### Case study: McCarthy & Stone Community Fund

McCarthy & Stone introduced a Community Fund across its new developments in 2015, totalling £100,000 in its first year. The fund will increase year-on-year as McCarthy & Stone's business grows.

This Community Fund is used to support the first year of social events at each new housing development, as well as purchasing equipment according to homeowner's individual preferences and hobbies, for example a pool



table, jigsaws and games, or DVDs box sets. The sorts of events the fund has already supported include fish and chip lunches and themed movie nights, keep fit classes and arts and crafts. The aim of the fund is to act as a "kick starter", to encourage the establishment of a new community for homeowners moving into a new development. This is achieved by ensuring homeowners have a range of social engagements organised when they first arrive to help build networks, as well as leisure pursuits in their own homes to help them settle in.

The McCarthy & Stone homeowners were all positive about the activities on offer in their development – one man in his 70s described himself as a fairly sociable person and says that since moving in he has been '*at the centre of making life nice for everybody*' – responsible for organising events, welcoming new people and helping them get settled in, introducing them to local attractions and churches, and encouraging people to join in. He reported that when he first moved in, there was a coffee morning on a Friday morning, which was organised by the house manager – '*and we said "that's no good", and now we have one every morning!*' He commented that these are very light-hearted affairs – with '*nice banter, leg pulling... and a lot of laughter*'. He also felt that people come out of their shell once moving in – he mentioned a couple who had been very quiet indeed when they first moved in, but were now beginning to talk to other residents over lunch. He listed some of the activities that had been arranged recently: concerts, keep-fit classes, a choir, bowling, Scrabble/chess/cards nights, lectures and talks – and that these were all organised by residents, while the staff organised strawberries and cream on Wimbledon finals day, cooked pancakes for Pancake Day, had a Christmas Party, and so on.

As the evidence mentioned above suggests, schemes which more effectively tackle loneliness are those which encourage companionship around a shared interest or activity – as Demos concluded in its 2012 report *Ageing Sociably*, attempts to encourage older people to socialise "for the sake of socialising" – making that the end in itself – often fell flat, and that social gatherings where a task, hobby or activity was at play achieved greater success in enabling older people to form social bonds. Another key success factor is having older people directly involved in the organisation of the activity in question, taking charge of what was on offer.<sup>54</sup> The resident-led approach to a varied and rich activity programme can, therefore, be a crucial factor in tackling loneliness in age-specific housing schemes.

52 file:///C:/Users/hotdesk.DEMOS/Downloads/What\_role\_for\_extra\_care\_housing\_in\_a\_socia...landscape%20(1).pdf

53 Housing LIN, What role for extra care housing in a socially isolated landscape? (2015) <http://www.housinglin.org.uk/Topics/browse/HousingOlderPeople/HousingandHealth/?parent=977&child=8863>

54 Bazalgette, L et al, *Ageing Sociably*, Demos 2012

## **Ethos/sense of community**

Many specialist housing developments have an ethos of creating a home for life, and promoting independence, homeliness and flexible care. In extra-care settings, the ILC identified these as the ‘underlying pathways through which living in extra care can lower levels of social isolation’. The absence of these factors have been consistently linked with isolation and loneliness in older people by gerontologists<sup>55</sup>.

Independence and homeliness can be fostered in a number of ways, for example enabling people ‘to maintain old lifestyles such as keeping a pet or helping residents to decorate their home according to their taste’<sup>56</sup>. Staff may also actively try to build ‘a sense of community, continuity and inclusivity’, as well as helping ‘to directly broker meaningful social connections among residents’<sup>57</sup>. McCarthy & Stone homeowners also reported being able to maintain commitments (such as volunteering and hobbies) and contact with old neighbours, facilitated through their developments’ location and availability of communal space (restaurants, gardens and lounges) allowing them to make social engagements with visitors.

The key messages from the interviews with homeowners resonate with the findings of the aforementioned ILC report, which notes the importance of ‘supportive communities incorporating a substantial degree of peer support’, as well as ‘the diversity of residents and staff, and the roles of staff and residents in creating and maintaining harmonious, inclusive and vibrant schemes’, and ‘the innovative approaches trialled across schemes to develop inclusive communities’. According to the report, many studies have identified the positive efforts of staff, who frequently ‘take steps to support residents to develop and strengthen social relationships’<sup>58</sup>.

## **Improved Health/Functional Ability**

As discussed earlier in this report, older people who are less well tend to be more likely to feel lonely. As such, in the ILC report<sup>59</sup>, it is argued that factors promoting better health, such as ‘lower levels of hospitalisation or slower functional decline’, can indirectly but significantly ‘enable residents to better maintain (and build) their social connections’, which can help to reduce social isolation. According to the report, ‘health and functional ability are found to be key factors for preventing social isolation and loneliness’, and so it follows that ‘interventions aimed at improving both mental health and physical health can reduce older people’s feelings of loneliness and social isolation’. As such, the health benefits associated with living in specially adapted, well heated retirement accommodation, which promotes better health and mobility and reduces risks of falls and so on, can be said to also help mitigate feelings of loneliness.

Previous McCarthy & Stone research<sup>60</sup> into private sheltered housing concluded that this type of housing could make significant savings for the NHS. The study found that ‘whilst less than a quarter (21%) of residents have received inpatient care over the past twelve months, (slightly higher than the seventeen percent of those aged 75+ amongst the general population), they have remained in care for an average of 7.4 nights, under half the average amongst the general population of 75+ of 17 nights’. Furthermore, due to reduced GP visits by residents, the study concluded that ‘on average, each private sheltered housing resident is saving the NHS £14.40 per year (rising to £32.40 for those over 75) in costs to primary care practices in visits to GPs alone’. These direct cost savings would not include the additional savings likely to be achieved through tackling loneliness and poor mental health which can be associated with poor physical health and losing one’s mobility. In this sense, a ‘virtuous circle’ is created – one where people stay healthier because they are less lonely and more socially active; and where they stay socially active for longer because they remain healthier for longer.

<sup>55</sup> Townsend 1962, cited in file:///C:/Users/hotdesk.DEMOS/Downloads/What\_role\_for\_extra\_care\_housing\_in\_a\_socia...\_isolated\_landscape%20(1).pdf

<sup>56</sup> file:///C:/Users/hotdesk.DEMOS/Downloads/What\_role\_for\_extra\_care\_housing\_in\_a\_socia...\_isolated\_landscape%20(1).pdf

<sup>57</sup> Housing LIN, What role for extra care housing in a socially isolated landscape? (2015) <http://www.housinglin.org.uk/Topics/browse/HousingOlderPeople/HousingandHealth/?parent=977&child=8863>

<sup>58</sup> Housing LIN, What role for extra care housing in a socially isolated landscape? (2015) <http://www.housinglin.org.uk/Topics/browse/HousingOlderPeople/HousingandHealth/?parent=977&child=8863>

<sup>59</sup> Housing LIN, What role for extra care housing in a socially isolated landscape? (2015) <http://www.housinglin.org.uk/Topics/browse/HousingOlderPeople/HousingandHealth/?parent=977&child=8863>

<sup>60</sup> Housing LIN, What role for extra care housing in a socially isolated landscape? (2015) <http://www.housinglin.org.uk/Topics/browse/HousingOlderPeople/HousingandHealth/?parent=977&child=8863>

## People and places

The above features associated with age specific housing fall into two broad categories – people (a sense of community, welcoming atmosphere, activities arranged by residents or scheme staff) and place (communal facilities and spaces, good location, easy maintenance and security). It is clear both are necessary. Bricks and mortar do not make people more sociable, nor can a building or space tackle loneliness per se. As the evidence suggests above, communal space and age-friendly housing – like technology – is an important facilitator but cannot remedy loneliness in and of itself. The vital ingredient is people – those willing to arrange activities, engage in socialising and encourage others to do so. As one homeowner we spoke to explained:

*"you get out what you put in... The place, the building itself, will not do anything – you have got to have some people to get the ball rolling."*

This man might be described as a socialiser – taking an active role in arranging activities and welcoming new people to the scheme. Another homeowner from the larger McCarthy & Stone survey wrote:

*"One couple here had persevered to maintain activities, meal trips – films etc. I have always supported and helped. I have taken personal initiative to a) deliver of free weekly papers b) ideas i.e. Herb garden provided – herbs for finance."*

*"I've just joined the new social committee, which is responsible for organising events on-site. We're looking at hosting a beetle drive night, and we had a French night not long ago too – one lady is even hosting craft classes to teach us how to make Iris folding cards."*

Again – these are ‘socialisers’ – people who are often already sociable, who downsize or move to a new area and continue to pursue a similar sociable lifestyle. According to our polling of the general population, a sizeable minority (18%) of over 55s said they would consider moving home to somewhere more sociable – suggesting these “socialisers” would actively look to remedy loneliness and participate in their community (or housing scheme). However, the polling also suggested there were more “socialisees” – those whose move might be motivated by health reasons or inability to maintain their larger homes, and who may well be recently bereaved or otherwise isolated. They often then regained a lost or achieved a new social life upon moving (usually helped by socialisers), although this may not have been a primary reason for their move.

Overall, therefore, age-specific housing for older people can best help remedy loneliness when a right mix of “people and place” is struck: including the right location and links to transport for those who like to socialise outside of their housing scheme, and facilities and activities for those who prefer to remain on-site to build their social networks; but also ensuring “socialisers” are there (alongside staff) to facilitate and encourage others to engage in activities and make new friends. This might well be achieved by ensuring housing schemes have something to offer both the younger and older old, drawing sociable people to housing schemes as well as those actively seeking an improved social life.

# Chapter 4 – conclusions and recommendations

## Concluding thoughts

This paper has provided a brief review of the evidence related to the issue of loneliness and isolation among older people – its prevalence, explanations for recent growth, who it is most likely to affect and the implications this has for people's health and wellbeing. We have also considered how loneliness can be tackled, and the factors associated with effective schemes designed to help older people combat loneliness and build social lives.

We go on to explore the fact that older people in age-specific housing, such as retirement housing and extra care housing, tend to report feeling much less lonely than their peers in mainstream housing. There are a number of reasons why this might be the case – not least because many of the features associated with effective schemes to combat loneliness are present in specialist housing. The features of retirement housing that can help people overcome loneliness might be grouped into “people” (the community and ethos of a housing development, and staff and residents who actively encourage others to socialise), and “place” (the design and location of housing developments which promote better health and mobility, and greater opportunities for building social networks and engaging in activities).

Tackling the growing problem of loneliness among older people is both a social and economic priority. The implications for spending on health, care and support services for socially isolated older people, at a time where budgets are already stretched, are such that the case for preventative and lower level “social fixes” to tackle loneliness (and its health implications) is compelling. We have already seen how small scale schemes have evaluated their impact and consistently achieve around a 3:1 investment ratio – in other words, £1 spent in tackling loneliness among older people can create £3 of service savings or other social value. But how might policy makers and practitioners learn from such interventions and achieve similar good practice on a wider scale?

Specialist housing schemes may provide one answer – built as they are to promote group and activity-based methods of tackling loneliness, and in ways where older people themselves are involved in planning and implementation. Yet while many older people are interested in a move to age-specific housing developments (certainly with demand outstripping supply),<sup>61</sup> it is far from the case that such housing would be a mainstream solution. Many older people will want to stay in their current family home as long as possible. As such, is there something we might learn from what can be achieved in housing developments and apply this even more widely to neighbourhood planning?

## Recommendations

### Local planning

- Apply a “city for all ages” approach to neighbourhood planning and Local Plans
- Create older people’s “social agents”
- Recognise the health and care costs associated with loneliness and isolation in Joint Health and Wellbeing Strategies.

The concept of a “city for all ages” is one that is starting to be developed in the UK, with Sheffield a notable early adopter.<sup>62</sup> The development strategy to create a city which enables older people to remain socially, physically and mentally active incorporates transport, housing, street furniture and green spaces to ensure (among other things) that older people can live in age-appropriate homes, get about town, navigate pavements and parks, and sit when they need to.

Learning from retirement housing, the importance of communal space should not be underestimated – a city (town, village or neighbourhood) “for all ages” will need proper investment in accessible places and spaces which encourage social engagement (including intergenerational mixing). This might be parks, but walkways, pedestrianized zones, street seating and verandas, community space in shopping malls, leisure centres, libraries, children’s centres and indeed extra care villages or retirement developments might all be exploited for their opportunities to socialise. RIBA has carried out substantive research into age-appropriate space to draw from,<sup>63</sup> while at the front line of housing practice, extra-care villages such as Sycamore Hall, Housing & Care 21’s extra-care scheme for older people, now hosts the local library and local sub-post office which were under threat of closure, making it a central part of the town’s amenities. Whiteley Village, a retirement village in Surrey, has a lot of facilities that are used by the wider community – including sports pitches and a fishing pond. A nursery group meets in the village hall, and the local police service uses the grounds for dog training, and has a small office on site.<sup>64</sup> Retirement housing developments, with their central and accessible locations and communal spaces and facilities, could become important hubs for the wider older community to meet and socialise.

<sup>61</sup> Wood, C; Top of the Ladder, Demos 2013

<sup>62</sup> [http://www.cpa.org.uk/cpa-lga-evidence/Sheffield\\_50Plus/ACityforAllAges-26-12.pdf](http://www.cpa.org.uk/cpa-lga-evidence/Sheffield_50Plus/ACityforAllAges-26-12.pdf)

<sup>63</sup> <https://www.architecture.com/RIBA/Professionalsupport/ResearchandInnovation/Projects/DesignforanAgeingPopulation2014.aspx>

<sup>64</sup> Burstow, P; Commission on Residential Care, Demos 2014

Bearing in mind the lesson of “people and place”, explained above, it is just as important to encourage active citizenship among older people to encourage people to socialise and engage in activities. Inspired by the Gloucestershire Village and Community Agents (mentioned above) local authorities should, therefore, recruit local older people’s social “agents” to work locally in promoting social engagement and inclusion of older people in the area, along with a designated local authority representative to act as a single communication point for these agents and gateway to council services. The ambassadors’ role might include working with charities, businesses and leisure organisations to increase local age-appropriate activities – over half of the older people in our survey felt there were not enough local activities, with single and disabled people most likely to say this; it might also include reaching out to particularly isolated groups and encouraging them to participate in social events. They would fulfil the same functions that seem to have been informally adopted by “socialisers” in the retirement housing schemes – and indeed they might be recruited from this pool of gregarious older people given their experience of activity organisation and outreach.

A neighbourhood planning strategy which takes social isolation (of its entire population, not just older people) seriously must also have a Joint Strategic Needs Assessment and Health and Wellbeing Strategy to match. While some JHWSs do acknowledge the importance of tackling loneliness as part of the strategy of improving the wellbeing of their local population, this is certainly not consistent – as it is not mentioned in the Statutory Guidance on JHWSs.<sup>65</sup> As such, many do not acknowledge the role loneliness plays in the health of their local population, and do not consider commissioning strategies which might tackle this social issue. Some pay lip service to the issue with a fleeting mention in strategy documentation, but again fail to make any real commissioning or planning decisions with loneliness and isolation in mind. This needs to be addressed – given the significance of the impact of loneliness on health outcomes putting it on par with smoking and other serious public health challenges, it seems only right that Strategic Guidance includes the need to consider ways of mitigating isolation amongst vulnerable groups in local JHWSs.

### The role of business and technology

- Bring local businesses on board to create opportunities for older people to meet and socialise
- Ensure the Digital Inclusion Strategy and local schemes recognise the internet as a social vehicle and gateway
- Encourage local authorities and housing schemes to develop a social media presence for older people to develop social networks.

It is important to recognise that older people’s day to day experiences often revolve around shops, cafes and pubs. Neighbourhood planning and JSNAs/JHWSs which seek to encourage greater social engagement among older people cannot do so without recognising the importance that the private sector – in particular retail, hospitality and leisure – has on older people’s social lives. Moving closer to these was an important factor for many older people purchasing McCarthy & Stone properties, which tend to be centrally located to take advantage of such amenities. The restaurants in McCarthy & Stone housing developments were also a feature mentioned (unprompted) by many homeowners as central to their social lives.

In previous research, Demos has undertaken a thorough review of the ways in which the private sector can encourage older people to socialise – from McDonalds hosting free coffee mornings for people over pensionable age, to Dementia Cafes in Sainsburys and Titanic Brewery pubs hosting knitting circles.<sup>66</sup> A Neighbourhood Plan ‘for all ages’ should include a strategy of engaging with local businesses to encourage them to provide such opportunities within local areas, spearheaded by older people’s “social agents”.

The Digital Inclusion Strategy recognises that older people are at high risk of digital exclusion and has targeted this group for IT skills training and the provision of facilities to improve internet access.<sup>67</sup> However, the specifically social aspect of internet use, and social media as a means of developing networks, has thus far been under-developed. Local and national schemes to build older people’s IT skills should ensure that the practical application of internet accessibility (which may well revolve around improving access to digitised public services and completing online transactions) should also prioritise re-connecting with family and friends and joining online forums and local groups. Facebook groups for housing providers, giving people living in their developments an online space to communicate and set up “real life” social engagements and activities, could be another important way of capitalising on the internet as a vehicle for developing new social networks (rather than just maintaining existing ones).

<sup>65</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf)

<sup>66</sup> Ageing Sociably, Demos 2012

<sup>67</sup> <https://www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy>

## The importance of housing

- Help ensure demand for retirement housing is met
- Ensure retirement housing developments have the right design and ethos to create sociable communities

There are three factors that need to be taken into account when considering housing and its role in combatting loneliness among older people. The evidence is indisputable that:

- 1) Appropriate housing can make a real difference to an older person's physical and mental health, and to their sense of loneliness and isolation.
- 2) Those older people living in age-specific housing (retirement housing and extra-care settings) report feeling less lonely and more socially active than their counterparts in private housing (see above).
- 3) There is latent demand for retirement housing which is not being met with current levels of supply.<sup>68</sup>

Nonetheless, it is important to recognise that many older people will remain in private housing and won't consider downsizing or moving to specialist housing. Yet there is still a compelling argument to be made that, by helping to boost the supply of retirement housing, loneliness and isolation among older people might also be reduced. Surveys consistently suggest that around 25% of older people would be interested in moving to retirement housing,<sup>69</sup> and Demos has explored the mismatch of supply and demand of retirement housing in previous research – concluding that national and local policy makers could do much to help unlock supply and boost the development and availability of age appropriate housing for older people keen to downsize.<sup>70</sup>

For those living in retirement housing or extra care, the right design and ethos of the development is another critical factor in improving social wellbeing. Communal space, a diverse activities programme, locations close to neighbourhood amenities and transport, pro-active staff promoting a community feel as well as opportunities for older people themselves to become "socialisers" and arrange their own engagements and activities and for their peers are all important ingredients in creating a sociable development.

However, for the majority of older people who will never move to specialist housing, the right neighbourhood planning and use of social agents – a "people and place" strategy – will be central to tackling isolation. The fact that older people living in retirement developments report to be significantly less lonely and more socially engaged, and also healthier, ought to be taken into account when policy makers at national and local level seek to tackle loneliness among older people. There are important lessons that might be learnt from the approaches to social engagement and activities that could be applied community wide – the findings in this report should help to start such a process.

<sup>68</sup> Top of the Ladder, Demos 2013

<sup>69</sup> Ibid

<sup>70</sup> Ibid



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