Reaching people who experience loneliness and isolation

Introduction

Age Better in Sheffield (ABiS) projects have worked hard to reach and engage with people who experience high levels of loneliness and isolation. This digest shares some of the challenges that Sheffield projects have experienced, the approaches and techniques that Sheffield projects have found successful, as well as some ideas gathered from other Ageing Better pilots. It has a Sheffield focus, but the principles may apply elsewhere too.

Each learning section starts with the learning from Sheffield projects, sometimes followed by ideas proposed by Sheffield projects or Ageing Better programmes elsewhere.

Challenges experienced by Sheffield projects

There are many factors that make it hard for organisations to reach and engage with the people who experience the highest levels of loneliness and isolation. These include:

- **Loneliness and isolation covers a range of different experiences**, from physical isolation (people who rarely see other people, including those who are geographically isolated or those whose health or personal circumstances make it difficult for them to leave their home) to social and emotional loneliness (including people who may live in care homes, with a partner or with extended families, but still feel 'lonely in a crowd').
- **Generalist services can sometimes find it difficult to find, engage with and work with people whose health or personal circumstances make it difficult to leave their home**; people who have multiple conditions or complex personal circumstances; and people from black and ethnic community (BAME) backgrounds. This can be affected by factors including the level of resource required to work with people with specific needs, lack of knowledge and experience working with groups with particular priorities or needs, and it being more difficult to build trust amongst communities.
- Many of those who are experience the highest levels of loneliness and isolation are often not engaging with services, so **there is hard work to be done to go and reach new people and to generate the trust that is needed before people are willing to engage with services**.
- **People experiencing high levels of loneliness and isolation and their families may be reluctant to engage for various reasons** (people are often afraid to engage with services because they fear being 'taken into a home' or care services 'interfering', or alternatively they may already be overwhelmed with services that support them to meet basic needs and not have the energy to engage with additional services).

- **People may not recognise that they are lonely and isolated, and using that terminology can alienate people**. At the same time not using language about loneliness and isolation, or not assessing loneliness and isolation, can mean that we work with more people who are not really lonely and isolated. Using the deficit based language of loneliness and isolation is difficult for projects that seek to focus on people's strengths.
- **Men are at greater risk of loneliness but we have had less success engaging with them**: only 27% of ABiS participants are male, which is similar to the proportion of Ageing Better projects nationally.
- Third party organisations (e.g. GPs, Community Support Workers) may have access to large numbers of people who experience high levels of loneliness and isolation but **it is often difficult for small organisations to get the time with third party organisations to explain what they can offer and to build trust** and **GPs in particular are often overwhelmed with information about projects that are available and have limited time with people to be able to signpost effectively**. When they do refer people to projects, people referred by third party organisations often have needs which are greater than the services are equipped or commissioned to address.
- **Transport can be a barrier for individuals engaging with a service or activity** (especially if the terrain is hilly or if public transport routes do not meet the needs of older people), but costs are also very difficult for organisations to fund unless commissioners are willing to cover the cost. If costs are covered, arranging transport is still time-consuming for an organisation and needs to be factored in.

Learning about finding participants experiencing high levels of loneliness and isolation

Trusted people and community connectors are a great way of reaching out

- Many of our projects found that **people who enjoyed a session would subsequently bring along a neighbour or acquaintance who wouldn't have come alone**. This worked particularly well for groups trying to reach men (organisations have also reported that wives and partners may be instrumental in encouraging men to take part and making concerted efforts to reach men especially through family members may be a useful technique).

"The people who come to our groups are the best way of reaching the most lonely people."
(Melting pot lunch participant)

- Working with trusted people or organisations (e.g. churches, mosques or other local or community groups or service providers) can help to reach people and groups that a delivery organisation doesn't already engage

with. They may be able to help both with finding people who may be lonely or isolated and with increasing trust so that people engage more easily. **It works best if the organisation takes the time to build trust and earn the confidence of the intermediary first** – this is often time-consuming but delivery partners have found it to be worth the effort.

Using media and social media

- **Local radio stations (e.g. Radio Sheffield and Hallam FM) and TV stations (Sheffield Live) can really open doors**. Sheffield Mind have a counsellor who has a regular slot on BBC Radio Sheffield and this has been really beneficial in changing people's preconceptions about support for mental health support, especially for men.
- Delivery partners found that **local newspapers and magazines** (e.g. Sheffield Star and Telegraph, Burngreave Messenger; Dore To Door) can reach people in their homes.

Top tips

- Quote the words of someone over 50 in articles, or involve them in writing them.

- When using social media (e.g. Facebook) paid for advertising can allow advertisers to specifically target a certain client group (e.g. over 50s within one neighbourhood). **Facebook use is growing rapidly amongst the over 50s with over 55s one of the biggest user groups**.

Leaflets and posters

- We've had really **mixed messages about whether posters and leaflets work**, but we have spoken to people who were very lonely and isolated who didn't engage with formal services or community organisations who say they wouldn't have found out about the projects in other ways. Some delivery partners working with participants from BAME backgrounds particularly have found that written publicity has been much less useful than word of mouth, and that they can cause confusion unless worded very clearly.

"I saw a poster in a hairdresser. I don't think I'd have come across it otherwise – there wasn't really anywhere else I went."

(Wellbeing Practitioner's participant)

Working with other organisations and services

- **Building good relationships with Age Better in Sheffield's other projects** has helped delivery partners to understand each other so that they can cross-refer effectively.
- **Projects have often found that referrals in from other organisations are inappropriate unless the delivery partner has built a relationship with the other organisation so that there is understanding about what the service provides**.
- Providing **clear, succinct information** for third party referrers is important.
- **Co-locating or having regular sessions in a locally trusted servic**e (e.g. GP surgery or community café) can be particularly valuable as people may already be more comfortable with the venue. Making the arrangement mutually beneficial for both organisations helps (e.g. paying a small amount for a room, or helping gather data which has value to the other organisation).
- **Faith groups can be a great way of reaching BAME communities**, but it is **important to reach representatives of both genders** (or the gender that is the target demographic) in particularly segregated congregations.

Taster sessions

- Delivering taster sessions or information sessions to those who express an interest to make sure they understand what the project involves before they commit. This could include showing them photos or video footage of previous activities within the project. This also helps to reassure those with anxiety around participating in a new activity. Holding these sessions at different days and times and even in different places, can increase the reach and **holding sessions in partnership with trusted organisations can help reach people who already use those organisations because we know that many**

people won't attend a one off event with an unknown organisation.

Outreach work

- Outreach work can help to reach people who might not normally engage and has been really successful in some projects, with people recruited for projects by project workers talking to people at bus stops and on benches.

Top tips

- [Camden](#) found that regular presence in a particular place is valuable as people can take a long time to progress beyond a conversation to actually engaging with a service.
- If knocking on doors, think about your approach. Formal introductions emphasising which organisation you are from may be reassuring for some older people, but intimidating or off-putting for others. If you are not from the local area yourself, you may want to bring somebody along with you who can introduce themselves as a local resident in a more informal approachable way.

Experiment to reach a broader range of people

- **Tweaking delivery models can make them more attractive to a target group**. Our men's melting pot lunch participants suggested that for men, having something to do that makes them feel useful can often be more attractive than activities focused more directly on socialising (something that has been used to great success by the ever growing Men in Sheds movement).
- It is often presumed that free services are more inclusive, but **some Age Better programmes have found that free activities can actually deter some groups (e.g. men) because they are seen as charity** – very low cost may be better (and more sustainable). Projects have found that even amongst those living with very low income people are often willing to pay a small amount for activities that are of interest to them, especially if transport costs and organisation can be covered.

Understanding the importance of place and location

- People's relationships with their communities are complex and if an organisation isn't familiar with a locality it can be easy to miss people by setting up or advertising in the 'wrong' place: **residents from one street may never use facilities only a few roads away because it's perceived as a separate community**.

- **Neutral and private sector premises such as supermarkets and pubs can be really valuable assets for both advertising and holding events**. Public and community sector community organisations and religious organisations can sometimes have a stigma attached to them or alienate people who don't see themselves as part of the audience for the building (e.g. church buildings can alienate non-religious people who presume that activities held there are run by the church itself – although many community activities are successfully run in church buildings, including for people of other faiths), but the supermarket is used by everyone (and some have their own community rooms that can be hired). At the same time, **Sheffield Mind finds that delivering talking therapy in a GP clinic can make it more accessible as there is no stigma in going to the GP**.

Further reading

- Age Better in Sheffield's Together project created a [handbook for care homes](#) to help them to work with family members visiting residents.
- Camden Ageing Better have a useful [blog about their outreach work.](#)