

# Connecting People and Places

Bringing communities together in  
East Sussex

Community



Volunteer Groups

Social Hubs



Friendship Groups

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## Foreword

Social connections and community really matter in enabling people to lead healthy, happy and fulfilled lives. Everyone can feel lonely at one time or other, but prolonged and intense feelings of loneliness can have a detrimental impact on someone's mental wellbeing and, over time, their physical health too.

Loneliness can affect us at any age, young or old, and is known to have a greater impact on many of the same groups who experience inequalities in health and wellbeing outcomes. Whilst everyone's individual experiences of loneliness differ, we know that the creating conditions where social connections can thrive is crucial not only for people's wellbeing but the wider prosperity of our county.

This is my final report in a series of three annual reports exploring the broad social and economic circumstances that together influence health, known as the social determinants of health. This year's focus on loneliness, social connections and community follows on from previous reports in 2021/22 on work, skills and health, and in 2019/20 on health and housing. I've described these determinants before as people needing a tribe to belong to; a job or occupation to do, and a place to call home. The Covid-19 pandemic - the focus of my 2020/21 report - and its consequences continue to be keenly felt across society and are revealed in further detail for our county through the evidence and insights presented here.

At the heart of this report is our work carried out in partnership through a Covid-19 recovery project, 'Connected People and Places', which involved the collaboration of many organisations and people in East Sussex. Among the themes revealed through this project was the effect that geography and people's sense of place have on their experiences and ability to connect with others and to flourish.

Beautiful areas of rurality in our unique county may provide tranquillity or a strong sense of village community life for some, but for others can result in a sense of disconnection from services and a lack of opportunity to meet and connect with people. Conversely our vibrant urban centres provide plentiful possibilities for social interactions yet can lead to people experiencing loneliness more acutely if they feel they are missing out on their desired quantity and quality of connections with others.

The case studies dotted throughout this report showcase the rich examples of spirit and dedication that people and organisations in East Sussex show in fostering social networks, tackling stigma and discrimination, and creating the infrastructure that supports connected communities.



Darrell Gale  
Director of Public Health



A key recommendation in this report is for us to work better together - as a whole system - to make progress on preventing and tackling loneliness through a stewardship approach. This approach helps to build trusting relationships, promote learning and enable people and organisations to work together meaningfully towards common goals. The public, private and Voluntary, Community & Social Enterprise sectors all have an important role. I invite anyone with a shared passion for tackling loneliness in our county to take note of our recommendations and join us in this challenge in bringing communities together in East Sussex, connecting people and places.

# Executive summary

## Background

Loneliness can be described as the subjective negative feelings that emerge when our expectations for connection with people and the reality of our connections do not match up. It is deeply personal and can only be understood in reference to someone's individual values, wishes and feelings. Most of us experience loneliness at some point in our lives, but it is usually a passing experience and completely normal. Problems can however arise if these undesired feelings are sustained.

Loneliness is a significant public health problem that has wide ranging impacts on individuals, communities and society as a whole. For the individual, the damaging effects of chronic loneliness have been described as the social equivalent of physical pain.

Loneliness is linked with a range of negative health and wellbeing outcomes, including:

- higher rates of premature mortality
- developing coronary heart disease and stroke
- a greater risk of inactivity, smoking and risk-taking behaviour
- low self-esteem and reported sleep problems & increased stress response
- a range of mental illnesses including depression and becoming depressed
- self-harm behaviour in teenagers, and
- cognitive decline and Alzheimer's

The estimated costs for health and social care provision that can be attributed to loneliness are significant. Experiences of loneliness are also associated with poorer prospects for people's educational attainment, employment and productivity in the workplace.

The East Sussex Community Survey found that in 2019 a quarter of people said they feel lonely often or some of the time, with 5% saying they feel lonely often. Groups more likely to say they feel lonely include: young people, those over 75 years of age, those in poor health, those with a disability, single person households and single parents, people from ethnic minorities, people renting their home, workless residents and people with no qualifications.

Tackling loneliness is a priority of Partnership Plus, the partnership of local authorities, the NHS, the Voluntary, Community and Social Enterprise (VSCE) sector and other partners in East Sussex.



## Tackling loneliness

The evidence for what works in tackling loneliness for people of different ages, and for specific groups most affected, is still growing. No single intervention or approach can ‘solve’ loneliness.

Experiences of loneliness are affected by a complex mix of personal characteristics, environmental conditions, cultural norms, life events and thoughts and behaviours - that is, loneliness affects everyone differently. However, by working together it should be possible to develop a range of more effective system-wide approaches that create the conditions for improved connection and prevent loneliness for everyone across the life course. This could be achieved through action across all four layers of a ‘connected system’, which are made up of:

1. services that directly support people;
2. support that helps people help themselves;
3. social infrastructure, and;
4. an enabling environment.

## Connected people and places

The **Connected People and Places** project, led by public health during 2021/22, had the overall aim of gaining a better understanding of the nature and impact of loneliness on East Sussex residents, and identify future opportunities and approaches to mitigate its worst effects.

This highly collaborative ten-month project was established by a multi-sector partnership and supported by Collaborate CIC, a social change agency with experience in helping local government and system partners to explore complex social problems.

A design-led participatory approach helped to develop new insights on experiences of loneliness in East Sussex, along with recommendations to guide partners in making progress with the issue.

A positively framed ‘**Connection Campaign**’ explored how communities across the county could become more connected and how we might work together better to make this happen. Engagement with the public and professionals revealed the following key themes:

- the COVID-19 pandemic and its impact on feelings of connection and loneliness
- the effect of geography in enabling or preventing connection
- life transitions as triggers for loneliness
- marginalised voices (inequalities in experiences/impact of loneliness)
- islands of loneliness (collective experiences), and
- the impact of reduced funding on social infrastructure.

The insights from collaborative work undertaken with organisations and system partners demonstrated that in East Sussex:

- Loneliness matters. It's a key issue across all our work - spotting the signs of and addressing loneliness early can stop escalation and damaging impacts on mental/physical health, giving an opportunity to get upstream of presenting issues.
- Partners are all interested in working collectively on this, but are seeking more clarity on ambition, roles, and what practical change is needed.
- Overall, collaboration has improved in recent years and the pandemic helped accelerate this. But the potential is not yet fully realised and we need ways to maintain purpose and momentum.
- Building relationships and trust are key, along with shared leadership and learning.
- At the local level, greater connection and shared learning between relevant initiatives, and maximising the use of local assets in fostering connection are opportunities.

## Recommendations

The headline recommendations resulting from the Connected People and Places project are to:

1. Establish a System Stewardship Group to build and maintain the required collaborative leadership across the system.
2. Create a 'connection test' to apply a loneliness perspective to the policy making process.
3. Develop an action plan for developing social infrastructure rooted in the principles of ABCD (asset-based community development) and harnessing the potential of community ownership and community businesses.
4. 'Connect the connectors' by creating learning communities that learn and test ideas together and model and incentivise ongoing learning.
5. Mobilise and equip a movement of connectors stretching across all public facing roles, businesses and communities.

## Taking action

These recommendations have been agreed by Partnership Plus who will ensure progress is achieved.

In autumn 2022 East Sussex County Council agreed to fund an initial two-year programme to support the development of the 'stewardship approach'. This is now underway.

“ A systems steward is a person, organisation or group that takes responsibility for helping to create a 'healthy system' - a system that functions effectively and is more likely to produce positive outcomes. It involves building trust and relationships, deep listening and learning, and helping people work better together towards common goals. ”

It will be the collective responsibility of the Stewardship Group - and ultimately Partnership Plus - to build and maintain the required leadership to ensure that the remaining four recommendations of the Connected People and Places project are implemented effectively across the system.

This is not a short-term endeavour; it will require combined and sustained efforts from all parts of the 'system' to make further progress on tackling and preventing such a complex social problem as loneliness.

Nevertheless it is clear that there are already a wealth of activities, services and initiatives across East Sussex making a huge contribution in preventing, alleviating and tackling loneliness.



# Introduction

This report aims to shine a light on the serious problem of loneliness among individuals and in communities across East Sussex. Loneliness can affect anyone and is a significant public health and societal concern. Nearly five years on from the publication of the first national loneliness strategy for England, and after the effects on social contact of the COVID-19 pandemic restrictions, we now hope to bring a renewed focus and energy to tackling loneliness and improving connection within East Sussex.

The initial chapters of the report explore definitions of loneliness and connection, the impact on people's health and wellbeing, and who is most likely to experience loneliness (along with some of the risk and protective factors).

Through this report we are also sharing the findings and recommendations of the **Connected People and Places** project. This collaborative public health funded COVID-19 recovery project has enabled us to gain a better understanding of the nature and impact of loneliness on East Sussex residents, with a view to reducing inequalities in health and wellbeing outcomes.

The insights gained from speaking with residents and stakeholders have helped to identify future opportunities and approaches to mitigate the worst effects of loneliness, providing important context on how we might improve social connections in our county. This work has ultimately led to the development of the ambitious recommendations in this report.

There is also cause to celebrate the things about East Sussex that make it a great place to live for many of us; our environment, social infrastructure and the plethora of activities and services that promote improved social connection between people. The case studies and practice examples throughout this report provide important recognition of action to tackle loneliness currently being taken across all the layers of our 'connected system'.



Note: stock images used. Photo source: Centre for Ageing Better image library



# PART 1

## Loneliness, connection and wellbeing

### What is loneliness?

Loneliness can be described as the subjective negative feelings that emerge when our expectations for connection and the reality of our connections do not match up. It is deeply personal and can only be understood in reference to someone's individual values, wishes and feelings.

The national loneliness strategy - A connected society [\[Reference 1\]](#) - adopts a framework of loneliness which is also supported by the Campaign to End Loneliness. In the strategy loneliness is defined as:

“ A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want. ” [\[Reference 2\]](#)

This is very different from being isolated or alone, which are more objective measures of how much time we spend with other people. Indeed solitude can be a positive voluntary period of aloneness which may be restorative for wellbeing, allowing for personal growth and development. Unlike loneliness, social isolation can therefore be considered an objective observable state, defined mainly in terms of the quantity of social relationships and contacts.

The distinction between loneliness and social isolation is important because loneliness and social isolation are not always found together - it is entirely possible to be lonely but not socially isolated, or vice versa to be socially isolated but not lonely. Therefore viewing loneliness as simply a consequence of social isolation is unhelpful.

This has important implications for the range of interventions which can address loneliness. Where the distinction between loneliness and social isolation is not understood, it can lead to the misconception that the solution to loneliness is always increased social contact. However, a more complete understanding of loneliness allows for wider solutions - focused on improving relationship quality as well as quantity, and on addressing our expectations of, and responses to, our social contacts.

## Understanding different types of loneliness

Most of us experience loneliness at some point in our lives, but it is usually a passing experience. However, a proportion of people experience loneliness consistently and over prolonged periods. This chronic and severe loneliness is concerning due to its impact on individual health and wellbeing.

<b>Transient loneliness:</b>  A passing experience, common to most people at some point in their lives.	<b>Chronic or severe loneliness:</b>  Some people experience loneliness deeply, consistently and over prolonged periods. Two dimensions of intensity are important here: emotional significance and frequency or duration of distress. <a href="#">[Reference 3]</a>
<b>Emotional loneliness:</b>  The absence or loss of meaningful relationships that meet a deeply felt need to be recognised and ‘belong’ e.g. not having an intimate figure in your life (spouse, partner, best friend) <a href="#">[Reference 4]</a> .	<b>Social loneliness:</b>  The perceived lack of quantity as well as quality of relationships e.g. the absence of a broader, engaging social network (friends, colleagues, neighbours). <a href="#">[Reference 5]</a>
<b>Collective loneliness:</b>  The hunger for a network or community of people who share your sense of purpose and interests. <a href="#">[Reference 6]</a>	<b>Existential loneliness:</b>  Although less common, this is a feeling of separateness from others and is most frequently associated with people with a life-threatening illness or those experiencing trauma. <a href="#">[Reference 7]</a>

Dimensions of emotional, social and collective loneliness have, together, been described as reflecting the full range of high-quality social connections that humans need in order to thrive. The lack of relationships in any of these dimensions can make us feel lonely, which helps to explain why we can have a supportive marriage yet still feel lonely for friends and community. [\[Reference 8\]](#)



## Connections

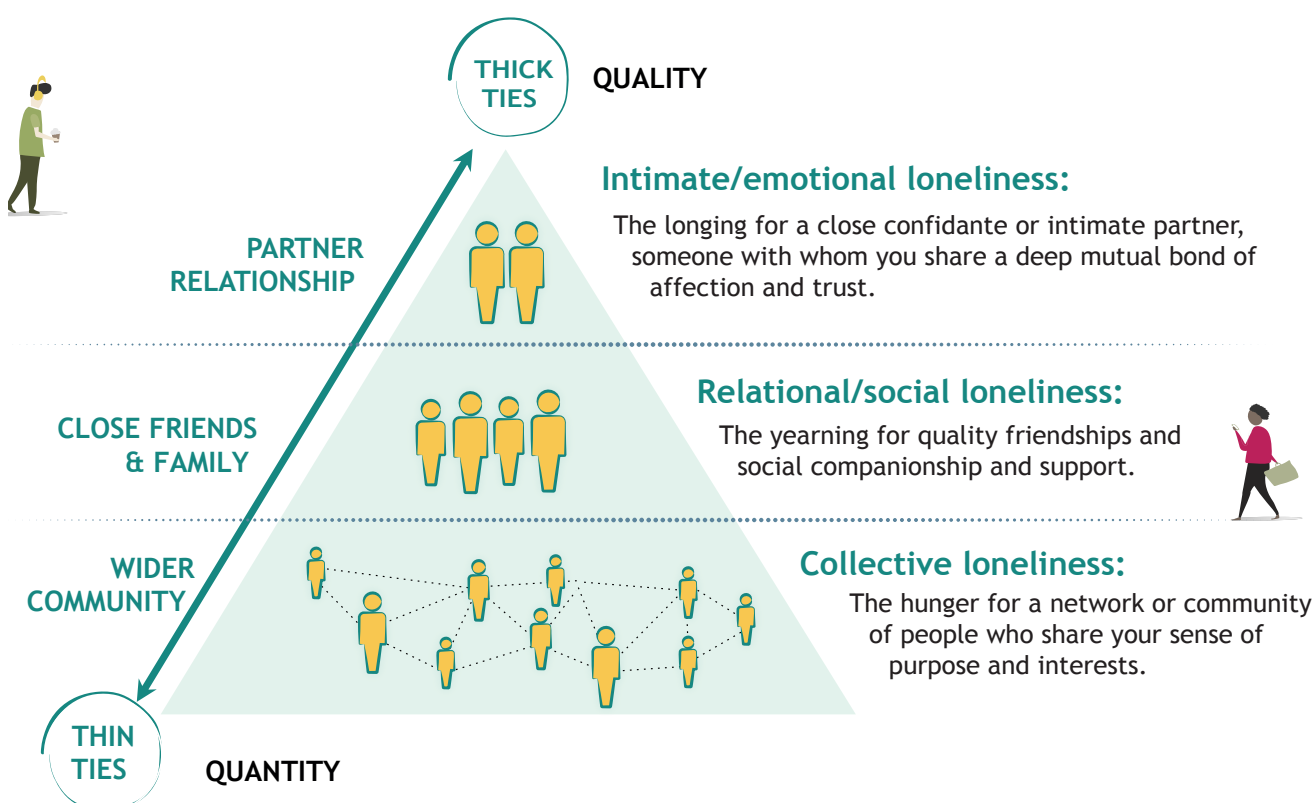
It has been argued that at the centre of our loneliness is our innate desire to connect; that we have evolved to participate in community, to forge lasting bonds with others, to help one another, and to share life experiences.

Connections between people can be categorised based on how closely associated people are with each other (see Figure one). At the top are partner relationships, intimate and close relationships between people that share a mutual bond and trust for each other. At the next level are family and close friends. Generally these will be people who can be relied on to provide social companionship and support when things are hard. Lastly, is the wider community. There are many people in this category, who may be only acquaintances but provide a sense of recognition and belonging on the way to the shops, when out walking the dog or sharing a cultural experience. These people enrich our lives, even if the individual bonds are not close.

The shape of a good relationship changes depending on context – the ‘thin ties’ we might have with local supermarket check-out staff look different to the thicker bonds between a carer and the person they tend to. Good relationships at each level can help to elicit some core emotional reactions: I belong, I feel safe, I feel cared for, I feel supported, I feel understood, I feel purposeful, I feel valued, I feel respected, I feel seen, I feel loved. In short: our thick and thin bonds with one another help us through thick and thin.

[Reference 9]

Figure one: Linking connections (‘ties’) and dimensions of loneliness [Reference 10]



## Loneliness across the life course

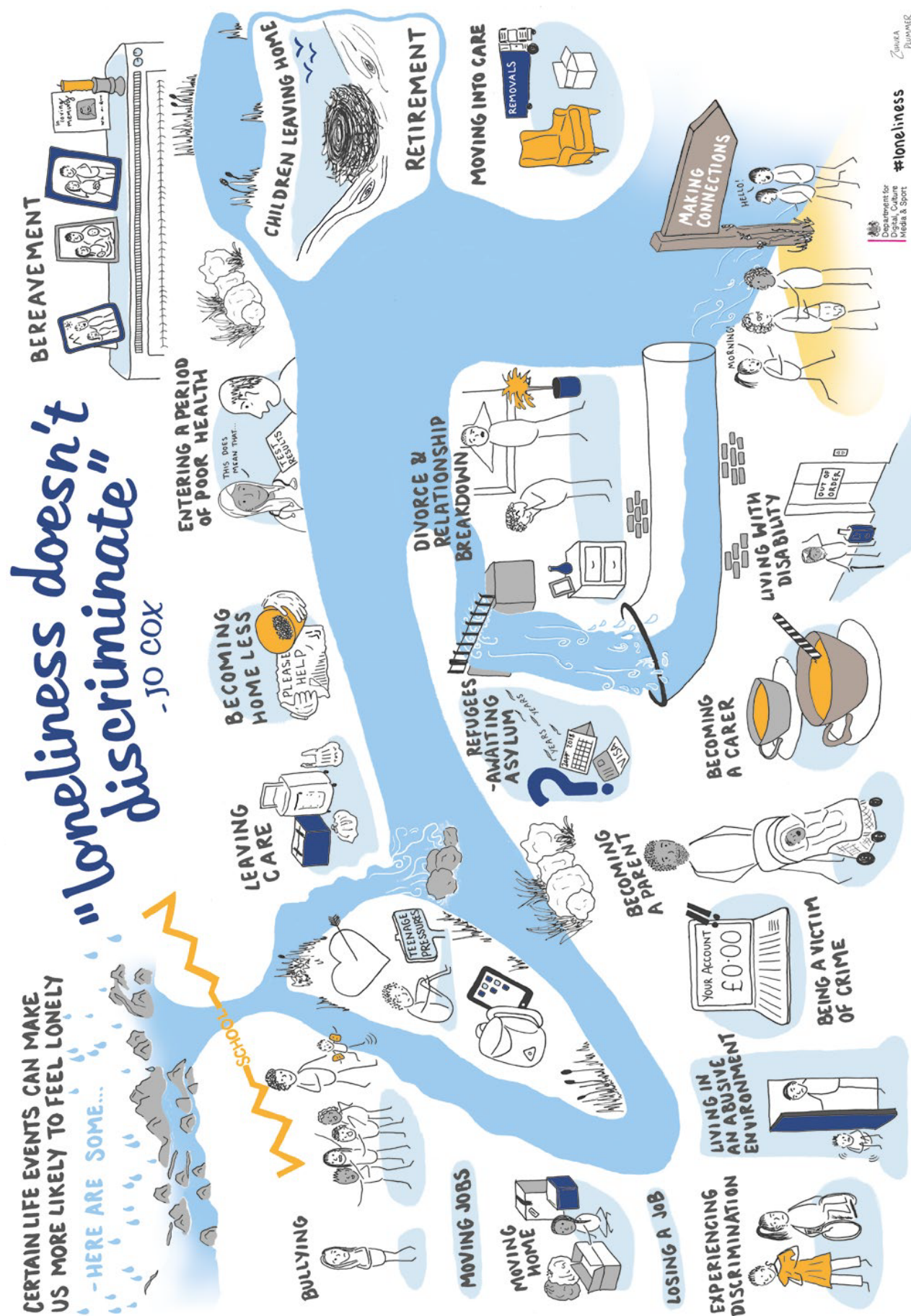
Historically, there has been a tendency to talk about loneliness in relation to different life stages, with an emphasis on early adulthood and later life when levels of loneliness tend to be higher. However, more recently there has been greater emphasis on the role of transitions in creating the risk of loneliness. This drives an understanding of loneliness as a life course issue that can affect people at any age, and supports an ‘all age’ approach to the issue.

Table one:

	Pregnancy	Early years. Childhood & adolescence	Working Age	Retirement & later life
Challenges	<ul style="list-style-type: none"> <li>• Inadequate social networks</li> <li>• Maternal depression</li> </ul>	<ul style="list-style-type: none"> <li>• Adverse childhood experiences</li> <li>• Being bullied</li> <li>• Being a young carer</li> <li>• Being not in employment, education or training (NEET)</li> </ul>	<ul style="list-style-type: none"> <li>• Being unemployed</li> <li>• Experiencing relationship breakdown</li> <li>• Poor social networks</li> <li>• Being a caregiver</li> <li>• Leaving care</li> </ul>	<ul style="list-style-type: none"> <li>• Bereavement</li> <li>• Loss of mobility</li> <li>• Poor quality living conditions</li> <li>• Being a carer</li> </ul>
Key areas for local action	<ul style="list-style-type: none"> <li>• Programmes to provide support during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Parenting programmes</li> <li>• Programmes to support the home to school transition</li> <li>• Building children and young people’s resilience in schools</li> <li>• Support for young carers</li> <li>• Strategies to reduce NEETs</li> </ul>	<ul style="list-style-type: none"> <li>• Back to work programmes</li> <li>• Programmes to support skills development to increase employability</li> <li>• Support for carers</li> <li>• Lifelong links programme</li> </ul>	<ul style="list-style-type: none"> <li>• Promote good quality work for older people</li> <li>• Provision of social activity</li> <li>• Support for carers</li> <li>• Support for the bereaved</li> </ul>

Source: PHE and UCL Institute of Health Equity

Figure two: A wide range of possible trigger points and life events can lead to experiences of loneliness.



# What is the impact of loneliness?

There is now a substantial evidence base about how chronic loneliness affects people's lives, their relationships and their health and wellbeing. When someone feels severely lonely over a long period of time this can have the most damaging effects and has been described as the "social equivalent of physical pain" [Reference 11].

It is vital that we seek to reduce levels of loneliness not only to help people live their lives more fully but because a lack of social connections increases the risk of early death and poor mental and physical health. Loneliness can also contribute to increased healthcare use and other societal costs, including reduced productivity at work and absenteeism.

## Health & social care use and wider costs for society

Since loneliness is linked to the development of a range of mental and physical health problems, it follows that loneliness could have an impact on how people use and need to access health services.

Among adults, loneliness has been shown to affect work productivity. A lack of social connection at work can lead to lower commitment, higher absenteeism and staff turnover, and those who report higher loneliness appear less approachable to colleagues.

### Loneliness and the estimated wider costs for society

Loneliness is likely to lead to higher costs in the public and private sector due to greater service usage, absences and productivity losses.



Productivity cost associated with severe loneliness has been estimated to be approximately **£9000** per person per year



A worker who is lonely will be **1.3%** less productive than those who are not



The cost of loneliness to UK employers at **£2.5 billion** each year



Increased staff turnover  
**£1.62 billion**



Ill health and associated sickness absence  
**£20 million**



Lower wellbeing and productivity  
**£665 million**



The impact of caring responsibilities  
**£220 million**



## Physical health

Loneliness is often described as a problem of increasing and epidemic proportions. The risks to health are also sometimes compared as equal to or greater in scale than other intractable public health concerns such as obesity, physical inactivity, smoking and air pollution. The usefulness of such comparisons has been debated due to the complexities in understanding the exact causal mechanisms and the size of the effect that loneliness has on measurable health outcomes, such as life expectancy. [\[Reference 12\]](#)

Nevertheless loneliness is rightly recognised as one of the country's most pressing public health issues. There is evidence that loneliness is linked with:

- higher rates of premature mortality - comparable with other major public health priorities - increasing the likelihood of mortality by 26% [\[Reference 13\]](#);
- an increased risk of high blood pressure [\[Reference 14\]](#);
- developing coronary heart disease and stroke [\[Reference 15\]](#);
- a greater risk of inactivity, smoking and risk-taking behaviour. [\[Reference 16\]](#);

Social isolation and loneliness are also risk factors for the progression of frailty in older people [\[Reference 17\]](#). For older adults the consequences of loneliness on physical health have been investigated extensively. For adolescents, research is more limited but is growing [\[Reference 18\]](#). Yet it should be clear that loneliness is associated with poor health outcomes for younger ages as much as for adults [\[Reference 19\]](#), [\[Reference 20\]](#).

## Mental health

Loneliness is known to have an association with mental health conditions. For example, people reporting loneliness are more at risk of becoming depressed, and depressed people are more at risk of becoming lonely [\[Reference 21\]](#).

Evidence shows that experience of loneliness is associated with:

- a range of mental illnesses including dementia, paranoia, psychosis, anxiety, depression and becoming depressed [\[Reference 22\]](#);
- suicidal thoughts, behaviours, and attempts [\[Reference 23\]](#);
- low self-esteem and reported sleep problems & increased stress response [\[Reference 24\]](#);
- cognitive decline and Alzheimer's [\[Reference 25\]](#);
- poorer cognitive function among older adults [\[Reference 26\]](#);
- self-harm behaviour in teenagers. [\[Reference 27\]](#);

Loneliness and low social interaction are also predictive of suicide in older age [\[Reference 28\]](#). More research is needed, but loneliness has also been found to be a significant predictor of both suicidal ideation and behaviour - with the association being stronger for groups including women and those 16-20 or over 55 years of age [\[Reference 29\]](#).

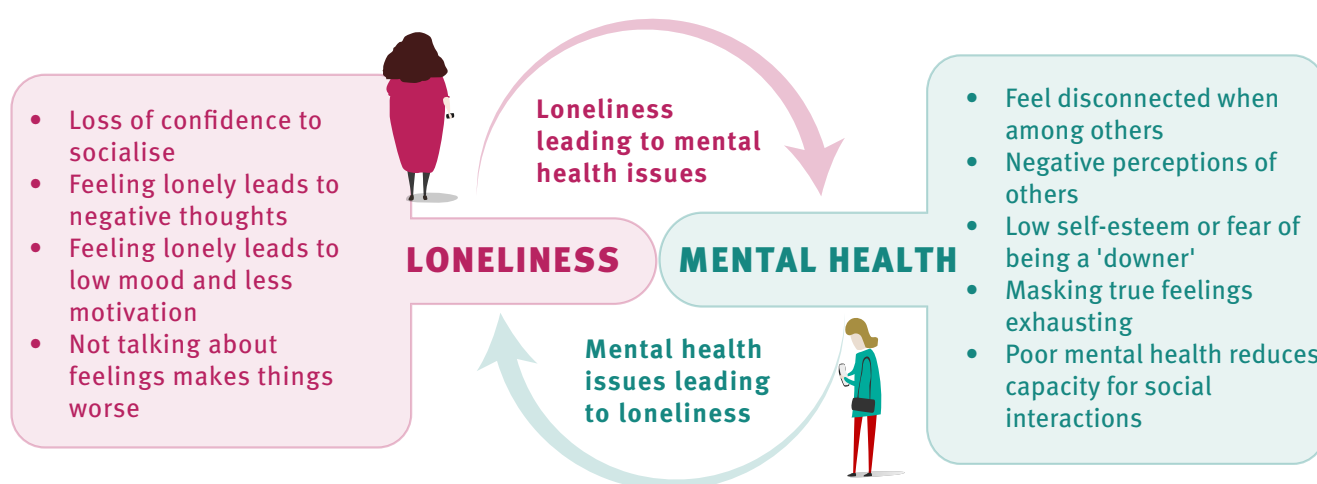
Although there is an important link between the experience of loneliness and mental

health conditions, the nature of the relationship between the two is less well understood, particularly among groups at greater risk of loneliness. Experiencing loneliness could contribute to the onset of depression, which can then become a chronic illness [Reference 30]. It has been found that there is a bidirectional link between depression and anxiety and loneliness, and that loneliness is a predictor of worse outcomes in those with depression [Reference 31].

Recent qualitative research explored the experiences of loneliness among those who had experienced a mental health condition and supported the suggestion that loneliness can lead to mental health issues and vice versa [Reference 32] (see Figure three).

**Figure three: The bi-directional relationship between loneliness and mental health**

Source: DCMS 2022 [Reference 33]

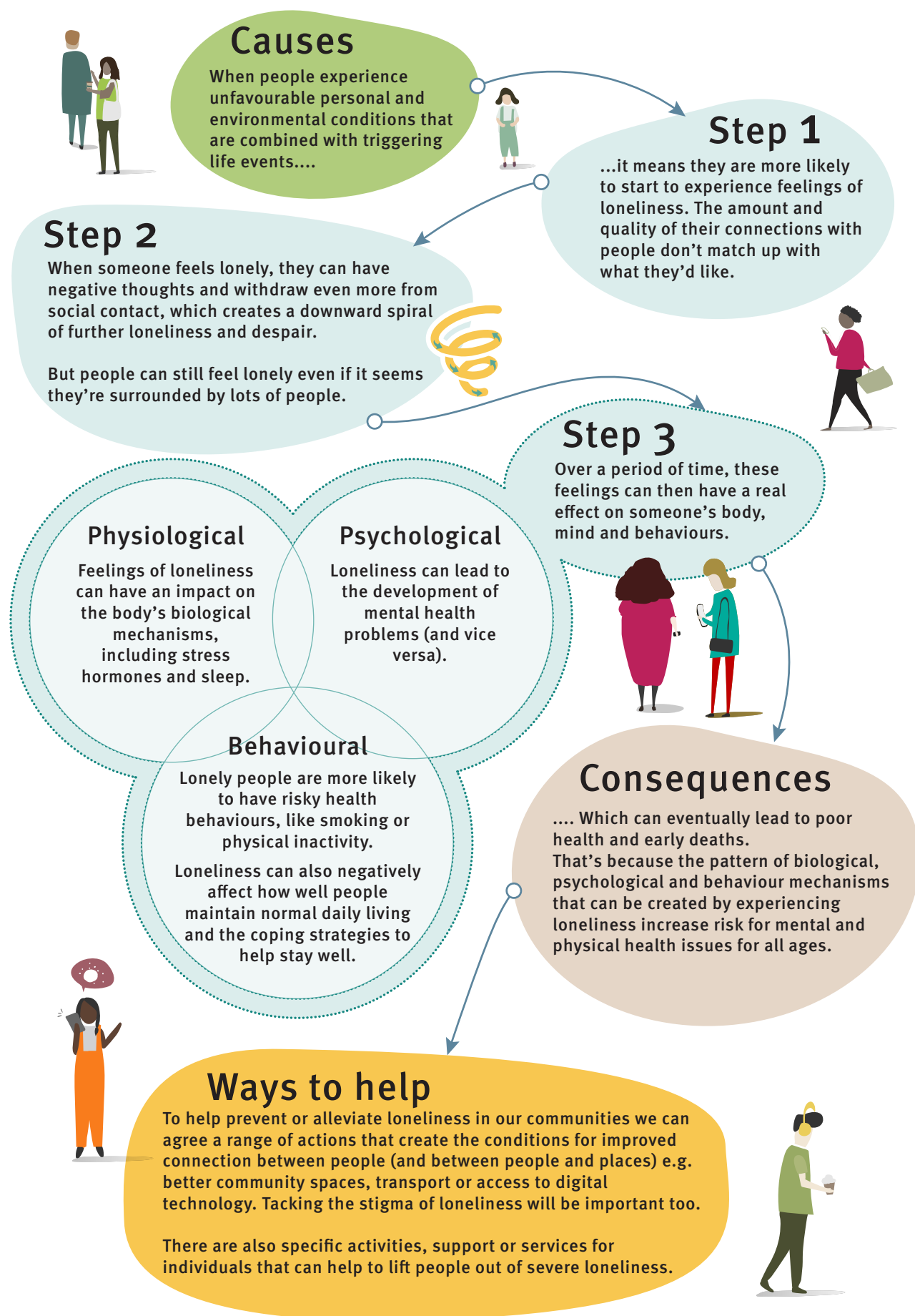


Note: these findings come from qualitative research with people with experiences of loneliness and poor mental health.

## How does loneliness actually work to affect health and wellbeing?

Figure four shows how loneliness can arise, the health problems that result from chronic loneliness and the viable ways that loneliness can be prevented and tackled. It should be noted that this is a simplification of the complex interactions and different pathways that may create experiences of loneliness and consequent impacts on health [Reference 34].

Figure four: How loneliness can arise



# Loneliness in England and East Sussex

## Adults

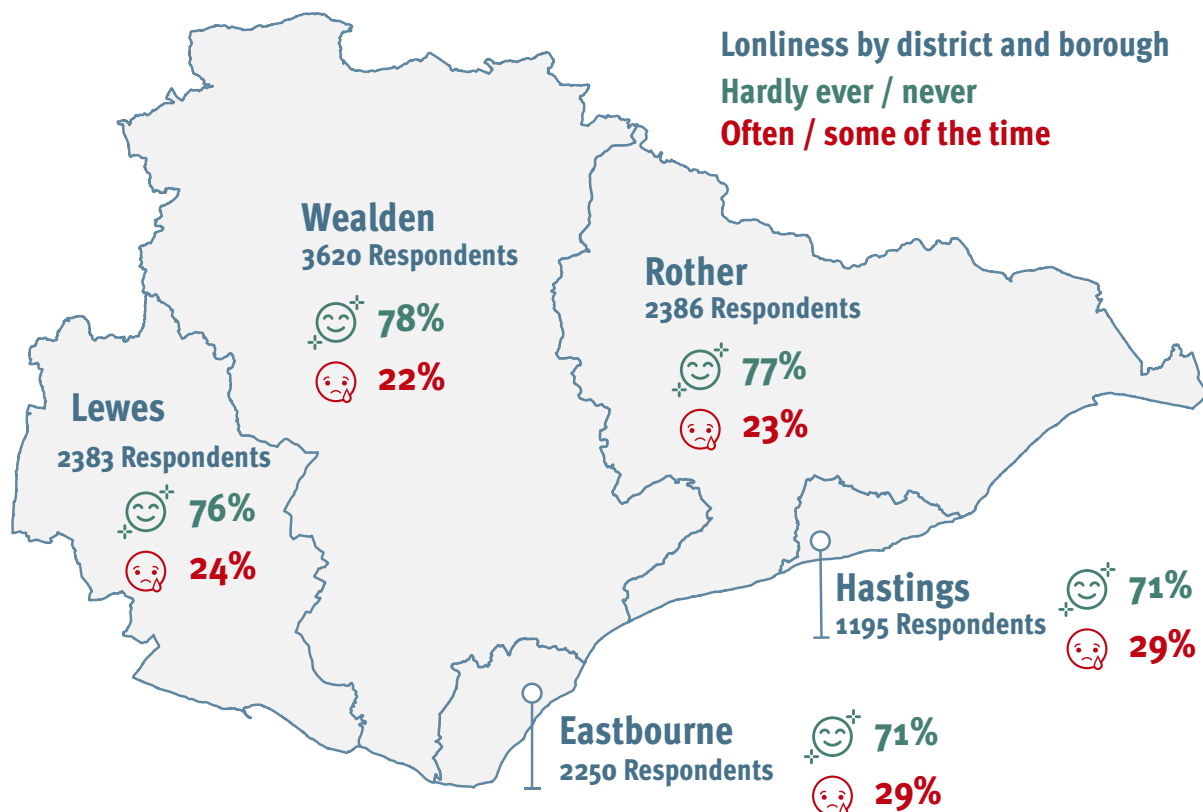
The national Community Life Survey asks adults about feelings of loneliness. Overall 6% of respondents in England in 2021/22 said they feel lonely often or always (approximately 3 million people) and 21% of respondents said they never feel lonely (approximately 10 million people) [Reference 35].

East Sussex County Council's Community Survey carried out in 2019 found that a quarter of respondents reported feeling lonely often (5%) or some of the time (20%), with feelings of loneliness not changing much from the local surveys carried out in 2015 and 2017 [Reference 36].

Compared to East Sussex overall, people living in:

- Hastings and Eastbourne are more likely than average to feel lonely often or some of the time
- Rother and Wealden are more likely to say they hardly ever/never feel lonely living in their local area

Figure five: Feeling lonely in district/boroughs of East Sussex



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Source: East Sussex Community Survey 2019



**Feelings of loneliness are more prevalent in East Sussex particularly amongst those likely to spend more time at home, including:**



Other groups at greater risk of loneliness include:

- social tenants (46%) and private renters (39% vs. 20% of owner occupiers);
- ethnic minorities (40% vs. 25% of White residents);
- people with no qualifications (34% vs. 25% overall);
- women (26% vs. 24% of men), and;
- those who do not feel they belong to their immediate area (40%).

## Carers

A national survey of adult carers in England measures self-reported social contact amongst carers, and shows that in 2021/22 in East Sussex, 30% of adult carers aged 18+, and 32% of adult carers aged 65+ reported that they had as much social contact as they would like. This is similar nationally (28% and 29% respectively) but still represents just one third of respondents who feel they have enough social contact. [\[Reference 37\]](#)

## Vulnerable adults

In 2021/22 in East Sussex, 48% of adult social care users aged 18+, and 44% of adult social care users aged 65+ reported that they had as much social contact as they would like, significantly higher than nationally (41% and 37% respectively). [\[Reference 38\]](#)

## The impact of a pandemic on loneliness

Analysis undertaken by the ONS mapping loneliness during the COVID-19 pandemic [\[Reference 39\]](#) found that, rates of loneliness were identified as being more prevalent in areas with higher concentrations of young people, and higher rates of unemployment, with countryside areas reporting lower rates of loneliness. The analysis showed that rates of loneliness were higher in Eastbourne, but generally lower in the rest of the county, although this should be treated with some caution due to low sample sizes.

## Children and young people

The national Mental Health of Children and Young People 2022 survey [\[Reference40\]](#) found that 5% of 11-16 year olds and 13% 17-22 year olds in England reported often or always feeling lonely. Key findings from the survey suggest:

- A loneliness gender gap with girls significantly more likely than boys to report feeling lonely in both 2020/21 and 2021/22;
- No clear difference in rate of loneliness between those with and without SEN;
- No clear difference in rate of loneliness associated with free school meal eligibility;
- No differences in loneliness between white and ethnic minority respondents.

The My Health, My School survey gathers information on health and wellbeing views, behaviours and choices from children and young people aged between 9 and 18 in state-funded schools in East Sussex. Of the 9,500 pupils responding to the question of how often they felt lonely, just under half (46%) reported feeling lonely sometimes: 16% every day and 30% 2-3 days a week. The proportions of pupils feeling lonely were consistent across both primary and secondary school pupils.

Two fifths (43%) of pupils asked reported that they had sufficient information from the school or college to understand how to cope with loneliness, but a third (36%) felt that they needed better information on coping mechanisms from their school or college.

Three quarters of pupils felt they dealt with feelings of loneliness well or ok (77%) but overall, 23% reported that they didn't feel that they coped with feeling lonely well.

The most common coping mechanisms across all ages for feelings of worry, sadness, anger or loneliness were watching TV/films/YouTube/Netflix, playing or listening to music spending time with pets or online gaming.

# Who is more at risk of experiencing loneliness?

There is increasing recognition that loneliness can occur across the life course and is not just a risk associated with later life [Reference41], [Reference42] but is also connected to factors such as social class, gender, ethnicity, sexual orientation, and physical environment [Reference43]. In this sense, many of the determinants of loneliness are interrelated and their particular association with loneliness may be shaped by other risk factors.

Analysis of national survey data has identified characteristics and circumstances associated with feeling lonely amongst adults aged 16+ in the UK [Reference44], [Reference45]. Many of these risk factors are linked and can increase the likelihood of experiencing loneliness, and almost all predictors of loneliness were consistent over time. Factors increasing risk of loneliness include:

Risk group or factor	Reporting of chronically lonely
Younger aged adults 16-34	Greatest risk of any age group, with reporting of loneliness generally decreasing with age. 5x greater risk of chronic loneliness than people aged 65+
Poor mental wellbeing	28% compared to 4% without mental distress
Disability or long-standing health problem	2.9x greater likelihood than those with no health condition or disability
Living alone, divorced or widowed (and not cohabiting)	Of those living alone, those never married were 2.5x more likely to report chronic loneliness, and those separated or divorced 3.5x than those who lived with a partner.
Gay, lesbian, or bisexual sexual orientation	Compared to heterosexual people, gay or lesbians were 1.4x, bisexuals 2.5x and people identifying their sexual orientation as 'other' 2.3x more likely to report chronic loneliness.
Lower income	9.3% of those in the two poorest quintiles, compared to 4.2% of those in the wealthiest quintile. Higher reported loneliness is consistent across all models.
Social class	1.3x greater likelihood for people in semi-routine professions than in management/professional roles.

Risk group or factor	Reporting of chronically lonely
Worklessness	8.4% compared to 4.8% of those in work
Recently moving home	8.3% compared to 6.2% of those not recently moved, although this stops being a risk factor for loneliness after controlling for age, sex and ethnicity
Being female	1.4x more likely to experience transient (short-term) loneliness than men
Renting	Over 2x more likely to report feeling lonely often/always than homeowners
Lower neighbourhood belonging	Nearly 2x more likely than those with strong feelings of neighbourhood belonging
Women/older people with caring responsibilities	Descriptive analysis showed caring mainly to be a risk factors for loneliness in older people and women

Source: adapted from DCMS, 2022, and ONS 2018

## Age

### Children and young people

Experiences of social loneliness among children and young people can be seen for those who have been identified as particularly vulnerable to loneliness due to changes throughout school-life, unstable social networks, identity exploration, and going through physical changes. Young people are also navigating the tension between social connection (including navigation of social media), and development of independence from friends and family which can also lead to loneliness if a balance isn't created.

Analysis of data on nearly 12,000 14-year-olds in England [\[Reference 46\]](#) found that loneliness was nearly two times greater among girls than boys, was greater amongst adolescents of white or mixed race, and that all negative feelings are significantly positively correlated with loneliness. Key risk factors were divided into social and psychological factors:

- Social factors: social support, having a best friend, frequency of arguing with each parent, frequency of being bullied by siblings, peers, or others online
- Psychological factors: negative feelings, self-harm, coping strategies for worry

## Younger adults

Loneliness in young adults is often linked to times of transition, which often occur in quick succession for young people. [\[Reference 47\]](#) For example facing economic uncertainty, navigating identity issues, facing pressure to succeed, feeling different, or pressures of first time experiences. Social media was also found to influence feelings of loneliness, particularly if seeing others having ‘fun’ or not getting many ‘likes’ for social media posts. Conversely for others technology provided positive opportunities for friendship and connection and provided meaningful relationships.

## Older adults

The literature on loneliness is largely focused on older people (generally defined as over 55), with identified triggers for social loneliness including: disruptions to social networks and meaningful engagement in later life, often associated with retirement or physical restrictions of illness and disability; loss of a loved one; living alone, chronic illness, hearing loss and a sense of lost community. Specific diseases and impairments associated with later life can also increase loneliness, either due to stigma or embarrassment (for example poor oral health or [\[Reference 48\]](#) incontinence [\[Reference 49\]](#)), or to communication, comprehension or mobility (for example frailty [\[Reference 50\]](#) or sensory impairment [\[Reference 51\]](#)).

## Gender

There is some evidence that men and women tend to experience loneliness differently, both in later life but also earlier, with factors such as caregiving roles influencing experiences. It has been suggested that men may be more likely to experience emotional loneliness, for example being less inclined after later life bereavement or post-retirement to seek support from neighbours and friends. Whilst women may be more likely to experience social loneliness due to the increased likelihood of having a care-giving role, later life bereavement or shorter paid working hours than men. For both men and women, living alone and poor mental health have been strongly associated with increased loneliness, but for women population sparsity (rurality), and physical health have been found to be more significant predictors of loneliness than for men [\[Reference 52\]](#).

## Ethnicity

While ethnicity itself has not been found to be a predictor of loneliness, when age and sex are considered the risk of loneliness has been found to increase for some ethnic minorities. Recent UK research found people from minority ethnic backgrounds were less likely to feel a sense of neighbourhood belonging than White British respondents and were more likely to have experienced discrimination either at work or in their local neighbourhood, both of which were linked with increased loneliness [\[Reference 53\]](#). People from ethnic minority groups were also less likely to feel confident in accessing community activities and support.

## Sexual identity

Sexual orientation has been found to be a strong indicator of loneliness. This association is consistent across those who are gay, lesbian, bisexual or identify as 'other' to heterosexual, with bisexual people most likely to report feeling lonely. Some wider research suggests that an individual's sexual identity affects feelings of loneliness [Reference 54]. Among older gay, lesbian and bisexual people, perceptions of discrimination based on sexual orientation were found to increase feelings of loneliness, and those who experienced discrimination, racism and poverty were more likely to have chronic loneliness [Reference 55].

## Carers

There is a lack of research focused on loneliness amongst family caregivers [Reference 56], despite data indicating carers to be at greater risk of loneliness. Carers are at greater risk of poor psychological and physical health than non-carers, including stress and depression, lower subjective wellbeing, and social isolation [Reference 57]. Though in-depth research is lacking, it has been estimated that 8 in 10 carers in the UK have felt lonely or socially isolated as a result of their caregiving situation [Reference 58], with a particular impact in terms of self-alienation [Reference 59]. Predictors of loneliness in carers include lower education level, low self-efficacy, poor physical health and being female. Loneliness in carers is associated with psychological distress, depression, and low quality of life.

## Physical health, disability, mental health and wellbeing

Specific chronic conditions such as cardiovascular disease and stroke have been found to be risk factors for experiencing loneliness due to increased social isolation, low social support and lasting symptoms such as visual deficits [Reference 60] and difficulties with speech and swallowing which can impair ability to interact with others [Reference 61]. Chronic pain (largely due to musculoskeletal disease) also increases risk of loneliness linked to reduced physical and social activity and participation [Reference 62].

While loneliness is not a core diagnostic feature of depression, it can be an associated symptom, particularly where depression impacts on social function and wellbeing, fewer social connections and cognitive function [Reference 63].

Neurodegenerative conditions such as dementia, Alzheimer's disease and Parkinson's disease also increase the risk of social isolation through impairment of cognitive functioning (memory, reasoning or language skills) and social functioning (processing facial emotion or regulating emotions) [Reference 64], [Reference 65].

## Wider risk factors for experiencing loneliness

### Housing circumstances

- Renters are significantly more likely to report loneliness than those who own their home, particularly young renters with little sense of belonging to their area.
- Those who have moved within the last 12 months have been suggested to be more likely to be lonely

### Environment and place

- Loneliness is more common in more deprived areas and in areas that do not support social connectedness. For example areas with poor transport networks (particularly for older adults no longer able to drive [\[Reference 66\]](#)), lack of green space, lack of local activity choices, poor digital connectivity and lack of socialising opportunities for young people outside of education [\[Reference 67\]](#), [\[Reference 68\]](#).
- Young people also report feeling particularly lonely in densely populated urban areas despite potentially better socialising opportunities [\[Reference 69\]](#);
- Individuals with a higher sense of belonging to their neighbourhoods and higher trust in their neighbours feel less lonely [\[Reference 70\]](#), [\[Reference 71\]](#).

### Social support networks

- Those who lack, or have difficult or unfulfilling social networks have been found to feel increased loneliness [\[Reference 72\]](#), [\[Reference 73\]](#), [\[Reference 74\]](#) and this has also been linked to lower self-worth, sense of value and interconnection. [\[Reference 75\]](#)
- Those who see friends or family less than once a month or never are more likely to be lonely than those who see them daily, and those who don't chat with their neighbours are more likely to feel lonely than those who do.

### Living alone

- Those living alone are at greater risk of chronic loneliness than those living with others.
- Never being married or in a civil partnership are some of the strongest predictors of chronic loneliness at all life stages.

### Socioeconomic inequalities

- People who live in more deprived areas, and those on lower incomes are both significantly more likely than those in less deprived areas and those on higher incomes to report being lonely.
- People in semi-routine professions are more likely to report loneliness than those in management or professional roles.



## Employment

- People who are unemployed (and seeking work) have been shown to be significantly more likely to report loneliness “often/always” than those in employment or self-employment.

## Social stigma

- Those who are more marginalised in society report more loneliness than those who are not. This association has been identified in relation to minority ethnic background, mental health difficulties, immigrants, transgender people, sexual minorities, and homeless people, with prejudice and discrimination found to be one of the strongest predictors of experiences of loneliness and relationship strain.

## The impact of a pandemic on loneliness

National survey data collected between October 2020 and February 2021 indicated an increase in loneliness from 5% of adults reporting they were often or always lonely before the pandemic, to 7.2% during it. Some analysis has also shown that, during the pandemic, areas with a higher concentration of 16-24 year olds and/or higher rates of unemployment tended to have higher rates of loneliness; and rural areas had a lower loneliness rate than urban, industrial, or other types of area. Important place-based differences were found in how much gender, sexual orientation and minority ethnic background affected feelings of loneliness across regions [\[Reference 76\]](#).

COVID-19 restrictions were found to have heightened the prevalence of loneliness for those already at risk, particularly amongst young adults, adults living alone, and those with mental health problems [\[Reference 77\]](#). Pre-pandemic predictors of chronic loneliness before the pandemic, including being female, aged 16-24, having a disability, living alone, being a student [\[Reference 78\]](#) and being gay, lesbian or bisexual (LGB) remained predictors of chronic loneliness in the pandemic [\[Reference 79\]](#). Those found to be at greater risk included infrequent users of the internet, people of Black ethnicity compared to those of White ethnic background, those living in households of two people or less, and those without close relationships with others (measured by the extent to which they felt they could open up to someone).

Analysis of loneliness among children and young people suggests that some aspects of mental health and wellbeing, such as subjective happiness and life satisfaction look to have now improved to pre-pandemic levels, [\[Reference 80\]](#) albeit inconsistently. However, other aspects, including anxiety, loneliness and mental health, may have worsened further [\[Reference 81\]](#), [\[Reference 82\]](#).



# What works in tackling loneliness and improving connection?

As part of the Connected People and Places project (page 39) Collaborate CIC produced a rapid evidence review on approaches to tackling loneliness. This informed the work to develop a systems approach to tackling loneliness and social isolation, and partnership approaches to develop community wellbeing in East Sussex [Reference 83].

## Types of intervention - moving towards a systems approach to tackling loneliness

Over the years a number of broad categories have been used to identify interventions to address loneliness, predominantly focusing on group activities or services and those offering individual support and one-to-one services such as befriending, social support and community navigators/Wayfinders.

In 2015 the Campaign to End Loneliness identified that some limitations to this approach and subsequently developed the Promising Approaches framework (2015) (updated as Promising Approaches Revisited in 2020). This sets out a way of understanding the core elements of an effective response to loneliness at community level [Reference 84], [Reference 85]. It has a focus particularly on older people but has relevant insights for approaches across the life course.

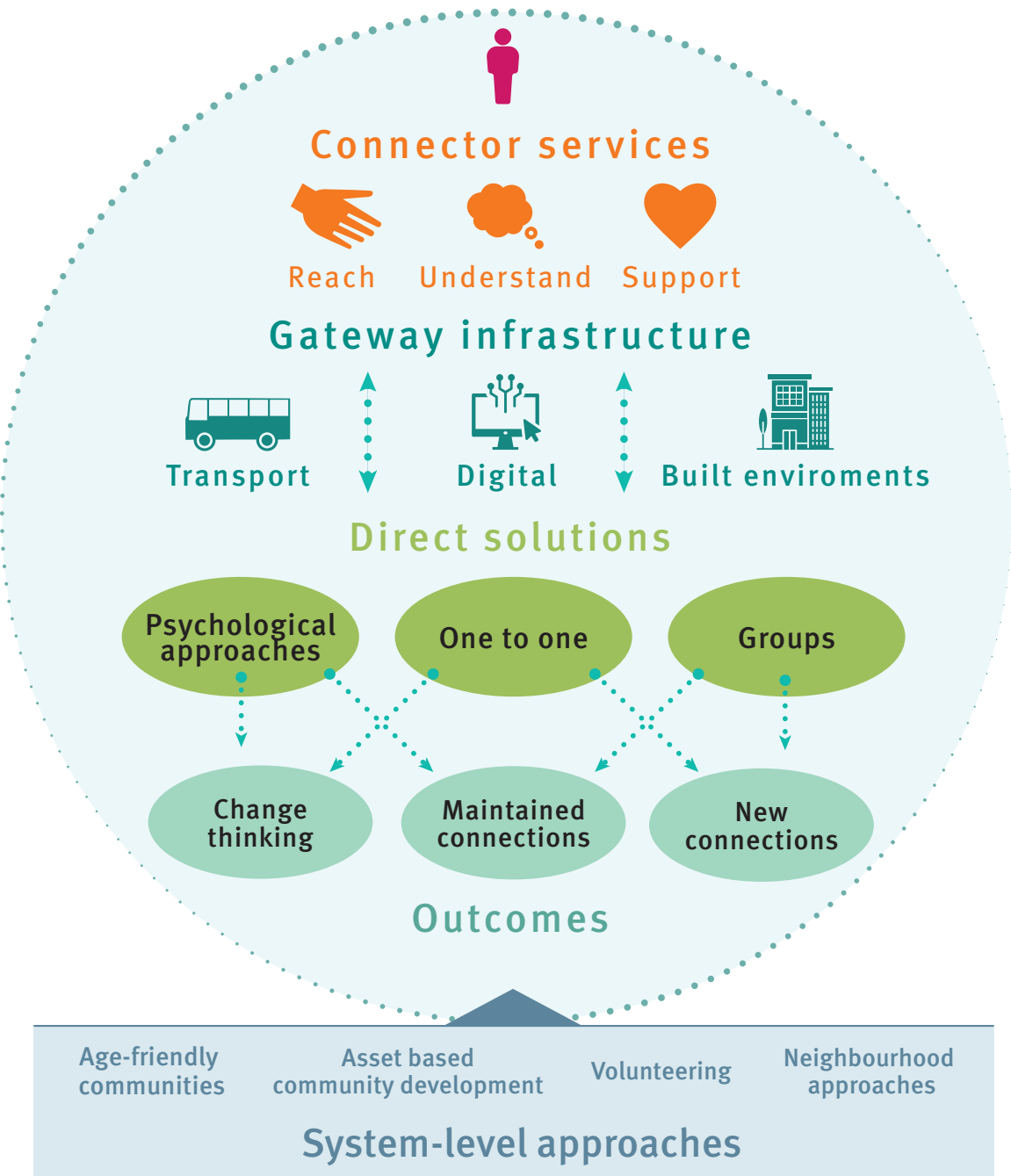


Photo source: SCIP charity [wearescip.co.uk](http://wearescip.co.uk)

# Promising Approaches Revisited

Within any given locality, a multi-faceted approach is needed to address loneliness and the Promising Approaches framework sets out the broad categories of approaches, and the most common types that sit underneath them (see Figure six).

Figure six: Promising approaches framework



Source: The Campaign to End Loneliness [Reference 86]

## Connector services

Connector services are needed to provide the loneliest individuals with the support they need to access and engage with the direct solutions available in communities and those which:

- Reach lonely individuals
- Understand the nature of an individual's loneliness so that a personalised response can be offered
- Support lonely individuals to access appropriate services, helping them overcome practical and emotional barriers.

These are the first steps taken in the work to reduce an individual's loneliness and provide a way into the more commonly recognised interventions, like social groups and befriending schemes.

## Gateway infrastructure

Gateway infrastructure which includes transport, digital technology and the built environment is vital for an effective community response to loneliness.

As much of this infrastructure lies within a local authority's sphere of influence it is important to consider how policies might inadvertently create barriers to connection - and increase the likelihood of loneliness among particular communities.

For example, the built environment can influence how safe or friendly the local area feels, as well as how people move around and connect within neighbourhoods. The Campaign to End Loneliness has recently developed specific recommendations for tackling loneliness through the built environment [\[Reference 87\]](#), and suggests that it is important for there to be the right mix of spaces for different kinds of interaction, and to involve local people in the development of plans.

## Direct solutions

Direct solutions reduce loneliness by doing one or more of the following:

- Supporting people to maintain and improve their existing relationships
- Helping people to make new connections
- Enabling people to change their thinking about their social connections

Communities need to offer a range of direct solutions so that people can find a solution that fits their particular circumstances, and that gives them opportunities to connect with people in ways that work for them.

## System-level approaches

System-level approaches create the environment in communities which enables loneliness to be addressed. They are not interventions but ways in which local authorities and other institutions can encourage and support communities to develop approaches, groups and activities.

In the same way that good infrastructure is necessary to allow people to connect with each other and with groups, system-level approaches are necessary to support communities to develop and sustain groups and activities where people can connect. They include:

- Neighbourhood approaches
- Asset based community development (ABCD)
- Age-friendly communities
- Volunteering.

## Neighbourhood approaches

The neighbourhood is an important locus for action on loneliness as people who are at risk of experiencing loneliness often spend more time in their immediate neighbourhood, and often feel a greater commitment to their neighbourhood [\[Reference 88\]](#).

The move to ‘place-based’ working, in which work is arranged around places defined by a sense of community, rather than in administrative silos, has gained significant traction in recent years. Using a place-based approach, issues - including health inequalities, poor housing, social isolation, ineffective services, and limited economic opportunities - are addressed holistically across the community. This may be particularly effective in picking up issues like loneliness which influence and are influenced by outcomes across a wide range of institutional responsibilities from health to housing, to transport, to care services.

## Social infrastructure and community hubs

Social infrastructure may be defined as ‘the physical places, and the organisations that have a physical plant... that shape our capacity to interact with one another.’ [\[Reference 89\]](#), and there is increasing consensus that this is an important component of systems approaches to building connection and tackling loneliness.

A range of approaches to community infrastructure can be used to boost social relations and wellbeing in a community [\[Reference 90\]](#). Accessibility and inclusion is a key issue, including how excluded or marginalised groups can get involved in the organisation and planning of projects and through volunteering.

Creating a safe and friendly environment reflecting local culture, making the most of skilled facilitators and considering the long-term sustainability of the premises are also key ingredients.

Community hubs are associated with several community wellbeing outcomes that:

- boost social / community cohesion and connection;
- increase pride in area;
- increase civic activity / participation;
- build trust;
- increase individuals' knowledge / skills;
- increase social networks;
- increase social capital.

## **Asset based community development (ABCD)**

The ABCD approach is based on the principle of identifying and mobilising individual and community strengths or 'assets,' rather than focusing on problems and needs, or 'deficits.'

A number of communities have taken this approach to addressing loneliness, including many in the Ageing Better programme partnerships funded by the National Lottery Community Fund. Using this approach may be impactful in addressing loneliness, because it is most likely to lead to communities finding solutions which are:

- What people want
- Built around involving people
- Sustainable

The Connection Coalition and The Jo Cox Foundation used a test-and-learn approach to develop seven 'keys for connection' which when considered and applied, they found helped to unlock social connections between people (info box one) [\[Reference 91\]](#). These tips are grounded in community experiences and activities and are aimed at those directly delivering work to create and maintain social connections.

## 7 keys for unlocking social connections within communities

### 1. Consider your space

The right event space is needed to ensure that people feel safe and relaxed. This doesn't mean high-end buildings which can often feel too formal, but a space intentionally selected to be accessible and facilitate connection.

### 2. Consider your activities

Finding an activity helps make people feel more at ease. It gives people something to focus on, allowing time for conversations and connections to develop naturally. It allows those who might be nervous to participate without having to talk straight away.

### 3. Remember we can achieve more together - organisations

As activity and event organisers, we can benefit from making connections and collaborating with others. Working with other organisations with shared values enables an exchange of constructive feedback, opportunities and new ideas. Working with other organisations and groups already known to the people you're trying to connect with can help build trust and understanding.

### 4. Remember we can achieve more together - the community

Involving communities in the planning and delivery of activities improves outcomes for everyone. One of our collaborators put it best: "exploring this topic with community members helped them to feel invested, feel empowered, heard, and is a creative way to create new ideas and solutions, as well as understand what people really need."

### 5. Pay attention to the small things

Connections aren't automatically created when you bring people together, it requires intention and attention. Paying attention to the details can help give people reassurance and the tools to help them navigate new connections and experiences.

### 6. Allow enough time

Building trust, relationships and creating meaningful connections takes time. It needs long-term thinking and is built when we are vulnerable with each other, which happens when we feel safe and valued. Whether it's between you and other organisations, or between participants, allowing enough time for individuals to build trust and relationships will pay off.

### 7. Identify barriers to participation and how you might overcome them

Anyone can benefit from increasing the number or quality of their social connections. However, we know that certain groups and individuals are more at risk of loneliness and disconnection, and many people face additional barriers when it comes to creating social connections.

Source: The Jo Cox Foundation, 2022





## Volunteering

Volunteering is effective as both an enabler of effective loneliness interventions and a way of preventing loneliness. Involving people as volunteers gives them the opportunity to participate rather than receive, and to engage in a socially valued role. Contributing to the community (whether through formal volunteering or more informal involvement) has positive impacts on volunteers' own wellbeing and social connection [\[Reference 92\]](#). Therefore, building an emphasis on volunteering into the strategic approach to loneliness in a community can be an effective way of delivering cost-effective interventions, and enabling more people to connect.

Many of the people who made such an important contribution during the COVID-19 pandemic have now stepped away from these roles. It is a challenge for some organisations to re-engage 'pre-COVID-19' volunteers in ways that work for them, including through remote and more flexible options.

## Age-friendly communities

The Age-Friendly Communities Framework, developed by the World Health Organization, includes a number of key domains around which communities can take action to help people age well. [\[Reference 93\]](#), [\[Reference 94\]](#). At the heart of the framework is a commitment to shift policy and practice away from a negative framing of later life to support healthy and active ageing, and inclusion and participation throughout life.

These communities are not only better placed to address loneliness as a standalone issue, but also on some of the underlying key factors including transport, housing, and, crucially, attitudes to ageing.

While social connection is intended to be a key consideration in those areas seeking age-friendly or dementia-friendly status, evidence is not yet developed on whether the adoption of such initiatives has a direct impact on loneliness. However, research demonstrates that negative attitudes to ageing can present a barrier against people taking up support available to enable social connection. Therefore, efforts to address these attitudes within a community are likely to be part of the solution.

## Social prescribing

As a key component of personalised care in the NHS, social prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing. It is an all-age, whole population approach which is said to work particularly well for people who are lonely or isolated. [\[Reference 95\]](#)

Social prescribing schemes take a variety of forms, with the best schemes covering the full range of ‘reach, understand and support’ functions outlined in the Promising Approaches framework. There is growing interest in social prescribing schemes and increasing drives for consistent practice through a shared training and development framework for social prescribing link worker roles. [\[Reference96\]](#)

There is emerging evidence that social prescribing and connecting people to their community can lead to a range of positive health and wellbeing outcomes for people [\[Reference97\]](#) however more robust and systematic evidence is needed on the effectiveness of social prescribing in relation to tackling loneliness.

## Societal approaches

Societal approaches to loneliness may be understood as those which characterise loneliness as primarily as a side effect of change in modern society - e.g. home working / greater mobility / family breakdown / digital change.

This suggests that the solution is to shift the balance back towards a more social and connected way of living, and while there are a range of approaches that can achieve this, a common thread between them is a sense of collective responsibility - i.e. that loneliness is not an issue which requires a provider to do something to a recipient, but instead an effort in which we are all involved.

Approaches range from schemes that encourage individuals to change their own behaviour (often characterised as attempts to start ‘social movements’), to more proactive change programmes - such as Age-Friendly Communities, or more structured approaches such as Community Development work.

## Behaviour change campaigns

Several approaches have attempted to bring about a cultural shift on loneliness in recent years. The majority have sought to encourage behaviour change among individuals and communities - by attempting to break down the stigma of loneliness; and to promote greater connection between people.

Some have been quite vague in their appeals for support - or have approached loneliness paternalistically, e.g. asking people to ‘look out for lonely people,’ but more often they include an aspect of mutual help and support.

Whilst encouraging people to ‘be more friendly’ may have an effect on the ‘thin ties’ within a community (e.g. more smiles and hellos shared with shop workers or neighbours) the balance of evidence favours more explicitly ‘prosocial’ calls for connection - those that encourage more meaningful connections and foster reciprocity.



## Community cohesion and building community through events

Although measuring impact is very difficult, another area of growing interest is whether we can build community connection and a sense of cohesion within communities through events which explicitly set out to bring communities together.

This remains a key theme for the Jo Cox Foundation, with the biggest public facing event being the Great Get Together, alongside Eden Communities' Big Lunch.

The Big Lunch has gathered some data, which suggests that their events foster a greater sense of connection between participants and that individuals feel less lonely as a result of participation [Reference 111]. And this is not the only example of such schemes - with Play Streets and the Government's Pocket Parks programme also attempting to engender similar connections. [Reference 112], [Reference 113]

Linked to this area, is the growing interest in engineering opportunities for intergenerational contact, For example, Channel 4's 'Old People's Home for Four Year Olds' project has inspired many others to spring up in communities. [Reference 114]

## Other preventative interventions

Although the Promising Approaches framework recognised the potential of psychological approaches in addressing loneliness, it did not encompass those psychological approaches designed to build resilience to loneliness, by equipping individuals with tools to support them through times of risk. Nor did it recognise the potential of 'self-help' / 'self-care' approaches in preventing loneliness. [Reference 98]

## Resilience support

A review of loneliness through the life-course demonstrated the impact of particular personal characteristics and traits in exacerbating the risk of loneliness and argued that resilience training could play a role in reducing loneliness.

Some services have been developed such as the Positive Ageing Resilience Training programme [Reference 99] which also forms part of some pre-retirement programmes, and is part of wide support packages offered in some areas to people with mental health issues. However, this remains a relatively under-developed area.

## Self-care

There is significant interest in encouraging better self-care among people with long-term health conditions and mental health issues - including encouraging self-care and self-help as a means of primary prevention - for example through the Five Ways to Wellbeing [Reference 100]. However, while self-care approaches to loneliness have been proposed - there has not yet been a concerted attempt to encourage this.

In their think piece for the Jo Cox Commission on Loneliness, Seema Kennedy and Rachel Reeves floated a potential self-help message around loneliness of ‘Connect 4’ -, which looked at the number of close connections the average person has [Reference 101]. The idea was that individually we could prevent our own loneliness by having a simple rule of thumb that if our close connections (those defined as either intimate and social connections) dipped below four, we would know to act to protect or refresh our connections.



Photo source: SCIP charity [wearescip.co.uk](http://wearescip.co.uk)

# PART 2

## Connecting People and Places:

### developing a systems approach to tackling loneliness in East Sussex

Tackling loneliness requires collective action. No single organisation, sector or segment of society has all the solutions to this complex societal and individual problem.

The national loneliness strategy for England - A connected society - published in 2018 following the recommendation of the Jo Cox Commission on Loneliness led to the creation of the world's first Minister for Loneliness [\[Reference 102\]](#), [\[Reference 103\]](#). The strategy sought to mark a shift in the way we see and act on loneliness, both within government and in society more broadly, and emphasised the importance of social connections. The three overarching objectives were to:

- reduce stigma by building the national conversation on loneliness;
- drive a lasting shift so that relationships and loneliness are considered in policy-making and delivery by organisations across society and;
- help improve the evidence base on loneliness, making a compelling case for action, and ensuring everyone has the information they need to make informed decisions through challenging times. [\[Reference 104\]](#)

In light of this strategy, and in the midst of the ongoing COVID-19 pandemic, partners in East Sussex agreed to a concerted effort to explore how the problem could be tackled within the county through the '**Connected People and Places**' project.

Tackling loneliness is an agreed priority of **Partnership Plus**, the partnership of local authorities, the NHS and the Voluntary, Community and Social Enterprise (VSCE) sector in East Sussex. Furthermore, loneliness was a topic area of interest that had been identified for scoping and exploration by the county council's People Scrutiny Committee.

In April 2021, a public health funded COVID-19 recovery project was initiated in East Sussex. The overall aim of the '**Connected People and Places**' project was to:

- gain a better understanding of the nature and impact of loneliness on East Sussex residents, and;
- identify future opportunities and approaches to mitigate the worst effects of loneliness.

## Our approach

A highly collaborative ten-month project was established supported by a social change agency - Collaborate CIC- with experience of exploring complex social problems. An initial rapid evidence-review synthesised information on who is affected by loneliness and what works in tackling the problem.

A 'Connection Campaign' then took an Appreciative Inquiry [\[Reference 105\]](#) approach to explore how individuals and communities could become more connected and how everyone could work together better to make this happen. Methods used in the resident and partner engagement included surveys, focus groups, one-to-one and group interviews, and workshops.

The engagement undertaken had three main components:

- **Broad resident engagement** - an online survey was shared widely across East Sussex during October and November 2021
- **Deep targeted resident engagement** - local engagement partners 3VA, Rother Voluntary Action and Hastings Voluntary Action ran workshops to bring together the insights from across the different areas.
- **Partner engagement** - this included interviews with strategic lead professionals and a collaborative workshop bringing together organisations across East Sussex.

Five workshop events, one focused on each district and borough, were held in December 2021 to explore the findings of the engagement activity, map assets, celebrate great examples of community-led activity, and identify what needs to happen locally to enable everyone to help build a more connected community.

## Findings and insights

The resident survey received 345 responses from residents. A good range of groups across the county were reached though deep/targeted engagement in each district/borough.

Twenty two senior stakeholders working in the local authorities and the VCSE and health sectors were interviewed. These interviews focused on the system perspective, exploring the underlying mindset, culture, relationships and infrastructure required to enable a more connected and less lonely East Sussex.

Following the initial engagement work, the workshops events which took place in each of the districts and boroughs with local practitioners and staff attracted over 130 attendees.

Throughout the following sections of the report there are various case studies of activities, services or initiatives from across East Sussex that can have a role in tackling loneliness and improving social connections.

The case studies are colour coded to broadly match the layers of our connected system. See Figure eight on page 45 for more detail.

### **1: Services that directly support people**

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### **2: Support that helps people help themselves**

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### **3: Social infrastructure that supports connected communities**

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### **4: Enabling environment that underpins connected communities**

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## **Themes across loneliness**

Thematic analysis of the engagement findings revealed the following key themes:

- the impact of COVID-19 pandemic;
- the effect of geography;
- life transitions as triggers for loneliness; marginalised voices (inequalities in experiences/impact of loneliness);
- islands of loneliness (collective experiences), and;
- the impact of reduced funding on social infrastructure.

## **The COVID-19 pandemic**

Understandably, for many people the pandemic was a lonely experience, with lockdowns being designed to create social isolation. For some people this curtailing of social interactions had a more negative impact than for others. Residents who lacked access to digital technology and those living by themselves were particularly affected. The lack of social interaction and mobility had a significant impact on some residents' health and wellbeing, in some cases they said it had deteriorated to a point from which they may not recover.

The 're-opening' of society has been unequal, with many residents remaining too anxious to reconnect, due to the lack of mask wearing and adherence to social distancing of others, among other reasons. This, compounded with seeing others re-connect, resulted in an even greater sense of loneliness.

There is a perception that the experience of the pandemic has left many people worn down with lowered resilience, having a knock-on effect on the services they interact with. For example, those working with victims of domestic abuse are reporting that individuals are needing more support and for longer, than was previously the case.

## **The effect of geography**

It may be obvious to say that East Sussex is a large area, but this adds to the complexity of the challenge in providing support to those who are lonely. For example;

- different organisations and services operating across the different areas, creating a complex web of relationships
- variability in what services are available and accessible to a resident locally and their personal capacity to access it
- maintaining professional awareness of what activities and interventions are and aren't available locally.

Assumptions cannot be made about the geography that residents will most closely identify. Each area has unique characteristics, and residents may well identify with more smaller towns and areas than administrative boundaries, such as boroughs and districts.

A major point of difference is between urban and rural areas. For instance, residents in more rural areas spoke of limited local provision of services and places to meet and connect with others. This is compounded by limited access to public transport and for some participants who no longer drive, whether for age or health reasons, they can feel far less connected than they were before.

In more urban areas, there can be a lack of a sense of community and 'neighbourliness' which means residents need to seek this kind of connection elsewhere.

Professionals working with young people in rural areas reported that their social needs are often assumed to be catered for by families or by school. This misses that many young people have no meeting places or activities available near to where they live, and limited transport options.

It is also often assumed that younger people are more happy to connect with their friends online. However we heard that, given the choice, teenagers with special educational needs typically prefer to meet their peers in person.

## **Life transitions as triggers for loneliness**

National evidence shows that life transitions such as becoming a new mum, retirement, long-term health issues or mobility limitations, bereavement, and divorce or separation can be key triggers for loneliness as they change the connections people have with others [\[Reference 106\]](#). This was reflected in the experiences shared with us by East Sussex residents.

Some people had retired to the coast and then suffered bereavement before being able to build a local support network, others had become more isolated over time as they took on caring responsibilities for partners.



We also heard how some people are rehoused in places where they have no local connections or support, leaving them vulnerable to loneliness and poor mental health.

“Being a full-time Carer makes it harder to connect with people, sometimes it is better not to say anything at all. I fully appreciate the need to be honest in life - opening up helps but the initial expectations and desires of others’ makes it very hard to reach out and come alongside in times of extreme need. I find I shut up shop and keep myself to myself. I very rarely expose my situations in public.”

Resident, Resident Survey

## **Marginalised voices and loneliness**

Some groups of people are more likely to experience loneliness than others. For instance, those young people that did respond to our survey highlighted the lack of opportunities geared towards their age range, as well as intersectional issues such as being mixed race in predominantly white areas, and the challenges of leaving school and reduced social contact and connection with others their age.

It is important that attempts to understand marginalised groups are not static are co-designed with those for whom they are intended. Individual wants and needs can vary as well as change over time, which is why consistent direct involvement is key.

## **Islands of loneliness - a collective experience**

Loneliness is not always an individual experience but one that can be felt collectively when groups of people are isolated from those around them. For example, residents in care homes who are closely connected to each other but isolated from the community around them; and minority religious groups who lack connections to the wider community.

People feel a greater lack of social connection when they do not have spaces to meet and mix with people from different social and cultural backgrounds and generations. Having these spaces and opportunities for people to come together and build bridges between different communities is essential to improving social cohesion.



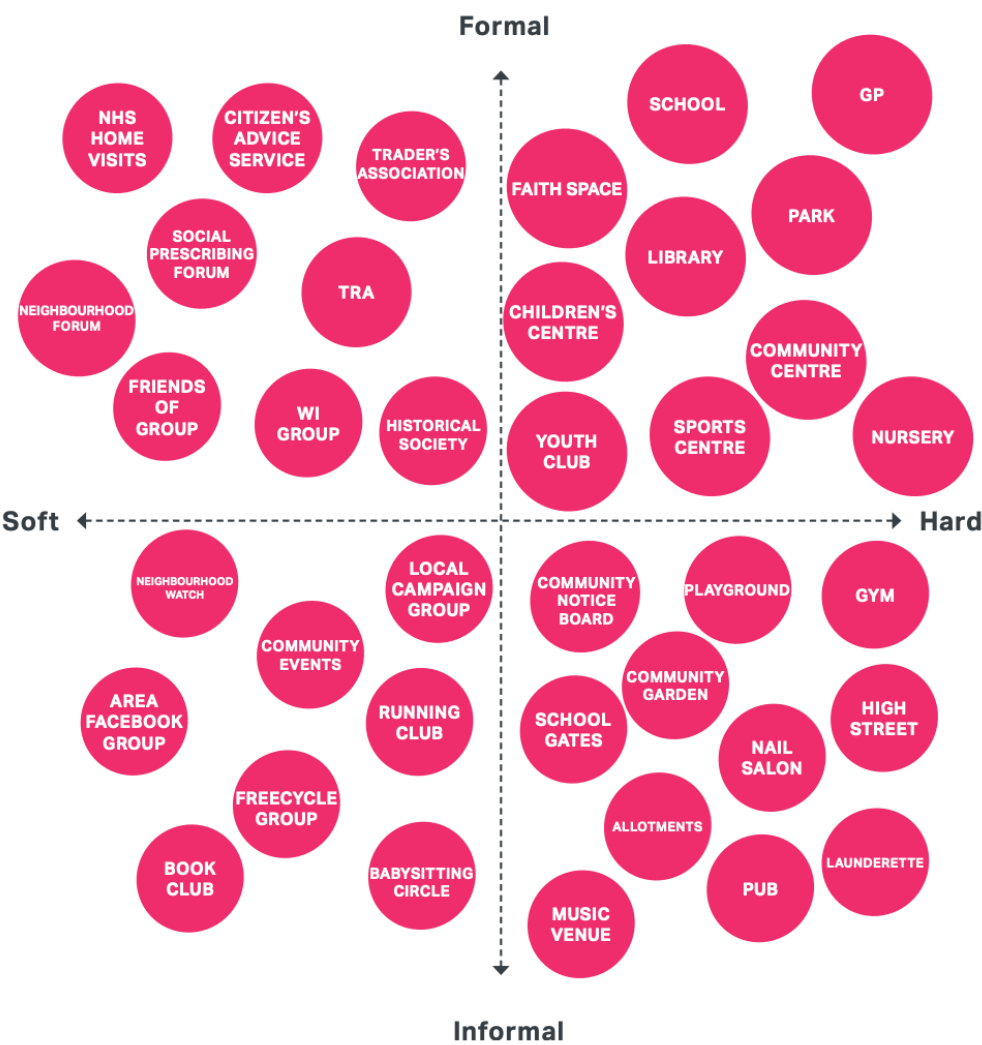
# Social Infrastructure

Figure seven shows the different forms of social infrastructure that can exist, making a distinction between physical places and spaces (‘hard’) and groups, networks and activities (‘soft’) forms of infrastructure.

A well connected community has a vibrant mix of both. Lockdowns prevented access to informal, relational forms of social infrastructure, highlighting the necessity of those formal places such as libraries, parks and GPs. For example, the East Sussex Library Service remained a point of connection, running digital book clubs and providing access to digital equipment. Now they are building their relationships with voluntary sector organisations to connect residents to information, support and new skills.

Figure seven: Different types of social infrastructure.

Source: ‘Connective Social Infrastructure: How London’s Social Spaces & Networks Help Us Live Well Together’ by Good Growth By Design.



The range, depth and interconnectedness of social infrastructure can vary significantly. Some communities, typically those in areas of socio-economic deprivation, lack even basic social infrastructure such as shops and pubs.

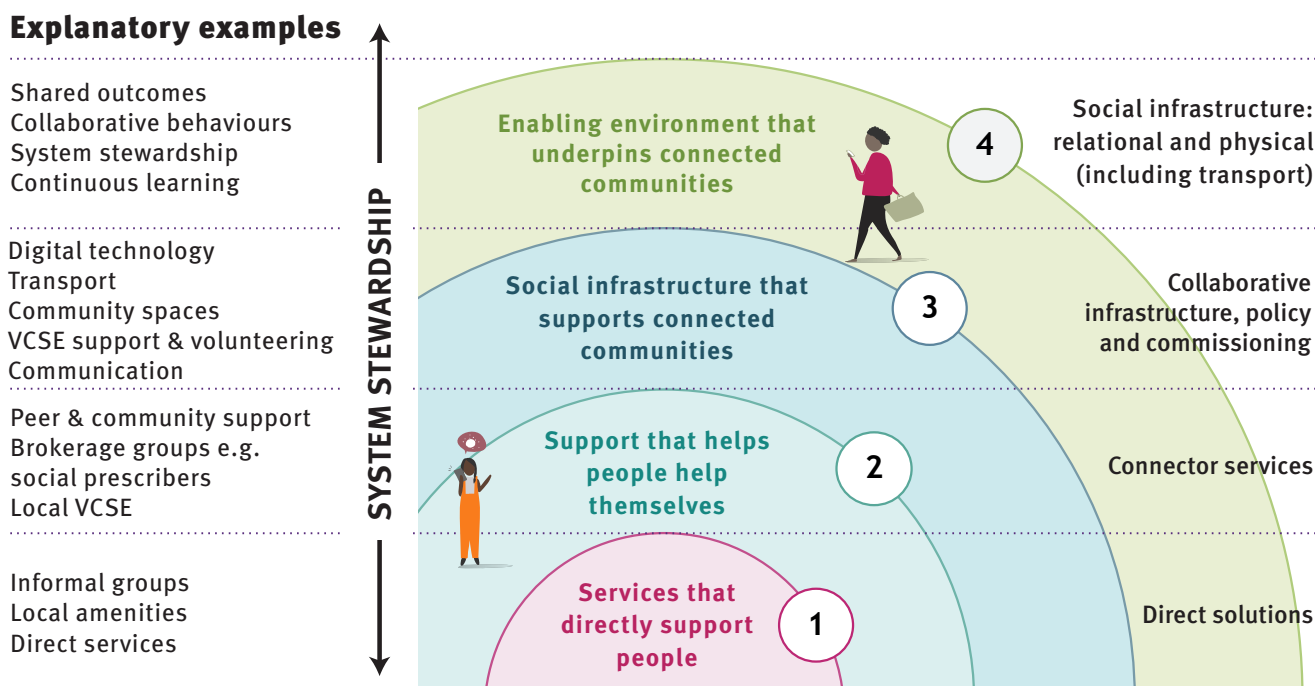
In a funding climate that is likely to remain restrictive it will be essential for stakeholders across East Sussex to use their collective resources to strengthen and extend the county’s social infrastructure, providing more opportunities for residents of all types to connect with each other in their local places. For example, social prescribing is an effective way to bridge the formal, place-based interactions and informal, community activities.

## How to create a more connected East Sussex

To create a more connected county, where the conditions are in place for residents to be better able to connect with each other, the different parts of the system will also need to be better connected. To explore what this might mean in practice the following model was used during the Connected People and Places project, illustrating the different layers and roles within the system (see Figure eight).

This model is designed to be a starting point to help us understand the system as a whole. As with any model, it’s a simplification. In reality not everything fits neatly into layers and the boundaries between layers are more blurred.

Figure eight: Layers of a connected system (including explanatory examples)



(based on The Campaign To End Loneliness ‘Promising Approaches Framework’ & Collaborate’s Connected Communities Model)

## **Layer 1: Services that directly support people**

Organisations offering direct support to East Sussex residents are often aware that the people they support are either experiencing loneliness or at risk of it, even when this is not an issue they are specifically tasked to help with.

There is an opportunity to make loneliness more of an explicit focus by enabling professionals to identify the signs of loneliness and equipping them to address it. Social prescribing offers an effective model to extend or adapt within different services - as well as being a specific role it could also be viewed as an activity that can be undertaken within other roles.

## **The value of informal groups**

Across the county there is a wealth of small scale community groups, activities and befriending schemes which are highly valued by the people involved. These range from groups for those with specific medical conditions, groups around specific identities, interests or activities or groups based around specific localities.

Some of these help people whose intersecting identities put them at the highest risk of loneliness. For example, the Eastbourne Rainbow is a social group for older LGBT people, some of whom are in their 90s. During COVID-19 pandemic Diversity Resource International set-up a telephone befriending scheme which offered check-in calls to older people in their own language.

Many people however find joining in with new groups daunting and taking the first 'step through the door' can feel like an insurmountable challenge. ParkRun is a good example of a group activity that has very low barriers to getting involved.

Whilst there are a large number of groups on offer, not everyone may feel that there is a group that caters for their interest or demographic. For example, outside of school there may be limited groups for young people, especially in more rural areas. While some groups can be set up by those with shared interests, some may need further support in managing and running such groups.

## **Amenities**

Amenities and shared spaces within a neighbourhood play an important role in helping residents connect with others. Gyms, shops and public parks were all mentioned as places that help residents feel more connected to those around them. People don't necessarily have to be engaging directly with others to feel connected when using these amenities. For many people it is enough to be in the same space, sharing a similar experience.

## Layer 1 case studies: Services that directly support people

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### Hampden Park Shed, Age Concern



The sheds movement began in Australia in the mid-nineteen-nineties as a way to address issues relating to poor health, social isolation, and depression in men, by providing a community where they could connect, converse, and socialise through the pursuit of shared activities and interests. Today, the Shed movement has grown to become a valuable tool in supporting health and wellbeing, with the UK having around 750 sheds, with some 13,000 ‘shedders’ actively taking part in activities and benefiting in regular social interaction.

The Hampden Park Shed is one of three sheds in Eastbourne supported by Age Concern. The majority of the Shedders at Hampden Park are women, and they have made arts and crafts the main focus of what they do.

“ If you’d told me a year ago that I would be enjoying crafting I would have laughed and said no way. It gets me out of house, meeting new people and sharing whatever we’re doing. It’s a safe haven for me to forget about my illness. On the other side, my partner has a day to himself as he knows I’m in safe hands. I’d be totally lost without Hampden Park shed; long may it go on.”

Karen

For more information visit: [eastbourneshed.co.uk](http://eastbourneshed.co.uk) and [menssheds.org.uk](http://menssheds.org.uk)

### Healthy Ageing through Innovation in Rural Europe (HAIRE) Project



The three-year Healthy Ageing through Innovation in Rural Europe (HAIRE) Project has been funded by the EU Interreg2Seas programme, and delivered locally in Rural Rother by East Sussex County Council and Rother Voluntary Action.

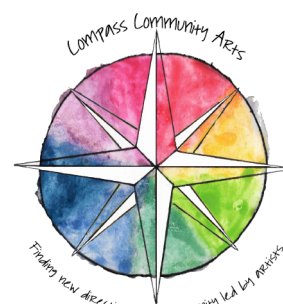
The project undertook hundreds of hours of in-depth conversations with local people aged 60+ and combined the insights gained with evidence, expertise, and ideas to help design new ways of coproducing healthy ageing and reducing loneliness strategies.

In response, the council’s Adult Social Care and Health department has developed a new ‘Life Transitions Service’, which will be piloted in 2023-24. By using an app and/or through sessions with trained volunteers, local people will be helped to think about all aspects of their future lives and supported to develop the capabilities and connections they need to live the future life they wish to live.

For more information or to sign up to the service contact: [lifetransitions@eastsussex.gov.uk](mailto:lifetransitions@eastsussex.gov.uk) or visit: [Life transitions | eastsussex.gov.uk](https://www.eastsussex.gov.uk/lifetransitions)

## Compass Arts

Compass Arts is an intergenerational, co-creative and artist led organisation based in Eastbourne and is for anyone vulnerable to social isolation. Compass uses arts-based therapies to enable people who struggle with the ordinary everyday things in life become more able and more socially self-assured. They have seen a steady increase in complexity of needs being referred since 2019.



Hanna's anxiety left her feeling that her life was somewhat out of control, and she found meeting and connecting with new people extremely difficult. On joining Compass, Hannah took a special liking to Toby, a small cross breed dog that is part of the Compass team. Hanna found that being able to help someone, felt good. Being a volunteer at Compass has given Hanna a purpose to leave the house and have something to look forward to. She has overcome her anxiety with travelling on the bus and noticed some improvement with her fears. Hanna says that she is noticeably less stressed when she is at Compass.

“ Compass helped me get back into society after a serious accident, I stayed indoors mostly and never went anywhere socially. I went to college part time, to do an accounting course but had low confidence, I was introduced to Compass by a friend of my mums and went there to help with some account and admin stuff one day a week, it got me to meet people and helped with my confidence. ”

### Compass Volunteer

A film showing the artistic outputs of participants during the midst of the COVID-19 pandemic, from July to December 2020, can be viewed at: [youtu.be/dpyJqj-C\\_1M](https://youtu.be/dpyJqj-C_1M)

For more information visit: [compasscommunityarts.co.uk](https://compasscommunityarts.co.uk)



Photo source: Compass Arts



## Holiday Activities and Food Programme, East Sussex County Council



The Holiday Activities and Food programme (HAF) is funded by the Department for Education and aims to provide fun and engaging activities and healthy meals to eligible children and young people during school holidays.

The programme aims to connect young people and their families with activities and groups local to them, and many have continued to engage with these groups outside of the HAF-funded holidays. The funding has also helped many East Sussex organisations develop their own partnerships, for example with local food providers or within similar local groups.

As well as increasing the children's physical activity, the provision has also had a positive impact on their mental health and confidence and has provided a lifeline for many young people over the holidays.

In 2022, HAF involved 95 providers offering 30,000 sessions to 6,000 young people, with sessions delivered across more than 150 sites across within East Sussex.

“ I finally found somewhere that feels right and for the first time I actually fit in and people liked me. ”

**Child Participant**

“ Provided my son with a place where he felt comfortable and safe, particularly as he knew the school and some of the staff. ”

**Parent of an Autistic Child**

A short film celebrating its success during the summer of 2021 is available to view at: [youtu.be/0lnbqyPSMfk](https://youtu.be/0lnbqyPSMfk)

For more information about the Holiday Activities and Food programme visit: [Holiday food and fun | eastsussex.gov.uk](https://eastsussex.gov.uk)



Photo source: Holiday food and fun

## Just Friends

***"JUST FRIENDS"***

Just Friends is an Eastbourne based charity created in 2018 by its founder and chairman Frederick Smith, following the death of his wife. Now with over 500 members and branches across East Sussex, Just Friends works to help people connect, socialise, and overcome loneliness together. Frederick's mottos are "farewell to loneliness" and "Don't be Shy - Give us a Try".

Each branch meets twice a month where they hold regular walking groups and lunches, and organise social events and outings such as tea parties, theatre visits and wine tasting excursions.

“ Just Friends has helped me extend my outlook. It's made me realise about living alone. I am not the only one. ”

**Ronnie**

“ Just Friends is a lovely club for people on their own. Weekly meetings, days out, walking, meals out. Best thing I've ever done. It has changed my life. ”

**Audry**

“ I have just joined Just Friends following the loss of my partner. It gives me hope that life will get better with the friendship of the members. ”

**Peter**

For more information visit: [just-friends.uk](http://just-friends.uk)



Photo source: Just Friends

## The Refugee Buddy Project



The Refugee Buddy Project is a migrant and refugee led charity based in East Sussex. Established in 2017 by Rossana Leal, who was herself a refugee from Chile in the 1970s, the project works to bring the community together to welcome new refugee arrivals to the county.

The one-to-one befriending or ‘buddying’ of local people with newly arrived individuals and families, is the core of the Charity’s work. Befriending helps refugees adjust to their new surroundings, with befrienders helping them to identify and use local services and amenities such as the shops, transport and children’s centres.

The Dove Café is a further extension of the culture and community created by the Charity. The café provides the community with a warm and friendly place to meet, a space to sit and chat or to join in with activities and free food and hot drinks.

“ When I first arrived here. I felt so alone, afraid and isolated. But I didn’t feel any of that after I met the buddies. Especially because I got involved with the project so early on in my journey. I think I remember I arrived here and then two or three weeks later I was with the project. So they were very quickly uplifting me and didn’t make me feel like I was alone refugee or that I didn’t have anything to do. ”

Hasan

To find out more about Hasan’s story visit: [therefugeebuddyproject.org](https://therefugeebuddyproject.org)

A short film with more stories of resilience can viewed at: [youtu.be/MvRdMI3ZvcE](https://youtu.be/MvRdMI3ZvcE)



Photo source: The refugee buddy project



## Welcome Wheels, Sanctuary Café, Eastbourne



In partnership with East Sussex County Council - and supported by the Active Sussex/Sport England Together Fund - Sustrans are working with Sanctuary Café to provide bicycles, support and training to refugees and asylum seekers living in Eastbourne. The aim of the project is for participants to:

- boost their health and wellbeing
- improve their social connection
- increase their independence
- learn new skill.

Some participants have a long (daily) journey across Eastbourne to college for English lessons, which many are walking to (or struggling to attend) as they don't have the funds for transport. Bicycles make this journey easier. Whilst some individuals have received donated bikes, many of these need repair and most of the owners lack the resources and skills to fix them.

“ Some of the people who've received bikes are now taking on volunteer roles to help with the project which has been great and a big help! I've had lots of people come up to me at the café wanting to help and learn more about bikes, so they can fix each other's. ”

**Ania Woodgate**, Sustrans Project Officer

For more information visit: [sanctuarycafeeastbourne.com](http://sanctuarycafeeastbourne.com)

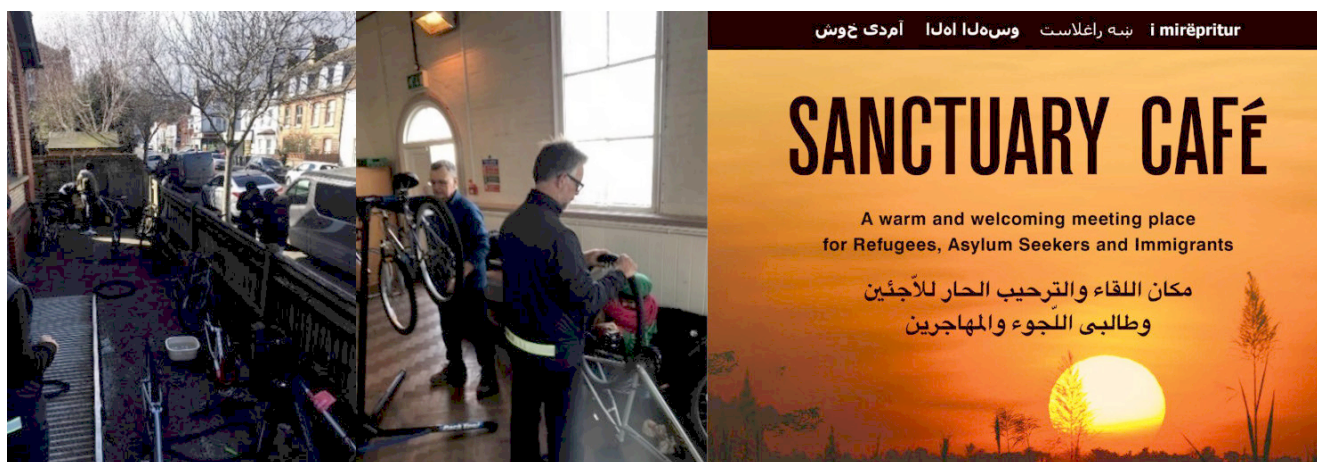


Photo source: Welcome wheels sanctuary cafe

## St. Michael's Hospice, Hastings



Living with advanced ill health, being a carer for someone who is dying and then bereaved can be the most isolating experiences. St. Michael's Hospice is looking at how social networks of care can be extended across the community, as well as continuing to develop services for those people who need them.

The Saturday Social is one example their efforts to provide an opportunity to bring the whole community together. It is a coffee morning with people from the hospice and the community offering homemade cakes. Weekends can be lonely and so this is a good time to connect.

Since Saturday Socials started in July 2022, 146 people have attended. Friendships have sprouted, ideas have been shared and people report that this is an important event that they look forward to.

“ this Saturday Social is brilliant. ”

**Woman who brought her father living with dementia along**

“ This has made my weekend. ”

**Young male visitor with social prescribing link worker**

“ We've had some good laughs...and talk about serious stuff. ”

**Male participant**



Photo source: St Micheal's hospice

## Reading Friends, East Sussex Libraries

Reading Friends is a national befriending programme developed by The Reading Agency which aims to bring people together to read, share stories, meet new friends, and have fun which can have a positive impact on empathy, cognitive function and wellbeing and can reduce the risk of dementia.



Adults can request regular home visit by a Reading Friend Volunteer who will find out what they are interested in and bring along reading material to each visit to share and chat about. Reading Friends Groups are held in libraries across East Sussex.

“ I am recently bereaved, and I have found the Reading Friends meetings pleasantly distracting and valuable on many different levels. Being involved has allowed me to meet diverse personalities and people from my community, it has introduced me to fresh ideas and given me interest in new concepts and thoughts from a friendly group of people. I have found the sessions very helpful. A regular and relaxing atmosphere in which to participate as little or as much as you wish in a pleasant environment - no pressure. ”

### Reading Friends participant

For more information visit: [libraries](#) | [eastsussex.gov.uk](#) & [readingfriends.org.uk](#)



## Telephone Befriending service, East Sussex Fire & Rescue Service

As an operational response to the COVID-19 emergency, the East Sussex Fire & Rescue Service (ESFRS) Community Safety Team created the 'Vulnerable Person's Call Scheme'.



As the scheme progressed, it became increasingly clear that many of the elderly and vulnerable people being contacted were experiencing high levels of anxiety, and feelings of loneliness and isolation. In response to this, the ESFRS Community Volunteers created a temporary telephone befriending service. This provided a real opportunity to reach vulnerable, socially isolated members of our community by means of a friendly chat, whilst at the same time delivering fire safety and wellbeing advice and making referrals to other agencies, educating our communities.

“ I get huge satisfaction from making Telephone Befriending calls. Last summer after 3 months of calls, one lady said ‘thank you dear, you got me through this’. What a good feeling that was. ”

**Volunteer.**

“ My weekly telephone befriending is the only contact I have with someone. My loneliness has increased over the years due to old age and disabilities; I have no family and friends. ”

**Mr. M.**



Note: stock images used. Photo source: Centre for Ageing Better image library

## Layer 2: Support that helps people help themselves

This layer of the model looks at the support that helps residents help themselves and each other. This might include peer support initiatives, social prescribers, community navigators, village agents, good neighbour schemes and buddy volunteers working in various parts of the county.

These initiatives help connect people to the groups and amenities but also support people to form and sustain new groups. Maintaining and growing the pool of available groups and activities is an important part of the social prescribing model as there needs to be a wealth of activities to which ‘patients’ can be referred.

Local VCSE organisations have a key role to play in this layer of the system. By connecting local groups to each other, sharing learning and providing support, they tend to the health of the network of groups and activities available to residents.

The Making it Happen programme offers an excellent example of different organisations across the system working together to support local communities to connect and make a positive difference in their neighbourhoods. Funded by Public Health East Sussex to work alongside people and communities, helping people in neighbourhoods to make the most of the opportunities that exist to create positive change.

### Layer 2 case studies: Support that helps people help themselves

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#### Community Connectors, Southdown

Community Connectors is a social prescribing service delivered by Southdown and working in partnership with GP Practices across East Sussex.

The logo for Southdown, featuring the word 'Southdown' in a handwritten-style font with a green underline.

Community Navigators help by allowing individuals the time to explore and identify what they think is important for their health and wellbeing, and the issues they wish to address. Navigators then work with individuals to create a personalised plan and support you to connect with services in your community.

#### Gill's story

Gill came to Southdown's Social Connectors having recently recovered from a serious and prolonged illness. Whilst her recovery was going well, Gill felt that her own sense of health and wellbeing was low, that she was feeling isolated, and had very little structure to her week. Her original aim was to get better exercise, and eventually join a gym to build on her physiotherapy exercises.

Through coaching and motivational interviewing, her community Navigator, Sam, helped Gill develop the confidence she needed to join Thai chi sessions, create a structure to her day, and get the exercise she needed to aid her recovery.

## Making it Happen

Making it Happen doesn't deliver activities or make changes for people. It is about working with people to create the changes they want to make for themselves and their neighbours. This is called 'Asset Based Community Development' (or ABCD).



The programme is based in some of the neighbourhoods in East Sussex experiencing the highest levels of deprivation and shows that in each of these places there is an abundance of existing 'community assets' that can contribute further to making healthy and thriving places. These assets might include:

- The skills, knowledge and commitment of individual community members.
- Friendships, local groups, networks and community associations.
- Physical, environmental and economic resources that enhance wellbeing.
- The resources and facilities within the public, private and third sector.
- The local stories, history, values and culture of a neighbourhood.

Nearly 200 grants have been awarded to date for wide ranging activity such as the development of a new Climate Hub; an arts project for people with disabilities, and a safe space for LGBTQ communities to come together. Each of the projects have at their heart an ambition to create positive connections between people.

The programme is being independently evaluated to help to understand what, how, why and for whom Making it Happen might work to improve outcomes, and in what contexts.

To read the full evaluation report 2021-22 visit: [impact | making-it-happen.org.uk](https://impact.making-it-happen.org.uk)



Source: Making it happen

### **Layer 3: Social infrastructure that supports connected communities.**

This layer focuses on assets that support the previous layers, enabling communities to be better connected. These assets can include different forms of infrastructure, both physical and social.

It is important to consider how policy or planning decisions might inadvertently create, maintain or extend barriers to connection - and increase the likelihood of loneliness among particular communities.

The VCSE sector plays a particularly important role as an information distribution point, a convenor and source of developmental support in the area. In this role they help organisations can come together to collaborate and learn from each other, providing the backbone to the wider voluntary sector and community.

### **Digital technology**

Digital technology is becoming increasingly dominant in people's lives in work, education, how they socialise and how they interact with businesses and services. While for many people this is a natural progression, others are being left behind. There is a crossover between those experiencing digital exclusion and those most at risk of loneliness - in particular older residents, those on a low income, gypsy and traveller communities and disabled people.

People on low incomes may face challenges not only with access to equipment (smartphones, laptops) but also the cost of data.

Gypsy & Traveller families experience additional barriers to digital connection, particularly those in fixed accommodation and those in unofficial sites with no access to electrical hook-ups. Low levels of literacy, cultural preferences and access to broadband contracts all increase the likelihood of social isolation and loneliness.

This means that services need to be prepared to offer in-person services and analogue engagement methods so these residents are still able to access support.

### **Transport**

Accessible and affordable public transport is key to enabling residents to connect beyond their immediate neighbourhood. In rural areas, communities can be too small to support their own social infrastructure, with the loss of shops, post offices, pubs and village halls meaning residents need to travel to other areas to meet their needs.

However, buses in more rural areas are limited, often being only a couple of times a day. Anyone without access to a car can become isolated by this inability to travel to places outside of their immediate locality.

People with disabilities experienced particular issues, such as buses which are unable to take someone exactly to where they need to go or private taxis not having wheelchair access.

Community transport can provide a useful complement to formal public transport services, with a number of not-for-profit organisations operating services across the county using volunteer drivers. However, this can be piecemeal in its coverage with limited awareness among residents.

## **Community spaces**

Having a place to meet is crucial to enabling residents to connect with each other. Having spaces that are inviting and suitable will allow a larger number of the community to benefit from them. Continuity is an important factor in community space. Residents need to know that there are physical spaces they can go to for support.

However variable availability and cost can mean that there are limited spaces for communities to use. Sometimes, where spaces are available, for example at fire stations and libraries, this option is not widely known.

As a limited resource, it is important to consider how community spaces can be best used for the benefit of residents. For example, spaces need to be welcoming and to cater for a wide number of different uses. Given the large number of different groups that require space to meet, having rooms that are geared to very specific uses or are hard to re-purpose are less useful.

Some buildings are big enough to offer space to multi-agency open-access and drop-in services, which offer a less formal way for residents to engage with others around them. This adds flexibility, as residents' lives may not always fit into the schedules that services run on.

One-stop-shop approaches, such as those provided for young people by I-Rock sited in the Rock House building, offer support for multiple issues in the same location, reducing the stigma experienced in entering the space.



## Volunteering

Volunteering is a crucial part of a connected community, with its value being brought into sharp focus during the pandemic. Many people in East Sussex offered support to fellow residents and reported experiencing a closer connection to their community by doing so.

To continue to engage residents in volunteering post-pandemic, there is an ongoing need to articulate the role that volunteers can play, as well as to ensure that opportunities meet the needs of potential volunteers and are flexible enough to fit in with their lives and other commitments. Reducing barriers to entry is key to this, as is the recognition that volunteering carries a reciprocal benefit. It isn't just unpaid work, but is also proven to help the volunteer to feel less lonely and improve physical well-being.

## Communication

Good communication helps raise awareness of the range of activities on offer and how to access them. Maintaining easy access to reliable, up-to-date information is a challenge however, such as through ESCIS (East Sussex Community Information Service).

Different people tend value different types of communication, ranging from directory websites, to social media to newsletters and physical noticeboards. This is further complicated by some methods not being accessible to some residents within the community.

Residents are more likely to engage with information that comes from a trusted source. Word of mouth was highlighted as a key way residents across East Sussex learn about what's on offer. Residents expressed a desire to know not just where and when an activity takes place, but also what it would be like to take part and who else tended to go.

An example of successful communication is the community notice board at Robertsbridge - a single place to go, kept up to date with highly localised information.

## Layer 3 case studies: Social infrastructure that supports connected communities

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### IT for You, East Sussex Libraries

IT for You offers free support on everyday computer skills at local libraries. Participants can learn to use email and the internet, stay safe online, search and apply for work, download and use the NHS app, keep in touch with friends and family online and more. IT For You 1 to 1 provides help from a dedicated volunteer or IT for You Together is an option for those who want to learn how to use a computer as part of a group, making friends



along the way. Learners can use the library's computers or bring their own laptop or tablet. Outside these sessions, in-library tablet loans are available for library members to enable free online access.

IT for You | East Sussex County Council



Pictures taken from here: IT For You | East Sussex Libraries ([spydus.co.uk](http://spydus.co.uk))

## East Sussex Transport Plan

East Sussex County Council is in the process of reviewing the Local Transport Plan (LTP) for the county. An LTP is a statutory document which sets out the strategy and policy framework for transport for a local authority's geography.

Given the longevity of the next LTP (up to 2050) it will be adopting an approach which is more vision led and focused on planning for 'people and places' so that we can factor in the uncertainties of the future.

The first stage of work has identified some early themes that will inform the development of the vision and the objectives for the plan. The themes are:

- Accessibility, equity and social inclusion
- Safety, health and air quality
- Community and sense of place
- Climate change and its impacts
- Our local environment and biodiversity
- Sustainable economic growth
- Innovation through technology

A critical element of all stages of the plan is engaging and communicating with key stakeholders and the public. An early consultation has been undertaken to seek peoples views on their issues, opportunities and priorities for transport. A consultation on the draft plan is proposed to be undertaken in autumn 2023.

For more information visit: [local transport plan | eastsussex.gov.uk](http://localtransportplan.eastsussex.gov.uk)

## **Layer 4: Enabling environment that underpins connected communities**

The last section of the model is about creating the conditions that make connected communities in East Sussex possible.

Direct approaches to tackling loneliness need to be tailored to a local context and build on the assets and strengths of each community. But a joined-up approach can create the conditions that enable the wealth of resources available within the system to be put to most effective use, and to prevent one part of the system from accidentally working against the other. Key features of a more joined-up approach are described below.

### **Shared vision**

A shared vision to align system partners and create the sense of purpose helps to. By this we mean a vision that is held across stakeholders in East Sussex about what a good life looks like and a pathway for delivering it for every resident.

### **Connection in all policies**

This would enable policy-makers, practitioners and residents at different levels of the system to have informed conversations about loneliness and to know how they can contribute to building a connected county.

It is important that any decisions likely to have an impact on residents also considers whether it is likely to help or hinder their ability to connect with each other and their community.

As part of this, a key element is developing a shared language that expresses the ambition for a connected county and the intended impact this will have on community wellbeing.

### **Shared outcomes**

Stakeholders drafted a set of outcomes that they collectively want to achieve to address loneliness within East Sussex and improve connection. These suggestions could help inform a shared vision to articulate the change that partners collectively want to make in East Sussex.

- Everyone has access to an opportunity to connect, across the life course - and help to access what is there already.
- Everyone has access to social activity regardless of where they live.
- There is a high level of trust between neighbours and across communities.
- People are able to recognise loneliness in themselves and in others, understand the long term consequences of not addressing it, know what to do and where to go for support.
- People are able to speak about loneliness and disconnection without stigma.

- Our communities are actively involved in local decision-making, contributing to the development of the built and natural environment and the community activities that enable and enhance health and well-being (based on learning from MiH programme).
- Our towns are connected and cohesive, providing equal access to jobs, education and aspiration, health services (primary and acute), social care and social infrastructure.
- Our different sectors and organisations work together with residents, communities and each other to prevent persistent problems such as loneliness.
- Demand for health & social care is lower than average and no-one dies at home undetected.

## **Collaborative behaviours**

Improving connection between people and between people and their communities can only be achieved through collaboration, collective trust and healthy relationships between organisations.

This means continuing to improve understanding of each other's contexts and drivers and recognising the change in behaviours needed through networking, shared training opportunities, and collaborative commissioning.

It is important that this collaboration continues and that stakeholders commit to partnership working in the long term. The change required won't happen quickly.

It will involve having meaningful and open conversations about issues, allowing for co-designed solutions and learning from the evidence of what works to inform ideas.

## **System stewardship**

No organisation or service can ward off loneliness alone - it requires people and organisations across the system to work together. Shifting from an organisational to 'systems approach' to address a complex issue like loneliness requires rethinking how we manage and enable change.

A systems steward is a person, organisation or group that takes responsibility for helping to create a 'healthy system' - a system that functions effectively and is more likely to produce positive outcomes. It involves building trust and relationships, deep listening and learning, and helping people work better together towards common goals.

In East Sussex we experience some unhelpful disconnects between organisations and residents. These disconnects sometimes cut across the different layers of the system where efforts to empower communities at one level are disconnected from and undermined by actions at other layers.

System stewardship is a helpful way to bridge some of these disconnects as it will help connect the system to more of itself and foster the relationships between organisations and initiatives that in turn can help create more connected people and communities.

## **Continuous learning**

Central to the ability to adapt is ongoing opportunities for shared learning. There is a recognition that there's lots more to learn about each others' services, and support for the need to join up the good work that is happening, and grow smaller, place-based initiatives.

## **Power**

It is important that as part of this process of developing a shared vision there is a recognition of where power lies in the system and how this can create differences in perceptions.

While there are many good examples of the system partners working together, there were also feelings expressed by some partners that their work and expertise are not as valued as they should be and that their views were not treated equally in key decision making.

Responsibility for different parts of the system lie in different places, for example the differing responsibilities of the district & borough councils and the county council. This means that clarity is needed on where these functions sit, in order to work together to share responsibilities among a wider group.

## Layer 4 case study: Social infrastructure that supports connected communities

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### Memorandum of Understanding on the Built Environment, East Sussex County Council (Public Health & Planning teams)

East Sussex Public Health have produced a Planning Memorandum of Understanding (MoU) signed by Public Health and all Local Planning Authorities in East Sussex.

It will help build consistency across the county in the approach to creating healthy and sustainable places. Social isolation and loneliness can be influenced by the quality of our built and natural environment and the planning system has a role in creating environments which have positive impacts on both physical and mental health.

Measures can help to reduce social isolation and loneliness include:

- creating well-designed, attractive and safe public spaces where people can meet
- improving access to nature & integrated play and recreation opportunities for all
- creating safe, attractive active travel, walking and cycling infrastructure for all which link to key destinations and enable mobility for all ages and activities.

The principles echo the ideas and examples being delivered elsewhere around creating 'complete, compact and connected neighbourhoods' that are also being championed by the Town and County Planning Association through the 20-minute neighbourhood concept.



Source: Town and county planning association website

# Recommendations

Loneliness is a complex, cross-cutting issue. No single organisation will be able to reduce the risk of loneliness, and so it is only through our combined efforts that meaningful change can occur.

Loneliness is not just a health issue, it also encompasses feeling excluded from society's gains, and feeling unsupported, powerless, invisible and voiceless - all of which carry implications for social cohesion and democracy. While no one can build relationships on people's behalf there are steps local authorities and other local partners can take to reduce the risk of loneliness, building connection and along with it a more socially cohesive county.

For East Sussex to be a truly connected county, policy makers need to recognise that everything they do can have an impact on people's ability and desire to connect with others. Incorporating connection considerations into decision-making across sectors and policy areas will encourage thinking about the possible effects on the risk of loneliness that may be created from that policy.

The Connected People and Places project identified significant disconnects across the system. Some of these are disconnects between organisations and residents, some disconnects and lack of trust between organisations, and some disconnects between what are potentially complementary initiatives.

Adopting a 'stewardship approach' will set the right conditions within which we can all work together better to make the most of our combined resources and passion to help people overcome loneliness.

## Headline recommendations:

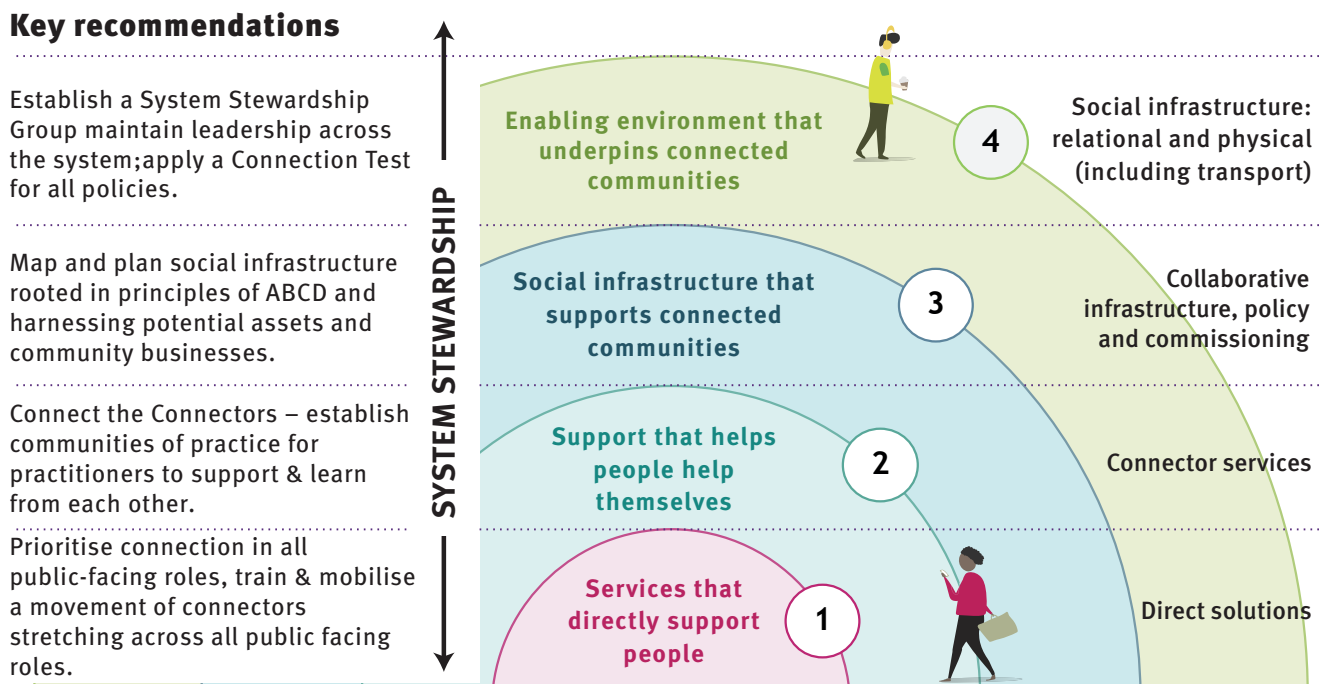
1. Establish a System Stewardship Group to build and maintain the required collaborative leadership across the system.
2. Create a 'connection test' to apply a loneliness perspective to the policy making process.
3. Develop an action plan for developing social infrastructure rooted in the principles of ABCD (asset-based community development) and harnessing the potential of community ownership and community businesses
4. Connect the connectors by creating learning communities that learn and test ideas together and model and incentivise ongoing learning.
5. Mobilise and equip a movement of connectors stretching across all public facing roles, businesses and communities.



The following pages set out further explanatory detail on the recommendations, including a brief description, the rationale for the recommendation and some additional considerations. The recommendations are organised by the layer of the system they most affect, as shown in the model in Figure nine.

All recommendations are based on insights gathered through the Connected People and Places project; from engagement with system partners, stakeholders, practitioners and residents.

**Figure nine: Layers of a connected system (including key recommendations)(based on The Campaign To End Loneliness ‘Promising Approaches Framework’ & Collaborate’s Connected Communities Model)**



## Recommendation 1

**Commit to working as a system to tackle loneliness: develop system capability through vision, governance, strategy - and nurture it through stewardship**

### **What is it?**

A formal and collaborative commitment that tackling loneliness across East Sussex requires a concerted effort and shared ownership across all partners including local authorities, health, public service organisations and VCSE partners. This commitment will be made real through shared vision, governance, strategy and ongoing collective stewardship.

### **Why should we do this?**

The Connected People and Places project identified significant disconnects across the system. Some of these are disconnects between organisations and residents, some disconnects and lack of trust between organisations, and some disconnects between what are potentially complementary initiatives (e.g. community navigators/social prescribers/ABCD).

System stewardship is a way to bridge some of these disconnects - helping connect the system within and between its different layers to foster the relationships between organisations and initiatives that will help create more connected communities.

Whilst there is a need for people/organisations across East Sussex to take responsibility for the health of the system and for everyone to play a part, there is a clear remit for East Sussex County Council to take on this leadership role initially.

The focus would be on helping connect the system, testing and learning together, and enabling others to act (including leading by example and addressing system blockers as they are identified).

See Appendices 2 and 3 for further information about systems and stewardship.

### **How to do this**

1. Establish a stewardship group and commit to taking joint responsibility for the effectiveness of the system in affecting communities' ability to connect and reducing the impact of loneliness.
2. Co-create a compelling vision for a connected county that resonates across different communities and sets out what success would look like in the shorter term (e.g. next two years) and longer term (e.g. the next 20 years).
3. Identify desired outcomes for residents, and for the system itself, developing shared goals and co-designing a cohesive strategy that enables people at the local level to drive tangible improvements to the connections within and between their communities; build awareness of how solving loneliness will also reduce health risks and financial strain across the system.

## Recommendation 2

### Apply a 'Connection Test' to all policy-making processes

#### What is it?

A process to centre connection across all policy-making functions within the council, in order to make decisions that will either reduce the risk of loneliness or avoid inadvertently increasing it. Led by the most senior elected members and executive officers to make loneliness everyone's business.

To support the adoption of the Connection Test, an education programme should be rolled out to ensure all departments share a common understanding of residents' experiences of loneliness and the effect it has on their health and wellbeing.

For maximum effectiveness across the system, the Connection Test should be adopted by all policy makers, commissioners and funders more widely across East Sussex.

#### Why should we do this?

Decisions made in one part of the system can have a direct effect on the ability of residents to connect with each other. Legitimate decisions made about asset disposal, transport, housing and the built environment may directly contradict investments and efforts being made by colleagues in other departments to reduce the likelihood of loneliness by enabling connection.

For East Sussex to be a connected county, policy makers and system partners need to recognise that everything they do can have an impact on people's ability and desire to connect with others.

All decision-makers should be aware of how they are contributing to creating places (the physical and social environment) which support and generate connection by creating opportunities for people to participate in the life of the community.

Post-pandemic the county has a unique opportunity to rebuild in ways that create the connected county that will so improve residents' quality of life, health and wellbeing.

#### How to do this

1. Create a 'Connection Test' to incorporate an explicit loneliness perspective to the policy-making process. It will ensure that policy makers recognise and make explicit the potential impacts on people's ability to connect (and therefore reduce their risk of loneliness) in the process of developing and agreeing new policy.
2. Train/recruit 'Connection Champions' in different directorates and parts of the system to bring loneliness into discussions and prompt conversations about how policy choices will affect the ability of people to develop life-improving social connections.
3. Ensure elected members and senior policy-makers across directorates and the wider

system understand the experience and impact of loneliness across East Sussex; share the vision for a connected county and help others see the potential outcomes that could be achieved.

## Recommendation 3

### **Invest in building social infrastructure and community capacity**

#### **What is it?**

A strategic appreciation of the social cost of disconnection, and a commitment to mitigate this by supporting social infrastructure that connects and empowers communities.

#### **Why should we do this?**

Loneliness is not just a health issue, it also encompasses feeling excluded from society's gains, and feeling unsupported, powerless, invisible and voiceless. While no one can build relationships on people's behalf there are steps local authorities can take to reduce the risk of loneliness, building connection and along with it a more socially cohesive county.

A priority is expanding and developing the social infrastructure of local places by investing in the VCSE and a diverse range of local community organisations, societies and associations with a focus on both support and spaces for connection. The focus should be on enabling them to connect together people from different walks of life and generations and so strengthen community ties in their area.

An asset based approach will help to build the capacity of communities themselves, developing networks of relationships among people who can provide each other with fellowship, support and a sense of belonging.

As seen in Hastings, the need for spaces and places to meet, mix and connect is increasingly being met by community businesses, stepping in where local authorities and the traditional private sector have withdrawn. Local authorities have a role to play in encouraging and enabling community businesses to flourish, particularly through their management of asset transfers and approach to business rates.

Funding is often too distant from local places to be able to really target the needs of particular communities and neighbourhoods. If more money was directly controlled at the community level, those who really understand local needs would be empowered, encouraging a re-engagement with local democratic processes.

#### **How to do this**

1. Assess the current state of social infrastructure in key neighbourhoods across the county to identify gaps, overlaps and best practice.

2. Develop an action plan for developing social infrastructure rooted in principles of ABCD and harnessing the potential of community ownership and community businesses.
3. Commit to continued long term, strategic investment in VCSE organisations, associations & activities that support communities and provide space for connection.

## **Recommendation 4**

**Prioritise ongoing collective learning and networking to enable adaptability and improvement.**

### **What is it?**

Regular, facilitated collective learning opportunities for practitioners and system stewards to enable sharing of experiences, experimenting, networking, gathering data from across the system, sense-making and reflective practice.

### **Why should we do this?**

Loneliness is a complex, cross-cutting issue influenced by many actors and factors outside the control of the system partners. No single organisation will be able to reduce the risk of loneliness, as it is the system as a whole that produces outcomes. In this context it is not possible to specify exactly what will be successful or to monitor performance against set, standardised criteria.

Ongoing, shared learning opportunities are therefore central to the ability of the system partners to adapt, improve practice and to join up the good work that is already happening.

Frontline practitioners working across the different initiatives and places would benefit from a 'community of practice' approach, enabling them to share experiences of what works well in different localities, learn from each other and identify any barriers or challenges they need help with from the system stewardship group. This will also enable connection between practitioners so that they do not just learn together but also get to know each other and offer more joined up support e.g. across health partners and the VCSE.

During the pandemic, data sharing was seen as a critical tool in identifying isolated individuals who may need additional support. Using data well across the system will grow the ability to target action, and develop insight and stories that enable learning.

See Appendix 3 for further information on learning as strategy.

## How to do this

1. Learn from frontline experience by connecting the connectors - establish a community of practice to help practitioners working on related activities across the county to get to know and learn from each other e.g Making it Happen, Community Connectors, Village Agents and Social Prescribers.
2. Create learning opportunities for people in each location or with specific fields of interest to learn and test ideas together and model and incentivise ongoing learning.
3. Use data insight and storytelling to build a picture of how connected the county is and what impact interventions are making. Make data sharing agreements across the system partnership to enable regular, easy data sharing practice. Conduct benchmarking exercises. Institute regular data insight and story gathering exercises.

## Recommendation 5

### **Mobilise and equip everyone in support of connected communities, making loneliness everyone's business**

#### **What is it?**

A concerted and ongoing campaign to end loneliness in East Sussex by spreading awareness and prioritising high quality relationships and connection across public services, the voluntary and community sector, local businesses, communities and neighbours.

#### **Why should we do this?**

Whilst people working in formal services in East Sussex are often aware that a person is experiencing loneliness or at risk of it, this is often not an issue they are specifically tasked or equipped to help with.

There is an opportunity to make loneliness more of an explicit focus by enabling professionals to identify the signs of loneliness and equipping them to address it. Social prescribing offers an effective model to extend or adapt within different services although front-line staff working with lonely individuals would need to be aware of the community groups and activities which might be able to support them.

There is already lots going on in communities, within businesses, through the voluntary sector, and across local authorities. And beyond that there is a huge reservoir of untapped compassion, enthusiasm and energy to tackle loneliness. What's needed now is a concerted effort to prioritise loneliness, and to give people the right tools to get to work.

Volunteering is both a key part of loneliness interventions and a way of preventing loneliness in the volunteers themselves. Volunteering and mutual support, as part of the strategic approach to loneliness across East Sussex.



## How to do this

1. Prioritise connection in all public-facing roles. Find ways for those in regular contact with people to be aware of loneliness, to be able to spot the signs and know how to offer appropriate support.
2. Prioritise quality relationships when commissioning services. Recognise the value of connection in its own right and make sure that this is rewarded - particularly in those services providing care.
3. Provide resources (e.g. toolkits, training) to enable connection-friendly communities. Offer community and voluntary groups advice and support to make sure their activities help people to connect and build relationships.
4. Run a campaign to encourage local businesses to play a part in combatting loneliness by fostering connections and helping people to build relationships - whether that is by offering use of their premises for community events, or by encouraging staff to make time for a smile and a chat with customers who may be lonely.

## Appendices

### Appendix 1: Building the foundations for systems thinking and practice

At the outset of the Connected People and Places project there was the desire to explore a systems approach to loneliness in recognition that there can be no single solution to tackling complex public health issues and so therefore a coordinated, collaborative approach involving relevant parts of the system, including residents and communities, is needed. However, in the course of delivering the project it became clear that the understanding and experience of systems thinking/working is highly variable within and between the different partner organisations.

Implementing a systems approach is likely to be problematic without the foundational concepts and practices being understood consistently by those involved. There can be a tendency to either over-inflate the difficulty of adopting a new approach and believe 'it's too hard', or to be unable to see the difference between the new approach and existing practice and believing 'we're doing this already'. Both of these beliefs lead to inertia and a lack of change.

Reaching a common understanding of the key concepts of systemic change and the different mindsets, behaviours and structures required will be an enabler for any systems approach, whether it's tackling loneliness, or the more comprehensive shifts towards place based collaborations that are emerging [\[Reference 107\]](#), [\[Reference 108\]](#). National government is making legislative changes in the form of Integrated Care Systems that will demand greater collaboration between the NHS, local government, and wider delivery partners including the VCSE, to deliver improved outcomes to health and wellbeing for local people. Place-based partnerships will find adoption of these changes smoother if there is a more widespread understanding of how to use the principles and practices of system thinking to work beyond organisational boundaries and formal authority in service of the whole.

Collaborate have summarised in Box three the key shifts required to lead change in complex contexts. [\[Reference 109\]](#)

## **Leading in complexity: What it takes**

Source: Collaborate

The first three shifts describe the change in mindsets required by leaders in systems change work.

1. **From Management to Leadership:** Changing systems requires an understanding that complexity demands the ability to adapt and that change can be orchestrated from many places. It needs leaders to move away from authority and control to a more distributed, adaptive and collaborative leadership style.
2. **From Organisations to Outcomes:** Changing systems requires leaders to see their role as focusing on improving outcomes (rather than delivering outputs or targets) and to understand that collaboration is a precondition to improving outcomes in complex systems. It requires leaders to work beyond the boundaries of their organisation and role.
3. **From Me to We:** Changing systems requires an ability to see yourself within the system and draw on diverse perspectives to tackle problems. It needs leaders to be able to drop their ego and take a wide perspective, recognise their biases and collaborate with others.

The second four shifts are about the changes in behaviours and capabilities that are required in a leader who is equipped to lead change in complex systems.

4. **From Expert to Explorer:** Changing systems requires an ability to navigate through uncertainty where the answers are not clear and to take a learning approach. It needs leaders who can keep an open mind, be curious and experimental and learn to interpret underlying power dynamics, relationships, values and mental models.
5. **From Delivery to Co-creation:** Changing systems requires an ability to mobilise a range of perspectives and actors to create the outcomes we seek. It needs leaders who can recognise inequity, share power, and put people at the heart of decision-making.
6. **From Expectation to Agency:** Changing systems requires an ability to take on different roles in the system and to recognise when to step outside your expected role to disrupt norms and to lead beyond expectations. It needs leaders who can diagnose when the system is reinforcing negative patterns and can take the initiative to step outside the rules or usual ways of doing things to get a different outcome.

7. From Head to Heart: Changing systems requires the courage to bring our full human selves to the work. It needs leaders who are able to listen deeply, connect emotionally and form empathetic, compassionate, trusting relationships even under pressure.

## Appendix 2: Understanding system stewardship

At the core of the first recommendation in this report is the establishment of a Stewardship Group, made up of system partners dedicated to working together to tackle loneliness. Together, they would develop a vision for the work, based on the social outcomes they want to enable for the people and places of East Sussex. This would then need to be brought to life through the co-production of a delivery strategy and agreements about how they will work together.

In the workshop held to discuss the draft recommendations there was a recognition that this was of the highest importance, but some difference of opinion over how feasible it was believed to be. Some of this was driven by a lack of understanding of (a) the meaning of stewardship (some interpreting it as similar to a typical steering group working to a Terms of Reference) and (b) how it might be implemented, prompting the need for further explanation.

Place-based system partnerships resemble an ecosystem of connections and relationships in which partners share power - there is no one organisation that has formal authority to dictate terms to the others. Instead, resources and decisions are considered collectively, leading to responsibility for outcomes being jointly held. It is the job of all the partners to attend to the quality of relationships in the system and hold each other to account. This makes the partners joint stewards of the system, and requires them to take on system leadership behaviours i.e. working beyond the boundaries of their organisation and formal role, moving away from authority and control to embrace a distributed, adaptive and collaborative leadership style and an explorative, learning mindset.

To maintain momentum there is a clear role for East Sussex County Council to act as the convenor of the stewardship group to help establish stewardship (as opposed to traditional steering group) structures, and model the different behaviours required. The focus would be on helping connect the system, testing and learning together, and as leaders, helping to address barriers to change as they are identified.

“A Systems Steward is a person, organisation or group that takes responsibility for helping to create a healthy system by building trust and relationships and helping people work better together towards common goals. System Stewardship is not about traditional project

delivery nor about ‘directing’ others; instead, it is about helping actors come together to understand the system and weave together their contributions to enable a focus on what people can achieve together that they can’t alone. This role often includes connecting support on the ground but, importantly, has a key focus on creating a healthy system to create the conditions for this practice to thrive in the long term...”

“...Developing HLS practice often requires creating spaces for different kinds of conversation. Meetings with a solely operational and transactional focus do not provide the space that HLS needs to build relationships and trust, explore and act on learning, and address inequalities of power and participation. Systems Stewards play a key role in creating a different space for conversation that helps build the relationships, trust and empathy, which in turn enable partners to identify the fundamental shifts required in the way things are done locally, and act on these together.”

Examples of specific actions system partners could take to develop a Stewardship Group that is distinct from traditional steering groups include:

- Allow time as part of meetings for people to get to know each other and build trust. For example, getting to know each other’s motivations, drivers, constraints they are working within.
- Identify principles and behaviours for how the group will work together - these should be explicit about what’s different to the norm, and how group members will hold each other to account for these. The ‘shifts’ described in the previous section might provide some inspiration for the principles and behaviours.
- Start with a small group of committed people - with systems change, it often works best to start small, demonstrate what’s possible, then attract others in. Everyone in the group should be committed to tackling loneliness, and willing to do the work necessary to progress shared priorities (not just read papers/attend meetings).
- Rather than lots of formal agenda items, give space for meaningful learning conversations - how is the system working at the moment, what needs to change, what are our roles (individually and collectively) in doing this?
- Ensure insights are fed up from other layers of the system - what role can you play as a stewardship group in helping ‘unblock’ challenges that people are facing in trying to foster more connected communities, how can you help share and embed learning from what is working?
- Rather than just focusing on launching new initiatives, examine more fundamental shifts needed in how things are done e.g. underlying relationships, power dynamics and structures. Identify opportunities to reimagine existing initiatives/ways of working e.g. how could you give commissioned services more flexibility to invest in building relationships and promoting connection, how might you reduce monitoring requirements so that organisations can instead spend time on shared learning?
- Identify practical experiments you can do to help create change. When you don’t

have a clear solution, experimentation is key.

- Allocate leads for priority areas and experiments, but ensure these are jointly owned, and that any working groups formed to progress priorities include colleagues across the system (including practitioners).
- Model behaviours you want to see across the system e.g. willingness to accept you don't know all the answers, encouraging creativity and experimentation, valuing stories of what change means for individuals and communities as well as quantitative data.

## Appendix 3: Learning as strategy

Although there are a number of interventions that have been shown to have a positive effect on the risk of loneliness, the nature of the problem means there is no certainty that the same intervention will have the same outcomes in a different place, among different people living in a different context. In this situation, it is not possible to specify exactly what will be successful or to monitor performance against set, standardised criteria. Therefore, testing, learning and adapting will be essential for system partners to develop effective practice.

System partners recognise they need to learn more about each others' services, and to join up the good work that is already happening. This will require scheduled and facilitated opportunities to share learning and connect current activities, and to model and incentivise learning spaces at all levels.

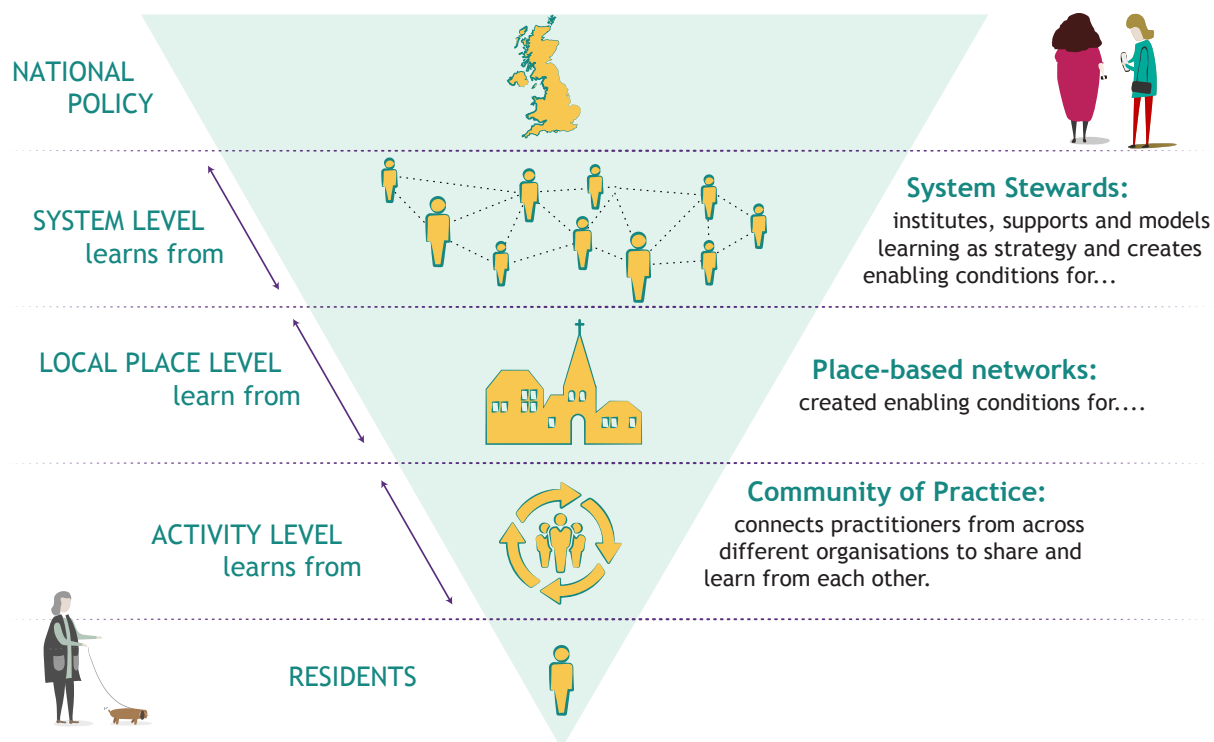
These learning spaces will also enable connection between practitioners so that they can not just learn together but also get to know each other and offer more joined up support e.g. across health partners and the VCSE. Building relationships across the system in this way will initiate feedback loops and help identify successes and areas for development.

Formal learning events would be helpful to make space for learning and could take the form of larger conferences and smaller, more regular facilitated meetings.

During the Connected People and Places project, Collaborate identified different layers in the system and advised that dedicated learning spaces would need to be created within and across each layer to create the infrastructure that will embed learning as the default way of operating. As shown in Figure twelve, each layer learns from, and enables, the layer below.



**Figure ten: Learning spaces throughout layers of the system**



Learning spaces throughout layers of the system At the system level, the Stewardship Group would provide an opportunity for the system partners to learn about each others' organisations in terms of remit, resources, capabilities and contacts. They can also learn from the national conversation about loneliness and help disseminate it. This group could operate at a cross-county level but may have subgroups specific to the districts and boroughs. This group and its subgroups will create the enabling conditions for the layers below to operate effectively, but will also be informed and influenced by the learning that is fed back up through the network of relationships.

The local, place-based level is populated by those who work in a much more localised way, in specific places. The size, or footprint, of those places would need to be defined collaboratively - in some cases it might include a whole district or borough. In others, where there is a less distinct sense of identity at the wider district level it might be smaller places such as towns or villages. Different groupings may emerge at this level - based on commonalities between the experiences of people living in rural areas, or on particular urban estates.

At the activity level, practitioners working in similar roles across different organisations, initiatives and places would benefit from a 'community of practice' approach, enabling them to share experiences of what works well in different localities, learn from each other and identify any barriers or challenges they need help with from the system stewardship group [Reference 110]. This might be particularly beneficial for social prescribers, village agents and community development workers who hold close working relationships within communities and so can relay rich resident insight into the system.

# Acknowledgements

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The Collaborate project team included:

- Dawn Plimmer
- Jenni Lloyd
- Lewis Haines
- Tajwar Shelim
- Fanny Olsson

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A special thank you to all the East Sussex residents who took part in the engagement activities, along with all stakeholders who attended interviews or workshops.

Stakeholder interviewees included:

- Alan Bruzon, Citizens Advice Eastbourne
- Catherine Watson, Children's Services, East Sussex County Council
- Claire Cordell, Rother Voluntary Action
- David Plank, Wealden District Council
- Darrell Gale, Public Health, East Sussex County Council
- Derek Andrews, Eastbourne Rainbow
- Jessica Britton, NHS Sussex

- John Routledge, East Sussex Community Voice
- John Williams, 3VA
- Neil Blanchard, Southdown
- Nick Skelton, Communities, Economy and Transport, East Sussex County Council
- Penny Shimmin, Sussex Community Development Association
- Rachel Travers, AMAZE
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- Steve Hare, Age UK East Sussex
- Steve Manwaring, Hastings Voluntary Action
- Victoria Conheady, Hastings Borough Council
- Mebrak Ghebreweldi, Diversity Resource International
- Michelle Gavin, Friends, Families and Travellers
- Jennifer Twist, Care for the Carers
- Chris Cook, Sussex Clubs for Young People
- Alex Ellison & Linda Baker, East Sussex Fire & Rescue Service
- Seanne Sweeney & Bryn Mabey, Lewes District Council and Eastbourne Borough Council

Members of the People Scrutiny Committee's Loneliness and Resilience Reference Group:

- Councillor Charles Clark, East Sussex County Council
- Councillor Johanna Howell, East Sussex County Council
- Councillor John Ungar, East Sussex County Council
- Councillor Nuala Geary, East Sussex County Council
- Councillor Trevor Webb, East Sussex County Council
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# Update on Director of Public Health annual report 2021/22: Work, Skills and Health

The Director of Public Health's Annual Report in 2021/22 considered the relationship between work, skills, and health. The relationship between work and health is complex. Good work can maintain health, and poor work can be detrimental to health. To maintain health, work needs to be paid adequately, be safe and stable, offer opportunity for development, prevent social isolation, and offer a degree of control or decision making. Amongst all of this, we need to have the skills to be able to access good quality work.

The report includes local data, details about how employers can support the health and wellbeing of their employees and recommendations to address health inequalities associated with employment.

A summary update on the key recommendations in the report is included here.

## **Recommendation:**

All public sector organisations and private businesses should be encouraged to sign up to work towards a Wellbeing at Work East Sussex award. This will enable them to take advantage of the resources available on how to improve wellbeing in the workplace. Some of the ambitions and actions for promoting the wellbeing of staff align with actions to protect the environment and reduce climate change.

## **Update:**

Currently 52 organisations in East Sussex are signed up to the Wellbeing at Work programme and are actively implementing the awards framework to work to improve employee health and wellbeing in their workplace. 28 awards have been granted to registered organisations so far, these are:

- 12 Commitment award
- 8 Bronze award (for employers with over 50 staff)
- 7 Small Business Bronze award (For employers with 2-49 staff)
- 1 Silver award (for employers with over 50 staff).

## **Recommendation:**

Employers are encouraged to undertake an annual workforce survey (also known as a health needs assessment) to increase their knowledge of the health needs of their workforce. This will enable employers to support their employees and guide them towards services to assist them in improving their health and wellbeing.

## **Update:**

All organisations that have achieved a Wellbeing at Work award have completed an annual workforce health and wellbeing survey as part of the required framework put in place to

achieve the award, and improve employee health and wellbeing. To date, 28 awards have been granted across 25 organisations.

The Employment and Skills Team has run the Future Skills Summit, 2023, a large conference for employers in the county where it showcased opportunities to recruit from a range of diverse sources including from the DWP Restart programme, Job centres, VCSE led employability initiatives, graduates, college and school leavers. The event asked employers to identify how they could be best supported to recruit a more diverse workforce and Sussex Learning Network will be analysing the findings to inform support for employers with this via the Sussex Chambers of commerce.

ESCC Human Resource team has started to make contact with employment support groups to explore how we can recruit from marginalised cohorts and enable more inclusive workforce and recruitment practice at the Council.

Programmes run by key stakeholders are increasingly recognising the need to embed wellbeing support in their practice. All programmes have developed referral pathways into wider professional health and wellbeing support and programmes like Moving on Up, which supports the homeless and those at risk of homelessness, provides mentoring and confidence building workshops to participants as well as access to sessions at local leisure facilities. Support into Work, run for refugees and Ukrainian visitors signposts participants to mental health support.

The ESTAR team have also recently commissioned research into neurodiversity among homeless cohorts, and will use the findings to inform practice in Housing and Employability programmes as well as sharing the report with Childrens Services colleagues to identify if there are lessons to be learned about early/preventative interventions.

Employability programmes in the county are increasingly focused on moving people into work in our key East Sussex sectors where there are known gaps and into green jobs where this is possible. The Employment and Skills Team have created resources on the Careers East Sussex website to promote key careers in key sectors and illustrate with infographics, pathways into these key careers. Currently, the team is working with the ICB to develop a range of infographics promoting careers in the Health and Care Sector.

Post European Social Fund (ESF) provision, there are still concerns about the dearth of funding for skills and employability at a national level. There is insufficient revenue funding to be able to address needs in the county with recent LSIF announcements only offering capital funding for colleges and UKSPF having no obligatory skills element. However, the Employment and Skills Team has created an 'Adult Learning Network' which is exploring how to refer people between programmes so that they can have a pathway into work, or into better work, in order to maximise benefits of minimal funding. Eastbourne



Lewes Wealden and Rother District Councils are all pooling some of their UKSPF funds in with ESCC COVID-19 funding in order to build and extend the Moving on Up programme over the next two years.

The Adult Learning Network is also working together to map out the provision of learning provision at different levels in the County. There is a paucity of provision post level three and all partners are keen to rectify this as a low skilled workforce has implications for income levels, health and wellbeing. Colleges are exploring how to promote the new Level 3 entitlement locally to support our ambition of raising skills among working adults in East Sussex, and East Sussex Sector Task Groups are starting work with the University in preparation for the new Lifetime Guarantee, which will enable modular degree level learning for adults who haven't studied at a higher level and may help plug identified gaps in learning provision beyond level 3 in the county. ESCG and Plumpton College have both formed partnerships with Universities (East Anglia and Middlesex respectively) which means that both will now be able to offer HE level learning from their campuses. This is a significant development.

The Multiply programme has started to be rolled out by the Employment and Skills Team - with 772 adults in East Sussex supported with maths learning in 22/23. 2000 people will have the opportunity to access support with maths over the next two years.

# Glossary

This glossary - and the more detailed appendices - provide explanation of a selection of terms used in this report to help build a common language for framing the recommendations.

Term	Meaning
Appreciative inquiry	An action research approach that uses conversational interviews to uncover stories of what works well, what is valued and what matters most to people.
Asset Based Community Development (ABCD)	ABCD is an approach based on the principle of identifying and mobilising individual and community strengths or ‘assets’, rather than focusing on problems and needs, or ‘deficits’.
Human Learning Systems (HLS)	<p>HLS is an alternative way of organising public service that acknowledges that people’s lives are complex. To be effective, responses to social challenges need to work with (not seek to control) complex realities, and recognise that systems (not single organisations, services or projects) create outcomes. Key features of HLS include:</p> <ul style="list-style-type: none"><li>• Making the process of creating change more human, putting decision-making into the hands of the people who know best – people and communities, and those who directly support them.</li><li>• Changing the role of management to creating a learning culture rather than exercising control.</li><li>• Supporting collaborative approaches across organisations and professions by nurturing a ‘healthy system’ based on trusting relationships, shared purpose and deep listening.</li></ul>
Loneliness	A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.
Social isolation	An objective observable state, defined mainly in terms of the quantity of social relationships and contacts.

Term	Meaning
System	<p>An interconnected set of elements that is coherently organised in a way that achieves something - so taking a systems perspective stresses the importance, among other things, of linkages, relationships, feedback loops and interactions among the system's parts.</p> <p>or..</p> <p>“A set of things - people, cells, molecules, or whatever - interconnected in such a way that they produce their own pattern of behaviour over time.” (Donella Meadows, American environmental scientist, educator, and writer)</p>
Stewardship / system stewardship	<p>System stewardship is underpinned by ‘Human Learning System’ theory, and focuses on helping connect the system, testing and learning together, and as leaders, helping to address barriers to change as they are identified.</p>
Whole systems approach	<p>A local ‘whole systems approach’ is one that responds to complexity through an ongoing, dynamic and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change.</p>

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