



Supporting



BritishRedCross

KALEIDOSCOPE



Fulfilling the promise

How social prescribing can most effectively tackle loneliness

Shared learning report 2

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Executive summary

The British Red Cross and Co-op have been working together since 2015 to tackle loneliness and social isolation by advocating for change and establishing new Community Connector schemes across the country. During this time we have seen increasing priority given to reducing loneliness and social isolation by government, the NHS, charities and voluntary groups, and other organisations across England.¹

The Government's loneliness strategy², published in 2018, set out an ambitious agenda for reducing loneliness, which we know is having a devastating impact on millions of people's health and wellbeing. A cornerstone of the strategy was the roll-out of social prescribing schemes across England. As part of this, NHS England has promised³ nationwide recruitment of social prescribing link workers, who are to be embedded across health and social care localities. These link workers will exist to help people with a range of non-clinical needs, such as loneliness, connecting them to further sources of support in much the same way as our Community Connectors. We have welcomed these commitments and the potential they have for effectively tackling loneliness.

However, a number of key questions remain around how the roll out of social prescribing will work in practice. Key issues include:

- How the roll out of the scheme will build upon existing link worker and connector schemes within communities;
- How new schemes will build links with the wider voluntary, community and social enterprise (VCSE) sector upon which they will rely; and
- Whether the NHS's plans will ensure that social prescribing models are optimally structured to tackle loneliness.

To explore some of these questions, British Red Cross and Co-op are working together to identify the key features of social prescribing which effectively tackle loneliness and make recommendations on how to achieve them.

This report draws on our practical experience of delivering social prescribing services to those experiencing or at risk of loneliness through our Community Connector schemes. It also builds on our previous learning report that identifies common barriers and solutions to tackling loneliness through Community Connector schemes⁴, by offering an up-close examination of how social prescribing models can best be designed to tackle loneliness effectively. Produced in collaboration with Kaleidoscope Health and Care, it is the result of deep-dive visits with Community Connectors, expert interviews, and workshops with professionals working in service provision, commissioning, primary care, policy and research, and people with personal experience of loneliness.

In this report we focus on four stories of individuals who face loneliness, and whose needs can only be met by schemes which are built on best practice in tackling loneliness. They represent the reality of loneliness and help us to draw out the key features social prescribing schemes will need to build in if the needs of individuals experiencing loneliness are to be met.

While there is still more to learn about how social prescribing can be used most effectively to reduce loneliness, we can draw on the expertise of a wider 'family' of connector schemes that exist in different parts of the country, and on the fundamental features of loneliness identified through their work. These key features of loneliness are outlined in Box 1, which have particular implications for the way in which social prescribing schemes need to be designed and delivered.

¹ While social prescribing schemes and initiatives to tackle loneliness exist in the devolved nations, given its distinctive policy context, the focus of this report is England. However its recommendations carry lessons and implications for social prescribing schemes across the UK and beyond.

² Department for Digital, Culture, Media and Sport (2018). A connected society: a strategy for tackling loneliness. Available at: www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

³ NHS England (2018). NHS Long Term Plan. Available at: www.longtermplan.nhs.uk

⁴ British Red Cross and Co-op (2018). Connecting communities to tackle loneliness and social isolation: Learning report. Available at: redcross.org.uk/-/media/documents/about-us/research-publications/health-social-care-and-support/connecting-communities-learning-summary.pdf

Box 1: key insights around loneliness

- **Loneliness is a subjective experience.** It is not an issue that can be judged against objective measures, and there is no 'one size fits all' approach that will prevent everyone from feeling lonely.
- **Because loneliness is stigmatised, people are often reluctant to admit to feeling lonely.** Therefore tick-box approaches to referrals, in which people are simply asked whether or not they are lonely, are unlikely to be effective in identifying those most in need.
- **Loneliness can be tackled in a range of ways.** This includes supporting people to improve the quality of their existing relationships, working on their attitudes, expectations and skills around relationships, as well as providing new opportunities for social connection.
- **Long-term loneliness can damage our ability to relate to one another.** People often need support to build their confidence and skills to engage with new activities, and may need someone to come along with them to groups and activities.
- **The most lonely individuals may need significant one-to-one support before they are able to connect with wider groups and activities in the community.**
- **Some of the most lonely people are completely isolated from other people and services.** People from particularly marginalised communities can be at significant risk of loneliness and may not be in contact with health services – so outreach will be needed.
- **Loneliness affects mental and physical health.** The effect of loneliness and isolation can be as harmful to health as obesity or smoking 15 cigarettes a day⁵; lonely individuals are at higher risk of the onset of disability⁶; loneliness puts individuals at greater risk of cognitive decline⁷, and one study concluded that lonely people have a 64% increased chance of developing clinical dementia.⁸ Tackling loneliness is therefore an important way of improving people's overall health and wellbeing.

5 Holt-Lunstad J, TB, Layton JB (2010). Social relationships and mortality risk: a meta-analytic review. Available at: www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000316

6 Lund R, Nilsson CJ, Avlund K. (2010). Can the higher risk of disability onset among older people who live alone be alleviated by strong social relations? A longitudinal study of non-disabled men and women. Available at: www.ncbi.nlm.nih.gov/pubmed/20208073

7 James BD, Wilson RS, Barnes LL, Bennett DA (2011). Late-life social activity and cognitive decline in old age. Available at: www.ncbi.nlm.nih.gov/pubmed/22040898

8 Holwerda, T. J. Deeg, D., Beekman, A. van Tilburg, T.G., Stek, M.L., Jonker, C., and Schoevers, R. (2012). Research paper: Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL). Available at: <http://jnnp.bmj.com/content/early/2012/11/06/jnnp-2012-302755>

For the promise of social prescribing to be fulfilled, action is needed from a number of organisations and professionals to build understanding and responsiveness to loneliness into the models that are emerging across England. In this report we make a series of recommendations for three groups who need to take action to ensure the promise is delivered for those experiencing loneliness. These include national policymakers, local health and care systems, and voluntary and community sector organisations. We outline ten areas for action, with practical steps that can be taken within each of these areas. The ten areas for action are:

National policymakers (page 19)

1. Build understanding of loneliness among link workers
2. Ensure referrers are supported to identify and respond to loneliness
3. Evaluate impact on loneliness
4. Take ownership of the biggest risk to social prescribing – the impact on the voluntary, community and social enterprise (VCSE) sector

Primary Care Networks, Clinical Commissioning Groups and GP practices (page 21)

5. Start by understanding what's out there
6. Support referrers to reach and recognise people who are experiencing loneliness
7. Employ link workers who have the time, skills and knowledge to address loneliness
8. Support the creation and maintenance of a comprehensive range of community services and assets

Voluntary and community sector organisations (page 25)

9. Understand what's been promised
10. Work with local NHS partners



Context

Social prescribing is a means of enabling GPs, nurses and other health and care professionals to refer people to a range of local, non-clinical services⁹ by referring people to a 'link worker'. It is a means to an end, with emerging evidence showing that social prescribing can lead to a range of positive health and wellbeing outcomes¹⁰ including, but not limited to, reducing loneliness.

A core part of the Government's loneliness strategy¹¹ – the roll out of social prescribing – is being led by NHS England. Funding is provided to employ 1,000 new 'link workers' to support local 'Primary Care Networks' (PCNs) in delivering social prescribing programmes across England by 2021, with further expansion by 2023/24. Link workers will have the time to take a holistic approach to people's health and wellbeing, always focussing on what matters to each individual. They will connect people to community groups and statutory services for practical and emotional support.

As social prescribing is rolled out there is good practice to build upon. In areas such as Rotherham, Newcastle West, Bromley by Bow and Frome, as well as in the devolved nations, residents already benefit from social prescribing schemes. These are improving people's lives, building connections and helping them to develop meaningful relationships.

While intended to provide support for a whole range of practical and emotional issues, social prescribing has particular potential to reduce loneliness and social isolation. Once identified, people who are experiencing or at risk of loneliness are referred to a professional link worker who can work with them to understand their individual needs and goals. They are then supported to access services, further support and activities in their communities. In this way,

social prescribing schemes can play a vital role in enabling people to rebuild the meaningful relationships they need to sustain their health and wellbeing.

We know that loneliness is complex – the Government defines it as 'a subjective, unwelcome feeling of lack or loss of companionship'¹². It can mean different things to different people, and impact individuals in different ways. While it can overlap significantly with social isolation, it is not the same. Social isolation is when someone lacks social ties and opportunities to integrate. It is more readily observable and less subjective. Unlike loneliness, it can be either desired (a positive experience) or unwanted (a negative experience). We should not expect to find a silver bullet solution when it comes to responding to loneliness; ultimately, the solution will be different for every individual, which is why tailored support to individuals is key.

Since 2017, British Red Cross and Co-op have launched over 30 'Community Connector' schemes across the UK, from Shetland to the west of Cornwall. Working in ways that are closely aligned to the role of a social prescribing link worker, they have been established specifically to help adults of all ages who are experiencing or at risk of loneliness. Box 2 explains what our Community Connectors are and how they operate.

⁹ The King's Fund (2017). What is social prescribing? Available at: www.kingsfund.org.uk/publications/social-prescribing

¹⁰ The King's Fund (2017). What is social prescribing? Available at: www.kingsfund.org.uk/publications/social-prescribing

¹¹ Department for Digital, Culture, Media and Sport (2018). A connected society: a strategy for tackling loneliness. Available at: www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

¹² Department for Digital, Culture, Media and Sport (2018). A connected society: a strategy for tackling loneliness. Available at: www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

Box 2: Community Connectors

A form of social prescribing, Community Connectors and volunteers in the service work to re-connect people feeling lonely or socially isolated back to their communities by signposting to groups and activities in their area and providing emotional and practical support. The aim is to offer person-centred support to build self confidence and resilience so people can go on forging social connections once our short term support has ended.

They do this by providing time-limited, one-on-one support. Community Connectors use a 'What Matters to You' approach to set mutually agreed, achievable targets. These goals are personal to the individual and can range from joining a group to meet new people, to reconnecting with an old friend, to leaving the house. The setting of these goals is an important step to empowering the individual and building confidence by helping them to identify and work towards what matters most to them.

Community Connectors provide flexible support, meeting people where they feel most comfortable, often in their own homes. Crucially, Community Connectors will provide ongoing support to build confidence and enable the individual to access services and attend activities, groups and meetings with them until they feel comfortable to go on their own.

Community Connectors are open to adults of any age. We have helped 18 year olds all the way up to people in their late 90s. The only eligibility criteria is that people feel lonely or are at risk of loneliness.

Our schemes have supported close to 9,000 people across the UK up to March 2019. A recent evaluation of the schemes revealed people were most likely to be referred through statutory health and care services, such as the NHS (42%) and local authorities (19%).

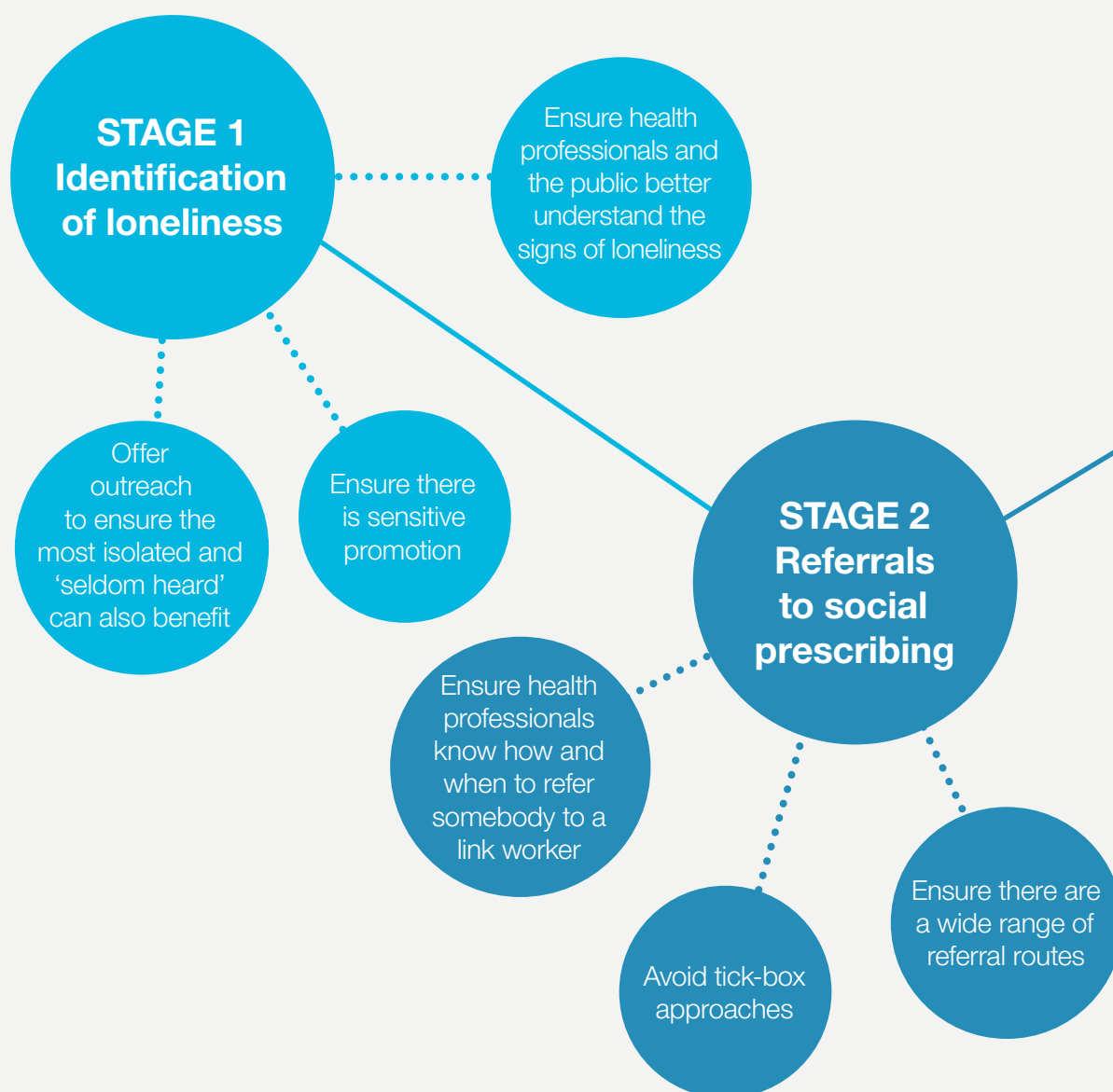
We've been using the University of California, Los Angeles (UCLA) scale to measure our impact on loneliness in the people we support at the start of their support and at the end. The scale is a short but accurate measure of loneliness and has recently been recommended for use by the Office for National Statistics. Using this measure, over two thirds (69%) of people felt less lonely at the end, while almost half of those that were classed as lonely at the start saw an improvement that meant they were no longer classed as lonely at the end.¹³

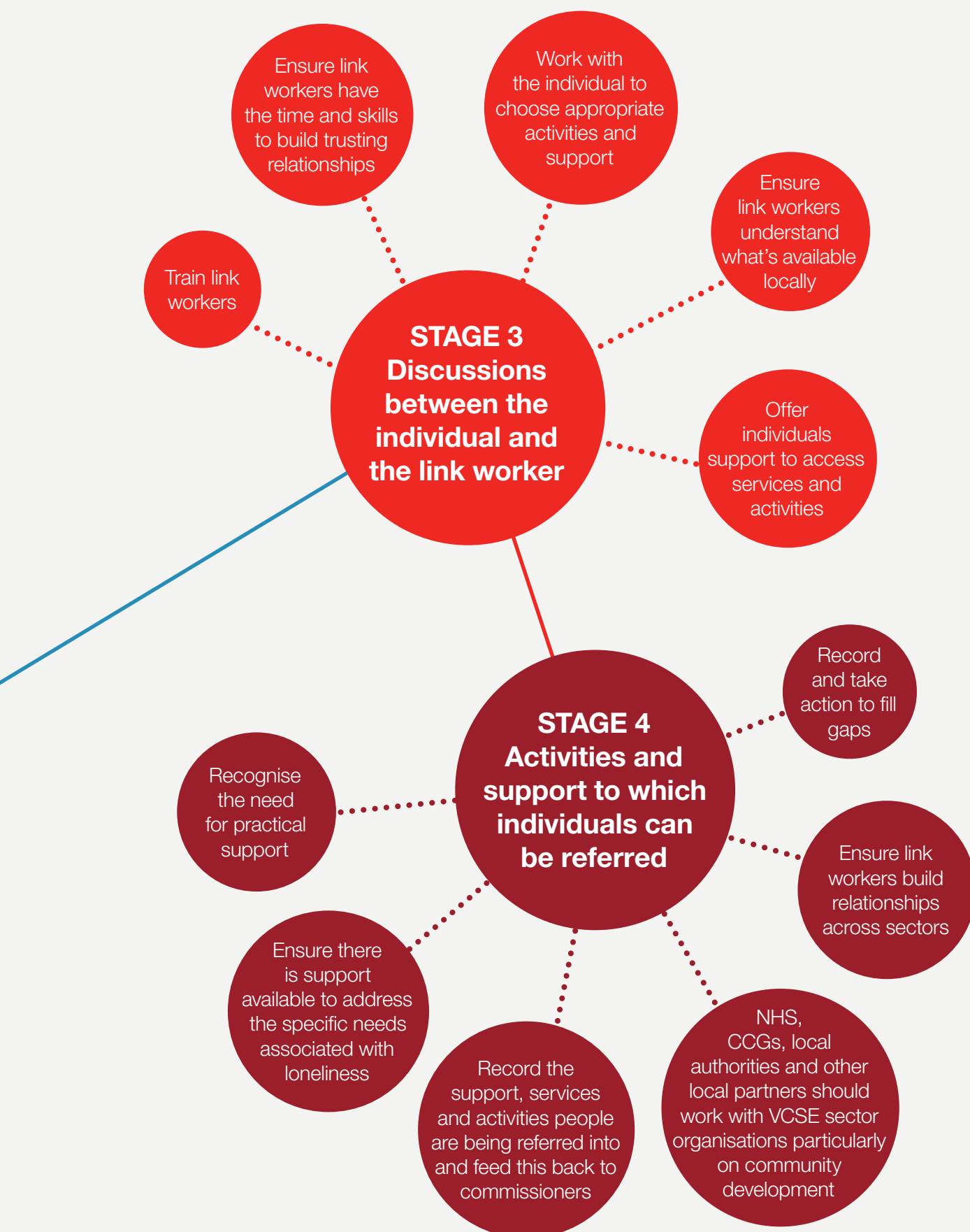
¹³ British Red Cross and Co-op (2018). Connecting Communities, Tackling Loneliness and Isolation: Findings from the evaluation of our Connecting Communities service.

The theory: how does social prescribing work for loneliness?

Social prescribing is designed to help individuals to access support and services from existing community resources. While individual social prescribing schemes differ, often using different language to explain their services and different techniques or processes to support their service users, it is possible to identify key stages which make up a social prescribing 'pathway'. On pages 10 and 11 we set out the key elements of this pathway, and some of the insights we have gathered around how schemes need to operate at each stage of the pathway in order to be most effective in addressing loneliness.

The social prescribing pathway





The social prescribing pathway in detail

Stage	What should social prescribing schemes do to ensure they are effective in addressing loneliness?
Identification of loneliness	<ul style="list-style-type: none"> • Offer outreach services to ensure the most isolated and 'seldom heard' can also benefit. • Ensure health and care professionals and members of the public better understand the signs of loneliness so that they can direct themselves and others to support. • Ensure there is sensitive promotion of the services available which avoid stigmatising those who use the service, for example by being mindful of framing and language used.
Referrals to social prescribing	<ul style="list-style-type: none"> • Ensure health and care professionals know how and when to refer somebody to a link worker so that people who are experiencing loneliness receive the support they need. • Avoid tick-box approaches to referrals, in which people are simply asked whether or not they are lonely. • Ensure there are a wide range of referral routes, not only through GPs, building on good practice from existing schemes. Potential referrers include health visitors, social workers, hospital discharge teams and voluntary, community and social enterprise (VCSE) organisations. Self-referrals can also be a vital route into support for some people.
Discussions between the individual and the link worker trained in tackling loneliness	<ul style="list-style-type: none"> • Train link workers to engage in open-ended and person-centred conversations that can get to the bottom of the issues the individual is facing. This includes discussing whether and why they are feeling lonely, any personal or practical barriers, and then subsequently working with them to identify an appropriate course of action. • Ensure link workers have the time and skills to build trusting relationships, as this will be vital in enabling people who are experiencing loneliness to open up about their needs. • Work with the individual to choose appropriate activities and support. Our research shows that individuals are more likely to engage with an activity in a sustained way if it links to their genuine interests. • Ensure link workers understand what's available locally. Link workers need in-depth, up-to-date knowledge of the local community and what is available if they are to be able to match people with the right support and activities for them. Keeping up to date requires time and resource, and so this needs to be built into schemes. • Offer individuals support to access services and activities – signposting is usually not enough. Link workers will need the time and flexibility to help people to access services, including accompanying those who lack the confidence to access activities and support in the community or who need help to overcome practical barriers. In some existing schemes link workers work alongside volunteer supporters who can help with this work.

Stage	What should social prescribing schemes do to ensure they are effective in addressing loneliness?
<p>Activities and support to which individuals can be referred (e.g. peer support, social activities, sports and exercises classes, bereavement groups, etc.)</p>	<ul style="list-style-type: none"> • Recognise the need for practical support. Sometimes the barriers to social connection are practical, e.g. low income or lack of transport. Link workers may need to work with individuals to address these practical barriers before they can address social and emotional needs. • Ensure there is support available to address the specific needs associated with loneliness. This may include support to enable people to maintain or deepen their existing relationships, support in building confidence or developing social and relationship skills, or psychological support to address perceptions and expectations around relationships. • Record the support, services and activities people are being referred into and feed this back to commissioners in order to better understand the local landscape and need. • Record and, if necessary, take action to fill gaps. Some communities have lots of resources, but in many areas there are gaps between the needs identified and the support available in the community. Social prescribing schemes need to work in partnership with other actors including the local VCSE sector, other funders and commissioners to address gaps. In some social prescribing schemes community development approaches, supported by small pots of flexible funding, have been used to address gaps in the community in a sustainable way. • Ensure link workers build relationships across sectors. Link workers are a vital bridge between statutory services and the VCSE sector. They will need to build and maintain strong links with professionals across all sectors – being seen as an integral part of all teams. • NHS, Clinical Commissioning Groups (CCGs), local authorities and other local partners should work with VCSE sector organisations to ensure there is adequate resource to support the demands upon the VCSE sector caused by referral from link workers, and to address gaps in provision where these are identified.

Assessing impact and gathering evidence

Given that social prescribing is being heavily relied upon to deliver the government's approach to tackling loneliness, it will be vital that its impact on loneliness is measured specifically.

The Office for National Statistics has recently agreed to use the UCLA three-item loneliness scale as a national measure for loneliness¹⁴. The What Works Centre for Wellbeing has produced additional guidance¹⁵ for the charity and community sector on using the measure to assess the impact of their interventions. However, many services currently do not use consistent tools to measure their impact on loneliness, with many collecting only qualitative data on loneliness and relying on other

measures, such as wellbeing scales, to act as a proxy for loneliness.

Using formal outcome measurement tools is not easy and requires support and training, and no measurement tool will work perfectly for every client group. However, it is important that these measures are used consistently by link workers, both within and between social prescribing schemes – whether they are commissioned by the VCSE sector or provided directly by the NHS – so that we can assess objectively whether the roll out of social prescribing is indeed fulfilling its promise on loneliness. Doing so will also gather new data to start to understand which services work, for whom and in what circumstances.



14 Office for National Statistics (2018.) Recommended national indicators of loneliness: Overview of our recommendations for national measures of loneliness. Available at: www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/compendium/nationalmeasurementofloneliness/2018/recommendednationalindicatorsof loneliness

15 What Works Centre for Wellbeing (2019). A brief guide to measuring loneliness for charities and social enterprises. Available at: <https://whatworkswellbeing.org/product/brief-guide-to-measuring-loneliness>

In practice: how could social prescribing work for loneliness?

The profiles below have been created to illustrate common experiences of loneliness, which might present challenges for a social prescribing service that has not been adequately 'loneliness proofed'. For each, we have identified the potential stages along the pathway where particular challenges may arise for that person, as well as what might work for them in overcoming those challenges. The examples highlight the diversity of challenges and solutions around tackling loneliness from person-to-person.



The person no-one knows: Derek

Derek is 75 and moved with his wife to the estate where he has lived for six years. She died soon after. Derek didn't get to know his neighbours and has lost contact with his old friends. He has no children and no other connections. Derek is mobile but rarely goes out. He goes to the local shops once a week but doesn't engage in much conversation with the owners.

He isn't registered with a local doctor and has no contact with statutory services. While he never liked big groups, in his private moments he feels very lonely and it's starting to affect his health. He doesn't feel like eating, has little reason to get out of bed, let alone exercise, and he drinks and smokes too much.

Stage in pathway	What are the challenges for Derek?	How could social prescribing work be made to work for Derek?
I Identification	Because Derek is not in touch with statutory services, including the GP, he will not be reached by social prescribing schemes if they rely solely on individuals presenting at the GP practice.	<p>Derek's loneliness could be identified through outreach schemes. For example, with support and training, taxi companies could recognise potentially lonely individuals and open up conversations (see Mendip Community Connectors for a good example in Box 5). Alternatively, Derek might be encouraged to self-refer through advertising e.g. on local community notice boards, local radio, etc.</p> <p>Local door knocking schemes (such as the Great Wirral Door Knock or the Royal Mail pilot schemes in Liverpool, Whitby and New Malden), might be another way to identify individuals like Derek.</p>
A Activities	Because Derek has been lonely for a long time, he may lack the confidence to join in with activities suggested by a link worker.	<p>If link workers are able to offer to go along with Derek when he tries out new activities it might help him to overcome potential barriers to trying new things.</p> <p>Alternatively, Derek might benefit from specific support with confidence building and social skills, either provided directly by link workers, or by a referral to specialist services.</p>



The “only lonely” person: Priti

Priti is 20 and a single mum of one. She is coping well with the baby and has a stable home and a good income. In the past few weeks she has made a number of visits to the GP, who has not been able to identify any health issues. The GP has asked

Priti about postnatal depression, but Priti has said she is fine. Priti knows deep down that she is lonely. She rarely sees other adults and doesn't really know how to meet other local mums. However, she would never admit this to anyone.

Stage in pathway	What are the challenges for Priti?	How could social prescribing work be made to work for Priti?
I Identification	<p>Aside from her loneliness, Priti is a healthy individual, as is her baby, and she is not willing to admit she is lonely.</p> <p>Without specific training to recognise that loneliness may be an issue, a GP may not pick up this possibility and Priti may not be referred for support from a link worker.</p> <p>There are a number of other professionals who are likely to be in contact with Priti who could also play a role in referring her to social prescribing link workers and may be better placed to broach a conversation about it than the GP – these include midwives and health visitors.</p>	<p>GPs, midwives and health visitors must be well trained in recognising the signs of loneliness and be sensitive to the fact that it has a stigma around it for some people. Opening up wider referral routes and/or building discussions around loneliness into the six-week GP check for new mothers may be a way of supporting referrals among people like Priti.</p> <p>For Priti it may be best to avoid using the term 'loneliness', but instead to suggest that she access the link worker to talk about something more positive like “getting connected” or “meeting people”.</p>
D Discussions	<p>Even when she is referred into a social prescribing scheme, Priti still might not feel comfortable admitting the real feeling of loneliness she has ‘deep down’.</p>	<p>The link worker must build trust with Priti to get her to the point of admitting that relationships are an issue for her.</p> <p>This is likely to require link workers to spend significant time with Priti opening up a broad discussion around what matters to her, and what she values. Some schemes use questions like “What kinds of things would you like to do more of that you don’t get to do at the moment?”.</p>

Stage in pathway	What are the challenges for Priti?	How could social prescribing work be made to work for Priti?
A Activities	<p>Priti might feel embarrassed or ashamed of admitting she needs help, so connecting her to a group activity might feel daunting and unappealing.</p> <p>Social groups in the community may not be geared towards women of her age group and she may feel concerned about fitting in.</p> <p>Priti may need to access services that are more specialist – for example spaces where breastfeeding mothers are made to feel welcome.</p>	<p>The link worker needs to have specialist knowledge, or to forge close connections to organisations who can provide specialist support in order to effectively work with Priti and help her choose appropriate and enjoyable activities that will meet her needs as both a young woman and new mum.</p> <p>As well as accessing formal support, link workers will need the skills and training to support Priti in building relationships outside of formal activities, for example by encouraging and supporting her to link up with other young mothers in the area, and building her confidence to do this.</p>



Image © Rob Durston/BBC.



The person with complex needs: Jane

Jane is 45 and has been lonely for as long as she can remember. Around 12 years ago she went through a bad patch with her mental health and had to give up work. She's been unemployed since then, and lost touch with many of her friends in part because of how her mental health affects her. Comfort eating has left her morbidly obese and, while she can manage around the house so doesn't qualify for social care, steep steps mean she is

housebound. She finds social situations very difficult and when she's tried to reach out to people around her she has felt rejected. She feels very sad and alone. Jane is very distrustful of authority figures because of the difficult experiences she's had in relation to her disability benefits. Her mental and physical health remain challenging. She regularly sees the GP due to concerns around her health, and also sees a Community Psychiatric Nurse (CPN).

Stage in pathway	What are the challenges for Jane?	How could social prescribing be made to work for Jane?
R Referrals	<p>While there are plenty of professionals in Jane's life who could refer her to a link worker her fear of authority may act as a barrier.</p> <p>Once referred Jane will need to remain linked into the GP and CPN rather than being transferred one-way to social prescribing.</p> <p>Many mainstream social prescribing services are ill-equipped to deal with people who have mental health needs despite the well-evidenced links between loneliness and mental health.</p>	<p>The GP and/ or CPN may need to raise the idea of a referral to a link worker to Jane more than once to give her the chance to consider this option carefully. They will also need to give her plenty of information and reassurance about the service.</p> <p>Link workers need to remain in dialogue with health professionals such as CPNs and GPs around complex cases like Jane's. It may be that the link worker needs to refer Jane back to access additional health services as these needs are identified. To achieve this, link workers will need to be viewed as full and valued members of the multi-disciplinary teams built around people with additional needs, so that both clinical and non-clinical needs can be met simultaneously.</p> <p>There may be a case for offering specialist link worker roles, or offering link workers additional training in working with people with mental health needs.</p>

Stage in pathway	What are the challenges for Jane?	How could social prescribing be made to work for Jane?
D Discussions	<p>Jane's issues with trusting individuals and the complexity of her needs will require plenty of time to unpick.</p> <p>Jane is housebound and her mental health condition can affect her behaviour – so there are concrete reasons why she struggles socially.</p> <p>She is likely to need a combination of practical, social and emotional support and may well need further health support.</p>	<p>Link workers need the flexibility to tailor the length of their sessions with clients and the duration of their engagement according to an individual's needs.</p> <p>The GP, CPN, link worker and Jane must work together to identify and address her physical, social and emotional needs in tandem with reconnecting her to the community.</p> <p>The link worker will also need links to local statutory services including social services and job centres in order to support individuals with additional needs.</p>
A Activities	<p>Attending general group activities may not be appropriate for Jane.</p> <p>Even if Jane were able to get out of the house, she has difficulties with building relationships. As such she will need support to develop the skills and confidence to connect with her community, and may need longer-term help with relationship building.</p> <p>Jane may need to access specialist services so that her mental health condition and its impact on her behaviours can be better understood.</p>	<p>For people like Jane who are not able to access activities in the community loneliness can only be addressed through the provision of home-based support (which often takes the form of befriending schemes delivered either through home-visiting or by telephone).</p> <p>Link workers need to be able to recognise and support those for whom building relationships is more complex and to have access to appropriate support in the community for such individuals.</p> <p>While such services are not widespread, there is good evidence around the impact of psychological support in tackling loneliness, so social prescribing schemes may wish to work with others in their community to support the development of these services.</p> <p>There may be a role for digital support for people like Jane, so link workers need to be aware of opportunities to build relationships online in safe spaces (e.g. Mind Elefriends¹⁶).</p> <p>Link workers need the training and knowledge to appropriately and safely refer people with mental health issues.</p>

16 See: www.elefriends.org.uk



The person for whom relationships matter: Mike

Mike is 50 and is between jobs having been recently hospitalised. He's been diagnosed with chronic obstructive pulmonary disease (COPD), but isn't looking after himself and has turned down attending a peer support group as he thinks it's not for "blokes like him". He misses his work mates, and their regular trips to the pub. His poor health is getting him down, but he's got too much going on in life to

worry about it – he's about to be evicted and he desperately needs to get back to work. Being out of work is making Mike lose his sense of identity, he is starting to forget how to talk to people, and to avoid being with other people as he feels he has nothing to say. He doesn't go out much except to visit the doctor. He wants to go back to normal, playing darts with his friends at the pub.

Stage in pathway	What are the challenges for Mike?	How could social prescribing be made to work for Mike?
D Discussions	Mike has additional needs. He is stressed with his housing situation and has health issues. The fact he is also lonely as a result could be overlooked, yet the priorities he articulates include getting back to his friends – suggesting that relationships are really what matters most to him.	Mike might be persuaded to control his health condition if he can see that doing so will help him get back to work and see his friends. Link workers will need to be skilled in carefully unpacking the issues individuals are facing, identifying what matters to them and working out what order Mike's needs should be addressed in. There is a range of different techniques used across different social prescribing schemes – including guided conversations, motivational interviewing, goals based discussions etc. However, no matter what techniques are used link workers need time to talk through people's issues and to build trust.
A Activities	Mike is unlikely to be in a position to engage in activities or manage his health condition until his most pressing concerns around his housing have been addressed. Once immediate practical needs have been met there may be challenges in identifying support that will appeal to Mike, as there are fewer services and activities tailored for men in many areas. It may be more appropriate to focus on supporting Mike to rebuild existing relationships.	Link workers need to be able to access a wide range of practical as well as social and emotional support for the people with whom they work if they are to be effective. Link workers need to have mechanisms in place for responding to needs that cannot be met through existing community provision. For example, in some schemes link workers have access to small pots of funding to "micro-commission" support, or use community-development approaches and seed funding to set up new groups where none exist. Link workers need to be empowered to support the people with whom they work in what matters to them – even if what they want isn't what the link worker would choose.

Fulfilling the promise: 10 areas of action

Making social prescribing effective in reducing loneliness requires concerted effort from individuals, professionals and organisations across England. We have focused on action required from three groups, identifying ten specific actions to help fulfil the promise of social prescribing.

National policymakers

1. Build understanding of loneliness among link workers

- **NHS training for link workers should include specific modules or information on loneliness** – these modules should include spotting the signs of loneliness, how to communicate with someone who might be experiencing loneliness, how to support them into services/activities, and how to use the new national loneliness measures.
- **Connect the link workers** – it will be important to develop a way to enable link workers to network, in order to share best practice and learn from one another.

2. Ensure referrers are supported to identify and respond to loneliness

- **Deliver a programme of targeted communications and mandatory training for those referring to social prescribing (initially GPs, but also others as referral routes are expanded)** – this should focus on how to identify people experiencing loneliness and support them into the social prescribing pathway.
- **NHS England needs to encourage PCNs to support referrals into social prescribing from across sectors** including local government and the VCSE sector.

- **“Supporting meaningful connections” should be built into the Making Every Contact Count agenda** – this will encourage people and organisations across the health and care local government and VCSE sectors to use their everyday contacts with people to support positive relationships as part of the wider effort to prevent poor health and wellbeing.

3. Evaluate impact on loneliness

- **The NHS England Outcomes Framework for social prescribing should include measures of loneliness** – to understand the impact of social prescribing on loneliness, it is essential that loneliness is measured using consistent tools across all schemes, drawing on new guidance from the Office for National Statistics. Data from across schemes should be brought together to enhance the evidence around what works in tackling loneliness. This should also be used to develop clearer benchmarks around how these schemes work in tackling loneliness and over what timescales changes should be expected.
- **NHS England should encourage the collection of qualitative data alongside loneliness measures** to enrich the evidence and ensure that early impacts can be identified.

National policymakers (continued)

4. Take ownership of the biggest risk to social prescribing – the impact on the VCSE sector

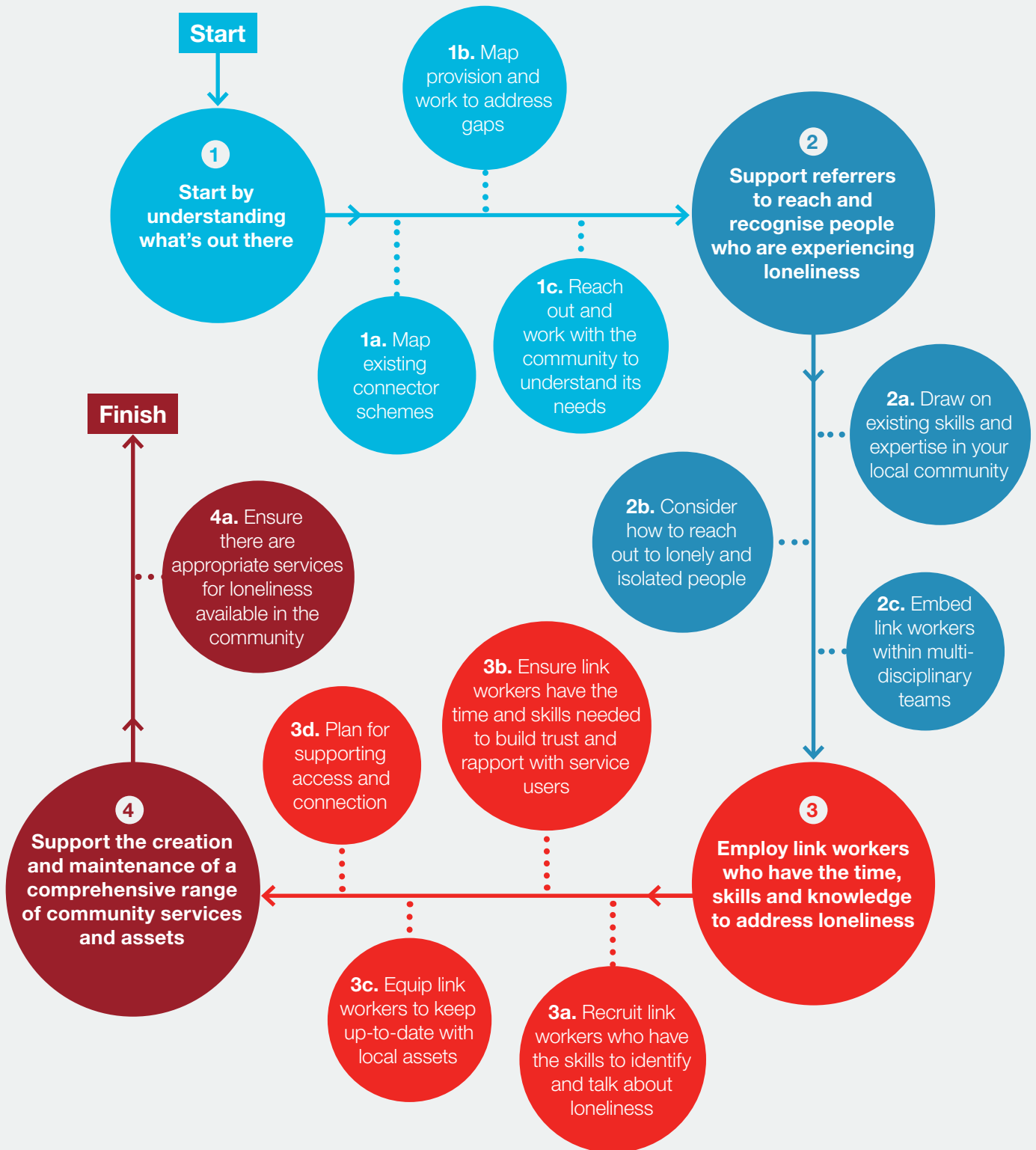
- **Work with government to monitor and act on the impact on the VCSE sector** – social prescribing schemes will rely upon a range of VCSE sector organisations to provide the advice, support and activities which will enable people to connect. As a result, it is likely some organisations within the VCSE sector will see increased demand. It is positive that NHS England has committed to monitoring this impact as part of the Common Outcomes Framework for social prescribing, but it must also commit to regular reporting on these impacts – potentially as part of annual reporting on the loneliness strategy. NHS England must then work with government to ensure that action is taken to address issues which emerge, including by enabling the transfer of resources to support services which are having a clear positive impact on individuals' health and wellbeing.

Box 3: Rotherham Social Prescribing Service: funding model

In Rotherham, Voluntary Action Rotherham (VAR) delivers two social prescribing programmes on behalf of Rotherham CCG. VAR manages the programme and micro-commissions activity from the VCSE sector, in the form of contracts, spot purchases and grants. The model was co-produced between Rotherham CCG, the VCSE sector and service users.

Social prescribing link workers (in this case known as 'advisors') meet referred people to assess individual social needs including practical, social and emotional support. An action plan is agreed. VAR also supports the VCSE sector to deliver options and solutions to meet people's needs. It's a resourced intervention, so it does not place additional burdens on already stretched VCSE services. VAR works with VCS groups alongside service users to help secure additional funding, and volunteers, to diversify income, support new activities, and increase citizen engagement, independence and resilience. This system helps to support VCSE sector sustainability.

Flowchart: primary Care Networks, CCGs and GP practices



Primary Care Networks, CCGs and GP practices

5. Start by understanding what's out there

- **Map existing connector/link worker schemes** – in most communities there is some form of existing link worker schemes, though this is not always linked to primary care, or labelled as a “social prescribing” scheme. Some schemes are run by the VCSE sector, some have been set up through local authority adult social care departments, and others are linked to hospitals or mental health trusts. It makes sense to build upon existing expertise, networks and capacity so it's important to start by understanding what's out there.
- **Map provision and work with the commissioners, funders and the VCSE sector to address gaps** – social prescribing schemes can only be effective if they are able to tap into wider assets in the community – from formal services, to groups and associations, to the strengths of the individuals who live in the area. To do this it will be important to understand what is already out there in the community and where the gaps might be. It will then be important to work with a range of organisations to think about how any gaps can be filled.
- **Reach out and work with the community to understand its needs** – from one PCN to the next, needs within the community are likely to differ. Some areas, for example, might have a particularly deprived population, whereas others might have particularly large numbers of older people. Local authorities should already have data on local needs, gathered through the Joint Strategic Needs Assessment (JSNA). The local Healthwatch should be invited to contribute and should have a thorough understanding of their local networks and communities. Patient Participation Groups are also a natural place to engage. PCNs also need to ensure that they have good connections with marginalised communities. Once needs are identified, link workers should be recruited to bring skills which are appropriate for the needs of the community. Likewise, there needs to be appropriate services or activities within the VCSE sector to accommodate the specific needs of the community.



6. Support referrers to reach and recognise people who are experiencing loneliness

- **Draw on existing skills and expertise in the local community** – in most communities there are already organisations with experience in working with lonely and isolated individuals, so it will be worth tapping into this expertise. Why not ask local experts to talk to those making referrals into link workers and give their tips on recognising the signs of loneliness?
- **Consider how to reach out to lonely and isolated individuals** – e.g. through providing outreach and encouraging referrals from other local agencies and individuals – not everyone experiencing loneliness will be in contact with their GP or will access GP services when issues are affecting them. Loneliness is an individual experience so a range of routes of access are needed. To help with this, proactive outreach is necessary, as is enabling a range of agencies to refer people to social prescribing schemes (including self-referral) and making the referral process as easy as possible.
- **Embed link workers within multi-disciplinary teams** – individuals will often have additional needs that contribute to or compound their feelings of loneliness, but can't be addressed by a loneliness-specific service. Link workers will need to be full and valued members of multi-disciplinary teams supporting people with complex additional needs, to ease the referral process and ensure both clinical and non-clinical needs are met.

Primary Care Networks, CCGs and GP practices (continued)

7. Employ link workers who have the time, skills and knowledge to address loneliness

- **Recruit link workers who have the skills to identify and talk about loneliness** – for example, when people are feeling lonely or isolated, often they don't want to admit they're feeling this way. It's therefore better to avoid checklist approaches that only identify loneliness by asking people: "Do you feel lonely?". There are lots of different schemes that do the job of connecting people to communities – and not all of these are called "social prescribing" schemes – people who have worked in these schemes are likely to bring valuable skills.
 - **Ensure link workers have the time and skills needed to build trust and rapport with service users** – particularly for people experiencing loneliness it is vital that the link worker has excellent relationship-building skills, and can empower people who may lack confidence to unpack complex issues. Finding people with these skills will be a vital consideration at the recruitment stage. But even the best workers won't be able to build trust if appointment times are very short, or link workers are not able to flex the amount of time / number of sessions they have with people. Link workers also need to be flexible in how they work – they may need to make home visits, or meet people away from health settings in places that their clients will feel comfortable.
 - **Equip link workers to keep up-to-date with local assets** – while initial mapping will be important, things change quickly. Link workers will need to keep up with what's available in the local community and build strong relationships with the agencies into which they may refer people. There is little substitute for individual networking and relationship-building across organisations, so link workers need time to do this. However, digital resources can also help; for example, Croydon CCG has an e-marketplace for VCSE sector organisations, which is kept up to date by the organisations themselves.
 - **Plan for supporting access and connection** – it's rarely effective simply to refer someone who has been chronically lonely for a long time to a new social group in order for them to connect. Successful social prescribing link workers often accompany people to new activities or work alongside volunteer supporters who can help them do so.
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8. Support the creation and maintenance of a comprehensive range of community services and assets

- **Ensure there are appropriate services for loneliness** – while people experiencing loneliness may benefit from accessing a wide range of groups and activities available in communities, there may also be a need for specialist services designed to respond to the particular challenges of loneliness. These include:
 - Support with resilience and emotional wellbeing
 - Relationship support
 - Support with psychological barriers to connection
- While link workers should be equipped to provide low-level support around confidence and relationship-building, some chronically lonely people may need intensive help.



Box 4: Health Connections Mendip: Community Connectors

In Somerset, Health Connections Mendip¹⁷ has worked to ensure that even the most isolated people can access their 'Health Connectors' social prescribing scheme by training up local people to act as eyes and ears on the ground – understanding the signs of loneliness and sensitively referring people to support. Known as 'Community Connectors', these people get locally tailored training and are part of the Health Connections Mendip service. Anyone who is interested can be a Community Connector for Mendip. So far they have trained hairdressers, taxi drivers, drug and alcohol workers, care workers, CAB teams, adult social care workers, primary care staff, sixth form students, church congregations, peer support group members and hundreds of members of the public.



¹⁷ A full outline of the Health Connections Mendip model can be found here: <https://healthconnectionsmentip.org/wp-content/uploads/2017/01/HCM-foldout-A5v4AW.pdf>

Voluntary and community sector organisations

9. Understand what's been promised

- Over the next few months local health system leaders will be ramping up activity around social prescribing. It will be important to understand what's been promised by the government and the NHS – across the government's loneliness strategy, the NHS Long-Term Plan¹⁸, and Universal Personalised Care commitment¹⁹ – so that you can ensure these pledges are being delivered as effectively as possible in your community.

10. Work with local NHS partners

- **Get to know the local PCN** – PCNs are newly formed partnerships based on GP registered lists, typically serving communities of around 30,000 to 50,000 people. Every GP practice is being encouraged to join a PCN, and they will be the lead organisation recruiting link workers for social prescribing. VCSE sector organisations are fundamental to the operation of social prescribing, therefore it is important that the sector is included in discussions around either building new social prescribing models or enhancing existing work in your area. PCNs are being encouraged to reach out to local organisations and may be doing this through existing networks. In Croydon for example, a local alliance between the CCG, mental health services, GP surgeries, the local authorities, Age UK and other VCSE sector organisations works to create system transformation. However, because PCN's are new, local organisations shouldn't assume PCNs will know about their work – so it's worth reaching out.
- **Support local mapping at PCN level** – PCNs will ideally start work on social prescribing by mapping existing schemes, as well as of wider services and capacity in the community. As local VCSE organisations provide vital links to the community they should support this process by sharing their on-the-ground knowledge of what's available. National organisations can further support by convening local groups and facilitating knowledge sharing.

¹⁸ NHS England (2018). NHS Long Term Plan. Available at: www.longtermplan.nhs.uk

¹⁹ See: www.england.nhs.uk/personalisedcare/upc

What happens next?

Fulfilling the promise of social prescribing to reduce loneliness is no single organisation's responsibility. It requires a large number of organisations and individuals, crossing many different boundaries, to work in partnership together.

Our work as a partnership between British Red Cross and Co-op has included helping to convene different groups around a shared aim of reducing loneliness and social isolation.

Nationally we do this through the Loneliness Action Group and All-Party Parliamentary Group. At a local level, we would warmly welcome any feedback on this report from organisations involved in using social prescribing to tackle loneliness. Please contact us on **LonelinessAction@redcross.org.uk**



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**For more information please contact LonelinessAction@redcross.org.uk
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