

Action Group on Loneliness Policy consultation response

[PfG draft Outcomes Framework consultation](#)

February 2021

AGLP

Action Group on
Loneliness Policy
in Northern Ireland

The [Action Group on Loneliness Policy](#) welcomes the opportunity to respond to the PfG draft Outcomes Framework. The Action Group brings together the policy expertise of ten leading organisations calling for urgent action on loneliness - Age NI, Barnardo's NI, British Red Cross, Campaign to End Loneliness, Carers NI, Royal College of GPs, Parenting NI, Marie Curie, MENCAP and Volunteer Now. [Supported by over 70 NI organisations](#) calling for a NI loneliness strategy.

Recommendations

1. Cross-departmental Loneliness Strategy: the PfG should include a commitment to deliver and implement a cross-departmental Northern Ireland strategy for loneliness across all ages with committed resources and a clear timeframe for development and delivery

Due to the severity of the health and wellbeing impacts of chronic loneliness on people of all ages¹, and the range of policy interventions needed across government to tackle loneliness², cross-departmental, and cross-government action is needed. The rest of the UK and Ireland have already taken action, with cross-government loneliness strategies in place in [Scotland](#) and [England](#) since 2018, in [Wales](#) from early 2020 and a commitment in the new [Irish Programme for Government](#) to develop a plan aimed at tackling loneliness and isolation.

A Northern Ireland loneliness strategy would support the delivery of a significant number of the draft PfG outcomes, notably; Our children and young people have the best start in life, We have an equal and inclusive society where everyone is valued and treated with respect, We all enjoy long, healthy active lives, Everyone can reach their potential, We have a caring society that supports people throughout their lives, and People want to live, work and visit here.

2. Loneliness indicator in the Programme for Government: the draft PfG should be updated to include a loneliness indicator, for all ages to enable effective monitoring of progress.

Vital data on loneliness is currently being collected by the Northern Ireland Statistics and Research Agency (NISRA), which can effectively transfer into a Loneliness indicator in the PfG. Using [ONS loneliness guidance](#) NISRA are currently collecting loneliness population data through:

[Department of Health Survey](#), [Northern Ireland Continuous House Survey](#), [Department of Health Young Persons Behaviour and Attitudes Survey](#), annual NISRA [Loneliness in Northern Ireland](#) report and [Northern Ireland Cohort on Longitudinal Ageing \(NICOLA\)](#)

A loneliness indicator is an effective tool for monitoring population changes and impact of interventions tackling loneliness across all ages. For example the Scottish Programme for Government has incorporated the following [Loneliness Indicator](#) 'the percentage of adults who felt lonely in the last week "some"/"most"/"all or almost all" of the time' utilising existing survey data from the Scottish Household Survey.

Supporting evidence



Most of us will experience loneliness at some point in our lives. Loneliness is ‘a subjective and unwelcome feeling which results from a mismatch in the quality and quantity of social relationships we have and those we desire.’³ Loneliness is often linked to social isolation, but it is not the same thing. Social isolation describes the quantity of social connections and relationships that a person has at individual, group, community or societal level.⁴

In Northern Ireland one in five people say they feel lonely⁵. Whilst loneliness is a normal human emotion, **chronic loneliness** – when people always or often feel this way – seriously impacts on people’s health and wellbeing, damaging our ability to connect. Chronic loneliness affects one in 20 people⁶ in Northern Ireland.

Worryingly chronic loneliness increases the risk of death by 26 per cent⁷. It puts people at higher risk of cognitive decline, dementia, coronary heart disease and stroke.⁸ For people living alone, and with weak social connections, it is as harmful for your health as smoking 15 cigarettes a day.⁹

Loneliness can be experienced by anyone, anywhere and at any age. Indeed chronic loneliness can often begin in childhood.¹⁰ However, particular groups are more vulnerable to loneliness and life events or circumstances can trigger feelings of loneliness at any stage in life. For example; the onset of a health condition, becoming a carer, becoming a parent, becoming unemployed, retirement, experiencing family breakdown and bereavement.¹¹

Structural inequalities also play a part in exacerbating loneliness across society. People are more likely to be lonely if they have low incomes, live in rented accommodation or lack internet access. Meanwhile, those who are living with a disability, come from an ethnic minority background or the LGBTQ+ community can face particular challenges in developing the relationships they need.¹²

The downward spiral to chronic loneliness model¹³ explains how the experience of loneliness can make it hard to reach out to old friends or make new connections. This is why we cannot presume that people will always find their own way out of loneliness. Both strategic policy interventions and community-based support are needed to make a real difference.

Given the seriousness of these effects on our wellbeing it is not a surprise that loneliness leads to people using health services more. Three in four GPs say that they see between 1 and 5 lonely people every day.¹⁴ In addition to the consequences of loneliness on people’s health and wellbeing, there are significant implications and costs to communities, wider society, public health and the economy. A recent report released by the UK Government calculates that the overall monetary impact of severe loneliness is at least £9,530 per person per year.¹⁵

It has never been so important to tackle loneliness across society, with cross-government action. Recent research highlights that the pandemic has made loneliness worse, people who are lonely feel less able to cope now and feel three times less confident about their recovery from the pandemic than the general population.¹⁶ At the same time, people are struggling with the stigma of loneliness, are reluctant to reach out to others and have limited coping mechanisms to overcome loneliness.¹⁷ The Campaign to End Loneliness, supported by the Action Group on Loneliness Policy published [‘Loneliness in Northern Ireland: A Call to Action’](#) which outlines the key evidence and considerations for a future Northern Ireland strategy. The policy interventions needed to tackle loneliness are cross-



cutting across government and society; health and social care, communities and neighbourhoods, community infrastructure, built environment, transport, accessibility and connectivity.¹⁸

Tackling loneliness deliberately across government means that a whole range of existing policies can be seen through a 'loneliness lens' that can unleash the power of supporting relationships in ever more areas. Drawing on available research, good practice and existing strategies and approaches across these islands, we have set out a template of what must happen next in Northern Ireland to tackle loneliness, from planning all the way through to spending and service delivery.¹⁹

As the devastating impacts of chronic loneliness begin to be understood, government and cross-sectoral partners have responded to support key demographics, particularly older people through a range of initiatives including volunteering and Age Friendly approaches.²⁰ Whilst valuable work has been happening in Northern Ireland to help people who are lonely in both the public and community and voluntary sectors, nevertheless, a step change in efforts to tackle loneliness is required. An overarching strategy for tackling loneliness in Northern Ireland is required, co-produced with people and communities, rather than individual policy interventions, to make sure people get the support and information they need throughout their lives and that promotes human connection.²¹

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¹ Further information, Action Group on Loneliness Policy '[Tackling Loneliness and building connections: A Call to Action For Government](#)'

² [Loneliness-in-Northern-Ireland-A-Call-to-action.pdf \(campaigntoendloneliness.org\)](#)

³ See <http://www.campaigntoendloneliness.org/threat-tohealth/> Perlman, D., & Peplau, L. A. (1982). Theoretical approaches to loneliness. Loneliness: A sourcebook of current theory, research and therapy. Wiley, New York

⁴ Zavaleta D., Samuel K., Mills C. (2014) Social isolation: a conceptual and measurement proposal. OPHI Working Paper No 67, Oxford Poverty and Human Development Initiative, University of Oxford <https://ophi.org.uk/social-isolation-a-conceptual-and-measurement-proposal/>

⁵ NI Health Survey 2019/20 (Dec 2020) [Health Survey Northern Ireland: First results 2019/20 \(health-ni.gov.uk\)](#)

⁶ NISRA, Loneliness in Northern Ireland 2019/20 (Dec 2020) [Loneliness in Northern Ireland 2019/20 \(nisra.gov.uk\)](#)

⁷ Hawkey, Louise C. and Cacioppo, John T. (2010). Loneliness matters: a theoretical and empirical review of consequences and mechanisms, *Annals of Behavioral Medicine*, 40: 218-227.

⁸ Holwerda, Tjalling Jan; Deeg, Dorly, J. H.; Aartjan T. F.; van Tilburg, Theo G.; Stek, Max L.; Jonker Cees and Schoevers, Robert A. (2014). Feelings of loneliness, but not social isolation, predict dementia onset; results from the Amsterdam. Study of the Elderly (AMSTEL), *Journal of Neurology, Neurosurgery and Psychiatry*, 85: 135-142.

⁹ Holt-Lunstad, J., Smith, T.B. and Layton, J. B. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 7(7): e1000316. Doi:10.1371/journal.pmed.1000316.

¹⁰ See Action for Children, (2017) It starts with hello: a report looking into the impact of loneliness in children, young people and families. <https://www.basw.co.uk/resources/it-startshello-report-looking-impact-loneliness-children-youngpeople-and-families> citing Margalit, M. (2010) *Lonely Children and Adolescents: Self-Perceptions, Social Exclusion and Hope*. New York: Springer

¹¹ British Red Cross (2016) Trapped in a Bubble <https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/co-op-trapped-in-a-bubble-report.pdf>

¹² Campaign to End Loneliness (2020) 'A call to action Northern Ireland' [Loneliness-in-Northern-Ireland-A-Call-to-action.pdf \(campaigntoendloneliness.org\)](#)

¹³ Campaign to End Loneliness (2020) The psychology of loneliness https://www.campaigntoendloneliness.org/wpcontent/uploads/Psychology_of_Loneliness_FINAL_REPORT.pdf



14 Tackling Loneliness: A community action plan, Royal College of General Practitioners [Tackling Loneliness - A Community Action Plan, Northern Ireland \(rcgp.org.uk\)](#)

15 Peytrignet, S et al (2020). Loneliness monetisation report: Analysis for the Department for Digital, Culture, Media and Sport [Loneliness Monetisation Report - GOV.UK \(www.gov.uk\)](#)

16 British Red Cross (2020) 'Lonely and left behind' [Lonely and left behind | British Red Cross](#)

17 Ibid.

18 Campaign to End Loneliness (2020) 'A call to action Northern Ireland' [Loneliness-in-Northern-Ireland-A-Call-to-action.pdf \(campaigntoendloneliness.org\)](#)

19 Ibid.

20 Ibid.

21 Ibid.

