

September 2018

All the Lonely People: Loneliness in Later Life

Understanding the circumstances associated with feeling lonely and explaining what we know works in supporting people to tackle feelings of persistent loneliness



All the Lonely People: Loneliness in Later Life

Foreword

Many people experience loneliness at some point in their lives. For the majority the feeling of loneliness passes, yet for some it can persist, undermining their well-being and impacting negatively on their quality of life.

Addressing loneliness amongst older people is an essential element of Age UK's work, and has been for a number of years. We have been at the forefront of incorporating approaches to tackling loneliness into our everyday services and testing new ways to approach this issue to help further our understanding of what works.

Our latest work has focused on further understanding loneliness among people aged 50 and over and has found that, if we don't tackle loneliness, by 2026 there will be 2 million people over 50 in England who will often feel lonely. This will have a dramatic impact on their well-being and the quality of their lives.

Our findings also show that the risk of being often lonely is dramatically higher among those people who are widowed or who do not have someone to open up to. Loneliness occurs when people's ability to have meaningful conversations and interactions is inhibited, and helping people cope with and overcome these feelings can require more than social activities. It can require personalised support and neighbourhoods which encourage and facilitate people to participate in their communities. The importance of good quality care, transport and other public amenities to achieve this means a genuinely cross-government approach is essential.

Furthermore, our work challenges recent discussions about loneliness being more or less common at different ages. We find that loneliness is similarly common at all ages, but that the circumstances which trigger loneliness can vary by age: for younger people this might be leaving education, whilst for older people loneliness can begin with the loss of a spouse or the onset of poor health.

Successful approaches to tackling loneliness consider how and why an individual has become lonely in determining how best to address their loneliness.

Finally, our work shows the importance of measuring loneliness using both a direct question (that includes the word lonely) and an indirect scale. We find using only the direct question or the scale can lead to seriously underestimating the prevalence of loneliness.

The breadth and depth of this problem highlights the importance of the promised cross-government strategy on loneliness and how important it is that this is not a missed opportunity to act.



Caroline Abrahams
Charity Director

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Key points

- Loneliness is a negative feeling people experience when the relationships they have do not match up to those they would like to have. When this feeling persists it can have a negative impact on well-being and quality of life.
- Loneliness often begins when people lose significant relationships or the opportunities to engage in ways they find meaningful. People aged 50 and over are more likely to be lonely if they do not have someone to open up to, are widowed, are in poor health, are unable to do the things they want, feel that they do not belong in their neighbourhood or live alone.
- The proportion of people aged 50 and over living in England who say they are often lonely has remained similar for at least a decade. If we do not tackle this issue, our ageing population means that the number of older people who are often lonely will increase to 2 million by 2026.
- The chances of being often lonely do not differ because of age – loneliness is similarly common at all ages. However, the circumstances which increase the risk of loneliness do differ by age. For example, leaving education is a commonly vulnerable time for younger people whereas the death of a loved one, and the onset of illness and disability are more often times of vulnerability for older people.
- The reasons people feel lonely are personal, so the support needed to help them cope with or overcome these feelings must also be personal (and at times be creative and imaginative). Our work shows that this requires people in the community to recognise that people are lonely, to signpost them to trained people who can then work with them to understand the causes of their feelings of loneliness and together develop actions to cope with or resolve these. Organisations, activities and support need to be available for people who are lonely, and those supporting lonely people need to be aware of and be able to access these.
- Social activities are an essential component of successful approaches to tackling loneliness, but for many lonely people such activities are only effective when complemented by emotional and practical support to access them. Many neighbourhoods have a variety of social activities that people are either unaware of or unable to access, and that compete rather complement each other.
- Neighbourhoods that are welcoming, attractive, feel safe and have amenities for all residents can help prevent people from becoming lonely.
- This approach to tackling loneliness is about creating the right environment and providing holistic, personalised support available to all members of society.
- Measuring loneliness requires using both a single-item direct loneliness question and an indirect scale; using only a direct question or an indirect scale will underestimate the prevalence of loneliness.

Introduction

Loneliness is a negative feeling people experience when the relationships they have do not match up to those they would like to have. Loneliness is about how meaningful the conversations and interactions that people have are, and not necessarily about the number of people they have contact with. Being lonely is not the same as being isolated. A person can be isolated but not lonely, or can feel lonely yet be surrounded by people.

Loneliness is a common human emotion. For the majority of people the feeling of loneliness passes, yet for some it can persist, impacting negatively on well-being and quality of life. Recognising the causes and consequences of loneliness helps us to understand the importance of supporting people to cope with and overcome persistent feelings of being lonely.

The Jo Cox Commission successfully highlighted that loneliness can be experienced across all ages and by all members of society. The cross-government strategy on loneliness promised by the Prime Minister has the potential to play a crucial role in helping to tackle persistent loneliness if based on what is collectively known about loneliness.

Addressing loneliness amongst older people has been an essential element of Age UK's work for many years. With the Campaign to End Loneliness we published *Promising Approaches to Reducing Loneliness and Social Isolation* which drew on conversations with experts and a review of existing projects aimed at tackling these issues to create a new framework for tackling loneliness. We followed this with an innovative test and learn

programme, *Testing Promising Approaches to Reducing Loneliness*, which piloted aspects of this new framework. Working with five of our local partners Age UK Barrow, Age UK North Craven, Age UK Oxfordshire, Age UK South Lakeland and Age UK Wirral, we explored how to develop the reach of services to find older people experiencing loneliness and then develop personalised support to help them reconnect.

In addition, Age UK Herefordshire and Worcestershire has led the Reconnections programme, an innovative approach to funding and evaluating programmes to ameliorate loneliness. Other local partners, including Age UK Bradford and District and Age UK Barnsley, have developed and adapted their approaches to loneliness among older people in partnership with local statutory, voluntary, and private sector organisations, as well as the wider community.

This report presents new evidence about what we at Age UK know about loneliness amongst people aged 50 and over, what increases the chances of people experiencing loneliness and how best to help those older people who are persistently lonely. Our focus throughout is on the need for approaches to reducing loneliness to be tailored to the circumstances of the individual.



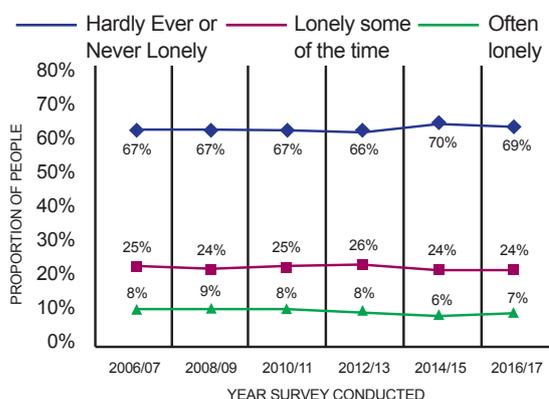
**“You need
a purpose to get
out of bed – need
something to get
up for”**

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The percentage of older people experiencing loneliness has remained fairly consistent over time

In the last couple of years public awareness of loneliness and the impact that being persistently lonely can have on well-being and quality of life has grown with campaigns such as Age UK's No One Should Have No One, the work of the Jo Cox Commission and the Government's appointment of a Minister for Loneliness. This increase in awareness can lead to the view that the percentage of people experiencing loneliness is growing. In fact, the percentage of older people experiencing loneliness has remained fairly consistent over time. Figure 1 shows the proportions of people aged 50 and over living in England who reported feeling lonely in the decade since 2006/07. Two thirds of these people are hardly ever or never lonely, and a quarter are lonely some of the time. A substantial minority (one in twelve people) – currently representing around 1.4 million older people living in England – are often lonely.

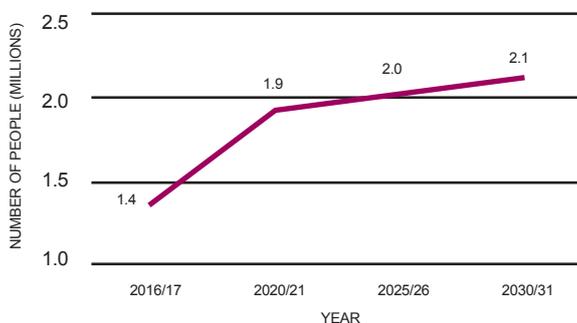
Figure 1: Proportion of people aged 50 and over living in England who felt lonely, between 2006/07 and 2016/17



Source: English Longitudinal Study of Ageing (see accompanying technical report)

The proportion of older people who say they are often lonely has remained relatively constant since at least 2006/07. But the size of the older population is growing. As figure 2 shows, based on current population projections, the number of people aged 50 and over living in England who will often feel lonely will increase by half a million people by 2020/21 and reach 2 million people by 2025/26 unless we tackle it.

Figure 2: Number of people aged 50 and over living in England projected to be feeling often lonely up to 2030/31



Source: ONS and English Longitudinal Study of Ageing (see accompanying technical report)

1 These estimates are based on the Office for National Statistics (ONS) principle population projects for England, published in 2017, and assumes that the proportion of people often lonely remains at the 10 year average (of 7.5%) observed between 2006/07 and 2016/17. The accompanying technical report provides further details on the analysis behind these estimates.

2 The accompanying technical report provides full details and results of the analysis behind these estimates

3 Only 1 in 5 invited participants completed the survey, and this was even lower amongst older people,

Loneliness is driven by circumstance

The work of the Jo Cox Commission highlighted that loneliness can be experienced at any age and by any member of society. Characteristics such as age or gender, ethnic background or religious beliefs do not in themselves cause loneliness.

Feelings of loneliness occur when circumstances inhibit people's ability to have the relationships they desire. This can occur because of the loss of relationships through, for example, bereavement or retirement; or the loss of the opportunities to engage in meaningful ways through, for example, worsening health or mobility.

According to our latest analysis of the English Longitudinal Study of Ageing, older people aged 50 and over living in England are:

- **5.5 times** more likely to be often lonely if they don't have someone to open up to when they need to talk compared with older people who have someone
- **5.2 times** more likely to be often lonely if they are widowed compared with older people who are in a relationship
- **3.7 times** more likely to be often lonely if they are in poor health compared with older people who are in good or excellent health
- **3.0 times** more likely to be often lonely if they don't feel they belong to their neighbourhood

- **3.0 times** more likely to be often lonely if they feel they are never able to do the things they want
- **2.6 times** more likely to be often lonely if they have family circumstances that prevent them doing the things they want to do
- **2.3 times** more likely to be often lonely if they have money issues that prevent them doing the things they want to do than people who do not have money issues
- **1.6 times** more likely to be often lonely if they live alone than older people who live with somebody

These risk factors are independent of other factors, including age, gender and how often people meet with other people, which are not associated with whether people aged 50 and over in England often feel lonely.²



Loneliness is having "no one to turn to when you need someone to talk to or need help with something"

People aged 50 and over are more likely to be often lonely if they:

- have no one to open up to when they need to talk
- are widowed
- are in poor health
- feel as if they do not belong in their neighbourhood
- are unable to do what they want
- live alone

The risk of loneliness does not vary because of age

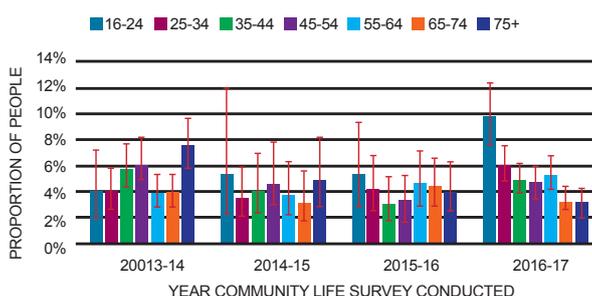
Age UK's analysis has shown that, when we look at all adults, there is no difference in how likely a person is to be lonely according to age: the triggers for loneliness differ by age, but younger and older people are similarly likely to be lonely.

Our findings give a different picture to those published in April 2018 by the Office for National Statistics (ONS), based on the 2016-17 Community Life Survey, concluding that younger people are more likely to be lonely than other age groups. When we reviewed the ONS research we noted that the survey was carried out primarily online with a low response rate, particularly amongst older people³.

Age UK have replicated the analysis the ONS undertook across the three previous waves of the Community Life Survey which collected data between 2013 and 2016 through face-to-face interviews, and which had much better response rates.⁴

Figure 3 shows how age was associated with often or always feeling lonely in these four waves of the Community Life Survey. It is only the final set of columns, labelled 2016-17, based on the online data used in the ONS report, that suggest that younger people are more likely than older people to be lonely. The first three sets of columns show the same analysis using the face-to-face data collected in 2013-14, 2014-15 and 2015-16. These demonstrate that there are no meaningful differences in loneliness between age groups.

Figure 3: Proportion of people who say they often or always feel lonely by age



Source: Community Life Survey (see accompanying technical report)

Note: red vertical lines represent confidence intervals, and indicate the bounds within which we can feel confident the true proportion of often or always lonely people in that age group fall.

Our analysis leads us to believe that the finding that age was associated with loneliness in the 2016-17 data is due to those completing the online survey being less likely to be representative of the general population. This is likely to be especially true for the older age group. The Office of Statistics Regulation has raised similar concerns about the online method used for the 2016-17 Community Life Survey⁵.

We conclude that being often lonely can occur at any age and the risk of loneliness is not driven by age but by people's circumstances which can differ by age. For example, leaving education is often a vulnerable time for younger people whereas the death of a loved one is more common among older people.

³ Only 1 in 5 invited participants completed the survey, and this was even lower amongst older people, which means this survey did not provide information on how lonely 4 in 5 people were

⁴ 3 in 5 invited participants completed the survey

Tackling loneliness requires more than social activities

It is easy to think that the solution to loneliness is participation in social activities. However, we must remember that loneliness and social isolation are not the same thing. Whilst participating in social activities can help some people to overcome loneliness, many lonely people's needs are more complex.

Feelings of loneliness occur when people's ability to have meaningful conversations and interactions is inhibited. Social activities can provide the opportunity to meet people, increasing the chances of having these meaningful interactions. However, for many, participating in social activities may not be sufficient because the circumstances that have led to persistent feelings of loneliness mean they need more support.

We have outlined some of the circumstances which can lead to older people becoming lonely, such as loss of loved ones. There are also many other circumstances which, reduce older people's ability to participate in the community and can inhibit their ability to maintain or establish new meaningful relationships:

- difficulties with physical and mental health, including sensory impairments
- money worries
- caring responsibilities
- neighbourhoods which are not age friendly, with poor provision of public toilets and seating, uneven pavements and poor transport accessibility
- the fear of unfriendly or untrustworthy people in the neighbourhood and high levels of crime

The support needed to cope with or overcome loneliness will depend on the person's circumstances. It may require someone to talk to, to help build confidence, to provide advice to help resolve money issues, to arrange transport or other access to events in the community, or something else. The support needs to be tailored to each individual person (and at times to be creative and imaginative), with the duration of the support needed also varying.

Achieving this requires:

- People with up to date knowledge of organisations, activities and other support available in the locality, who have the time and skill to have the conversations that can help lonely people recognise their loneliness and explore the reasons for it. These people can work with lonely individuals to help identify actions that can help them to overcome their feelings of loneliness. Examples of such initiatives run by voluntary and community groups include care navigators and community coordinators.
- Professionals, community leaders or community agents who are trusted should be aware of the signs of loneliness and have the knowledge and confidence to engage in conversations with people who are experiencing these feelings and, if appropriate, signpost them to people who can provide more comprehensive support. For example many GPs are starting to use social prescribing for patients who they feel could benefit from attending an exercise class, a social group, or another activity

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which helps them get out of the house and meet other people and it would also be useful for them to be able to refer people to 1:1 non-clinical support.

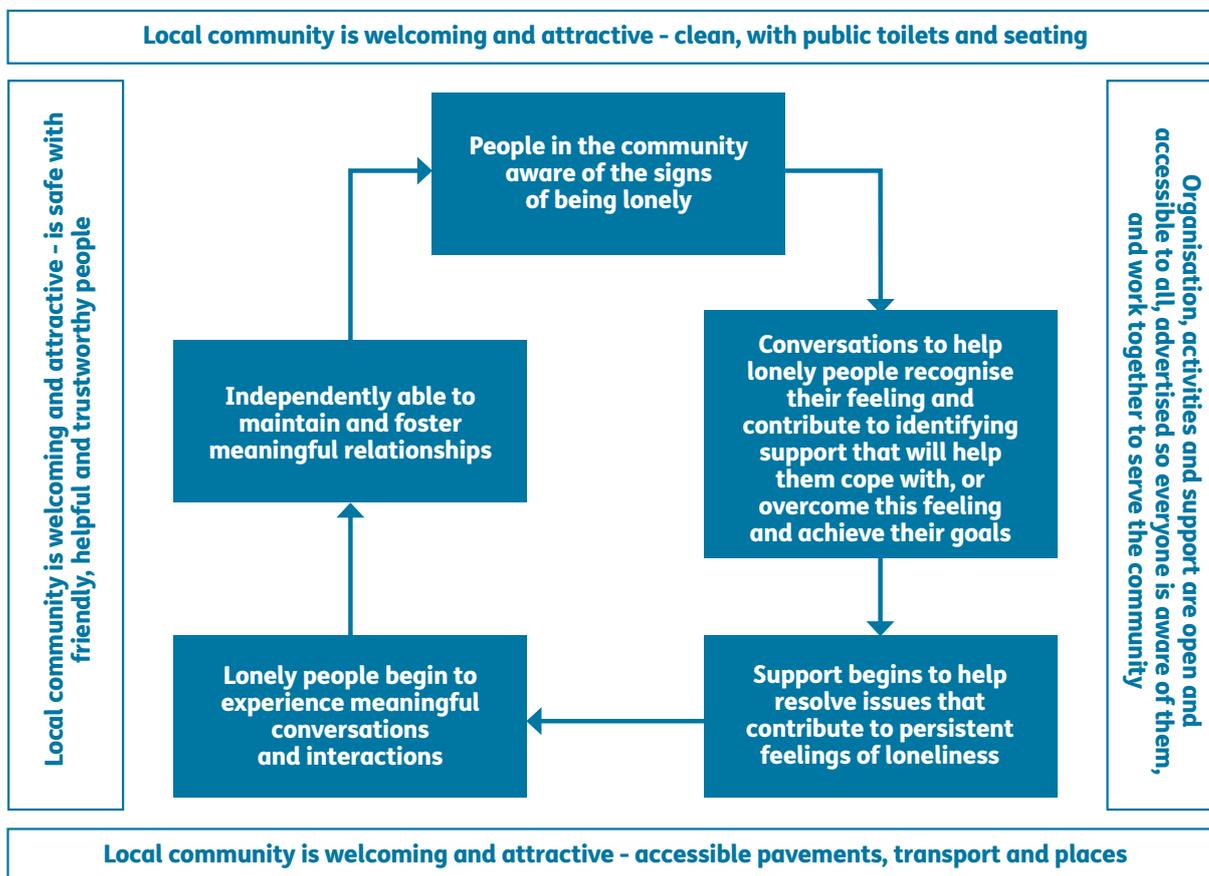
As well as supporting people who are already lonely to cope with or overcome their feelings it is important to help prevent people from becoming persistently lonely by making sure the community infrastructure encourages participation, such as social activities, parks, open spaces and cultural sites, volunteering and campaigning and anything that helps people engage with others and increase their self-confidence and self-esteem.

Tackling persistent loneliness successfully is about:

- treating people as individuals, with unique challenges and strengths and interests that can provide starting points for support
- listening to people, and making sure their voice is heard and that any actions suggested relate to what they need and want
- building the confidence and self-esteem of people who may be feeling very low
- empowering people by helping them help themselves
- being creative and imaginative in the support provided and actions agreed
- publicising and linking existing provision within neighbourhoods

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Figure 4. Factors needed in society to successfully tackle persistent loneliness



Tackling loneliness is about building communities with the social and physical infrastructure that can help build resilience; ensuring widespread awareness of and access to organisations, activities and support; creating neighbourhoods that are welcoming and feel safe; enabling people to identify, work with and develop tailored support for lonely individuals. Social activities are a part of this, yet alone they are insufficient. Tackling loneliness requires

awareness of and access to activities which complement each other for the wider social good of the people with the community.

This approach to tackling loneliness is about creating the right environment and providing holistic, personalised support to all members of the community who need it. There is a role for local commissioners like local authorities and Clinical Commissioning Groups to map the provision of local services that help to prevent and address loneliness.

Case studies

CASE STUDY: Age UK North Craven

Mr E was referred to Age UK North Craven by the Community Stroke Team, having experienced a stroke six weeks before. He was newly arrived in the area, and was aware that he was at risk of getting very low as he knew nothing about the area, and had no friends.

An Age UK North Craven caseworker visited, listened to him and discussed what he might like to do. Mr E was interested in walking and singing, and was keen to meet people. Age UK North Craven provided a buddy who helped and supported Mr E to attend a local group, which he continues to attend, and having built up confidence and knowledge of the neighbourhood he has introduced himself to a local coffee group and is attending a local singing group.

Mr E now trusts Age UK North Craven's case workers to help. This has been very important because it has revealed extra barriers to him feeling settled which include considerable financial pressures, as well as a lack of knowledge about what he is entitled to – for instance the free bus pass – which contribute to potential isolation.

This demonstrates that, whilst Mr E states the social activities have been welcoming which has been important to him, there are many sides to people's lives which contribute to deep feelings of concern and that social connection is only one of many facets of support required.

CASE STUDY: Age UK Wirral

Mrs D is a 69 year old woman living in Wirral. She suffers from fibromyalgia, asthma and arthritis of the hips and knees. Age UK Wirral made contact with Mrs D through their door knock initiative. Mrs D felt isolated and lonely having recently moved to her current address from Birmingham. Her daughter visits her every two weeks yet the remainder of her family remain in Birmingham.

Age UK Wirral provided immediate support through their weekly befriending call and once monthly coffee corners, and helped Mrs D understand the opportunities available to her in Wirral. They arranged for medical transport to help Mrs D attend her appointments. As Mrs D became more comfortable in her new neighbourhood she made links and joined various support groups and social events at the local Community Centre.

Mrs D has expressed her gratitude at having the opportunity to meet people in a similar situation to her, and has exchanged contact details with another person who she will be meeting up for future outings together.

Measuring loneliness requires using both a direct question and an indirect approach

Loneliness is a subjective feeling, and there can be many different reasons why people feel lonely. Therefore when trying to measure the prevalence of loneliness, it is important to include a direct question asking people whether they are lonely.

Age UK’s analysis shows that without a direct question such as “how often do you feel lonely”, the prevalence of loneliness will be underestimated. Table 1 shows the proportion of people aged 50 and over in England who say they are often lonely when asked “how often do you feel lonely” who also say they are often lonely when asked the commonly used 3-item UCLA loneliness scale. Of those who responded that they were often lonely to the single-item direct loneliness question, only 47% were classified as often lonely according to their responses to the 3-item UCLA loneliness scale. This means 5 in 9 people who respond that they often lonely are not identified by an indirect scale measure of loneliness.

Table 1: Proportion of people feeling often lonely aged 50 and over living in England who are also identified by an indirect scale measure of loneliness

Often feel lonely (composite score of 3-item UCLA loneliness scale)	47%
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Source: *English Longitudinal Study of Ageing (see accompanying technical report)*

The use of an indirect measure of loneliness, such as the 3-item UCLA scale, is favoured by many because it does not include the word “lonely” and there is some evidence that the stigma of loneliness can inhibit

some people from admitting to the feelings. Our research has shown that the use of an indirect loneliness scale alone will not capture everyone who feels lonely. Yet an indirect loneliness scale can help capture those who feel lonely but are uncomfortable responding so to a single-item direct loneliness question. Table 2 shows that of those who responded that they were often lonely to the 3-item UCLA loneliness scale, 24% did not respond that they were often lonely to the single-item direct loneliness question. This means 1 in 4 people who are often lonely are not identified by a direct measure of loneliness.

Table 2: Proportion of people feeling often lonely aged 50 and over living in England who are also identified by a direct measure of loneliness

Often feel lonely (single-item direct loneliness question)	76%
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Source: *English Longitudinal Study of Ageing (see accompanying technical report)*

We conclude that using separately, either a single-item direct loneliness question (that includes the word lonely) or an indirect measure of loneliness (such as the 3-item UCLA loneliness scale), will underestimate the prevalence of loneliness. Both should be used to improve the accuracy of estimates of the prevalence of loneliness.

6 This is based on defining people who scored 8 or 9 on the 3-item ULCA scale as being often lonely. In some of the academic literature those with a score of 6 or more are defined as being lonely. Using this cut-off, 90% of older people who responded that they were often lonely to the single-item direct loneliness question are defined as responding lonely when asked questions that make up the 3-item UCLA loneliness scale. This is however misleading as a score of 6 can include answering some of the time to each of the 3 questions within the scale, and that is not the same being often lonely. Further information is provided in the technical report.

Conclusion and Recommendations

Within the next decade, 2 million people aged 50 and over in England are projected to be lonely if we fail to tackle loneliness. This will have a dramatic impact on their well-being and quality of life.

Age UK has been pleased and impressed by the government's response to the challenge of loneliness and looks forward to the publication of the cross-government strategy on loneliness and to supporting its work to tackle what has become a blight on the lives of far too many.

Our learning and research leads us to conclude that preventing people from often feeling lonely, and helping people cope with or overcome such feelings, requires:

- voluntary and community sector organisations that have people who have the time and skills to have the conversations that help people recognise their loneliness and explore reasons for it, understand their needs and aspirations, and work with them to identify tailored actions and support to help them. Examples of such initiatives include social prescribing, community connectors and care navigators that include opportunities for 1:1 support.
- trusted members of the community – including statutory service professionals – having a role in identifying lonely people or those at risk of becoming lonely and referring them onwards. Examples of these community members include GPs but also GP reception staff, district nurses, social care workers, police community support workers and fire and rescue services, people in faith communities, shop keepers, publicans hairdressers etc.
- a government strategy which recognises that tackling loneliness requires funding for complementary support and services locally that work effectively together, and that this must be more than just social activities. There is a role for local commissioners like local authorities and Clinical Commissioning Groups to fund the provision of local services that help to prevent and address loneliness as well as national government funding. This should include support for mapping local services. The Minister for Loneliness should oversee and report on progress on the strategy.
- government to introduce a 'loneliness test' for all policy proposals for the likely impact on community resources, in recognition that policy across government including health & social care, transport, housing and communities, rural affairs, policing and business can influence the social and physical infrastructure needed to enable the meaningful relationships required to tackle loneliness
- Our learning and research leads us to also conclude that measuring loneliness requires the use of both a single-item loneliness question and an indirect scale measure of loneliness. Using separately, either a direct measure or an indirect scale, will underestimate the prevalence of loneliness.



**“Knowing
somewhere
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