

Loneliness

(England)

May 2019

Older people should have the support and opportunity to make and maintain meaningful connections so that they can enjoy life as much as possible for as long as possible



'Estranged. You're estranged from what goes on out there. And the more you sit at home, with or without daytime TV, the more you're estranged from what's going on out there'

*Older Men at the Margins,
University of Bristol*

Key issues

People can become isolated and lonely in later life for a wide range of reasons, including bereavement, ill health, lack of local services, poor public transport and a poor physical environment.

It is possible to be isolated without being lonely and lonely without being isolated. Social isolation relates to the quantity of social contacts a person has. Loneliness is subjective, reflecting a perceived gap between the quality and quantity of relationships that we have and those that we want¹.

Loneliness has a huge impact on the wellbeing of many older people, making them unhappy and often lowering their self-confidence and ability to cope and reach out to other people. Studies suggest that people with a high degree of

Key statistics

1 in 12

People aged fifty and over are often lonely, equivalent to 1.4 million people

1.6 million

People aged 65+ often feel ignored and invisible

2 million

People aged fifty and over at risk of being often lonely by 2026 on current trends

From 'All the Lonely People' Age UK 2018 and TNS survey for Age UK, 2016

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Loneliness are twice as likely to develop Alzheimer's diseaseⁱⁱ and have shown that loneliness is also associated with increased rates of depression, cardiovascular disease and hypertension.^{iii,iv} Age UK research has shown that people aged fifty and over who feel they don't have someone to turn to are over five times more likely to be lonely.^v Loneliness can also lead to greater reliance on health and social care services, with lonely people making frequent visits to GPs and A&E and more likely to have early admissions to residential care^{vi,vii}. Helping people address their loneliness can therefore reduce demand on services, as well as improving older people's health and quality of life.

Although loneliness cannot always be prevented, there is a promising body of evidence, including the experience of Age UK's own services, which shows that it can be effectively tackled. In 2015 Age UK jointly commissioned a report *Promising Approaches to Reducing Loneliness^{viii} and Isolation in Later Life* with the Campaign to End Loneliness. This drew on the expertise and experience of leading figures in the field and examined the depth and breadth of a large number of interventions and practice to tackle loneliness. The report offered a new framework for understanding loneliness interventions, particularly those which show promise in addressing this serious public health issue. The framework presents a series of practical interventions to support older people experiencing loneliness. In 2016 Age UK worked with several local Age UK partners on Testing Promising Approaches to Reducing Loneliness to understand more about what works in tackling loneliness. The programme demonstrated a reduction in loneliness for 88% of the older people who said they were often lonely before receiving support from Age UK.^{ix}

In Age UK's experience key elements in a successful approach to loneliness include:

- A good understanding of the reasons for the loneliness and the kind of support and activities that would help the older person find pleasure and purpose
- Support as necessary to be able to develop self-confidence and make new connections, including befriending/mentoring services
- Flexibility to relate to individual needs and an emphasis on helping people to help themselves
- A supportive community, with a wide range of local activities and a knowledgeable service to signpost individuals to those of interest, and access to public and community transport (this would share many of the features of an age-friendly community)
- Setting up and mobilising a local network of 'eyes on the ground' to help find older people who are lonely. This includes shop keepers, hairdressers and taxi drivers as well as health and care and other statutory services, and ensuring they are equipped to recognise signs of loneliness and help make connections with local services to address loneliness
- Use of the Age UK loneliness heat maps to identify local areas at greater risk of loneliness amongst older people and guide decisions on interventions^x
- Access to internet and web services for those who are able and willing to learn the skills
- Light touch evaluation of programmes to test whether the approach is working and use findings to fine tune and improve the services
- Where eligibility is restricted, services should refer those who are lonely but do not meet their eligibility criteria to an alternative service.

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The National Strategy on Loneliness

The Jo Cox Loneliness Commission was originally set up by Jo Cox MP. In early 2016 Jo Cox approached Conservative MP Seema Kennedy and together they brought together a number of charities and organisations to start a project to combat loneliness. In Jo's words she wanted to 'turbo-charge the conversation on loneliness' and to bring *everyone* together to tackle loneliness. The Commission made a number of recommendations to government on actions to address loneliness amongst all people of all ages which were accepted by the government in January 2018. They included:

- appointing a Minister for Loneliness
- setting up a ministerial working group, bringing together ministers from all relevant government departments
- developing a cross-government strategy on loneliness in England, bringing together national government, local government, public services, the voluntary and community sector and businesses to identify opportunities to tackle loneliness, and work together to build more integrated and resilient communities.
- developing the evidence base around the impact of different initiatives, led by the government's What Works Centres
- establishing appropriate indicators of loneliness across all ages
- a dedicated fund which will see government working with charitable trusts, foundations, and others to tackle loneliness.

"The Reconnections programme has boosted my confidence in enabling me to come out of my house... I am more animated and happier because of it".

From Reconnections: reducing loneliness in Worcestershire

In July 2018 the Government announced a £20 million fund for projects addressing loneliness, of which £11.5 million was provided by the Government, the Big Lottery and the Co-op and the remainder by the Health Lottery and the Postcode Lottery. In October, the What Works WellBeing Centre published its evidence review 'Tackling Loneliness^{xi}'. In December the Office for National Statistics produced guidance on using new loneliness questions in national surveys, as recommended by Age UK^{xii}.

In October 2018 the Government launched 'A connected society: a strategy for tackling loneliness – laying the foundation for change'^{xiii}. The strategy for England included commitments from nine government departments, as well as a promise to work with businesses, employers, local authorities, health and the voluntary sector to combat loneliness. In addition the strategy included a major commitment for NHS England to increase the funding and geographical reach of social prescribing (where GPs help people experiencing loneliness connect to local services and social activities) and ensure that by 2023 GPs in all areas will have the resources to do this. Age UK is involved in developing the government's 'impact on families' test of policies to measure the impact on loneliness in a meaningful way. The Loneliness Action Group continues to meet quarterly and a report on progress over the first year of the National Strategy will be produced in December 2019.

Scotland and Wales are also developing national strategies on loneliness.^{xiv}

What next?

Prompted by the Jo Cox Loneliness Commission the Government has produced an impressive list of commitments, which includes all the elements – outreach, community mobilisation, personalised support, activities and infrastructure and measurement and evaluation – that Age UK has identified as key to a successful strategy on loneliness.

The big question is of course how much the Government will deliver on these promises, especially if constraints and reductions in public spending continue. We are well aware that Government can't solve loneliness alone - that will take concerted action across society. But Government can provide the leadership and direction to ensure its services work to address loneliness working with local government, and the voluntary and private sector.

Public Policy Proposals

- The ministerial group on loneliness must ensure that its action plans across government include older people as well as other age groups.
- The actions proposed by the ministerial group on loneliness must enable personalised support for those who need it, as well as making sure accessible activities and public transport are available in all areas
- Local advice and support services must be adequately funded to ensure that older people can access appropriate support and information to tackle loneliness and isolation. Social prescribing schemes must link with people who have the skills to address loneliness as well as knowing about services and activities that are available in the locality. This will require more funding of local services than currently available.
- Local authorities, including their local health and care systems, should work with the voluntary sector, local businesses, faith groups and other relevant sectors of the community to ensure services reach lonely people in their area. Their plans can be informed by the Age UK loneliness heat maps can be used to identify areas where older people are most at risk of loneliness.
- Programmes should aim to provide support to all lonely older people who approach the service for help. The amount and type of help should be calibrated to the personal characteristics of the lonely older people and the extent to which they can help themselves and others. For example the opportunity to volunteer to help others may be a route out of loneliness for some.
- As far as possible, services shouldn't have overly restrictive eligibility criteria – such as minimum age, degree of loneliness or severity of health conditions – when deciding who

the service will be able to support. Where eligibility is restricted, services should refer those who are lonely but do not meet their eligibility criteria to an alternative service.

- Light touch evaluation of the impact on loneliness reduction programmes is to be encouraged as a way of ensuring the approach is working, and feeding back into the service development to make it more effective.

Want to find out more?

Age UK has policy positions on a wide range of issues, covering money matters, health and wellbeing, care and support, housing and communities. There are also some crosscutting themes, such as age equality and human rights, age-friendly government and information and advice

Further information

You can read our policy positions here;

www.ageuk.org.uk/our-impact/policy-research/policypositions/

Individuals can contact us for information or advice here;

www.ageuk.org.uk/informationadvice/ or call us on 0800 169 8787

Other relevant policy positions:

Volunteering; Transport; Digital Inclusion; Age-friendly neighbourhoods

ⁱ Age UK and the Campaign to End Loneliness, *Promising approaches to reducing loneliness and isolation in later life*, 2015

ⁱⁱ 'Loneliness and risk of Alzheimer disease' *Arch Gen Psychiatry* 2007 Feb; 64(2):234-240 Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al

ⁱⁱⁱ Loneliness and neuroendocrine, cardiovascular, and inflammatory stress responses in middle-aged men and women, *Psychoneuroendocrinology*, 29(5) pp. 593-611 Steptoe, A., Owen, N., Kunz-Ebrecht, S.R., and Brydon, L. 2004

^{iv} Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Annals of Behavioural Medicine*, 40 (2), pp. 218–227 Hawkey, LC, Cacioppo, JT. 2010

^v Age UK 'All the Lonely People' 2018

^{vi} Campaign to End Loneliness, ComRes Survey, November 2013

^{vii} 'Loneliness and nursing home admission among rural older adults' Russell DW, Cutrona CE, de la Mora A, Wallace RB, *Psychol Aging* 1997;12(4):574-89

^{viii} Age UK and Campaign to End Loneliness 'Promising Approaches to Reducing Loneliness' 2015 <https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf> See also LGA, Age UK, and Campaign to End Loneliness 'Combating Loneliness: a guide for local authorities' 2016 <https://www.local.gov.uk/combating-loneliness>

^{ix} Age UK Testing Promising Approaches to Reducing Loneliness. 2016 https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health-wellbeing/rb_2016_testing_promising_approaches_to_reducing_loneliness_report.pdf

^x <https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/>

^{xi} Tackling Loneliness' What Works Centre for Well Being <https://whatworkswellbeing.org/loneliness/>

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^{xii} Measuring loneliness: guidance for use of the national indicators on surveys ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys>

^{xiii} <https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness>

^{xiv} The Scottish Strategy was launched in December 2018. <https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/> The Welsh Strategy will be published in March 2019 <https://gov.wales/newsroom/health-and-social-services/2018/loneliness/?lang=en>