Campaign to End Loneliness

The Campaign to End Loneliness is a coalition of organisations and individuals, working together through research, policy, campaigning and innovation to combat loneliness in older age.

What is loneliness?

Loneliness is "an individual's subjective evaluation of his or her social participation or social isolation and is the outcome of ...having a mismatch between the quantity and quality of existing relationships on the one hand and relationship standards on the other" [Perlman and Peplau, 1981]

- Social or emotional loneliness

- Can be transient, situational or chronic

Social isolation is related but different to loneliness. It is an objective state that measures the number of contacts or interactions someone has.

Solitude is the opposite to loneliness: "Language... has created the word "loneliness" to express the pain of being alone. And it has created the word "solitude" to express the glory of being alone." [Paul Johannes Tillich]

Loneliness in the United Kingdom

- 6 - 13% of older people say they feel very or always lonely

- 6% of older people leave their house once a week or less

- 17% of older people are in contact with family, friends and neighbours less than once a week, and 11% are in contact less than once a month

- Over half (51%) of all people aged 75 and over live alone

- Almost 5 million older people say that the television is their main form of company

- ELSA estimates 1 in 6 adults aged over 50 are socially isolated

Why should we act on loneliness?

- Ageing population

- Loneliness has a very negative impact on our health:

    - Equivalent to smoking 15 cigarettes a day
    - Depressive symptoms (including depression, fatigue, poor levels of sleep)
    - Hypertension
    - Dementia

- Loneliness makes it harder for people to regulate behaviours e.g. condition management, drinking, smoking and over eating

- Risk of Alzheimer's Disease more than doubled

- Increased risk of hospital and care home admission

What causes loneliness?

There are a range of 'risk factors' that increase our vulnerability to loneliness:

Wider society:
- Transport
- Physical environment
- Community
- Housing
- Technology
- Crime
- Population changes

Personal:
- Poor health
- Sensory loss
- Loss of mobility
- Less income
- Bereavement
- Retirement
- Other change, e.g. giving up driving

Loneliness is felt by people of all ages, but risk factors increase as we age.

How can we identify lonely individuals?

- Most isolated – who has contact with them?

- Stigma of loneliness

Essex

- Loneliness in Essex Health and Wellbeing Board's Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS)

- Developed a detailed 'Isolation Index' that maps 11 common factors associated with loneliness to identify clusters of households in the county at greater risk. This is using MOSAIC public health data.

North London Cares

- Temporary partnership with Islington Council and Age UK Islington to distribute 'Winter Warmth' leaflets

- Volunteers knocked on 4,000 doors, identified 100 older people who were interested in social activities and befriending run by NLC

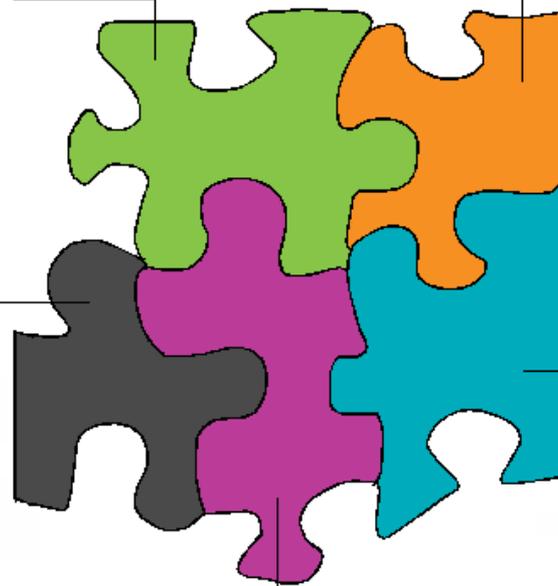**What particular risk factors for loneliness do you think can be found in your area?**

What can we do?

National Government
- Include loneliness as social care outcome and part of well-being assessments
- Commit to tackling loneliness across government functions, i.e. health, pensions, transport and housing

Local Government
- Adopt a target on loneliness in their Joint Health and Wellbeing Strategy
- Provide health and care services which enable continued connections
- Reduce obstacles to staying connected, i.e. protect regular public transport

Businesses and High Street Traders
- Support their employees' connections as they approach retirement
- Consider products or services that can enable customers to stay connected

Individuals
- Plan for a 'social future'
- Invest in friendships and relationships
- Volunteer and keep contributing after retirement

Voluntary and Community Organisations
- Be explicit about projects that target loneliness and measure their impacts
- Reach out to the most isolated older people

What can we do?

What the research says about successful interventions:

- Start with individual – their interests, the type of experience they are facing: is it isolation or loneliness?

- Involve each person in shaping the activity design to reduce their loneliness

- More evidence for group interventions work at present (but try and test individual activities)

Health and wellbeing boards

Why health and wellbeing boards?

- Senior and strategic membership

- Working across local authority functions

- Not just clinical need (hopefully)

- Must consult the community

What could they achieve?

- Better measurement, through Joint Strategic Needs Assessment (JSNA)

- Prioritise addressing the issue, include it in Joint Health and Wellbeing Strategy

- Encourage integrated commissioning around loneliness

- Make addressing loneliness part of a successful prevention agenda

Health and wellbeing boards

York Health and Wellbeing Board

•Committed to understanding the factors that contribute to loneliness, and what can be done in York

•Encouraged investment in services which support older people who are isolated to participate

•Will work with York CVS to increase the coordination of the voluntary sector and provide community based solutions to loneliness

Discussion

What key strengths or services does your area have that address loneliness in older age?

Who is at risk?

What and where are the gaps?