

# Loneliness and social isolation in older people

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Carol Grant, LGiU associate

## Summary

Feelings of loneliness and social isolation can affect people at any stage in their life, but are particularly acute for older people. Research has made important distinctions between the two states, looked at some of the risk factors and identified the effects both on individuals and public services, particularly in social care and health.

Loneliness can increase the risk of premature death by 30 per cent. Professor Keith Willett, director for acute care with NHS England, has said that the rising phenomenon of loneliness among older people must be addressed urgently to avoid the huge impact on NHS budgets of caring for isolated elderly patients in hospital.

Councils are at the centre of a 'whole system' approach, alongside partners in the health and voluntary sectors. This is why in January 2016 the Local Government Association collaborated with the Campaign to End Loneliness and Age UK to produce its report on Combating Loneliness, with a range of recommendations within a strategic framework and with many good practice examples.

The issues highlighted in this briefing have a global reach. The World Health Organisation's Age Friendly Cities initiative is an example of a worldwide effort to identify the key features of places that makes it easy for older people to stay connected to people that are important to them. This approach is now being implemented in the UK in cities such as Manchester and Coventry.

Despite extensive research into the nature and scale of loneliness, there is a lack of high quality evidence to demonstrate the impact of different interventions to combat its effects. There are also differences of opinion about the relative impact of interventions that work at either an individual or a community level. However some case studies highlighted by the LGA indicates good returns on investment.

Since it is predicted that between 2008 and 2033 there will be large increases in the number of older people living alone, particular in the 85+ age range, the issue of loneliness and social isolation is likely to remain high on the policy agenda.

## Briefing in full

### How do we define loneliness and social isolation?

Loneliness and social isolation are major issues facing our society. These terms are often used interchangeably in public policy, but although they are linked there are important distinctions. A number of research reports and evidence reviews use similar definitions:

**Social isolation** – an objective state determined by the quantity of social relationships and contacts between individuals, across groups and communities.

**Loneliness** – a subjective state based on a person's emotional perception of the quality of social connection they need compared to what is currently being experienced.

[A joint report by the Campaign to End Loneliness and Age UK](#), Promising Approaches, points out that 'it is possible for individuals to be lonely, but not isolated, or isolated, but not lonely. Therefore loneliness requires a more subtle response, often going beyond efforts simply to maintain number, or frequency, of social connections.'

For the purposes of this briefing we are using the term loneliness to cover the range of issues outlined in public policy and the responses from government, councils, health bodies, the third sector and local communities and individuals.

### Who is lonely?

Anyone can experience loneliness and/or social isolation. Although much social policy and practice has focused on tackling the effects of loneliness in later life, it is a problem that exists at all life stages. A poll for the Campaign to End Loneliness in 2013 found that over three quarters of GPs said they were seeing between one and five lonely people a day.

A ComRes poll for the BBC carried out at the end of 2014 found that:

- nearly three in ten British adults (28%) say that they feel lonely at least some of the time.
- 18-24 year olds are nearly as likely (30%) to feel lonely as those over 65 (31%).
- a third (33%) of Britons (and 27% of those aged 18-24) say that they feel left behind by new ways of communicating and 85% prefer speaking to friends and family face to face.
- two thirds (65%) of adults think they should do more to help family, friends and neighbours who are lonely.

A Local Government Association report, [Combating Loneliness](#), published in January 2013 lists a number of potential risk factors for loneliness, including:

- living alone
- poor health
- being aged 80+
- loss of friends
- having no access to a car/ never using public transport
- living in rented accommodation
- living on low income or on benefits as main income
- having no access to a telephone
- hearing and sight loss.

Variables can include, but are not limited to, households that:

- have a head of household aged 65-74, or 75+
- have one occupant
- report various health issues including mental illness, anxiety and depression
- do not own a car
- speak to their neighbours less than once a month or never
- say they are not satisfied with their social life
- have a low annual income
- require help with bin collection
- have bereaved older people.

## **Loneliness in older people**

[Ipsos MORI research](#) for the Centre for Ageing Better in 2015 asked people what was important to a good later life. The research identified three key dimensions - health, financial security and social connections. These dimensions are interrelated and all influence each other. They also have an impact on the extent to which people feel happy, satisfied with their lives and that their life has meaning and they are in control. The report also points out that by 2025, there will be 19% more people aged 65 years and older and 40% more people aged 85 years and older (ONS, 2012).

The LGA report, produced with the Campaign to End Loneliness and Age UK, collates a number of evidence reviews and research reports to build a picture of how far these aspirations are from the reality for many of the older population. Some key statistics include:

- over 1 million older people say they are always lonely or often feel lonely

- Nearly half of older people say that television or pets are their main form of company
- 12 per cent of older people feel trapped in their own home
- over half of all people aged 75+ live alone
- according to research for DWP, nearly a quarter (24%) of pensioners do not go out socially at least once a month.

Age UK has produced the only index specifically designed to target loneliness. Analysing data from the English Longitudinal Study of Ageing (ELSA), their research identifies the key factors associated with being 'often lonely' and weights them by their relative contribution to loneliness risk, which has enabled them to construct a proper, evidence-based index. This shows that self-perceived health is far more important to the overall picture, with social isolation measures playing a smaller but key role.

The index has been produced in collaboration with the [Office for National Statistics](#).

### **Impact of loneliness on the individual**

[Age UK's evidence review in 2014](#)) found that:

- loneliness can be as harmful for our health as smoking 15 cigarettes a day.
- loneliness leads to poor lifestyle behaviours; for example, alcohol has been shown to be used by people in order to alleviate a sense of a meaningless life, depression, anxiety and loneliness.
- studies have also found a link with drug abuse and bulimia and loneliness.
- lonely adults are more likely to be overweight and smoke, and are less likely to exercise.
- there is a proven link between loneliness, depression and suicide.
- people with a high degree of loneliness are twice as likely to develop Alzheimer's as people with a low degree of loneliness.
- feeling lonely has been shown to increase blood pressure and risk of cardiovascular diseases, elevates cortisol and stress levels which weakens the immune system, impairs sleep quality (which causes memory problems) and heightens feelings of depression, anxiety, and increased vulnerability.
- loneliness can increase the risk of premature death by 30 per cent.

The evidence review also found that people who took part in more health-maintaining and independence-maintaining behaviours were less likely to feel isolated and more likely to feel that their community was a good one to grow old in.

### **Impact of loneliness on services**

Age UK's evidence review in 2014 also found that lonely people have more cause to use public services, particularly social care and health, than other people. Lonely individuals are more likely to:

- visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term care
- undergo early entry into residential or nursing care
- use accident and emergency services independent of chronic illness.

This is consistent with more recent research, for example a study in the South West of England reported [in the Guardian](#) in February 2016.

The region, popular as a place to retire, has an age profile 10-15 years ahead of the rest of country. The research found that a third of patients admitted to A&E had very infrequent social interactions during the study period – less than once a month, or never.

Professor Keith Willett, director for acute care with NHS England, said in the same article that the rising phenomenon of loneliness among older people needs to be addressed urgently to avoid the NHS being crippled by the cost of caring for isolated elderly patients in hospital.

Social isolation has been identified as an important health inequality issue. The 2010 Marmot Review found that 'individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely'. The UCL Institute of Health Equity builds on this work and is led by Professor Sir Michael Marmot and his team. [In a joint initiative with Public Health England](#)), the Institute produced a practical resource summary in 2015 called Reducing Social Isolation Across the Lifecourse. It comments that 'social isolation is a health inequality issue because many of the associated risk factors are more prevalent among socially disadvantaged groups than the general population. Social disadvantage is linked to many of the life experiences that increase risk of social isolation, including poor

maternal health, teenage pregnancy, unemployment, and illness in later life.

### **What can be done by local authorities?**

Both the Campaign to End Loneliness and Age UK say that: 'It is clear that as we take forward our efforts to reduce loneliness, action should primarily be driven by local authorities. It is therefore vital that local authorities – and particularly those with

responsibility for health and wellbeing – take up the challenge of tackling loneliness and ensuring adequate services and supports are in place.’

The organisations call for a ‘whole system’ approach, with leadership from a range of key individuals and organisations including council leaders and chief executives, directors of public health and members of clinical commissioning groups and health and wellbeing boards, as well as those with responsibility for commissioning across local authorities and particularly in adult social care.

This approach is developed by the LGA’s Combating Loneliness report, produced in partnership with the Campaign to End Loneliness and Age UK in January 2016. It recommends that:

- Loneliness is amenable to a number of effective interventions, which are often low cost, particularly when voluntary effort is harnessed.
- Effective action to combat loneliness is best delivered in partnership.
- Councils consider the significant role of councillors and their understanding of the local area and support that may be available.
- Councils should consider ‘addressing loneliness’ as an outcome measure of council strategies – including the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).
- Councils should work at the neighbourhood level, to understand and build on existing resources.
- Councils should do a local needs assessment or intelligence report.
- Using the loneliness framework from ‘Promising Approaches to Reducing Loneliness and Isolation’ guide produced by the Campaign to End Loneliness and Age UK)
- Use the [Joseph Rowntree Foundation \(JRF\) Loneliness Resource Pack](#) to inform action.

### **Policy levers for action**

The Campaign to End Loneliness has produced a comprehensive set of guidance on policy levers across the health and social care fields that can be used to support work to combat loneliness and social isolation. These include:

- The Care Act 2014: [meeting the prevention duties and promoting wellbeing.](#)
- The Better Care Fund: incorporating action to prevent and reduce loneliness and isolation into plans for Better Care. <http://campaigntoendloneliness.org/guidance/wp-content/uploads/2015/06/The-Better-Care-Fund-and-Loneliness.pdf>
- Adult Social Care, Public Health and NHS Outcomes Frameworks: action to reduce loneliness is likely to drive improvements across a wide range of domains of the key outcomes frameworks for health and wellbeing. <http://>

[campaigntoendloneliness.org/guidance/wp-content/uploads/2015/06/Outcomes-Frameworks.pdf](http://campaigntoendloneliness.org/guidance/wp-content/uploads/2015/06/Outcomes-Frameworks.pdf)

- NHS Five Year Forward View and New Models of Care Vanguard: the need to address loneliness and isolation has been recognised in new models of care across Vanguard sites. <http://campaigntoendloneliness.org/guidance/wp-content/uploads/2015/06/Additional-Policy-Levers.pdf>

## A strategic approach

With such a multi-faceted issue and with so many potential policy directions, it can be difficult for councils to focus action to tackle loneliness and social isolation. The

Campaign to End Loneliness and Age UK have developed a framework to tackle loneliness which is endorsed in the 2016 LGA report on Combating Loneliness.

The framework features four distinct categories of intervention that could be put in place to provide a comprehensive local system of services to prevent and alleviate loneliness:

**Foundation Services:** that reach lonely individuals and understand their specific circumstances to help them find the right support.

**Gateway Services:** like transport and technology that act as the glue that keeps people active and engaged, and makes it possible for communities to come together.

**Direct Interventions:** that maintain existing relationships and enable new connections – either group-based or one- to-one support, as well as emotional support services.

In developing these services, commissioners should consider:

**Structural Enablers:** needed in their communities to create the right conditions for ending loneliness, such as volunteering, positive ageing and neighbourhood approaches.

The LGA report contains information about a range of case studies and initiatives under these four categories. Some examples include:

- Springboard, a partnership between Age UK Cheshire and Cheshire Fire and Rescue Services (CFRS) that uses advanced data sharing to target home visits to older people by CFRS staff, who act as a gateway to a range of early intervention and support activity.
- Viridian, a social housing provider, offers Active Online, their free Internet training scheme for residents aged 50 and over. The scheme provides free one-to-one training sessions in individual's own homes, and no computer

equipment or Internet connection is needed to participate, as trainers bring tablets with them.

- Brighton and Hove Carers Centre Male Carers Support Group was established in recognition of the fact that male carers can have particular support needs and had not been coming along to other groups or coffee mornings run by the Carers Centre. It is funded by Brighton and Hove City Council and run by a Sessional Work Group Coordinator. The group meets twice a month in community settings such as cafés and has established a monthly coffee morning and a monthly social activity.

### **Age Friendly Places**

The World Health Organisation's Age Friendly Cities initiative was the product of a global effort to identify the key features of an age friendly community.

The philosophy is that an age-friendly world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them. And it helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves.

The WHO initiative has a dedicated website (<https://extranet.who.int/agefriendlyworld/>) with a number of resources including guides and toolkits, age-friendly assessments and action plans, population profiles and age-friendly practices. There is also a Global Network of Age-friendly

### **Cities and Communities**

The UK now has its first designated age friendly city, in Manchester, and many other areas are taking steps to improve their communities. For example, the LGA report highlights Coventry City Council, which along with Coventry University and Age UK Coventry, is working in partnership to implement the WHO Age Friendly Cities Programme.

The LGA believes that creating age-friendly communities requires action in three key domains:

- **Places:** including improving public meeting places and green spaces such as providing public seating, improving pavements to reduce the risk of falls and improving street safety with measures such as street lighting and other community safety initiatives.



- **People:** including facilitating local social activities; encouraging intergenerational contact; ensuring local people have a voice in local decision making and encouraging volunteering and neighbourliness.
- **Services:** including ensuring local bus services and community transport go to the places older people want, at times they want to travel; improving parking, particularly for those with restricted mobility; providing accessible facilities, such as libraries, clean public toilets; ensuring local shops and services are within reach; and providing local sources of information and advice.

### **Costs, benefits and evaluation of interventions**

The Campaign to End Loneliness and Age UK evidence review in 2014 identified a lack of high quality evidence to demonstrate the impact of different interventions on loneliness. However, it noted that even where the evidence is of lower quality, it can be an important step in the development of a firmer understanding of what works.

As well as the lack of evidence, CEL and Age UK also noted a growing gap between the understanding of what constitutes a 'loneliness intervention' in the academic literature, and the understanding of those involved in delivering interventions. Initiatives such as lunch clubs, social groups, and befriending schemes have most commonly been evaluated.

However, the report noted two other types of approach favoured by the experts, including services that worked with individuals at the stage before they started to access lunch clubs, book groups, etc; and approaches that were more about the way in which a community responds to the challenge of loneliness rather than focused on the individual.

The LGA report also notes that hard cost benefit analysis of loneliness is scarce. However it highlights data from the case studies mentioned which indicates good returns on investment. Examples include:

- Gloucestershire Village and Community Agents activities resulted in savings to Gloucestershire Health and Social Care services totalling £1,290,107 between 2012-14. With every £1 that the scheme cost, the return on investment is calculated to be £3.10.
- Rotherham Social Prescribing Scheme: commissioned by NHS Rotherham Clinical Commissioning Group (CCG) and delivered by Rotherham Voluntary Action, this measured patients' progress towards social outcomes and predicts a £3.38 long term return on investment.
- Living Well Cornwall: initiated by Age UK and NHS Kernow CCG, this programme to build self-reliance and self-confidence in participants has shown a 41 per cent reduction in the cost of hospital admissions and a 3.1

return on investment. The scheme has also led to an 8 per cent reduction in social care costs.

## Comment

### What does the future hold?

Public Health England published a report in February 2016, updating its Trends in Life Expectancy at Older Ages to 2014. It reported that life expectancy figures for England are the highest ever recorded at the ages of 65, 75, 85 and 95. ([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/403477/Recent\\_trends\\_in\\_life\\_expectancy\\_at\\_older\\_ages.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403477/Recent_trends_in_life_expectancy_at_older_ages.pdf))

The 2014 Age UK evidence review notes that it is predicted that between 2008 and 2033 there will be a 44 per cent increase in the number of 65–74-year-olds living alone, a 38 per cent increase in those aged 75–85 and a 145 per cent increase in those aged 85+.

Although Age UK notes that the proportion of people feeling lonely has remained fairly constant in the past, these figures suggest we may see future increases in the number of older people reporting that they feel lonely and/or socially isolated. Either way, the issue is unlikely to disappear as a priority for society and for public policy makers.

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