Agenda – Health, Social Care and Sport Committee

Meeting Venue:	For further information contact:
Committee Room 2 – Senedd	**Sian Thomas**
Meeting date: Thursday, 25 May 2017	Committee Clerk
Members' pre-meeting: 09.10	0300 200 6291
Meeting time: 09.30	SeneddHealth@assembly.wales

Informal pre-meeting (09.10 – 09.30)

1   Introductions, apologies, substitutions and declarations of interest

2   Inquiry into loneliness and isolation – evidence session 1 – Professor Vanessa Burholt and Dr Deborah Morgan

(09.30 – 10.15)   (Pages 1 – 22)

Professor Vanessa Burholt, Centre for Ageing and Dementia Research and the Centre for Innovative Ageing, Swansea University
Dr Deborah Morgan, Centre for Ageing and Dementia Research and the Centre for Innovative Ageing, Swansea University

Break (10.15 – 10.20)

3   Inquiry into loneliness and isolation – evidence session 2 – Older People's Commissioner for Wales

(10.20 – 11.05)   (Pages 23 – 33)

Sarah Rochira, Older People's Commissioner for Wales

Break (11.05 – 11.15)

Cynulliad   National
Cenedlaethol   Assembly for
Cymru   Wales

4   Inquiry into loneliness and isolation – evidence session 3 – Age Cymru

(11.15 – 12.00)   (Pages 34 – 39)

Rachel Lewis, External Relations Manager, Age Cymru
Victoria Lloyd, Director of External Affairs and Programme Developer, Age Cymru

Break (12.00 – 12.05)

5   Inquiry into loneliness and isolation – evidence session 4 – Samaritans and Campaign to End Loneliness

(12.05 – 12.50)   (Pages 40 – 53)

Emma Harris, Policy and Communications Officer, Samaritans
Sarah Stone, Executive Director for Wales, Samaritans
Dr Kellie Payne, Research and Policy Manager, Campaign to End Loneliness

6   Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting

7   Inquiry into loneliness and isolation – consideration of evidence

(12.50 – 13.00)

Lunch break (13.00 – 13.30)

8   Inquiry into medical recruitment – consideration of draft report

(13.30 – 14.15)

Agenda Item 2

Document is Restricted

Health, Social Care and Sport Committee
Inquiry into loneliness and isolation

Swansea University
Prifysgol Abertawe

Response from the **Centre for Ageing and Dementia Research** and the **Centre for Innovative Ageing, Swansea University**

The Centre for Ageing and Dementia Research (CADR) and Centre for Innovative Ageing (CIA) is pleased to feed into the committee's inquiry into loneliness and social isolation in later life. The comments below will focus on prevalence, and risk factors associated with loneliness and social isolation in later life, reflecting the expertise and strengths within the Centres.

Introduction

1. Loneliness and Social isolation are distinct but related concepts. Loneliness can be defined as "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively"[1] In contrast, social isolation is an objective measurement, based on the absence of contact with other people, which can be quantified, and integration with other members of society. It is the opposite of good social support.[2] Individuals with a small number of meaningful ties or who have no social network are, by definition, socially isolated. People who have a small number of social ties are at greater risk of becoming lonely. However, older people can be lonely but not isolated, or isolated and not lonely, or both isolated and lonely or neither.[2]

Evidence for the scale and causes

2. Data from the Cognitive Function and Ageing study -Wales (CFAS-Wales) found that 25.3% of older adults in Wales reported being lonely and 26.9% socially isolated.[1]
3. The causes of loneliness and social isolation are multifactorial and complex. Pathways into loneliness and social isolation may be the result of single life event i.e. bereavement or may result from cumulative events or losses over time.[1,3]
4. Our research has identified a range of factors which increase vulnerability to loneliness and social isolation. These include; living in a rural area, bereavement, marital status (being single, divorced or widowed), advanced age, living alone, retirement, financial resources, admission to a care home, disability, sensory impairments, being a carer or giving up caring, being in poor health, functional impairments, cognitive impairment, living more than 50 miles from family and having low levels of participation in religious or community groups.[1,3-5]
5. Although there are similarities in the risk factors associated with loneliness and social isolation later life, interim results from CFAS Wales identified key differences in the risk factors associated with the four categories of loneliness and social isolation. Risk factors

predicting being lonely but not isolated included depression, poor health, and low self-esteem. Predictors of being isolated but not lonely included having a low level of education, advanced age (85years and over) being male, childless, depression, poor health, and low levels of interpersonal control (the individual's ability to interact with others). The predicators of being both lonely and isolated included advanced age (85years and over) being male, divorced or separated, childless, depression, poor health low self-esteem and low levels of interpersonal control.[3]

6. For older people receiving formal care services in Wales: our research found that extracare environments provided the conditions for increased social interaction and this was particularly effective for older widows. However, there was no difference in the levels of loneliness between three living environments (community, residential care and extracare sheltered housing). Analysis of qualitative data illustrated the point that although social interactions were increased in extracare environments the exchanges did not necessarily lead to high quality and emotionally satisfying social relationships. Social interactions appeared to be fairly superficial in nature, and consisted of encounters in the communal living areas in the facilities rather than in the private confines of the residents' flats.[6]

7. Qualitative research we have conducted with older lonely adults in Wales, as part of the CFAS-Wales study has identified precursors which increase vulnerability to loneliness and social isolation with age. These include personality traits such as shyness, or introversion which may inhibit the development of social networks across the individual life course.[5] Our research indicates that these personality traits may also act as a barrier, preventing older people engaging in group activities aimed at alleviating loneliness and social isolation.

8. Financial constraints in later life have been found to increase vulnerability to loneliness and social isolation in later life. Research undertaken in Canada found loneliness was higher among long term residents in newly affluent rural communities. Financial constraints prevent older adults participating in activities and organizations, which result in reduced social connections, increasing vulnerability to loneliness.[7] This finding is supported by our qualitative research conducted as part of CFAS Wales, which found that limited financial means constrained some older adults from accessing support services which would help alleviate their loneliness.[3]

9. Our research indicates that driving cessation can also be a casual factor in some people becoming lonely and or isolated in later life.[3]

Impact of loneliness and isolation on older people

10. Our research demonstrates the impact of loneliness and social isolation on the physical and mental wellbeing of older adults in Wales. Preliminary analysis using interim data from the CFAS Wales study, found a statistically significant association between loneliness and depression, with 59.1 % older participants who reported being sad or depressed all or most of the time were also lonely[3]. The research evidence shows that depressive symptoms have a significant impact on loneliness, whereby greater levels of depressive symptoms increase levels of loneliness.[7] Depression was also found to be predictive of being 'lonely not isolated' and 'lonely and isolated'. These findings were supported in the qualitative study with some lonely and isolated older adults referring to it as being in a 'very dark place.'[7]

11. Our research in Ireland suggests that depression is a 'cognitive process' that moderates how intensely people react to their personal levels of social contact and support, and their functional ability to participate fully in society. Adjusting one's expectations regarding quantity and quality of social contact - *desired* social relations - in light of one's physical ability to maintain social ties is more difficult to achieve for those with depression.[4]

12. There is evidence to suggest that some older adults use alcohol as a mechanism to cope with loneliness. Findings from our qualitative study show that some older adults use alcohol as a way of alleviating the negative emotions associated with being lonely and /or isolated. While others spoke about their fear of turning to alcohol in order to cope with loneliness.[3]

13. Regardless of the pathway into loneliness and social isolation, we found that the onset of loneliness and social isolation represented a significant threat to the individual's identity. The evidence shows that loneliness and social isolation disrupt an older person's sense of self, challenging notions of who they are, their social roles, personality and interests, as well as challenging the assumptions they hold about their relationships with others. This can have implications for their loneliness trajectory. [3]

14. Disabled older adults are disproportionately affected by loneliness and social isolation in later life. We found that greater disability is associated with greater levels of loneliness.[1,4] This is supported in the qualitative work undertaken as part of CFAS Wales which found that older participants with physical or sensory impairments were chronically lonely.[3]

15. Older adults with cognitive impairments are disproportionately affected by loneliness and social isolation. The research evidence shows that people with severe cognitive impairment have fewer social contacts than those with moderate or no cognitive impairment. The greater the severity of cognitive impairment the greater the loneliness. We argue that the ways in which society interacts and treats older people can shape their social relationships, which can result in them being excluded from contact with family, friends and neighbours. Ageing stereotypes and society's expectations regarding older people can also influence and shape how an older person with cognitive impairment perceives themselves.[1]

16. Interim data from CFAS Wales identified a socio economic gradient in loneliness. Older adults living in local authority housing and those with lower educational attainment were found to be at greater risk of loneliness as they aged.[3.]

17. Research undertaken in Birmingham with minority elders aged 65+ found very high prevalence of loneliness (between 24 and 50%) among older adults from China, Africa, Pakistan, Bangladesh and the Caribbean. Prevalence of loneliness among older adults from India was similar to that found in older adults across the UK.[8]

18. Research in South Asia, and in England and Wales with migrants from collectivist cultures found that all of the groups studied hold certain expectations concerning the role of the family. On the whole, the *Multigenerational: Younger Family* networks appear to be the desired network type in collectivist cultures. These networks are family focused networks and demonstrate normative differences in networks between collectivist and individualistic cultures. Locally integrated or diverse networks that have a high salience of contact with friends, family and involvement in community (and bear some similarities to the Multigenerational: Older Integrated or Middle Aged Friends networks) are more robust in individualistic cultures and less prone to loneliness and other negative wellbeing outcomes. This, however, is not the case in collectivist cultures. Contrary to individualistic cultures we

found that the most robust networks are privatized family focused networks that include few non-kin members, that is those that we called *Multigenerational: Younger Family* networks. Deviation in network configuration resulted in worse well-being outcomes for older migrants, in terms of worse quality of life (with the exception of Middle Aged Friends) and greater loneliness. Thus, the cultural normative expectations about sources of support and family forms have a bearing on the extent to which networks can protect or buffer an older person from adverse outcomes.[9,10]

The impact of loneliness and isolation on the use of public services in Wales.

19. There is a significant gap in the research evidence in Wales on the impact of loneliness and social isolation on the use of public services. Research evidence is needed to ascertain the extent of healthcare utilisation and service usage among lonely and/or isolated older adults in Wales.

Ways of addressing problems of loneliness and isolation in older people,

20. Interventions that focus on increasing social contact may be valuable for people with few family or friends or those who have experienced a reduction in their social network. However, our research demonstrates the complex interplay of factors which contribute to loneliness and social isolation in later life. The effectiveness of interventions is therefore dependent on our understanding and addressing the complexity of loneliness and social isolation, the needs of different groups of older people and the barriers which prevent people overcoming loneliness and social isolation. Our research indicates that individualised responses to loneliness and social isolation interventions may be required.

References

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2. Wenger GC, Burholt V. Changes in levels of social isolation and loneliness among older people in a rural area: A twenty–year longitudinal study. Canadian Journal on Aging/la revue canadienne du vieillissement. 2004; 23(02):115-27. DOI: https://doi.org/10.1353/cja.2004.0028
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4. Burholt V, Scharf T. Poor health and loneliness in later life: the role of depressive symptoms, social resources, and rural environments. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences. 2013 Dec 10:gbt121. DOI: https://doi.org/10.1093/geronb/gbt121
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6. Burholt V, Nash P, Phillips J. The impact of supported living environments on social resources and the experience of loneliness for older widows living in Wales: An exploratory mediation analysis. Family Science. 2013 Oct 1;4(1):121-32. DOI:10.1080/19424620.2013.870811

7. Keating N, Eales J, Phillips JE. Age-friendly rural communities: Conceptualizing 'best-fit'. Canadian Journal on Aging/La Revue canadienne du vieillissement. 2013 Dec 1;32(04):319-32. DOI: https://doi.org/10.1017/S0714980813000408

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10. Burholt V, Dobbs C, Victor C. Social support networks of older migrants in England and Wales: the role of collectivist culture. Ageing & Society. 2017 Feb:1-25.2017. DOI: 10.1017/S0144686X17000034

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Health, Social Care and Sport Committee
HSCS(5)-16-17 Papur 2 / Paper 2

Agenda Item 3

Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

Response from the Older People's Commissioner for Wales

to the

National Assembly for Wales Health, Social Care and Sport Committee Inquiry into loneliness and isolation

March 2017

For more information regarding this response please contact:

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02920 445030

About the Commissioner

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales, standing up and speaking out on their behalf. She works to ensure that those who are vulnerable and at risk are kept safe and ensures that all older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services they need. The Commissioner's work is driven by what older people say matters most to them and their voices are at the heart of all that she does. The Commissioner works to make Wales a good place to grow older - not just for some but for everyone.

The Older People's Commissioner:

- Promotes awareness of the rights and interests of older people in Wales.
- Challenges discrimination against older people in Wales.
- Encourages best practice in the treatment of older people in Wales.
- Reviews the law affecting the interests of older people in Wales.

National Assembly for Wales Inquiry into loneliness and isolation

1. As the Older People's Commissioner for Wales I welcome the opportunity to respond to the National Assembly for Wales' Health, Social Care and Sport Committee Inquiry into loneliness and isolation[1]. This is a much needed inquiry as despite growing awareness around loneliness, urgent action is required to understand the scale of the situation and what needs to be done to address its harmful and far-reaching impacts.

2. There are almost 800,000 people aged 60 and over in Wales, over a quarter of the population; in the next twenty years, this figure is expected to exceed one million. The fact that Wales is a nation of older people should be seen as something positive.

Scale and impact of loneliness and isolation

3. Loneliness and isolation affects people of all ages, but particularly affects the 'oldest' old. Whilst 17% of people aged 75-79 said that they feel lonely, this figure rises to 63% for those aged over 80[2]. More than 75% of women and a third of men over the age of 65 live alone. An estimated 9,000 older people in Wales spend Christmas Day alone, and the issue of loneliness and isolation is often more pronounced at Christmas. It is important to remember, however, that loneliness affects many older people every single day of the year. Some older people can go from day to day, week to week, or, in some cases, month to month without seeing anyone, and feeling lonely and isolated can lead to a number of negative health outcomes, including mortality, morbidity, depression and suicide.

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[1] http://senedd.assembly.wales/mgConsultationDisplay.aspx?id=248&RPID=1508153482&cp=yes
[2] http://www.royalvoluntaryservice.org.uk/Uploads/Documents/How_we_help/loneliness-amongst-older-people-and-the-impact-of-family-connections.pdf

4. Financial reductions to 'lifeline' community services in recent years - including public buses, toilets, libraries, day centres and lifelong learning - have had a significant impact on the health and wellbeing of older people, making them more susceptible to the dangers of loneliness and isolation. In addition to changes to community services, a number of other 'trigger points' can cause older people to become lonely and isolated, including losing a partner, being diagnosed with a serious illness and disabilities, as well as retirement or unexpected redundancy[3].

5. I have previously stated that loneliness and isolation is a public health epidemic in the making[4]. As I highlighted ahead of the Assembly's debate on loneliness in January 2017, loneliness and isolation are cross-cutting issues that have a serious impact on the health and wellbeing of older people. Research by the Royal Voluntary Service found, for example, that 17% of older people in Wales feel lonely at times, whilst half of all older people say their television is their main form of company. Loneliness and isolation can lead to range of detrimental physical and mental health impacts, and the impact of loneliness on health is as bad as smoking 15 cigarettes per day[5]. Furthermore, it is associated with poor mental health and conditions such as cardiovascular disease, hypertension and increases the risk of dementia by 64%[6].

6. It is in everyone's interests to ensure that fewer older people are experiencing loneliness and isolation. A preventative approach and making sure that older people are more resilient and less susceptible to loneliness is crucial. Such an approach benefits the individual and reduces the need for costly health and social care services. An intervention such as a befriending scheme, for example, would cost £80 per person per year and can annually save around £300 per person in health and social care costs[7]. The NHS and social care providers simply cannot afford to continue

[3] http://www.coop.co.uk/Corporate/PDFs/Coop_Trapped_in_a_bubble_report.pdf
[4] https://www.homecare.co.uk/news/article.cfm/id/1573649/loneliness-public-health-epidemic-plague
[5] http://www.campaigntoendloneliness.org/threat-to-health/
[6] ibid

[7] http://www.scie.org.uk/publications/briefings/briefing39/

with the current approach towards addressing loneliness: prevention is key.

Ageing Well in Wales and Well-being of Future Generations (Wales) Act

7. The scale of loneliness and isolation affecting older people in Wales is a cause of great concern and needs to be identified and recognised as a local and national priority. It is a priority theme in Ageing Well in Wales, the national partnership programme to improve the health and wellbeing of people aged 50+[8]. Ageing Well is a social movement that focuses on low-cost, high-impact interventions that enable and empower older people to lead healthy, active, safe and happy lives within their communities. By taking a preventative and asset-based approach, i.e. investing in older people, Ageing Well can help to reduce loneliness and isolation and develop age-friendly communities across Wales. Ageing Well provides an online resources hub to help address loneliness and isolation in communities, and a forthcoming guide will provide individuals with advice and support on how to deal with the effects of loneliness[9].

8. I am encouraged by other developments taking place at a national and local level. The national indicators under the Wellbeing of Future Generations (Wales) Act includes 'Percentage of people who are lonely', which should help to provide a better understanding of the extent of loneliness in Wales[10]. My recent Guidance to Public Services Boards on preparing their Local Wellbeing Plans includes a high-level aim to reduce the number of older people affected by loneliness and isolation in the Local Authority, and I welcome the recognition of loneliness as a priority within some of the draft assessments of local wellbeing[11].

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[8] http://www.ageingwellinwales.com/en/home
[9] http://www.ageingwellinwales.com/en/resource-hub/li-resources
[10] http://gov.wales/docs/desh/publications/160316-national-indicators-to-be-laid-before-nafw-en.pdf
[11] http://www.olderpeoplewales.com/Libraries/Uploads/PSB_Guidance.sflb.ashx

9. My response to the Public Health (Wales) Bill made it clear that whilst I welcome the Welsh Government's commitment to producing a nationwide strategy to address loneliness and isolation in its Programme for Government[12], I believe this is such an important issue, facing some of the most vulnerable people in society, that it should also be included within the Bill[13]. Its omission in the current Bill is a missed opportunity and further action is needed to elevate loneliness up the public health agenda.

Research and promoting good practice

10. The breadth, depth and impact of loneliness and isolation in Wales is significant. However, further research is needed to better understand the situation. Loneliness and isolation can affect everyone and transcends geography, ethnicity, socio-economic class, age, sexual orientation and other protected characteristics. There are research gaps and further work is needed to strengthen the evidence base, with more investment and resources to plug these gaps. For example, further work is required to understand how loneliness affects people with a lifelong or limiting chronic condition, people with an acquired disability, migrants and LGBT communities.

11. Further research is also needed to better understand how loneliness affects people across the life-course, and whether certain factors – such as shyness and introversion, or belonging to a certain socio-economic group – have an accumulative effect on people's inability to access social networks. We need a much more nuanced understanding of why older people in all their diversity are experiencing loneliness and isolation across Wales, the different factors and accumulative effects that can cause loneliness, and a better recognition of the complexity of loneliness.

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[12] http://gov.wales/docs/strategies/160920-taking-wales-forward-en.pdf
[13] http://www.olderpeoplewales.com/Libraries/Consultation_Responses_2016/161216_HSC_S_Committee_Inquiry_into_Public_Health_Bill_OPCW.sflb.ashx

12.	Ageing Well in Wales provides a platform to highlight good practice and research, such as work undertaken by the Centre for Ageing and Dementia Research (CADR)[14], to encourage partners to work together and promote positive interventions that address loneliness and isolation and keep older people active within their communities. Interventions and activities such as Contact the Elderly Tea Parties[15] and Men's Sheds[16], which enable older people to reclaim their sense of identity and regain social skills and opportunities to re-engage with wider communities, play a crucial role in tackling loneliness and isolation amongst older people.

13.	The 'Camau Cadarn' project is delivered by the British Red Cross and Royal Voluntary Service and supports older people to improve their resilience and live independently within their community, whilst the Silver Line provides a free confidential helpline for older people who may feel lonely[17,18]. Furthermore, the Campaign to End Loneliness complements Ageing Well aims and outcomes and will deliver a Big Lottery Funded project in Wales, which includes pilots in south west Wales, to identify the root causes of loneliness amongst older people[19].

Community services and assets

14.	Further schemes and programmes are needed to address the growing issue of loneliness and isolation. However, these interventions, largely delivered by the third sector, are not enough in and of themselves to address many of the issues leading to older people becoming lonely and isolated. What is needed is a renewed commitment to provide community services for older people and others in Wales. I am clear that the provision of public buses, toilets, libraries, day centres, lifelong learning, park benches, etc. keeps older people active and independent in their

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[14] http://www.cadr.cymru/en/
[15] http://www.contact-the-elderly.org.uk/about-us
[16] http://www.mensshedscymru.co.uk/
[17] http://www.redcross.org.uk/About-us/Media-centre/Press-releases/Regional-press-releases/Wales-and-western-England/British-Red-Cross-and-Royal-Voluntary-Service-improve-the-independence-of-older-people
[18] https://www.thesilverline.org.uk/
[19] http://www.campaigntoendloneliness.org/

communities, and that removing these services exacerbates the loneliness epidemic in Wales. Meals on wheels services have also been affected by funding reductions and evidence suggests that the service is much more than just a meal for older people as it provides much needed social interaction for individuals, particularly those who may be unable to leave their home due to a lack of transport, or due to disability or ill health, and is another crucial preventative service[20].

15.   Protecting and improving community services has been a longstanding priority of mine and is a priority area within my Framework for Action. As I made clear in my community services report in 2014[21], I am well aware of the huge financial challenges facing Local Authorities and that non-statutory services, the very services that older people rely on to get out and about, have been closed or reduced in provision as a result of decreasing budgets and dwindling resources. By early 2017, and in the context of Ageing Well in Wales and the Wellbeing of Future Generations Act, action is needed on how to protect and reintroduce sustainable community services so that older people are less likely to experience loneliness and isolation.

16.   Building up community assets and delivering low-cost, high-impact services is essential, and new, creative and innovative solutions are required that strengthen older people's resilience and help reduce the detrimental impacts of loneliness and isolation amongst older people. Local Authorities and others are already delivering innovative, cost-effective schemes that help to ensure that older people are not 'housebound' and can get out and about, visit services, friends and family, and participate in social activities.

17.   Through the Local Authority Ageing Well plans I am aware of good practice, such as the development of a 'heatmap' in Flintshire to help identify people at risk of experiencing loneliness, the introduction of pop-up cafes in rural parts of Anglesey, and activity

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[20] https://www.theguardian.com/social-care-network/2016/nov/08/meals-on-wheels-threat-council-cuts
[21] http://www.olderpeoplewales.com/en/news/news/14-02-25/The_Importance_and_Impact_of_Community_Services_within_Wales.aspx

programmes to address loneliness within extra care schemes and care homes in Carmarthenshire, and further examples are required across Wales. I have previously stated that we need to recognise and utilise our wealth of social capital in Wales and identify ways to make better use of our existing skills, knowledge, experience and infrastructure that keeps older people healthy and active within our communities.

Life skills and improving older people's resilience

18.   In addition to building and protecting community services and assets, the development of life skills in later life should be recognised as another way of addressing loneliness and isolation. The 'trigger events' in people's lives can lead to sudden changes, increasing their vulnerability and making them more susceptible to loneliness. Losing a partner, for example, can have a devastating impact on someone's life, forcing them to deal with financial or legal matters previously dealt with by their partner, rapidly exposing them to loneliness and isolation and associated impacts. Older people who have been made redundant can also feel the impact of loneliness and isolation very quickly, as a job not only means employment but also a social network that keeps people active within a particular community.

19.   Following the Assembly's Inquiry into Employment Opportunities for People over 50 in 2015[22], I have called for the development of a life skills learning agenda for older people via Ageing Well in Wales. A 'curriculum' approach for older people would include the development of financial, digital and wellbeing skills, improving older people's resilience and enabling individuals to be better prepared for 'trigger events' in later life.

20.   Improving older people's financial skills, capability and resilience is an Ageing Well in Wales priority, and this focus should help to reduce the impact of poverty amongst older people and

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[22] http://senedd.assembly.wales/mgConsultationDisplay.aspx?ID=153

keep them participating in social activities, reducing the likelihood of feeling lonely or isolated as a consequence. Increasing the number of older people who are digitally included is another effective way of reducing loneliness, and I am aware of how iPads, for example, can connect older people with friends and family, improving connections and the sense of inclusion in an increasingly globalised world[23].

21.   Whilst digital skills are important to engage with the estimated 35% of older people in Wales who are digitally excluded[24], it is no substitute to human interaction and the development of 'soft' skills that enable and empower older people to remain active in their communities. Improving older people's confidence, after a bereavement or long-term illness, for example, and signposting people to local self-help groups, befriending schemes for older people and/or intergenerational networks can be simple yet effective ways of reducing the impact of loneliness and isolation. Reducing the stigma associated with loneliness is also important and encouraging older people to describe their feelings and identify appropriate help and support is also crucial.

Conclusion

22.   This is a much needed Inquiry and I am clear that urgent action is now required to address loneliness and isolation, a growing public health epidemic that is affecting an increasing number of older people across Wales. Tackling loneliness and isolation is slowly being recognised as a priority, however much more action is needed to understand its causes and develop proactive, preventative interventions that help to ensure that older people do not experience loneliness and isolation in the first place, helping the individual and the public purse in the process and recognise that investing in services that reduce and alleviate loneliness and isolation will be fundamental to the delivery of our

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[23] https://www.fastcoexist.com/3047867/can-an-ipad-heal-loneliness-barcelona-wants-its-senior-citizens-to-give-it-a-try
[24] http://gov.wales/docs/dsjlg/publications/comm/160316-digital-inclusion-strategic-framework-en.pdf

wellbeing ambitions within Wales. In short, Wales simply cannot afford to have a generation of older place at risk of the harmful, devastating and far-reaching effects of loneliness and isolation.

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Health, Social Care and Sport Committee
HSCS(5)-10-17 Papur 3 / Paper 3

Consultation Response

Inquiry into Loneliness and Isolation

Health, Social Care and Sport Committee

March 2017

Introduction

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are pleased to respond to the Health, Social Care and Sports Inquiry into Loneliness and Isolation.

The evidence for the scale and causes of the problems of isolation and loneliness including such factors as housing, transport, community facilities, health and wellbeing services

1. On March 2nd, Age Cymru launched a campaign against loneliness. As part of this campaign, we asked older people to share their experiences of loneliness and isolation with us. Throughout these conversations it became clear that the stigma surrounding loneliness is preventing people from asking for help, sometimes even from close relatives and neighbours. Consequently, it is likely that the number of people experiencing isolation and feelings of loneliness could be much higher that estimates suggest. Developing methods to identify people who are lonely, or who are at risk of becoming lonely, should be a priority for the Welsh Government.

2. Loneliness and isolation are a daily reality for many older people. It is possible to be isolated without being lonely and lonely without being isolated. 75,000 older people in Wales reported 'always or often' feeling lonely[1], while 68% of women were concerned about loneliness in older age.

3. In 2016, Age Cymru surveyed 200 people aged over 60 from across Wales. 23% of respondents admitted to feeling lonely. 24% of respondents said they were worried about falling over on slippery roads or pavements during the winter months. It is vital that the built environment enables, rather than prevents, older people taking an active part in their communities. Barriers in the built environment can exclude older people from becoming fully inclusive members of society. These can include pavements in a poor condition, car

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[1] Age Cymru (2014) 75,000 over-65s in Wales say they are lonely. Press release.

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parking on pavements and street 'clutter'; inadequate street lighting; a lack of seating in public spaces and a lack of public toilets.

4. Loneliness has complex causes, however there are practical actions that can be taken to address the issue. Being able to take part in community life, with good access to local services and facilities, is a lifeline for many older people. If an older person cannot get out and about locally they are at risk of poor health, less social contact with others and a reduced quality of life overall. There are already high levels of loneliness and social isolation amongst older people in Wales and an inaccessible built environment that deters people from taking part in community life can contribute to this.

5. Public and community transport are vitally important in helping older people to maintain independence and well-being. Such transport networks can ensure communities are well-connected and that services, facilities and amenities are accessible to older people. Without these, there is an increased risk that isolation and loneliness will impact upon people's well-being. It is essential that older people in all areas have the means to get out to buy food, get medical attention, get money and pay bills, and have social contact. These are basic features of a decent life and ought to be a high priority in transport policy.

6. Age UK recently published research that tested promising approaches to loneliness.[2] It found that people can become lonely due to a combination of factors including geographical isolation, inability to leave their home, being part of a seldom heard community, not knowing what resources and services are available locally and how they are relevant to their needs; or simply a lack of confidence to reach out.

7. There are also life stages when people are most at risk of becoming lonely and isolated including after retirement, bereavement, moving home or moving into residential care.

The impact of loneliness and isolation on older people in terms of physical and mental wellbeing, including whether they disproportionately affect certain groups such as those with dementia.

8. Research detailing the impact of loneliness on physical and mental wellbeing is growing. For example, evidence has linked loneliness with an increased rate of high blood pressure and cardiovascular disease. Lonely and isolated people are more likely to smoke, be overweight, eat fewer fruit and vegetables and skip medication.[3] Loneliness increases our chances of dying earlier and is linked to chronic conditions such as depression and dementia.[4]

9. However, the experiences of older people are often more effective in demonstrating the impact of loneliness. In response to a request for case studies, Age Cymru was contacted by a number of older people experiencing loneliness. The following text illustrates how people with caring responsibilities can be limited in their ability to improve their own situation. (Please refer to appendix 1 for further quotes from older people.)

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[2] Age UK (2016) Testing promising approaches to loneliness. Available online @ http://www.ageuk.org.uk/Documents/EN-GB/services/loneliness/Testing_Promising_Approaches_to_Reducing_Loneliness_Report_2016.pdf?epslanguage=en-GB?dtrk=true
[3] Befriending Networks (2016) Loneliness in Scotland: A National Summit
[4] Befriending Networks (2016) *Loneliness in Scotland: A National Summit*

2

10. *I live with my son who has cerebral palsy. I'm his sole carer. I could go for days without speaking to a soul. I used to catch the bus just so I could have a conversation. I can leave my son home alone for several hours on the one day of the week he has support, but this is again a lonely time for me. The activities that I'd like to access are rarely on at the times I'm able to leave my son, but you've got to make the effort.*

11. *My son plays boccia and I run the local boccia club, which gives me the chance to meet people. I dropped into the club by accident and ended up running it. Volunteering with the club is one way I've expanded by life and it's been a phenomenal success. Volunteering is one way I've expanded my life and it's really helped with my health and wellbeing. Facebook is also a lifeline as it keeps me in touch with family and friends.*

12. In 2015, Age Cymru was commissioned by the Older People's Commissioner to interview people living with dementia and their carers from across Wales. Isolation and loneliness were a common theme in the interviews. Interviewees told us that there is a need for more befriending and respite services that respond to the needs of individuals[5]. However access to befriending projects in Wales is already scarce and evidence shows the situation is likely to get worse. For example, In Swansea a volunteer led befriending project that has been funded by the LA for over 10 years, is due to close by the end March of 2018 if not before.

13. Sensory impairments and physical disabilities can erode people's confidence in their ability to navigate the built environment safely and a fear of falling, especially during the winter months, can further exacerbate feelings of isolation and loneliness.

The impact of loneliness and isolation on the use of public services, particularly health and social care

14. Many older people are capable of taking steps to alleviate loneliness by becoming involved in community activity; however, the current financial climate has led to the closure of many community services including adult learning classes, public libraries, day/community centres and third sector support services. It is inevitable, given the evidence of the impact of loneliness on health and wellbeing, that the withdrawal of opportunities for social interaction will increase pressure on NHS services. The Welsh Government must identify ways to encourage and develop community networks and activity so that older people are able to take steps to remain active and engaged.

15. Reducing loneliness can boost independence and reduce costs resulting in; fewer GP visits, lower use of medication, fewer stays in hospital, improved ability to cope after returning from hospital, reduced inappropriate admission to care homes and increased contribution of older people to society.[6]

Ways of addressing problems of loneliness and isolation in older people, including interventions to specifically address the problems and other projects with wider aims.

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[5] Older People's Commission for Wales (2015) *Dementia – more than just memory loss.*
[6] Befriending Networks (2016) *Loneliness in Scotland: A National Summit*

3

Evidence for what works and the outcomes for older people in terms of health and wellbeing.

18 If schemes to target loneliness in older people are to be effective, they must involve older people at every stage, including planning, development, delivery and assessment.

19 Developing ways to target people who do not come into contact with mainstream service provision is important in preventing people from becoming lonely and experiencing long term consequences. A recent Age UK[7] study used a guided conversation, or motivational assessment, to understand older people's circumstances. Based on this, tailored support was developed which included; traditional befriending services, benefits advice, wellbeing information, transport, practical support and social engagement opportunities. Reducing loneliness is not always about encouraging more social engagement. Resolving other issues such as access to benefits helps people participate in activities, or helps them to help themselves, reducing their feelings of loneliness.

20 In November 2016, Age Cymru asked over 60s in Wales a series of questions about loneliness and potential solutions to the problem. Of those surveyed, 88 per cent said lonely older people do need more help and support, and of those:
    o 70 per cent said free or subsidised transport to and from social events for older people would help tackle loneliness;
    o 70 per cent said lunch clubs and social clubs for older people would help tackle loneliness;
    o 70 per cent said regular visits from a friendly face for older people would help tackle loneliness;
    o 58 per cent said a regular weekly phone call would help tackle loneliness.

Interventions to specifically address the problems and other projects with wider aims- Pimp My Uke

18 Pimp My Uke was an Age Cymru initiative and part of our Gwanwyn Festival. (Gwanwyn is a month-long national festival held across Wales in May each year celebrating creativity in older age.) Age Cymru, in partnership with Men's Sheds Cymru, provided Men's Sheds from across Wales with kits and materials to make their own ukuleles. They received musical tuition to learn to play their 'pimped' instruments. 150 members from Sheds all across Wales came together for a sharing event and performance at St David's Hall, Cardiff. It provided the first opportunity for all Sheds to come together and for some members it was the first time they had left their local community for a number of years.

19 The majority of Men's Sheds members are older men, who have experienced depression, isolation and other mental states which have impacted negatively on their lives. Taking part really increased the confidence of individuals; with new skills being discovered and a real and visible increase to the sense of wellbeing for those who took part.

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[7] Age UK (2016) Testing promising approaches to loneliness. Available online @ http://www.ageuk.org.uk/Documents/EN-GB/services/loneliness/Testing_Promising_Approaches_to_Reducing_Loneliness_Report_2016.pdf?epslanguage=en-GB?dtrk=true

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20 Older people attend adult community learning classes as a way of combating loneliness and Age Cymru was pleased to note that the Welsh Government has allocated a 13% increase in the allocation of funding for Adult Community Learning. Whilst many older people are able and willing to create and run their own informal learning groups, support from a local authority to market and develop the group can ensure its sustainability. Offering free access to local authority buildings can also help to ensure the groups remain financially viable.

Current policy solutions in Wales and their cost effectiveness, including the Ageing Well in Wales programme. The approach taken by the Welsh Government in terms of maintaining community infrastructure and support, and using the legislative framework created in the Fourth Assembly e.g the Social Services and Well-being Act and the Wellbeing and Future Generations Act.

21. If implemented in accordance with its aims, the Social Services and Well-being Act provides a framework to reduce loneliness across Wales. The drive towards a person-centred approach, including the facilitation of 'what matters' conversations, should provide an opportunity to identify people who are lonely or who are at risk of being lonely, and support them to find ways to improve their situation.

22. However, personal outcomes from these conversations must be effectively monitored and evaluated if they are to have real impact. In addition, Age Cymru remains concerned that financial constraints on local authority budgets are leading to the withdrawal of community services and an erosion of the community infrastructure and support that is vital to keep people active and engaged in later life.

23. The Act also introduced legislation that requires local authorities to work with partners to deliver preventative services. Again, if implemented well, the legislation should encourage new partnerships and ways of working that put older people at the centre of decisions that affect them.

24. Age Cymru is pleased to note that the Public Health Outcomes Framework, which is intended to support the Well-being of Future Generation Act's national indicators, includes a measure of people feeling lonely. Measuring levels of loneliness and its impact on an individual should enable local authorities to develop services and ways of working that can create more cohesive and connected communities.

5

Appendix

Older people's experiences of feeling lonely.

The important thing is as soon as you can is to get out and about to places because the best way to meet new people is through your interests. But there are times when it's not easy to meet people and when you start to get isolated there's a sort of doom hanging over you. It's as if you're an alien and people know you haven't spoken to anyone for the last for two, but it doesn't last forever.

When you lose someone close to you everybody's happy to help for a while, but you need to be a bit cheeky and ask for what you want.
Betty, 96, Cardiff

My husband was diagnosed with dementia two and a half years ago and has been in a care home for the last year. He's happy and I'm happy for him to be there and I love being with my husband and holding his hands - it's the happiest time of my life, but I have reached the lowest point in my life.

I had little or no help available from social services when my husband was diagnosed with dementia and I am living through it now and suffering from loneliness and depression.

My son also died 12 years ago and I am practically emotionally dying. I am not in a good place. I don't want pills, I want company. I'm struggling to keep going.
Jane 84, Cardiff

I lost my husband two years ago from bowel cancer. He passed away 10 weeks after his diagnosis. The only person in see now is Sainsbury's when they bring me my shopping every Thursday, and that's been that way for two years.

I take dog for a walk every morning, but I find the day tremendously long. Apart from the dog, the TV is my main form of company and I have it on almost all day.
Nancy 62, Swansea

Many years ago, I lost my daughter when she was 15 and I experienced a lot of isolation and anger when she died. You need to feel wanted - we all need to be needed and there's much the individual can do and we have a lot to offer whatever our age.

Isolation can hit all types of people - it can happen to anyone, but when you're down the only way is up.
Donna, 70, Bangor

6

Iechyd, Gofal Cymdeithasol a Chwaraeon
Health, Social Care and Sport Committee
HSCS(5)-16-17 Papur 4 / Paper 4

Samaritans Cymru consultation response

Inquiry into Loneliness and Isolation

About Samaritans Cymru:	Samaritans is a registered charity aimed at providing emotional support to anyone in emotional distress. In Wales, Samaritans work locally and nationally to raise awareness of their service and reach out into local communities to support people who are struggling to cope. They seek to use their expertise and experience to improve policy and practice and are active contributors to the development and implementation of Wales Suicide and Self Harm Prevention Action Plan 'Talk to Me 2'.
Contact:	Emma Harris (Policy & Communications Officer)
Email:	███████████████████
Telephone:	███████████
Website:	www.samaritans.org/wales
Address:	Samaritans, Floor 2, 33-35 Cathedral Road, Cardiff, Wales, CF11 9HB

Samaritans Cymru welcomes the opportunity to respond to this inquiry into loneliness and isolation. Samaritans exist to reduce the number of people who die by suicide. Whilst suicide can often be viewed in isolation, it is important to identify the breadth and complexity of risk factors which preclude suicide and suicide attempts.

Loneliness and isolation can have a serious impact on physical and mental health and is a risk factor for suicidal behaviour and suicide; it is one of the most common reasons that people call our helpline in the UK. Being socially isolated can make an individual more vulnerable to suicidal thinking and behaviour.

Identifying high-risk groups

It is important to remember that loneliness and isolation is a public health issue which can affect people of all ages, with a focus on high-risk groups.

- **Young People**

In 2010, Mental Health Foundation commissioned a survey on loneliness in adults throughout the UK and found that the 18 to 34-year-olds surveyed were more likely to feel lonely often, to worry about feeling alone and to feel depressed because of loneliness than the over-55s.[1]

One of the possible reasons attributed to these figures, is the increasing use of the internet and online socialisation. Children today are born into a complex world which we can struggle to understand, one where social media, internet use, information and communication technology is embedded in their early development, childhood and subsequent maturation. Paradoxically, there is increasing evidence that *social* media may be causing loneliness and depression in teenagers. In a recent US study on the effect of social media use on feelings of social isolation, the University of Pittsburgh found that more than two hours of social media use a day doubled the chances of a person experiencing social isolation.[2]

- **Men**

Men are a high-risk group for loneliness and isolation in Wales and this can have devastating consequences due to the gender paradox of suicidal behaviour. In the most recent Office for National Statistics (ONS) figures on suicide in Wales, 81% were men, compared to 19% being women.[3]

In our 2010 report, 'Men and Suicide' in which five leading social scientists looked at the issues facing this high-risk group, one of the main key findings affecting men was emotional illiteracy. Men tend to have less awareness and ability to cope with their own distressing emotions and those of others. This is because of the way men are taught, through childhood, to be 'manly', which does not emphasise social and emotional skills – they learn to believe that struggling to cope constitutes a weakness. Opportunities to develop emotional skills later in life are limited. This creates in men a 'big build' – a build-up of distress, coupled with difficulties admitting to a problem or

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[1] Jo Griffin, *The Lonely Society*, Mental Health Foundation 2010
[2] *Social Media users more likely to feel isolated* http://www.medicalnewstoday.com/articles/316206.php
[3] *Suicides in the United Kingdom: 2014 registrations*
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2014registrations

seeking help, which can culminate in crisis, breakdown and suicidal feelings and behaviour. This means that when facing loneliness and isolation, men are less likely to reach out for help as women may do. This increases the likelihood of suicidal behaviour.[4]

- **Older people**

Older people are especially vulnerable to loneliness and isolation which can have a serious effect on mental and physical health. Half of those over 75 in the UK live alone and 1 in 10 experience intense loneliness.[5]

Older people can become socially isolated for a variety of reasons such as poor health, no longer being the hub of their family, retirement, lower income, becoming a carer, and the deaths of spouses and friends.

One of the barriers to tackling loneliness and isolation in older people is difficulty in identifying those who are most at risk.

Studies have shown that people who are socially isolated experience more stress, have lower self-esteem and are more likely to have sleep problems than people who have strong social support. Loneliness and isolation puts individuals at greater risk of cognitive decline and is a risk factor for suicide in older age.

Ways of addressing loneliness and isolation

- **Implementation of Talk to Me 2**

As contributors and supporters of Talk to Me 2, we welcome its focus on isolation as a risk factor for suicide and social connectedness as a protective factor. In order to embed this protective factor in communities in Wales, it is crucial that universal, selective and indicated interventions are all in use.

In order to achieve this, there needs to be a clear framework for implementation of Talk to Me 2. Every local authority should have a suicide prevention plan which takes risk and protective factors into account; we need to act locally for effective suicide prevention in Wales.

- **Loneliness Mapping**

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[4] 'Men, Suicide & Society' Samaritans. Summary & full report available http://www.samaritans.org/about-us/our-research/research-report-men-suicide-and-society

[5] 'About Loneliness' http://www.campaigntoendloneliness.org/about-loneliness/

[Loneliness mapping]{.underline} allows local services and local authorities to work collaboratively to use existing data to predict where the most lonely and isolated residents live, allowing limited resources to be targeted at people and places that need them most. Households with just one occupant, a head of a household aged 65 or above, being situated in a low-income area, and not owning a car are among the indicators.

Loneliness mapping should be viewed as a preventative measure which can help to alleviate this risk in the most vulnerable individuals.

- **Community and Outreach Groups**

Social connection is a protective factor for suicide risk and behaviour. An intervention which addresses loneliness and isolation is community and outreach group participation.

In terms of achieving the protective factor of social connection, the theme or nature of community and outreach groups can be extensive and wide-ranging. Digital literacy, sports, basic numeracy, arts and crafts, music and coffee mornings are all examples of groups which achieve the outcome of social connection.

Organisations such as Men's Sheds Cymru, which cite 'social exclusion as a hidden but persistent problem in many communities', aim to address the problem by creating community groups for 'men to pursue their interests, develop new ones, belong to a unique group, feel useful, fulfilled and a sense of belonging'[6]. Established in Australia in 2005, Men's Sheds is now established and growing in the United Kingdom. However, organisations such as Men's Sheds are supported and funded by the Third Sector and their sustainability needs to be safeguarded to protect those who are most vulnerable –

> *"It gives me a reason to get up in the morning and for two days a week I feel I'm gainfully employed. I feel good working with and helping chaps who often feel isolated in the community. I would need a very good reason not to come."* Bill, 67

> *"The Shed lifted my life. Finding the Shed came at a good time, I was low."* Brian

It is vital that these types of community or social outreach groups are recognised for their health benefits; social connectedness tackles loneliness and isolation, and can work to reach those who are the highest risk of being socially excluded.

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[6] *'What is a Men's Shed?* http://www.mensshedscymru.co.uk/what-is-a-mens-shed/

Current threats to community groups

With the increase in library and community centre closures in Wales and the ending of Communities First, we are concerned that those communities who are most vulnerable may experience an increase in loneliness and isolation due to the subsequent lack of social connection which these centres and schemes provide.

Community groups should be given more focus as a form of prevention and early intervention for loneliness and isolation in Wales and policy solutions should be worked up to increase community participation.

Appendix

For further information on the link between suicide and internet use -

[Priorities for suicide prevention: balancing the risks and opportunities of internet use](#) University of Bristol Dr Lucy Biddle, Dr Jane Derges, Prof David Gunnell (University of Bristol) /Dr Stephanie Stace, Jacqui Morrissey (Samaritans)

Campaign to End Loneliness Written Submission to the Health, Social Care and Sport Committee Inquiry into Loneliness and Isolation

1. **About the Campaign to End Loneliness**

The Campaign to End Loneliness believes that to tackle loneliness we must make it everyone's business and that everyone in later life should have meaningful connections. We catalyse this change through research, education, and powerful communications to inspire thousands of organisations and people to create more effective ways for older people to make and maintain meaningful connections; to reduce the damaging effects of loneliness in older age.
The Campaign to End Loneliness is run by a management group which provides its governance and strategic direction. The management group is made up of individuals with strong experience of the issues addressed by the Campaign and/or the skills the Campaign needs for to succeed. The work of the Campaign is currently funded by organisations including the Calouste Gulbenkian Foundation, the Tudor Trust, the John Ellerman Foundation, Independent Age and the Big Lottery Fund. We are members of the Jo Cox Commission on Loneliness. We recently received a BLF grant of £2.7 million for the next four years and will be working in West Wales (Carmarthenshire and Pembrokeshire) with our partner Ageing Well in Wales.

2. **Introduction**

Loneliness has been likened to the social equivalent of thirst or hunger; it's a way for our bodies to indicate a specific need. In the case of loneliness, that is the need for social connections. Just like food or water if your body goes without these social connections it can have detrimental health effects. Research shows that the impact of loneliness on health is comparable to the effect of high blood pressure, lack of exercise or obesity. In fact, it can have the same effect on mortality as smoking 15 cigarettes a day[1] In fact, it increases the likelihood of mortality by 26%[2]. In addition to it having an impact on health, it is also costly. Research by Social Finance estimated that the cost to the health and social care system was as much as £12,000 per person.[3] As such, loneliness should be considered a major public health concern that should be addressed at all levels of government and society. At the Campaign to End Loneliness, we believe local and national government have an important role in tackling loneliness.

3. **Scale and causes of loneliness**

Levels of loneliness amongst older people in the UK have remained relatively consistent over recent decades – with around 10 per cent of those over 65 experiencing chronic loneliness at any given time. However, as the population of older people has grown, the absolute number of individuals

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[1] Holt-Lunstad J, TB, Layton JB. 2010. Social relationships and mortality risk: a meta-analytic review. *PLoS Medicine* 7 (7).
[2] Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T. and Stephenson, D., 2015. Loneliness and social isolation as risk factors for mortality a meta-analytic review. *Perspectives on Psychological Science*, *10*(2), pp.227-237.
[3] Social Finance, 'Investing to Tackle Loneliness' 2016. http://www.socialfinance.org.uk/wp-content/uploads/2015/06/Investing_to_Tackle_Loneliness.pdf

experiencing loneliness often, or all of the time has increased – leaving more older people experiencing it. [4]

Other indicators of the scale of loneliness include:

- 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[5]
- Over half (51%) of all people aged 75 and over live alone[6]
- Two fifths all older people (about 3.9 million) say the television is their main company[7]
- 63% of adults aged 52 or over who have been widowed, and 51% of the same group who are separated or divorced report, feeling lonely some of the time or often[8]
- 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health[9]

For relevant data in reference to levels of loneliness in Wales please see the submission from Centre for Ageing and Dementia Research and The Centre for Innovative Ageing, Swansea University. They have access to the most relevant CFAS data.

4. Impact of loneliness on physical and mental health

There is mounting evidence as to the impact of loneliness on both physical and mental health. One of the most recent meta-analyses showed that loneliness increases the likelihood of mortality by 26% (Holt-Lunstad, 2015). Also, research by Valtorta et al indicated that loneliness is associated with an increased risk of developing coronary heart disease and stroke (Valtorta et al, 2016). In the 2010 study, Holt-Lunstad showed that the effect of loneliness and isolation on mortality is comparable to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking (Holt-Lunstad, 2010).

In their 2015 review, Courtin and Knapp examined the evidence and found in particular that in the literature depression and cardiovascular health are the most often researched outcomes in relation to loneliness, followed by well-being. They looked at 128 studies, and of those only two did not find a negative association between social isolation or loneliness and health (Wattanakit et al. 2005, Wilby 2011). [10]

For its impact on cardiovascular health, it was shown that social isolation has been consistently found to be associated with coronary artery disease (Brummett et al. 2001), chronic heart failure (Friedmann et al. 2006), congestive heart failure (Murberg 2004) and hospitalisation due to heart failure (Cene et al. 2012). Also, the evidence reviewed clearly shows that loneliness is an

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[4] *Promising Approaches* 2015. Campaign to End Loneliness and Age UK.

[5] Victor, C. R., J. Bond, and A. Bowling. *Loneliness, social isolation and living alone in later life*. Economic and Social Research Council, 2003.

[6] Office for National Statistics. 2010. *General Lifestyle Survey 2008* (Office for National Statistics: London)

[7] Age, U.K., 2014. Evidence Review: Loneliness in Later Life. *London: Age UK*

[8] Beaumont, J. 2013. *Measuring National Well-being – Older people and loneliness, 2013* (Office for National Statistics: London) http://www.ons.gov.uk/ons/dcp171766_304939.pdf

[9] Ibid.

[10] Courtin, E. and Knapp, M., 2015. Health and wellbeing consequences of social isolation and loneliness in old age: scoping review. *NIHR School for Social Care Research: London*.

independent risk factor for depression in old age (Alpass and Neville 2003, Adams et al. 2004, Paul et al. 2006, Theeke et al. 2012).[11]

Mallender et al show in their evidence for NICE that loneliness is associated with depression, the likelihood of developing Alzheimer's disease, dissatisfaction with life, increased personal care needs and lower self-reported health, quality of life and physical activity levels. For example, one study found that 15% of those who are the least lonely were depressed versus 45% of those who are the most lonely, and Age UK report that those who are lonely are twice as likely to develop Alzheimer's disease.[12]

5. Impact of loneliness on health and social care system

There is a growing evidence base linking involuntary loneliness and isolation to increased risks of poor health, which in turn have implications for the use of health, social care and other services. Some of this evidence base has been collated to inform economic modelling of the cost effectiveness of actions to reduce loneliness to promote better mental health for Public Health England (McDaid, Park, Knapp et al to be published after the general election) and a recent review (McDaid & Park under review) which looks a broader range of costs to health and social care systems of involuntary loneliness. This latter economic analysis has modelled costs, taking into account the increased risk of premature mortality from all causes in people who are highly lonely; there is also increasing evidence base in Europe of an association between loneliness and future increased risks of dementia with increased costs to families and social care systems. There is evidence of an association between loneliness and higher levels of GP contact, self-harm and suicidal behaviour, depression, coronary heart disease and stroke, all of which also increase contacts with secondary health care systems. The model concludes conservatively that substantial costs to health and social care systems *potentially* may be avoided if poor health associated with loneliness can be avoided. It suggests that these costs conservatively may be in the region of £1,700 to £6,000 per case of loneliness avoided over a ten year period for people aged 65-75; it does not take account of broader impacts beyond health and social care systems, other than the need for informal care (for dementia). A further rapid review of empirical estimates of the costs of loneliness and cost effectiveness of interventions is also underway by David McDaid and his team at the LSE for the Campaign to End Loneliness.

6. How to address loneliness

The most robust piece of research on this so far (Cattan, 2005) concludes there are three broad characteristics of a good loneliness intervention:

- Start with individual – their interests, the type of experience they are facing: isolation or loneliness?
- Involve each person in shaping the activity
- There is more academically-robust-evidence that group interventions work at present, yet individual activities should still be tried and tested further[13]

6.1 CTEL Loneliness Framework

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[11] Ibid.

[12] https://www.nice.org.uk/guidance/NG32/documents/older-people-independence-and-mental-wellbeing-health-economic-analysis2

[13] Cattan, M., White, M., Bond, J. and Learmouth, A., 2005. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing and society*, *25*(01), pp.41-67.

Most evaluations of loneliness interventions have looked at individual services, groups, or activities and have sought to assess whether attending, or being served by, these leads to a reduction in loneliness. This has created a debate to-and-fro among experts about whether social clubs are more effective than befriending schemes, or robot dogs more effective than walking groups.

In order to address this issue, the Campaign, along with Age UK created a loneliness framework which outlines the various levels at which loneliness can be addressed. It is comprised of four separate levels: foundation services, direct interventions, gateway services and structural enablers.

Our **loneliness framework** sets out the full range of interventions needed from stakeholders across the community, beyond the health and social care sector, to support older people experiencing, or at risk of experiencing, loneliness. We believe a strategic approach needs to be taken to tackle loneliness and there are a number of steps to do this. The following recommendations are taken from our *Guidance for Local Authorities and Commissioners*[14] and *Promising Approaches*[15].

6.2 Foundation services

At the first level, three key challenges are addressed: how do you reach lonely older people, second how do you understand the nature of an individual's loneliness and third, how do you support those people to access appropriate services. These approaches were focussed on the individual, and were the first steps taken as part of the work to reduce an individual's loneliness, coming before and providing a way into the more commonly recognised loneliness interventions, such as social groups and befriending schemes. We have termed these 'foundation services'. These were the vital 'first steps' or foundations to approaching a lonely individual and supporting them to achieve a better state.

A.   Reaching lonely individuals

Lonely individuals are notoriously difficult to identify because many, but not all of them are also socially isolated, and also because the strong stigma attached to loneliness limits the potential for individuals to ask for help, or readily reveal their needs.

B.   Understanding the nature of an individual's loneliness and developing a personalised response

The second key issue highlighted by our expert panel [16]was the importance of a personalised response to loneliness, given its nature as a subjective experience based on individual perceptions of the value of different social relationships. Experts argued that the most effective way of tackling loneliness was to provide a service which could first draw out and then respond to individual needs.

C.   Supporting lonely individuals to access appropriate services

The final approach that experts highlighted was the provision of services to support older people through the process of reconnecting with wider provision in their communities. Underlying these approaches is a recognition of the damaging effect loneliness can have on individual's confidence and the importance of fear in limiting individuals willingness to engage.

6.3 Structural Enablers

[14] Loneliness and Isolation: Guidance for Local Authorities and Commissioners (2015) http://campaigntoendloneliness.org/guidance/

[15] Promisinng Approaches to reducing loneliness in later life. Campaign to End Loneliness and Age UK (2015). http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

[16] Our expert panel comprised 24 individuals from a range of disciplines – and included older people, academics, leaders of service delivery organisations, policy thinkers, funders, commissioners and government experts. For more information see: *Promising Approaches*

At the more macro level we have characterised certain approaches as **'structural enablers'** – as they are approaches that support the development of new structures within communities – including not only specific groups and services, but also the foundation services.

These include:

> • Neighbourhood approaches – working within the small localities with which individuals identify.
> • Asset based community development (ABCD) – working with existing resources and capacities in the area to build something with the community.
> • Volunteering – with volunteers working at the heart of services, wherever possible creating a 'virtuous circle of volunteering' whereby service users become volunteers. 10
> • Positive ageing – approaches that start from a positive understanding of ageing and later life as a time of opportunity – including Age Friendly Cities, Dementia Friendly Communities, etc.

6.4 Direct interventions

While these more holistic approaches generated the greatest interest, experts were also asked to consider the services and groups that have more traditionally been thought of as loneliness interventions, and that have been subject to most scrutiny – we have characterised these as 'direct interventions'.

Drawing on the insights of Professor De Jong Gierveld et al[17] into the mechanisms for reducing loneliness, we have identified three main categories of direct loneliness intervention:

> • Services to support and maintain existing relationships
> • Services to foster and enable new connections
> • Services to help people to change their thinking about their social connections

It is clear the vast majority of loneliness interventions currently available seek to reduce loneliness by increasing the quantity and quality of relationships, and most do this by supporting individuals to develop new relationships.

Most experts believed that these kinds of interventions were effective in tackling loneliness, but few held up specific examples as showing significant promise over others. Instead they argued that any and all such interventions could be helpful if they were chosen by the older person and well-suited to their needs (hence the importance of the foundation services). Many experts talked about the need for communities to offer a menu of such approaches.

However, some experts strongly argued that for many older people one-to-one interventions, such as befriending, would remain the most realistic option for providing social support, and highlighted the wide variations between different models in operation. There was also growing interest among experts about the need for psychological approaches to help people change their thinking about their social connections. In considering services that could reduce loneliness by rekindling and/or improving the quality of existing relationships transport and technology were most often identified. However, experts were clear that these also played a wider role as enablers of effective intervention across the piece.

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[17] de Jong Gierveld, J, Fokkema, T, Van Tilburg, T. (2011) Alleviating loneliness among older adults: possibilities and constraints of interventions. Safeguarding the convoy: a call to action from the Campaign to End Loneliness. Age UK Oxfordshire. pp 41

6.5 Gateway Services

It was also recognised that when transport and technology were not available, or not accessible, they could also act as 'disablers', rendering broader attempts to reduce loneliness ineffective. We therefore have characterised these as 'gateway services'– playing a critical role in directly enabling existing relationships and a vital supporting role in those interventions designed to support new social connection.

Throughout discussions with our expert panel, the role that access to transport and technology plays in addressing loneliness was repeatedly highlighted. Both were felt to be vital to enabling social connection, not only in supporting older people to maintain their existing relationships, but also in enabling services that support the development of new connections. Experts also emphasised that lack of availability of, and access to, these services could be a serious barrier to social connection.

6.5.1 Technology

The impact of technology on loneliness among older people has been hotly disputed, with some arguing that the increasing use of technology has exacerbated the exclusion of older people, and others pointing to the vital role that technology can play in enabling older people to maintain (and, to a lesser extent, develop) their social connections. A recent systematic review by Hagan et al found that technology based initiatives were among the most effective of all studied interventions in tackling loneliness.[18] However, it should be noted that in only one of the studies which informed this conclusion was technology itself the source of a new relationship, in other cases the technology either enabled, or created the catalyst for, new social connections, and indeed in some cases the provision of technology created the 'excuse' for new face-to-face relationships – e.g. in the provision of IT training.

In discussion with experts it was acknowledged that, alongside the role of technology in helping older people to maintain connections with existing contacts, it also offered a cost-effective way of providing wider services and supports to social connection. It was recognised that technology-based provision may sometimes represent the 'best case scenario' in a time of limited resources, even though face-to-face provision may be preferred.

Experts also argued that while some technologies may currently be inaccessible and unpalatable to older people, others – such as the telephone – are now commonly accepted and accessible to older people. It was noted that these accessible technologies could play a particularly important role in supporting the delivery of services and that over time, as new cohorts age, the range of commonly accepted and accessible technologies may widen, opening up new possibilities for technology-based loneliness solutions.

6.5.2 Transport

It is clear that transport is vital in keeping older people socially connected. Research demonstrates the importance of good transport in enabling people to keep up connections with existing family and friends. Lack of appropriate transport can be a major barrier not just to the maintenance of existing social connections, but also to the successful operation of services designed to reduce social isolation. In recognition of this, many loneliness initiatives, such as Contact the Elderly provide transport to their activities as part of the service. However, experts highlighted that this can be extremely costly and complex, and concerns were expressed about the ongoing lack of appropriate

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[18] Hagan, R, Manktelow, R, Taylor, B, Mallet J. (2014) Reducing loneliness amongst older people: a systematic search and narrative review, Aging and Mental Health, 18:6, pp 683–693

transport in some areas, and the far-reaching implications of this gap in provision in terms of older people's health and wellbeing.

7. Local Government support to tackle Loneliness and Isolation

7.1 Identifying Loneliness and the services to tackle it

As a first step, local commissioners should build a picture of local people affected by/at risk of loneliness in their local area. Age UK have a series of heat maps[19] that map the risk of loneliness in different areas that can help in this task. Further information about identifying loneliness can be found in our guide *The Missing Million: A Practical Guide to Identifying and Talking About Loneliness*[20]. Once this is done, considering what services are available to them should then follow. For instance, existing services that address loneliness should be mapped, including the full range of interventions. A good strategy will consider local assets as well as needs. These can include the practical skills of local residents, community networks and connections, and the resources of public, private and voluntary organisations.

7.2 Addressing gaps in loneliness interventions framework

Local authorities and commissioners should work through the loneliness framework to plan which interventions need to be prioritised and addressed, ensuring a comprehensive or 'whole systems' approach to addressing loneliness. Targeting responses to specific groups who are particularly vulnerable to loneliness (such as men or carers) will help increase the effectiveness of interventions. Commissioners should allow for older people's participation in strategy development, and involvement in co-designing /delivering services. Clinical Commissioning Groups (CCGs) and local authorities should be commissioning against specific outcomes to reduce loneliness and isolation.

7.3 An integrated approach across local authority functions

An effective loneliness strategy should commit to effective partnership working across all local authority functions. This should ensure structures and services are accessible to, and inclusive of, older people with varying needs and capacities. Such areas include planning, transport, housing, social participation. Good partnerships and networks between the public and voluntary sector can provide a better understanding of the older people's needs, and develop effective responses.

8. Recommendations for the Welsh Government:

8.1 The Strategy is the chance for Government to **set a BIG target to reduce loneliness**

8.2 The Strategy is the opportunity for filling **long-standing gaps in addressing loneliness** that will bring together shared knowledge and action – with government providing the final push for these initiatives, such as:

  a. **Measure population wide the issue of loneliness** – providing a baseline for the mass target above
  b. **Finding out what works** - at various points and also across life course – there is the beginnings of a project being seeded in the older age sector – this could run as a pilot for other target audiences to run a similar scheme
  c. **Government departments as employers taking a leaderships role** through real steps with their employees, to support people through loneliness

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[19] http://www.ageuk.org.uk/professional-resources-home/research/loneliness/loneliness-maps/
[20] http://www.campaigntoendloneliness.org/wp-content/uploads/The-Missing-Million-report-FINAL.pdf

8.3 We have learned that loneliness can often be seen as negative **so we recommend that the manifesto recognise a positive /opposite side to loneliness, and an asset based approach** when linking solutions to the recommendations.

9.   Research and promoting good practice

In recent years there have been a number of attempts to bring together what is known about the effectiveness of loneliness interventions, however the conclusions drawn have been partial, and often contradictory. We therefore call for a greater commitment by government to filling the gaps in this evidence. By far, from the literature and discussions, the most urgent area of research is into which interventions work:

> 'There is a paucity of research focusing on the use of health and social care by isolated older people and on interventions to reduce loneliness and isolation'[21]

> 'Overall, evidence of effective interventions is limited' [22]

> 'Despite strong evidence of the association of loneliness with poorer health outcomes and less good lifestyle choices… evidence of effective interventions to combat loneliness is still sparse'[23]

Furthermore, everybody experiences loneliness differently. Routes into loneliness amongst people from particular groups, for example black and minority ethnic (BME) are likely to differ from those experienced by lesbian, gay, bisexual and transgender (LGBT) or carers and may require different types of interventions. Qualitative work into how these experiences differ would help us to explore these questions. Courtin and Knapp had a similar conclusion: 'Our review also identified a paucity of research on population sub-groups, despite evidence of ethnic and socioeconomic differences in the impact of loneliness and isolation on health.   We suggest that to understand the scope and magnitude of the impact of loneliness and isolation on health, future research should further take into account ecological factors such as the characteristics of communities and neighbourhoods where older individuals live.'[24]

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[21] Courtin, E. and Knapp, M., 2015. Social isolation, loneliness and health in old age: a scoping review. *Health & social care in the community*.

[22] University of York, NIHR, *Interventions for loneliness and social isolation* (2014). https://www.york.ac.uk/media/crd/Loneliness%20and%20social%20isolation.pdf.

[23] http://www.cpa.org.uk/information/reviews/CPA-Rapid-Review-Loneliness.pdf

[24] Courtin, E. and Knapp, M., 2015. Health and wellbeing consequences of social isolation and loneliness in old age: scoping review. *NIHR School for Social Care Research: London*.

Appendix

Further references:

The Campaign has a track record of publishing useful and relevant research in the area of loneliness. In the past five years there have been at least six major publications on which much of the work of the Campaign has been based. These include the following reports:

- **Safeguarding the Convoy** (2011) This was the launch publication of the Campaign to End Loneliness. It argued for action from charities, businesses, local government and individuals on the issue of loneliness in older. Academics from across Europe contributed with essays on specific topics, including prevalence and interventions.

- **Loneliness - the state we're in** (2012) This report of evidence compiled international research on the impact of loneliness on health and quality of life, and identifies triggers and interventions**.**

- **Promising Approaches** (2015) This report was published with Age UK and offers some practical answers to what works in tackling loneliness drawing on practical experience and academic evidence. The report argues that leaders in health and social care must recognise the individual's experience of loneliness and should not seek a 'one size fits all solution'. The report sets out a new framework for understanding how to tackle this multifaceted problem, presenting a range of projects and examples from around the country. These examples demonstrate some of the varied solutions needed for an effective response.

- **Hidden Citizens** (2015) In 2015, the Campaign to End Loneliness and the University of Kent undertook a piece of research to explore what was already known in both research and practice about identifying people experiencing loneliness. This report looked at current approaches to identifying loneliness and searched for insights into how services can improve their outreach and support.

- **Measuring Your Impact on Loneliness in Later Life** (2015)The Campaign to End Loneliness worked with over 50 organisations, researchers and older people in our Learning Network to develop information and advice on choosing and using a scale to help services measure their impact on loneliness.

- **Missing Million** (2016) The report outlines methods of identifying lonely older people including heat maps and different data sources available. There are case studies which show how those methods are being put into practice. There is also guidance on how to talk to someone who is lonely or at risk of being lonely.