LI 39
Ymchwiliad i unigrwydd ac unigedd
Inquiry into loneliness and isolation
Ymateb gan: Campaign to End Loneliness
Response from: Campaign to End Loneliness

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

[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

time. However, as the population of older people has grown, the absolute number of individuals 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

[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

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[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.
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- 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.

[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

[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

[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.