

Policy Position Paper

Tackling loneliness and isolation (UK)

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Older people should have opportunities to make and maintain friends and connections so that they can enjoy life as much as possible, for as long as possible.

Key issues

People may become increasingly isolated and lonely in later life for diverse reasons, including bereavement, ill health, lack of local services or transport and a poor physical environment. Nearly half (49%) of people over 65 live alone¹, and this is expected to increase because of changing demographics and family patterns.

It is possible to be isolated without being lonely and lonely without being isolated. While social isolation is an objective state in terms of the quantity of social contacts on person has, loneliness is a subjective experience. Loneliness is a negative emotion associated with a perceived gap between the quality and quantity of relationships that we have and those that we want². Over one million older people (10% of those aged 65+ in the UK) say they are always or often lonely³. Loneliness also increases with age: 17% of all those aged 80+ are often lonely and a further 29% are lonely 'some of the time'⁴.

As well as adversely affecting the wellbeing of many older people, loneliness can also lead to greater reliance on health and social care services, including more frequent visits to GPs and early admissions to residential care^{5,6}. Studies suggest that people with a high degree of loneliness are twice as likely to develop Alzheimer's disease⁷. Loneliness is also associated with increased rates of depression, cardiovascular disease and hypertension^{8,9}. Helping people to be resilient in the face of change is therefore likely to make economic sense, as well as improving older people's quality of life. Although loneliness cannot always be prevented, there is a promising body of evidence, including the experience of Age UK's own services, which shows that it can be effectively tackled.

Specific volunteer-led programmes, such as befriending services and Village Agents, can help to enhance social connections. However, the needs of older people are very diverse, so to be effective in reducing loneliness it is also important to understand the nature of an individual's loneliness and provide them with a personalised response, e.g. following the example of Age UK's Personalised Integrated Care Programme. Equally important are tackling barriers to participation – such as poor transport, fear of crime and digital exclusion – and increasing

opportunities for older people to follow an interest, join in and have a role in their communities.

Public policy proposals

- Reducing loneliness should be treated as an important public health priority by local and national government. This should be reflected in the local Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), and within the Public Health Outcomes Framework through a population-based measure of loneliness.
- Local and national government should prioritise tackling loneliness by supporting GPs to deliver practical and emotional help, and investing in innovative solutions and interventions. This should involve a ‘whole-system’ approach, working with housing, transport, health, care and voluntary sector organisations.
- Local authorities should look for opportunities to prevent or manage loneliness and isolation when commissioning services, particularly at life stages which are likely to increase loneliness, such as bereavement, having to stop driving, or moving to a new home or residential care.
- Voluntary sector organisations and public services should develop strategic partnerships in order to identify and reach out to lonely and isolated older people. This should include finding appropriate ways to share information to identify people who are at risk of becoming lonely. Researchers at Age UK have developed a unique ‘loneliness risk index’ based on a new set new of indicators which can help to target services to areas of need.
- Commissioners and providers must commit resources to robustly evaluating the impact of their local services on reducing loneliness using recognised tools that facilitate comparison between initiatives. This could help get a clearer picture of what works best in tackling loneliness and isolation and why.
- When deciding public spending priorities, local and national government should take account of the social value of maintaining the infrastructure that is often important in preventing isolation, such as safe, accessible places to meet, local transport and shops. They should recognise the role of different types of services in responding to the subjective experience of loneliness.
- Much valuable work to prevent or reduce loneliness is often initiated by older people themselves at a local level. Communities should work with local government, across the generations, to foster these informal structures and to develop age-friendly neighbourhoods that enable older people to participate in society on their own terms.
- While neighbours and public or voluntary sector organisations should check up on isolated older people, they should not pressurise them to join in or assume that all need the same. They must find out what people like doing and support them to do it, not just assume they want to be with people of their own age with whom they may have nothing else in common.
- Private sector organisations must ensure their services are accessible to isolated older people and consider the opportunities to tackle isolation and loneliness as part of their corporate social responsibility programmes.

Also see policy positions on age-friendly neighbourhoods, volunteering and active citizenship

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¹ ONS, *General Lifestyle Survey 2010, 2012*

² Age UK and the Campaign to End Loneliness, *Promising approaches to reducing loneliness and isolation in later life*, January 2015

³ TNS Loneliness Omnibus Survey for Age UK, April 2014

⁴ ONS, *Measuring National Well-being – Older people and loneliness*, 2013

⁵ Campaign to End Loneliness, ComRes Survey, November 2013

⁶ 'Loneliness and nursing home admission among rural older adults' Russell DW, Cutrona CE, de la Mora A, Wallace RB, *Psychol Aging* 1997;12(4):574-89

⁷ 'Loneliness and risk of Alzheimer disease' *Arch Gen Psychiatry* 2007 Feb; 64(2):234-240 Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al

⁸ Loneliness and neuroendocrine, cardiovascular, and inflammatory stress responses in middle-aged men and women, *Psychoneuroendocrinology*, 29(5) pp. 593-611 Steptoe, A., Owen, N., Kunz-Ebrecht, S.R., and Brydon, L. (2004)

⁹ Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Annals of Behavioural Medicine*, 40 (2), pp. 218–227 Hawkey, LC, Cacioppo, JT. (2010)