

# Loneliness

How do you know your council is actively tackling loneliness?





## Key messages

- loneliness is a public health priority, in a similar way to smoking and obesity
  - loneliness is a problem for people of all ages throughout the lifecourse; the largest group experiencing loneliness are older people, while young people aged 16-24 are most likely to report feeling lonely<sup>1</sup>
  - tackling loneliness is a preventative measure that improves quality of life for individuals and reduces long-term costs for health and social care
  - interventions are generally low-cost or cost-neutral and can provide a good return on investment
  - reducing loneliness requires all local partners to work together. Councils, the NHS and the voluntary and community sector (VCS) are central, but other partners, such as transport and housing, have an important contribution to make
  - local partners need a strategic approach which identifies patterns of loneliness, levels of need and community assets – set out in the local Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy
  - a range of tools are available to help local areas identify levels of need and solutions; these include a Framework for interventions developed by the Campaign to End Loneliness, and Age UK's Loneliness heat map<sup>2</sup>
- loneliness is best tackled by a system-wide approach involving all partners, particularly the VCS, under the strategic leadership of a Health and Wellbeing Board (HWB)
  - strategic planning and delivery to tackle loneliness should take place at a local level, as well as through accountable care systems (ACSs) and sustainability and transformation partnerships (STPs)
  - the public's understanding about the problems of loneliness is limited, so public health messages can help people realise the importance of building and maintaining social relationships
  - individuals and communities have a role in ensuring that people who are lonely and isolated are identified and included.

1 ONS, 2018, Loneliness – What characteristics and circumstances are associated with feeling lonely? [www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10](http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10)

2 Age UK, Loneliness heat map [www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/](http://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/)

## Why you need to know

The Local Government Association (LGA), the Campaign to End Loneliness and Age UK have produced 'Combating loneliness' – a comprehensive guide for councils on tackling loneliness. This 'must know' summarises and updates information in the guide. References are from the guide unless otherwise indicated: [www.local.gov.uk/combating-loneliness](http://www.local.gov.uk/combating-loneliness).

There is a growing body of research showing that loneliness is a serious condition which can have a harmful effect on individuals' physical and mental health, as well as bringing costs to public finance, particularly health and social care, and to the economy.

Loneliness is associated with higher rates of depression, high blood pressure and dementia. It is said to lead to higher rates of premature mortality comparable to those associated with smoking and alcohol consumption – around 30 per cent higher than for the general population.

Lonely individuals are more likely to visit their GP and hospital emergency departments; three-quarter of GPs say that up to five of their patients each day attend mainly because they are lonely. People who are lonely also have a higher incidence of falls, and are at increased risk of needing long-term care, including residential and nursing home care. This results in significant and potentially avoidable costs to public services.

Interventions to tackle loneliness can be both successful in terms of outcomes for individuals and cost effectiveness. For example, Gloucestershire Village and Community Agents scheme, which identified and supported lonely, isolated older people, gained in a return on investment of £3.10 for every £1 spent. Living Well Cornwall, which included interventions to tackle loneliness, has shown a 41 per cent reduction in the cost of hospital admissions, and an eight per cent reduction in social care costs. Link Age Bristol supported lonely older people to lead fuller, more active lives with a return of at least £1: £1.20.

While some direct investment will be needed for a comprehensive approach, much can be achieved by shaping existing resources and interventions to include loneliness in their remit.

## A growing national priority

Loneliness is increasingly recognised as a national priority. Much of the initial pressure to combat loneliness stemmed from national VCS organisations, particularly Age UK and the Campaign to End Loneliness, which provides useful online guidance for councils and commissioners: <https://campaigntoendloneliness.org/guidance/>. National organisations with a role in health and social care, particularly the LGA and PHE, have also produced information and guidance (see resources section).

The profile of loneliness at national level was recently raised through the work of the Jo Cox Commission which reported in December 2017.<sup>3</sup> The government accepted the report's recommendations and has appointed a ministerial lead for loneliness – the Minister for Sport and Civil Society – who will lead a cross-government group to drive action. Work has also begun on the following initiatives.

- developing a cross-government strategy on loneliness in England to be published in 2018. The strategy will bring together government, local government, public services, the VCS and businesses to identify opportunities to tackle loneliness in all ages and build more resilient communities
- developing the evidence-base for interventions, led by the government's What Works centres
- establish appropriate indicators of loneliness with the Office for National Statistics to aid future research
- a dedicated fund to stimulate innovative solutions, provide seed funding and scale-up existing support.

3 [www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb\\_dec17\\_jocox\\_commission\\_finalreport.pdf](http://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_dec17_jocox_commission_finalreport.pdf)

The Commission's report also makes recommendations for local action, and indicates that local leaders in councils, the wider public sector and business have a critical role in tackling loneliness. It advises that council leaders need to understand the levels of loneliness in their areas and set out plans for action.

Another important point from the Commission is that as individuals we need to take responsibility for building and maintaining our relationships. Alongside this we should also think about taking care of other people – families, neighbours and wider communities.

## A strategic, partnership approach

### Understanding importance and identifying need

It is important that local areas define the nature of loneliness in their area, and who is at risk, through their JSNA, using local intelligence and national information such as that provided by the ONS and Age UK's Loneliness heat map (see resources section).

One of the highest risk factors for experiencing loneliness is age. Recent figures estimate that around one million people aged 65 or over often or always feel lonely, a figure set to rise with the ageing population. Around half of people aged 75 or over live alone; 17 per cent are in contact with family, friends and neighbours less than once a week, and for 11 per cent it is less than once a month. Associated risk factors in old age are low income, poor physical or mental health, and living alone in isolated rural areas or in deprived urban communities.

Loneliness is also prevalent in other age groups. Risk factors for adults of working age are similar to those for older people – unemployment, being female, never being married, widowhood, poor support network, poor physical or mental health, disability, and cognitive impairment. Risk factors often overlap and reflect many of the social determinants that lead to health inequalities.

There also appears to be a significant issue of loneliness in children and young people. For example, a poll by Action for Children for the Jo Cox Commission found that 39 per cent of 500 children had felt lonely in the last week, with reasons such as avoiding social situations because of bullying. Based on data from the Community Life Survey 2016-17, the Office for National Statistics' (ONS) found that those aged 16-24 were significantly more likely to report feeling lonely 'often/always' than any other adult group. More research is needed to understand loneliness in children and young people and the multiple factors that are associated with this.

A distinction is often made between loneliness and social isolation. Loneliness is a psychological state which may be related to lack of social contacts or close emotional attachments, but may also be experienced by people who have a range of relationships. Social isolation is an objective state in which an individual has poor social connections, sometimes linked to issues such as disability or lack of transport. Loneliness and social isolation often go together; for example, people living in rural areas may experience loneliness compounded by social isolation. The LGA's report 'Health and wellbeing in rural areas' explores this issue and identifies effective interventions: [www.local.gov.uk/health-and-wellbeing-rural-areas](http://www.local.gov.uk/health-and-wellbeing-rural-areas).

Loneliness related to where people live is not confined to rural areas. The ONS identified that people who feel they belong less strongly to their neighbourhood report feeling lonely more often, as do those who have little trust of others in their local area.

The ONS identifies three profiles of people at particular risk from loneliness:

- widowed home owners living alone with long-term health conditions
- unmarried, middle-agers with long-term health conditions
- young renters with little trust and sense of belonging to their area.

## Strategy and partnership

Many areas have made loneliness an explicit public health priority – a health and wellbeing issue which is ‘everyone’s business’. As such it is covered in the local Joint Health and Wellbeing Strategy, as well as specific strategies and measurable delivery plans for groups, such as older people and mental health.

There is a strong case for considering loneliness as a key preventative measure in shifting from acute and long-term care to self-help and support in communities, so that tackling loneliness is also addressed within the preventative strands of ACSs and STPs.

Self-help, peer support and co-production are themes that run throughout all measures to combat loneliness. People at risk of loneliness can be well placed to help others and themselves by helping to design and provide support, through mechanisms such as volunteering.

The following section considers a framework of interventions for tackling loneliness, which could be used to shape delivery plans. It is important to note that the majority of the interventions are low-cost, either because they involve better targeting existing resources or working with organisations and communities to refocus existing capacity.

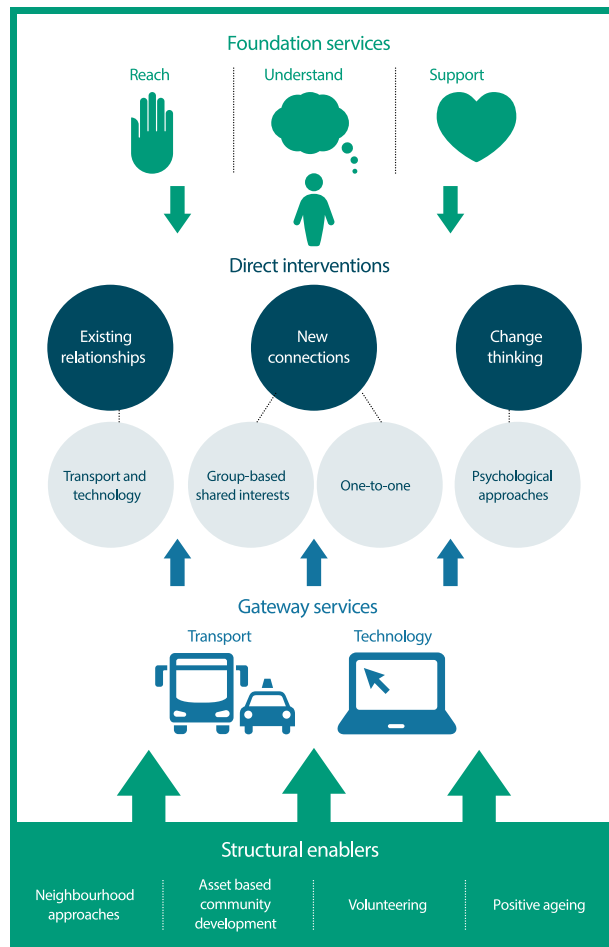
However, at this time of severe financial pressure on councils, the NHS and other partners, preventative services can be first in line for cuts. Finding suitable ways of measuring the impact of such approaches, such as personal stories and evaluations, will help highlight their importance. The LGA’s ‘Combating loneliness’ contains information on measuring the impact of services. The LGA’s ‘must know’ on prevention includes information on identifying return on investment (see resources for links).

Similarly, the social value of assets such as libraries and green spaces, when they are used as multi-functional hubs for health and wellbeing activity, is increasingly recognised, and needs to be taken into account when considering savings.

## What can be done

The Campaign to End Loneliness and Age UK have developed a framework setting out categories for interventions to provide a comprehensive system to tackle loneliness. This section adapts the framework with an additional section on preventing loneliness and an emphasis on public health approaches across the lifecourse.

### Framework to tackle loneliness



Source: Campaign to End Loneliness: guidance for councils and commissioners <https://campaigntoendloneliness.org/guidance/>

Case study examples of what local areas have done to combat loneliness are included in reports in the resource section, particularly the LGA’s ‘Combating loneliness’, the Jo Cox Commission’s ‘Combating loneliness’, the Campaign to End Loneliness/Age UK’s ‘Promising approaches’ and PHE’s ‘Reducing social isolation’.

## Preventing loneliness

As a relatively new public health topic, awareness raising about the impact of loneliness and how it can be tackled should take place across all partners and sectors and with the public. The public generally understands the need to make healthy choices on issues such as smoking, exercise and diet, but is far less aware of the importance of social connections for health. Probably few of us “check our relationship balances at least as often as we check our bank balances” as suggested by the Jo Cox Commission, but this may be a helpful thing to do.

The publication of a national strategy in 2018 will no doubt help with awareness raising, while, at a local level, public health, working with partners such as children’s services and mental health, has an opportunity to advise the public on the action they can take to prevent loneliness from taking hold.

## Foundation services

The following services and approaches provide the first steps in finding individuals who are experiencing loneliness and enabling them to gain support that meets their specific needs.

- first contact schemes – training staff in a wide range of settings in the public sector and the VCS to pick up on loneliness, make a short intervention and refer to other help if needed. First contact schemes can operate through libraries, home care, community or village agents, pharmacies and many other services.
- targeting people at risk of loneliness – for example, door-knocking schemes (with a trusted community representative) in areas where people are isolated.
- formal social care assessments – assessors should have a good understanding of what community support is available to tackle loneliness.
- social prescribing in primary care – primary care staff trained to be alert to loneliness

and identify community options or support such as counselling.

- home from hospital or admissions avoidance schemes – health staff identify people experiencing/at risk of isolation and loneliness.
- information about activity to tackle loneliness available through settings such as supermarkets, one-stop-shops, pharmacies and GP surgeries.

Foundation services make a good start to tackling loneliness, but must be supported by appropriate support networks and the services that are described below – social prescribing schemes break down if there is nothing to prescribe!

## Direct interventions

Direct interventions are focused on helping people maintain existing relationships and develop new ones.

By their nature, group activities have an inbuilt potential to improve social connections, whether or not this is their primary purpose. As well as social activity organised within communities, groups focused on health and wellbeing outcomes can be shaped to include an explicit aim of tackling loneliness – for example men’s groups, lunch clubs, walking groups, book groups for people with mental health problems, choirs, and cooking groups for young parents. Focusing on the potential of such groups can increase their positive outcomes – for example an organised walking group could become self-managed, giving people ongoing opportunities to maintain friendships.

One-to-one approaches such as befriending schemes have operated for many years for people who prefer individual support, often in their homes. Befriending schemes can be expanded by engaging those involved to themselves become befrienders, should they wish.

People for whom loneliness is part of a broader mental health issue should have access to psychological support, such as counselling or cognitive-behavioural therapy.

## Structural enablers

Structural enablers are people or organisations that encourage communities or individuals to engage with, and support, each other. Supporting structural enablers fits well within the work of councils, the VCS and partners to encourage community assets, capacity and resilience. By making loneliness an explicit priority, community developments can be better targeted. For example, community navigators could have a remit to help develop social networks and support. This will apply to whatever model of community development the council is taking (see resources section for further information on community development).

Specific community approaches that support tackling loneliness include:

- establishing age-friendly, dementia-friendly and mental health-friendly communities
- developing volunteering, including people who might not ordinarily volunteer
- mobilising peer support, and intergenerational support in neighbourhoods.

## Gateway services

Gateway services are broad services like transport, technology, spatial planning and housing, which make it easier for communities to come together. Examples include:

- identifying options for affordable and accessible transport
- age-friendly driving and parking
- considering social networks as a public health issue when considering major planning developments.

Technology is increasingly being used to help people build and maintain social connections. A recent review found that technology based initiatives, such as IT training to use social media or telephone befriending, were among the most effective of all studied interventions in tackling loneliness<sup>4</sup>.

## Questions to consider

- Does your JSNA identify the levels of loneliness in your area, overall, in specific communities, groups, and in relation to issues such as rurality?
- Is tackling loneliness seen as a public health priority in your area?
- Is tackling loneliness a strategic objective in the overall Joint Health and Wellbeing Strategy and in specific strategies for older people and mental health?
- How are issues with loneliness in children and young people being considered?
- Are there delivery plans to reduce loneliness in specific groups according to local need? Are these comprehensive – incorporating all elements of the loneliness framework identified in this ‘must know’? What is the progress so far?
- In light of the strong connection between loneliness and GP visits, what is being done to tackle loneliness identified in primary care and is this joined up with community support?
- How are older people, people with mental health problems and other groups involved in co-producing solutions?
- How is loneliness being addressed in local approaches to community development?
- How is the VCS involved in helping to reduce loneliness? Are social prescribing schemes appropriately funded?
- Is there a map of local assets which could have a role in tackling loneliness?
- Is tackling loneliness taken into account in any proposals to close services?
- How is encouraging social connectivity taken into account in place-based initiatives such as planning, housing and transport?

<sup>4</sup> 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.



## Resources for further information

### Resources on loneliness

Age UK, Loneliness heat map.  
[www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/](http://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/)

Campaign to End Loneliness, guidance for councils and commissioners.  
<https://campaigntoendloneliness.org/guidance/>

Campaign to End Loneliness and Age UK, 2015, Promising approaches to reducing loneliness and isolation in later life.  
[www.ageuk.org.uk/documents/en-GB/For-professionals/Policy/Promising\\_approaches\\_loneliness\\_and\\_isolation.pdf?dtrk=true](http://www.ageuk.org.uk/documents/en-GB/For-professionals/Policy/Promising_approaches_loneliness_and_isolation.pdf?dtrk=true)

Joseph Rowntree Foundation (JRF) Loneliness resource pack.  
[www.jrf.org.uk/report/loneliness-resource-pack](http://www.jrf.org.uk/report/loneliness-resource-pack)

Jo Cox Commission, 2017, Combatting loneliness one conversation at a time – a call to action.  
[www.jocoxloneliness.org/](http://www.jocoxloneliness.org/)

LGA, Campaign to End Loneliness, Age UK, 2016, Combatting loneliness – a guide for councils.  
[www.local.gov.uk/combating-loneliness](http://www.local.gov.uk/combating-loneliness)

LGA, 2017, Health and wellbeing in rural areas.  
[www.local.gov.uk/health-and-wellbeing-rural-areas](http://www.local.gov.uk/health-and-wellbeing-rural-areas)

ONS, 2018, Loneliness – What characteristics and circumstances are associated with feeling lonely?  
[www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10](http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10)

PHE and UCL Institute of Health Equity, 2015, Reducing social isolation across the lifecourse.  
[www.gov.uk/government/publications/local-action-on-health-inequalities-reducing-social-isolation](http://www.gov.uk/government/publications/local-action-on-health-inequalities-reducing-social-isolation)

## Resources on community development

LGA, 2017, Public health working with the voluntary, community and social enterprise sector.  
[www.local.gov.uk/public-health-working-voluntary-community-and-social-enterprise-sector-new-opportunities-and](http://www.local.gov.uk/public-health-working-voluntary-community-and-social-enterprise-sector-new-opportunities-and)

LGA, 2016, A glass half-full: how an asset approach can improve community health and wellbeing.  
[www.local.gov.uk/asset-approach-community-wellbeing-glass-half-full](http://www.local.gov.uk/asset-approach-community-wellbeing-glass-half-full)

PHE and NHS England: a guide to community-centred approaches for health and wellbeing.  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/417515/A\\_guide\\_to\\_community-centred\\_approaches\\_for\\_health\\_and\\_wellbeing\\_\\_full\\_report\\_.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf)

## Related ‘must knows’

How do you know you are making progress in the personalisation of adult social care?

How do you know your council is performing well in adult social care?

How do you know if STPs are making a positive impact?

How do you know you are making the best use of scarce resources?

How do you know that your council is doing all it can to deliver on prevention?

How do you know your council is doing all it can to improve mental health?

[www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/must-knows-lead-members-adult-social-care](http://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/must-knows-lead-members-adult-social-care)



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