Social isolation and loneliness

Introduction
Loneliness can be understood as an individual’s personal, subjective sense of lacking desired affection, closeness, and social interaction with others. Social isolation refers to an objective lack of contact with family or friends, community involvement, or access to services.1

Loneliness and social isolation have an impact on health and wellbeing. People with a high degree of loneliness are twice as likely to develop Alzheimer’s as people with a low degree of loneliness.504 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared with 21% who say they are in excellent health11 and loneliness and low social interaction are predictive of suicide in older age.16

Loneliness increases the risk of high blood pressure, onset of disability, cognitive decline,505 depression13 and developing clinical dementia.507 The effect of loneliness and isolation on death exceeds the impact of well-known risk factors such as obesity and has a similar impact as cigarette smoking.7

Lonely individuals are more likely to visit their GP, have higher use of medication, higher incidence of falls, increased risk factors for long term care, have earlier entry into residential or nursing care and use A&E services more.508

Loneliness affects all age groups in society:

- Over half (51%) of all people aged 75 and over live alone.506
- 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.506
- 41% of pre-adolescents (6-13 years) felt lonely.6
- 60% of those aged between 18 and 34 felt lonely often or sometimes, compared with 35% of those aged over 55 years.7
- 36% of people aged 65 and over in the UK feel out of touch with the pace of modern life and 9% say they feel cut off from society.504
- Half of all old age people (about 5 million) consider the television as their main form of company.504

However, there is a pattern that both loneliness and isolation increase with age.504 It is estimated in Luton (as shown in Table 17) that approximately 16% of the population will be aged 65 or above within the next 20 years, representing a 40% increase.

Risk factors and vulnerable groups
The following factors are associated with people saying they feel lonely:8

- **Age** - the likelihood of expressing self-perceived loneliness increases with age.504
- **Ethnicity and language** - there is evidence that ethnic minority elders may be among the loneliest.
- **Gender** – research has found that men and women respond differently to loneliness and social isolation. Older women are more likely to admit to feeling lonely than older men.
- **Living arrangements and marital status** - people who live on their own are more likely to say they are ‘often’ lonely. 63% of adults aged 52 years 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.

- **Housing** - older people living in residential care report feeling more lonely than those in the community.
- **Health** - poor health, reduced mobility, cognitive impairment and sensory impairment increase older people’s likelihood of being lonely.
- **Income** - a direct correlation exists between low income and loneliness and isolation among older people.
- **Providing informal care** – 61% of the carers surveyed found it difficult to maintain friendships as a result of their caring responsibilities; however, there is no clear evidence of a relationship between the provision of informal care by older people and risk of being lonely.
- **Sexual orientation** - gay men and lesbians seem to be at greater risk of becoming lonely and isolated as they age.

**What is the evidence base?**

Interventions that enhance a feeling of social connectedness can alter self and others’ perceptions, improve the quality of social interactions, and reduce feelings of loneliness. To be effective schemes that target loneliness must involve people at every stage, including planning, development, delivery and assessment. The most common ‘social interaction’ interventions include:

- General group activities – targeting many people at once.
- Specialised group activities – such as day centres, lunch clubs, social clubs, and creative activities.
- Community engagement – encouraging people to use existing programmes such as libraries, civic participation and volunteering.
- One-to-one interventions – for frail or housebound people such as befriending.
- Community navigator or wayfinding initiatives – helping individuals find appropriate interventions.
- Internet – helping people use the internet to keep in contact with others – these types of interventions have had mixed results.

The Local Government Association has developed a Framework for Action which identifies three tiers of action: at the strategic level across local authorities at the level of the community and at the level of the individual. There are a number of NICE quality standards that refer to avoiding loneliness or isolation including psychosis and schizophrenia in adults, anxiety disorders, faecal incontinence, mental wellbeing of older people in care homes, epilepsies in adults, attention deficit hyperactivity disorder, and for people with dementia.

**Local picture**

The Luton Residents Survey 2014 found that 12% of respondents said they were lonely quite often or very often. This is consistent with national studies; most research finds between 6% and 13% of the UK population described themselves as often or always lonely.

The Council has created an index of social isolation, allowing the mapping of household vulnerability to social isolation across Luton. The index is based on data from selected indicators of social isolation from the Experian Mosaic Grand Index matched with Experian’s household data for Luton.

The Lower Super Output Areas (LSOA) in red (Figure 107) are those identified as most likely to be at risk from social isolation and loneliness. There are areas within Farley, Icknield, Lewsey, Leagrave, South, Stopsley and Wigmore wards.
Figure 107: Social isolation vulnerability by lower layer super output area.

Source: Experian Mosaic and Ordnance Survey (The council Research and Geospatial Information)

**What is being done locally?**

The Council’s Community Development Service has completed an initial one-year project aimed at researching and understanding the extent of loneliness and social isolation in Luton, identifying and evaluating potential solutions through community led projects and making recommendations. Work has focused on three strands:

1. Researching loneliness and social isolation in Luton and learning from good practice elsewhere
2. Support and evaluation of eight relevant participatory budget and other community-led projects across Luton currently focusing on reducing loneliness and social isolation
3. Establishing neighbourhood networks in two areas (Biscot and Stopsley) to assess neighbourhood issues and design appropriate partnership community development interventions to address and reduce loneliness and social isolation.

**Perspective of the public/service users**

The overall project involved eight focus groups and 15 in-depth interviews which gathered experiences and views of loneliness and isolation across a range of population groups, service users and vulnerable people within Luton.

Key findings included:

- Most respondents reported experiencing loneliness and social isolation at some times in their lives. This was generally seen as a painful experience, however not everyone desires social contacts at all times
- Loneliness was the result of a complex set of factors, in which personality played a crucial role.
Experience in childhood was important and helped determine resilience to loneliness in later life. Women reported to be more willing to take part in activities than men, especially in older age groups. There was a link between alcoholism, loneliness and social isolation. The role of being a carer frequently led to experiences of social isolation. Bereavement was a major cause of loneliness and social isolation. A lack of reliable and affordable transport was a cause of social isolation. This was a particular challenge for older people and for people with disabilities. Personal safety was identified as a particular issue for older people, the young, people without access to cars, disabled people and people on lower incomes. Respondents reported that uneven pavements, poor winter weather and early winter nights were seen as concerns, particularly for people with disabilities and older people. A key barrier to achieving a desired level of social contact was a lack of awareness of the possibilities available. People reported that it was quite hard to find out what activities were taking place with most introductions to activities taking place by word of mouth. When advertising activities, the local free newspapers (including the Council’s Lutonline) were considered the most likely to elicit a response. Activities provide friendship, support and positive opportunities for socialising and respondents felt less depressed when taking part in activity. People who take part in evaluated activity also generally tended to take part in other organised activities.

Priorities
1. Increase the profile and understanding of loneliness and social isolation as a key issue affecting health and well-being and include it in future decision-making and commissioning outcomes.

2. Support the promotion, development and integration of support for vulnerable people (including those who are lonely or socially isolated) through community and neighbourhood volunteering, co-ordinated by the Council and involving all key stakeholders.

3. Integrate work on loneliness and social isolation with the development of Social Prescription in the town involving local communities and the wider Health and Social Care system.
References


