

Loneliness and Social Isolation

Introduction

Age UK defines loneliness as “an individual’s personal, subjective sense of lacking desired affection, closeness and social interaction with others.” Whilst loneliness is often associated with social isolation, it is important to understand that these two concepts, though linked, are separate¹. Loneliness has a social aspect, it is also defined by an individual’s subjective emotional state and it is more dependent on the quality than the number of relationships. Social isolation refers to a lack of contact with family or friends, community involvement, or access to services². It is quite possible to be socially isolated but not lonely. Loneliness can be a temporary, recurrent or chronic state.

Loneliness affects all ages, but older people are particularly vulnerable. Experiences commonly associated with ageing, such as loss of family and friends, poor health, decreased mobility and income; as well as trends in wider society, such as greater geographical mobility, reduced inter-generational living, less cohesive communities, mean that older people may become more socially isolated, potentially leading to increased loneliness³. Research shows that older people in large households and care homes are more likely to report loneliness.

Social isolation is becoming more prevalent and is associated with increased risk of mortality, higher rates of hospital admissions and earlier entry into care homes⁴. Loneliness can lead to depression and poor cardiovascular health, although little is known about what causes this⁵.

With a projected increase in the number of people aged 65+ in Norfolk it is important to consider strategies that prevent loneliness in order to reduce the impacts on individuals, communities and the burden on the health and social care system.

Headlines

National data from the Office for National Statistics (ONS) based on the most recent Opinions and Lifestyle Survey (sample size 5,169) suggest that the following proportion of people by age band report high levels of loneliness:

- Age 16 to 64: 14.8%
- Age 65 to 79: 14.6%
- Age 80+: 29.2%

Table 1 shows the estimated number and proportion of people age 65+ who are lonely across Norfolk and Waveney (applying ONS loneliness figures to mid-2014 population estimates). There are an estimated 38,000 lonely people in Norfolk aged 65+, around one in five.

Norwich has the highest proportion of estimated lonely population over the age of 65, Great Yarmouth and South Norfolk have the lowest proportion.

¹ LGA, Age UK, Campaign to End Loneliness (2016), ‘Combating loneliness: a guide for local authorities’

http://www.local.gov.uk/publications/-/journal_content/56/10180/7666327/PUBLICATION

² Age UK (2014), ‘Evidence Review: Loneliness in Later Life’ <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf?dtrk=true>

³ Bernard S. Social Policy Research Unit. University of York; York, UK: 2013. Loneliness and social isolation among older people in North Yorkshire. Working Paper WP 2565.

⁴ Robinson, L. (2015), ‘Foresight evidence review Present and future configuration of health and social care services to enhance robustness in older age’

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447240/gs-15-12-future-ageing-health-social-care-er16.pdf

⁵ Courtin, E. and Knapp, M. (2015), ‘Social isolation, loneliness and health in old age: a scoping review Health and Social care in the Community’ <http://onlinelibrary.wiley.com/doi/10.1111/hsc.12311/epdf>

Area	Total population 65+	Number 65+ lonely (ONS)	Percent 65+ lonely (ONS)
Breckland	31,726	5,862	18.5%
Broadland	31,114	5,787	18.6%
Great Yarmouth	22,517	4,147	18.4%
King's Lynn and West Norfolk	37,129	6,865	18.5%
North Norfolk	32,103	5,999	18.7%
Norwich	20,320	3,877	19.1%
South Norfolk	30,330	5,577	18.4%
Waveney	30,131	5,627	18.7%
Norfolk	205,239	38,114	18.6%

Table 1 Number and percentage of people age 65+ estimated to be lonely by district. Norfolk, 2014

Age UK have produced a predictive model for loneliness in the over 65 population at a small area level⁶ which shows that increased risk of loneliness is not necessarily associated with living in rural areas (Figure 1) and that in Norfolk people from the most deprived quintile of the population are over 50% more likely to be lonely.

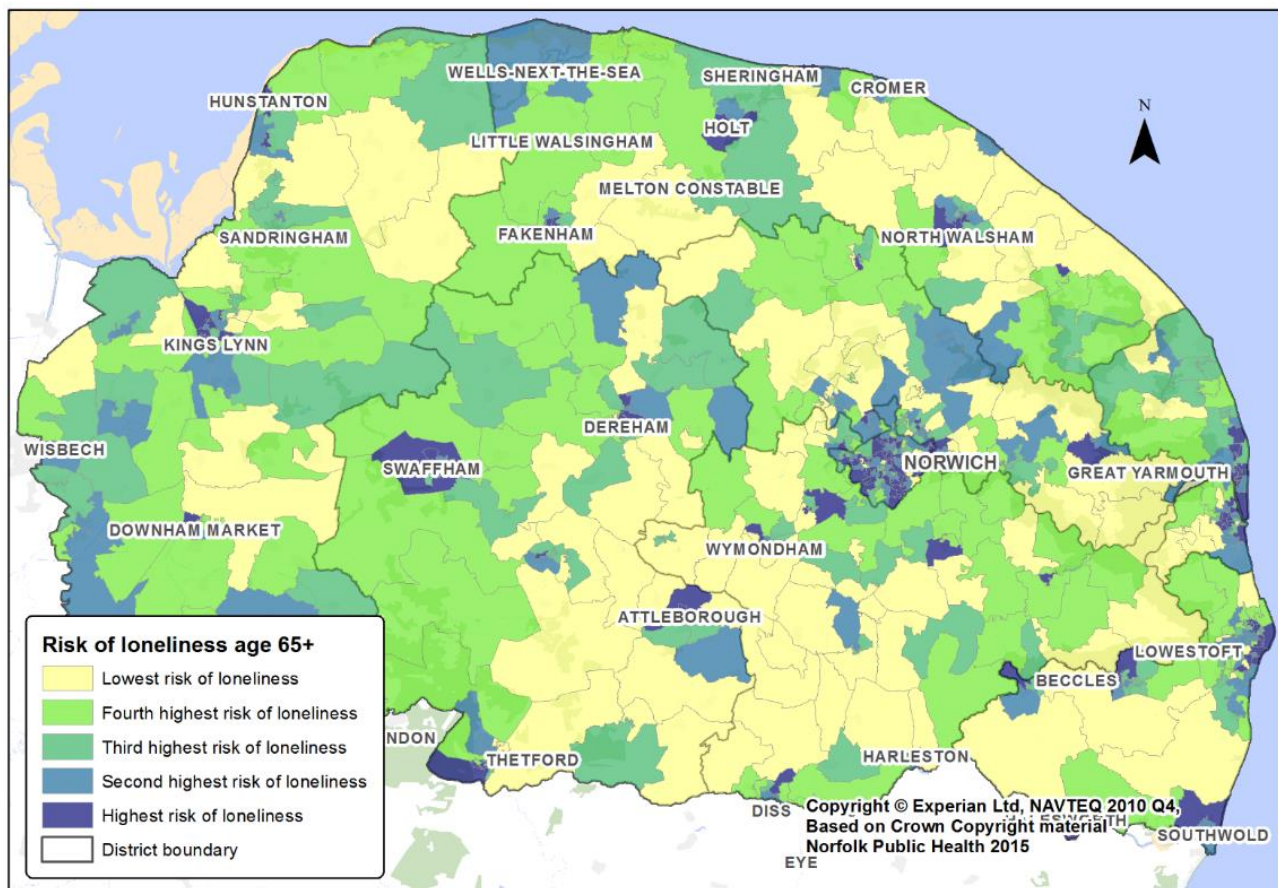


Figure 1: Map showing variation in risk of loneliness for LSOAs in Norfolk and Waveney. Higher risk may not indicate higher numbers.

⁶ Predicting the prevalence of loneliness at older ages, Iparraguirre, José. Age UK (2014)

Influences on Health and Wellbeing

Loneliness is associated with, among other conditions; higher mortality risk, depression, sleep impairment, impaired cognitive health, heightened vascular resistance, hypertension, physiological stress and mental health. Persistent loneliness can have profound impacts on physical and mental health, and quality of life. Research has found that loneliness and poor social relationships were associated with a 29 per cent increase in risk of developing coronary heart disease and a 32 per cent increase in risk of stroke⁷. Personal characteristics such as living alone, housing tenure, going through relationship break up or loss and ill health can be factors contributing to feelings of loneliness. Older people are more susceptible to these risk factors and to experiencing multiple risk factors at the same time.

Existing health conditions or impairments can lead to a curtailment of independence and can limit social roles, resulting in feelings of loneliness. Conversely, chronic feelings of loneliness can result in deterioration of health and well-being, and a shorter lifespan. As a result of poorer health, older people are likely to have higher social care needs and their ability to draw on their communities and relationships for support will influence how these are experienced, particularly at a time when the social care system is challenged.

Social, environmental, population context

Poor health conditions can lead to social isolation. Reduced mobility, cognitive impairment, and sensory impairment increase older people's chances of being lonely. In turn, feeling lonely has been shown to increase blood pressure, elevate stress levels weakening the immune system, and heighten feelings of depression and anxiety. Age UK reports that loneliness can be as harmful to health as smoking 15 cigarettes a day, and people with a high degree of loneliness are twice as likely to develop Alzheimer's as people with a low degree of loneliness⁸.

An Age UK study uses the English Longitudinal Study on Ageing (ELSA) survey to obtain predictors of loneliness⁹. The findings suggest that; being single, divorced or separated and widowed are associated with a higher prevalence of loneliness compared to being married. Household size is inversely related with the prevalence of loneliness, owning a house outright or renting are negatively associated with the probability of being lonely compared to paying a mortgage on property. Education level is only significant and negatively associated with the prevalence of loneliness for the highest education level, poorer self-reported health increases the likelihood of feeling lonely and having difficulty with one or more activities of daily living (ADLs) is positively associated with the prevalence of loneliness. There is no significant association between loneliness and rurality or multiple deprivation of an area. The ONS Older People and Wellbeing paper uses these risk factors to map loneliness.

Current services, local plans and strategies

The evidence from a cross-sectional study on the wider determinants of adult social care provision in Norfolk highlights opportunities for more ambitious strategic communications and positioning around Promoting Independence and the 'In Good Company' campaign. It also proposes that it might be advisable for Norfolk County Council and partners to consider the merits of improved preventative intervention for older residents at risk of loneliness, with specific links to carer breakdown and bereavement services.

New social prescribing models in Norfolk could be used to prevent loneliness and to reduce demand on primary care services that it causes.

⁷ Valtorta, N et al. (2016), 'Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies'

⁸ LGA, Age UK, Campaign to End Loneliness (2016), 'Combating loneliness: a guide for local authorities' http://www.local.gov.uk/publications/-/journal_content/56/10180/7666327/PUBLICATION

⁹ Predicting the prevalence of loneliness at older ages, Iparraguirre, José. Age UK (2014)

Considerations for HWB and commissioner

Loneliness is not necessarily the result of living alone; those who live with others can still experience loneliness. Interventions that increase the opportunity for social interaction with the right people at the right time, and provide support for older people to feel more confident interacting with communities, are more likely to impact social isolation¹⁰.

Social isolation can be reduced by improving people's ability to interact with the world around them. Other possible interventions include community learning initiatives and opportunities in care housing and retirement communities which could also have a role in providing support¹¹.

Improving the factors that facilitate social connection, such as transport, also bring other benefits to the ageing population, such as access to services. Initiatives to promote social interaction can include: inter-generational projects; good neighbour schemes; improving provision of transport and access; and projects that address fear of crime, and incorporate security-conscious design features¹².

Combating loneliness: a guide for local authorities¹³ recommends that councils should consider addressing loneliness as an outcome measure in their strategies, including the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. The guide also recommends the following:

- Work at the neighbourhood level, to understand and build on existing community capacity and assets.
- Recognise and respond to individual needs and circumstances by both making sure general services are geared up to meet the needs of those who are lonely, as well as providing specific interventions as required.
- Pooling resources, and intelligence across organisations and developing new partnerships to increase the benefits for those who are hard to reach or isolated.
- Use the loneliness framework from the 'Promising Approaches to Reducing Loneliness and Isolation' guide produced by the Campaign to End Loneliness and Age UK (see below)¹⁴.

¹⁰ Social Finance (2015), 'Investing to tackle loneliness: a discussion paper' http://www.socialfinance.org.uk/wp-content/uploads/2015/06/Investing_to_Tackle_Loneliness.pdf

¹¹ Government Office for Science (2016), 'Future of an Ageing Population' https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535187/gs-16-10-future-of-an-ageing-population.pdf

¹² DCLG (2011), 'Lifetime Neighbourhoods' https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6248/2044122.pdf

¹³ LGA, Age UK, Campaign to End Loneliness (2016), 'Combating loneliness: a guide for local authorities' http://www.local.gov.uk/publications/-/journal_content/56/10180/7666327/PUBLICATION

¹⁴ Available: www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

The Campaign to End Loneliness and Age UK have developed a framework to tackle loneliness. The framework features four distinct categories of intervention that could be put in place to provide a comprehensive local system of services to prevent and alleviate loneliness¹⁵¹⁶:

Foundation Services

that reach lonely individuals and understand their specific circumstances to help them find the right support.

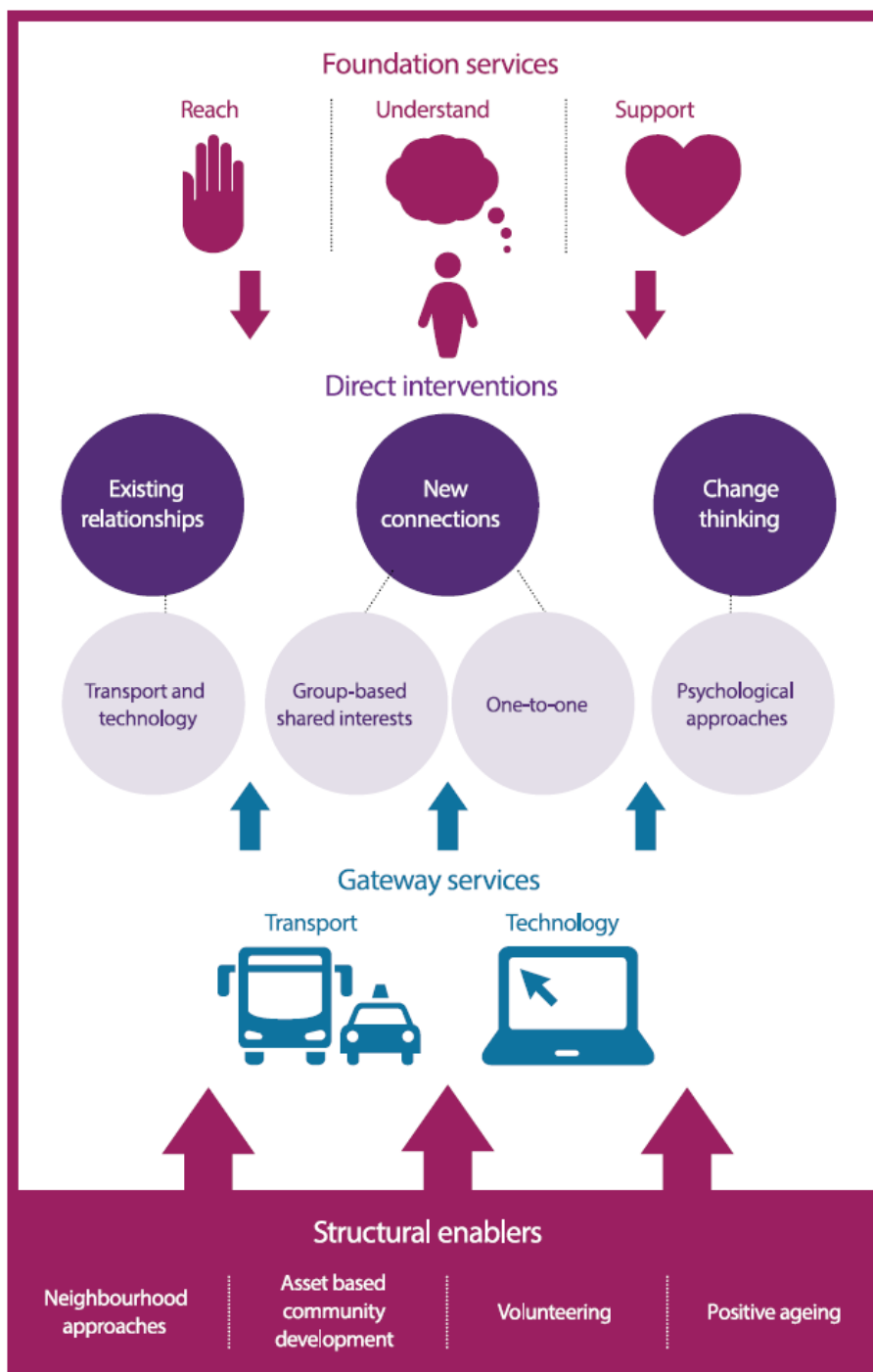
Gateway Services

like transport and technology that act as the glue that keeps people active and engaged, and makes it possible for communities to come together.

Direct Interventions

that maintain existing relationships and enable new connections – either group-based or one-to-one support, as well as emotional support services.

In developing these services, commissioners should consider what **Structural Enablers** are needed in their communities to create the right conditions for ending loneliness, such as volunteering, positive ageing and neighbourhood approaches.



¹⁵ Available: www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf

¹⁶ LGA, Age UK, Campaign to End Loneliness (2016), 'Combating loneliness: a guide for local authorities' http://www.local.gov.uk/publications/-/journal_content/56/10180/7666327/PUBLICATION

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