

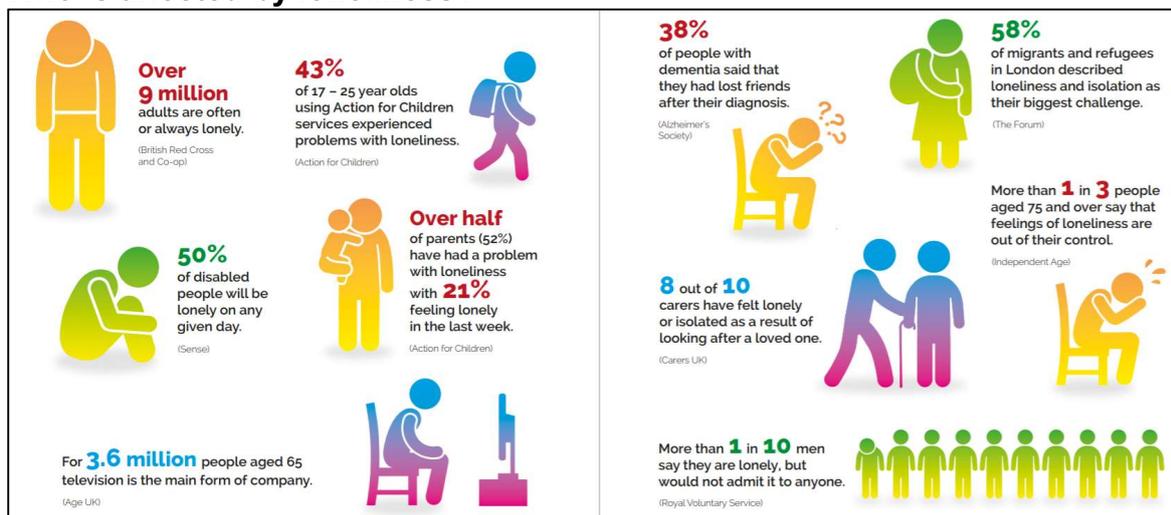
# Covid 19 Social and Economic Issues Analysis: Loneliness<sup>1</sup>

## What does the Government say about this issue?

On 22 April 2020 the UK Government launched its plan to tackle loneliness and social isolation during the coronavirus outbreak and period of social distancing. The plan recognised that measures put in place to contain Covid-19 might make people feel lonely or exacerbate existing feelings of loneliness. The plan set out the Government's intention to focus on reducing loneliness through: a public campaign to get people talking openly about loneliness, a £750 million charity funding package, additional money for national loneliness organisations, publication of new guidance, help to link up charities and the NHS, and the creation of a network of charities, businesses and public figures to join 'Tackling Loneliness Network' to connect groups at risk of isolation.

The Government's mitigating measures were grounded in existing concerns about the harmful physical, mental and social effects of loneliness on individuals and the wider impact on communities and the economy. In 2017 the cross-party Loneliness Commission identified the range of people affected by loneliness and collated estimates of prevalence (see below) and this led in the following year to the creation of the world's first Minister for Loneliness and publication of 'A connected society: a strategy for tackling loneliness'. The strategy set out three aims: to improve the evidence base, to embed and create a lasting shift across government policy, and to raise awareness through a national campaign ('Let's Talk Loneliness') in order to reduce stigma: funding worth £11.5million was also made available. In January 2020 the first annual review of the strategy was published and the direction of future travel established.

## Who is affected by loneliness?



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

<sup>1</sup> The Jo Cox Commission on Loneliness 'Combatting loneliness one conversation at a time' (15 Dec 2017) describes loneliness as 'a subjective, unwelcome feeling of lack or loss of companionship, which happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.' [https://www.jocoxfoundation.org/loneliness\\_commission](https://www.jocoxfoundation.org/loneliness_commission)

## **What impact is Coronavirus having on people's experience of loneliness?**

Although increased opportunities for volunteering and the development of innovative, 'grass-roots' neighbourhood support schemes may have mitigated some people's experience of loneliness, this analysis focuses on more widespread negative impacts of loneliness.

Existing evidence about loneliness prior to the Covid-19 pandemic showed that certain groups of people (younger adults, women, those who are single or widowed, people in poor health with long-term or limiting conditions, people who rent their home, and those who feel disconnected from their neighbourhood or distrustful of people in their local area) are more likely to suffer from loneliness, or experience it more frequently. Carers are also highly vulnerable to risk of loneliness. It is likely that existing feelings of loneliness were exacerbated by Government measures (self-isolation, staying at home, social distancing, cessation or reduction of social interaction), but for other people these measures, alongside changes in personal lives and society increased the risk or experience of loneliness for the first time.

Evidence linking loneliness and poor physical and mental health is well established. The government strategy 'A connected society: a strategy for tackling loneliness' notes that the health impacts of loneliness are considered by health professionals to be on a par with other health issues such as obesity or smoking. Lonely people are more likely to be readmitted to hospital or have a longer stay once admitted. Research shows that loneliness is associated with:

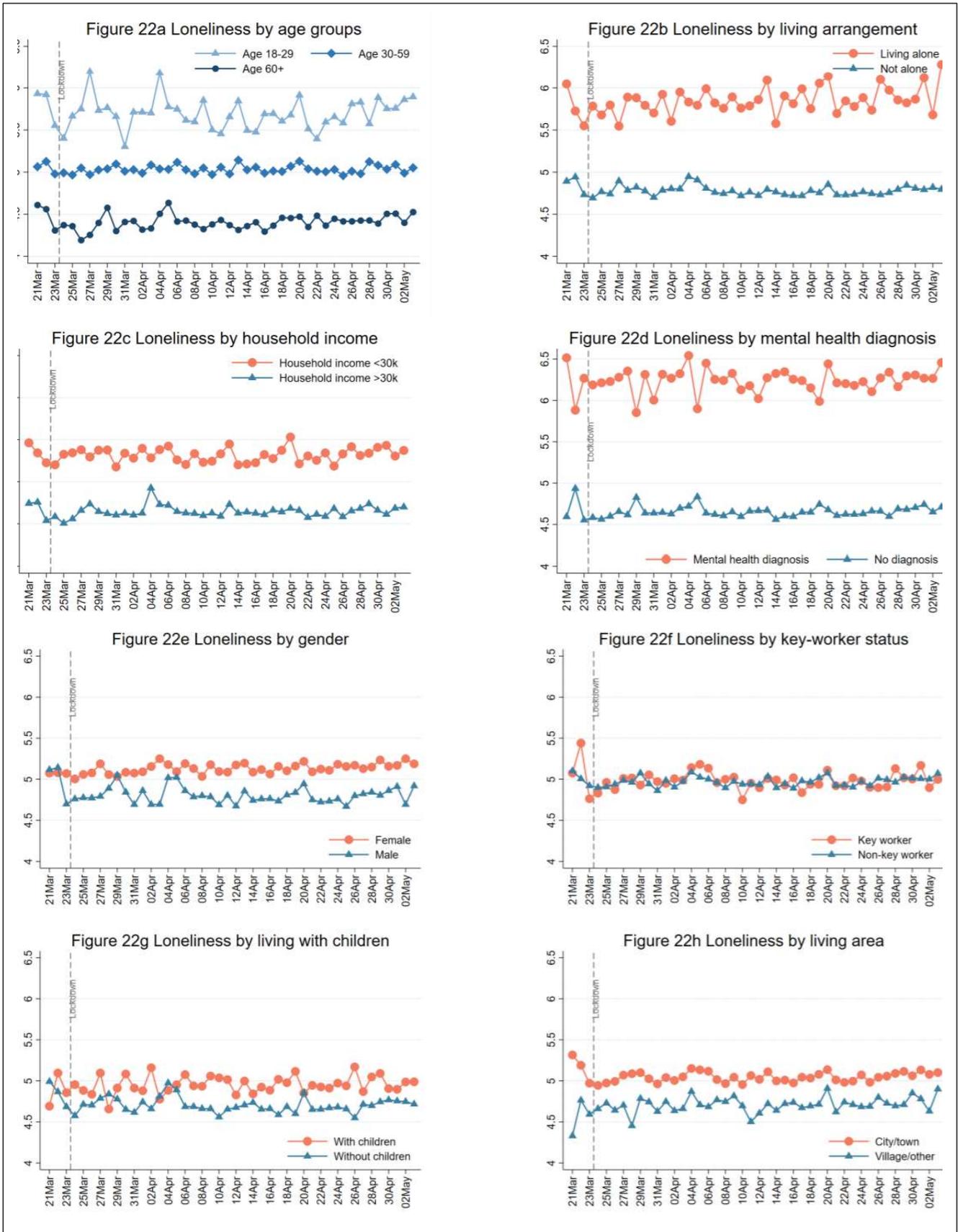
- a greater risk of inactivity, smoking and risk-taking behaviour
- increased risk of coronary heart disease and stroke
- increased risk of depression, low self-esteem and reported sleep problems cognitive decline and an increased risk of Alzheimer's
- more frequent visits to GPs or A&E
- increased take-up of residential care

The World Health Organisation notes that in response to the Covid-19 pandemic and government strategies to control it, the "main psychological impact to date is elevated rates of stress or anxiety. But as new measures and impacts are introduced – especially quarantine and its effects on many people's usual activities, routines or livelihoods – levels of loneliness ... are also expected to rise".

## **What do people say about loneliness?**

The UK Covid-Mind Study (a panel study of over 85,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic) shows that loneliness levels continued to be relatively stable at the start of May 2020. Respondents were asked about levels of loneliness during the past week using the 3-item UCLA-3 loneliness scale. Each item is rated with a 3-point rating scale, ranging from "never" to "always", with higher scores indicating greater loneliness. Loneliness is higher amongst younger adults, those living alone, those with lower household income levels, and those with an existing diagnosed mental health condition, it is also higher amongst women, people with children, and people living in urban areas (see graphs below). This corresponds with analysis by ONS based on the Community Life Survey 2016-17 about who is most likely to feel lonely.

# UK Covid-Mind Study findings – Loneliness (by segment)

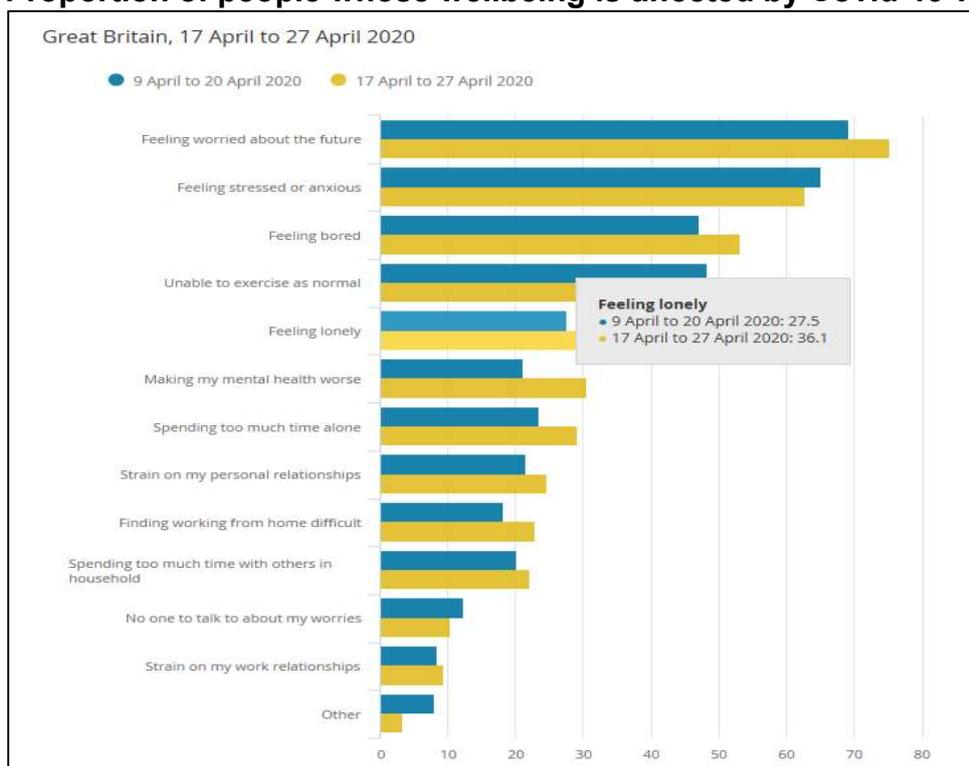


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Linked surveys carried out by the research charity MQ: Transforming Mental Health and the UK Academy of Medical Sciences (predominantly for people with existing mental health issues) and Ipsos Mori (a general population survey) about people's concerns about mental health impacts of the Covid-19 pandemic showed that loneliness was repeatedly mentioned, both as a fear of being lonely and concerns about the effects on other people of being or becoming lonely.

Findings published by The Office of National Statistics from the Opinions and Lifestyle Survey covering the period 7 April to 27 April 2020 show that of the proportion of adults who said their well-being was affected by Covid-19 just over a third (36.1%) were lonely (see below).

### Proportion of people whose wellbeing is affected by Covid-19 who feel lonely



<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/latest#indicators-of-well-being-and-loneliness>

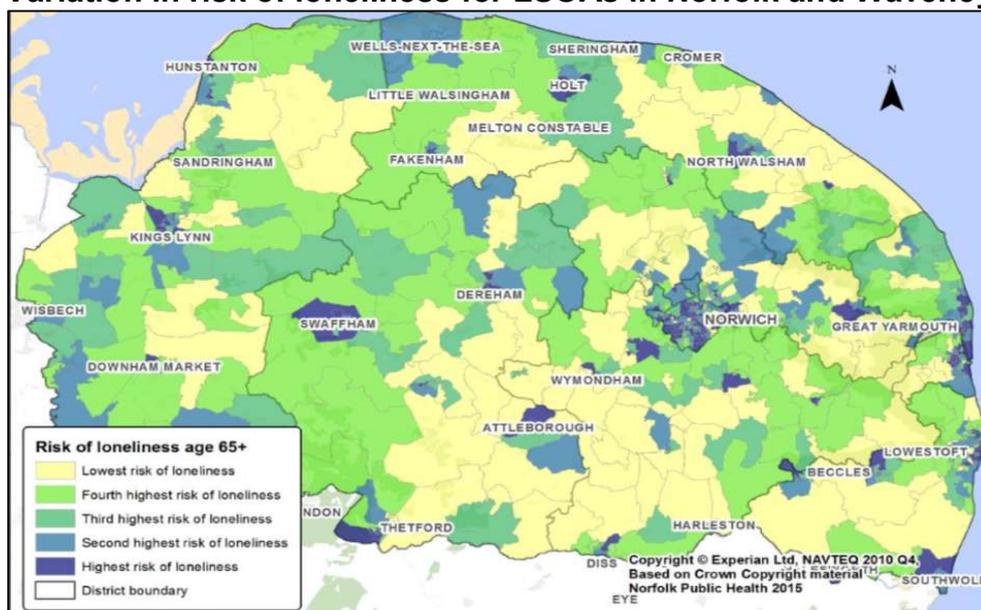
### Are things any different in Norfolk?

Norfolk County Council had identified loneliness in the county as an issue before the Covid-19 pandemic and instigated numerous strategies to alleviate it including:

- setting up (with partners) the 'In Good Company' campaign (which featured as a case study in the Jo Cox Commission on Loneliness)
- commissioning Community Action Norfolk, The Borough Council of King's Lynn and West Norfolk and Voluntary Norfolk to provide a range of services (CANConnect, Better Together, Lily) to support individuals and build community resilience
- introducing social prescribing (the 'Living Well' model) in adult social care which increased emphasis on linking individuals to community assets to build sustainable support networks.

More is known about some groups (older people, adult social care users and carers) in Norfolk who experience or are at increased risk of experiencing loneliness than other groups (such as young people) who may be equally – or more – vulnerable. The number of older people (aged 65+) in Norfolk who were estimated in 2014 to be lonely was 38,110 or almost a fifth (18.6%) of all people aged 65+. Age UK produced a predictive model for loneliness in the over 65 population which showed that increased risk of loneliness is not necessarily associated with living in rural areas and that in Norfolk people from the most deprived quintile of the population are over 50% more likely to be lonely.

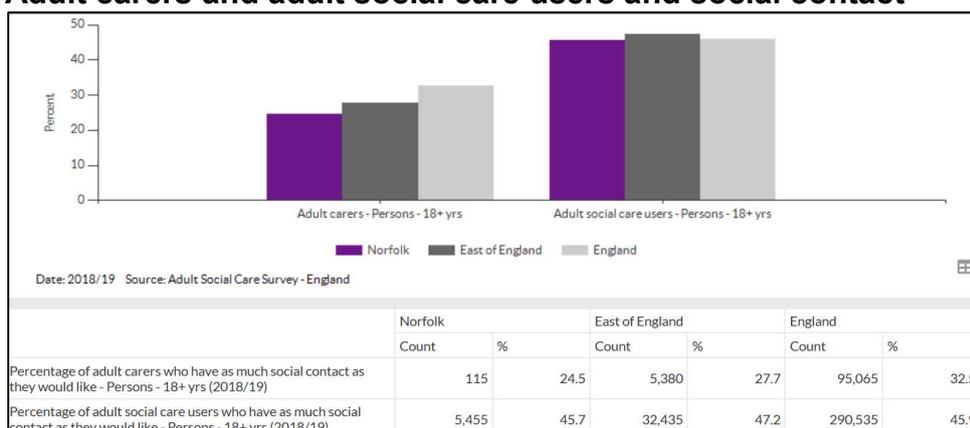
### Variation in risk of loneliness for LSOAs in Norfolk and Waveney



[https://www.norfolkinsight.org.uk/wp-content/uploads/2018/09/Briefing\\_paper\\_Loneliness1.pdf](https://www.norfolkinsight.org.uk/wp-content/uploads/2018/09/Briefing_paper_Loneliness1.pdf)

Just under half (45.7% or 5,455 people) of adult social care users in Norfolk who responded to the annual Adult Social Care Survey said they had as much social contact as they would like and for adult carers the proportion was almost a quarter (24.5% or 115 people).

### Adult carers and adult social care users and social contact



<https://www.norfolkinsight.org.uk/health-and-social-care/>

Although some information about loneliness in Norfolk is available, robust information about the extent of loneliness in Norfolk as a *direct result* of the Covid-19 outbreak is lacking. There are early indications that demand for services which mitigate loneliness (such as befriending) is growing and local charities have highlighted particular groups of

people who are most at risk of being lonely or who are already suffering from loneliness during the pandemic.

The rising number of people who feel lonely is recognised by Government: when the Culture Secretary, Oliver Dowden, announced the availability of additional funding for projects aimed at tackling loneliness during the Coronavirus emergency he noted: “Coronavirus and social distancing has forced all of us to look loneliness in the eye”. Evidence from national research during the Covid-19 outbreak shows that loneliness is widespread: this is also likely to be the case in Norfolk.

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