

### **Campaign to End Loneliness**

The Campaign to End Loneliness is a network of national, regional and local organisations and individuals working together through community action, good practice research and policy to create the right conditions to reduce loneliness in later life.

We were launched in 2011 and are led by a management group of five partner organisations: Age UK Oxfordshire, Independent Age, Manchester City Council, the Royal Voluntary Service and Sense.

In this response we have restricted our comments to the areas of the consultation on which the Campaign has particular expertise to bring to bear.

*In your opinion or from your perspective - are local authorities important as contributors to a society adjusting to an ageing population? In what ways can they contribute? What should they do?*

Consistently around 10% of the population over 65 feel lonely all or most of the time, with up to a further 31% feeling lonely some of the time.<sup>1</sup> This means that in England, over 800,000 older people are chronically lonely. Over the next 20 years, the number of people aged 65 is forecast to increase significantly and as a result, the increasing older population in will be linked to an increase in both chronic and mild loneliness.

Preventing or alleviating loneliness across the UK will help the population to live longer, with fewer chronic conditions, and enjoy a higher quality of life. Research has demonstrated the effect of loneliness on mortality exceeds the impact of well-known risk factors such as physical inactivity and obesity, and has a similar influence as cigarette smoking.<sup>2</sup>

It is clear then, that loneliness and isolation must be part of any conversation about addressing the challenges of our ageing society. Local authorities have a fundamental role to play in leading a cross-functional approach to tackling loneliness in a given area. The Campaign to End Loneliness believes that Health and Wellbeing Boards in particular are ideally placed to take ownership of this issue, by taking an overview of efforts to tackle loneliness in a local area and to ensure that strategies designed to reduce it are holistic and joined-up.

In particular, we would strongly recommend that Health and Wellbeing Boards measure the extent of loneliness in older age in their local area, and identify where lonely people are, and include this information in their JSNA. This will help local areas to plan effective interventions to address the issue. A number of data sources may be useful in identifying the likely numbers and concentrations of lonely and isolated older people in an area for example:

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<sup>1</sup> Victor C. (2011) 'Loneliness in old age: the UK Perspective' *Safeguarding the Convoy: a call to action from the Campaign to End Loneliness* (Oxford: Age UK Oxfordshire)

<sup>2</sup> Holt-Lunstad J, TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med* 2010;7(7).

- ONS data on lone pensioner households;
- Local authority data on people requiring help with bin collections;
- Local authority data on people who have recently lost their partners;
- Local NHS health and wellbeing data;
- [The Older People's Health and Wellbeing Atlas](#);
- Public sector lifestyle or behaviour surveys;
- Mosaic Public Sector which brings together data on population demographics, lifestyles and behaviours.

Some authorities undertake their own lifestyle or behaviour surveys to inform needs assessments. These surveys may already include questions about loneliness and isolation or could do so in the future. This might be done using established scales and questions for capturing evidence about loneliness and isolation.

The Campaign has developed an online resource to support Health and Wellbeing boards in their strategy development of tackling loneliness in their local populations. This can be accessed by following this link: <http://campaigntoendloneliness.org/toolkit/>.

The Campaign is currently working on a new practical loneliness impact measurement tool, which has been developed with over 50 older people, service providers, commissioners, charities and researchers. This tool is currently in a pilot phase where it is being tested for validity and reliability. The final resource will be available in early 2015 and will consist of a 'Russian Doll' tool with 1, 3 or 6 questions. The tool has been designed to bolt onto existing surveys or evaluations.

Once the extent of the problem has been established locally, we would recommend developing a 'whole system' strategy to address it. This should consider assets from the across the community and provide an opportunity for partnership work within and between organisations in order to secure better use of resources and the integration of services.

*If you are not part of a local authority - How might local authorities complement and support your work and what might you envision or what are your particular hopes for local government to achieve?*

Loneliness is a serious public issue and the Campaign to End Loneliness's *Loneliness Harms Health campaign* calls on local health decision makers to set out their commitment to tackling loneliness in their area.

According to our report [Still Ignoring the Health Risks](#), 41% Health and Wellbeing Boards in England, which are responsible for addressing health needs of local people, are yet to recognise loneliness and/or isolation in their strategies and have not set out how they plan to address within their local population. The Campaign to End Loneliness wants all Health and Wellbeing Boards to commit to tackling loneliness and board members to lead the way in implementing their commitment.

*What are the key challenges facing local government in respect of health and social care as a result of population ageing? What needs to change (structurally, culturally or financially) to enable local government to tackle these challenges in cooperation with health and other partner organisations?*

There are a number of things that increase our vulnerability to loneliness, and as we age, both external and internal risk factors increase, and are more likely to occur at the same time. There are often characterised by loss – such as loss of good health, confidence, identity and purpose, loved ones, neighbours. But these risk factors are also associated with key transition points such as leaving work, losing a partner or friends and giving up driving.

10% of older people can be defined as being chronically lonely (lonely all or most of the time), and as the older population increases, the number of people being chronically lonely will also increase.<sup>3</sup>

We know that:

- Loneliness has a negative impact on physical and mental health, putting individuals at greater risk of hypertension<sup>4</sup> and cognitive decline<sup>5</sup>.
- Lonely individuals are also at higher risk of the onset of disability<sup>6</sup> as loneliness, ill health and disability are mutually re-enforcing.
- Lonely individuals are more likely to undergo early entry into residential or nursing care<sup>7</sup>

Research suggests that approaches to addressing loneliness and isolation amongst older people, which are relatively low cost, can boost independence by resulting in:

- fewer GP visits, lower use of medication, lower incidence of falls and reduced risk factors for long term care<sup>8</sup>
- fewer days in hospital, physician visits and outpatient appointments<sup>9</sup>
- Improving people's ability to cope after returning from hospital
- Reducing inappropriate admission to care homes.

The 2010 Marmot Review *Fair Society, Healthy Lives* demonstrates how social factors, including weak family and social networks, can lead to some people in the population experiencing health inequalities. In the Review, it was confirmed that individuals who are without social networks were

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<sup>3</sup> Victor C. (2011) 'Loneliness in old age: the UK Perspective' *Safeguarding the Convoy: a call to action from the*

<sup>4</sup> Hawkey LC, Thisted RA, Masi CM, Cacioppo JT. Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. *Psychol Aging* 2010;25(1):132-41.

<sup>5</sup> : James BD, Wilson RS, Barnes LL, Bennett DA. Late-life social activity and cognitive decline in old age. *J Int Neuropsychol Soc* 2011;17(6):998-1005.

<sup>6</sup> Lund R, Nilsson CJ, Avlund K. Can the higher risk of disability onset among older people who live alone be alleviated by strong social relations? A longitudinal study of non-disabled men and women. *Age Ageing* 2010;39(3):319-26

<sup>7</sup> Russell DW, Cutrona CE, de la Mora A, Wallace RB. Loneliness and nursing home admission among rural older adults. *Psychol Aging* 1997;12(4):574-89

<sup>8</sup> Cohen, G.D. et al. (2006) 'The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults', *The Gerontologist*, 46 (6)

<http://gerontologist.oxfordjournals.org/content/46/6/726>

<sup>9</sup> Pitkala, K.H. et al. (2009) Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: a randomised, controlled trial. *Journal of Gerontology: Medical Sciences*, 64A (7)

<http://biomedgerontology.oxfordjournals.org/content/64A/7/792.abstract>

between 2 and 5 times more likely to die prematurely<sup>10</sup> and concluded social participation was beneficial to both mental and physical health.

In detail, the Review states:

*“Several longitudinal studies have shown that social networks and social participation appear to act as a protective factor against dementia or cognitive decline over the age of 65 and social networks are consistently and positively associated with reduced morbidity and mortality. There is strong evidence that social relationships can also reduce the risk of depression...Making resources available to address the association between poor health and poor social networks and break the cycle of deprivation can also decrease costs of health care.”*

Local government firstly needs to recognise that loneliness will increase as our population ages and that loneliness is a significant and serious public health issue that should be treated as seriously as other public health issues such as smoking and obesity.

It should be included as a priority in joint health and wellbeing strategies for the area and a standalone loneliness strategy should be developed, which should include plans to measure the extent of the problem in the local area, identify where the most isolated are, evaluate how every sector can be brought in to tackle the issue (planning, housing, adult social care, public health, transport etc.) and set targets for its reduction.

*Do local authorities have a role in addressing digital exclusion or in helping their older populations deal with the national government’s ‘digital-by-default’ strategy?*

Technology is likely to be part of any strategy to reduce loneliness in a local authority area. It undoubtedly has a role to play and is a useful tool that should be used alongside a range of other initiatives to combat loneliness. The Campaign to End Loneliness hosted a workshop in 2014 to discuss the role that technology and telecare could play in keeping us connected, and preventing loneliness in older age. The full report from the day can be accessed [here](#). 5 take home messages from the event were:

1. Technology is useful tool that should be used alongside a range of other things to combat loneliness: non-virtual relationships are still vital;
  2. What older people want from technology is what we all want: our interests and needs do not just change overnight when we turn 65;
  3. People aged over 65 are as just thirsty for new technology as younger people;
  4. Focus on the benefits of a technology: don’t describe the service a new technology offers, describe the outcome that it will bring;
  5. 5. We need more funding to make kit and training cheaper (and therefore less of a barrier) but can still do more right now to raise the value of technology.
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1. *How can or should local authorities support older workers and address the ageing of their own workforces?*

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<sup>10</sup> Marmot M, Fair Society, Healthy Lives, the Marmot Review (2010) p138

Most people are aware that they need to plan for their material needs when they retire, but not for our emotional needs. Retirement is one of the key transitions in later life that can lead people to experience loneliness; ex-employees may lose the connections and friendships they took for granted over the years and may feel they have lost a sense of purpose. Employers should take responsibility for preparing their ageing employees for the psychological and emotional upheaval that retirement can bring – and local authorities are no exception.

*We would like to hear of any services, activities or initiatives which you believe are good practice and innovative with regard to an ageing society – please note – please provide a short description. If there are any reports or evaluation documents please attach.*

For a range of case studies which highlight how local authorities across the UK are working in partnership with voluntary and community organisations to address loneliness, and for advice on measuring loneliness and developing a strategy to respond to the issue at a local level, please take a look at the Campaign to End Loneliness toolkit for health and wellbeing boards [here](#).

The Campaign to End Loneliness is currently working on a new publication alongside Age UK which will guide local authorities and service providers towards some of the most promising approaches to tackling loneliness. This publication will draw on academic research and practical examples to make recommendations that are firmly grounded in evidence and point towards interventions that will respond to future trends provision for older people.