

# Loneliness and social isolation

## *Southwark's Joint Strategic Needs Assessment*

Southwark Public Health Division

Place & Wellbeing Department

February 2020

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## GATEWAY INFORMATION

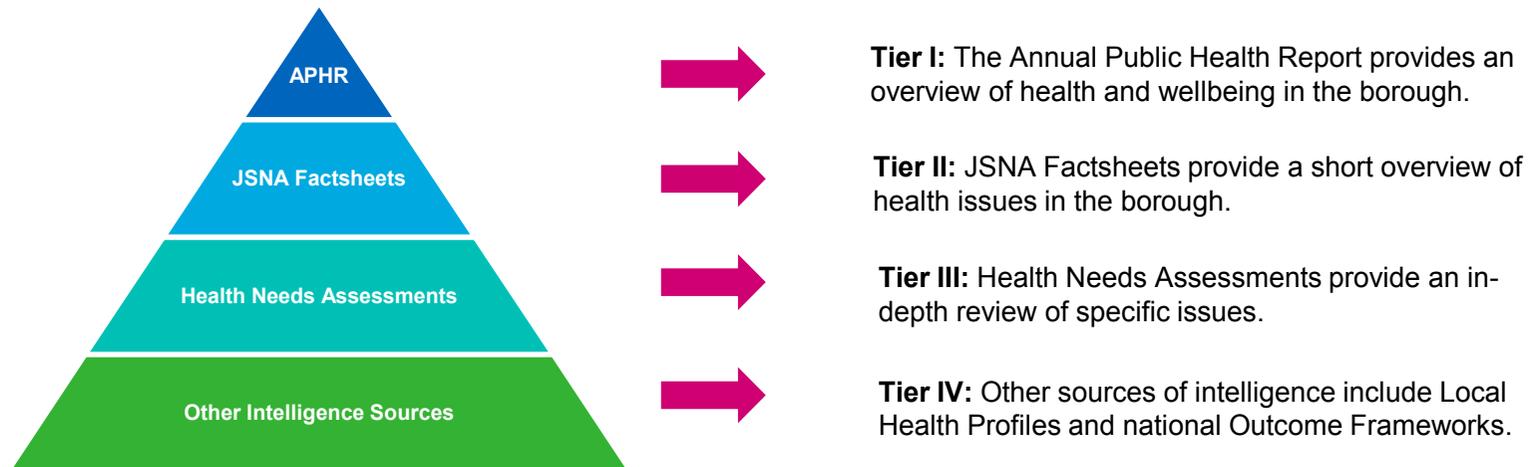
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# Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

## BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



- This document forms part of those resources.
- All our resources are available via: [www.southwark.gov.uk/JSNA](http://www.southwark.gov.uk/JSNA)

# This health needs assessment provides an overview of loneliness and social isolation in Southwark

## AIMS & OBJECTIVES

**Loneliness and social isolation are public health issues linked to ill-health and health inequalities. Tackling these issues is a priority for Southwark and delivering a Loneliness Strategy is one of the manifesto commitments approved by Cabinet in 2018.**

**This Health Needs Assessment will inform the upcoming strategy through the following objectives:**

- Provide a summary of key national policies relating to loneliness and social isolation
- Describe the national and local prevalence as well as risk/protective factors relating to loneliness and social isolation
- Summarise the evidence on (i) the impact of loneliness and isolation on health and wellbeing, and (ii) successful interventions
- Describe the process of developing our local loneliness strategy, and
- Offer recommendations to assist with developing the loneliness action plan and supporting future local work in this area

## CONTENTS

**Introduction**

**Policy Context**

**The National Picture**

**The Local Picture**

**The Evidence Base**

**Developing our loneliness strategy**

**Summary**

**Recommendations**

# Loneliness is a personal experience and has a negative impact on both physical and mental health

## INTRODUCTION: DEFINITIONS

**Loneliness is a personal experience and can mean different things to different people; establishing a definition is important** to ensure that our local strategy has a clear scope and guides us to an effective response.

“**Social isolation**” and “**loneliness**” are sometimes used as if they were synonymous, but they refer to two different concepts:

- **Social isolation refers to the inadequate quality and quantity of social relations** with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment)
- **Loneliness is a subjective, unwelcome feeling of lack or loss of companionship.** It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want. Even people who are not socially isolated can experience a sense of loneliness. On the other hand, not all of those who are socially isolated may perceive themselves as lonely.

The evidence suggests that **one of the most effective ways of combating loneliness is to combat isolation** (PHE, 2015).



### Types of loneliness

- **Transient loneliness**
- **Situational loneliness**, following a major life event
- **Chronic loneliness**: an ongoing enduring experience

**Loneliness is not static – it is a fluid experience even for the severely lonely**

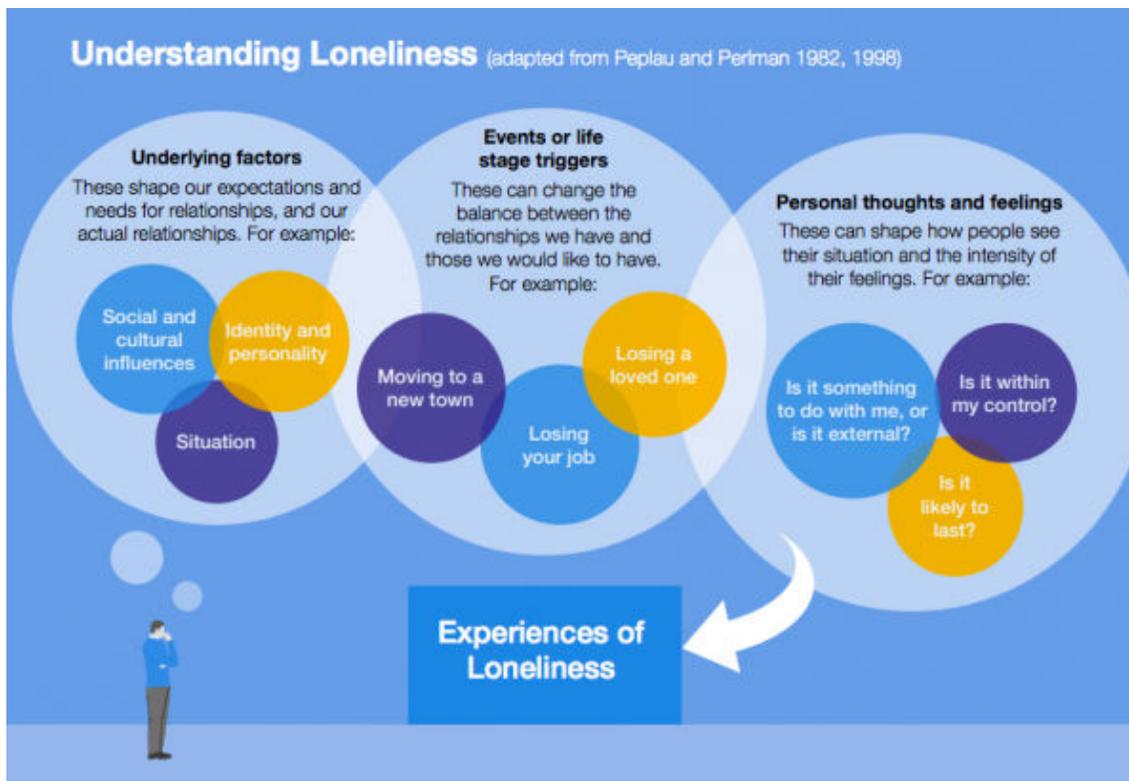
#### References

1. What is social prescribing? The King's Fund 2017. <https://www.kingsfund.org.uk/publications/social-prescribing>

# Life events, personal factors and environmental conditions may trigger loneliness

## INTRODUCTION: UNDERSTANDING LONELINESS

Loneliness can result when unfavorable personal and environmental conditions are combined with triggering life events.



**The risk and protective factors of social isolation and loneliness are complicated, involving physical, psychological, social, and spiritual aspects.**

- Social risk factors for social isolation and loneliness include financial hardship, loss of social roles, language barriers and migration.
- Socio-cultural expectations of social interactions may affect individuals' loneliness.

### References

1. HM Government (2018): A connected society - a strategy for tackling loneliness.

# Loneliness/ social isolation can happen to anybody, but is particularly pronounced in certain population groups

## INTRODUCTION: RISK FACTORS AND IMPACT

**Loneliness/ social isolation can happen to anybody, but is particularly pronounced in certain population groups (ONS 2018 data):**

- Younger adults aged 16-24 years report feeling lonely more often than those in older age groups
- Women (overall more than men)
- Those who are single or widowed
- Those with poor health / 'limiting' conditions
- Renters as compared to homeowners
- Those who feel they don't belong to their neighbourhood

**Three profiles are found to be at particular risk of loneliness:**

- Widowed older homeowners living alone, with a long-term health condition
- Unmarried, middle-aged with a long term condition
- Younger renters with little trust or sense of belonging to their area

**Risk factors in older age**

### **Personal**

- Poor health
- Sensory loss
- Loss of mobility
- Lower income
- Bereavement
- Retirement
- Becoming a carer

### **Wider Society**

- Lack of public transport
- Physical environment
- Housing
- Fear of crime
- High population turnover
- Demographics
- Technological changes

### References

1. Loneliness – what characteristics and circumstances associated with loneliness in England using the community life survey, Slide 8 2017 to 2018. ONS 2018

# Those at risk of loneliness are often those at risk of lower wellbeing

## UNTANGLING LONELINESS

A recent review found three different types of loneliness experienced by different populations:

- **Social loneliness:** the perceived lack of quantity as well as quality of relationships.
- **Emotional loneliness:** the absence or loss of meaningful relationships that meet a deeply felt need to be recognised and ‘belong’
- **Existential loneliness:** an experience of feeling entirely separate from other people, often when confronted with traumatic experiences or mortality.

There is scope to explore in more detail the different types of loneliness and their interrelationships to understand who feels lonely, when, where, in what contexts and what works to help them.

**People at higher risk of experiencing loneliness share some similar characteristics with people at risk of lower wellbeing**

**Lowest wellbeing\***  
Around 1% of people in the UK (over half a million people) were estimated to report the lowest wellbeing in 2014-16.



**Loneliness\*\***  
5% of adults in England who reported feeling lonely ‘often’ or ‘always’ in 2016-17.



Bad or very bad health	Poor health ‘limiting’ conditions
Long term illness or disability (causing economic inactivity)	Long-term illness or disability
	Unemployed
Renters	Renters
Single or widowed	Single or widowed
Divorced or separated	Divorced or separated
Middle-aged	16-24 years old
Have basic, or no, education	
Men	Women
Belonging and trust were not available in relation to personal wellbeing in the Annual Population Survey (APS)	Belong less strongly to their neighbourhood
	Little trust of others in the local area
Based on ‘ONS (2018), data from the APS, 2014-’16	Based on ONS (2018) data from the Community Life Survey (CLS), 2016-’17

### References

1. Mansfield L., Daykin N., Meads C., Tomlinson A., Gray K., Lane J., Victor C. (2019), A conceptual review of loneliness across the adult life course (16+ years). What Works Wellbeing.

# Addressing loneliness is an important issue for both local authorities and public health

## WHY TACKLE LONELINESS AND SOCIAL ISOLATION?

**It is known that health status contributes to one's ability to be socially engaged. Poor health and not being able to perform normal daily activities are associated with greater feelings of loneliness.**

- **Loneliness is a subjective experience.** It is not an issue that can be judged against objective measures, and **there is no 'one size fits all' approach** that will prevent everyone from feeling lonely.
- **Loneliness is stigmatised: people are often reluctant to admit to feeling lonely.** Therefore tick-box approaches to referrals, in which people are simply asked whether or not they are lonely, are unlikely to be effective in identifying those most in need.
- **Long-term loneliness can damage our ability to relate to one another.** People often need support to build their confidence and skills to engage with new activities
- **The most lonely individuals may need significant one-to-one support** before they are able to connect with wider groups and activities in the community.
- **Some of the most lonely people are completely isolated from other people and services.** People from marginalised communities can be at significant risk of loneliness and may not be in contact with health services.
- **Loneliness affects mental and physical health.** The effect of loneliness and isolation can be as harmful to health as obesity or smoking 15 cigarettes a day; lonely individuals are at higher risk of the onset of disability; loneliness puts individuals at greater risk of cognitive decline (2). Tackling loneliness is therefore an important way of improving people's overall health and wellbeing.

### References

1. British Red Cross. Fulfilling the promise. How social prescribing can most effectively tackle loneliness. Sharing learning report 2. 2018
2. Risk to health. Campaign to End Loneliness. <https://www.campaigntoendloneliness.org/threat-to-health/>

# Being socially disadvantaged is linked to many of the life experiences that increase risk of social isolation

## HEALTH INEQUALITIES ACROSS THE LIFE COURSE

**There are links between health and social inequality and social isolation, with many of the factors associated with social isolation unequally distributed in society.**

- **Anyone can experience social isolation and loneliness.** Factors that influence social isolation and loneliness operate at the individual level, the level of the community or local area and at the wider societal level.
- **Social isolation is a health inequality issue.** Those within our society who are already at risk of being marginalised have a greater likelihood of experiencing chronic loneliness and isolation as their ability to positively impact their lifestyle and immediate environment are further constrained. Social disadvantage is linked to many of the life experiences that increase risk of social isolation, including poor maternal health, teenage pregnancy, unemployment, and illness in later life.
- **Characteristics of the built environment and transport also impact on social isolation** and may do so at all stages of the life course. Deprived areas often lack adequate provision of good quality green and public spaces, creating barriers to social engagement. Access to transport is also vitally important in building and maintaining social connections.
- **Influences on social isolation accumulate throughout life.** For example, social withdrawal in childhood serves as a risk factor for impairment of adolescent interpersonal interactions, which increases risk of depressive symptoms and diagnoses of depression in young adulthood. Depression in turn increases the risk of social isolation. While social isolation at older ages may have roots in earlier life, current circumstances also play a role. Events including the loss of a loved one, health conditions that precipitate disability and caring responsibilities may contribute to a reduction in social contact. The extent to which these events contribute to social isolation or loneliness depends on individual factors, such as the extent and quality of an individual's previous social connections.

### References

1. PHE (2015). Local action on health inequalities : Reducing social isolation across the life course.

# Loneliness and social isolation impact on health and wellbeing as well as use of public services

## SCOPING REVIEW (2019)

A recent scoping review (2019) conducted by University of Sheffield and commissioned by Welsh Government assessed the evidence and links between social isolation, loneliness and health. It concluded that there is a strong link between experiences of poorer health and increased or decreased use of public services, which is highly complex and not merely a cause and effect relationship.

### Key findings include:

- **Loneliness may begin in childhood and can result from social inequalities** which can contribute to those affected being socially isolated, bullied or victimized at school and not having a supportive friendship network
- **Feelings of social isolation and loneliness are compounded when people are stigmatised or experience discrimination.** Perceptions felt by certain groups (e.g. LGBTQ+) add to loneliness and are a barrier to access services.
- **Single parents tend to feel more often lonely and socially isolated** – because of lack of access to transport, a lack of confidence to make new social links as well as experiencing higher levels of poverty.
- **Refugees and asylum seekers appear to experience higher levels of loneliness** compared to the general population (based on Wales data); due to previous negative experiences or language barriers preventing their integration.
- **Poverty is cited in the literature as having the greatest impact on how people feel, connect and access health and social care services.** Struggling financially reduces people's ability to travel around, interact with others and increase their social network.
- **Housing: Inadequate, limited, unaffordable or accessible housing can increase mental health problems** to those affected as well as increase people's feelings of being lonely and socially isolated.

### References:

1. Full Research Report: Owens, J and Sirois, F. (2019). Review of the impact of loneliness and social isolation on health and well-being and whether people who experience loneliness/social isolation have higher use of public services. Cardiff: Welsh Government, GSR report number 46/2019. <https://gov.wales/loneliness-and-use-public-services-literature-review>

## CONTENTS

**Introduction**

**Policy Context**

**The National Picture**

**The Local Picture**

**The Evidence Base**

**Developing our loneliness strategy**

**Summary**

**Recommendations**

# The Government's strategy aims to raise awareness and embed tackling loneliness into all policies

## NATIONAL LONELINESS STRATEGY 2018

**The Loneliness Strategy is the government's first major contribution to a national conversation on loneliness and the importance of social connections.**

In January 2018, in response to the Jo Cox Commission report on loneliness, the government set out its first steps to tackle loneliness.

**The strategy has three overarching goals**, which should be achieved through co-operation between government, local and national organisations, communities and individuals. The goals are:

- To improve the evidence base on loneliness and social isolation
- To embed loneliness as a consideration across government policy, so that relationships and loneliness are considered as a matter of course in policy-making
- To catalyze the national conversation on loneliness to raise awareness

The strategy also announced a £11.5m Building Connections Funds. Additional funding for frontline grassroots organisations that bring people together was announced in October 2019.

**Government's vision is "for the country to be a place where we can all have strong social relationships.. where families, friends and communities support each other, especially at vulnerable points where people are at greater risk of loneliness.. and where loneliness is recognised and acted on without stigma or shame, so that we all look out for one another."**

### References

1. HM Government (2018). A strategy for tackling loneliness.



# Progress made since the government's launch of the strategy: direction of travel on the loneliness journey

## LONELINESS ANNUAL REPORT – 1<sup>ST</sup> YEAR (2020)

**In January 2020 the Government published an update on the progress of the strategy and its 60 commitments. This includes:**

- Front line workers across the public sectors, including Jobcentre staff and social workers are being trained to recognise and act on loneliness
- The expansion and improvement of social prescribing, with the recruitment of 1,000 additional social prescribing link workers within primary care networks by April 2021
- The launch of the national campaign “Let’s Talk Loneliness”
- New statutory guidance for primary and secondary schools stating that children should be taught about loneliness from September 2020
- The Office for National Statistics has published a package of comprehensive information on measuring loneliness and a set of validated questions. These will be included in the next National Travel Survey, the English Housing Survey and the Health Survey for England
- The Public Health Outcome Framework will soon include a measure on loneliness. This will allow Local Authorities to benchmark their loneliness outcomes against their local area

**Three areas of focus for this year have been developed** through a wide and collaborative process:

- the need for more information and communication about loneliness and the activities which are available to reduce it
- the need for further policies targeted at tackling children and young people’s loneliness
- the need to tackle loneliness through place - strengthening community infrastructure and assets, and growing people’s sense of belonging

### References:

1. Loneliness annual report (Jan. 2020). <https://www.gov.uk/government/publications/loneliness-annual-report-the-first-year/loneliness-annual-report-january-2020>

## CONTENTS

**Introduction**

**Policy Context**

**The National Picture**

**The Local Picture**

**The Evidence Base**

**Developing our loneliness strategy**

**Summary**

**Recommendations**

# In England, over 1 in 20 adults aged 16+ reported they often or always feel lonely

## LONELINESS IN ENGLAND

The Community Life Survey 2017-18 provides the official statistics on loneliness in England. The survey found that women and men had similar rates of feeling lonely often/always, and there was no significant difference between ethnic groups.

### Key findings:



Overall 6% of adults said they often/always feel lonely...



... and 23% said they never feel lonely



16-34 years old were more likely to report feeling often/always lonely (8%) than those aged over 50 (5% for those 50-64; and 3% for those over 65)



Across most age groups, men were more likely to say they 'never' feel lonely than women



Adults with stronger social networks were less likely to say they often/always feel lonely



Adults who feel people in their local area can be trusted, who regularly chat to their neighbors or who feel like they belong to their neighborhood and/or Britain were less likely to say they often/always feel lonely

### References

1. Department for Digital, Culture, Media & Sport, Community Life survey: Loneliness, 2018: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/734619/Loneliness\\_fact\\_sheet\\_July\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/734619/Loneliness_fact_sheet_July_2018.pdf)

# Loneliness is a widespread issue in the UK, affecting people across the life course

## THE WIDER PICTURE

**A large number of older adults are socially isolated, having limited social contacts; however, young adults aged 16 to 34 are the group most likely to say that they feel lonely often or always.**

The Campaign to End Loneliness' report (1) provides the following data from a survey by Action for Children:

- 43% of 17 – 25 year olds who used their service had experienced problems with loneliness, and fewer than half of service users said they felt loved.
- 24% of parents surveyed said they were always or often lonely.

### **Loneliness and older people**

- Over half (51%) of all people aged 75 and over live alone.
- Two fifths all older people say the television is their main company.
- 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.

### **Spotlight on loneliness (2)**

- 92% of us find it difficult to tell others they are lonely
- 8/10 of us feel judged negatively for feeling lonely
- 1/4 Brits know a parent who is lonely
- 7 in 10 people know a friend who is lonely
- 1 million of people aged 65+ always or often feel lonely
- 33% of people believe others think there is something wrong with them
- 2 in 3 people know someone who is lonely

#### References

1. Campaign to End Loneliness: the facts on loneliness. <https://www.campaigntoendloneliness.org/the-facts-on-loneliness/>
2. Campaign to End Loneliness: spotlight to loneliness. <https://www.campaigntoendloneliness.org/spotlight-on-loneliness/>

# The public's perceptions of loneliness and social isolation

## KEY FINDINGS FROM AN INTERNATIONAL SURVEY (2018)

A recent cross-country survey of adults in United States, the United Kingdom, and Japan examined people's views of, and experiences with, loneliness and social isolation. Key findings include:

- **In the UK and US, 50% or more respondents thought that increased use of technology was a major reason why people have become more lonely.**
- **Given recent efforts by the UK government to address the issue, visibility is highest in the UK with two-thirds (67 percent) saying they've heard at least something about loneliness.**
- **In the UK, a large proportion (66%) say it is more of a public health problem rather than an individual problem.**
- **Across countries, most people say individuals and families should play a major role in helping to reduce loneliness and social isolation in society today. In the UK, 63% of people see a major role for the government.**
- **In the UK, 72% of people say a person's loneliness is usually due to factors and circumstances beyond their control.**
- **Across countries, most people say that long-term unemployment is a major reason why people are lonely or socially isolated in their country.**
- **Across countries, more say technology in general has made it harder to spend time with friends and family in person than say it has made it easier**

### References

1. DiJulio B et al. Loneliness and Social Isolation in the United States, the United Kingdom, and Japan: An International Survey. KFF 2018.

## CONTENTS

**Introduction**

**Policy Context**

**The National Picture**

**The Local Picture**

**The Evidence Base**

**Developing our loneliness strategy**

**Summary**

**Recommendations**

# Local data stems from a sample of 680 adults in Southwark who responded to the Survey of Londoners

## SURVEY OF LONDONERS: OVERVIEW

The Survey of Londoners was commissioned by the Mayor of London in 2019 to better understand the lives of people living in London covering a breadth of topic areas spanning living arrangements, social integration, work and finance, food poverty and loneliness.

- Survey respondents were chosen via a sampling strategy designed to obtain a population aged 16 and older that was stratified across several factors such as deprivation and ethnicity, to ensure it was as representative of London as possible.
- In total 6,601 survey responses were obtained from across London.
- A “boost sample” was requested from the GLA by Southwark Council, which means a larger number of respondents (680) is available for the borough than would have otherwise been possible.

Area	Number of respondents
Southwark	680
South East London	1,698
London	6,601

# Around 1 in 11 individuals surveyed in Southwark reported feeling lonely often; similar to London figures

## RESULTS: OVERALL LONELINESS PREVALENCE

Overall 8.8% of respondents in Southwark reported feeling lonely often, which was comparable to findings in SEL and London as a whole.

- This equates to 1 in 11 people feeling lonely often.
- Around 49% of respondents in Southwark reported feeling lonely sometimes, while 39% reported rarely feeling lonely.

Assuming representativeness, when extrapolated up to the Southwark population of 258,300 aged ≥16, this is nearly 22,700 residents in Southwark that often feel lonely.

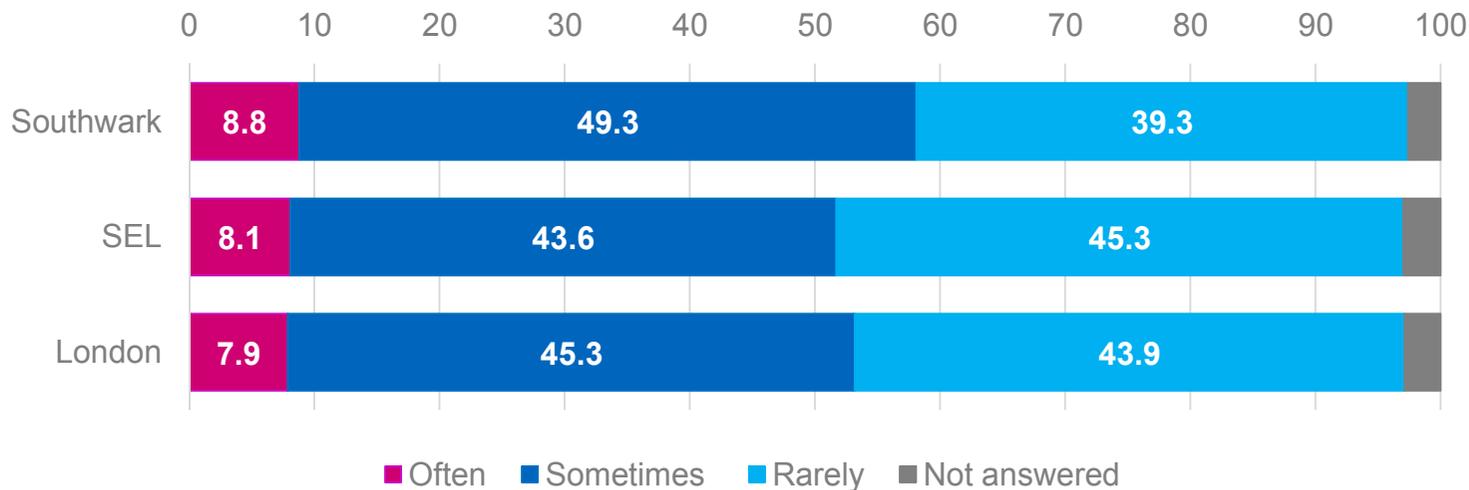


Figure 1: Percentage weighted response to “how often do you feel lonely?” across Southwark, South East London (SEL) and London (LDN)

# Those aged 16-24 and from deprived areas may be more often lonely, though findings are limited by sample size

## RESULTS: LONELINESS BY GENDER, AGE AND DEPRIVATION

**Response to the question on loneliness by gender suggested no significant difference, with results across Southwark, SEL and London similar to the 8.8% average seen.**

**When examined by age group, a slightly higher weighted percentage, 13% (7 of 66 respondents in Southwark) aged 16-24 surveyed reported feeling lonely often.**

- Despite the small sample size for Southwark, results in SEL and London mirrored this; those aged 16-24 were slightly more likely to report loneliness.

**Response by deprivation decile was not possible to examine in Southwark; however SEL and London data highlighted a trend that those in more deprived deciles were more likely to report loneliness.**

- 10% from most deprived deciles in London reported often feeling lonely compared to only 0.4% from the least deprived decile.

# Southwark results suggest non-white ethnicities, notably black, are more likely to report often feeling lonely

## RESULTS: LONELINESS BY NATIONALITY AND ETHNICITY

Data on impact of nationality on loneliness in Southwark was limited. However London data suggested that those of non-EU nationalities (13%), Asian (11%) and nationalities from outside Europe and Asia (13%) may be more often lonely.

Results in in Southwark suggested non-white ethnic groups, in particular black ethnicities, more often felt lonely. A higher proportion of black people in Southwark (17%) reported often feeling lonely compared to SEL (9%) and London (9%)

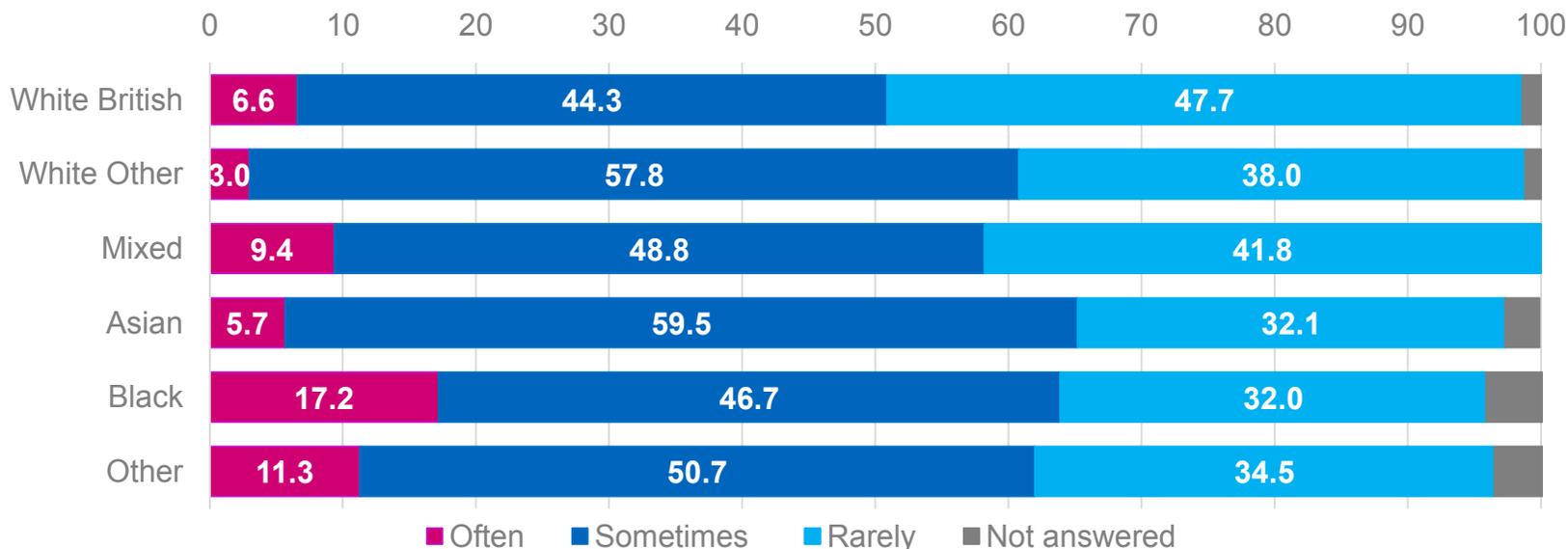


Figure 2: Percentage weighted response to “how often do you feel lonely?” across Southwark by self-reported ethnicity

# Existence of a long-term physical and mental health problem was strongly linked to loneliness

## RESULTS: LONELINESS BY PHYSICAL AND MENTAL HEALTH

There was strong evidence that having a self-reported long-term physical or mental health condition increased the likelihood of often feeling lonely in Southwark.

- Just over 1 in 4 individuals in Southwark reporting a long-term mental health condition often felt lonely.
- Findings below were highly consistent across SEL and London.

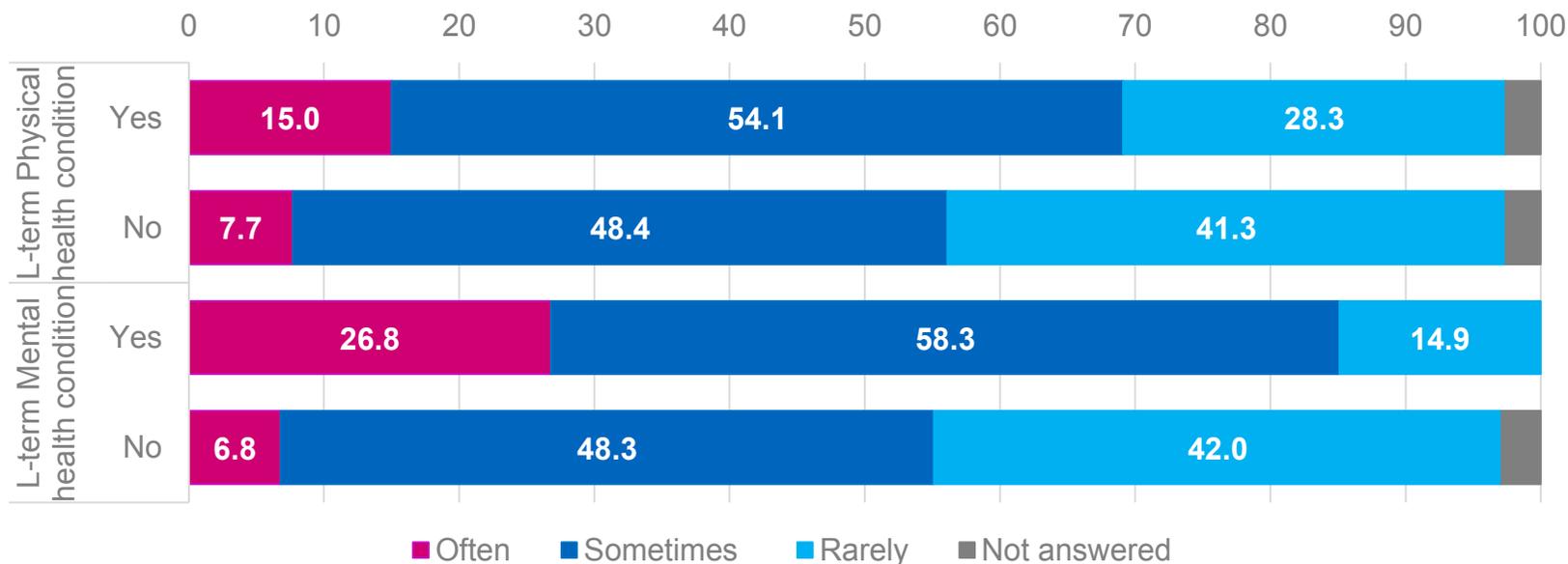


Figure 3: Percentage response to “how often do you feel lonely?” across Southwark by self-reported existence of a long-term physical and mental health condition

# Living in social rented housing and very low food security was associated with being lonely

## RESULTS: LONELINESS BY TENURE AND FOOD SECURITY

Those living in social housing were significantly more likely to report feeling lonely, more often, than owner occupiers

- 16% of those socially renting in Southwark reported often feeling lonely, in contrast to 2% of those who owned their home. This pattern is consistent across SEL and London.

There was also a strong, statistically significant link between decreasing food security and loneliness, with nearly 1 in 4 Southwark residents who had very low food security reporting often feeling lonely.

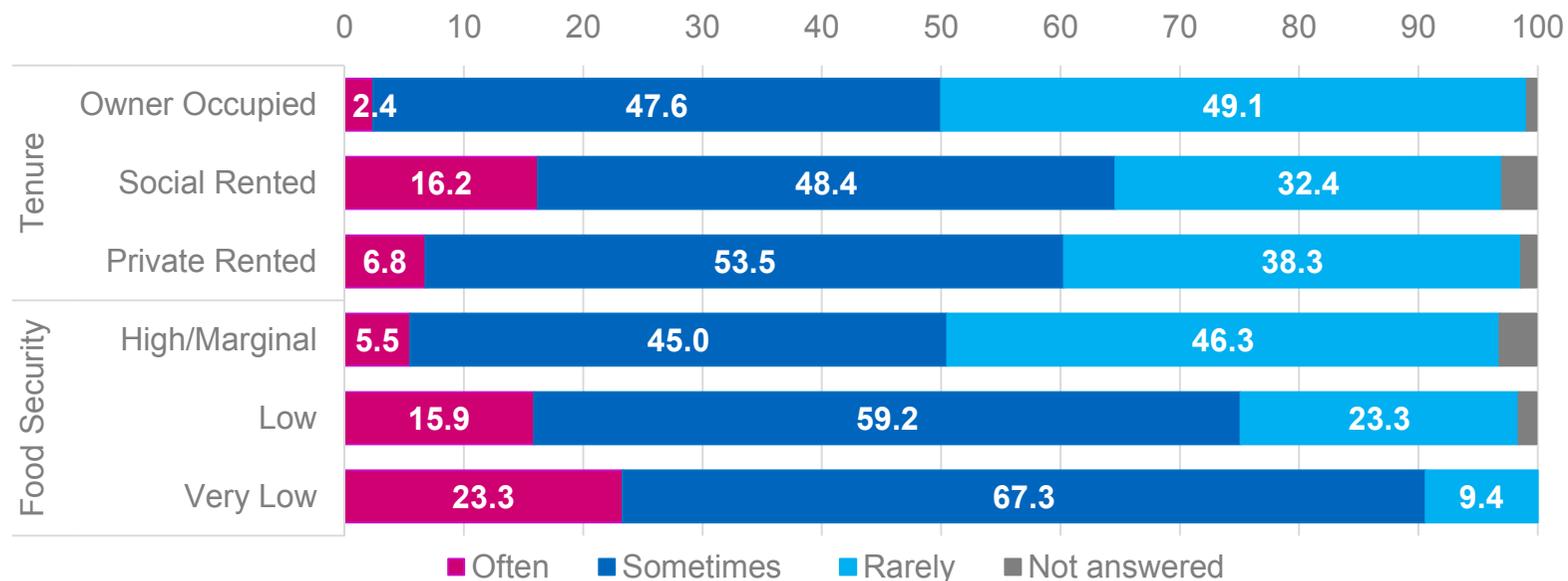


Figure 4: Percentage response to “how often do you feel lonely?” across Southwark by Tenure and level of food security

# Survey data suggest that social connectedness is perceived as an issue locally

## THE SOCIAL REGENERATION & ISOLATION INDICATORS

The Social Regeneration Indicators (SRIs) sit alongside the Council Plan to monitor the high-level impact that our actions are having across the borough and the progress we're making in achieving our 'regeneration for all' ambitions.

**Social isolation indicator (SIR) is an outcome measure** from the SRI list that represents the percentage of respondents to the **Adult Social Care Users Survey** who say they have as much social contact as they want with people they like. The survey data suggest that locally, our ASC users are feeling less socially connected compared to London and national users of the same service (1). It's important to note that the social isolation indicator (SIR) is a subjective measure and its validity should be considered alongside and in correlations with other indicators of health, poverty, satisfaction with family life, and satisfaction with social life.

Proposed Social Regeneration Indicator	Southwark	London	National	Aim	Most recent data
<b>Social isolation</b> % of adult social care users who have as much social contact as they would like (18+ years)	34%	41%	46%	↑	2018/19
% of adult social care users who have as much social contact as they would like (65+ years)	35%	39%	44%	↑	2018/19

Source: PHE fingertips (2018/19). SIR measure is raised in Southwark conversations

Findings from an international survey comparing three indicators of social isolation frequently used in social research also suggest that **a social contact indicator is of a higher validity** compared to the other two (2).

### References

1. PHE fingertips data – social isolation (2018/19). <https://fingertips.phe.org.uk/search/carers%20and%20social%20isolation#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000028>
2. Jan Eckhard, 2018. Indicators of social isolation: a comparison based on survey data from Germany. Social Indicators Research: An International and Interdisciplinary Journal for Quality-of-Life Measurement. Springer, vol.139(3), pp 963-988.

## CONTENTS

**Introduction**

**Policy Context**

**The National Picture**

**The Local Picture**

**Evidence-based interventions across the life-course**

**Developing our loneliness strategy**

**Summary**

**Recommendations**

# PHE has summarised the evidence for local actions on social isolation and inequalities across the life-course

## SYSTEM INTERVENTIONS TO REDUCE SOCIAL ISOLATION

**Social isolation is a complex social issue with roots at the societal, community and individual level – and no sector can tackle the issue by working alone.**

PHE commissioned a report that looked at interventions to reduce social isolation (2015). The report intended to help:

- local authorities
- health and wellbeing boards; and
- health and social care professionals

when devising local programmes and strategies to reduce health inequalities (Fig.5)

Figure 5: Impact on social isolation across the life course (opportunities for interventions)

<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Inadequate social networks</li> <li>• Maternal depression</li> </ul>	<ul style="list-style-type: none"> <li>• Adverse childhood experiences</li> <li>• Being bullied</li> <li>• Being a young carer</li> <li>• Being not in employment, education or training (NEET)</li> </ul>	<ul style="list-style-type: none"> <li>• Being unemployed</li> <li>• Experiencing relationship breakdown</li> <li>• Poor social networks</li> <li>• Being a caregiver</li> </ul>	<ul style="list-style-type: none"> <li>• Bereavement</li> <li>• Loss of mobility</li> <li>• Poor quality living conditions</li> <li>• Being a carer</li> </ul>	
	<b>Key areas for local action</b>	<ul style="list-style-type: none"> <li>• Programmes to provide support during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Parenting programmes</li> <li>• Programmes to support the home to school transition</li> <li>• Building children and YP's resilience in schools</li> <li>• Supporting young carers</li> <li>• Strategies to reduce NEETs</li> </ul>	<ul style="list-style-type: none"> <li>• Back to work programmes</li> <li>• Programmes to support skills development to increase employability</li> <li>• Support for carers</li> </ul>	<ul style="list-style-type: none"> <li>• Promote good quality work for older people</li> <li>• Provision of social activity</li> <li>• Support for carers</li> <li>• Support for the bereaved</li> </ul>
<b>Life course stages</b>		Pregnancy	Early years	Childhood and adolescence	Working age

**Reducing social isolation across society will contribute to improving overall health and wellbeing, and closing the health inequalities gap.**

### References

1. PHE (2015) Interventions to reduce social isolation – local actions on health inequalities. <https://slideplayer.com/slide/10803881/>

# Improving social connectedness using an evidence-based approach that works at a local level

## IDENTIFY-ENGAGE-IMPACT-SUSTAIN (I-E-I-S): SYSTEM APPROACH

Place-based approaches should be used to inform local interventions and be targeted to where they are most needed.

- **Create good neighbourhood design and maintenance of physical spaces** such as good meeting places, public parks, safe and pleasant public spaces, public seating, accessible and walkable spaces, and local shops.
- **Support mixed populations** – in terms of income, ethnicity and so on – in new neighbourhood developments.
- **Increase the number of local events** such as car boot sales, markets, and street parties.
- **Create ways for local people to share information** such as notice boards or email groups.
- **Provide greater opportunities for residents to influence decisions** affecting their neighbourhoods and encouraging engagement

### I-E-I-S Approach

Identifying	Identifying the isolated and lonely		
	What works	How	Why
Engaging	Place based/ population based approaches	Drawing on local knowledge, networks and community organisations	Understanding of local needs and provision gaps, trusted by beneficiaries
Impacting	Proactive approaches	Letters, phone calls, door knocking, home visits	Reaches hidden populations including isolated people, those not accessing support and those initially reluctant to engage
Sustaining	Broad based approaches	Public spaces, radio, advertising, leaflets, referral from Health and Social Care, Voluntary and Community sector	Moves beyond traditional organisational reach, receives referrals from public, creates project buzz

#### References

1. Bagnall AM, et al. Systematic scoping review of reviews of the evidence for 'what works to boost social relations' and its relationship to community wellbeing. What works wellbeing 2017.

# Age UK have also developed guidance and advice on how to reduce loneliness and isolation in later life

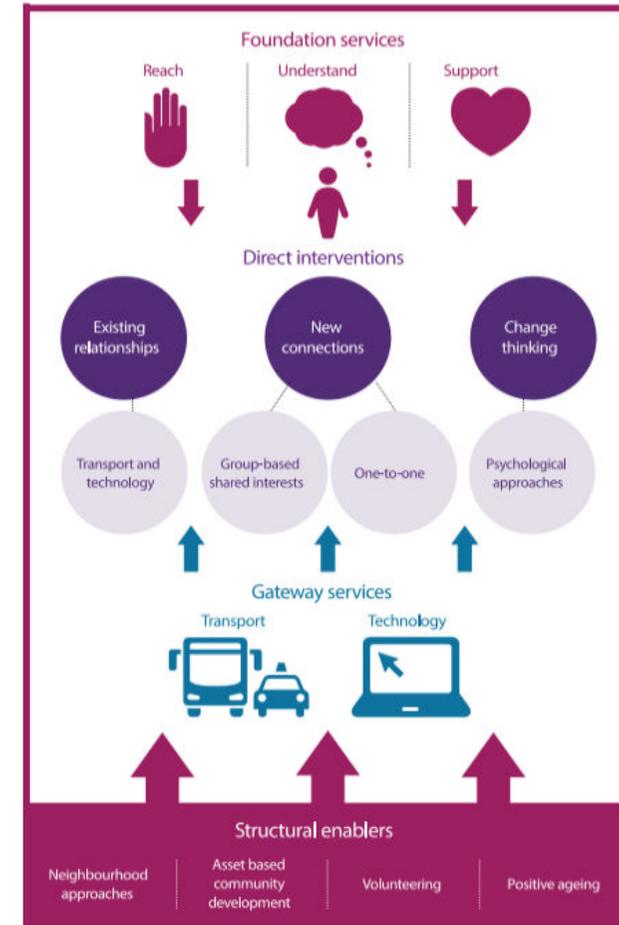
## A FRAMEWORK FOR LONELINESS INTERVENTIONS FOR OLDER PEOPLE

The Campaign to End Loneliness and Age UK have developed a framework to tackle loneliness in older people. The framework features four distinct categories of interventions:

- 1. Foundation Services** that reach lonely individuals and understand their specific circumstances to help them find the right support. Examples include: using local loneliness data; first contact schemes; links to our health services (including social prescribing); media and business as usual (existing activities)
- 2. 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. Both transport and technology (e.g. telecare solutions) are key in enabling an older person to maintain their existing relationships and also enable new connections.
- 3. Direct Interventions** that maintain existing relationships and enable new connections – either group-based or one-to-one support, as well as emotional support services.
- 4. Structural Enablers** in communities to create the right conditions for ending loneliness, such as volunteering, positive ageing and neighbourhood approaches.

### References

1. Age UK (2015). Promising approaches to reducing loneliness and social isolation in later life.



# The UK Campaign to End Loneliness toolkit suggests what works to combat loneliness in older people

## CATEGORY-BASE INTERVENTIONS

### Information and signposting services

- websites or directories including information about social support services;
- telephone help-lines providing information about social support services;
- health and social support needs assessment services (postal or web based questionnaires or visits).

### Support for individuals

- befriending – visits or phone contact; may include assistance with small tasks such as shopping;
- mentoring – usually focused on helping an individual achieve a particular goal, generally short term;
- buddying or partnering – helping people re-engage with their social networks, often following a major life change such as bereavement;
- Community Navigator initiatives – helping individuals, often those who are frail or vulnerable, to find appropriate services and support

### Group interventions – social

- day centre services such as lunch clubs for older people;
- social groups which aim to help older people broaden their social circle: these may focus on particular interests for example, reading.

### Group interventions – cultural

- initiatives that support older people to increase their participation in cultural activities (e.g. use of libraries and museums);
- community arts and crafts activities (e.g. Craft Café);
- local history and reminiscence projects.

### Health promotion interventions

- fitness classes for people over 50;
- healthy eating classes for people over 50.

### Wider community engagement

- projects that encourage older people to volunteer in their local community (for example, local volunteer centres and Time Banks).

#### References

1. Centre for Policy on Ageing – Rapid review (2014). <http://www.cpa.org.uk/information/reviews/CPA-Rapid-Review-Loneliness.pdf>

# Interventions tailored to individual needs and circumstances have a greater impact on loneliness

## LIFECOURSE INTERVENTIONS (2018)

**There is no one-size-fits all approach to loneliness interventions. The available evidence suggests that programmes tailored to the circumstances and needs of individuals, specific groups, or type of loneliness experienced, would be more likely to reduce loneliness.**

- **The majority of the studies are focused on older age groups.** A number of controlled studies of interventions on loneliness in community settings and care homes showed no or little effect - this doesn't mean loneliness is not alleviated at all by a range of interventions.
- **Regardless of setting, there is little evidence of interventions targeting those who were lonely or at risk/vulnerable to loneliness** despite the recognition that targeted interventions at those vulnerable to loneliness may be more beneficial.
- **A number of mediating factors are central to the development of successful loneliness interventions** including: the development of companionship, supporting meaningful relationships, and tailoring interventions to the needs of those for whom interventions are designed.
- **A sense of social isolation can be induced using some tech-based interventions** if participants did not have the requisite physical or mental capacity or lacked confidence in using the equipment and related systems.
- **There is a need for appropriate promotion of interventions emphasising the development of meaningful relationships rather than as 'loneliness' interventions** which may be both unappealing and stigmatising.

### References

1. Victor C, et al (2018). An overview of reviews: the effectiveness of interventions to address loneliness at all stages of the life-course. [https://whatworkswellbeing.org/wp/wp-content/uploads/woocommerce\\_uploads/2018/10/Full-report-Tackling-loneliness-Oct-2018.pdf](https://whatworkswellbeing.org/wp/wp-content/uploads/woocommerce_uploads/2018/10/Full-report-Tackling-loneliness-Oct-2018.pdf)

## CONTENTS

**Introduction**

**Policy Context**

**The National Picture**

**The Local Picture**

**The Evidence Base**

**Developing our loneliness strategy: *local approach***

**Summary**

**Recommendations**

# In Southwark we are developing a loneliness prevention strategy and action plan

## FOCUS ON MAPPING THE RISK AND LOCAL ASSETS

Our strategy will be developed with the overarching aim of preventing and reducing the complex range of harms associated with loneliness and social isolation at a local level.

Key strategic themes include:

- Raising awareness
- Action for individuals
- Community action

Our action plan will reflect these themes and focus on linking and improving the local services/assets when dealing with residents and groups affected by/at risk of loneliness.

### Key actions:

**1. Map loneliness:** existing services that address loneliness and isolation; and ***consider local assets as well as needs***. These can include the practical skills of local residents, community networks, and the resources of public, private and our voluntary sector organisations

**2. Disseminate key findings from loneliness needs assessment and work with key stakeholders** to improve their understanding of the main issues we face at a local level and gain wider engagement and support to achieve our strategic aims/objectives

**3. Apply local measures and set outcomes as part of developing a robust action plan.**

Use public health knowledge and expertise to support tackling loneliness through commissioning and policy

**4. Build a network of supporters taking action locally** including through existing relevant partnerships that share a stake in the agenda e.g. older people, food security, mental health.

# Investing on evidence-based programmes and initiatives tackling both isolation and loneliness locally

## SOUTHWARK PUBLIC HEALTH APPROACH

There is potential to increase the focus on those at higher risk, and to ensure that loneliness is recognised as a PH and council priority. The evidence supports the positive impact that public health targeted interventions - designed to address health challenges facing certain at-risk groups – can have to improve loneliness and reduce social isolation.

### What works and is being implemented locally

- **programmes aimed to increase physical activity** to meet new guidelines for activity among the over 50s can create opportunities to increase social interactions and build social networks
- **tackling drug and alcohol misuse among young people** can be more effectively targeted if loneliness is recognised as a potential contributing factor
- **improving our health screening (i.e. NHS Health Checks program) and focusing on other preventative interventions** can be capitalised upon to also identify, address, or build resilience to, loneliness and isolation
- **supporting the dementia and falls prevention programmes** - both can reduce costly hospital admissions, but also offer opportunities to maintain mobility and existing social connections.
- **using digital tools to connect communities** and help our residents at risk or suffering from the escalating crisis of loneliness.
- **applying elements of our local model of ‘social prescribing’** that will allow our GPs and other healthcare/professionals to direct those mostly affected to community workers offering tailored support to help tackle feelings of loneliness and isolation.

# Coordinating the response to tackle loneliness – the importance of mapping our local assets

## AGE UK SUPPORT

**Mapping community services and assets is important in tackling both loneliness and social isolation. However the existence and sustainability of these services is made difficult by insecure funding:** services come in and out of existence and mapping is never quite complete.

**Age UK, is offering the following services for older people locally as part of their ‘framework for loneliness interventions’:**

**Foundation services** whose role is exclusively signposting and supporting people’s knowledge of groups and activities. These include *SAIL Care Navigation* and *the Time and Talents (T&T) social prescribing* (limited to the Rotherhithe area).

- Most community groups also provide an element of social prescribing or work in partnership with these services.

**Gateway services** around transportation are TaxiCard, Dial-a-Ride and Freedom Pass. MYSocial also provides a technology-based solution aimed at bringing people together and improve connectedness, while trying new things and developing friendships as well as improving the way people belong:

<http://mysocial.london/southwark/>

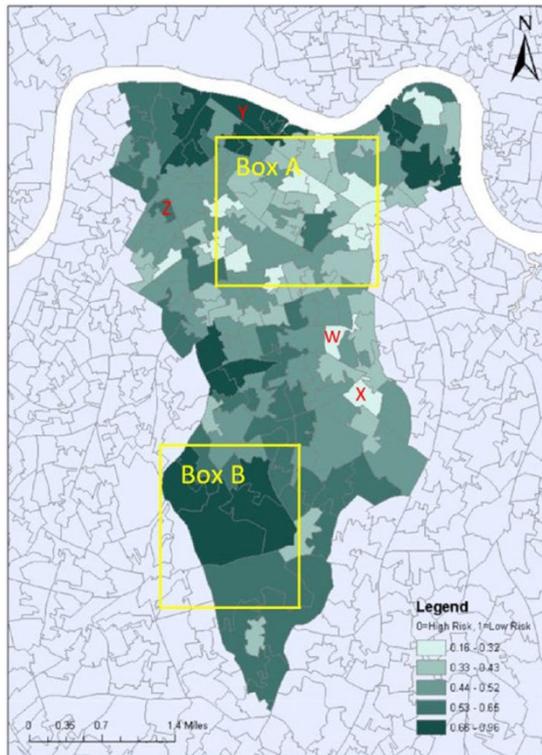
### References

1. Source: Age UK – loneliness map. <http://data.ageuk.org.uk/loneliness-maps/england-2016/southwark/>

# Selecting the determinants of loneliness will assist us in mapping loneliness locally

## CREATING A LOCAL INDEX FOR LONELINESS

**Defining and measuring loneliness is a complex task, primarily because it's subjective in nature.** A research team at the Leeds Institute for Data Analytics and the University of Leeds used an index to measure loneliness among older people living in Southwark. The borough was selected as a testbed for the methodology (1).



### Selecting the determinants of loneliness for older people

The Leeds research team combined the following five key components to generate an index of loneliness for elderly people in Southwark:

- People >65 living alone
- People >65 with self-reported 'bad'/'very bad' health
- People >65 with no qualifications
- Public Transport Accessibility Level
- Index of Multiple Deprivation

The map (on the left) highlights clear pockets of high (Box A) and low (Box B) loneliness.

The work was focussed on 'elderly' loneliness and didn't consider variables linked to younger population groups.

**Selecting determinants of loneliness and developing a combined index and map of loneliness across the life span will improve our understanding of pockets of loneliness and better inform our local policy.**

**Figure 6:** The newly developed loneliness index combining demographic, accessibility, and deprivation data

### References

1. Mapping loneliness at the hyper-local level (and new research on young people and loneliness. What works wellbeing. 2018

# Social prescribing services have the potential to play a key role in preventing loneliness in Southwark

## LOCAL APPROACH: SOCIAL PRESCRIBING

**The aim of social prescribing is to help people live their lives as well as possible, with a focus on supporting them to take control of and to improve their health, wellbeing and social welfare.**

- Social prescribing links people into personal networks as well as practical and emotional support within communities.
- Social prescribing often involves a referral to a Link Worker/ Navigator – their role is to find out what is important to a particular person and help them deal with a range of non-clinical needs, including loneliness, while connecting them to further sources of support at a local level.

**British Red Cross and Co-op are working together to identify the key features of social prescribing which effectively tackle loneliness.** Their provides practical experience of delivering social prescribing services to those experiencing or at risk of loneliness through their Community Connector schemes.

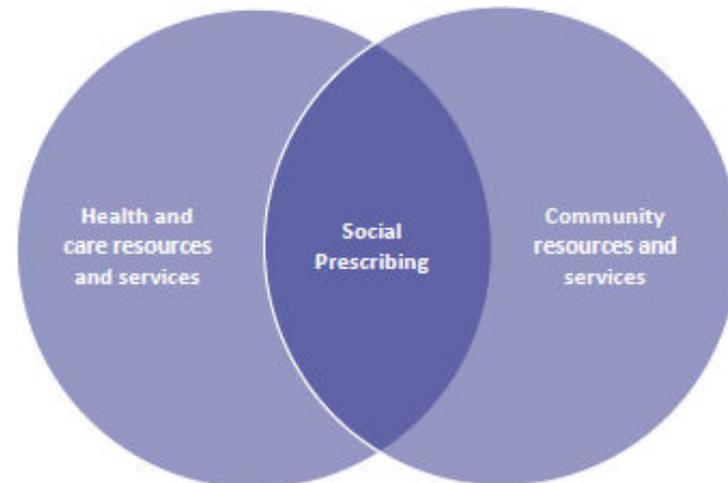
### References

1. What works in social prescribing? CordisBright 2019.
2. Developing our approach to social prescribing locally – an overview of progress to date through the Southwark Social Partnership Southwark (2019)

### The Southwark social prescribing ‘model’

Over the last five years, a number of ‘social prescribing’ schemes have grown organically across the borough, being funded from a variety of different mechanisms.

Partnership Southwark has been working with health, care, and VCS partners via the Southwark Social Prescribing Network to develop a more coordinated and robust model for social prescribing across the borough.



# Understanding peoples' experiences around loneliness help finding solutions and new ways to connect

## MODELS TO FOLLOW: INITIATIVES AT A LOCAL LEVEL

### Saffron Walden Town Council has implemented a number of initiatives to tackle loneliness:

- Saffron Walden Town Council (SWTC) is using **horticulture** as a tool to connect; underscoring how important it is to recognise personal preferences and the things that people enjoy doing to tackle loneliness.
- The **coffee initiative** takes another approach; using the '*pay it forward model*' to bring more people into a social public space – the coffee shop – who would otherwise might not be able to afford it, or feel like it was a place 'for them'.
- **Engagement with local residents** highlighted *cuts to public transport* (such as bus services), *rapid housing developments and the strain upon NHS services* were all felt to be contributing to an increased sense of isolation. People were feeling physically disconnected, and as communities grew at a faster pace than public infrastructure, people felt emotionally and socially cut off.
- This process also highlighted the **importance of careful consideration with communities in mind** when planning housing developments, and the role local people can, and do, play in supporting one another through societal and structural changes.
- Their work has encouraged other local authorities to explore small, but important solutions, such as plans to **develop welcome packs for newcomers**; laying the foundations for connections between different communities right at the outset. Through this, the hope is to avoid further fragmentation and imbue a stronger sense of community between new and long-standing residents.

#### References

1. Tackling loneliness and social isolation. Saffron Walden Town council, 2018. <https://saffronwalden.gov.uk/news/a/help-to-tackle-loneliness/>

# Tackling loneliness locally by investing in a longer-term plan and focusing on our social connections

## MODELS TO FOLLOW: INITIATIVES AT A LOCAL LEVEL (2)

**Listen and reflect to people's stories** - Rather than directly asking people if they are lonely or isolated (which doesn't recognise the sensitivity and stigma surrounding the issue), the evidence suggests that we must explore people's social networks and connections and how they enjoy spending their time. **By recognising the diversity of those affected, and that the ways in which they experience these issues as equally diverse, we move towards understanding the complexities and the need for local, community led responses.**

**Create opportunities that build connection** - the antidote to loneliness is feelings of connection and belonging. Proximity and repeated interactions build friendships and many of our existing ways of living, working and being together are removing opportunities to interact and socialise with others. **Every organisation and local institution can play a role in supporting networks**, by recognising that social connections have powerful outcomes for health and wellbeing.

**Celebrating everyday acts of neighbourliness** - Many people are connecting with one another and offering their support, but do not necessarily recognise it as such.

In Southwark, initiatives such as 'Elephant Says Hi' (developed by Lend Lease) support new comers to the Elephant & Castle area and local residents to get to know and connect to each other. The aim is to create a climate which encourages connection, and a sense of permission to come together, communicate and build the meaningful bonds, which in turn could help to tackle social isolation and loneliness.

### References

1. Tackling loneliness and social isolation. Saffron Walden Town council, 2018. <https://saffronwalden.gov.uk/news/a/help-to-tackle-loneliness/>

# It important that the Loneliness Strategy is informed by what matters most to our residents

## LOCAL APPROACH: LONELINESS SURVEYS

To make sure we gathered the opinions of as many communities and professionals as possible, we launched three online engagement surveys. Two of these were private, and one was public.

- **Steering group members:**
  - Engagement survey with steering group members to generate ideas / commitments for the action plan
  
- **In-depth consultation with key stakeholders:**
  - This was a detailed engagement aimed at front-line professionals who work in the borough: a total of 23 responses were received
  
- **Public engagement survey:**
  - The engagement survey was open to all living and working in Southwark.
  - The survey was published on the Council website and posted on Twitter and Facebook. VCS Partners and Tenants and Residents Association were also asked to circulate it to their networks.
  - The public engagement exercise also featured two visits at Southwark two leisure centres and one public library in January 2020
  - A total of 140 responses were gathered: 77 online and 63 from face-to-face consultation

# The public consultation was well received with just under 80 responses in total

## PUBLIC CONSULTATION: DEMOGRAPHICS

The sample of respondents was small, predominantly female but with some generalizability in terms of age groups and ethnicity. The sample demographics was as follows:

Sex	Age	Sexual Orientation
64% Female 36% Male	5% 16-24 13% 25- 34 21% 35- 44 17% 45 – 54 21% 55 – 64 16% 65 – 74 6% 74+	84% Heterosexual / Straight 3% Gay Man 3% Bi-sexual 2% Lesbian / Gay Woman 9% Prefer not to say / Not answered
Disability	Employment (multiple options)	Ethnicity
19% Yes 70% No 11% Prefer not to say / Not answered	43% Full or Part time employment 7% Self employed 5% Full / Part time student 9% Unemployed 24% Retired 5% Unpaid carer 11% Other / Not answered	54% White / White British 8% Mixed / Multiple Ethnic Groups 5% Asian 19% Black / Black British 13% Any other background / Not answered

# Older people and those with a mental or physical disability were considered most likely to be lonely

## PUBLIC CONSULTATION: RISK GROUPS

Over 90% of respondents thought that older people and pensioners are the group most likely to be lonely, closely followed by people with a mental or physical disability.

Other groups identified included people who are experiencing homelessness (in any form, not just rough sleeping) and parents to children who have special needs. There was also an acknowledgment that anyone can be lonely, given an unfavorable combination of circumstances.

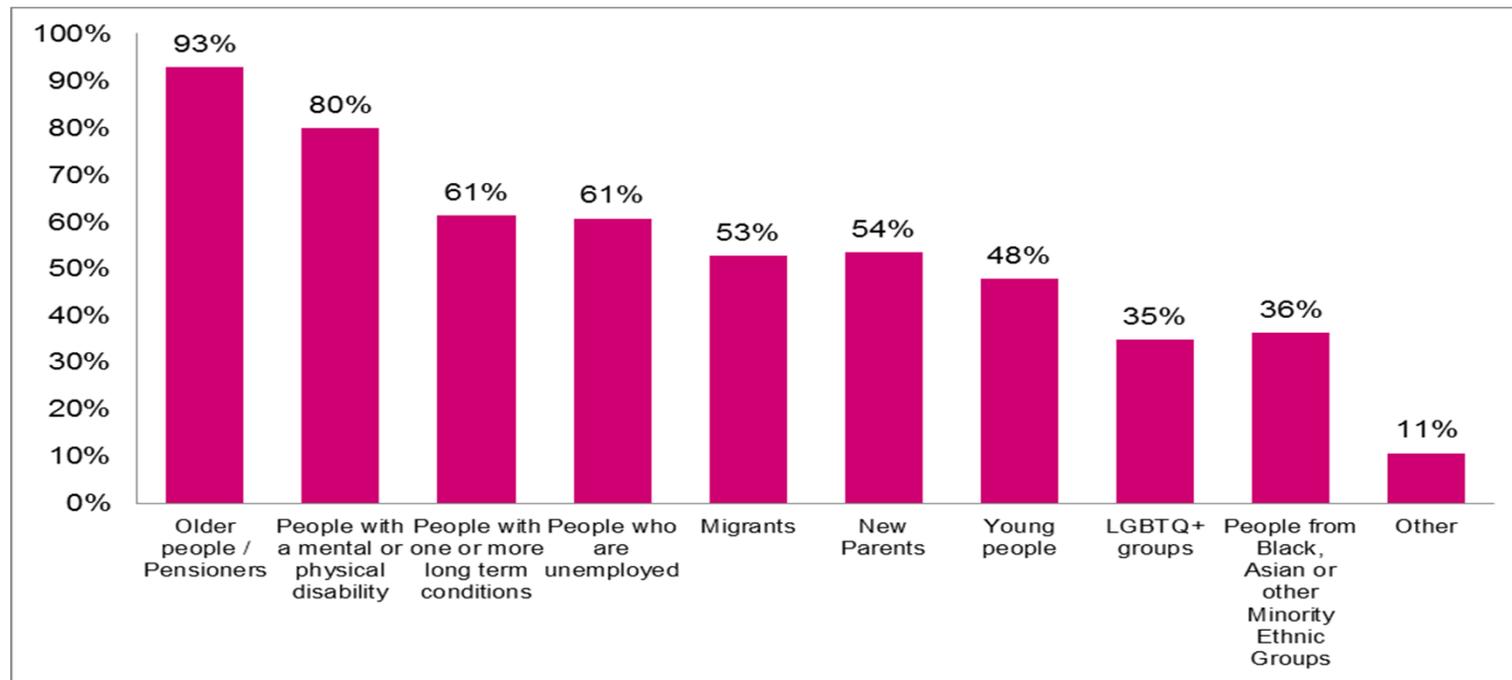


Fig. 7 Who do you think is most likely to feel lonely?

# Collective behaviours, the environment and personal characteristics were seen as key reasons for loneliness

## PUBLIC CONSULTATION: REASONS FOR LONELINESS

**Overall, respondent felt that loneliness is a big issue in Southwark, and over 92% gave it a rating or 4 or 5 out of 5.**

**Approximately 20 specific themes were identified. These have been grouped in broader themes and linked to the three main factors that influence feelings of loneliness:**

- By far, respondents thought that the main drivers for loneliness were linked to the environment and collective behaviours or culture. In particular, lack of community spaces and transport links were highlighted as a significant issues, as we all people being “too caught up in their own problems” and lack of community spirit / understanding of other cultures.
- In terms of personal characteristics, individual socio-economic circumstances such as lack of money or being unemployed were mentioned by the majority of respondents, closely followed by having a disability or poor mental health.
- Although life events/triggers were mentioned much less frequently than the other two factors, loss of family/friends was the most recurrent theme.

# “In your experience, why do people in Southwark feel lonely?” A few quotes from the public consultation

## PUBLIC CONSULTATION QUOTES

The following quotes provide some insight to our local residents' views and experiences, root causes and challenges they face in tackling loneliness:

- ***“Because they are caught up in their own problems and do not reach out to smile, say hello, shake hands, or serve others. Yes, many are unable to get out and have no visitors, but the bigger problem stems from selfishness and lack of love for others. People need to be recognised, feel accepted, needed and to have friends”*** Female, 35-44
- ***“I am only 44 years old and often find myself alone at home with no idea what to do that would enable me to make friends, meet new people socially [...] I’ve tried looking for social groups/creative classes but they are either out of my financial budget or difficult to access so I have no idea what else to try”*** Male, 35-44
- ***“Support services for people with physical or mental health needs have reduced. This is probably already a group that can feel isolated and harder to socialise and build up support networks of friends etc. When services / support groups have to close, take into consideration the full impact of this, it’s not just the specific service that is lost but the opportunity to socialise.”*** Female, 55-64

## CONTENTS

**Introduction**

**Policy Context**

**The National Picture**

**The Local Picture**

**The Evidence Base**

**Developing our loneliness strategy**

**Summary**

**Recommendations**

# Loneliness and social isolation can affect all of us and share many risk factors that accumulate throughout life

## SUMMARY: IMPACT ON HEALTH AND WELLBEING

**Loneliness is a problem, but it is complex to define and explain, as it may occur in different ways and at different times, in different groups of people with various intensity and impact**

- Social isolation and loneliness may be both a cause and a consequence of poor mental health and wellbeing. Although it is not clear how the tangled effects of poor health and loneliness interact with each other; similarly, the risk factors for poor wellbeing and loneliness are similar, but not identical
- National picture shows that: loneliness can affect all ages (both old and young people), while having strong links to socio-demographic trends and health impact - this is also echoed in local data.
- Survey of Londoners (Southwark's sample): The survey data showed that on average 8.8% of respondents in Southwark (that would equate to nearly 22,700 residents over 16 years old) reported feeling lonely often, which is comparable to London figures. Deprivation seems to be strongly linked, and in Southwark, the survey suggests a strong association with mental health and food insecurity.
- Some local assets exist, but these are largely aimed at older people
- By recognising the diversity of those affected, and the ways they experience loneliness would help towards understanding the complexities of multiple realities

# Tailoring interventions to the circumstances and needs of those affected using a life-course approach

## SUMMARY: EVIDENCE-BASED INTERVENTIONS

**The evidence base for tackling loneliness is mixed both in terms of (i) approaches that exist addressing different groups of population, (ii) their aim and impact, (iii) as well as measures of success. There are more data around older people than younger people.**

- There is no one-size-fits all approach. Programmes tailored to the circumstances and needs of individuals, specific groups or type of loneliness experienced are found to be more likely to have a positive impact of reductions in loneliness.
- Loneliness can be tackled in a range of ways. The UK Campaign to End Loneliness has developed a toolkit with category-base interventions that are aimed at improving awareness (information and signposting), various supporting services for individuals (befriending, mentoring community navigator initiatives), group interventions (social and cultural) as well as health promotion and wider community engagement.
- Some local initiatives at a local level are promoting new ways of engaging with local residents focusing on the importance of having their communities in mind when planning housing developments as well as encouraging local authorities to consider local solutions such as developing welcome packs for newcomers.
- In Southwark we are also exploring a number of recommended and local interventions and initiatives while developing a better understanding of risk factors and local assets.

## CONTENTS

**Introduction**

**Policy Context**

**The National Picture**

**The Local Picture**

**The Evidence Base**

**Developing our loneliness strategy**

**Summary**

**Recommendations**

# Loneliness is a health and social care priority that requires a concerted and partnership effort

## RECOMMENDATIONS

Tackling loneliness requires all partners to work together. Partnership Southwark engagement including the VCS involvement is central to this. The transport and housing sectors have an important contribution to make.

Recommendation	Details	Suggested Owner
<b>Identify our audience</b>	<ul style="list-style-type: none"> <li>Identify and focus on individuals/groups and communities that evidence and local mapping suggest are at higher risk of loneliness.</li> <li>Focus on those with a higher need (including socially deprived, vulnerable communities) and would benefit the most from being socially connected</li> </ul>	<b>Public Health</b> (as part of the loneliness JSNA, strategy and action plan)
<b>Target and engage</b>	<ul style="list-style-type: none"> <li>Understand the nature of the problem and target those hard to reach groups (use risk mapping and local assets).</li> <li>Engage with a range of stakeholders/ partners: responses should be delivered in cross authority partnerships including the VCS</li> </ul>	<b>Public Health</b> and Comms team in partnership with Community Southwark
<b>Increase take up</b>	<p>Key interventions include:</p> <ul style="list-style-type: none"> <li>Raise awareness at a population level</li> <li>Tailor 'evidence-based interventions' to those most in need</li> <li>Use digital opportunities to support people in the way they think about loneliness and connect them to local services</li> </ul>	Public Health / Comms team / SCCG (PCNs)
<b>Provide the best support</b>	<ul style="list-style-type: none"> <li>Enhance existing services and social support</li> <li>Increase opportunities for new social contacts; and,</li> <li>Triage with local social prescribing (SP) services and digital health &amp; WB Hubs</li> </ul>	<b>Adult and Social Care</b> , SCCG (PCNs), Community Hubs, Public Health
<b>Measure outcomes</b>	<ul style="list-style-type: none"> <li>Decide which proposed measurement tool (such as UCLA scale, ONS loneliness indicator) is more appropriate to use locally</li> <li>Use a digital approach to quantify the number of and satisfaction of those in touch with our local services including social prescribing</li> </ul>	<b>Public Health</b> in partnership with other stakeholders and local academic institutions

**Find out more at**  
**[southwark.gov.uk/JSNA](https://southwark.gov.uk/JSNA)**

Southwark Public Health Division

 [@lb\\_southwark](https://twitter.com/lb_southwark)  [facebook.com/southwarkcouncil](https://facebook.com/southwarkcouncil)



# Data gathering: adopting a tool to measure the impact to loneliness locally

## APPENDIX: MEASURING LONELINESS

### SUMMARY

**The Campaign to End Loneliness Measurement Tool**

Scale **1**

Length: **3 Questions**

Language: **Positive wording**

Initially developed for: **Service providers**

Does it mention loneliness? **No**

This scale is for you if: **you want a short and sensitively-worded tool that is easy to use.**

### STRENGTHS

- **Positive language about a tricky issue:** The particular strength of this tool is that it is written in language which is non-intrusive and unlikely to cause any embarrassment or distress.
- **Practical:** It is therefore a very practical resource for organisations in the field to use in their face-to-face work with older people.
- **Co-designed:** It has been designed with a number of different people and organisations, to try and ensure it is appropriate for a ranges of contexts.
- **Length:** It has been kept as short as possible and is easy to score.
- **Validity:** The tool has undergone academic tests to ensure it is valid and reliable.

### LIMITATIONS

- **Newness:** This tool has not yet been used extensively by services, so we do not yet know how it picks up changes over time – although the Campaign to End Loneliness will be working with services in 2015 and 2016 to monitor how it performs, and it worked well in an initial pilot.
- **Only using positive language:** The use of only positive worded questions could also lead to respondents under-reporting their loneliness, although we cannot test for this.
- **Not a screening tool:** Finally, we strongly advise organisations not to use these questions as a “screening tool” to establish eligibility to their services. It has not been designed for this purpose and may therefore give misleading results.

In 2013, a survey of Campaign to End Loneliness found that **over half of the supporting organisations said that they would value more support in evaluating their impact on loneliness.**

A scale is a quantitative way of (numerically) measuring an opinion or emotion, and is a way to gather evidence about the effectiveness of a service. Another way to collect information is a qualitative approach that can be used to gain an in-depth understanding about how or why someone came to feel lonely, and allow us to produce detailed case studies about how we could have helped prevent or alleviate it.

**Measuring loneliness is important** due to: (i) its negative impact on our quality of life, mental and physical health; and because, (ii) it will help us demonstrate any positive impact of our interventions (the way people feel about their relationships and connections).

**Locally we need to use a similar tool to measure the impact of our interventions to loneliness**, which is as a distinct concept from social isolation and wellbeing.

### References

1. The Campaign to End Loneliness (2018). <https://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf>

# There is clear evidence on the negative impact of isolation and loneliness on health and wellbeing

## APPENDIX: EVIDENCE OF IMPACT

**It is known that health status contributes to one's ability to be socially engaged. Poor health and not being able to perform normal daily activities are associated with greater feelings of loneliness. Whether or not the impact of social isolation and perceived isolation (i.e. loneliness) on health are comparable remains unclear, but the evidence suggests that both pose risks to health.**

### Impact on health (premature mortality)

- Socially isolated men are at a significantly greater risk of dying prematurely from cardiovascular disease, including fatal stroke.
- Adverse effects on health from loneliness are seen at every stage of the lifecycle, but the elderly are at particular risk for both loneliness and the health consequences of loneliness .
- Loneliness is found to be statistically associated with several demographic variables, including urban living, older age, living alone or in residential care, widowhood, low level of education, and low income.
- A meta-analysis reported a 29% increased risk of mortality over time from social isolation and a 26% increase in mortality risk from loneliness. Independent of social isolation, there was a 32% increased risk from just living alone.

### Impact on mental health & wellbeing

- Loneliness puts individuals at greater risk of cognitive decline
- Lonely people have a 64% increased chance of developing clinical dementia
- Lonely individuals are more prone to depression
- Loneliness and low social interaction are predictive of suicide in older age
- Lonely and older individuals are more likely to visit their GP, use more medication and have a higher incidence of falls. They are also more likely to enter early into residential or nursing care.

#### References

1. Singer C (2018). Health effects of social isolation and loneliness. <https://www.aginglifecarejournal.org/health-effects-of-social-isolation-and-loneliness/>

# Evidence-based interventions aimed to tackle loneliness in people with mental health problems

## APPENDIX: EVIDENCE OF DIRECT INTERVENTIONS

An evidence review assessed two forms of interventions known as 'direct', targeting loneliness and related concepts in social relationships, and 'indirect' broader approaches to well-being that may impact on loneliness.

The review described **four broad groups of direct interventions (right box)**.

**The most promising emerging evidence appears to be in 'changing cognitions'**.

Challenges include who is best placed to offer the intervention, how to test such complex interventions, and the stigma surrounding loneliness.

**The review highlights the importance of placing loneliness and social relationships high on the wider public mental health and research agenda.** Promising future approaches may include wider community initiatives and social prescribing.

### Levels of responsibility for interventions in loneliness

#### Changing cognitions

These interventions aim to shift the so-called 'maladaptive' cognitions in people experiencing loneliness. There is evidence people who feel lonely (whether they have mental health problems or not) have particular cognitive biases and attributional styles, which may overlap with cognitions contributing to mental health problems. The intended mechanism is that changing an individual's thinking can lead to changed social behaviours and a reduction in individual loneliness over time.

#### Social skills training and psychoeducation

These interventions focus on practical 'training', education, or improving awareness of 'social skills', to reduce loneliness or improve social support.

#### Supported socialisation or having a 'socially-focused supporter'

These interventions require someone to help the individual socialise and groups and activities for the person to attend

#### Wider community groups

The focus here are groups that appeal to a wider range of members, with or without mental health problems. These may facilitate better integration, reduce stigma, and boost one's confidence as a member of wider society. An example could be social prescribing.

### References

1. Mann, F., Bone, J.K., Lloyd-Evans, B. et al. *Soc Psychiatry Psychiatr Epidemiol* (2017) 52: 627. <https://doi.org/10.1007/s00127-017-1392-y>

# Innovation bids linked to loneliness and service improvement locally

## APPENDIX: LOCAL FUNDING INITIATIVES

### **Bid for the introduction of Dementia Connect into Southwark**

Older people commissioning team are looking to draw down funds from the Government's Loneliness initiative to enhance current support to people with Dementia living in Southwark. The Focus will be in extending the current service offer for post diagnostic support provided by the Alzheimer's Society through 1-1 casework, information and advice and groups.

The funding sought will enable Dementia Connect to be established in Southwark. Dementia Connect (DC) is a service that offers:

- call centre / information and advice / home visiting / connections with other groups, individuals and families - helping to address loneliness and isolation
- access via differing mediums (such as telephone, on-line, virtual/ face time) opening up alternative routes to contact and support which might prove more attractive and easier for individuals and families

Access is open and therefore not predicated upon a formal dementia diagnosis - potentially widening the offer and providing support at an earlier point in an individual's journey.

DC will help us locally to also establish the most effective dementia service model going forward.

### **Re-imagining Sitting and Befriending Services (Carers Innovation Fund)**

Use of digital technology to re-imagine sitting and befriending services locally; making them more flexible and responsive to the needs of carers, the people they care for and volunteers.

The submitted proposal involves developing a user-friendly app that would enhance the traditional model by providing increased flexibility, responsiveness and efficiency. It would also improve quality through greater use regulation i.e. automated prompts to review sessions.

The model incorporates the concept of gig-volunteering which has become increasingly popular with people who have busy work/ home lives and varying availability.

The model allows volunteers to respond to requests when they are free (and close-by), breaking down barriers to participation and including those who cannot commit to the same time slot each week.

# Loneliness lab: a collaborative approach to tackle loneliness and social isolation

## APPENDIX: LAB AND LEND LEASE INITIATIVES

**Loneliness lab has been created to bring together business, government and civil society aiming to reshape our cities to better connect and making London less lonely.** Below some key ideas/initiatives including 'Elephant Says Hi' implemented in Southwark:

- **In Tandem:** “How to make outdoor connections between people who are at home all day?” *Identify ways to link to social prescribing best practice, working with local GPs and Clinical Commission Groups, and nationally with the RC of GPs*
- **Hack Your Halls:** “How to change student accommodation to eliminate loneliness and address mental health issues?”
- **London is Lonely** “How to tackle the stigma surrounding loneliness and get London talking?” *Loneliness doesn't discriminate – people want to talk about their issues and finding new ways to express their stories/emotions. Gathering and sharing insights with policy-makers and practitioners at a public lunch would be the next step.*
- **Know Your Neighbourhood** “How might we connect residents in high density buildings?”
- **Technology Against Loneliness** “How might we use technology to create meaningful connections between elderly people?”

**Elephant Says Hi:** is about “How to connect newcomers to existing communities in the local area?” This project was implemented in Southwark (Elephant & castle area) and was aimed to help create a sense of belonging in the community, and to connect all residents with spaces, places, groups and activities across the borough. There is huge value in co-designing with the community and tapping into the power of social media.

### References

<https://lonelinesslab.org/the-ideas-1>