*“The loneliest and most socially isolated individuals have consistently lower levels of subjective wellbeing than older people who are more socially connected.”* To those reading this blog, such a statement is unlikely to be much of a surprise. It is, however, one of three key findings from a report, released today, by the International Longevity Centre-UK; the first in a two part series summarising the research by a team at University College London investigating the mental wellbeing of older people. The findings also reveal that:

* both the size of an individual’s social network and their frequency of contact

with that network are positively associated with wellbeing over 6 years of follow up

* while older people begin to see a rise in their wellbeing in later life, those who are

socially isolated do not.

The report released today aims to explore the policy implications of these findings and makes recommendations:

* at an individual level, suggesting, for instance, that people need to prepare for their old age by building up and sustaining a range of friendships over the life course,
* a service delivery level, suggested that services should be targeted at hard to reach groups including older men and older people in BME, LGBT and rural communities
* And lastly at a policy level, where the report recommends that health and wellbeing boards ought to be taking action on the issue

Regular readers of this blog will know that the Campaign to End Loneliness has long campaigned for health and wellbeing boards to take more action on this issue and we are very pleased to see that ILC-UK is in full support of this. There are at least 800,000 chronically lonely people across England, and, as this report reiterates, poor social connections have an extremely negative impact on our health and wellbeing. Loneliness and social isolation is clearly something that health and social care must act on. Yet, as the ILC-UK report, alongside the [Campaign's own research](http://www.campaigntoendloneliness.org/ignoringthehealthrisks/) reveals, only 10% of boards have clear measurable actions in place to address loneliness, and only half even acknowledge loneliness as a public health issue.

However, despite appearances, there is reason to be upbeat. The Campaign continues to hear about more and more local authorities who want to find ways to tackle loneliness and who are coming to us for ideas and advice. And there is increasing evidence of wonderful pockets of good practice. Good practice that we want to share far and wide to make sure that everyone knows about it and can replicate it in their local area.

We recently shared some of these in a new report called [Promising approaches for reducing loneliness and isolation in later life](http://www.campaigntoendloneliness.org/resources/), in which the Campaign to End Loneliness and Age UK developed a new framework which sets out four key elements that local authorities should put in place to ensure they are addressing loneliness effectively. You can read about in a [previous blog here](http://www.campaigntoendloneliness.org/blog/promising-approaches/).

But even beyond this report, we are continually learning about fantastic new schemes to address loneliness and finding out about pioneering local authorities that are putting this issue at the fore. Places like [Hampshire, Thurrock and the Cotswolds](http://www.campaigntoendloneliness.org/wp-content/uploads/downloads/2013/11/FINAL-Still-ignoring-the-health-risks-an-update-to-our-June-2013-review-of-HWBs4.pdf) are all forging the way in tackling loneliness at a local authority level.

We want to make sure that many more local authorities follow in the footsteps of such places. So over the next months, the Campaign will be working closely with local authorities to support them in strengthening their networks with their partners across the community to put the guide’s recommendations into action. We want to hear from anyone that would like to help us achieve this.