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67 areas in England ignoring the health risks of loneliness and isolation

Those responsible for health and wellbeing in England are not measuring or prioritising the issues of loneliness and isolation in older age

Isolation and loneliness is as bad for our health as smoking 15 cigarettes a day, and worse than obesity. Despite isolation and loneliness being acknowledged as a risk to health and public health and affecting nearly 3 million older people, there are still 67 local areas that are not prioritising this as an issue.

The total number of health and wellbeing boards across England who *are* tackling the issue have been gathered and analysed in a review by the Campaign to End Loneliness and research by Charities Evaluation Services:

- 61 of the 128 published Joint Health and Wellbeing Strategies had at least *acknowledged* loneliness and/or isolation as serious issues
- 8 of these 61 strategies commit to measurable actions and/or targets to address loneliness in older age or for all ages
- However, over half of all health and wellbeing boards with published strategies (53%) have *not* recognised that loneliness and/or isolation are issues that need addressing

Laura Ferguson, director of the Campaign to End Loneliness said:

"We are dismayed that 67 areas have chosen not to prioritise loneliness or isolation. I question whether these decisions were made based on evidence to show that loneliness is not an issue in those areas. All health and wellbeing boards must at least measure loneliness and isolation so that they understand the urgency of the issue for people living in their area and can plan to tackle loneliness based on local needs."

Councillor Mohammed Khan from Blackburn and Darwen Council, one of eight areas that have identified how they will tackle loneliness and isolation, said:

“Social connections are vitally important for people’s health and wellbeing. Loneliness is harmful to health and older people are a high risk group”.

This review is being launched on 19 June 2013 at Connect + Act: a conference to tackle loneliness in older age urging all areas to tackle loneliness and isolation.

Notes to editors

For media enquiries and attendance:

For further information and for interviews with the Campaign contact Anna Goodman on 020 7012 1409.

Note: there will be no questions from the floor to the panel, including ministers or representatives from Public Health England.

Case studies are available from both local authorities who have prioritised loneliness and isolation, and from retired people who are willing to speak about their views on loneliness in older age.

About the event

Connect + Act is a celebration of what is going well to tackle loneliness and isolation, with the intention that those local areas who are not prioritising these issues will be attracted by the potential benefits gained from reducing and preventing loneliness for those in older age.

More information about the event can be found at our website:

<http://www.campaigntoendloneliness.org.uk/connect-and-act/>

The review will be available online from 19 June at

www.campaigntoendloneliness.org.uk/ignoringthehealthrisks

Key findings

- 61 of the 128 published Joint Health and Wellbeing Strategies had at least *acknowledged* loneliness and/or isolation as serious issues
- 8 of these 61 strategies commit to measurable actions and/or targets to address loneliness in older age or for all ages
- 25 of these 61 strategies can be described as making a commitment to learning more about loneliness in a local area, or have established measurable targets on social isolation or improving social connections and networks
- 28 of the 61 JHWSs have reached a *bronze* standard – they acknowledge that loneliness is a serious issue but don’t identify any targets or actions, or there is a commitment to improving social connections and networks

- However, over half of all health and wellbeing boards with published strategies (53%) have *not* recognised that loneliness and/or isolation are issues that need addressing.

Background to the review

Following the establishment of 152 health and wellbeing boards across England in April 2012, The Campaign to End Loneliness launched *Loneliness Harms Health*. This is a campaign that supports people to lobby their local board to commit to tackling loneliness through their Joint Health and Wellbeing Strategy (JHWS).

The Campaign to End Loneliness and Charities Evaluation Services have surveyed progress by 152 English local health and wellbeing board to tackle loneliness and isolation. Launched at the Campaign's Connect + Act event on June 19th 2013, the review examines the 128 Joint Health and Wellbeing Strategies that have been published to assess the impact of *Loneliness Harms Health* and the uptake of Campaign messages. Quantitative data is supported by interviews and case studies from across England.

The research undertaken by Charities Evaluation Services (CES) is part of a three-year impact evaluation of the work of the Campaign to End Loneliness, funded by the Calouste Gulbenkian Foundation.

About loneliness and isolation

- Loneliness is as bad for health as smokingⁱ. It is also associated with poor mentalⁱⁱ, physical and emotional health, including increased rates of cardiovascular disease, hypertensionⁱⁱⁱ, cognitive decline^{iv} and dementia^v. Socially isolated and lonely adults are more likely to undergo early admission into residential or nursing care^{vi}.
- Those who are lonely are at higher risk of the onset of disability^{vii} and those who are deafblind are at considerable risk of loneliness^{viii}.
- Almost 3 million older people are lonely: about 20% of the older population is lonely sometimes and another 8 to 10% is intensely lonely^{ix}.
- 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^x
- Over half (51%) of all people aged 75 and over live alone^{xi}
- Half of all older people (over 5 million) say the television is their main company^{xii}
- 9% say they feel cut off from society^{xiii}
- Just under 20% of older people are sometimes lonely and 6-13% of older people say they always feel lonely^{xiv}

About the Campaign to End Loneliness

The Campaign to End Loneliness is a coalition of organisations and individuals working together through research, policy, campaigning and innovation to combat loneliness and isolation in the United Kingdom.

Anyone can make their voice heard in their own area by letting their local health and wellbeing board know about the problem of loneliness and isolation – more information is available on our website:

<http://www.campaigntoendloneliness.org.uk/campaigns/loneliness-harms-health/>

The Campaign has five partners who lead the strategic direction of the Campaign: Age UK Oxfordshire, Independent Age, Manchester City Council, Royal Voluntary Service and Sense and is supported by the Calouste Gulbenkian Foundation.

More information about the Campaign can be found at:

www.campaigntoendloneliness.org.uk

ⁱ Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med* 2010;7(7) <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1000316>

ⁱⁱ Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychol Aging* 2006;21(1):140-51 <http://www.ncbi.nlm.nih.gov/pubmed/16594799>

ⁱⁱⁱ Hawkley 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 <http://www.ncbi.nlm.nih.gov/pubmed/20230134>

^{iv} 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 <http://www.ncbi.nlm.nih.gov/pubmed/22040898>

^v Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. Loneliness and risk of Alzheimer disease. *Arch Gen Psychiatry* 2007 Feb; 64(2):234-40 <http://www.ncbi.nlm.nih.gov/pubmed/17283291>

^{vi} 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 <http://www.ncbi.nlm.nih.gov/pubmed/9416627>

^{vii} 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 <http://ageing.oxfordjournals.org/content/39/3/319.full>

^{viii} *Visual impairment and hearing loss among community-dwelling older Americans: implications for health and functioning*, American Journal of Public Health; 2004; 94 (5) <http://www.ncbi.nlm.nih.gov/pubmed/15117707>

^{ix} Victor, CR, Scambler, SJ, Bowling, A and Bond, J (2005) The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain, *Ageing and Society*, 25, (3), pp. 357–76

^x Victor, C. Scambler, S, Bond, J and Bowling, A. 'Being alone in later life: loneliness, social isolation and living alone' *Reviews in Clinical Gerontology* 2000 v.10 (4)

^{xi} Office for National Statistics (2010) *General Lifestyle Survey 2008* (London: Office for National Statistics).

^{xii} Harrop, A and Jopling, K (2009) *One Voice: shaping our ageing society* (Age Concern and Help the Aged).

^{xiii} GfK/NOP (2005) 'Help Unite Generations (HUG) Survey for Help the Aged' (unpublished)

^{xiv} Victor, CR, Scambler, SJ, Bowling, A and Bond, J (2005) The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain, *Ageing and Society*, 25, (3), pp. 357–76