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**Revealed – fear and taboo linked to widespread loneliness in Britain**

The majority of British people have experienced loneliness and also know someone who is lonely, according to new research. In a survey, 84% of British people said they have felt lonely, with 13% feeling lonely ‘all of the time’. The research commissioned by the Campaign to End Loneliness also shows that almost two-thirds of people (64%) know someone who is lonely.

Despite the large numbers of people affected, the research suggests that loneliness is a taboo subject: 92% of respondents think that people are scared to admit that they are lonely. The research also indicates that people who feel lonely will be judged negatively: when asked ‘what do you think people imagine about those who are lonely’ the most common responses were ‘there is something wrong with them’, ‘they are unfriendly’ and ‘it is their fault they are lonely’.

The organisation has previously found that 10% of those over the age of 65 – over one million people – feel chronically lonely (that is, all or most of the time).

Marcus Rand, Director of the Campaign to End Loneliness, said:

“The taboo and stigma around loneliness is stopping vulnerable people from opening up about their situation. This in turn makes it very difficult for local authorities and other support organisations to find the missing million older people who need our help.”

“The Campaign to End Loneliness has developed a step-by-step guide to help local authorities and stakeholders identify the hidden lonely. *The Missing Million: In Search of the Loneliest in our Communities*helps commissioners and service providers to identify older people experiencing, or who are at risk of experiencing, loneliness. It will assist frontline workers to better understand and respond to loneliness, and to engage with older people experiencing loneliness.

“It is unacceptable that 20% of Local Authority Health and Wellbeing Boards in England still have no written commitment to tackle loneliness in older age. We’re calling for all Boards to make a commitment by the end of the year. Every Local Authority in the country should put in place a clear action plan with measurable targets for reducing loneliness in their local population.

“If we are to drive lasting change for the better, however, we must make loneliness everyone’s business.  We need to create a movement for change that breaks down the stigma of loneliness and addresses it head on, like any other health issue.”

Independent Age’s Chief Executive, Janet Morrison, said:

“It is saddening but unfortunately not surprising to see the level of stigma and negative attitudes towards loneliness, even in some cases blaming the lonely people themselves. We absolutely need to change this and help local authorities and the public realise that being lonely is not a normal or necessary part of growing old. There’s nothing wrong with admitting that you are lonely and there are things that can be done to help reduce loneliness. If all local authorities get on board with the new guide from the Campaign to End Loneliness, that will be a fantastic first step to identifying those that need our help.”

Dorothy, who turns 86 later this year, lost her husband two years ago after being his sole carer for 15 years. Dorothy said: “I walk with two sticks so I find it very difficult to get out by myself. I do get lonely sometimes and it’s hard to tell others about how I’m feeling, but the television is my friend. I always keep the television or the radio on to keep me company in the house.

“Contact the Elderly’s tea parties have made a huge difference to my life. I greatly appreciate the company, and the chance to get out and see the countryside too. As I don’t have any family nearby I love spending time with the young volunteers, they are all so terribly kind.”

The impact of loneliness on physical and mental health is significant and increasingly well documented - from high blood pressure and higher use of medication to increased likelihood of developing dementia and depression. This, in turn, has cost implications for the NHS, social care and the wider economy. Lonely individuals are more likely to visit their GP, undergo early entry into residential or nursing care and be admitted to accident and emergency services.

The Campaign was launched in 2011, is led by five partner organisations, Age UK Oxfordshire, Independent Age, Manchester City Council, Royal Voluntary Service and Sense, and works alongside more than 2,000 supporters to tackle loneliness in older age. Thus far the Campaign’s work has been funded by Founder Funder the Calouste Gulbenkian Foundation, Independent Age, the John Ellerman Foundation, the Tudor Trust and the Esmée Fairbairn Foundation.

To access the Campaign’s The *Missing Million* report visit <http://www.campaigntoendloneliness.org/the-missing-million>

To find out more about the Campaign to End Loneliness visit [www.campaigntoendloneliness.org](http://www.campaigntoendloneliness.org)

**-ENDS-**

**MEDIA ENQUIRIES**

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**NOTES TO EDITORS**

**The Campaign to End Loneliness**

The Campaign to End Loneliness inspires thousands of organisations and people to do more to tackle the health threat of loneliness in older age through community action, good practice and evidence. Age UK Oxfordshire, Independent Age, Manchester City Council, Royal Voluntary Service and Sense provide governance and strategic direction for Campaign. More information can be found at [www.campaigntoendloneliness.org.uk](http://www.campaigntoendloneliness.org.uk)

Key loneliness facts:

* Over a [million people in the UK](http://www.campaigntoendloneliness.org/blog/latest-statistics-over-a-million-lonely-older-people-in-the-united-kingdom/) feel chronically lonely, that is all or most of the time
* Loneliness and isolation in older age is a [serious public health issue](http://www.campaigntoendloneliness.org/threat-to-health/) and increases the risk of conditions including dementia ([James et al, 2011](http://www.campaigntoendloneliness.org/references/)), high blood pressure ([Hawkley et al, 2010](http://www.campaigntoendloneliness.org/references/)) and depression ([Cacioppo et al, 2006](http://www.campaigntoendloneliness.org/references/)) ([Green et al, 1992](http://www.campaigntoendloneliness.org/references/)).
* Loneliness increases the demand on health services: academic research shows that those experiencing loneliness are [more likely](http://www.campaigntoendloneliness.org/threat-to-health/) to use accident and emergency services ([Geller, Janson, McGovern and Valdini, 1999](http://www.campaigntoendloneliness.org/references/)) , visit their GP ([Gerst-Emerson, Jayawardhana 2014](http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302427?journalCode=ajph)), and have higher use of medication ([Cohen, 2006](http://www.campaigntoendloneliness.org/references/))
* [76% GPs report](http://www.campaigntoendloneliness.org/wp-content/uploads/downloads/2013/11/FINAL-GP-Polling-PR-15.11.13.pdf) 1-5 patients a day come to their surgery because they are lonely

**The Missing Million: In Search of the Loneliest in our Communities**

The public and political attention on loneliness has sharpened significantly in recent years as the social, economic and moral case for tackling loneliness grows in awareness, evidence and support. Members of our Learning Network, alongside many other interested parties, have expressed strong interest in further guidance and ideas on how to address the challenge of identifying loneliness. In response, we launched the *Missing Million* report with three main aims:

* Help commissioners and service providers to develop methods to help them identify older people experiencing, or at risk of experiencing, loneliness.
* Help commissioners and service providers to put these methods into practice.
* Help frontline workers to better understand and respond to loneliness and engage older people experiencing loneliness in constructive dialogue.

The report is divided into three sections. The first section, **Identifying Loneliness,** describes different ways of identifying older people experiencing loneliness, along with some ideas for collaboration and innovation. The report has focused on two types of approach that start from different places but that are complementary. The first is a top-down approach: what data is available to help locate older people experiencing loneliness and to identify geographical areas that are likely to contain older people at risk of becoming lonely? The second is bottom-up: how might local, hidden intelligence be surfaced and used to help identify older people who are lonely?

The second section, **Applying the methods**,explains how the methods described in the first section have been put into practice as foundation services, and illustrates how different methods can be complementary and combined. It also gives examples of identifying and engaging older people from groups which have a relatively high risk of experiencing loneliness.

The third section of the paper, **Talking about loneliness,** aims to help frontline workers and volunteers prepare for and engage in constructive dialogue with older people experiencing loneliness in ways that can bring about positive change. It addresses the question of how to speak with an older person experiencing loneliness or who is at risk of becoming lonely.

To access the Campaign’s The *Missing Million* report visit <http://www.campaigntoendloneliness.org/the-missing-million>

**Survey**

The survey was conducted by [Censuswide](http://www.censuswide.com/) on behalf of the Campaign to End Loneliness. Censuswide surveyed 1,000 respondents across the UK across age groups 16+ - 55+. For a breakdown of the data please contact [Miriam@campaigntoendloneliness.org.uk](mailto:Miriam@campaigntoendloneliness.org.uk)

For further information about Censuswide email [info@censuswide.com](mailto:info@censuswide.com) or call 020 7251 9955