

Loneliness: the latest evidence

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

Recommendation: Devon Health and Wellbeing Board, supported by local communications teams, should lead a campaign around loneliness, focusing particularly on high-risk populations, and support the development of local projects and interventions to reduce loneliness.

1. Context

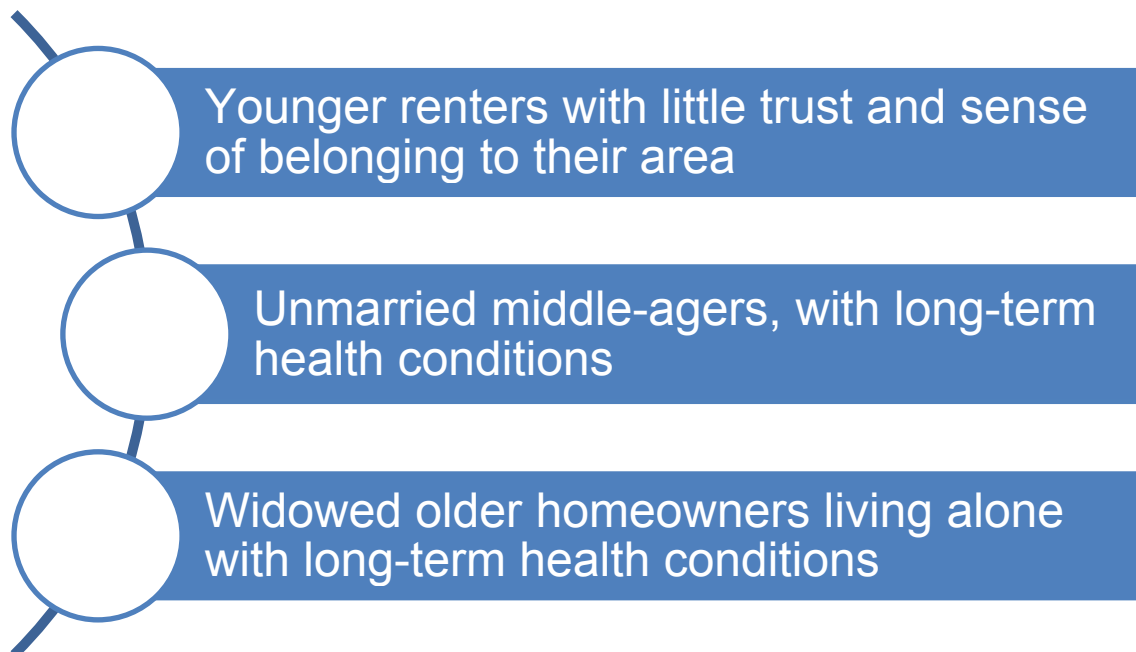
1.1 Loneliness has a considerable impact on health and wellbeing, with lonely individuals having a greater risk of ill-health and a lower quality of life. Lonely people are more likely to develop dementia and depression, and through living less active lives will also be at increased risk of experiencing diabetes, stroke, heart disease and disability. A lack of social support structures also makes individuals more likely to use health services and enter care (Social Finance, 2015, 'Investing to tackle loneliness: a discussion paper'). This report summarises three pieces of local and national evidence on loneliness which have come out in 2018, which further our understanding of the dynamics of loneliness, and makes recommendations for further action.

2. Office for National Statistics: Loneliness – what characteristics and circumstances are associated with feeling lonely (ONS)

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>

2.1 The Office for National Statistics released findings from their Community Life Survey about the characteristics of loneliness in England in a special report in 2018. This revealed that 5% of adults reported feeling lonely 'often' or 'always' and that younger adults aged 16 to 24 reported feeling lonely more often than older age groups. Characteristics and circumstances associated with a higher likelihood of loneliness included being female, being single or widowed, being in poor health, being in rented accommodation and having a weak sense of belonging to a neighbourhood. The paper defined three profiles of people at particular risk of loneliness which are described in figure 1. This reveals that loneliness has an impact throughout the life course, leaving those affected at increased risk of exploitation, physical ill-health and mental ill-health.

Figure 1, three population profiles for people at high risk of loneliness



Source: Office for National Statistics, 2018

3. Healthwatch Devon: Help tackle loneliness in Devon, an independent inquiry report

<https://healthwatchdevon.co.uk/reports/>

3.1 Healthwatch Devon published the findings of their independent inquiry into loneliness in Devon in August 2018. This inquiry, conducted through a series of surveys, community events and focus group sessions gathered information about people's experience of loneliness locally and what they thought would help address the issue.

3.2 The inquiry revealed the importance of social group membership in preventing loneliness, with the loss of these social networks having an impact throughout the life course. The isolation faced by young people in Devon, particularly those in rural areas where access to transport is such a critical issue, was acknowledged, highlighting the dual impact of social and geographic isolation. The loss of social networks in older age was also cited as a major issue, especially given the older age profile in Devon. The inquiry also highlighted barriers to people seeking support in relation to loneliness. Some of these factors were internal and could relate to embarrassment, fear or rejection, a lack of confidence and a fear of intimacy. External barriers could relate to a lack of knowledge of available support, financial barriers, and access issues (transport, communication, IT)

3.3 The top three interventions that people thought could reduce loneliness were creating spaces where people can be with others, one-off community events and opportunities and social group drop-ins. The report also called for an alliance between local organisations on the issue of loneliness to drive the local response to the issue.

4. Oxford Economics: Living Well Index

summarised and cited in: <https://www.theguardian.com/society/2018/may/23/the-friend-effect-why-the-secret-of-health-and-happiness-is-surprisingly-simple>

4.1 A recent study by the University of Oxford highlighted that regularly eating meals in isolation was the factor besides mental illness most strongly associated with unhappiness. The study found that the more people eat with others, the more likely they are to experience happiness and life satisfaction. People who eat socially are also more likely to have wider social and emotional support networks. This highlights the importance of regular social interaction in reducing unhappiness and improving health and wellbeing.

5. Conclusions and Next Steps

5.1 Loneliness is a major issue in Devon, which has a considerable impact on health and wellbeing and widens health inequalities. Over and above the identification of loneliness as a priority in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, the Devon Health and Wellbeing Board should lead a campaign around loneliness, focusing particularly on high-risk populations, and support the development of local projects and interventions to reduce loneliness.

6. Risk Management Considerations

Not applicable.

7. Options/Alternatives

Not applicable.

8. Public Health Impact

Actions to address loneliness have the potential to improve public health in Devon.

Dr Virginia Pearson

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Background Papers

Nil