OUR THIRD AGE CAN BE OUR BEST AGE

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CONNECTIONS IN OLDER AGE

TODAY I WILL DISCUSS …

- **The prevalence of loneliness**

- **Who is lonely**

- **What impact loneliness can have on our health and our health and social care system**

- **What individuals, service providers and local authorities can do to reduce loneliness**

DEFINING LONELINESS

**LONELINESS:
IS SUBJECTIVE**

the unwelcome feeling of a gap between the social connections we want and the ones we have

**ISOLATION:
IS OBJECTIVE**

a measure of the number of contacts or interactions

It can be
- Social or emotional
- Transient, situational or chronic

"Language… has created the word 'loneliness; to express the pain of being alone. And it has created the word 'solitude' to express the glory of being alone."
Paul Johannes Tillich

LONELINESS IN THE UK

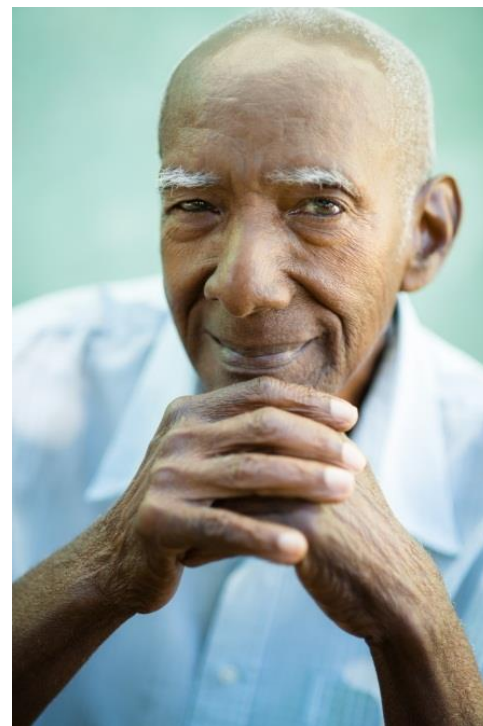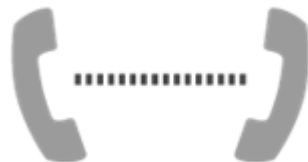**10%** of the population aged over 65 are often or always lonely

65+

1/2 Of all older people (over 5 million) say television is their main company

17% of older people are in contact with friends, family and neighbours less than once a week,

RISK FACTORS FOR LONELINESS

Personal:

- Poor health

- Loss of mobility, sight or hearing

- Becoming a carer

- Low income

- Bereavement

- Retirement

- Anxiety

- Being part of an ethnic or minority social group

Wider society:

- Lack of transport

- Not living near family

- Inadequate/poor housing

- Fear of crime

- High Population turnover

- Few amenities e.g. public toilets or benches

Risk factors converge and increase, and our resilience reduces, as we age

LONELINESS HARMS PHYSICAL HEATH

Loneliness:

◎ Poses an equivalent risk for early death as smoking 15 cigarettes a day

◎ Increases the risk of high blood pressure

◎ Increases risk of cardiovascular disease

◎ Increases risk of dementia

Lonely people are:

◎ More likely to smoke and drink alcohol

◎ More likely to be overweight and have poor diets

◎ More likely to skip medication

Making the case for prevention

LONELINESS HARMS MENTAL HEATH

Loneliness:

◎ Is linked to development of depression

◎ Correlated with self-reported poor health and psychological distress

◎ Can predict suicidal behaviours in older age

COSTLY TO HEATH AND SOCIAL CARE

What we know:

◎ Preventing and alleviating loneliness helps older people to remain more independent

◎ 76% GPs report 1-5 patients a day come to their surgery because they are lonely

◎ The cost of being chronically lonely to the public sector on average is around £12,000 per person based on costs associated with GP and A&E visits

Making the case for prevention

COSTLY TO HEATH AND SOCIAL CARE

Reducing loneliness can boost independence and reduce costs by resulting in:

◎ Fewer GP visits

◎ Lower use of medication

◎ Fewer days in hospital

◎ Improved ability to cope after returning from hospital

◎ Reduced inappropriate admission to care homes

◎ Increased contribution of older people to society: sharing skills, knowledge and experience

Making the case for prevention

INDIVIDUALS

◎ Join the Campaign to End Loneliness – CAMPAIGN, LEARN, CONNECT

◎ Get in contact with older friends and relatives at times when they might be feeling lonely, such as on Sundays and Bank Holidays, or Christmas and Easter.

◎ Support older neighbours; offer to take them shopping or other help with transport, say hello to them and invite them for tea, provide them with help with IT and support them to learn how to use the internet

◎ Volunteer with a local charity such as Age UK, Independent Age or Royal Voluntary Service

CHARITIES AND SERVICE PROVIDERS

◎ Join the Campaign to End Loneliness as a supporter

◎ Learn about evaluation and measurement to gain a better understanding of the impact you are having on reducing your clients' loneliness – with the Campaign's **Measuring your impact on Loneliness in Later Life** guide

◎ Learn more about how you can identify the most isolated with the Campaign's report **The Missing Million: A Practical Guide to Identifying and Talking about Loneliness**

THE MISSING MILLION:
A PRACTICAL GUIDE TO
IDENTIFYING AND TALKING
ABOUT LONELINESS

Direct Interventions
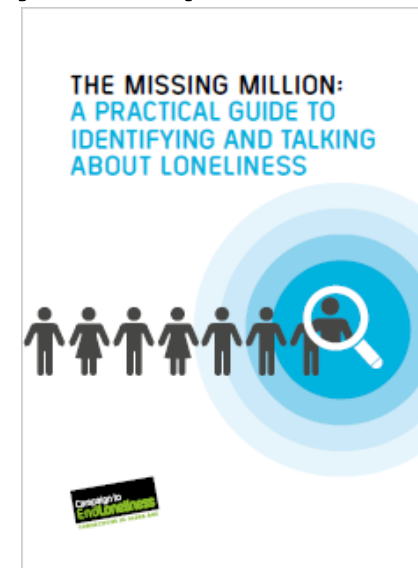
HOW CAN WE ADDRESS THE ISSUE

LOCAL AUTHORITIES , HEALTH AND WELLBEING BOARDS AND COMMISSIONERS

◎ Develop an overall strategy for reducing loneliness and isolation amongst older people

- mapping local assets
- highlighting gaps
- developing strategies to identify the most lonely

◎ Take a lead in delivering this strategy

◎ Lead on the development of partnerships across the community to ensure that local resources are being used to best effect

◎ Use the Campaign's online Guidance for Local Authorities and Commissioners

Structural Enablers

NEXT FOUR YEARS AT THE CAMPAIGN

The Campaign has just been awarded £2.7 million from the Big Lottery Fund to campaign in local neighbourhoods for 4 years

Seek to make loneliness everyone's business

◎ 4 areas in England, Scotland, Wales and Northern Ireland

◎ 250,000 Acts of Kindness

◎ Learning network events

◎ Research programme: Cost-effectiveness of loneliness interventions

LOTTERY FUNDED

Find out more

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