



Public Health
England

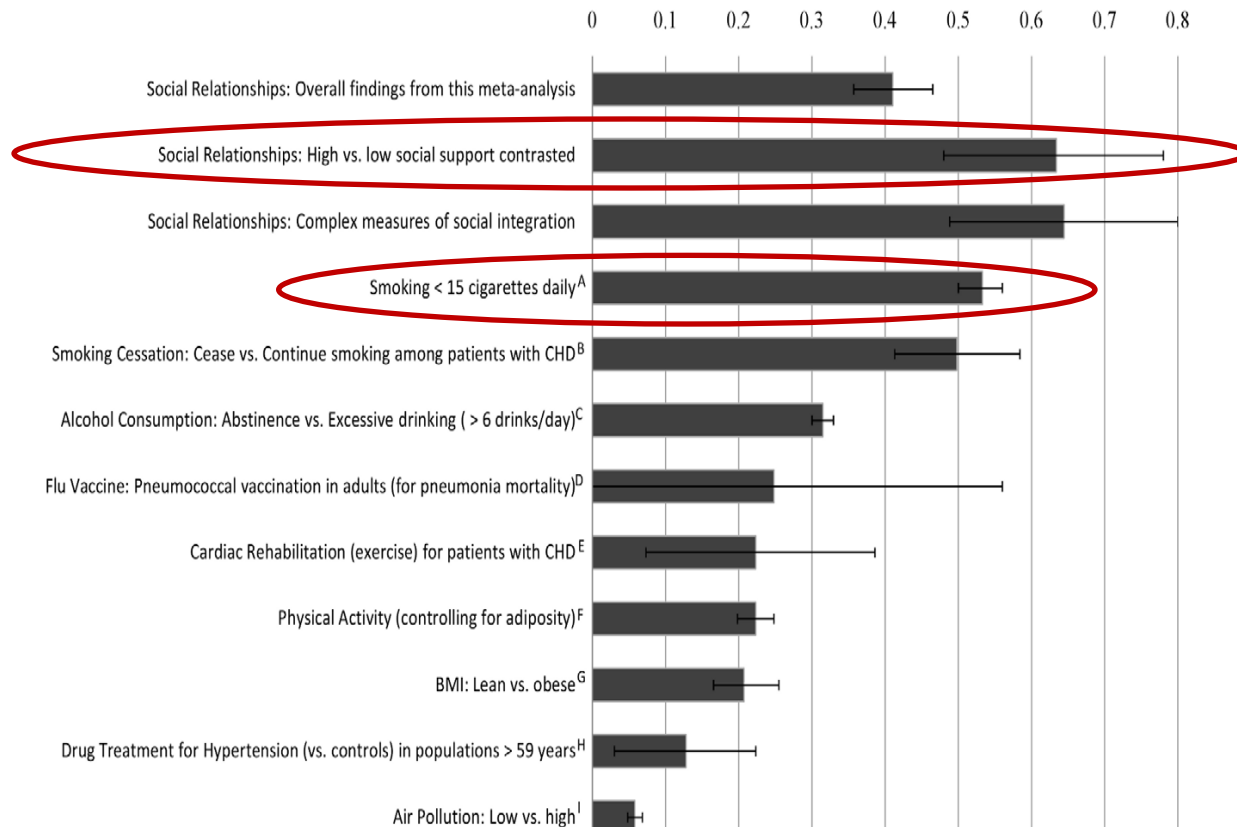
Public Health Approaches to Social Isolation and Loneliness: A Health and Wellbeing Directorate Seminar

Gregor Henderson
Director, Wellbeing and Mental Health



A Public Health Priority

Meta analysis: Comparative odds of decreased mortality
Holt-Lundstad et al 2010





Schedule of Events

Time	Session	Speaker
11:00-11:05	Welcome & Introduction	Gregor Henderson
11:05-11:20	Social Isolation Research	Dr. Justin Varney
11:20-11:30	Interventions and Behavioural Insights Research	Mara Hyatt
11:30-11:40	Mindings	Stuart Arnott
11:40-11:50	Campaign to End Loneliness	Laura Ferguson
11:50-12:00	National Wellbeing and Loneliness	Ewen McKinnon
12:00-12:25	Group Collaboration & Discussion Questions	Gregor Henderson & Tim Chadborn
12:25-12:30	Close	Gregor Henderson



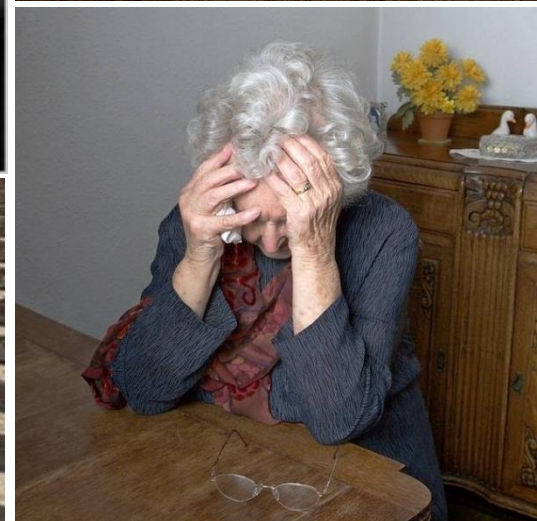
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Social isolation

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Social isolation





Social isolation

Characterised by an absence of social interactions, social support structures and engagement with wider community activities or structures.

Isolation can be a voluntary action, e.g. religious retreat, and in this context may be seen as a positive action which supports mental wellbeing and resilience.

More commonly isolation is involuntary, created or imposed through marginalisation or discrimination by families or communities or through deteriorating mental capacity. This type of isolation is associated with worse mental health and negative health outcomes.

Social isolation can manifest over short periods of time linked to a trigger event, disease, or behaviour, or be prolonged and extended.



Who is socially isolated?

Studies vary greatly, depending on definition and sample size.

Some studies suggest that social isolation is more common in younger adults than in older people.

Some suggestion that ethnic variation in social isolation, specifically after stroke.



Measuring social isolation

Range of validated tools, a review in Australia in 2010 focused on five validated instruments:

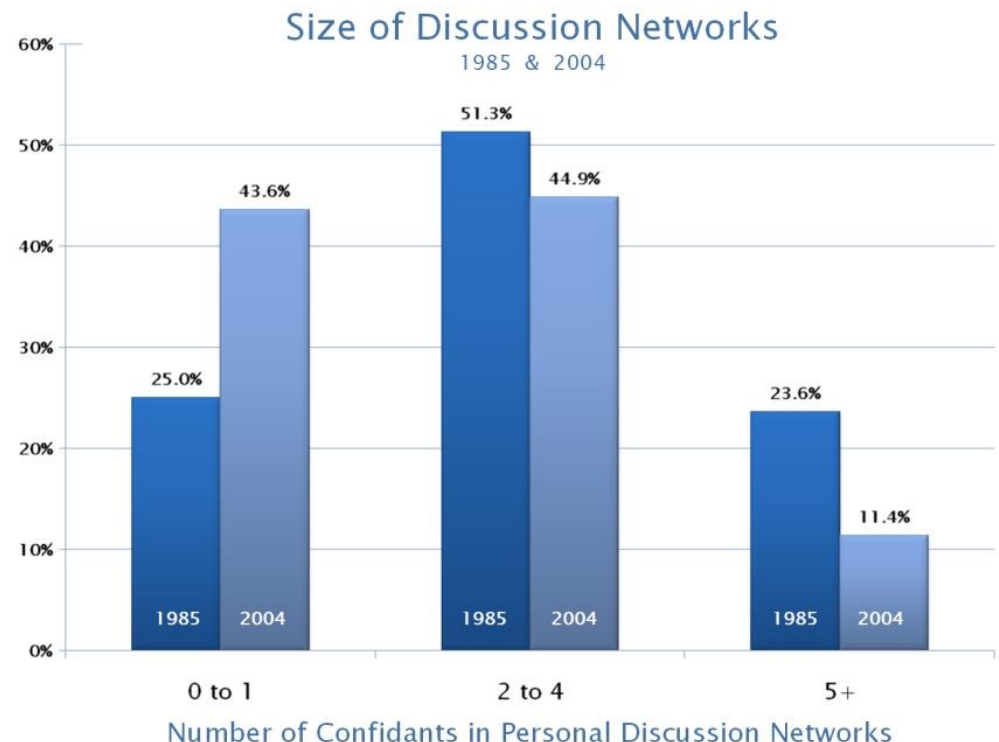
- De Jong Gierveld Loneliness Scales (DJGLS)
- Lubben Social network Scales (LSNS)
- Medical Outcomes Study Social Support Survey (MOS-SSS)
- Multidimensional Scale of Perceived Social Support (MSPSS)
- The Friendship Scale

The review highlighted the need for more work around using the tools within minority communities due to different social constructs of community, loneliness and ‘normality’.



Personal social networks

An American study found that there had been a substantial fall in the size of individuals' social networks between 1985 and 2004. The proportion of Americans saying they have no one with whom they can discuss personal important matters almost tripled over the 19-year period. Although the authors recognised that definitions and perceptions of importance may have changed over the period of the study.



statistic.com

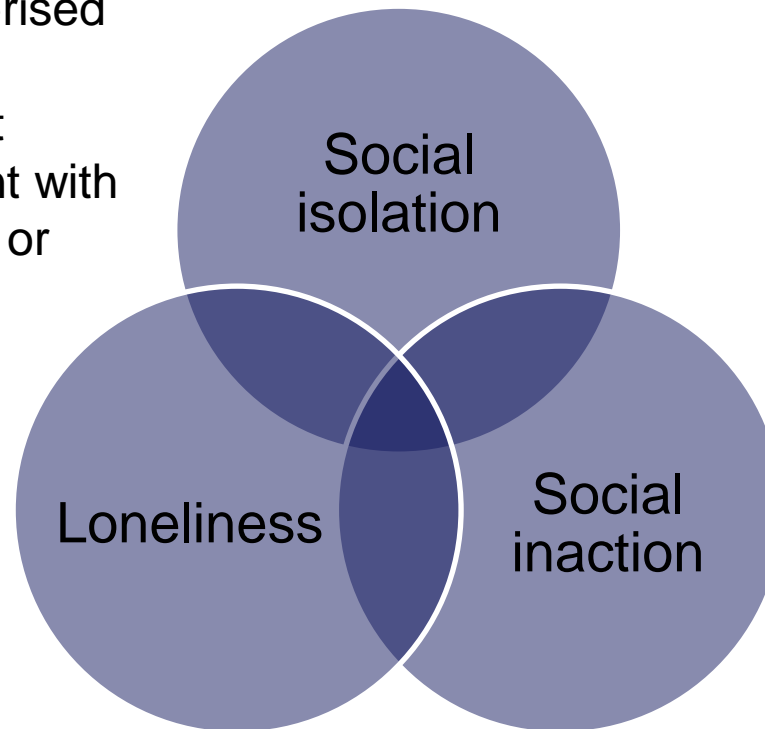
Source: "Social Isolation in America: Changes in Core Discussion Networks over Two Decades." Miller McPherson Lynn Smith-Lovin, Matthew E. Brashears; American Sociological Review, 2006, VOL. 71 (June:353-375)



Social isolation and Loneliness

Social isolation is characterised by an absence of social interactions, social support structures and engagement with wider community activities or structures.

Loneliness describes an individual's personal, subjective sense of lacking connection and contact with social interactions to the extent that they are wanted or needed.



Social inaction describes a state where individuals choose, or unable, to take part in social action and are disconnected from concepts of 'we-ness' and civic society



Estimates of social isolation in E&W

	18-64yrs 2011 Census	Estimated social isolation	>65yrs 2011 Census	Estimated social isolation	
Geography		7%		11%	20%
North East	1,621,359	113,495	449,485	49,443	89,897
North West	4,378,983	306,529	1,171,155	128,827	234,231
Yorkshire and The Humber	3,280,427	229,630	874,571	96,203	174,914
East Midlands	2,807,004	196,490	772,948	85,024	154,590
West Midlands	3,415,409	239,079	945,975	104,057	189,195
East of England	3,566,075	249,625	1,024,182	112,660	204,836
London	5,457,798	382,046	904,749	99,522	180,950
South East	5,293,034	370,512	1,482,020	163,022	296,404
South West	3,194,878	223,641	1,035,444	113,899	207,089
England	33,014,967	2,311,048	8,660,529	952,658	1,732,106
England and Wales	34,882,472	2,441,773	9,223,073	1,014,538	1,844,615
Wales	1,867,505	130,725	562,544	61,880	112,509



Impact of Social Isolation

- Premature mortality
- Excessive morbidity



Evidence from animal studies

Negative impact on

- Neurological development and function
- Cardiovascular system
- Wound healing
- Hormone secretion

Animal studies have also demonstrated that isolation in adolescence has long term impacts into adulthood, with an association with addictive behaviours.



Evidence from Human Research

There is some blurring in the research between social isolation and loneliness with sometimes conflicting findings as to which aspect takes precedence in terms of impact.

Evidence of association with:

- Increased inflammatory response
- Repeat hospital admissions
- Increased vulnerability to stroke, heart failure and coronary heart disease
- Poor treatment compliance
- Directional relationship with mental health is blurred but association is clear.

Social isolation has a strongly negative impact on outcomes in older age.



Evidence related to Loneliness

As an independent factor has been associated with:

- Lower reported life satisfaction
- Alcoholism
- Suicide
- Physical illness

More recent research has suggested the correlation with morbidity and mortality is stronger for social isolation than loneliness.



Impacts of social isolation

- Premature mortality
- Excessive morbidity
- Animal studies have demonstrated physiological impacts on neurological development and function, cardiovascular function and wound healing. Social isolation in adolescence in mammals is associated with adult addictive patterns.



What makes a difference?

Systematic reviews have called for more research to understand effectiveness, and this is replicated across the literature reviews which highlight variability in measurement and intervention assessment.

The evidence suggests that group work is more beneficial for social isolation, where 121 work may have more benefit for loneliness.

Some interventions using teleconferencing and internet where geography is a barrier to face to face interventions.

Growing evidence base around targeted interventions for adults with specific medical condition triggers e.g. Stroke, Dementia, Heart Failure.

Research also highlighted barriers, sustainability of funding and volunteers being the common themes.



Ideas

- Social isolation potentially has more gains than loneliness
- Targeted interventions at trigger event groups are more likely to be sustainable if linked to clinical pathways
- Tensions around pathologising social isolation and loneliness
- Need to use technology that older people are already familiar with, e.g. set top box tv, rather than computers.



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Public Health Interventions: Social Isolation and Loneliness

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Action on Loneliness

Researchers have established an extensive evidence base demonstrating a strong positive correlation between social isolation/loneliness and decreased mental and physical health. Public health officials have identified loneliness as one of the most significant risks to the quality of life of older people and an important field for emerging public health interventions.

Short term goals of public health interventions aim to decrease self-reported loneliness and increase social support.

Long term and far reaching community benefits of public health interventions to reduce social isolation and loneliness include:

- Renewed access to older people's economic and social capital
- Improvements in wellbeing, mental health, and physical health
- Reducing the demand for costly health care and social services
 - For example, a study conducted by Windle, Francis, and Coomber (2011) estimated that a befriending scheme costing £80 per person resulted in £300 pound savings per person per year.



Group Interventions

- Recent evidence suggests that group interventions that connect older people with opportunities to develop and maintain meaningful interpersonal relationships can reduce feelings of loneliness.
- Cattan and colleagues' systematic evidence review found that group interventions that target specific groups and have a training/educational component are especially effective.
- Social group interventions provide opportunities for new social connection and allow older people to become active participants with increased self-worth and dignity. (Cattan, White, Bond, & Learch, 2005)
- Day centre services and social groups that focus on a particular shared interest, such as community service, reading groups, or lunch clubs help older people to widen their social network. Many social groups interventions, such as walking groups and healthy eating classes, may have both physical and psychological benefits.



1-2-1 Interventions

- In many local areas, 1-2-1 interventions may be the standard of care. (ex: meals on wheels, befriending services, etc.)
- Cattan and colleagues' analysis found that group interventions are more effective than 1-2-1 social support schemes, such as home visiting and befriending services at reducing social isolation.
- However, 1-2-1 schemes may allow for a deeper and more meaningful social connection, which may have a greater impact on loneliness.
- Common challenges in reliability of volunteers and funding.



Computer Based Interventions

- A meta-analysis conducted by Choi, Kong, and Jung (2012) found that computer and internet training interventions were significantly effective in decreasing loneliness.
- Studies also report that after the intervention older people were more likely to use the computer and internet as means for communication to both strengthen existing social ties with family and friends and to develop new social networks (Blazun, Saranto, & Rissanen, 2012).
- Since only 40% of people older than 65 use a computer on a monthly or weekly basis, computer courses present a promising opportunity to give older people new knowledge and training to improve social skills and social support through technology (ONS, 2012).
- Although there have been several promising studies abroad, there has not been enough evidence to form a definitive answer about the effectiveness of these interventions on an English population.
- Concerns about sustainability and ease of use.



Built Environment

“Cross lights are made for Olympic runners.”

“There are very few seating areas... you get tired and need to sit down.”

-WHO (2007), Global Age-friendly Cities: A Guide

- Efforts to create more aging-friendly communities include removing barriers to continued participation in long-standing activities.
- For example, many older people report poor neighbourhood walkability as an impediment to leaving the house and connecting with others (Scharlach & Lehnigh, 2012).
- Seating areas, safer pedestrian crossings, and priority seating on public transport make communities more accessible to older people. Additionally, it is necessary to create more accessibility in public buildings, including ramps, elevators, and adequate toilets.
- Interventions targeting the built environment often present challenges in scale, funding, implementation and political agendas.



Challenges and Obstacles

- The multifaceted nature of social isolation and loneliness present a complex challenge.
- Reaching those who are socially isolated presents an inherent challenge. Individuals with the greatest risk and need for intervention are often the hardest to reach.
- It cannot be assumed that social isolation is a universal problem. Although highly correlated, social isolation does not necessarily go hand in hand with loneliness. Solitude may be desired by many individuals.
- Research suggests that there are cultural differences in the psychological experience of loneliness and self reports of loneliness across cultures.



Public Health Efforts at Every Level

- Interventions must recognise and adapt to not only community, but also individual needs.
- Work must be commissioned on the neighbourhood level in order to understand and build on existing community capacity and assets.
- Strive to grow support and national awareness at a national level.



Working together to tackle loneliness

Laura Ferguson

Director, Campaign to End Loneliness

Tackling the health challenge of loneliness

Campaign to
EndLoneliness
CONNECTIONS IN OLDER AGE

- 1. The challenges**
- 2. The opportunities**
- 3. Progress so far**
- 4. Working together – next steps**



The challenge - what is loneliness?



Loneliness – subjective, quality of contact

Social loneliness

Emotional loneliness

Social isolation – objective,
numerical

Solitude –

"loneliness" .. the pain of being alone.

"Solitude" .. the glory of being alone."



- Paul Johannes Tillich

The challenge – Who feels lonely?



- Older, younger, minority groups
- 51% of people over 75 live alone
- 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
- Those who are lonely are at higher risk of the onset of disability and those who are Deafblind are at considerable risk of loneliness
- 10 per cent of the over 65s say they are lonely or very lonely, and another 20% are occasionally lonely

The challenge - risks and triggers

- Demographic changes: single households, divorce
- Life changes: retirement and bereavement
- Disability: Sensory, cognitive disability or mobility
- Becoming a carer, ceasing to care
- Hospitalisation, moving house or into a care setting or institution



The challenge

– the health impact of loneliness



Loneliness is as bad for health as smoking 15 cigarettes a day.

It is associated with poor mental, physical and emotional health, including increased rates of cardiovascular disease, hypertension, cognitive decline and dementia.

Socially isolated and lonely adults are more likely to undergo early admission into residential or nursing care.

Opportunities to tackle loneliness



- Strategic and commissioning decisions about our health and wellbeing - we need better knowledge in each area and partnerships to deliver change
- Community action - a range of accessible services and activities – reaching and truly helping
- Personal action - for ourselves and others: Connect, Be active, Take notice, Keep learning, Give



Progress on tackling loneliness



- **A new nation-wide, population-wide loneliness measure** – Care and Support White Paper in June 2012
- *Loneliness Harms Health* - health and wellbeing boards across England to **adopt a target to reduce loneliness**
- Specialist **information for local authorities** and health and wellbeing boards about loneliness
- Events and international research conference **to share latest evidence with policy makers and practitioners.**
- **MP's campaigning with us** – special info for MPs



**Campaign to
EndLoneliness**
CONNECTIONS IN OLDER AGE

**Progress on
tackling
loneliness –
map of health
and wellbeing
boards tackling
loneliness**

Progress on tackling loneliness – example from Bristol Link Age



- Statistically significant decrease in social isolation and increase in self-reported wellbeing
- SROI: £1.20 was saved for every £1 spent (on a more cautious estimate of ROI).
- They will now seek to engage the Bristol Health and Wellbeing Board
- This evidence should encourage commissioners to allocate funding towards preventative projects like LinkAge.

Progress on tackling loneliness – example from Essex County Council

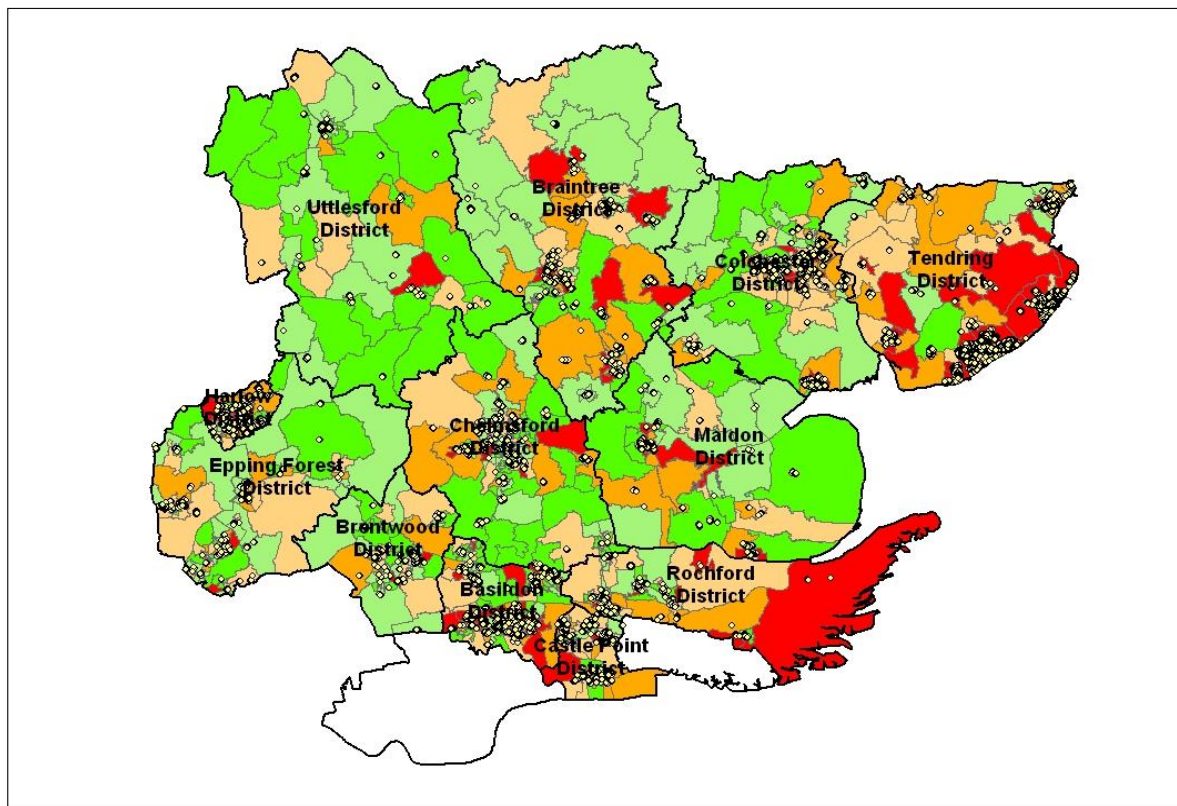


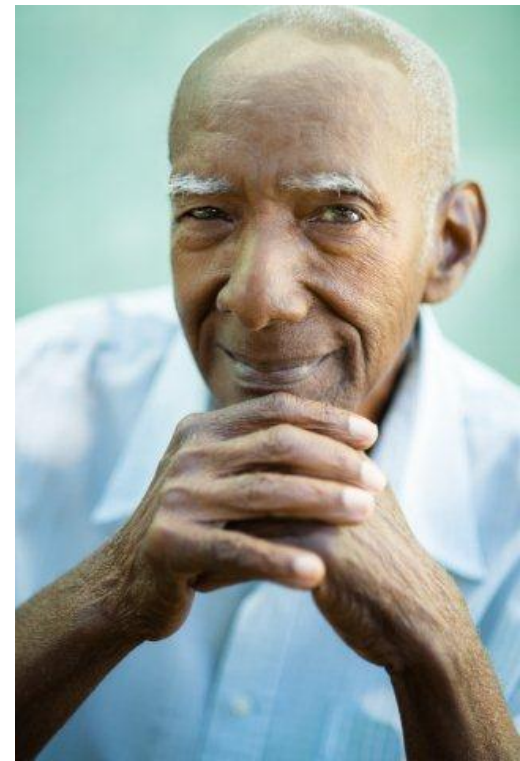
Figure 1: Essex County Council LSOA and household clusters (compiled with MOSAIC data) © Crown copyright. All rights reserved. Essex County Council 100019602, 2013

Next steps – working together

- Public health understanding the health impacts of loneliness
- Local groups getting their voices heard by health and wellbeing boards - *loneliness harms health*
- Health and wellbeing boards setting measures and targets to tackle loneliness
- Good measurement of the effectiveness of front line activities in reducing loneliness
- A better evidence base, with research partners: better understanding of risks, prevalence and what works

Working together to tackle loneliness

- HWB/ public health; be aware measures (see our toolkit for health and wellbeing boards), track loneliness in your JSNA
- National or community organisations: work in partnership with health and wellbeing boards to reach the most isolated; refer to appropriate services; measure your impact on loneliness.
- One – to – one: make contact count



For more information...



Website: www.campaigntoendloneliness.org.uk

Toolkit for health and wellbeing boards:

www.campaigntoendloneliness.org.uk/toolkit

Email us: info@campaigntoendloneliness.org.uk

Call us: 020 7012 1409

Write to us: Campaign to End Loneliness, 3 Rufus Street, London,
N1 6PE

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Analysis and Insights

National Wellbeing & Loneliness

Seminar on Public Health Approaches to
Social Isolation & Loneliness

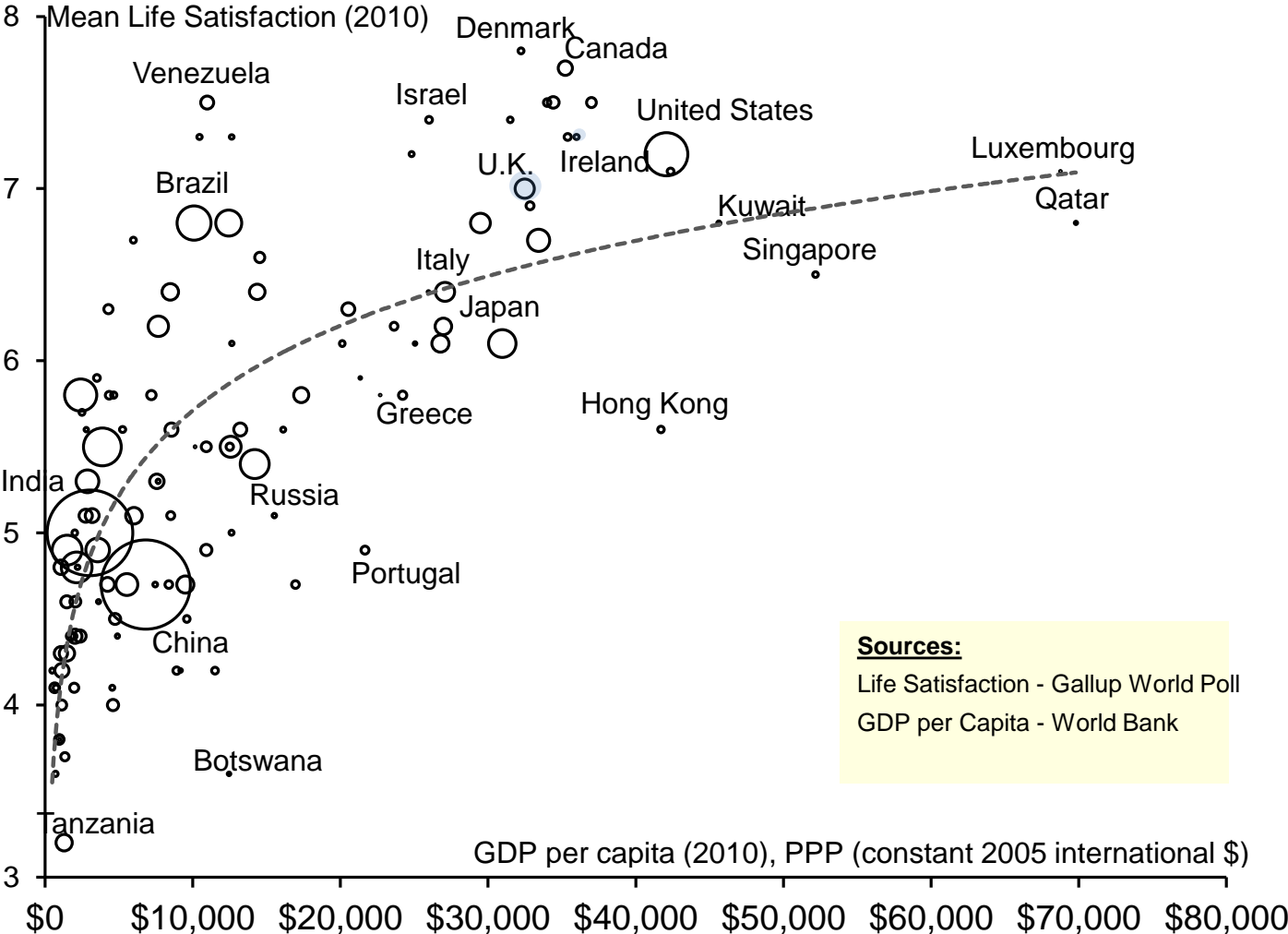
16 May 2013

**Making
government
work better**

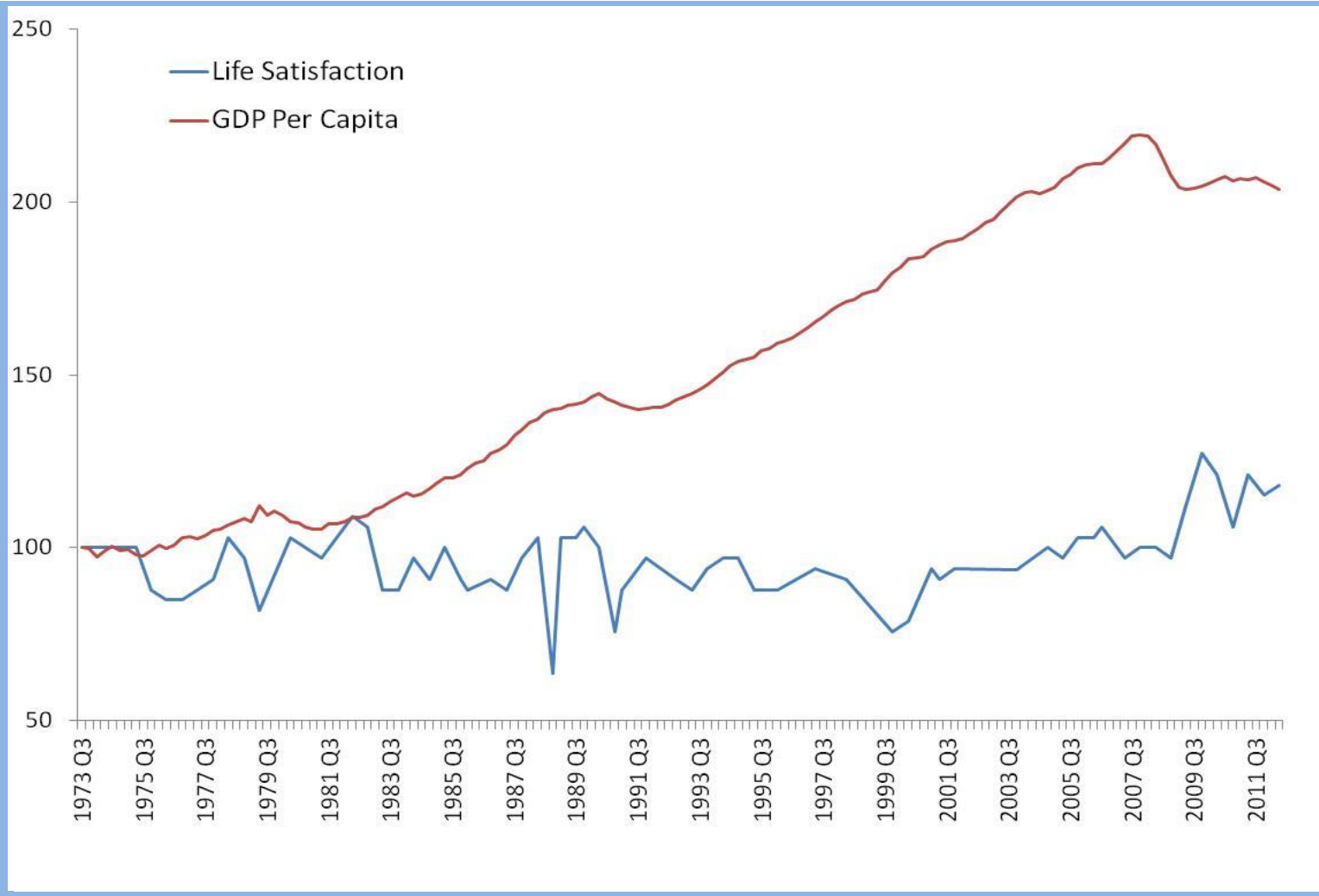
Key Points

- National Wellbeing
 - Why are we interested in it?
 - How are we measuring it?
 - What are we doing about it?
- Loneliness
 - Loneliness and wellbeing
 - Risk factors
 - Potential next steps

Diminishing returns to wellbeing from growth...



Little change in wellbeing in UK over 40 years...



UNCLASSIFIED

Many problems with GDP, need better measures of social progress

- GDP doesn't count things that are important:
 - volunteering, civic participation, leisure time...
 - democracy, control, freedom
- GDP counts things that are associated with decreases in wellbeing:
 - Reconstruction after natural disasters
 - Costs of commuting, divorce, crime...
- GDP is silent on:
 - Distribution, fairness, sustainability, risks...
- Need:
 - Better measures of social progress
 - To consider these in policy

Report by the Commission on the Measurement of Economic Performance and Social Progress

Professor Joseph E. Stiglitz, Chair, Columbia University

Professor Amartya Sen, Chair Adviser, Harvard University

Professor Jean-Paul Fitoussi, Coordinator of the Commission, IEP

www.stiglitz-unfitoussi.fr

Broad commitment to wellbeing

- Government/ Administration
 - PM, Cabinet Secretary
 - X-Whitehall SG, SITF
 - LAs and H&WBs
- Arms Length; Legatum Commission
- Political; APPG on Wellbeing, Environmental Audit Committee
- Civil Society
- International; OECD, UN, WEF, WHO, EC



How are we defining and measuring wellbeing?

- Informed by a national debate
- 38 measures/ 10 domains
- Objective and subjective
- Subjective wellbeing (SWB) :
 - How satisfied are you with your life nowadays?
 - How happy did you feel yesterday?
 - How anxious did you feel yesterday?
 - To what extent do you feel the things you do in your life are worthwhile
- Natural index of other measures
- Important for policy.....



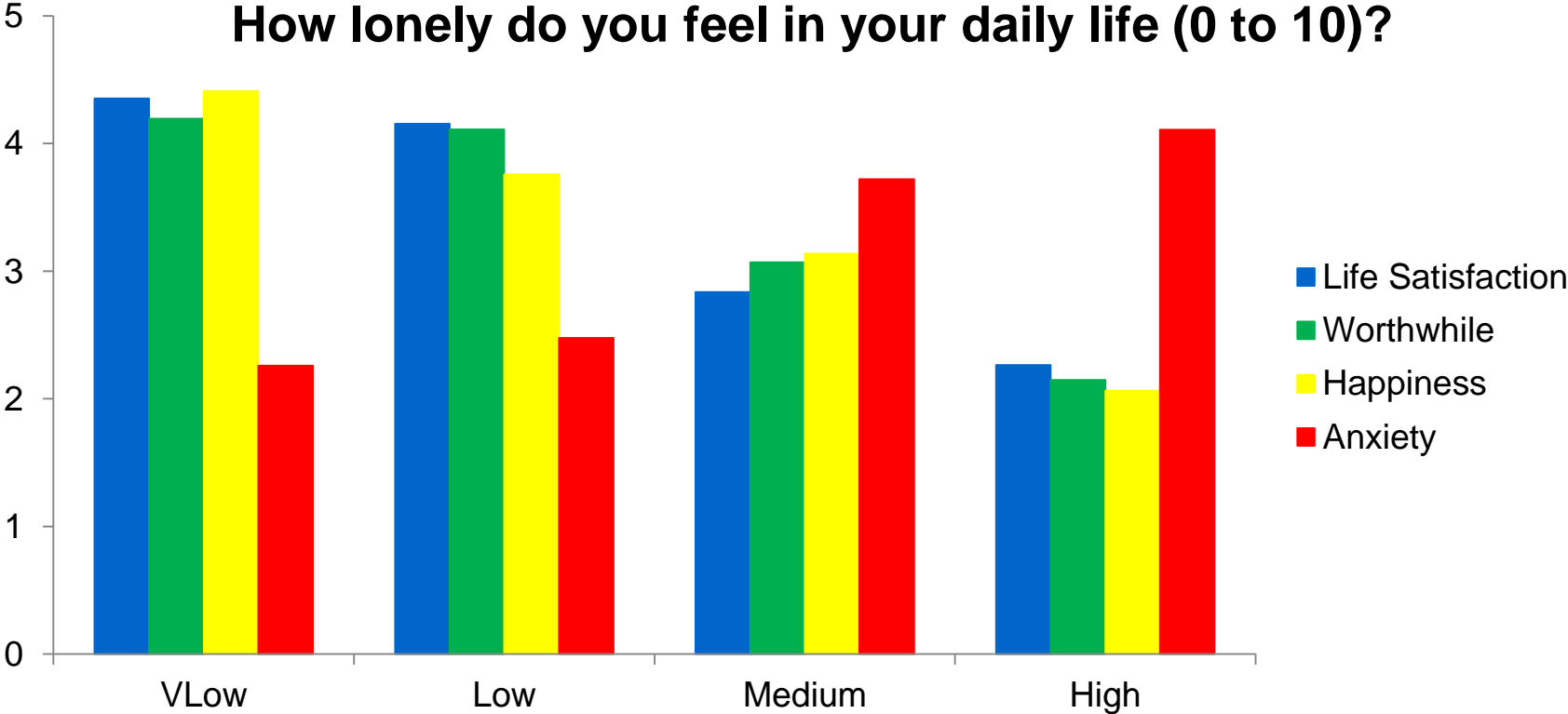
Wellbeing; framework to improve policy & services

- Direct and worthy objective in own right
- Instrumental/ helps to deliver other objectives
- Supports better decision making, promoting:
 - joined-up policy and services
 - innovation in policies and services
 - earlier intervention/ prevention
- Draws attention to important factors and cohorts not always considered in policy...
- ...including social networks and loneliness

Loneliness is a measure of subjective wellbeing

- Loneliness correlated with national wellbeing measures

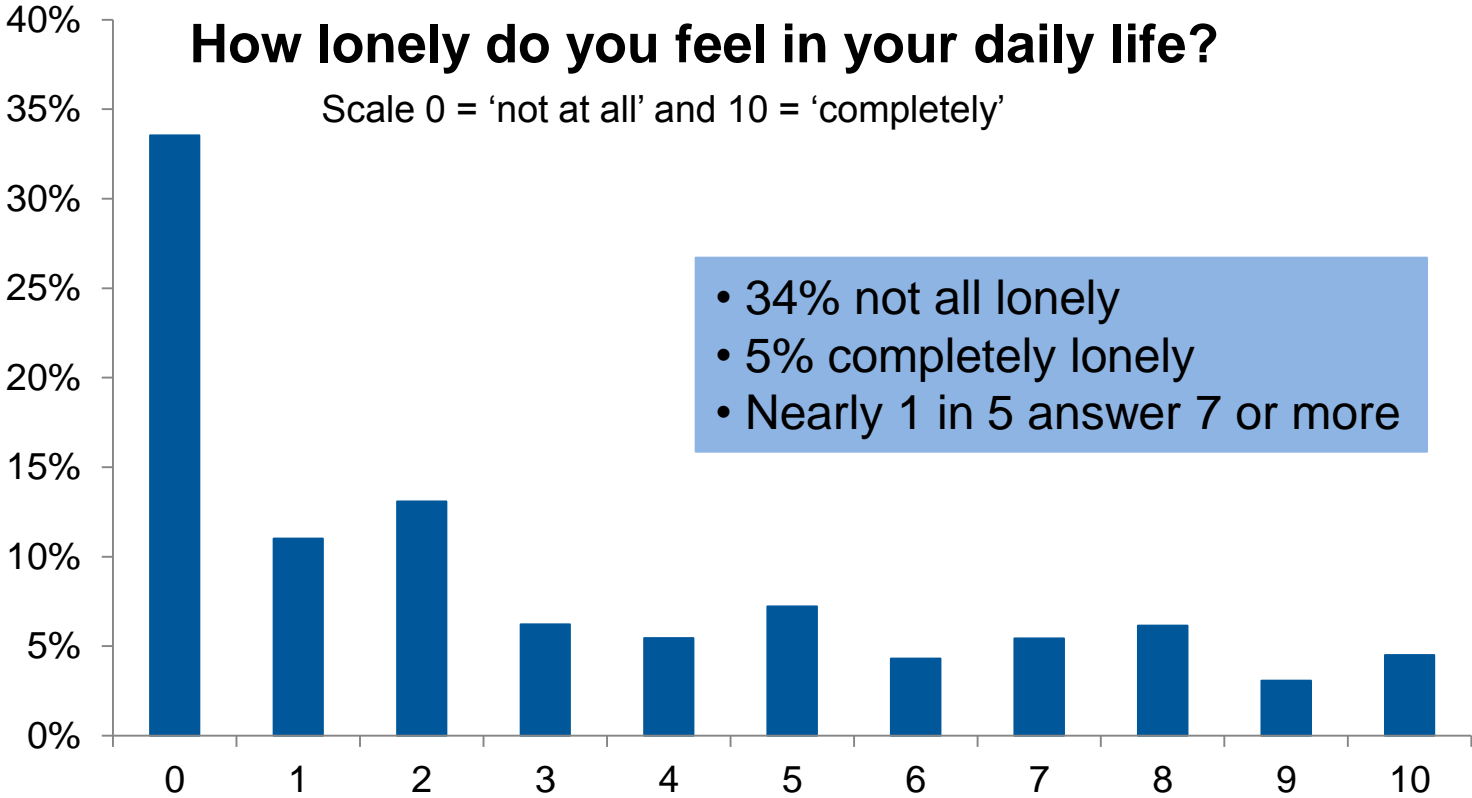
Mean



Source: Opinions Survey 2011 (n= 1037)

Nearly 20% GB adults answer 7 or more out of 10

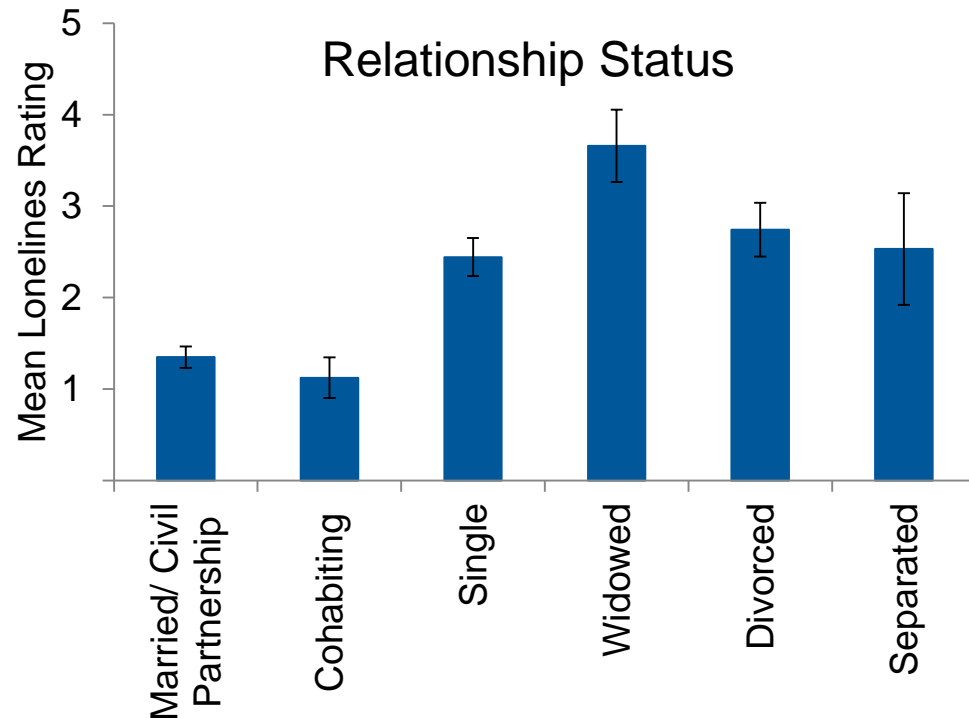
% Population (GB)



Source: Opinions Survey 2011 (n= 1037)

What explains variation in loneliness across GB?

- Self rated health, age, household size, relationships, access to a car, presence of children
- Intermediary and life events interventions could help



Local solutions... Community First Programme

Community First Project Clusters	Projects		Grants
Community meetings, events, festivals, fun days and street parties	363	£	452,405
Repair, refurbish, replace, improve or hire community facilities and equipment	355	£	483,878
Projects for youth and young people - camping, holiday clubs	339	£	506,812
Improve local environment and public spaces	269	£	378,775
Community sport particularly football and cricket	219	£	328,269
Support local membership groups, clubs and organisations e.g. youth clubs	204	£	287,572
Community health, fitness, exercise, dance sessions and nutrition activities	201	£	280,293
Community arts, theatre, drama, music, film making and dance	189	£	269,555
Projects to enhance life skills and particularly increase employability	151	£	248,636
Community gardening, particularly growing food	133	£	184,188
Outings, trips and social events particularly for the elderly, isolated & disadvantaged	131	£	127,993
Advice and support services for vulnerable groups e.g. debt advice	123	£	194,890
Parent, child and family projects and services	123	£	164,777
Food banks, meals, lunch clubs , cooking and nutrition support	108	£	154,973
Projects and schemes for vulnerable women	87	£	125,186
Projects and schemes to tackle Anti-Social Behaviour	85	£	123,179
Local heritage and history projects	47	£	60,835
Job clubs, training and employment support	46	£	73,097
Churches supporting community events, activities and outreach	43	£	59,168
Book share, and library projects - activities to encourage reading	29	£	39,707
Grand Total	3245	£	4,544,188

Next Steps

- Priorities
 - Robust national measurement of loneliness & isolation
 - Assessment of existing evidence on 'What Works'
 - Pipeline of new evidence - trials & evaluations
 - Sharing of evidence & data with/ between local areas
- Related Cabinet Office Work
 - Social Action
 - Open Policy
 - Behavioural Insights



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**Making
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Group Collaboration and Discussion



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