

## **Loneliness and social isolation in Lewisham.**

### **Summary:**

Social isolation and loneliness are different concepts though closely related and often used interchangeably. Social isolation is an objective state, whereby a person is cut off from society and does not have anyone to turn to for social support. Loneliness is a subjective state, it is an emotion and involves how an individual evaluates their level and quality of social contact.

The influence of social relationships on risk of death is comparable with well-established risk factors for mortality such as smoking and alcohol and exceeds the influence of physical activity and obesity.

Social isolation is a key precursor to loneliness and there are a number of risk factors for social isolation and loneliness that sometimes overlap. The main risk factors are:

- Transitory such as moving house
- Situational such as being a carer
- Geography such as isolated areas with poor transport
- Personal characteristics such as being over 75 years old
- Health and disability such as physical or cognitive impairments

Between 6–13 % of older people feel lonely often or always. In Lewisham this would mean that overall between 1,612 and 3,492 people who feel lonely often or always .

Other groups also suffer social isolation and loneliness but it is more difficult to estimate numbers.

There are an estimated over 10,000 people 65+ years living alone in Lewisham and this number is predicted to increase to 14,500 by 2030. Around 70% of those living alone 65+ are female.

Other groups at risk of social isolation and loneliness are also predicted to increase such as those with physical disability or long term limiting illness.

Effective interventions to prevent loneliness include:

- Group interventions with an educational focus.
- Targeted support activities eg at groups with shared characteristics such as young people who are lonely or those who live in a certain area
- Befriending
- Community Navigators who provide emotional, practical and social support and act as an interface between the individual, the community and public services
- Health Promotion- improving fitness such as attending local walking groups or healthy eating classes- which improve mental wellbeing and promote social connectedness.

## Loneliness and social isolation in Lewisham.

### Definition:

The terms loneliness and social isolation are often used interchangeably, but it is possible for people to be isolated but not lonely and vice-versa, and so clarity about what we are talking about is important. Loneliness is a subjective state– a response to people’s perceptions and feelings about their social connections –rather than an objective state. Isolation refers to separation from social or familial contact, community involvement, or access to services. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated. Social isolation is however a major precursor for loneliness, but can also be a consequence of loneliness. Social connectedness is a measure of the coming together of people and their social interactions. On an individual level, social connectedness can involve the quality and number of connections a person has.

### Risk factors for loneliness and isolation

There are a number of population groups vulnerable to social isolation and loneliness,(e.g. young care-leavers, refugees and those with mental health problems). Nevertheless, older people (as individuals as well as carers) have specific vulnerabilities owing to ‘loss of friends and family, loss of mobility or loss of income.

#### *Risk factors for social isolation and loneliness:*

Transitory	Life changes. Moving house. Changing job. Bereavement. Retirement. Divorce.
Situational/ Personal circumstances	Living alone. Carers. Single parents. Working anti-social hours. Unemployment.
Geography	Living away from friends and family. Poor access to public transport. Poor transport links. Living in an area with high levels of crime and material deprivation.
Personal Characteristics	Aged >75 years. Feeling discriminated against. Black and minority ethnic groups. Lesbian, gay or bisexual groups. Other minority groups. Poor social skills. Low self-esteem.
Health and disability	Poor physical health. Immobility. Cognitive impairment. Sensory impairment. Mental health problems.

### Impact of loneliness and social isolation

Research indicates that loneliness and social isolation’s influence on the risk of death is comparable with well established risk factors such as smoking and alcohol consumption and exceeds the influence of other important factors such as physical inactivity and obesity<sup>1</sup>.

There is also strong evidence of the link between loneliness and isolation and poor physical and mental health and wellbeing:

<sup>1</sup> Holt-Lunstad J, Smith TB, Layton JB (2010) Social relationships and mortality risk: a meta-analytic review. PLoS Med 7(7).  
<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.100031>

- Loneliness makes it harder for people to regulate behaviours such as drinking, smoking and over eating<sup>2</sup>
- It produces changes in the body that increase the risk of heart disease<sup>3</sup>.
- Lonely middle aged and older adults have a higher risk of hypertension and higher levels of loneliness are associated with greater increases in systolic blood pressure over time<sup>4</sup>.
- Lonely individuals are more prone to depression<sup>5</sup>. Loneliness is also associated with poor sleep and feelings of fatigue and low energy<sup>6</sup>.
- Loneliness can be linked to cognitive decline and dementia in older people. There is evidence that socially engaged older people experience less cognitive decline<sup>7</sup> and are less prone to dementia. The risk of Alzheimer's Disease almost doubles in older people suffering from loneliness<sup>8</sup>.
- Loneliness is also a significant predictor for the onset of disability amongst older men who live alone<sup>9</sup>.

### Loneliness in Lewisham

There is one indicator in the Public Health Outcomes framework that measures social connectedness which has two dimensions.

1.18i. % of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey.

<b>Table 1. Percentage of respondents to the Adult Social Care Users Survey who responded "I have as much social contact I want with people I like".</b>	
England	43.2
London	39.8

<sup>2</sup> Cacioppo JT and Patrick W. Loneliness: Human Nature and the Need for Social Connection. Norton and Company Inc (2008)

<sup>3</sup> Ong AD, Rothstein JD, Uchino B (2012) Loneliness Accentuates Age Differences in Cardiovascular Responses to Social Evaluative Threat. Psychology and Ageing 27 (1).  
<http://www.ncbi.nlm.nih.gov/pubmed/>

<sup>4</sup> Hawkey LC, Thisted RA, Masi CM, Cacioppo JT (2010) Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. Psychol Aging 25(1)

<sup>5</sup> Cacioppo JT, Hughes ME, Waite LJ, Hawkey LC, Thisted RA (2006) Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. Psychol Aging 21(1)  
<http://www.ncbi.nlm.nih.gov/pubmed/16594799>

<sup>6</sup> Cacioppo JT, Hawkey LC, Berntson GG, Ernst JM, Gibbs AC, Stickgold R, et al. (2002) Do lonely days invade the nights? Potential social modulation of sleep efficiency. Psychol Sci 13(4)  
<http://psychology.uchicago.edu/people/faculty/cacioppo/jtcreprints/dolonedays2002.pdf>

<sup>7</sup> James BD, Wilson RS, Barnes LL, Bennett DA (2011). Late-life social activity and cognitive decline in old age.  
<http://archpsyc.jamanetwork.com/article.aspx?doi=10.1001/archpsyc.64.2.234>

<sup>8</sup> Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. (2007) Loneliness and risk of Alzheimer disease. Arch Gen Psychiatry 64(2)  
<http://www.ncbi.nlm.nih.gov/pubmed/17283291>

<sup>9</sup> Lund R, Nilsson CJ, Avlund K. (2010) 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 39(3)  
<http://ageing.oxfordjournals.org/content/39/3/319.long>

Lewisham	40.8*
Lambeth	39.8
Southwark	40.1

Source: <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/3/par/E12000007/are/E09000023>

\*indicated there is a data quality issue with this value

1.18ii. The percentage of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey:

<b>Table 2 The percentage of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey.</b>	
England	41.3
London	36.5
Lewisham	36.7*
Lambeth	39.4*
Southwark	29.8*

Source: <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/3/par/E12000007/are/E09000023>

\*indicated there is a data quality issue with this value

Initially this indicator is focussing on social care users and carers rather than the broader population. However, the problems of loneliness and social isolation are not limited to these groups, and all parts of the health and care system have a role to play in preventing and reducing social isolation and loneliness in the broader population. The Department of Health will therefore continue to pursue development of a population based measure of loneliness with a view to include this in both the ASCOF and PHOF in future years.

As noted above older people are most of risk of being lonely. Studies reported in a briefing by Oxfordshire Age UK<sup>10</sup> estimated that :

- 6–13 %of older people who feel lonely often or always
- 12 % of older people feel trapped in their own home
- 6 % of older people leave their house once a week or less
- 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.
- 36 %of people in the UK aged 65 and over feel out of touch with the pace of modern life
- 9 % say they feel cut off from society
- 50% of all older people say that the television is their main form of company.

In 2014 it is estimated that there are 26,863 people aged 65+ in Lewisham extrapolating to the 2014 estimate, it suggests that there are between 1,612 and 3,492 people who feel lonely often or always .

The following estimates relate to people aged 65+ in Lewisham in 2014 and identifies those groups that are at risk of loneliness and isolation ( sourced : [www.poppi.org.uk](http://www.poppi.org.uk))

- 2399 people aged 65+ are estimated to have a moderate or severe visual impairment.

<sup>10</sup> **Safeguarding the Convoy** A call to action from the Campaign to End Loneliness ( 2011) Oxfordshire Age UK and Campaign to End Loneliness

- 11,627 people aged 65+ are estimated to have a moderate or severe hearing impairment.
- 2,386 aged 65+ are estimated to have depression.
- 7647 aged 65+ are estimated to be living with a Limiting long-term illness defined as 'people whose day-to-day activities are limited a lot'.

Table 3 illustrates the number of people aged 65+ and 75+ living in Lewisham by ward based on 2011 census.

**Table 3** Number of older residents in Lewisham by ward,

Area Name	People aged 65+	65+ as % of ward population	People aged 75+	75+ as % of ward population
Bellingham	1,505	10%	724	5%
Blackheath	1,531	11%	755	5%
Brockley	1,110	6%	476	3%
Catford South	1,726	11%	815	5%
Crofton Park	1,358	9%	619	4%
Downham	1,856	13%	978	7%
Evelyn	997	6%	424	3%
Forest Hill	1,491	10%	727	5%
Grove Park	1,842	13%	927	6%
Ladywell	1,287	9%	566	4%
Lee Green	1,588	11%	760	5%
Lewisham Central	1,463	8%	700	4%
New Cross	937	6%	395	3%
Perry Vale	1,492	10%	715	5%
Rushey Green	1,337	9%	660	4%
Sydenham	1,854	12%	911	6%
Telegraph Hill	1,146	7%	472	3%
Whitefoot	1,615	11%	870	6%
Lewisham	26,135	9%	12,494	5%

Source: Census 2011.

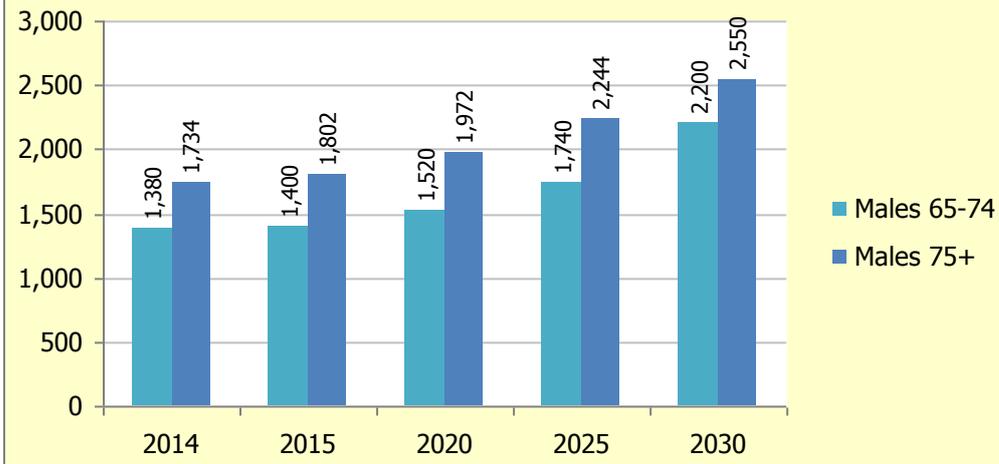
Deprivation is associated with increased loneliness<sup>11</sup>, the most deprived wards in Lewisham are Evelyn, Bellingham Downham and Whitefoot, the latter two have a high proportion of people aged 65+.

In the 2011 Census 8.6% ( 10,000) one person households in Lewisham were inhabited by a person aged 65+.

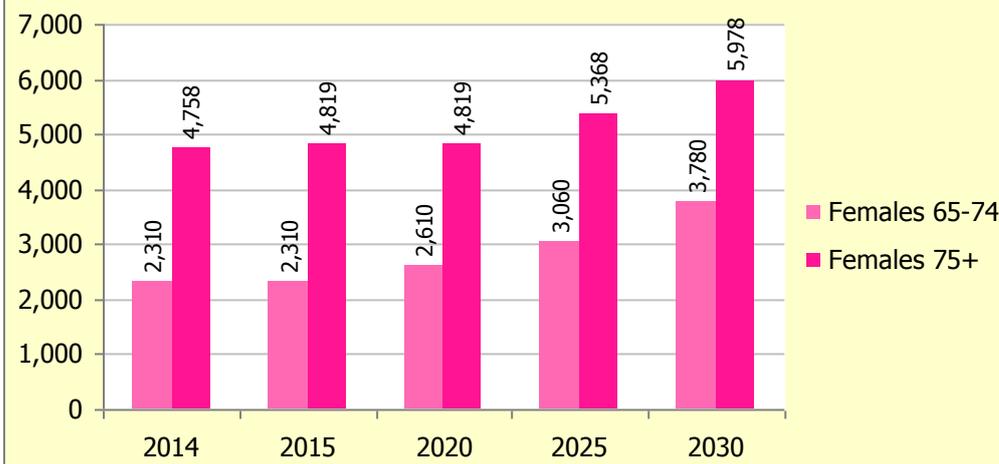
The following three charts provide projections of male and females aged 65+ and 75+ who are estimated to be living alone now in 2014 and by 2030. In the next sixteen years it is estimated that the number of males and females living alone in Lewisham will increase by over 4,000 people.

<sup>11</sup> Demakakos P; Nunn S; Nazroo J (2006 ) Loneliness, relative deprivation and life satisfaction In: Banks, J and Breeze, E and Lessof, C and Nazroo, J, (eds.)

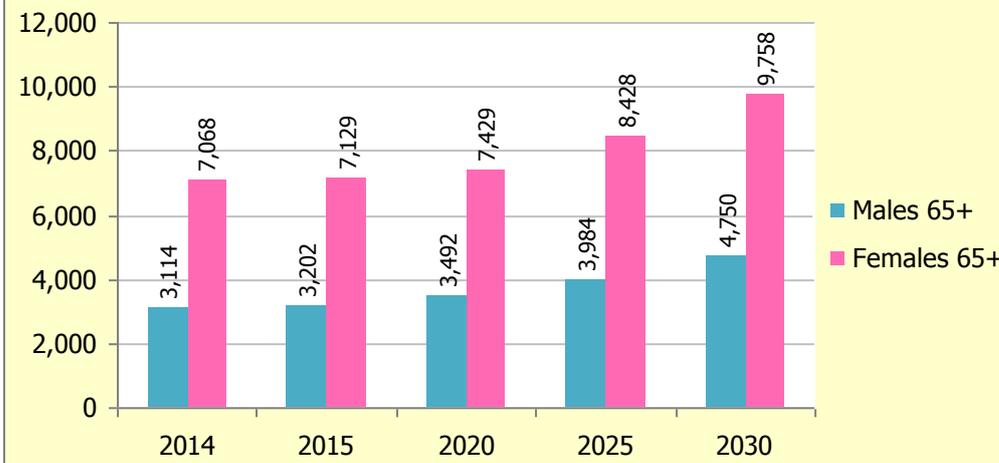
**Figure 1: Projections for older males living alone in Lewisham**



**Figure 2: Projections for older females living alone in Lewisham**



**Figure 3: Comparing projections for males and females aged 65+ living alone in Lewisham**



The focus of this briefing is on older people but there are estimated in 2014 over 17,000 people aged 18-64 who have a moderate or severe physical disability. Also there are a significant number of lone parent households in Lewisham with dependent children, which can also lead to loneliness and social isolation.

**Table 4: Number of lone parent households in Lewisham, 2011 census**

	<b>Lone parent households: With dependent children</b>	<b>Male lone parent</b>	<b>Male lone parent not in employment</b>	<b>Female lone parent</b>	<b>Female lone parent not in employment</b>
Actual Number	13239	1121	457	12118	5444
Percentage	-	8.5	3.5	91.5	41.1

## Tackling Loneliness

Combating loneliness- A guide for local authorities, published by the Local Government 2012<sup>12</sup> sets out a three tiered framework for tackling loneliness – at a strategic level, in local communities and through one-to-one work with individuals. The guide provides detailed actions which local authorities and other statutory bodies and partners can take to tackle loneliness and case studies of good practice in the context of an overall framework for action.



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Key messages are:

- The best action to combat loneliness is best delivered in partnership.
- Action to combat loneliness should take place in the context of a wider strategy to promote older people's wellbeing.
- Include "addressing loneliness" as an outcome measure in all council strategies for ageing. Ensuring it is recognised and acted upon across every area of the authority's work.

<sup>12</sup> LGA (2012) Combating loneliness : A guide for Local Authorities

- Work at neighbourhood level, to understand and build on existing community capacity and assets.
- Recognise and respond to individual needs and circumstances , making sure general services are responsive to meet the needs of those who are lonely as well as providing specific interventions.

The Social Care Institute for Excellence in a research briefing<sup>13</sup> report that Group interventions with an educational focus and Targeted support activities are effective .Research shows that people can relate more easily to people who are similar to themselves, in particular in terms of age, generation and gender. So for elderly populations, targeting older adults who are lonely could be beneficial as they then may be encouraged to volunteer themselves and reach out to similar individuals. In this way community engagement can be enhanced by encouraging older people to volunteer. Interventions that are effective include the following;

#### *Befriending*

As well as preventing loneliness and isolation, befriending services can act to treat and manage people who are lonely. Befriending services may be particularly beneficial for those who are frail and housebound and who might not get many opportunities for social interaction.

#### *Community Navigators*

There is good evidence that one to one interventions and community navigators reduce loneliness and improve health and well-being. Community navigators can provide emotional, practical and social support and act as an interface between the community and public services, being instrumental in signposting people to appropriate services.

#### *Health Promotion*

Health promotion including local fitness classes and healthy eating classes not only serve to improve general health and fitness, but can improve mental well-being and social connectedness through group activities and people working towards a goal.

The Campaign to End Loneliness has developed a tool-kit for Health and Wellbeing Boards suggesting a four stage approach: Gather Information, : Feed into Strategy: Strengthen Partnerships; Monitor and Evaluate. It also provides case studies.

<http://campaigntoendloneliness.org/toolkit/>

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<sup>13</sup>Social Care Institute for Excellence ( 2011) Preventing loneliness and social isolation: interventions and outcomes