UCL

THE LINKS BETWEEN SOCIAL CONNECTIONS AND WELLBEING IN LATER LIFE

CONTENTS

EXECUTIVE SUMMARY

A research team, from the Department of Epidemiology and Public Health at University College London (UCL), has been investigating the mental wellbeing of older people. This research, funded by the Economic and Social Research Council, has addressed a number of different issues including social networks, social isolation and the impact caregiving has on emotional wellbeing.

This report, the first in a two part series summarising the UCL research and exploring the policy implications of the work, focusses on the UCL findings on social relationships and subjective wellbeing, which find that:

- **The loneliest and most socially isolated individuals have consistently lower levels of subjective wellbeing than older people who are more socially connected.**

- **Both the size of an individual's social network and their frequency of contact with that network are positively associated with wellbeing over 6 years of follow up.**

- **While older people begin to see a rise in their wellbeing in later life, those who are socially isolated do not.**

The report addresses the wider context of these findings, highlighting how our rapidly ageing population could potentially lead to greater numbers of lonely and socially isolated older people if nothing is done to address this issue. It also looks at loneliness and isolation over the life course, showing how people's situation changes as they age, and life events such as children leaving home, retirement and the death of a partner may lead to increasing levels of loneliness and social isolation.

The report explores the policy implications of the UCL research, highlighting that while social isolation and loneliness among older people have been rising up the policy agenda in recent years, the true extent of the loneliness problem is not currently fully known as the Government only measures loneliness among those in care or caring for others. The report also finds that less than 10% of Health and Wellbeing Boards, the bodies set up to address health issues in each local authority area, contain measurable actions or targets on loneliness in their public health strategies.

The report outlines changes, informed by these findings, which could help to ensure that everyone is better placed to enjoy their later life.

Specifically this report recommends that:

- **People to prepare for their old age by building up and sustaining a range of friendships over the life course.**

- **People should consider how their accommodation and transport choices earlier in life may affect their ability to maintain links with family and wider social networks.**

- **Older people report they are loneliest in the evenings and at weekends[1]. Special occasions such as Christmas and Birthdays are also lonely times. Interventions and service provision should take this in to account.**

- **Services should also be targeted at hard to reach groups including older men and older people in BME, LGBT and rural communities.**

- **Health and Wellbeing Boards need to better engage with loneliness as a key issue by developing clear and measurable targets for reducing loneliness and isolation.**

- **National Government should introduce a wider measure for loneliness to enable local authorities and charities to allocate their resources to the areas that will make the biggest impact on loneliness amongst older people.**

INTRODUCTION

Traditionally, wellbeing has been measured by Governments across the world in the context of GDP. However, over recent decades, there has been increasing concern that simple economic growth is not a good measure of wellbeing. As such, governments are increasingly interested in alternative measures and in 2011, the Prime Minister David Cameron announced the creation of a national wellbeing index which records our life satisfaction and happiness. This interest in the wider national wellbeing shows that the Government is becoming more aware of the negative effects psychosocial factors such as social isolation and loneliness can have on people's lives. Indeed, Norman Lamb, Minister of State for Care and Support, recently announced that Local Authorities now have a duty to measure loneliness and isolation[2].

Older adults face a number of challenges, including bereavement, illness and their children moving away, which can drastically reduce their social interaction, making them among those most at risk of isolation and loneliness. Furthermore, the UK is experiencing a number of societal trends; such as longer lives, increased rates of divorce amongst older people and spending cuts which have the potential to adversely impact the way that social relationships are formed and maintained across the life course.

While significant research exists on the negative effects of social isolation and loneliness on people's wellbeing, there is limited longitudinal research examining how this changes over time. Using data from the English Longitudinal Study of Ageing the researchers from UCL have gone some way to filling this gap. In the two recent papers[i] which are explored in this report, Dr Aparna Shankar, Dr Snorri Rafnsson and Professor Andrew Steptoe examine the impact of social relationships on the wellbeing of older people over a 6-year period.

To complement the UCL work, ILC-UK have conducted focus groups with members of the Lewisham Pensioners Forum to get an idea of how the UCL findings relate to the lived experiences of older people. Participants discussed the issues they faced regarding social isolation and loneliness, and quotes from this focus group can be found throughout the report.

i A. Shankar, S. Rafnsson and A. Steptoe (2014) Longitudinal associations between social connections and subjective wellbeing in the English Longitudinal *Study of Ageing, Psychology & Health*, 1-13. doi:10.1080/08870446.2014.979823
S. Rafnsson, A. Shankar and A. Steptoe (in press) *Social network characteristics and subjective wellbeing over six years: The English Longitudinal Study of Ageing. Journal of Aging and Health*

CONTEXT

The UK's population is ageing. There are currently 11 million people aged 65 or over[3], and this number is projected to rise by nearly 50% in the next 17 years[4]. Moreover, there are already 2.97 million persons aged over 80[5] and close to half a million aged over 90[6] and by 2030 it is expected that this will rise to 5.3 million over 80 and 1.2 million over 90[7]. As a result, there is the potential for a large increase in the numbers of older people suffering from loneliness and social isolation. This is concerning in its own right, but it also poses budgetary issues, with medical and economic research suggesting that loneliness and isolation are likely to increase health costs[8].

An individual's social life can be measured across a number of dimensions – the size of their social network, the frequency of contact with others, feelings of loneliness or participation in social activities. The terms social isolation and loneliness are often used interchangeably but they are distinct concepts. **Social isolation** refers to separation from social or familial contact, and community involvement. **Loneliness**, by contrast, can be understood as an individual's personal, subjective sense of lacking these things to the extent that they are wanted or needed[9]. Therefore, it is possible to be isolated without being lonely, and vice versa. For example, an older person may live on their own, without seeing many people, and not be lonely. Similarly, another person could be living among many other people, perhaps in a care home, and feel lonely because their relationships with the people around them don't bring them happiness.
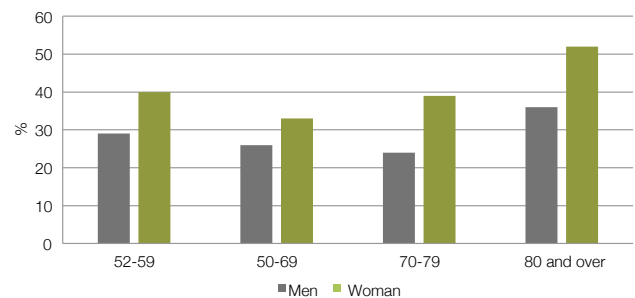
14% of older men and 11% of older women live in moderate to high social isolation[10], while 34% of older people say they feel lonely sometimes or often[11]. Data collected as part of the English Longitudinal Study of Ageing shows that loneliness increases with age and with the deterioration of individual's health[12]. Loneliness is also linked to low socio-economic status and a lack of contact with family members[13].

Both social isolation and loneliness are slowly being seen as public health issues, as they have been shown to have significant effects on older people's health. Loneliness in older people is associated with high blood pressure[14], an increased number of GP visits, and higher incidences of falls[15]. It has also been linked to cognitive decline[16] and depression[17]. Furthermore there is evidence that loneliness can lead to earlier admission to a care home[18].

> **"Unfortunately friends, family and neighbours sometimes move long distances or migrate. This makes it difficult to visit. In the worse case scenario people die."**
> Lewisham Pensioners Forum
> focus group participant

Figure 1: **Feeling lonely (some of the time or often): by age group and sex 2009–10**

Source: Measuring National Well-being - Older people and loneliness, ONS using ELSA data

Figure 2: **Loneliness and long standing illnesses among older people**

Source: Measuring National Well-being - Older people and loneliness, ONS using ELSA data

Figure 3: **Frequency of loneliness by marital status**

Source: Measuring National Well-being - Older people and loneliness, ONS using ELSA data

KEY FIGURES

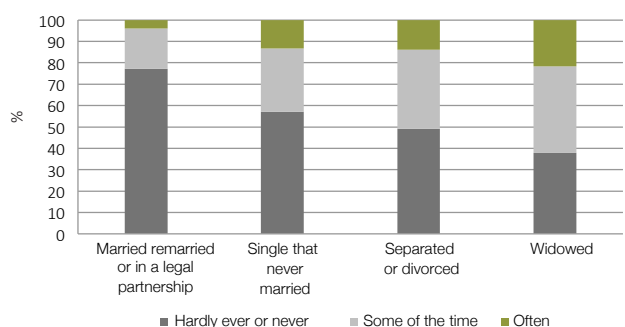**Of the 10.8 million people aged 65 or over in the UK, 3.8 million live alone (36%)[19]. 70% of these are women.[20]**

23% of older men and 15% of older women have less than monthly contact with their children, while 19% older men and 12% of older women have less than monthly contact with their friends[21].

9% of older people feel trapped in their own home[22] and 6% leave the house once a week or less[23]. 24% of pensioners do not go out socially at least once a month[24].

41% of people aged 65 and over in the UK feel out of touch with the pace of modern life and 12% say they feel cut off from society[25].

49% of people over 65 say that television or pets are their main form of company[26].

46% of those over 80 said they felt lonely some of the time or often.[27]

Social isolation and loneliness have been shown to have a detrimental effect on people's health and are associated with increased risk of mortality[28]. The impact of poor social relationships on mortality are comparable to smoking and alcohol consumption, and exceed the impacts of physical activity and obesity[29].

People with a high degree of loneliness are twice as likely to develop Alzheimer's as people with a low degree of loneliness.[30]

A third of people with dementia said they lost friends following their diagnosis[31].

12% of older people would like to visit their family more often, and of these 76% cite transport or mobility issues as a barrier[34].

56% of older people report difficulties using a bus, 53% report problems using trains and 42% report difficulties walking or cycling[35].

LONELINESS AND SOCIAL ISOLATION OVER THE LIFE COURSE

People who may not have been particularly isolated or lonely when they were younger may find their situation changes as they age. A number of different life events contribute to this:

50s - Children leaving home

With the majority of children (75%) leaving the parental home before the age of 26[36], people who had children in their late 20s and early 30s can expect to see their nest become empty during their 50s.

For 10% of older people, their nearest child lives over an hour's drive away[37]. How often an older person sees their children, and how far away their children live, has an important impact on their isolation and feelings of loneliness. Older people who are only able to see their children once a month or less have been shown to be twice as likely to feel lonely than those who are able to see their children every day[38].

60s - Retirement

The average age of retirement in the UK is around 65 for men and 62 for women[39]. Retirement means an end to the everyday social interaction of the workplace. While some retirees take on voluntary work, or engage in community groups, retirement can often result in a significant shrinking of an individual's social network. Retirement can also lead to a drop in income, leaving older people with less money to engage in costly hobbies.

70s – Loss of mobility

As people get older they become less mobile, making it harder for them to visit friends and family. 18% of adults aged 60- 69, 38% of adults aged 70 and over, have a mobility difficulty[40]. Only 35% of those over 65 say they spent time with friends most days or every day in the past 2 weeks, and 12% never spent any time with friends[41].

80s – Death of a partner

Over 50% of women, and over 20% of men, aged 80 are widows or widowers[42]. **These figures rise to over 80% of women and 50% of men aged 90+.**

The death of a partner often leaves individuals living alone and can greatly increase their isolation and loneliness. This may be especially true for older men who are more likely to depend on their wives to connect them to social networks[43].

LONGITUDINAL ASSOCIATIONS BETWEEN SOCIAL CONNECTIONS AND SUBJECTIVE WELLBEING

Recent research by Dr Aparna Shankar, Dr Snorri Rafnsson, and Professor Andrew Steptoe from the UCL Department of Epidemiology & Public Health, examines the role of social relationships in determining well-being in older people[44]. In this report we discuss two papers from their wider research project, *Longitudinal associations between social connections and subjective wellbeing in the English Longitudinal Study of Ageing* and *Social network characteristics* and *subjective wellbeing over six years: The English Longitudinal Study of Ageing.* These papers investigate the impact of older individuals' social networks, social isolation and loneliness on their subjective wellbeing.

Research Design

Using data from the English Longitudinal Study of Ageing (ELSA) the UCL researchers were able to obtain data on both older individual's social relationships and their subjective wellbeing over a period of 6 years. The researchers investigated a number of aspects of individual's social life; the size of their social network, how often they were in touch with members of that network, their levels of loneliness and the diversity in their social relationships.

> ### ELSA
>
> The English Longitudinal Study of Ageing (ELSA) collects long term data, covering a range of topics, on the English population aged 50 and older. It collects data relating to health and disability, biological markers of disease, economic circumstance, social participation, networks and well-being.
>
> The data used in this research came from waves 2 to 5 five of ELSA, and was collected between 2004-2005 and 2010-2011

Using statistical analysis the UCL researchers looked at:

1. Changes in older people's subjective wellbeing over time and the links between social isolation, loneliness and subjective wellbeing.

2. The link between different dimensions of an individual's social network and their subjective wellbeing over time.

These analyses adjusted for the latter paper/analysis also "adjusted" for relationship status and work participation in addition to these covariates.

"It does get more difficult to relate to younger people. Families disperse, and neighbours are out at work. A good partner is a life saver (if you are lucky)"
Lewisham Pensioners Forum focus group participant

"I've found my social circle diminishing"
Lewisham Pensioners Forum focus group participant

"After retirement I seem to have lost touch with workplace friends over the years and with those who now live much further away"
Lewisham Pensioners Forum focus group participant

SOCIAL ISOLATION, LONELINESS AND WELLBEING

In their first analysis[ii], the researchers examined how isolation and loneliness related to wellbeing over a 6-year period. They examined two aspects of wellbeing, namely how much individuals enjoyed their life and their overall life satisfaction.

An index of **social isolation** was calculated using ELSA data on whether or not the individual lived with a partner, whether or not they belonged to any clubs, organisations or religious groups, and how frequent their contact was with their friends, family and children.

Subjective feelings of **loneliness** were measured using the short form of the revised UCLA Loneliness scale[45]. The scale is calculated by asking ELSA participants questions about their companionship and feelings of loneliness.

Subjective Wellbeing

Enjoyment of life captures mood or feeling in a specific time frame[46] and was measured using the 4 item pleasure subscale of the CASP quality of life questionnaire. Individuals were presented with statements such as *I enjoy the things I do,* and were then asked to respond with *Never, Not often, Sometimes* or *Often.* Individual's responses across the statements were summed to form the enjoyment of life scale, with scores ranging from 0-12, where a higher score represents a greater enjoyment of life.

Life satisfaction was measured using the Diener Life Satisfaction scale. Individuals were given statements such as *In most ways my life is close to my ideal* and were asked to respond based on a 7 point scale ranging from *Strongly agree* to *Strongly disagree.* Their responses were summed to create a score, which ranged between 0 and 30, where a higher score represents a greater enjoyment of life.

Quality of life was assessed using the CASP-19 scale, which takes in to account four main domains: control, autonomy, pleasure and self-realization. The four domains are collated to give a score from 0 to 57 where a higher score indicates a greater quality of life.

> **"You have more free time to enjoy life and things you have always wanted to do, whether with a spouse or partner or friends, e.g. joining a club, travelling, learning new skills or making new friends"**
>
> **Lewisham Pensioners Forum focus group participant**
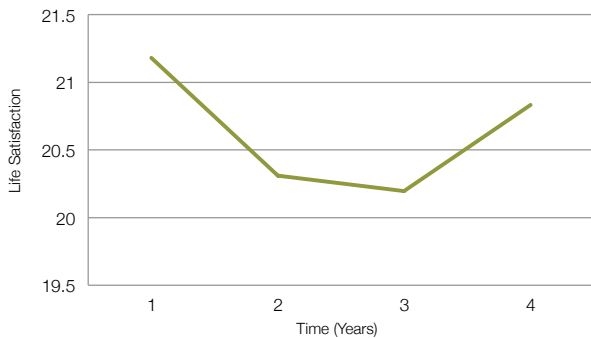
Findings

- **Over the 6 year period older individual's subjective wellbeing showed an initial drop but then increased.**

- **Lonelier older people, and those who were more socially isolated, had consistently lower levels of enjoyment of life and life satisfaction than older people who were less isolated.**

- **However, while the wellbeing of older people who were identified as having a low or medium levels of social isolation then increased over time, the most socially isolated older people showed a sustained decline in their enjoyment of life and only small increases in life satisfaction over the 6-year period.**

- **The loneliest participants had lower levels of wellbeing compared to those who were less lonely.**

Changes in wellbeing over time

Traditionally, there has been an assumption that people get unhappier as they age due to the side effects of the ageing process, for example having a reduced physical capacity. However, the UCL researchers found that while older people's wellbeing did initially drop, it then increased over time, as seen in Figure 4. This was the case for both enjoyment of life and life satisfaction.

ii A. Shankar, S. Rafnsson and A. Steptoe (2014) Longitudinal associations between social connections and subjective wellbeing in the English Longitudinal Study of Ageing, Psychology & Health, 1-13. doi:10.1080/08870446.2014.979823
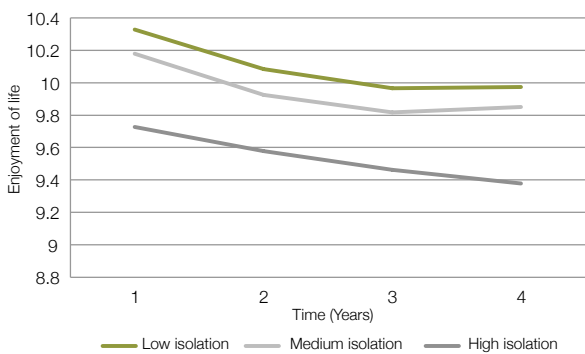
Figure 4: **Life satisfaction in older people over time**

This result supports a growing body of research which shows that life satisfaction is U shaped through life[47], with wellbeing reaching its lowest point in middle age and then increasing afterwards. A number of explanations of rising wellbeing in later life have been put forward. These include older individuals finally adapting to their strengths and weaknesses and dealing with infeasible aspirations. Alternatively, if happier individuals systematically live longer than miserable ones, then the U shape is formed via a selection effect[48].

Social isolation, loneliness and wellbeing

Unsurprisingly, older people who were more socially isolated had consistently lower levels of both life satisfaction and enjoyment of life than older people who were less isolated.

Figure 5: **Enjoyment of life and social isolation over time among older people (Shankar et al)**
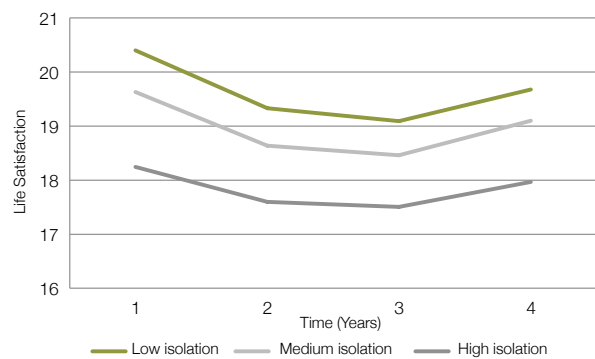

As shown in figure 5, over time, individuals with low and medium levels of isolation began to show increases in their enjoyment of life. However, those who were most isolated showed a sustained decrease in enjoyment of life. Furthermore, isolated older people only saw

"Houses become very lonely places. I am not invited [to social occasions] as often as when there were two of us, or before I become less able. People move away"
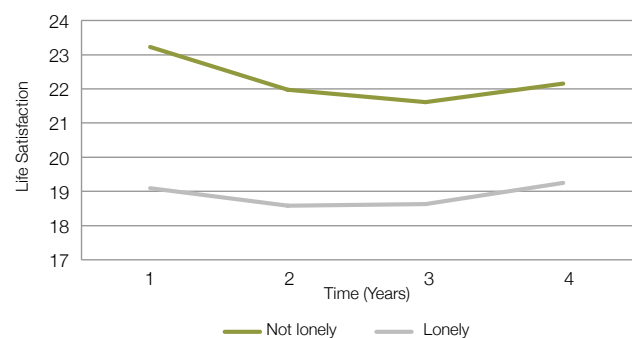
Lewisham Pensioners Forum focus group participant

small increases in life satisfaction over time, as illustrated in figure 6. This bucks the general trend found in older people of increasing age coinciding with increasing happiness.

Figure 6: **Life satisfaction and social isolation over time among older people (Shankar et al)**

As shown in figure 7, the loneliest older people had consistently lower levels of life satisfaction than older people who were less lonely. Although both lonely and not lonely groups showed increases in wellbeing with time, these increases were smaller in the lonely participants. Lonely individuals were also shown to have significantly lower enjoyment of life than other older people.

Figure 7: **Life satisfaction and loneliness over time among older people (Shankar et al)**

SOCIAL NETWORK CHARACTERISTICS AND SUBJECTIVE WELLBEING

In a second analysis[iii] the researchers examined which aspects of the social network might be most important to well-being. They looked at the number of close relationships people had, how often they contact family, friends and children and if/how many immediate family, children and friends they had. They looked at how these relationships impacted on changes in overall quality of life and life satisfaction over a 6-year period.

Network size - Using ELSA questions on the number of close relationships respondents had with their children, other family, or friends the researchers gave individuals a network size score ranging from 0-30.

Network contact frequency – Using ELSA questions on how often respondents meet up with, speak on the phone to, or e-mail/write to their children, other family or friends the researchers created a total contact frequency scale score, ranging from 0-18.

Network diversity – Using ELSA questions regarding whether respondents had any children, other immediate family or friends the researchers formed a scale ranging from 0-3, where higher scores representing increased social network diversity.

Findings

- **Older adult's levels of life satisfaction and quality of life increased as social network diversity, size and network contact frequency increased.**

- **Older adult's life satisfaction was greatest amongst those with the largest social networks, and highest contact frequency.**

- **Network diversity was less important to older people's wellbeing than network size and contact frequency.**

Network size

The UCL researchers found that the size of an older individual's social network had a positive association with both their satisfaction with life and

their quality of life, as shown in figures 8 and 9. This is in line with what has been previously found in young and middle aged people[49].

Network size was calculated using the number of close relationships an individual has and so to an extent also measures aspects of relationship quality. Therefore the UCL research may also indicate that relationship quality is also important for wellbeing in older people.

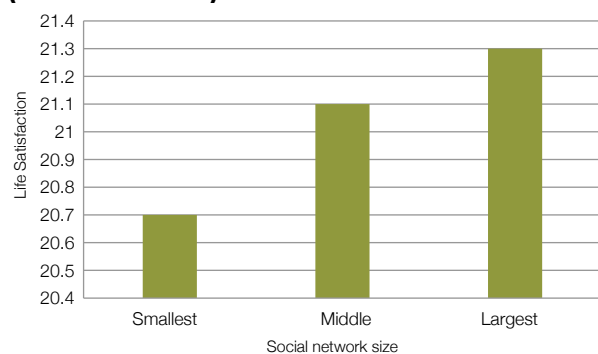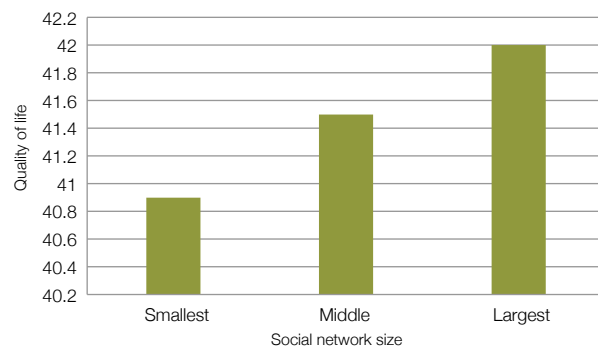Figure 8: **Social network size and life satisfaction among older people (Rafnsson et al)**

Figure 9: **Social network size and quality of life among older people (Rafnsson et al)**

Network contact frequency

The frequency of an individual's contact with their social network was similarly shown to have a positive impact on their satisfaction with life and their quality of life. Again, this is in keeping with the results of other studies on older people's subjective wellbeing[50]. Others have also found that frequency of contact is associated with lower mortality[51] and mental distress[52], implying that the frequency of social contact is particularly important for older people.

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iii S. Rafnsson, A. Shankar and A. Steptoe (in press) Social network characteristics and subjective wellbeing over six years: The English Longitudinal Study of Ageing. Journal of Aging and Health

Network diversity

In contrast to the findings on network size and contact frequency, network diversity was not independently associated with either measure of subjective wellbeing, as seen in figure 10. This may be because simply having an array of friends and family does not guarantee their support or an emotional connection. Thus the UCL research would seem to imply that the quality of social relationships, as well as the quantity, is important for the wellbeing of older people.

Figure 10: **Social network diversity and wellbeing (Rafnsson et al)**

The work by UCL highlights the importance of maintaining social relationships in later life. Both of the research papers outlined above demonstrate a link between enjoyment of life, quality of life, and life satisfaction, and social connections. The first analysis emphasised the negative effects of social isolation and loneliness on wellbeing, while the second showed how growing a larger social network and sustaining regular contact with friends and family may protect against a decline in wellbeing levels in later life.

With a rising proportion of the UK population set to enter retirement in the coming years, it is vital that we understand the full implications of this research and use its findings to try to ensure that our growing population of older people enjoy their later life.

"Good things include finding the freedom to explore who I really am instead of spending most of my time living to please others"
Lewisham Pensioners Forum focus group participant

"Life has more meaning knowing that you are not alone"
Lewisham Pensioners Forum focus group participant

IMPLICATIONS OF THE RESEARCH

Current policy on social isolation and loneliness

Social isolation and loneliness among older people has been rising up the policy agenda in recent years and a number of reports from various branches of government have highlighted the need to tackle the problem. These include *A Sure Start to Later Life: Ending inequalities for older people (2006), Putting People First* (2007)*, Don't Stop Me Now (2008)* and *Capable Communities and Active Citizens (2010)*[53].

In 2010, the Minister for Pensions announced that the government would provide a £1 million fund to help older people who are at most risk of longer-term loneliness and social isolation. This fund aimed to help older people remain active, independent and positively engaged with society. Local community organisations were invited to bid for grants of up to £3,000 and the fund provided finance for 459 initiatives.

In addition, Norman Lamb recently announced that Local Authorities now have a duty to measure loneliness and isolation[54], and there is a growing interest in how social relationships affect the wellbeing of older people. Indeed, in his 2014 speech at the National Children and Adults Services (NCAS) conference, Jeremy Hunt highlighted that 46% of those 80 and over report feeling lonely 'some of the time or often', and called on families to be aware of the emotional needs of their older relatives[55].

Further action at the local level has been facilitated by the 2012 Health and Social Care Act. Through the establishment of Health and Wellbeing Boards the Act aimed to strengthen working relationships between health and social care and to give communities greater say in addressing their local health and social care needs. By November 2013, 76 out of the 147 Health and Wellbeing Boards (51%) had acknowledged loneliness and isolation as a serious issue. However, only 11 board's Joint Health and Wellbeing Strategies contained measurable actions or targets on loneliness[56].

There is also evidence that medical professionals are not taking the action necessary to combat loneliness. A recent poll of UK GPs found that 36% of doctors didn't think loneliness made a significant contribution to early death and only 28% thought that Clinical Commissioning Groups should be responsible for commissioning services to alleviate

"In retirement one has new opportunities to make friends based on personal interests and hobbies. Local networks can be created if you join local groups. You are able to share interests and encourage each other to do things. You need to fill the gap left by work environment. As this happens you feel you have gained a new life not just left one behind"

Lewisham Pensioners Forum focus group participant

or prevent loneliness[57]. Given that CCGs decide how the majority of local health budgets are used, this is a serious issue. The problem is exacerbated by the fact that there is limited data collection on the true levels of loneliness. The Campaign to End Loneliness has highlighted the fact that the government only measures loneliness among those in care or caring for others[58]. This means that the true extent of the loneliness problem is not currently fully known and local authorities and CCGs cannot know how to directly focus their resources to address the problem properly.

Existing projects

There are a large number of non-governmental organisations and programs which aim to tackle loneliness in older people.

The Campaign to End Loneliness
The Campaign to End Loneliness is a coalition of organisations and individuals, working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age. It is led by Independent Age, Manchester City Council, Sense, Age-UK Oxfordshire and WRVS. Since 2011 the campaign has pushed for higher quality, and more effective, services and activities, for better use of existing support, especially by the loneliest, and for more commissioning of services and activities targeting loneliness.

Independent Age befriending service
Independent Age offer face to face and telephone befriending. They have a network of 1500 volunteers that visit older people in their own homes or keep in touch by telephone. They also provide telephone- based book and discussion groups through their TalkTime phone clubs, at no cost to the older people involved.

The Royal Voluntary Service Good Neighbours programme
Good Neighbours matches older people up with a volunteer, who offers companionship and practical help, for example getting some shopping in, walking the dog, changing a light bulb or just a cup of tea and a chat. The service aims to help older people stay independent, whilst providing friendly, social contact to make sure they're safe and well.

Age-UK Friendship Centres and Older People's Forums
Age-UK run Friendship Centres around the UK where groups of active older people who meet on a regular basis for social activities. The centres organise regular social events and outings for active older people, including talks, day trips, holidays, coffee mornings, walks, tea dances, board games afternoons, and much more.

Age-UK also runs more than 620 older people's local forums. The forums vary in size from small groups to those with thousands of members. They are independent organisations aiming to give older people a collective voice. The local forums share information and members are able to raise issues that concern them. As well as campaigning, they often have social activities, run trips and hold open meetings: socialising, meeting new people and keeping in touch with local news.

Contact the Elderly
Contact the Elderly coordinate monthly Sunday tea parties, hosted at a rotating volunteer's house, with older people transported by volunteer drivers. As a national scheme which has been running since 1965 it supports 460 tea party groups consisting of 3,400 older people. It gives older people the opportunity to develop and maintain their social network and because transport is provided, it is particular beneficial to those with mobility issues.

The economic benefits of tackling isolation and loneliness

In the current era of austerity many of the local services which are important for preventing loneliness, those focusing on leisure and culture, have been the first to be closed. Indeed, since 2010 £14.8m has been taken from community centre budgets and 159 community centres have closed in the last four years[59]. However, there are demonstrable economic benefits to reducing isolation and loneliness, and targeted programmes have been shown to deliver benefits which outweigh their delivery costs.

A study by Pitkala et al. (2009) found that when older individuals were engaged in group activities their health costs, in terms of hospital bed days, doctor's visits and outpatient appointments, were significantly reduced. The difference in total cost of health service use per person between those who were engaged in the activities and those who were not was €943 per annum. This exceeded the cost of providing the intervention, which was €881 per person per year[60], highlighting that tackling isolation and loneliness can bring economic benefits.

POLICY RECOMMENDATIONS OF THE UCL WORK

The UCL research highlights the negative impact of loneliness and social isolation on the wellbeing of older people. While many individuals see their enjoyment of life and life satisfaction rise as they grow older, those who are lonely or isolated do not. The research also highlights the benefits to older people of having a larger social network with which they can connect regularly, and how maintaining social relationships in later life may greatly improve their wellbeing. Below we outline some changes, informed by these findings, which could help to ensure that everyone is better placed to enjoy their later life.

For individuals:

- It is important for people to prepare for their old age by building up a range of friendships over the life course. People need friends not just where they work but in their local communities.

- Taking up new hobbies or volunteering can widen individual's social networks, especially once they have retired.

- Individuals should think about where they live in retirement - while a secluded house in the country may be a great place to raise children, it may create problems in maintaining and building friendships later in life if mobility and transport become a problem.

- It has been shown that interventions are most effective when older people are involved in the planning, development and delivery of anti-loneliness strategies[61]. Individuals should engage with local organisations in the delivery of anti-loneliness strategies, such as the existing projects highlighted above, both for their own benefit and to help their local community.

For the voluntary and community sector:

- Older people report they are loneliest in the evenings and at weekends[62]. Interventions and service provision should to take this in to account.

- Social isolation and loneliness are often precipitated by bereavement so services should try especially to reach out to individuals at this time.

- Older men are particularly at risk of loneliness and isolation and therefore organisations should consider providing services targeted specifically at them. Such services should be designed around the interests of older men and need to be sensitive to difficulties of targeting this group.

- Services should also be targeted at other hard to reach groups including older people in BME, LGBT and rural communities.

- Projects aiming to reducing loneliness and isolation should be linked with community transport schemes to ensure wide accessibility.

For employers:

- Industry bodies and large employers should consider setting up post-retirement clubs to help their retired workers keep in touch.

For local government:

- Health and Wellbeing Boards need to better engage with loneliness as a key issue by developing clear and measurable targets for reducing loneliness and isolation.

- Clinical Commissioning Groups should make more money available for tackling isolation and loneliness because of their links with ill health.

- Social isolation can be a result of mobility problems. Local authorities should maintain and improve community transport services.

- Older people may not make full use of their concessionary travel passes because they are unfamiliar with their local public transport system. Local government should do more to make transport accessible by ensuring that it is equipped with audio and visual announcements and suitable disabled access.

For national government:

- As put forward by the Ready for Ageing Alliance[63], national government should provide a pre-retirement pack for older people which highlights the retention and development of social networks as an essential factor in ageing well.

- Government should introduce a wider measure for loneliness to enable local authorities and charities to allocate their resources to the areas that will make the biggest impact on loneliness amongst older people.

ENDNOTES

1   Victor C conference presentation. http://www.campaigntoendloneliness.org.uk/loneliness-conference

2   http://shropshire.gov.uk/committee-services/Data/Health%20and%20Wellbeing%20Board/20130705/Agenda/13.%20Isolation%20and%20Loneliness.pdf

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