Campaign to End Loneliness
Constituency campaign pack

Introduction

There are some shocking statistics that paint a clear picture of the detrimental impact that loneliness has on people's health. **For instance, the latest research equates being chronically lonely as equal to smoking 15 cigarettes a day**.

As our population ages the risk of social isolation for people aged 65 plus is increasingly becoming a **major public health issue**. There will be two million more single person households by 2019, and social trust in the UK is now among the lowest in Europe.

We are now living increasingly disconnected lives. The Campaign to End Loneliness wants to make sure action is happening at a local, neighbourhood and strategic level to ensure people know where to get help when feeling lonely.

This campaign pack will **help you as an MP to lead the way in enabling a connected community that your constituents want to be a part of**. We want to help make that happen by inspiring positive action on three levels: from the personal through to policy.

Why is this campaign important?

- One in ten people over the age of 65 in your constituency are lonely all or most of the time
- Loneliness and isolation has a negative impact on mortality and morbidity
- Lonely individuals are more likely to use expensive primary and acute health services, and need social care support
- Effective prevention is relatively low cost and could save more money in the longer term
- Reducing loneliness and isolation will help to address health inequalities
- Addressing loneliness and isolation will result in stronger communities in which older people play a greater role

Why should MPs get involved?

- You can play a key leadership role in ensuring your constituency is one that is socially connected and aware of the health risks of loneliness
- This is a growing and high-profile issue in the media and it is a great time to get involved
- This campaign will help you to forge new connections with the voluntary sector, GP practices and local authorities in your area.

What practical steps can MPs take?

As an MP, you can encourage activity to reduce loneliness in your constituency at three levels:

a) **Advice and support for individuals:** make sure people get help and advice they need about activities or services in your local area.To find out what is available in your constituency, speak to an Age UK or WRVS local partner, local CVS or local council. Independent Age also offer to send *Wise Guides* to those over 65 who want to receive booklets of tips about keeping well in older age; for copies, call 020 7605 4225.

b) **Neighbourhood action:** support current and new activities that are happening in your constituency, from Big Lunches to coffee mornings. Some MPs are looking at how to make areas of their constituency more connected by arranging roundtables with local businesses, GP practices, councillors, pubs and charities who could work together or offer more to older people. This can help map resources in your area and promote new ways of reaching those who are isolated.

c) **Understand the public health problem in your constituency**: do you know how many people are suffering from loneliness in your constituency? Your council can measure loneliness, or the measurable factors that leave your constituents most at risk of isolation. If they don't have the data, you could urge your health and wellbeing board to better monitor the public health threat that loneliness poses. Your board can then better use their position as a strategic health and care leader to ensure action across communities. You can find out whether your health and wellbeing board has prioritised loneliness in its health and wellbeing strategy, by reading *Ignoring the Health Risks?*, the latest publication from the Campaign. This publication will help you hold your local board to account on this issue.

Our Aims:

In short our campaign wants to:

1. Help individuals with information about how to get involved in their community, or where to go for support
2. Strengthen community connections and reduce social isolation
3. Ensure the public health problem of social isolation in each constituency is assessed and addressed.

What has been achieved so far?

This campaign is based on action being taken by charities, public sector, government, businesses and individuals to tackle loneliness.

There has been a growing policy-based momentum over the past 12 months, including activities by a range of organisations such as:

1. Health and wellbeing boards: Our recent survey shows that **61 out of 152** health and wellbeing boards are now seeking to tackle loneliness. There are **4,247,234** people aged 65 and over living in these 61 areas who can expect better services to tackle loneliness. To find out if your area is included, click here.

2. The UK All Party Parliamentary Group on Wellbeing Economics was established. The group covers issues such as the establishment of national well-being measures, the economic costs of stress and policies to promote well-being.

3. The Department of Health co-hosted the first ever summit to tackle loneliness with Department for Work and Pensions and the Campaign to End Loneliness in early 2012. Since then, the Department of Health has spoken at an international conference on social isolation and has announced a number of measures to tackle the problem in the July Care and Support White Paper. These measures are set out in the next section.

4. As part of the DWP's Ageing Well programme, a guide for councils wanting to tackle loneliness was published (see further down for details).

5. Some key policy announcements in the Care and Support White Paper included:

- The White Paper acknowledges that loneliness has a detrimental impact on our wellbeing. This move has been heralded by campaigners and charities as a significant positive step forward in raising awareness of loneliness and isolation as a public health and care issue.

- The White Paper recommends councils build (or use existing) "skills, resources and networks" in communities to support their care users but also to enable them to contribute to their communities "where they can and wish to".

- Next year's Public Health and Adult Social Care Outcome Frameworks will set out how councils will measure the wellbeing of each local area. This will include a focus on the effects of social isolation.

Loneliness – the Facts:

- A US study recently found loneliness can increase the risk of death amongst the over 60s by almost 10 per cent[i].

- Loneliness is a significant predictor of poor health is estimated to be as bad for people's health as smoking 15 cigarettes a day[ii].

- A 2006 study of 3,000 nurses with breast cancer found women without close friends were four times more likely to die than women with 10 or more friends[iii].

- Around 10 per cent of the over 65s say they are lonely or very lonely, and another 20% are occasionally lonely[iv]

- 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[v]

- Loneliness is associated with poor mental[vi], physical and emotional health, including increased rates of cardiovascular disease, hypertension[vii], cognitive decline[viii] and dementia[ix]. Socially isolated and lonely adults are more likely to undergo early admission into residential or nursing care[x].

- About 20% of the older population is lonely sometimes (around 1,600,000 people) and another 8 to 10% is intensely lonely[xi], around 800,000 people.

- There will be two million more single person households by 2019[xii], and social trust in the UK is now among the lowest in Europe[xiii].

Useful Resources:

Ignoring the health risks? A review of health and wellbeing boards. Available online:

http://www.campaigntoendloneliness.org.uk/ignoringthehealthrisks/

The Campaign to End Loneliness: constituency campaign pack is available online:

www.campaigntoendloneliness.org.uk/campaigns/constituency-pack/

The LGA's and Campaign to End Loneliness' toolkit: **Combating Loneliness – A guide for local authorities**:

http://www.campaigntoendloneliness.org.uk/wp-content/uploads/downloads/2012/03/A-guide-for-local-authorities-combating-loneliness.pdf

The Campaign to End Loneliness' DH-funded **toolkit for Health and Wellbeing Boards** (launched by Paul Burstow as Care Services Minister):

http://www.campaigntoendloneliness.org.uk/toolkit

Neighbourhood Action – Examples:

- Manningham council in Australia has established a **Know Your Neighbour campaign,** and has an annual Celebrate Neighbour Day. This kind of scheme can be easily replicated in your constituency and has good tie in with the local press.

  http://www.manningham.vic.gov.au/action/NOTEMPLATE?s=0,pURL=know_your_neighbour

- Macra Na Feirme is a national youth organisation in Northern Ireland. It organises a **Know Your Neighbour Weekend** and is supported by the Irish President. The organisation's website contains a number of ideas and contains some resources which could be adapted by MPs to suit local need: http://www.knowyourneighbour.ie/

- The Eden Project set up **The Big Lunch** project in 2009. It aims to strengthen communities and to encourage people to help others who are lonely or isolated by having an annual event where local people get together. Examples of Big Lunches have included residents in King's Heath, Birmingham organising a local safety awareness event, or locals in Glasgow holding a clothes swap day for charity. You can organise a Big Lunch event in your area. www.thebiglunch.com

Local Authority Action – Examples:

Here are three examples of what local authorities are doing to tackle social isolation in their communities:

- **Kensington and Chelsea Borough Council** has set up an 'isolation' sub group of its Older Persons' Partnership Board. That group has pulled together national and local data to identify any gaps in services for lonely older people. The council realised that the key to solving the problem was to make people aware of these services, and so it has established an online tool

to help identify isolated older people. The tool covers key themes, or triggers, identified by the research as causing isolation in old age, for example recent discharge from hospital or no local family. It then provides advice on potential solutions, giving direct links to a referral form to the council, and to the web pages of organisations for older people. The tool can be used by anyone including professionals, community groups, neighbours and family members. http://www.rbkc.gov.uk/healthandsocialcare/peoplefirst/triggertoolpages.aspx.

- **Sutton Borough Council** is looking to pilot a project that seeks to tackle loneliness in Sutton South. This project was born out of a roundtable hosted by the local MP Paul Burstow and the Liberal Democrat council leader Ruth Dombey. It is hoped this project will eventually lead to the launch of a leaflet that helps people to know how to stay connected in their area. The pilot has also involved meetings on loneliness attended by everyone from the local Neighbourhood Watch, community nurses, police officers and local Age UK representatives. Sutton Council is also ensuring that tackling loneliness is included in their Joint Strategic Needs Assessment (JSNA) and that its local Health and Wellbeing Board are aware it is a public health objective. http://www.campaigntoendloneliness.org.uk/blog/elsa-wave-five/

- **Manchester City Council's** Valuing Older People team is based in the council's public health unit and was set up in 2003, partly in response to some research which demonstrated high levels of social isolation and loneliness amongst older people in the borough. Through the team's work, tackling social isolation has featured in local regeneration frameworks and will be included in the latest Joint Strategic Needs Assessment (JSNA). The team has sought to improve the quality of life of older people by developing networks, at the most local level possible, which bring together all the organisations, including public sector and voluntary and community organisations, which work with older people. These networks now cover more than half of Manchester's 32 wards. They typically convene on a bi-monthly basis, are facilitated either by a member of the team or by a local stakeholder, and aim to: map the supply of 'provision' for older people (both from the public sector and community groups) and avoid duplication, share venues, improve communication with older people.

[i] http://health.universityofcalifornia.edu/2012/06/18/loneliness-linked-to-serious-health-problems-death-among-elderly/

[ii] Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med* 2010;7(7) http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1000316

[iii] Parker-Pope T, What Are Friends For? A Longer Life, The New York Times, April 2009

[iv] Victor, CR, Scambler, SJ, Bowling, A and Bond, J (2005) The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain, *Ageing and Society*, 25, (3), pp 357–76

[v] Victor, C. Scambler, S, Bond, J and Bowling, A. 'Being alone in later life: loneliness, social isolation and living alone' *Reviews in Clinical Gerontology* 2000 v.10 (4)

[vi] Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychol Aging* 2006;21(1):140-51 http://www.ncbi.nlm.nih.gov/pubmed/16594799

[vii] Hawkley LC, Thisted RA, Masi CM, Cacioppo JT. Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. *Psychol Aging* 2010;25(1):132-41 http://www.ncbi.nlm.nih.gov/pubmed/20230134

[viii] James BD, Wilson RS, Barnes LL, Bennett DA. Late-life social activity and cognitive decline in old age. *J Int Neuropsychol Soc* 2011;17(6):998-1005 http://www.ncbi.nlm.nih.gov/pubmed/22040898

[ix] Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. Loneliness and risk of Alzheimer disease. *Arch Gen Psychiatry* 2007 Feb; 64(2):234-40 http://www.ncbi.nlm.nih.gov/pubmed/17283291

[x] Russell DW, Cutrona CE, de la Mora A, Wallace RB. Loneliness and nursing home admission among rural older adults. *Psychol Aging* 1997;12(4):574-89 http://www.ncbi.nlm.nih.gov/pubmed/9416627

[xi] Victor, CR, Scambler, SJ, Bowling, A and Bond, J (2005) The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain, A*geing and Society*, 25, (3), pp 357–76

[xii] According to FDS International forecasts, single person households will grow from 30% of households today, to 34% in 2019. In numerical terms, this means a rise from 7.9 million today to 9.7 million by 2019, an additional 1.8 million single person households (or a 25% increase in total numbers of singles) over the decade

[xiii] http://www.nationalaccountsofwellbeing.org/news/archive/news-1.html