

Marcus Rand

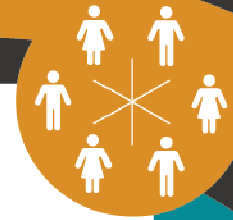


OUR
THIRD AGE
CAN BE OUR
BEST AGE

Campaign to
EndLoneliness
CONNECTIONS IN OLDER AGE

The Campaign to End Loneliness ...

- Five years old this year
- Campaigning body to promote a major shift in thinking about loneliness
- Drive increased awareness of loneliness as a major health and economic problem
- Campaign for positive policies and plans on the ground
- Promote sharing of knowledge and best practice
- Over 1000 organisations in our learning and research network



Lil's Story – loneliness from a urban perspective



DEFINING LONELINESS



LONELINESS: IS SUBJECTIVE

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

It can be

- Social or emotional
- Transient, situational or chronic

ISOLATION: IS OBJECTIVE

a measure of the number of contacts or interactions

“Language... has created the word ‘loneliness; to express the pain of being alone. And it has created the word ‘solitude’ to express the glory of being alone.”

Paul Johannes Tillich

LONELINESS IN THE UK

10%

of the population aged over 65 are often or always lonely



65+



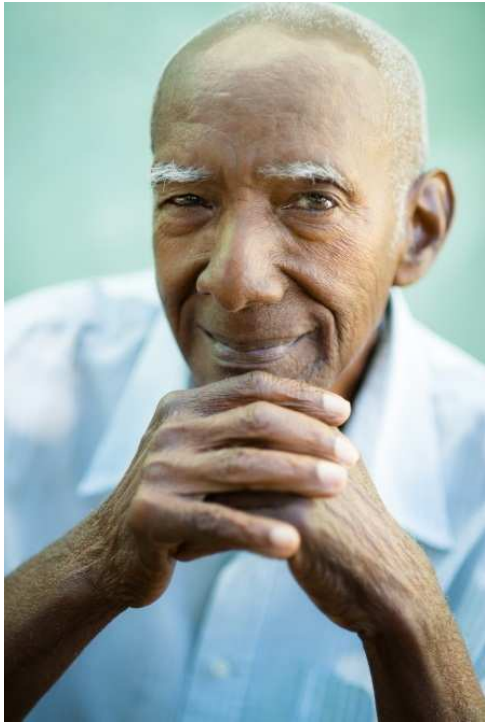
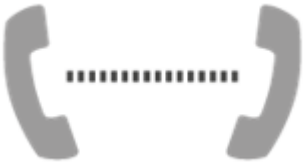
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Of all older people (over 5 million) say television is their main company

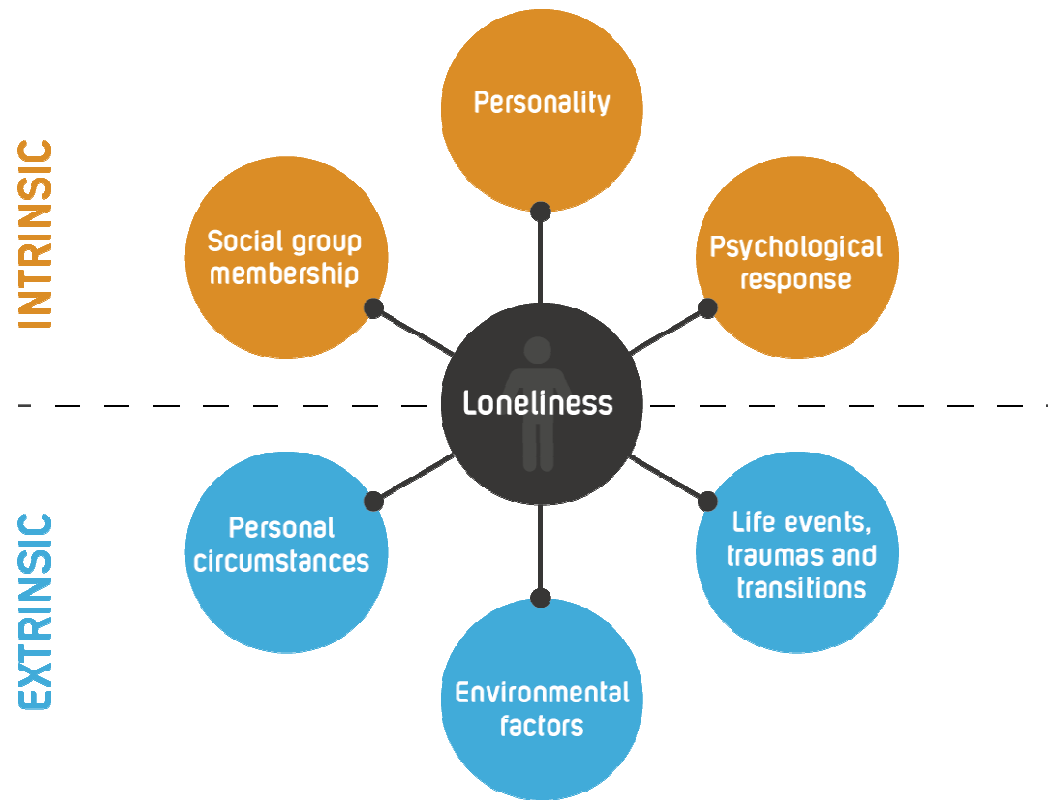


17%

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



RISK FACTORS FOR LONELINESS



Risk factors converge and increase, and our resilience may reduce, as we age

LONELINESS HARMS PHYSICAL HEALTH

Loneliness:

- ⊙ Poses an equivalent risk for early death as smoking 15 cigarettes a day
- ⊙ Increases the risk of high blood pressure
- ⊙ Increases risk of cardiovascular disease
- ⊙ Increases risk of dementia

Lonely people are:

- ⊙ More likely to smoke and drink alcohol
- ⊙ More likely to be overweight and have poor diets
- ⊙ More likely to skip medication

LONELINESS HARMS MENTAL HEALTH



Loneliness:

- ⊙ Is linked to development of depression
- ⊙ Can delay recovery time from illness
- ⊙ Correlated with self-reported poor health and psychological distress
- ⊙ Can predict suicidal behaviours in older age

COSTLY TO HEALTH AND SOCIAL CARE



What we know:

- ⊙ Preventing and alleviating loneliness helps older people to remain more independent
- ⊙ 76% GPs report 1-5 patients a day come to their surgery because they are lonely
- ⊙ The cost of being chronically lonely to the public sector on average is around £12,000 per person based on costs associated with GP and A&E visits
- ⊙ Research in Cornwall and Devon found a third of patients admitted to A&E had very infrequent meaningful social interactions– less than once a month, or never

COSTLY TO HEALTH AND SOCIAL CARE



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

- ⊙ Fewer GP visits
- ⊙ Lower use of medication
- ⊙ Fewer days in hospital
- ⊙ Improved ability to cope after returning from hospital
- ⊙ Reduced inappropriate admission to care homes
- ⊙ Increased contribution of older people to society: sharing skills, knowledge and experience

ADDRESSING LONELINESS



**Foundation
Services**



Reach

Understand

Support



**Direct
Interventions**



**Support existing
relationships**

**Help make new
connections**

Change thinking

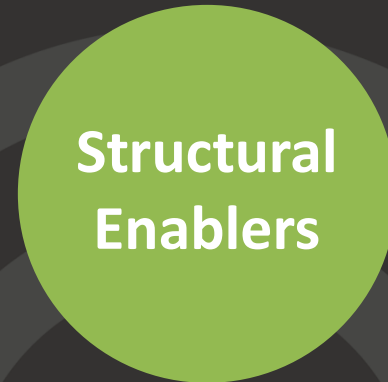


**Gateway
Services**



Transport

Technology



**Structural
Enablers**



Community

Volunteering

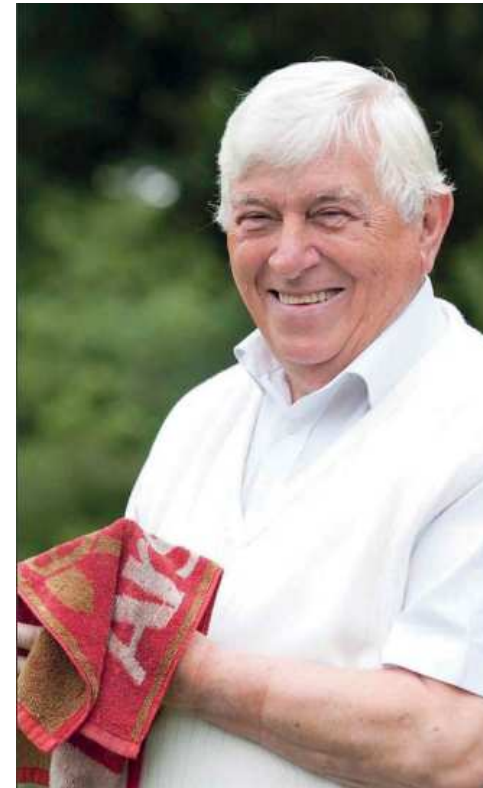
Positive ageing

FOUNDATION SERVICES



These are services that:

- Reach lonely individuals
- Understand and respond to the specific circumstances of an individual's loneliness
- Support individuals to take up the services that would help them make meaningful connections



FOUNDATION SERVICES: REACH



- 1) Use data to target action (using risk factors to map risk of loneliness by neighbourhood)
- 2) Eyes and feet on the ground
 - agent based referral schemes
 - agency based referral schemes
- 3) Forming partnerships with multiple organisations and professionals across the community is essential. Create one referral form to support your reach:

“So private care agencies, water companies, we’ve got fire and rescue, health services, absolutely everybody can get their hands on those forms. It’s about lots of people knowing about it and it’s about drip, drip, drip, continually reminding people that you’re there and what you can do.”

FOUNDATION SERVICES

PRACTICAL WAYS TO IDENTIFY THE MOST LONELY



1. Community resource directories
2. Social prescribing
3. Bereavement
4. Coproducing community
5. Technology
6. Libraries



FOUNDATION SERVICES: UNDERSTAND & RESPOND



Specific needs must be understood to ensure interventions are personalised and appropriate

- ⦿ Guided conversation

Specific issues might be around:

- ⦿ Stigma
- ⦿ Accessibility
 - sight/hearing loss
 - mobility issues
- ⦿ Confidence and willingness to engage

Case Study – Halton Wellbeing Services



Find out more

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