Loneliness and Social Isolation

The National Picture

Loneliness and social isolation: what’s the difference?

These two terms are sometimes used interchangeably, but they are different things, and can exist independently of each other. Social isolation is an objective measure of the number of contacts a person has, irrespective of their closeness or quality. Loneliness, on the other hand, is all about how we feel about our social relationships:

‘Loneliness is a subjective, unwelcome feeling of lack or loss of companionship, which happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want. It is often associated with social isolation, but people can and do feel lonely even when in a relationship or when surrounded by others.’ Jo Cox Commission on Loneliness, Call to Action

There has been considerable recent media and research interest in the problem of loneliness within our society. Around 5% of adults in England report feeling lonely ‘often’ or ‘always’. Everyone feels lonely from time to time; indeed, a feeling of loneliness has been recognised as a biological adaptive mechanism, designed to encourage humans to seek out other people, to increase their chances of survival. There has however been a recognition of the risk to physical health of persistent loneliness, alongside the obvious impact for mental wellbeing. Areas of impact include:

- Problems sleeping
- Increased stress
- Cardio-vascular and immune problems
- An increase in self-harming behaviour, such as overeating, excessive alcohol consumption, etc.

Some of this research has highlighted usefully how loneliness can affect different people at different times in their life, while recognising that particular life events can trigger or exacerbate the problem. It is unclear whether the incidence of loneliness is rising, or whether it is simply being reported more widely, although the latter can be seen as a step
forward in itself. It is clear from much of the recent research in this area that loneliness is to a great extent a social problem, rather than a psychological one.

The Office for National Statistics published a report in April 2018, exploring the characteristics of those individuals self-reporting as lonely, and developing a series of profiles of those likely to be lonely more often:

- Widowed older homeowners living alone with long-term health conditions.
- Unmarried, middle-agers with long-term health conditions.
- Younger renters with little trust and sense of belonging to their area.

There is however no exploration of whether, for example, a long-term health condition can increase the likelihood of loneliness, or whether suffering from loneliness can contribute to or exacerbate physical health conditions. Both are likely to be the case.

The BBC’s Loneliness Experiment involved responses from 55,000 people, and sheds some interesting light on what loneliness feels like for various cohorts, particularly young people. It also highlights the fact that even people who interact with others regularly can feel lonely, if they feel ‘different’ from others around them.

Contrary to received wisdom, older people are generally less likely to report feelings of loneliness. This strongly suggests that the identification and pathologizing of loneliness is susceptible to cultural and historical trends. A fascinating study conducted by Joanna Power-McHugh underlined the cultural and generational nature of understandings of loneliness. Her interviews with older rural residents in Donegal showed that they described loneliness largely in terms of inactivity – not having enough to do. Power-McHugh’s work shows how levels of reported loneliness vary considerably between cultures, and are influenced by factors such as whether a society values solitude, whether family ties are highly prized, etc.

These pieces of data make an excellent contribution to our understanding of the extent and distribution of loneliness in the population. However, they implicitly consider loneliness as an individual issue, rather than one that is inseparable from the community in which one lives. For example, understanding the relevance of home-ownership to loneliness surely relates to some degree to levels of connectedness to or investment in the neighbourhood, as well as serving as an indicator of personal wealth and security. We need to learn more about these correlations, in order to support people more effectively.

Given that loneliness is triggered by a combination of elements specific to an individual, any efforts to tackle it must be similarly focused on the person. This is one of the reasons why it can be hard to understand how best to tackle it in general. What Works Wellbeing published a report in October 2018 providing a ‘review of reviews’ for literature on loneliness and how to address it. The results were inconclusive, to say the least. It’s very difficult to measure the effectiveness of activities aimed at reducing loneliness, and even more difficult to make meaningful comparisons between different types of intervention.

The Government’s Strategy for Tackling Loneliness was published in October 2018, building on the work of the Jo Cox Commission on Loneliness. It recognises that Government cannot
make friends for people, but it can help coordinate and encourage individuals and communities to work together to combat loneliness. The strategy promises improvements in measurement to develop a more robust evidence base, embedding a consideration of loneliness across departments, and initiatives aimed at catalysing effective local action.

The View from Devon

Extrapolating on data from the English Longitudinal Study of Ageing (ELSA), Devon County Council has estimated that around 38,000 older people could be experiencing mild loneliness within its area of jurisdiction (41,000 people aged 75 or over live alone in Devon as a whole), with a further 15,000 to 19,000 experiencing intense loneliness. AgeUK, who has produced heat maps to show relative risk of loneliness in local areas based on this, warn that they should be used alongside local contextual information.

Healthwatch Devon undertook a multi-faceted piece of research on the nature of loneliness in Devon, and how the public and voluntary sectors can work together to address the problem. Their report, published in 2018, shows the three factors identified by research participants as triggers for loneliness as:

- **Life events**: often moments of transition such as bereavement, having a baby, losing a job, moving to university, separation and divorce, but also mental health problems or anxiety
- **Personal circumstances**: long-term health problems, mobility and transport issues, finance, bullying or social exclusion, domestic abuse, etc.
- **Individual psychological responses** such as finding it hard to trust people, feeling misunderstood, etc.

In many parts of Devon (though not all) a stable population largely focused around small settlements (the particular role of small market towns in our county is part of this) can result in very close-knit communities. These can be extremely supportive and sustaining for more vulnerable members, with neighbours looking out for each other, and good cross-generational links. On the other hand, very stable communities can be difficult for newcomers to feel part of. The problem of loneliness has particular resonance in rural areas, where physical opportunities to come together with others can be more difficult to access. This might be as a result of poor transport links, and the closure of local ‘bumping points’ such as village shops and post offices. It might also be as a result of membership of a specific minority community, be it related to ethnicity, sexual orientation, etc, and the lack of other like-minded people nearby.

Devon Community Foundation funds a large number of grassroots activities aimed at bringing people together as an end in itself, in both rural and urban settings. We see this as a fundamental driver of community wellbeing. We are also programme managers for Wellbeing Exeter (see below).
Wellbeing Exeter is a social prescribing and community development programme which combines 1:1 mentoring and support for those dealing with a range of social rather than biomedical problems, including social isolation and loneliness, with a programme of community building at neighbourhood level in the city. The premise of the programme is that individuals experiencing loneliness benefit from opportunities to connect with their community, whether through participation in formal groups and activities, or through informal interaction with their neighbours at an ultra-local level. This is a firmly place-based approach to challenging loneliness and isolation, with an emphasis on interdependence, rather than independence, for vulnerable people.

Community Connectors work with individuals referred from their GP or other health worker. They take the time to listen holistically to people’s narrative of where their life is currently, and where they would like it to be. Together, an action plan is decided to help the individual move forward. Far more than a simple signposting operation, suggesting further services and agencies (although this is possible), Wellbeing Exeter has had success in understanding the root causes of loneliness and social isolation, and taking practical action to overcome these. The project has **no fixed criteria** for participation, so there are no assumptions about the kind of people who face loneliness. We are developing our understanding of how loneliness affects different groups in different ways, and therefore may demand different remedies.

This might be for example through accompanying an individual to their first session with a local exercise group, or linking someone with a neighbour who shares their interest in playing guitar. The support might also start further upstream, for example by helping to resolve pressing debt issues, the worry over which has prevented someone from moving forward in other areas of life.

Community Builders, working on the ground in all wards in the city, stimulate and enable local people to come together in an inclusive way at a local level. Their approach is one of asset-based community development, and it is an essential part of the Wellbeing Exeter programme. Community Builders support local people with ideas for ways to bring people together informally, building on existing skills and passions – everyone has something to contribute. For example, community builders have supported local residents to organise street parties, or to bring together groups of people wanting to share their skills to improve local green spaces.

The focus on **working from people’s strengths**, energies and passions shifts the focus positively from a narrative of lack or need, which may be an all-too familiar one for individuals in this position.
One example of Wellbeing Exeter’s work is a man with anxiety who was referred to a community connector by his GP. He said alongside clinical support he’d really like to meet other local people living with similar issues, to get together socially to chat and share experiences. His local community builder supported him to approach a local café to ask whether they could meet there, and to print and distribute posters advertising the meet-up. The builder also linked him with a couple of other people she’d met locally who were also isolated and anxious. Now the group has been running for over a year independently, welcomes new members, and has spawned other collective activities.

Another example is a woman who explained to her community builder that she was unhappy at the state of the alley running behind the terrace of houses where she lived. The alley was used by local drug dealers, and was dirty and unsafe. Approaching the council about the problem, she said, sometimes resulted in a temporary improvement, but then things reverted to their former state. Talking with the builder, it became clear that she did not know her neighbours well, which increased her feelings of insecurity about the alley. Supported by the builder, the woman encouraged her neighbours to show up for a clean-up day and children’s games in the alley. Someone brought food and drinks, someone else dragged out a sofa to sit on, and the children played together while everyone got to know each other better. Someone said they had some bulbs that could be planted in some waste land at the end of the alley. The neighbours now all know each other better, and have more ideas for things they can do together to improve their neighbourhood, and strengthen local connections.

A Wellbeing Exeter community builder was knocking on doors of houses surrounding an under-used and neglected park. She found that many people were unhappy at the state of the park. A small action group was formed to promote use of the park through events, and to campaign for improvements. They have organised picnics, a dog show, football training for children, and exercise groups. The group is led by a couple, Mr and Mrs W who have a number of health problems. Mrs W says that before becoming involved her health had deteriorated and she was effectively housebound and in a lot of pain. Although the work was challenging at times, she was now far more mobile, and in less discomfort, and had met lots of new people.

Resources

A Connected Society: A Strategy for Tackling Loneliness – Laying the Foundations of Change, Department for Culture, Media and Sport, October 2018

Combatting Loneliness one conversation at a time, Jo Cox Commission on Loneliness, 2017.


HealthWatch Devon’s 2018 report: