

Loneliness

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What is loneliness?



Loneliness

- A negative feeling
- About the quality of social relationships – something missing / lacking
- You can still feel lonely in a crowd

Social isolation

- More objective than loneliness
- About quantity of social relationships – lack social ties / chances to integrate
- Not always negative

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National Action



HM Government



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BritishRedCross

Working together to tackle loneliness across the UK

- Charities, businesses, government
- Final 'call to action' in December 2017

- Dedicated Minister
- Cross-government team
- Making Government commitments a reality

- Tasked to take forward Commission's legacy
- Working closely with Government team via a Loneliness Action Group and new APPG

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What do we know about loneliness?

9 million people regularly feel they lack meaningful connections



Up to 85% of young adults with disabilities feel lonely most days

200,000 older people have not had a conversation with a friend/relative for more than a month



Can affect people of all ages

Major life events or transitions can be key triggers for loneliness



Can't be eliminated... but can do more to stop it becoming chronic

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The impact on public services

Studies have shown that loneliness leads to an increased likelihood of developing certain health conditions. Specifically, socially isolated people are:

- 3.4 times more likely to suffer depression;
- 1.9 times more likely to develop dementia in the following 15 years;
- 2 to 3 times more likely to be physically inactive

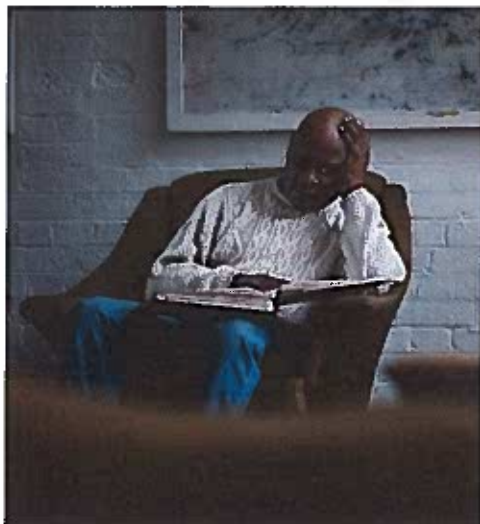
Loneliness has also been shown to have links to a more frequent use of public services:

- 1.8 times more likely to visit a GP;
- 1.6 times more likely to visit A&E;
- 3.5 times more likely to enter local authority funded residential care

There are also potential costs to business from loneliness, linking to increased sickness absence and ultimately productivity. A study by the Co-op and New Economics Foundation estimated that loneliness could be costing private sector employers £2.6 billion a year.

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What British Red Cross is seeing



- Devastating impact across our services –
 - refugees
 - victims of terrorist attacks
 - people with health / mobility issues
- The most common underlying issues for people using our health & social care services
- A personal crisis can cause loneliness...
- ...and loneliness can make the crisis worse

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What the British Red Cross is doing to tackle loneliness

Joined forces with the Co-op to tackle loneliness and social isolation in the UK.

A range of new services, including:

- Almost 40 new Community Connector services.
- New support at home services.
- Grant-funded other organisations to help young new mums and people recently bereaved.

Research on loneliness, *Trapped in a Bubble*, that focussed on the experience and triggers of loneliness.

A Community Connector shared learning programme.

Policy and advocacy (APPG on Loneliness and a new Loneliness Action Group)



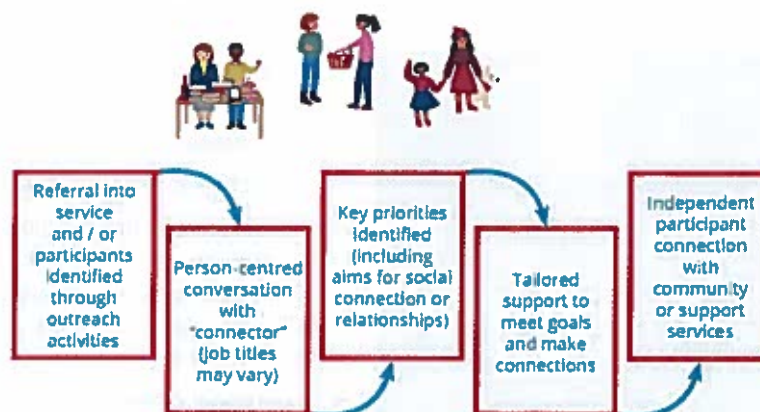
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What are Community Connectors?



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What 'type' of service?

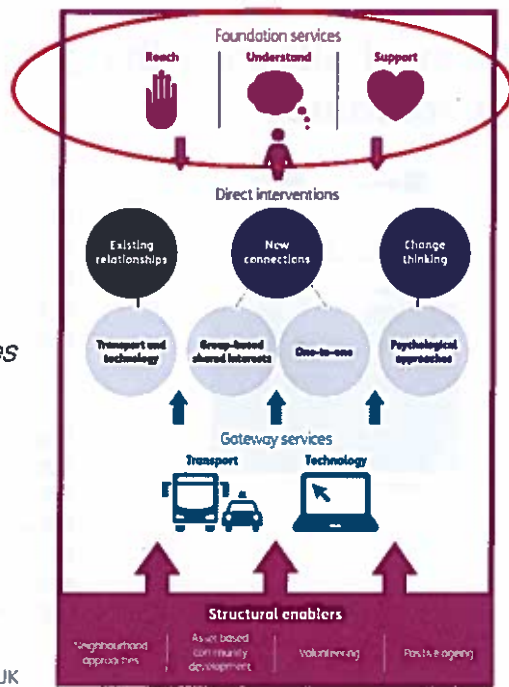
Taken from *Promising Approaches to reducing loneliness and social isolation in later life* - Age UK / Campaign to End Loneliness (2015)



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Key challenges that you can help overcome



- Reaching those most in need
- Connecting people to appropriate support
- Knowing what interventions are available locally
- Measuring outcomes

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- Improving the impact of funding
 - Addressing growing case complexity
 - Addressing gaps in community infrastructure
 - Supporting collaboration between services
 - Addressing the stigma of loneliness

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Local Action

- Just over half STPs mention loneliness and/ or social isolation
- Two thirds of JHWSs
- Tendency to be vague
- Tendency to focus on older people only
- Difficulty identifying people who are lonely.
- Difficulty signposting people who are lonely
- Pockets of great practice but provision is ad hoc



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Recommendations for the Committee

- **COMMIT** to determining the levels of loneliness and gaps of provision in Kent.
- **ADVOCATE** for loneliness to be explicitly prioritised within local prevention agendas and strategies, including in the Joint Health and Wellbeing Strategy and Sustainability and Transformation Partnership Plan.
- **ADVOCATE** for loneliness to be a key consideration across all council policy-making.
- **CONSIDER** working with the Loneliness Action Group to identify common opportunities to prevent chronic loneliness across key life transitions as well as current barriers to seizing these opportunities and ways to overcome them at a local level.
- **CONSIDER** how the Committee could contribute and gain from current government initiatives tackling loneliness.

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Discussion points for the Committee

- How could the Committee ensure it becomes second nature to consider how a service or intervention could prevent loneliness and unwanted isolation?
- Could 'staying connected' or 'maintaining meaningful connections' be considered a cornerstone to prevention in the same way 'eating well' / 'exercising regularly' and 'not smoking', already are?
- What are the main barriers to prioritising loneliness at a local level and how might they be overcome? What is in local government's power and what's needed from national Government?

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Thank you

Find out more at
[redcross.org.uk/lonely](https://www.redcross.org.uk/lonely)

Or email us on
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