

KANTAR PUBLIC

Trapped in a bubble

An investigation into triggers for loneliness in the UK



Supporting



BritishRedCross

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What does it feel like to be lonely?
I can tell you exactly, it's like being
in a bubble and you want to get out
but you just can't, you try and you
can't do it, you just can't get out.

(Male research participant, Wales)



Foreword

Mike Adamson **Chief Executive, British Red Cross**

Earlier this year, I met Beryl who lives in a rural part of Cheshire. Suffering from circulatory problems and diabetes, she finds walking difficult and struggles to get to her regular medical appointments. The cost of the taxi fare to her hospital is a huge slice of her state pension. At the British Red Cross, we have supported Beryl by arranging transport not only to hospital but also to do her shopping and connect her into the community. Beryl told me that this is a vital lifeline for her.

Our partnership with Co-op is so important because in her state of isolation, Beryl is far from alone. In over 30 years of delivering independent living services in communities all over the UK, Red Cross volunteers and staff have supported thousands of other vulnerable people like Beryl. They come from all backgrounds, are of all ages and have very different challenges and experiences in their lives.

Few of these people come to us simply because they are lonely. They typically have complex and chronic healthcare needs, often alongside social and emotional challenges. But our volunteers and staff have found that a high number of our service users live alone, and show high levels of social isolation and even higher levels of loneliness. Indeed, they have identified loneliness and social isolation as the underlying problems most frequently affecting the people we support – and these people's situations are becoming ever more complex.

It's quite clear that loneliness and social isolation is a crisis we cannot ignore, causing untold misery and, ultimately, unnecessary pressure on hard-pressed statutory services.

Wanting to take action, we began by ensuring we had a full understanding of the issues. We reviewed existing research covering some 40 years and commissioned Kantar Public to address the significant gaps in the evidence base.

We believe that the insight and research we have brought together provides a significant



Photo: © Alex Rumsford.

contribution to the available evidence on the state of loneliness in our communities, and how best to tackle it. It shows clearly how loneliness is an urgent public issue with serious personal and societal impacts across the whole of our communities, not confined solely to older generations. And it underlines how accessible, tailored support can make all the difference to people going through changes in their lives, by breaking a potentially inescapable slide from vulnerability to disconnection to chronic loneliness.

I would like to thank Kantar Public for their thorough research. I would also like to thank the many people who contributed – both those who have experienced loneliness in their lives, and partners from a wide range of organisations working to support lonely and isolated people.

A key finding in this report is the importance of collaboration across organisations in delivering sustainable solutions. Everyone at the Red Cross is looking forward to putting this into practice and making a real difference with Co-op colleagues and members, as we work together to provide vital support for thousands of people to reconnect with their communities and help all those experiencing loneliness to have their voices heard.

But we believe our partnership can go further than this. By making this research and our wider evidence base available, I hope other organisations and individuals can benefit from all of the insight we have brought together and find it valuable in informing and further developing their work. We can tackle loneliness together.

Richard Pennycook Chief Executive, Co-op

I'm very pleased to introduce this report, which brings together findings from UK-wide research capturing the first-hand accounts of loneliness with six previously underrepresented groups of people. It also marks the next vital stage in our partnership with the British Red Cross enabling us to develop an evidence based campaign for tackling loneliness.

The Co-op has a long history of campaigning, which started when the Rochdale Pioneers formed the first customer owned co-op in 1844. They gave their community safe food at a fair price and since then we've continued to make a stand on issues of importance to our members. From pioneering Fairtrade to tackling climate change, the Co-op has been at the forefront of responding to societal issues.

Our decision to turn our attention to the issue of loneliness and social isolation was in response to our members and colleagues. We know that it is an issue that affects one in seven of our members, and more than one in ten Co-op colleagues, and some 80,000 of our members and colleagues took part in a vote for us to partner with the British Red Cross. Since then they have been fundraising and have raised millions of pounds to help fund British Red Cross services that tackle loneliness.

This report is both humbling and inspiring to read. I'm very grateful to those who were willing to share with us their personal experience of loneliness, and those who shared their knowledge as experts in the field, which has helped us to understand with far greater clarity the factors that cause it and the interventions that could prevent or lessen its impacts.

One insight that really stands out is that no one is immune to loneliness, and certainly it does not just impact the elderly. Many people who experience it, have at one point been 'connected' but a life change such as becoming a mother, going through a divorce or separation, deteriorating health or mobility, retirement, or



Photo: © Co-op.

bereavement has caused them to start to feel disconnected.

What's clear is that that our partnership with the British Red Cross will be vital in reconnecting thousands of those who've become critically isolated and lonely.

But, as with so many social health issues, this report sets out how all aspects of society - individuals, businesses, community groups or NGOs - can play a role in terms of prevention and early response. Having identified some of the triggers to loneliness beyond aging we can look at how we engage and mobilise our business, our colleagues and members and help build more resilient communities wherein more people have more ways to stay connected.

As with previous campaigns, our commitment to tackling loneliness has to be a long-term one. It's a complicated societal issue that can't be solved in one or two years by one organisation alone but we're committed to long-term, sustainable solutions.

With the understanding we now have we are ready to start the challenging but exciting job of addressing one of the major social issues of our age.

Executive summary

Background

The Co-op and British Red Cross have established a partnership to tackle loneliness in the UK. The partnership commissioned specialist social research agency Kantar Public to carry out rigorous research into loneliness in UK communities. The research focused on potential triggers for loneliness across life stages and built upon each organisation's existing insights. Specifically, the research sought to understand:

1. What the general public thinks about loneliness, including views on how serious a problem loneliness is, who experiences it, and the public's role in reducing loneliness
2. The causes, experiences and impacts of loneliness for six selected groups, each representing personal characteristics or life experiences that have the potential to trigger loneliness
3. How loneliness transitions from a temporary situation to a chronic issue, and how to prevent this
4. The support available for people experiencing loneliness in the UK; including both formal services and informal community driven support, and any perceived gaps in provision
5. What kind of support is needed to tackle loneliness, and what potential services users want.

Who did we target for the research?

An initial literature review undertaken by the partnership identified that loneliness is a widespread issue. There is much literature on loneliness in later life, but triggers for loneliness across life stages is less well documented. Therefore, the research concentrated on **six target groups**: young new mums (aged 18-24); individuals with mobility limitations; individuals with health issues; individuals who are recently divorced or separated (within the last two years); individuals living without children at home ('empty nesters') and retirees; and the recently bereaved (within the last six months to two years).

The research also involved capturing the views of **experts** in the field and carrying out a survey with a representative sample of the **UK public**. For further details on our approach, see Chapter 1.

Loneliness is an important issue for the UK

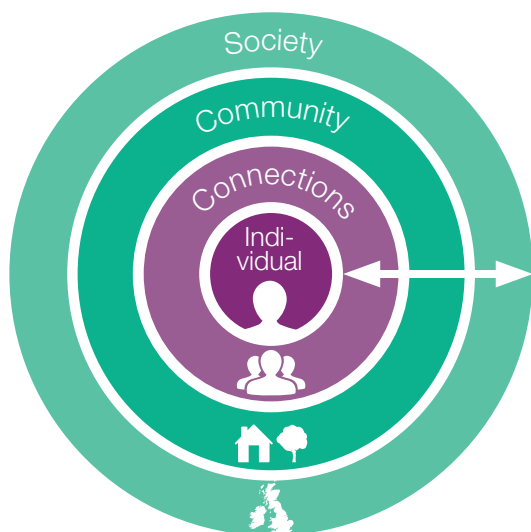
Loneliness was viewed as an issue of public interest and the research found loneliness was a surprisingly common issue experienced by adults in the public. Yet, the public perceptions of who experiences loneliness is out of sync with the reality, with more people mistakenly perceiving it as an issue faced either solely or predominately by older people.

What causes loneliness, and how can it become chronic?

This research found that the causes of loneliness are often complex, multi-layered, and mutually reinforcing. Loneliness stems from a combination of personal, community, and UK-wide factors rather than being the product of one event or change in circumstances.

The importance of role and identity was a recurring theme across our research; the lack of identity or lack of clarity over assigned roles in society, for example caused by a life transition, was a key trigger for loneliness. When a person's identity or role was disrupted by an expected or sudden life event, this could cause an old identity to fall away and a new one with added responsibilities and burdens to appear. This sometimes negatively affected the **social connections** of an individual – their friendships, acquaintances, family and colleagues. Our survey shows that **73% of those who stated they were always/often lonely fall within one of the research target groups**, which supports the decision to include these groupings within the scope of the project.

Drivers of loneliness and barriers to connection



Social and cultural norms, work/life balance, stigma, digital age, insular communities, political landscape, financial hardships



Social activities, funding cuts, statutory services, transport, neighbourhood safety



Friends and acquaintances, family, colleagues



Sense of self, health, income, energy, confidence, emotions, perceptions

Outside of these moments where life events affected the way people saw themselves, participants also talked about factors related to who they were as **individuals** that diminished their ability to connect with others – their sense of self, health, income, energy, confidence, emotions and changed habits.

The context of one's **community** also contributed to feelings of disconnection – fewer social activities available, the disappearance of social spaces (community centres, city squares where people tend to congregate), difficulty accessing statutory services and support, inadequate transport infrastructure, and neighbourhood safety.

Features of UK **society** also contributed to the experience of loneliness for our participants – social and cultural norms (i.e. the perceived inappropriateness of talking with strangers), the impact of modern lives on work/life balance (i.e. flexible working hours/shift work), the perceived stigma of loneliness, communities becoming more 'closed off', the rise of digital and online engagement, 'benefits culture' narratives and whether someone was 'deserving of support', and austerity measures contributing to fewer and lower quality services and support available. For further details on the causes of loneliness, see Chapter 3.

What is it like to be lonely in the UK?

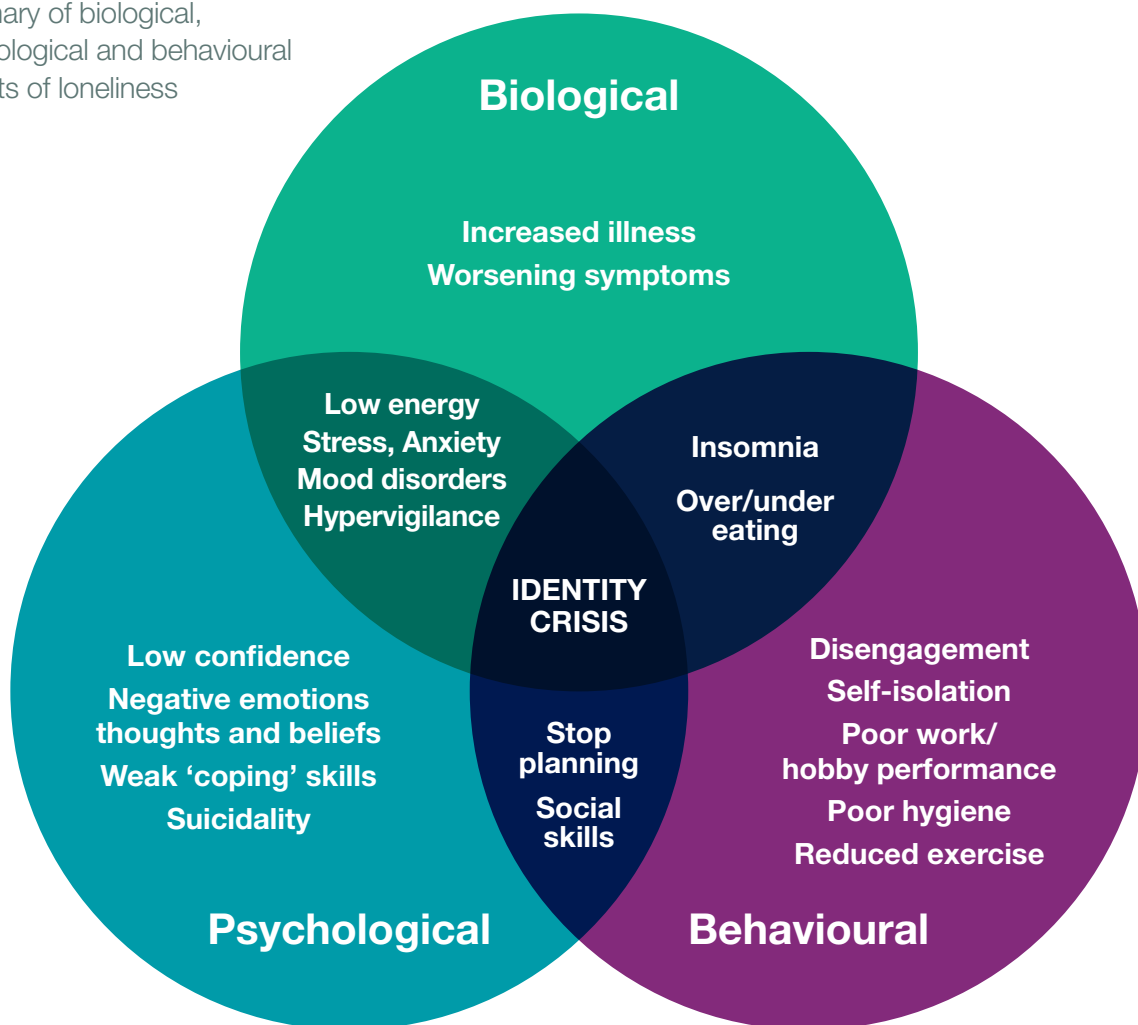
As with other complicated and entrenched social problems, loneliness impacted on people experiencing it in a number of ways that spanned across people's biological, psychological and social spheres. These impacts made connecting with others even more difficult.

Loneliness physically impacts on the person experiencing it (**the biological impacts**); making daily routines and engaging socially with people more difficult. Feeling more tired and experiencing a lowered sense of well-being was described by participants experiencing loneliness. These physical impacts were closely linked to severe psychological consequences; lower energy, feeling stressed and anxious more often, and mental health problems developing or worsening.

Participants experiencing loneliness also described how they felt and what they thought while experiencing loneliness (**the psychological impacts**), including lower confidence and negative emotions and beliefs. Participants described feeling 'alone', 'trapped', 'without purpose', 'angry' and 'frustrated'. In the more serious cases, loneliness elicited thoughts of self-harm and suicide.

People also acted differently when they were lonely (**the social impacts**). The social impacts included participants shutting themselves off from others, engaging or talking less, taking less care of their appearance/hygiene, and changing their sleeping and eating habits.

Summary of biological, psychological and behavioural impacts of loneliness



Amidst the complex and interlinked impacts of loneliness is, for many, an **identity crisis**. The combination of biological, psychological and social impacts exacerbates existing disconnection: how can you connect when you feel lost, unwell and when you've isolated yourself? Getting to the point of identity crisis was particularly characteristic of the chronically lonely and seen by these participants as a negative and challenging reality to be living. For more details on what is it like to be lonely in the UK, see Chapter 4.

What is the support landscape like for loneliness in the UK?

While the research suggests that there are some areas of good practice, like using digital forums to complement other forms of support, participants and experts were generally critical of the current support landscape.

For participants and experts alike, lack of awareness about available services and support for people experiencing loneliness was a key barrier to tackling loneliness. Existing support was viewed as prioritising older groups and sometimes overlooking others, at times urgent, support needs. Participants also felt well-meaning, but potentially damaging, one-off interventions stemmed from some providers' difficulties sustaining a service.

Individuals experiencing loneliness perceived a lack of informal support, where they could access less-intensive and more casual opportunities for establishing connections within their communities. For more details on the current support landscape, see Chapter 5.

What kind of support do people want and how do they want support delivered?

Feelings and experiences of loneliness are highly individualistic and often unpredictable. Experts recommend a combination of the following three models of support to tackle loneliness, depending on individual circumstances:

- ❑ **Preventative support** – Support that can identify those at risk, such as those experiencing a life transition, and tries to prevent future loneliness was seen as being more effective in helping individuals who are on the ‘cusp’ or ‘cliff edge’ of loneliness (when they are nearing a life event or substantial shift in their daily routine). For participants, small and easy gestures (for example, saying hello, asking how their day is going) from others such as friends, colleagues, and peers were crucial for preventing loneliness.
- ❑ **Responsive support** – Support which responds to and is shaped by the needs of those already experiencing loneliness was necessary and valuable when dealing with a life event or disruption to routine. Responsive support needs to involve positively framed and user-centred activities. Effective types of responsive support were seen as those that give individuals a clear purpose, help them forge new relationships, develop new interests, or rediscover old skills through volunteering or taking a night class. Meeting others going through similar experiences was also key for some participants.
- ❑ **Restorative support** – Support which can help those who are at risk of slipping into chronic loneliness (i.e. loneliness which is experienced over a longer period) to re-engage was most successfully implemented when an individual is trying to reconnect with their community but may need some added support to achieve this. It is therefore important that people are supported to rebuild their confidence and use this newfound self-assurance to forge new connections.

Building on these three models of support identified, and following testing and validation of a number of support options, the following principles for effective support emerged. These principles highlight the key ‘building blocks’ from which to construct successful future services and support. Services and support should:

- ❑ give a sense of purpose to the individual
- ❑ be peer-led and co-designed to include people in similar circumstances
- ❑ be local to individuals and easy to access
- ❑ be free or affordable
- ❑ instil a sense of identity for participants who are going through a period of transition
- ❑ provide sustained support, and clear goals and pathways out of support when appropriate
- ❑ benefit others and ‘give back’ to society, which can make individuals feel ‘useful’
- ❑ be built around shared interests.

Participants held a range of views as to who could deliver support founded on these principles, and play a part in tackling loneliness:

- ❑ **Charity and voluntary sector organisations** – Viewed by both experts and participants as being the most closely linked to providing services to tackle loneliness historically. These organisations were seen as being able to help community organisations to grow public support and provide momentum around a ‘call to action’, using their brand credibility from working at grass roots level to build support for campaigning.
- ❑ **Individuals in communities** – Experts believe that building resilience in communities so individuals can reduce the likelihood of loneliness hinges on the inclusion of community members in the design of future services, ensuring services are tailored, relevant and fit for local need. Peer-led support was identified as necessary, encouraging individuals to connect with others who had been in similar circumstances but had managed to overcome them.

Community groups have a part to play in providing sought-after informal support, e.g. providing community facilities where like-minded individuals can meet and promoting small public gestures within local communities, for example stopping for a short chat with neighbours or asking family/friends how they are doing.

- ❑ **Trusted community advisors** – Experts and participants saw trusted people in communities, such as GPs, housing associations and local authorities, as being well-placed to signpost to social support and activities, helping individuals to make the first step to accessing services and support.
- ❑ **Businesses** – Neither participants nor experts saw local businesses as traditionally providing community services and support to tackle loneliness, but did identify them as being well-placed to host and deliver activities in the community, supporting people to connect. The impact of funding cuts to local services led experts to view businesses as having a role to play in funding initiatives in partnership with service providers. Local businesses were also viewed by participants as ideal community ‘hot spots’ for promoting community events and support activities.
- ❑ **Employers** – Experts viewed employers, though not automatically associated with supporting loneliness, as well-placed to connect their employees with social networks either within the business or in their communities. Experts recognised that employers have the unique potential to deliver targeted programmes such as mentoring (i.e. for those going into retirement) and one-to-one counselling (i.e. following giving birth or experiencing loss).

Conclusions

The following conclusions emerged from the research:

- ❑ The public viewed loneliness as an important issue, and the research found loneliness is a common experience in the UK. Yet, the public perceptions of who experiences loneliness was out of sync with the reality, with more people mistakenly perceiving it as an issue faced either solely or predominately by older people.
- ❑ As well as age which is well documented in the literature as a risk factor for loneliness, the research confirmed that people experiencing life events which can disrupt existing connections were at risk. This will enable preventative and early reactive support to be developed to tackle loneliness around these life events.
- ❑ People experiencing loneliness can view connection as a daunting experience, and can begin to question their own self-worth. Chronic loneliness seems to be most likely within this complex context of new emerging self-identity, which can lead to barriers to re-connection and potentially even reduced self-worth. At worst, some people even became convinced they had nothing to offer and described having suicidal thoughts.
- ❑ Loneliness can have serious consequences for individuals (for example, physical, psychological and social impacts). Our research showed that some of these consequences can negatively impact on communities (for example, people withdraw from communities, contributing and engaging less) and society (for example, reduced productivity at work, increased sick days). Loneliness can also have serious consequences for isolated individuals in terms of increased morbidity, lower life satisfaction and a predisposition towards low mental and physical health.

- ❑ There is low awareness of the support available to help people connect and to tackle loneliness. The current landscape was not seen as fit for purpose, with support viewed as piecemeal and fragmented; existing support was viewed as prioritising older populations, a lack of local support created challenges for accessibility, one-off/short-term interventions were seen as problematic, and there was a need for informal support services.
- ❑ Those who already find engaging in social relationships difficult or challenging due to other factors are more likely to be at risk of experiencing loneliness. Other life stresses such as physical isolation or mental health issues can create increased barriers for people who in turn become more at risk of transitioning to chronic loneliness.
- ❑ The causes of loneliness are often complex, multi-layered and reinforcing. Loneliness is caused by a combination of personal, community and broader society issues. People experiencing loneliness need different types of support depending on their individual circumstances (using preventative, responsive, and restorative models of support). To prevent and tackle loneliness, different stages of need require a combination of formats and programmes (both formal and informal) as individuals move along the spectrum from temporary to chronic circumstances.
- ❑ People experiencing loneliness prefer face-to-face services and support, including a mix of more intense ‘one-on-one services’ and less formal ‘interest-led peer-to-peer interaction.’ While digital services and support were seen as important, participants viewed these services as supplementing face-to-face support or helping an individual organise face-to-face connection.
- ❑ Our survey showed that the public believed that sometimes it was ‘small gestures’ which can make the most difference, and this was echoed by our experts and the people we spoke to experiencing loneliness. There is a need to seize the momentum expressed by the general public currently towards small acts which can be undertaken on an individual level within local communities to improve social cohesion and connectedness in communities.
- ❑ Experts, the public, and individuals experiencing loneliness are all accepting of the multiple roles the different players can take in tackling loneliness by delivering both formal and informal support. Consolidating and building on experience across charities and voluntary sector organisations, individuals in communities, Government, businesses, and employers could achieve more with less resource in providing sustainable, tailored services and support to those experiencing loneliness. Loneliness therefore requires a society-wide response where the strengths of multiple partners are utilised.

1. Background, aims and approach

The role connections play in the experience of loneliness

Our social connections are fundamental to our daily experience, to the ways that we make meaning in our lives and to quality of life and life satisfaction. At best, being socially connected – and having roles to play with the friends, colleagues, family members, neighbours, and even casual acquaintances in our lives – provides a sense of purpose, comradery, belonging and identity.

Conversely, lacking meaningful and satisfying social connections has surprisingly powerful negative consequences across the mental and physical health spectrum. When we are lonely, we are less resistant to external stressors, our bodies find it harder to repair themselves¹, and life satisfaction is likely to be low.² Cognitive functioning declines³, and the risk of dementia⁴ and depression⁵ increases. The evidence suggests that feeling lonely or socially excluded can have similar damaging consequences to an individual's health as obesity or smoking⁶, with longitudinal studies indicating increased risk of high blood pressure and the potential for heart-related diseases to develop. Perhaps most worryingly, the longitudinal evidence also indicates that loneliness can predict increased morbidity and mortality.⁷

1 Hawley, L.C and Cacioppo J.T, (2010) "Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms", *Annals of Behavioural Medicine*, 40, 218-27

2 Thomas, M, (2015) "New Perspectives on Loneliness: Developing Theory, Methodology and Evidence for Practice", Seminar Series, Campaign to End Loneliness

3 Steptoe, A. et al, (2013) "Social Isolation, Loneliness and All-cause Mortality in Older Men and Women", *Proceedings of the National Academy of Sciences of the United States of America*, 110, 5797-5801

4 Holwerda, J. et al, (2012) "Feelings of Loneliness, but not social isolation predict dementia onset: results from the Amsterdam Study of the Elderly", *Journal of Neurology, Neurosurgery and Psychiatry*, 85, 135-142

5 Hawley, L.C and Cacioppo J.T, (2010) "Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms", *Annals of Behavioural Medicine*, 40, 218-27

6 Holt-Lundstad, J, Smith T.B and Layton, J.B (2010) Social relationships and mortality risk: a meta-analytic review, *PLo Med*. doi 10.1371/journal.pmed.1000316

7 Perlman, D and Peplau, L.A, "Loneliness Research: A Survey of Empirical Findings" (1974) in Peplau, L.A & Goldston, S (Eds), "Preventing the harmful consequences of severe and persistent loneliness", 13-46 Washington DC: U.S. Government Printing Office

At the outset, it is key to stress that as the existing body of literature in the area suggests, loneliness is not synonymous with being alone, nor does being in the presence of others automatically protect individuals from experiencing feelings of loneliness. Rather, loneliness is best described as the distressing feeling that individuals experience when a person's network of social relationships with others is less satisfying than they desire in either quality or quantity.⁸

The need to learn more

The partnership began by conducting a literature review on loneliness and social isolation to highlight some of the key factors or risks of loneliness, and identify groups of people who might benefit from interventions. The evidence confirmed the importance of loneliness as an issue and the urgency for tackling it, yet, there remained gaps in the literature: loneliness and isolation can have serious consequences, but there was a lack of rigorous, first hand evidence from those experiencing loneliness based on personal characteristics and life experiences, and insight into the existing landscape of support available. Also unclear was what the impact looks and feels like for people living with social disconnection. There was little substantive evidence that systematically explored what was needed to make positive change from the perspective of the people most in need. And there was a lack of evidence available from people who experienced loneliness about what might help to prevent loneliness from occurring in the first place, and how to prevent temporary situations from transitioning into chronic states.

To ensure that its own future activity was grounded in rigorous, robust, and participatory evidence, the partnership commissioned substantive research about loneliness in the UK. Conducted by Kantar Public⁹, a specialist independent social research

8 Bernard, S, (2013) "Loneliness and Social Isolation Among Older People in North Yorkshire", WP2565,1-51 Social Policy Research Unit, University of York, York

9 <http://www.kantar.com/public/>

agency, the research reported here represents a large-scale exploration of public experiences and needs around loneliness focusing on potential triggers across life stages – via a multi-phased, mixed method research approach (see the Executive summary for an overview, and the Annex for further details). This report presents the combined insight from qualitative research – with 45 experts, and 115 members of the public who were experiencing loneliness – and a nationally representative quantitative survey with the general public (2,523 respondents).

Aims of the research

This research aimed to provide a rigorous evidence base for the partnership – providing up-to-date evidence about how the UK public experience loneliness, and public and stakeholder priorities for action. Specifically, the research aimed to understand:

1. What the general public thinks about loneliness, including views on how serious a problem loneliness is, who experiences it, and the public's role in reducing loneliness;
2. The causes, experiences and impacts of loneliness – for six selected groups that each represent personal characteristics or life experiences that have the potential to trigger loneliness;
3. How loneliness transitions from a temporary situation to a chronic issue – and how to prevent this;
4. The support available for people experiencing loneliness in the UK, including both formal services and informal community driven support, and any perceived gaps in provision; and
5. What kind of support is needed to tackle loneliness, and what potential service users want.

Focusing on six target groups

The literature review undertaken by the partnership identified that loneliness is a widespread issue. There is much literature on loneliness in later life, but triggers for loneliness across life stages is less well documented. Therefore, the research concentrated on six groups:

- ❑ young new mums (aged 18 – 24)
- ❑ individuals with mobility limitations
- ❑ individuals with health issues
- ❑ individuals recently divorced or separated (within the last two years)
- ❑ individuals living without children at home ('empty nesters') and retirees
- ❑ individuals recently bereaved (within the last six months to two years).

These six groups met several of the following criteria for inclusion in the research:

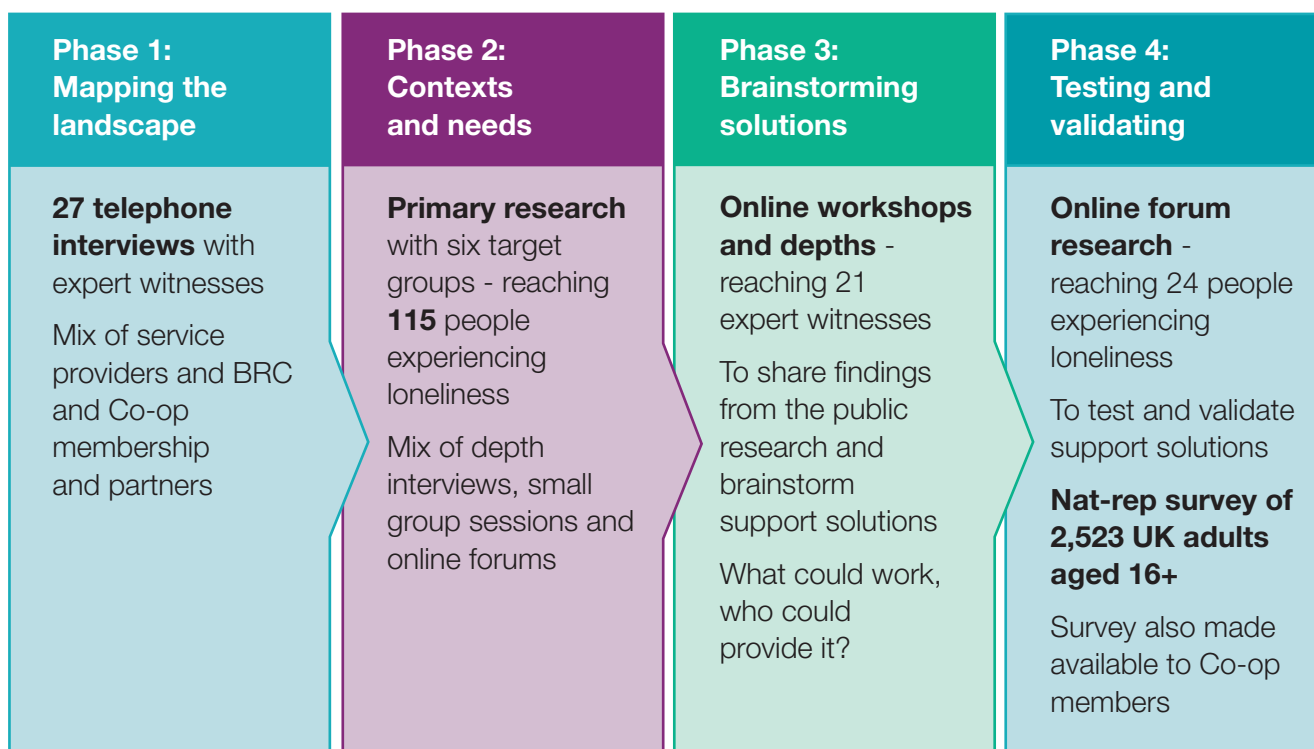
1. the literature review demonstrated a gap in understanding of the needs and experiences of the people in the groups;
2. the groups were thought to be under-served by existing services and support based on the literature review or on British Red Cross' experience from the delivery of its services; and
3. occurred in high enough numbers in the general public to make research feasible – i.e. the group could be identified and recruited to the research.

Full sampling details, as well as the recruitment screeners used to define each group, are included in the Annex.

Research approach

Work was conducted iteratively across four phases, with each phase flexibly adapting to emerging insight from the phase before. Figure 1 summarises the research approach. For a detailed discussion of the approach to this research please see the Annex.

Figure 1. Summary of the research approach



45 experts all together - 27 in Phase 1 and 18 new experts in Phase 3.

Analysis

Our analytical approach for the qualitative research was iterative and inductive – building upwards from the views of participants – incorporating elements of ‘grounded theory’ analysis i.e. the thematic review and continual analysis of hypotheses from participants’ transcriptions and dialogue. Analysis began informally during fieldwork itself; as our research team worked closely together throughout the fieldwork period, feeding back headline findings to each other as discussions were conducted, and continually updating our approach and thinking as we amassed data. The data was analysed to search for themes and trends.

Analysis of the general public survey data was conducted primarily at a total sample level, but the large, robust sample size allowed for analysis by demographic subgroups, and of target groups of interest, where relevant.

For a detailed discussion of the approach to the analysis of the data please see the supporting Annex.

How to read this report

It is important to emphasise that data and findings drawn from the qualitative elements of this research are not intended to be representative or statistically generalisable to the wider population.

Our aim has been to:

1. provide an overview of the range of potential triggers across life stages that may be risk factors for experiencing loneliness
2. document the range of needs and hopes for support from those experiencing loneliness that emerge as a result
3. give some early indication about how needs differ for some specific groups of interest.

Likewise, whilst we have included voices from across the UK – from all four nations, and from more urban and more rural areas – we have done so for purposes of representation only. This research did not look to capture the views and experiences of people who do not experience loneliness and therefore we are unable to say why individuals who may seem to be at risk of loneliness are not. There is a potential role for future research to understand geographic differences in need and the factors that protect individuals from experiencing loneliness in more depth.

A wide variety of participant contexts were captured in this research – with differences in lifestyle, life-stages, social contexts and needs providing vibrant and often emotional research sessions. However, we also observed points of striking similarity: participants across workshops, in different locations, and from different walks of life, noted many of the same key drivers of loneliness; they raised similar pathways towards loneliness; and they identified some of the same key needs, and principles for how to meet those. In the spirit of representing these points of commonality and shared vision, our reporting has not taken the path of drawing the reader's attention to every point of debate or difference of opinion. We ask you to take for granted that every participant added their own nuance to the collective view that you see represented at many points in reporting. At the same time, where views have obviously diverged and split – for example, according to target group, or stage of experience of loneliness – we have provided indication of this.

The views of a range of people were captured in the research and referred to throughout this report:

- ❑ Experts – refers to the experts working in the field of loneliness, including providers, academics and policy makers
- ❑ Public – refers to the views of individuals captured in the general public survey
- ❑ Participants – refers to the people experiencing loneliness captured in the qualitative research.

2. Loneliness is an important issue for the UK

Loneliness is an issue of public interest

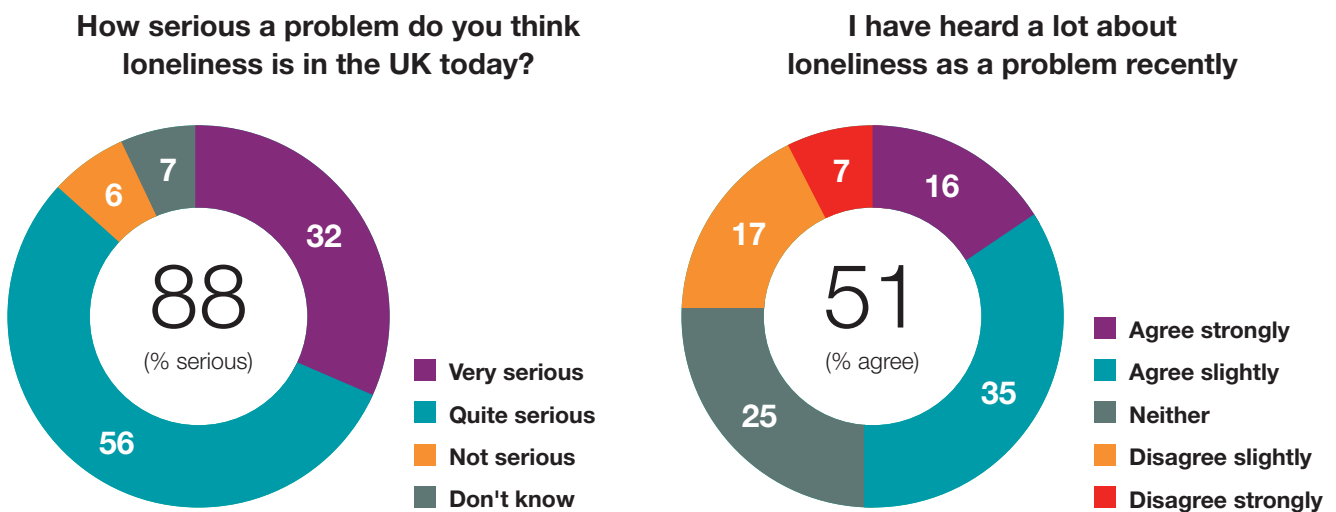
When this research began it was an open question as to whether the general public considers loneliness to be an important issue, and whether it was something that people are aware of and thinking about. Despite the compelling evidence from the partnership's literature review about the negative impacts that loneliness can have on those that experience it, it was uncertain whether or not the importance of the issue was recognised by the public at large.

Findings from our general public survey clearly demonstrate loneliness is widely seen as an important issue. When asked how serious a problem they think loneliness is in the UK today,

the vast majority of respondents (88%) indicated that they consider it a serious issue, with 32% responding the issue of loneliness is very serious (Figure 2, below). Loneliness also seems to be an issue that people are aware of as a topic of public discussion, with just over half (51%) agreeing they had recently 'heard a lot about it as a problem' (16% agreed strongly).

Very similar levels of awareness were recorded for these two questions across demographics (including by age) and across different nations and regions, but there was a significant correlation between the two measures, with 72% of those who think loneliness is very serious agreeing they had heard a lot about it, compared to 17% of those who did not think it is serious.

Figure 2. Views on seriousness of loneliness and awareness of loneliness as an issue



Source Q2: How serious a problem do you think loneliness is in the UK today?

Source Q4_1: I have heard a lot about loneliness as a problem recently

Base: All UK adults aged 16+ (2,523)

Loneliness is a common issue in the UK

Findings from the general public survey also indicate that loneliness is something that most people in the public have experienced to some degree, and that many people in the public are dealing with loneliness at a level that may have some negative impact on their life experience. Around half of UK adults surveyed feel lonely ‘sometimes’ or more often; it is an experience that many people can relate to. More worryingly, 18% feel lonely ‘always’ or ‘often’. Whilst the survey did not capture any measure of perceived harm or impairment – and is certainly not intended to serve as a ‘diagnosis’ of loneliness – this represents a surprising degree of loneliness in the UK public.

Though some groups, such as 16-24 year olds, those living on their own, and those in the DE social grades¹⁰ were more likely to express feelings of loneliness, this was least evident among those aged 55 and over (and within this slightly, but not significantly, lower levels were recorded by those aged 70 and over – 6% compared to 11% among those aged 55-69). This does not suggest that those aged 55 and over are less lonely but

¹⁰ Social grading is a standard classification based on the occupation of the chief income earner in a household. Those in the DE social grades are generally working in semi-skilled or unskilled manual occupations, retired, or entirely dependent on state benefits.

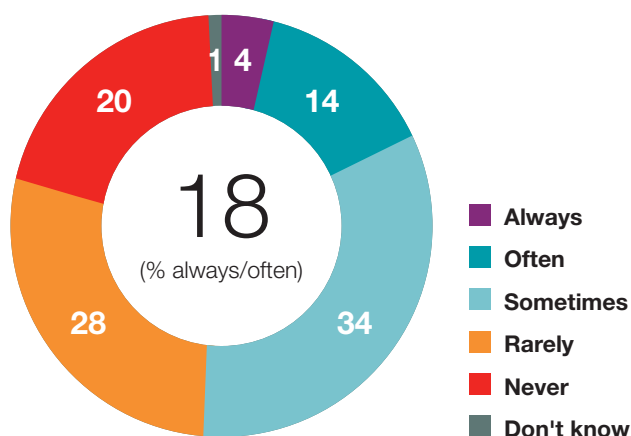
rather than those older people surveyed reported comparatively lower rates of feeling “always or often” lonely. Whilst the research does not categorically evidence the reasons for this lower reported prevalence, it does suggest that older age groups were significantly more likely to know where to turn for support if they were experiencing loneliness and our expert witnesses also noted that current loneliness services tended to focus on older age groups.

Self-reported loneliness was higher than average (18% among the general population) for 5 of our 6 target groups (it should be noted that respondents could be in more than one of these groups), and in fact 73% of those who claimed to be ‘always’ or ‘often’ lonely belonged to one of the research target groups. Percentages of people ‘always’ or ‘often’ lonely were highest for those who were recently divorced or separated (33%); had long-term physical / mental health conditions (32%); were people with mobility issues (30%); people with limited access to transport (29%); people experiencing bereavement in the last two years (19%); and parents of young children¹¹ (32%).

Whilst there was still evidence of self-reported loneliness among those aged 55 and over, among those in this group who are either retired, or do not

¹¹ Base sizes for this group were very small given low incidence in the general population; further work would need to be conducted to confirm prevalence of loneliness.

Figure 3. Prevalence of loneliness in the UK general public



Higher % always/often among:

16-24 – 32%
 Children in household – 22%
 DE social grade* – 24%
 People living on own – 26%

Lower % always/often among:

55+ – 10%

No difference in % always/often by:

Gender, urban/rural, region

Source Q1: How often do you feel lonely, if at all.
 Base: All UK adults aged 16+ (2,523).

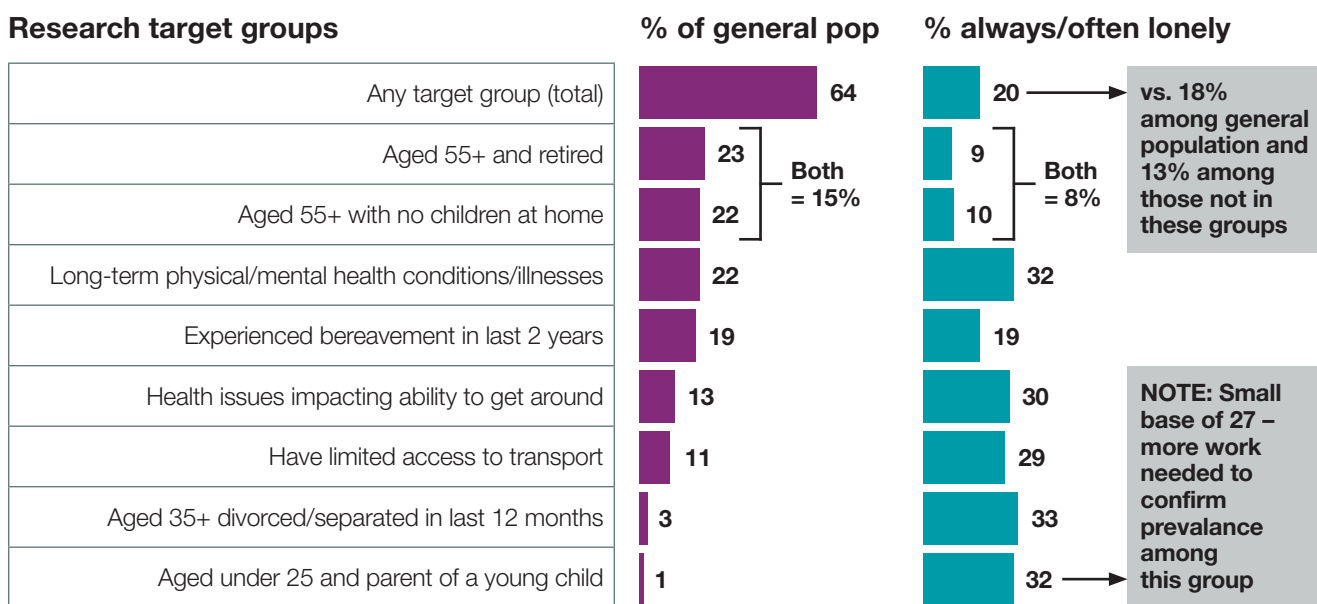
have children in the home, levels of self-reported loneliness (9% and 10% respectively) were below average compared to the general population (18%). Furthermore, these comparatively lower levels of self-reported loneliness are in contrast to the higher levels recorded among younger age groups (32%).

Interestingly, the public perception of who is most likely to experience loneliness is out of sync with the reality. When asked who they thought was most likely to be experiencing loneliness, the general public survey indicates that people are most likely

to think of 'older people' being lonely – with almost a third (30%) of respondents picking this as the 'most likely group to be lonely', and 70% thinking that older people were in the 'top 3' audiences likely to experience loneliness.

We of course do not know from the general public survey what drives this public perception of very high levels of loneliness in older age, but the mismatch highlighted by the research suggests that there is a need to broaden the public's perception of who is at risk of loneliness beyond the older age groups.

Figure 4. Frequency of self-reported loneliness by target group



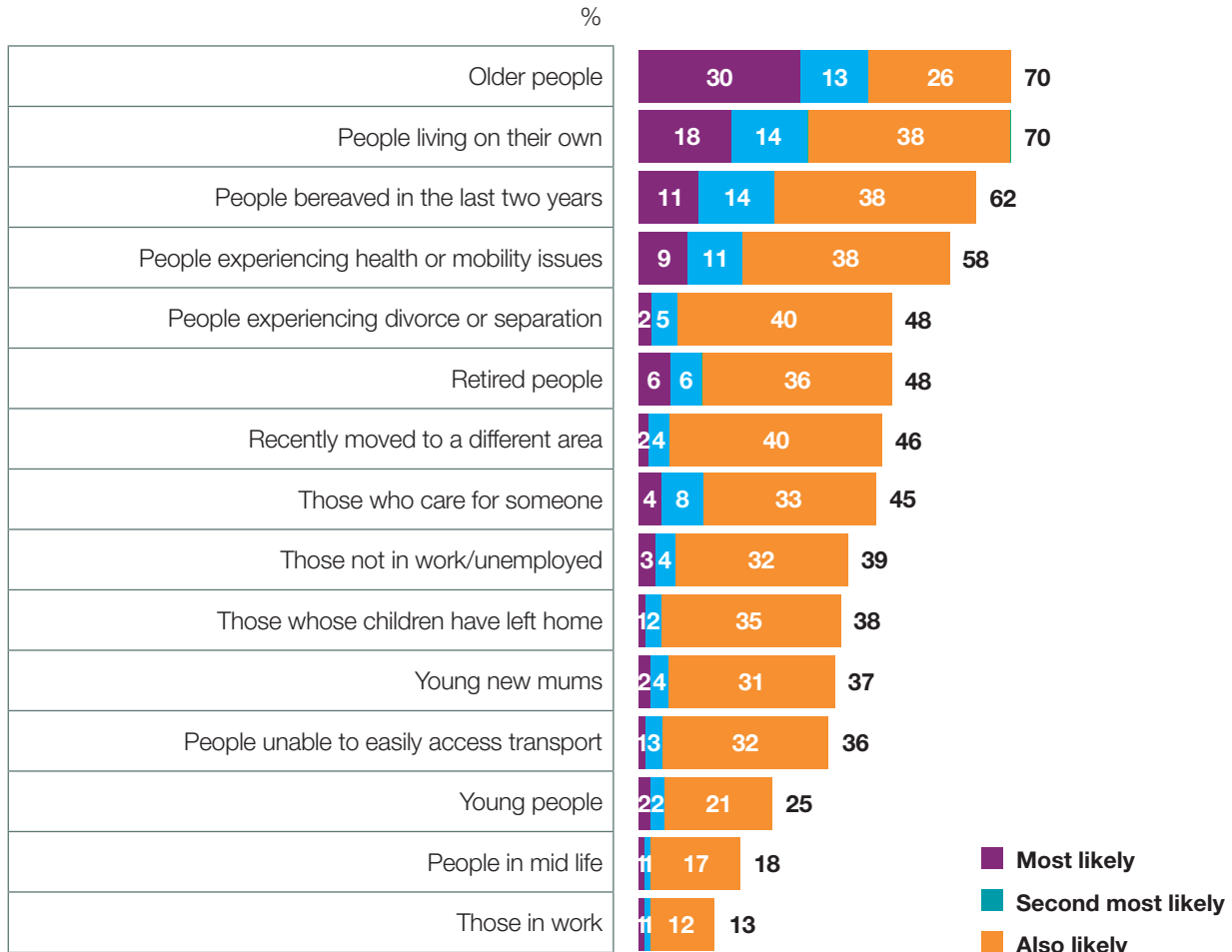
Source Q8: Which of the following, if any, apply to you?

Source Q1: How often do you feel lonely, if at all?

Base: All in groups of interest.

Figure 5. General public perceptions on who is most likely to experience loneliness

Likelihood of experiencing loneliness



Source Q3a/b/c: Which groups do you think are most likely to experience loneliness?
 Base: All UK adults aged 16+ (2,523)

3. What causes loneliness, and how can it become chronic?

Transitional life events as triggers for loneliness

This research has evidenced life transitions – and particularly role transition – as disruptive moments that increase the risk of loneliness amongst individuals. When existing social connections are challenged or severed – for example through a break-up of a relationship, emergence of a serious health issue, or retirement – this can reduce opportunities for ‘easy’ connection and also threaten self-identity. A range of barriers to connection – which vary from person to person and can occur across individual, community and social levels – can then additionally weaken people’s ability to make or sustain connections. Once habits of disconnection have set in, they become hard to break. Loneliness itself can become a barrier to connection. People who are experiencing loneliness can begin to view connection as a vulnerable and anxiety-ridden experience, or even begin to question their own self-worth. Chronic loneliness seems to be most likely within this complex context of threatened self-identity, barriers to connection and potentially even reduced self-worth. At worst, some people are convinced they have nothing to offer.

A key theme emerging from across the target groups of people experiencing loneliness was the way in which loneliness was often felt at a time when participants were experiencing a transition in terms of their social connections and social identities – retirement, motherhood, bereavement etc. These transitions could either be sudden (e.g. the loss of a partner) or occur over time (e.g. the worsening of a health condition).

For example, when we asked one participant what life looked like before his retirement – for him, the advent of loneliness – he spoke about the many interactions that used to form an average day. His daily connections had a pattern: discussions and banter with colleagues and people on his route to work; a mild argument with his wife; a smile shared with a fellow commuter. This daily pattern offered opportunities for positive interaction, discussion and debate, social

support and enjoyment. The social connections embedded in this daily pattern also enabled him to enact important identity roles – for example, as a father, an income earner, a supportive colleague, a good employee, and so on. These roles, implicitly or explicitly, formed an enormous part of how he saw himself, his self-worth and his life satisfaction. These small, daily interactions and gestures from others were surprisingly, of great help and worth to those experiencing loneliness.

Versions of this narrative were shared by participants from other target groups as well. When they talked about what their lives were like ‘pre-loneliness,’ participants shared the ways their social connections shaped their days: a wife who, before her spouse died, valued the daily, predictable interaction with her partner over shared meals; a parent who, when her children were younger, felt connected with others through encounters with the teachers, coaches and parents of the friends of her children.

This pattern was repeated over and over in our discussions with participants. When existing social ties and identities were threatened or severed, participants needed to make do without many of the predictable, and thus ‘easy,’ moments of interaction that they had taken for granted. At the same time, participants told us, a vacuum in positive social connections began to threaten how they defined themselves. As we will explore, participants even told us that at worst, they began to question who they were, what their value was, and what they had to offer to those they come in contact with.

Complex, interrelated drivers of loneliness

Of course, not everyone that experiences a transitional life event becomes chronically lonely – and not everyone who experiences loneliness has undergone this kind of transition. Participants also raised a wide range of causes of loneliness – causes which were typically complex, multi-faceted, and reinforcing.

Each participant raised different barriers to connection, or causes of disconnection, and what seemed to be most significant in their path to loneliness varied enormously. Often, barriers were interconnected: for example, a participant with mobility problems might initially have become disconnected from a favourite social activity because it became difficult to travel to participate; at the same time, fatigue or pain made engaging in new activities difficult; and concerns or experiences around stigma made the participant more wary about connection full stop.

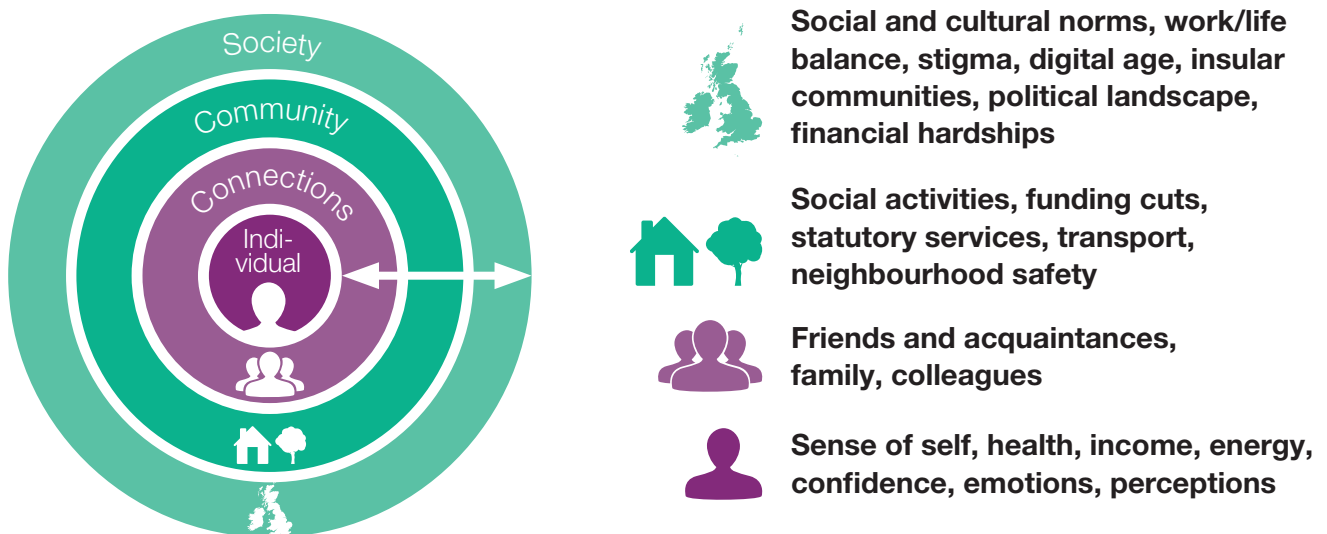
As a way of summarising and making sense of these varied and often complex drivers of

loneliness, an ecological model of health¹² has been adapted and tailored to help organise and illustrate the interplay of these drivers (See Figure 6, below). Many people identified barriers to connection from individual-level characteristics or circumstances (e.g. health, finance, anxiety and other mental health difficulties, etc). For some, it was severed connections (as discussed above) that seemed the most pressing cause of disconnection. Others raised barriers at a community level, noting issues like service or infrastructure gaps that made it harder for them to find positive, effective, and sustained social support. And some participants also identified drivers of loneliness at a social level: in terms of shared social norms about how we connect with each other, the shape of modern lifestyles and habits, the current funding environment, and so on.

We saw a complex interplay across these drivers (individual, community, society level), and across factors within each driver. Identifying the direction of causality was not possible, given the scope and scale of the research.

¹² Sallis, J. F., Cervero, R. B., Ascher, W., Henderson, K. A., Kraft, M. K., and Kerr, J. (2006) "An Ecological Approach to Creating More Physically Active Communities", *Annual Review of Public Health*, 27, 297–322

Figure 6. Other drivers of loneliness and barriers to connection



Individual-level drivers of loneliness

Outside of the disruptive life events, participants raised a range of challenges that started with them and decreased their ability to connect with others – the individual-level drivers of loneliness. Figure 7 summarises these challenges.

Figure 7. Individual-level drivers of loneliness



Sense of self – In the absence of positive social connections, confusion about who they were and what they had to offer could make it difficult to engage with others. Without a sense of where participants were ‘starting from’ (‘I am Jim, and I am a postman’), connecting with others was more difficult. For example, participants with health issues noted that as their lives, abilities, and habits had changed, they found it increasingly difficult to reconcile ‘who I am’ with ‘who I used to be’. This identity transition was very unsettling, making it difficult to connect whilst participants were getting used to their new way of living.

“I don’t have a place where this new character and identity fits...I’m living with and in the shadow of the ghosts of my past.”
(Health, Male, Aberystwyth, 55-74)

Health – Acute or chronic health concerns presented many barriers for individuals to engage in social connection and maintain satisfying social bonds. For example, participants with health conditions noted that managing their health issues took up time and energy (e.g. getting to and through medical appointments, and coping with pain and discomfort). When it then came to planning for or engaging in social activities and other enjoyment, participants found they had little time and energy left to offer. Often, links with existing social connection points were also severed because participants found it difficult or impossible to engage with hobbies they once enjoyed – for example, retreating from sports and exercise groups once symptoms became too severe to participate.

“[I’m] unable to use my legs in the same way as healthy people...I often need to sit down or go home before other people do.”
(Mobility, Female, London, 35-54)

Income – Our research included individuals with a wide range of financial circumstances, including people experiencing poverty or otherwise affected by financial instability. Echoing the findings from the general public survey, where 24% of those surveyed noted they were often lonely as a result of their economic status, participants experiencing loneliness said they could not afford to connect even if they had the opportunity. In particular, they told us that ongoing financial instability makes it hard to rationalise spending money on social or non-urgent purchases. The cost of typical informal activities a participant might do with someone – eating a meal out, going for drinks or watching a film – were not always financially feasible. More formal activities for establishing or strengthening connections – exercise classes, cookery courses, further education and vocational studies – were often also out of reach due to costs. Even for those who described themselves as ‘financially alright’, the cost of getting to and paying for activities or services and support was sometimes seen as prohibitive, or, at least, as presenting a barrier to engagement.

*"I thought I needed to catch up [with technology] so that I could be on the same page...but the cost would be £40 a week."
(Retired/empty nester, Male, Oldham, 55-74)*

Energy – Sometimes, participants said that they had difficulty prioritising social connection against competing demands for their energy. Taking the time to connect in a meaningful way sometimes felt too hard once participants had met the needs of work, errands, childcare and care for partners and others. In an ever moving and fast paced modern world, establishing or maintaining connections was seen to not make the priorities cut.

"There's no 'me space'. [I] always feel tired and drained, especially with the children; juggling work and hobbies with their needs, homework and activities." (Young new mum, London, 18-24)

Confidence – Participants frequently cited lack of confidence as a barrier to social connection. Lack of confidence, either in general or that has come about from life events such as divorce or separation, or retirement, fuelled a negative internal dialogue when they considered engaging or actually engaged with others socially. Participants said that at worst, they were distracted when trying to talk to others by worries about self-worth; others said that once 'out of practice' they thought they engaged in ways that other people might feel strange, which worried them and made connecting feel harder. Without confidence to engage with others and to take up opportunities for connection, loneliness was more likely to take root.

*"As people started to arrive all smiling and happy to be helping with fundraising, I myself became more anxious and feeling strangely that what I was doing was just not good enough."
(Health, Female, Oldham, 55-74)*

Emotions – Some participants, particularly those with health or mobility issues, and young new mums, avoided going out or engaging with friends and family as regularly as they would have liked due to concerns about being a burden for existing social connections. The 'burden narrative' was a powerful one, with participants repeatedly rationalising their experience of loneliness as a result of them not wanting to 'bother', 'unduly burden' or 'inconvenience' people in their lives.

*"I do not want to inconvenience others because they have to push my wheelchair."
(Mobility, Female, London, 55-74)*

Changed habits – As discussed in the previous section, transitional moments in participants' lives disrupted some of their habits and hence took away their opportunities to connect: the divorcee no longer going on regular social events with his or her partner; the parent no longer going to the academic, sporting or social events for their child who has moved out of the home; the bereaved family member no longer attending family gatherings that their departed family member used to co-ordinate. Participants also developed habits of being alone that led them away from opportunities to engage.

*"When I fell out of work that was a low point. Not because I like working because I don't, but the fact that I miss the lads and the laughs and jokes we used to play on each other... It felt like a loss."
(Mobility, Male, London, 55-74)*



There's no 'me space'.
[I] always feel tired and
drained, especially with
the children.



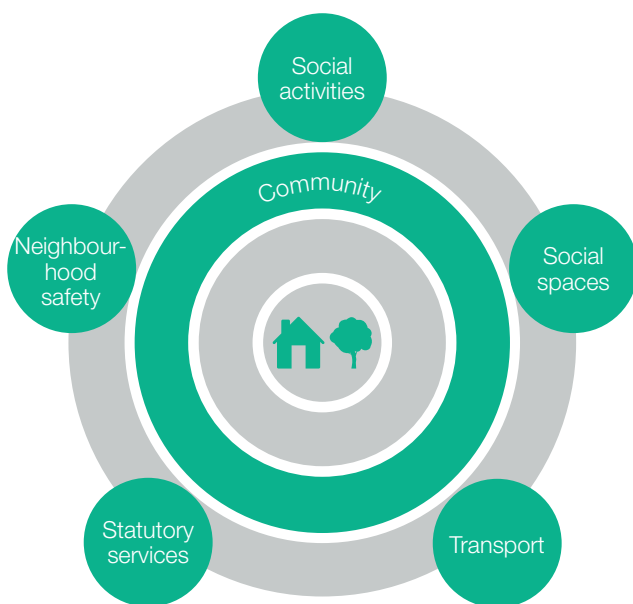
**(Young new mum,
London, 18-24)**

Photo: © iStock.

Community-level drivers of loneliness

The local communities of participants were seen as having contributed additional challenges that increased risk of disconnection for participants. Figure 8 summarises these challenges.

Figure 8. Community-level drivers of loneliness



Social activities – A lack of activities available in the community, or feeling that those available are not relevant, was a key community-level contributor to loneliness. Participants felt it was difficult to connect without opportunities available that are of interest, with others they can relate to, and that are easy to access. For those individuals with the confidence and willingness to reach out for support in connecting, the lack of social activities in their area was seen as an obstacle difficult or impossible to overcome. The kinds of social activities that were most desired by participants to help tackle the loneliness they were experiencing are discussed in Chapter 6.

“I don’t use a lot of services – they do not cater to my needs or lifestyle. A wider variety should be available; this would allow people to meet others in the same situation or with the same interests and problems.”
(Young new mum, Belfast, 18-24)

Social spaces – Participants felt like some traditional spaces for people to come together, such as leisure centres, were disappearing and there were less obvious communal spaces for connecting with others in modern society. The loss of small and simple yet potentially powerful means of connecting regularly meant that some participants who were experiencing disconnection lost even quick and fleeting regular exchanges with other people.

“The social places in my area – clubs, halls, snooker, classes – have all dwindled away over the last few years which make my options to mix with people harder.”
(Health, Male, London, 35-54)

Transport – Participants saw that infrequent, inaccessible or even non-existent transport infrastructure in communities dissuaded them from taking up opportunities to engage. Buses ran infrequently and did not allow for travel late at night, train stations were difficult to get to, taxis and the cost of car parking were too expensive. Lack of transport options in general specifically the suitability and availability of transport, was particularly problematic in more rural areas. Yet even in well-connected cities, transport was a barrier to engagement for some.

“[It] takes up so much time and costs so much and I also have to plan ahead to make sure I get good deals on train price. So, therefore, I don’t always visit or see friends as much as I would like.”
(Mobility, Female, Bristol, 55-74)

Statutory services – Difficulty accessing services for personal needs other than loneliness, at the point of needing it, was seen by some to have exacerbated their existing needs, and compounded feelings of loneliness. In particular, a lack of holistic support for medical concerns meant that sometimes the symptoms of issues were temporarily addressed rather than the root causes. For example, a participant experienced insomnia after her divorce and her GP prescribed

sleeping medication; she explained what she had needed was signposting to counselling to rebuild her confidence and get support for her anxiety about the future without a partner. As a result the disconnection the participant faced was unnecessarily prolonged. Others found that they did not yet meet the threshold criteria for accessing services.

“I went for the [psychodynamic] assessment and the woman told me basically that because of the financial [public spending] cuts, they’re only catering for people who are on the brink of suicide more or less...I couldn’t get it.”
(Health, Female, London, 55-74)

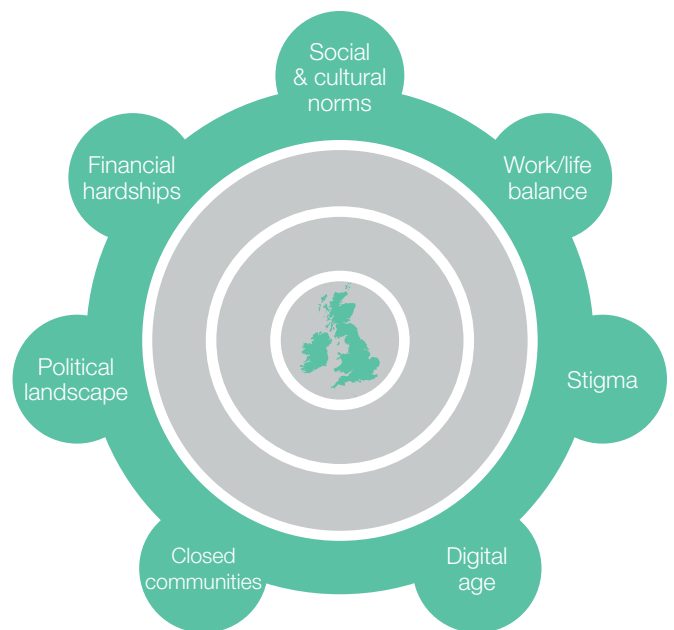
Neighbourhood safety – Living in a neighbourhood that was felt to be unsafe or uninviting was another barrier for some participants to go out and engage with their community. For some this was a sense of unfriendly neighbours while others noted visible signs that raised safety concerns for them; e.g. street lamps often broken, people selling drugs, people shouting and intimidating others, and so on.

“I don’t think anything can make me feel more connected [to my neighbourhood], as I don’t like the sort of people who live here...this is a rough area.”
(Young new mum, London, 18-24)

Societal drivers of loneliness

Participants commonly raised concerns about wider societal contributors to loneliness. How we engage in public dialogue and how we structure society in the UK was felt to contribute to the overall causes of loneliness. Figure 9, below summarises these challenges.

Figure 9. Societal drivers of loneliness



Social and cultural norms – Participants sometimes raised that implicit social ‘rules’ about how people connect to each other, and with who, served as barriers to making new connections. For example, participants felt that there were social norms that ‘older people can’t spend time with young people’, and eating out on your own is ‘unacceptable’. Across groups, participants felt it had become less acceptable to chat with and start conversation with strangers; that it had become less socially acceptable to engage in social connection without a ‘reason’.

Gender norms, which participants felt dictated what men and women can do and say with each other, were also seen as a powerful driver of loneliness for some participants. For example, some female divorced participants felt it would raise questions if they tried to form friendship connections with married men. Some

men felt that they had the opportunity for male connection, but that social norms around male emotional expression limited the depth of those relationships – that they may feel lonely even when ‘connected’. These gender norms, for some, were also contributors to how difficult they found it to process negative emotions or situations, including loneliness.

“It used to be indoctrinated into us boys that when we were faced with adversity or hardship we should tough it out or ‘pull our socks up’. It was somehow a terrible weakness to admit things had got on top of us.”

(Mobility, Male, London, 35-54)

Modern lives – Participants also felt that wider trends in modern living were contributing to social disconnection and making loneliness more common. For example, they felt people were working harder and longer hours, living in a more antisocial way; e.g. seeing people less, always in a hurry, and with less time for social connection. There was a sense that people are more transient, meaning that community ties can be harder to establish and maintain.

“Work takes a lot of my time, usually a ten-hour day and certainly during the week, the last thing I want to do is be painting the town red.”

(Divorced/separated, Female, Glasgow, 55-74)

Stigma – Participants said that they felt there was stigma around being lonely; they did not feel that loneliness would be recognised as a ‘real’ issue and something that people can legitimately ask for help. The perception that there are other social issues more ‘important’ or that are ‘more warranting of attention’ compared to loneliness prevented some participants from seeking support before a temporary feeling of loneliness became more chronic. This narrative was reminiscent of the trajectory of mental health campaigning – of the need to establish mental health as a ‘legitimate’ issue, as part of normalising social conversation about it and ensuring adequate support.

“The fear is that people will tell you just to pull yourself together. Also there are people in the world with really serious issues and isolation doesn’t really compare!”

(Bereaved, Female, Glasgow, 18-34)

Some groups also felt that stigma around particular life experiences or issues acted as a barrier to people reaching out to connect with others. This was particularly the case for young new mums and individuals with health and mobility issues. These participants felt society’s lack of understanding about their circumstances undermined their confidence, raised their anxiety levels and ultimately stopped them from engaging with others in the way they would prefer. For example, young new mums noted that they sometimes felt judged by other mums, or other members of their community, and people with health issues had experiences of being, or feeling that they were, negatively stereotyped as less able, or even ‘lazy’.

“It’s still looked down upon young mums most of the time I feel judged and made feel like a less than mum just because of my age often patronised by other older mums. This makes it hard to make friends as people my age have different priorities therefore there is not a lot in common.”

(Young new mum, Belfast, 18-24)

Digital age – The rise of digital and online engagement meant that participants felt there were fewer opportunities to connect in person. The rise in connections occurring over social media and online contributed to feelings of isolation and loneliness as this change in connections was seen as less ‘deep and meaningful’ than face-to-face encounters.

“I like to meet people in a social environment, have that interaction with an actual person and not a screen.”

(Mobility, Female, London, 18-34)

Closed communities – Some participants said that they felt actively unwelcome in their own communities, and that this had contributed to

their loneliness. For example, some participants noted that they did not know their neighbours, and did not know how to or feel encouraged to make connections locally. This differed from stigma, discussed above, because it was located at the community level, not wider society. For people with health and mobility issues, facing physical access difficulties as well as societal ignorance to their circumstances prevented them from connecting with their communities more regularly. Young new mums struggled to connect with older mums, worrying that they had nothing in common or that they would be judged for their circumstances.

*"I took him to a play group once and all the mums were a lot older than me and quite cliquy so I have never been back."
(Young new mum, London, 18-24)*

Political landscape – There was some evidence in our discussions with people experiencing mental and physical health issues that they were very worried about being categorised as ‘benefit scroungers’. They noted that people receiving benefits seem to be stigmatised in modern political discourse and the media; it may be that longstanding political discourse around ‘deservingness’ has contributed to this¹³. People experiencing health issues who were, for example, not working thus worried that they would be judged by others – which made trying to make connections more intimidating.

*"I believe that because programmes on TV have not truly portrayed the real disabled and because the government have taken such drastic action on those on benefits it leads people to believe we are all lazy not disabled."
(Health, Female, Wales, 35-54)*

Financial hardships – Closely linked to the political landscape but raised as a separate and important driver of loneliness was financial hardships. Our participants noted that they felt the pressure of public spending decisions in

terms of reduced support for urgent issues in their own lives (e.g. mental and physical health issues, or mobility problems.) Not having support for these made life, and connecting with others, that much more difficult.

*"But there again, it's all down to money. The way the country is at the moment things get cut. And I just think this [support for people experiencing loneliness] will be one thing to get cuts."
(Mobility, Male, Oldham, 55-74)*

Transitioning to chronic loneliness

Over time, some participants developed habits that kept them disconnected, and what could have been a transient phase of loneliness transitioned to a chronic state. It was very difficult for people to pinpoint when what they were experiencing became engrained in the way they spoke, acted and thought – how loneliness transitioned to defining who they were.

Two things characterised chronically lonely participants:

1. Loneliness became a habit, their default way of behaving. So, not only were participants trying to overcome what underpinned their loneliness experience, they were now also trying to overcome their default outlook on life and ways of acting.
2. Self-worth was impacted. In addition to tackling the life events that may have triggered loneliness and the daily challenges of connecting, chronically lonely participants were also faced with deep seated questions about their value to others.

I feel very isolated and alone. I would rather stay in my house than to go out at all. Miserable, sad and very depressed.

(Mobility, Male, Oldham, 75+)

¹³ See <http://www.bbc.co.uk/news/magazine-20431729>

Differences across our six groups

Although most causes of loneliness were common across groups, unique drivers of loneliness also emerged. Below we outline some of the key drivers of loneliness raised by participants in each of the six groups.

Young new mums – Participants noted that even where their initial social connections were strong, either before or shortly after the birth of their baby, they had experienced diminishing support from friends and family as the months went on. For those with a strong existing support network, the influx of attention and support was followed by increasingly fewer encounters, as the ‘novelty’ of the new baby wore off. The high cost of childcare reinforced the identity of the young mum as a mum because they could not afford a childminder while they went out. And, as noted above, some perceived judgement from older mums and others in their community about the choices they had made to have children ‘early’.

“A label given to me as a young mum created a divide between me and other older mums as I always felt they looked down on me and this led to conversations being very brief.”
(Young new mum, Belfast, 18-24)

Recently bereaved – bereavement brings a very particular type of disruption; not only have you lost a very important relationship but also all of the connections that came with that individual who has passed away are gone. Experiencing grief (being in a more vulnerable and anxious state after the loss of a loved one) resulted in participants isolating themselves, then realising that relationships had fallen away during their mourning period. Time-limited support, much the same as for young new mums, was raised as an issue, with participants noting that their support networks ‘lost interest’ or thinking that ‘enough time has passed, you need to move on.’

“The time when I actually needed distraction and support, however, came much later when everything had calmed down. But at this point, when I could feel more up to talking or going out, most people had moved on with their own lives.”
(Bereaved, Male, Belfast, 18-34)

Divorced/separated – Lack of trust brought on by feeling ‘betrayed’ by a partner prompted participants in this group to approach new encounters with apprehension and anxiety. Losing a partner also meant for many the loss of certain knowledge and skills. For example, some said that their partner had handled the finances and home care, and after the relationship broke down the participant had to learn how to take on these responsibilities. Or, the partner played a leading role in establishing and maintaining social connections with others and without them the participant not only lost those relationships but had to learn social skills. This was often an intimidating task for people.

“I found it really hard being on my own again; you think going to a party and other occasions by yourself is a big thing’.”
(Divorced/separated, Female, Scotland, 35-54)

Empty nesters/retirees – The blank canvas of each day was particularly jarring for this group; there was now a lot of free time that needed to be filled. For some, this time began to be filled with ruminations and worries about all the things they had been too distracted by work or childcare to give much thought to. The massive disruption for retirees, of no longer having a job to take up most of their time, meant a lack of structure and purpose for each day.

“There’s only so much decorating you can do – I’m just scratching around for things to do now.”
(Retired/empty nester, Male, Oldham, 55-74)

Mobility and health issues – Strong concerns about being dependent on others and not wanting to be a burden was a key barrier to engagement for those with mobility and health issues. The physical toll of connecting with other people like getting to or engaging with activities dissuaded participants from connecting. The weighing up of the physical, emotional and mental costs of connecting were described as resulting in the belief that the costs outweigh the benefits of connecting.

The rurality factor

There were minimal differences in the overall causes of loneliness due to rurality; this research would suggest it is as possible to be lonely in the city as it is in a more rural setting. However, rurality did present its own barriers to connection and contributed to isolation, which, for some, lead to their experience of loneliness. For example, participants noted that there were fewer and more expensive support

and services available in rural communities, particularly transportation services. Participants described difficulties getting to the support that was available due to a lack of or unaffordable transport links. However, rural communities were felt to be less closed off than their urban counterparts; responses from the general public survey indicate that rural participants are more likely to claim they ask people how they are, and stop for chats.

“Most of my activities revolve around the availability of others to either drive me or push my wheelchair... I no longer have the freedom of jumping on and off buses or driving my own car.”
(Mobility, Female, London, 55-74)



Photo: © Simon Rawles.

4. What is it like to be lonely in the UK?

Introduction

Overall, this research reveals clear and often severe impacts of loneliness across the biological, psychological and behavioural space of one's life. Loneliness affects the physical health and well-being of an individual experiencing it, it impacts on how an individual thinks and feels and it influences how an individual acts. Loneliness either caused or exacerbated serious symptoms such as physical and mental illness, anxiety and negative emotion, self-isolation, stress, and so on. At worst, loneliness was linked to suicidality for some participants.

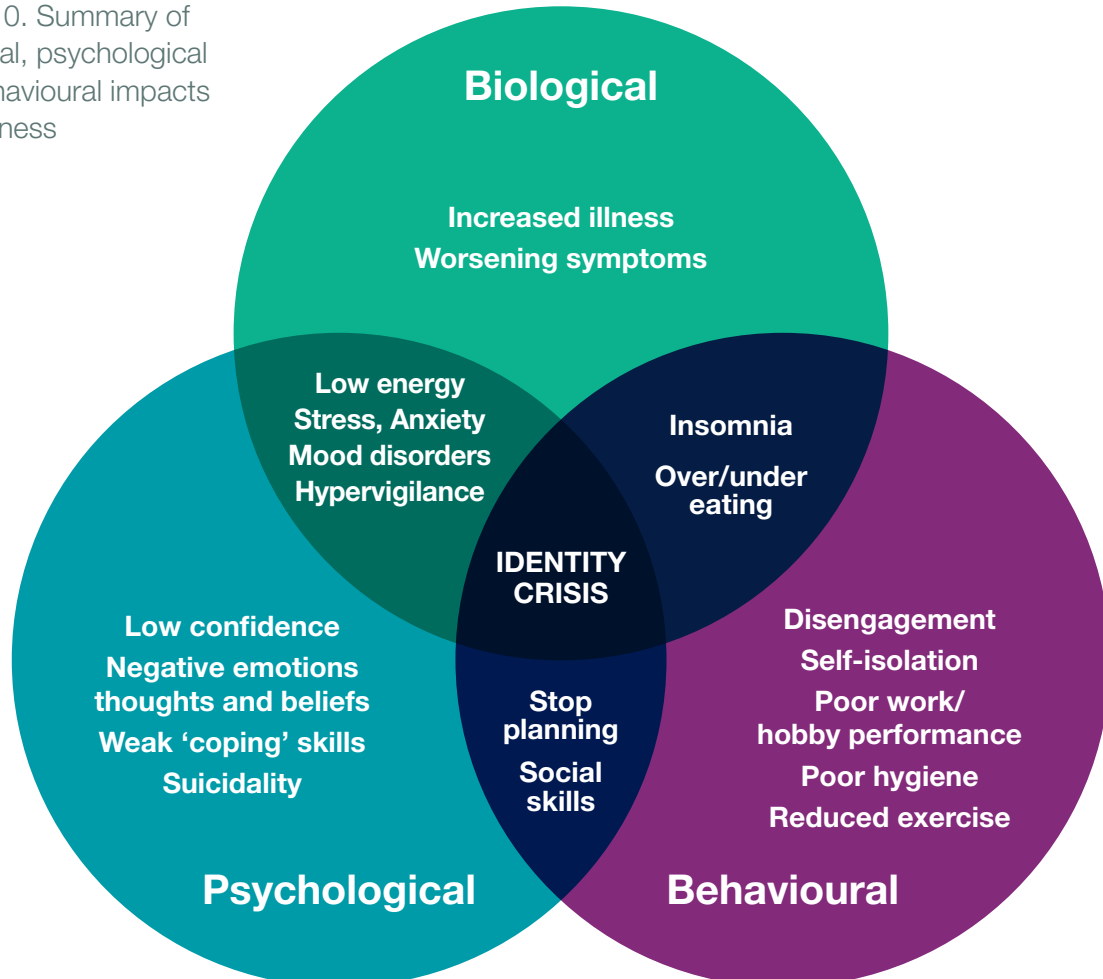
Amidst this wide spectrum of impacts, participants experiencing loneliness often said they ceased to 'feel like themselves'; they looked, acted and felt different. This sense of feeling 'different' became a contributor to loneliness, as many participants began to question their own identity and self-worth.

The biopsychosocial model of the impacts of loneliness

The experience of loneliness was in many ways a cycle of struggle for participants, with a range of impacts reinforcing and perpetuating one another. Like many complex social problems, loneliness also clearly involved negative impacts across a range of biological, psychological and social domains. Figure 10, below, summarises these impacts and helps to illustrate the way particular impacts overlap using the biopsychosocial model.¹⁴ This model is a framework often used in the mental and social health disciplines and we have adapted it to help represent the impacts faced by our participants.

¹⁴ Adapted from: Engel, G.L. (1980) The clinical application of the biopsychosocial model. *American Journal of Psychiatry*. Volume 137, Issue 5. Pg. 535-544

Figure 10. Summary of biological, psychological and behavioural impacts of loneliness



Biological impacts of loneliness

Loneliness physically affects people, often in ways that make it harder to fulfil everyday routines, and harder to engage with others. Participants described feeling tired and generally more poorly, with some people feeling new health problems they had never experienced before, and existing health symptoms often worsening. Physical impacts were closely linked to the serious psychological impacts of loneliness: low energy; feeling stressed and anxious more often; and mental health problems developing or getting worse. At times participants found it difficult to assign causation – were they more tired because they felt lonely, or were they finding it hard to connect because of how tired they were? Others noted that they saw clear causal patterns to their energy levels – when they stopped engaging and felt lonelier, they began to feel less energised and well overall.

“My energy levels are low, I feel tired and a loss in confidence to go out and meet new people.”

(Mobility, Female, Bristol, 55-74)

Some participants, particularly the chronically lonely, described their experience of loneliness as resulting in what is known as hypervigilance in social situations in the mental health space. They felt ‘especially anxious’ and ‘out of practice’ in social situations, which led to them feeling ‘over-sensitive’ to how others were viewing them and made even simple interactions more overwhelming. Participants felt stuck in a negative feedback loop – it was too hard to engage with other people, which meant that they withdrew from social environments, which in turn made them feel even more isolated and ‘out of practice’ for the future. Every retreat meant that the stakes were raised for future interactions.

Psychological impacts of loneliness

Loneliness resulted in low confidence and negative emotions, thoughts, and beliefs – and at worst, triggered thoughts of self-harm and suicide. Participants described feeling ‘alone’, ‘trapped’, ‘without purpose’, ‘angry’, and ‘frustrated’, demonstrating the powerful negative effect loneliness has on an individual’s mental well-being. The experience of acute or sustained loneliness was so terrible for them that self-harm and suicidal thoughts were reported by seven participants through the research.

“You feel like you’re in a black pit and there’s no light and you’re struggling. You want to get out but you can’t get out.”

(Health, Female, London, 18-34)

Depression develops or worsens, and participants began to self-criticise. Sustained loneliness weakens the ability of people to cope with their circumstances.

“Isolation is depressing, so you go into depression. I’ve had mornings where I’m so depressed I’ve gone back to bed and I’ve said when I wake up it will be different.”

(Mobility, Female, London, 35-54)

Feeling like this encourages disconnection from others, encouraging those experiencing loneliness to shut themselves away from encounters with other people. Adding to the difficulty, loneliness prevents some people from planning for the future, instead leaving them unable to see the potential ahead and thinking ‘what’s the point?’ and ‘what good am I?’

What does it feel like to be lonely? I can tell you exactly, it’s like being in a bubble and you want to get out but you just can’t, you try and you can’t do it, you just can’t get out.

(Health issues, Male, Wales, 55-74)

Behavioural impacts of loneliness

People act differently when they are lonely and some of these behaviours pose their own barriers for connections. Participants described shutting off from others, engaging or talking less. Friendships and acquaintances were weakened or lost altogether, removing for some what little social support they had. Some also said that when they were connecting with others less, or felt more lonely, they also took less care of their appearance and hygiene, describing how they ‘couldn’t be bothered’ or ‘didn’t have the energy’.

“If you could get a camera and show yourself the difference in confidence you would be surprised, but you sit for 20 minutes in a conversation with friends and you think you’re alright, but you have not spoken in that time. You may be sat there listening but you’re not participating.”

(Divorced/separated, Male, Oldham, 35-54)

Participants also noted that when they lacked social routines and social connections, they found it more difficult to maintain healthy sleep and eating habits. Participants reported that they either over or under slept and ate, making concentration more difficult and sometimes impairing performance at work or in their hobbies. These behaviours could further reduce social connections (e.g. if participants were too tired to engage with colleagues or friends) and loneliness was exacerbated.

“If you stay in bed all day and lack motivation, you will not feel [able] to cook. You don’t necessarily feel hungry and you need someone to remind you to eat.”

(Mobility, Female, London, 55-74)

The behavioural impacts of loneliness extended beyond the individual experiencing loneliness; for example those experiencing loneliness may also be contributing less to the economy and to their communities.

Unfortunately, many of these physical ‘signs’ of loneliness are also fairly hidden, and may be symptomatic of other personal issues – making it difficult to identify people who are feeling affected and in need of support. It may be that focusing on points of transition (see Chapter 3) in combination with attention to these ‘warning signs’ may be a useful way in for those that want to identify and support people experiencing loneliness.

Identity crisis faced by those experiencing chronic loneliness

As noted in Chapter 1, when people are experiencing loneliness they are often also experiencing threats to their own identity and feelings of self-worth. Loneliness can itself also contribute to making people feel ‘not themselves’ or ‘like someone else.’ Participants noted that when they are lonely, they think, act and engage in ways they don’t recognise; they speak differently and worry in social situations; they may not engage in the kinds of activities that normally excite them; and so on. They looked, sounded and felt different than they were used to.

Amidst the complex and interlinked impacts of loneliness is, for many, an identity crisis. All of this exacerbates existing disconnection: how can you connect when you feel lost, unwell and when you’ve isolated yourself? Getting to the point of identity crisis was particularly characteristic for the chronically lonely and seen by these participants as a negative and challenging reality to be living.

5. What is the support landscape like for loneliness in the UK?

Existing barriers to effective loneliness support and current gaps in understanding

Overall, both the participants and experts who contributed were critical of the existing landscape of support for loneliness in the UK, raising real concerns about the visibility and adequacy of support available; gaps in provision for most groups; limited accessibility and sustainability of services and support; a dearth of informal support services and often fragmented delivery.

While there was an acknowledgment of areas of good practice in the delivery of loneliness support (including some good provision for older people and the use of digital forums to complement other forms of support) participants and experts were generally critical of the current support landscape. Views across four key challenges are summarised in the sections to follow.

Lack of awareness of services and support and poor signposting

Experts noted that a key difficulty in helping people to access the support they needed was ensuring that services and support were effectively promoted and visible. This could be particularly challenging in an environment of

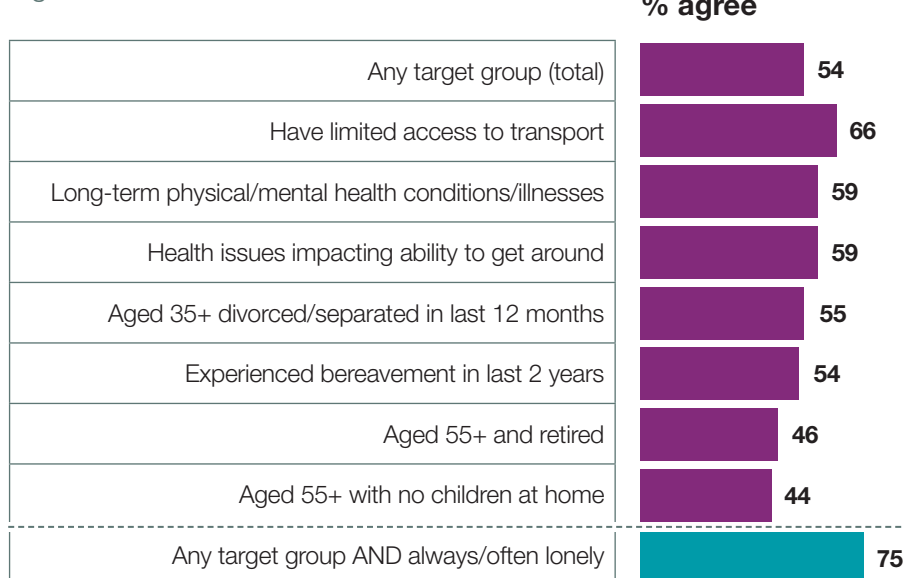
fragmented services and support – e.g. provided by a mix of voluntary and community groups, informal social networks, statutory services and support, employers and businesses, and so on.

Experts expressed concern that their services and support may not be reaching the ‘right people’, i.e. that those in need of support may not be coming into contact with people and organisations that could best provide guidance and signposting.

“As much as we think we’re telling people about our services there are thousands and thousands of people who don’t know... We do information sharing, community calendars, adverts at libraries but people still say ‘When I found out it was like a light-bulb.’”
(Expert, Community)

The lack of awareness of what was available was confirmed by our survey with the public. Over half (54%) of respondents in the general public survey agreed that: “I wouldn’t know who or where to turn to if I was experiencing loneliness”, with the same proportion agreeing among those in the target groups of interest. Among those in the target groups who also claimed to be always or often lonely, 75% agreed that they wouldn’t know where to turn for help.

Figure 11. Individual-level drivers of loneliness



Source Q4: How much do you agree or disagree that: I wouldn’t know who or where to turn to if I was experiencing loneliness?
Base: All UK adults aged 16+ (2,523)

Responses to this question varied by group. Higher agreement was recorded by those with limited access to transport (66%), long-term health conditions (59%) and those with health issues which impact ability to get around (59%), whereas 46% of those aged 55+ and retired and 44% of those aged 55+ and with no children at home agreed. Although they were not a target group for the research, 62% of 16-34s also agreed, in line with their higher self-reported loneliness.

Support viewed as prioritising older populations

Experts felt loneliness was seen as an 'older person' issue, a message perhaps unintentionally transmitted by effective public campaigns, political initiatives such as the Government's 'Aging Well Policy'¹⁵, and media attention to the importance of social support for older people¹⁶. It was therefore considered by experts that the service landscape tended to focus on this group in terms of allocating funding and service provision.

There was general consensus across the research that this tendency towards ring-fencing funding for older groups had an unintentionally detrimental effect on society's awareness that loneliness could be triggered by a number of events or circumstances across age groups, genders, and backgrounds. Lack of funding for other services and support could lead to participants having to pay to use services and support which was often difficult for participants.

*"There is not a great deal to do for disabled people unless you are willing to pay but being on benefits with no spare money they are off limits to me."
(Health, Male, Bristol, 35-54)*

For experts, creating physical spaces in the community that allowed for discussion of

¹⁵ <https://www.gov.uk/government/publications/2010-to-2015-government-policy-older-people/2010-to-2015-government-policy-older-people>

¹⁶ <https://www.thesun.co.uk/living/1578384/italian-police-cook-up-a-pasta-feast-for-an-elderly-couple-they-heard-crying-from-loneliness-in-their-flat-and-its-melting-peoples-hearts/>

loneliness as an issue across life stages was important in raising awareness and normalising feelings, thereby helping to challenge stigma and misperceptions.

Lack of local support created challenges for accessibility

As referenced in the previous chapter, those experiencing loneliness tend to have lower levels of self-confidence which often leads to increased social anxiety. Having to travel outside local communities and towns to access support groups, pursue hobbies or take classes was viewed as a further barrier to connecting. Participants tended only to be willing to engage in services or support that were relatively close to where they lived.

Groups and participants who were specifically isolated in rural settings or were affected by health and mobility issues, expressed that lack of local services and support compounded psychological and behavioural problems. Many also felt that local support resources were shrinking.

Having local amenities and services and support, and identifying the need for provision within these groups was key for future service design for experts across the research.

*"You can get social care support if you meet quite high eligibility criteria but [what] if you need it and don't meet those quite high thresholds. With local government cuts to pensioner clubs that sort of support is disappearing because it's not statutory."
(Expert, Business)*

Negative impact of one-off/ short-term interventions

Some of our participants experiencing loneliness noted that they had encountered well-meaning yet damaging one-off interventions. In these experiences, they had taken part in ad hoc programmes but were left feeling dissatisfied with the length of time they had access to the support, and the quality of support provided.

These participants had acquired support services but found that these programmes sometimes stopped suddenly without any clear pathways for building independence or resilience when they concluded. The importance of preparing for leaving a program or giving an option for support to be extended was viewed as a crucial component by participants across groups.

This finding highlights the importance of identifying the needs of the participant from the outset of support to gauge the frequency of interventions, and of managing expectations of what programmes can provide in order to avoid disappointment.

“It was good while it lasted, but when it ended and she stopped coming over to the house, me and the baby missed her. We really missed her support.”
(Young new mum, Belfast, 18-24)

Need for informal support services

The absence of informal support (i.e. somewhere to ‘have a chat’) in a landscape where formal services were seen to dominate, was also a barrier to tackling loneliness. Mental health organisations, GP services and support from organisations such as The Samaritans were seen as ‘too serious’ as gateways to seeking out support and served to make people across the research feel ‘uncomfortable’ or ‘awkward’. This was tied to concerns about feeling ‘like a burden’ and feeling that loneliness is a low-awareness or even potentially a stigmatised issue.

“It’s difficult to access help through your doctor and as a male I don’t always want to go down this route.”
(Health, Male, Wales, 55-74)

This emphasises the potential opportunities for more community-led, peer-centred support in future service design, outside of traditional formal services and support such as GPs and mental health service providers to tackle loneliness.

Support viewed as piecemeal and fragmented

Experts often found that services and support for those experiencing loneliness lacked cohesion and collaborative working, specifically in terms of signposting and working together to create well-defined, structured pathways for those experiencing loneliness.

“For example, fire prevention officers have shown how, by entering people’s homes to advise on smoke alarms, they can help identify people who might be vulnerable to loneliness and start a conversation with them about other services available.”
(Expert, Community)

For experts, current service provision was missing an opportunity for joined-up working which could potentially identify those individuals at risk who were not confident to come forward and access services or help.

Challenges to providing support

Alongside the limitations to the current support landscape above, experts additionally identified three key challenges facing service and support providers in the current climate: sustainability of solutions; limited funding and resources for solutions; and identification of individuals in need of support.

Creating sustainable solutions

A key barrier to accessing support was providing sustainable solutions which fitted around the busy schedules of those experiencing loneliness, or enticing individuals to use services frequently when they needed support. Experts thought that service design would need to focus on creating services which allowed development opportunities across longer-term programmes. This should present clear, forward-planning for participants and allow for continued, habitual engagement, instead of one-off interventions.

“If good long term support can be provided, the country will have healthier happier people who can make a positive contribution to their community and wider society.”
(Expert, Across groups)

Lack of funding and resources

In the current financial climate, experts perceived that services and support to tackle loneliness – alongside other well-being and mental health support services – were facing financial hardship. This had a direct impact on their ability to identify and target those experiencing loneliness and to provide awareness and advertising on the availability of services and support. There were concerns around the role of tackling loneliness as solely a charity and voluntary sector issue and that more emphasis should be placed on opportunities for business, community organisations and Government. There was recognition that this collaborative working could help achieve more with fewer resources.

“Fundamental political approaches [are needed] to foster an inclusive, caring, society rather than a self-centred, divisive one. Central policies encouraging and supporting the voluntary sector would help hugely. As would less emphasis on austerity and more support for public services.”
(Expert, Health)

Identifying individuals in need of support

The existence of social norms around coping with problems privately and the shame felt as an impact of stigma, presents barriers to early identification of those experiencing loneliness. Developing a framework for identifying those at risk, and therefore allowing timely intervention, was seen as crucial to mitigating this. A framework which could be developed using joint expertise across service providers was recommended, alongside providing targeted, early, signposting so that temporary loneliness did not become chronic.

“If you’re admitting you’re lonely – you’re admitting you’ve failed in some way. It’s a difficult thing to talk about.”
(Expert, Business)



“But there again, it's all down to money. The way the country is at the moment things get cut. And I just think this [support for people experiencing loneliness] will be one thing to get cuts.”

(Mobility, Male, Oldham, 75+)

6. What kind of support do people want and how do they want support delivered?

A combination of strategies and support types are needed

Our research suggests that there is no one ‘ideal’ service for people who are feeling lonely – just as there is no one pathway towards loneliness, or way of experiencing it.

A mix of support for different stages of loneliness is needed (i.e. across preventative, responsive, and restorative services and support); support that is participant-centred and tailored to the needs of the groups they are serving; and at least some element of face-to-face connection, even if users are also engaging digitally in some way. There was no strong participant preference about who delivered these services and support, but experts stressed that partnership and resource-sharing across deliverers (e.g. businesses and employers; community groups; charities and third sector bodies) was key to ensuring that services and support were sustainable in the long term.

The format and type of service that participants thought would have been most useful to support them varied widely. How ‘intense’ they needed the service to be, and how they wanted it to be delivered (e.g. by an informal network, experts, or peers) depended largely on where the participant was on their journey of need for connection. Therefore, rather than focusing on one kind of service or support, there is a need for a mix of provision, extending across:

- ❑ **Preventative support** – support to help anticipate potential ‘risk’ points for loneliness, develop strategies to mitigate loneliness, and ensure that there is support available if things get tough;
- ❑ **Responsive support** – support at critical moments of transition: particularly if the life event is caused by potentially traumatic events in their own right such as the death of a loved one, or a divorce. Participants noted that having support during these difficult critical moments could have helped them cope better in general, and also tackled the loneliness that began to creep in during these difficult times;

- ❑ **Restorative support** – services and support that help people get out of an established habit of disconnection. For some, this level of support might require fairly intense confidence building, particularly if issues of self-worth have set in. Others might simply want a ‘nudge’ in the right direction, something to do, and support to sustain positive social connection.

Preventative support

Of course, loneliness cannot always be anticipated: for some, a range of complex barriers may mean that loneliness emerges or worsens in unexpected ways. However, in other cases we can anticipate key life events or transitions that this research has shown to be risk factors for loneliness – e.g. retirement or motherhood. Having an awareness of the key triggers or ‘stress points’ was crucial to delivering support before loneliness became a chronic problem.

Participants experiencing loneliness and experts thought more should be done to help people develop a ‘plan for action’ to prevent loneliness from setting in during stress points. Key elements of preventative support suggested by experts and participants were the early recognition of loneliness risk, signposting and more effort from others to connect. This support would anticipate life stages, such as retirement or young motherhood, to identify potential support users, and help build resilience and skills for changes to their circumstances that may make them susceptible to loneliness.

The need for raising awareness of the potential to become lonely following a life event, and normalising those feelings, was also noted by experts. For participants experiencing loneliness, it was often the unexpected arrival of these negative emotions which caused distress, with many stating that if they had felt ‘more prepared’ or spoken to someone who had previously been ‘in their shoes’ they would have made time to prepare. This would allow timely interventions

and prevent a temporary experience of loneliness from becoming chronic.

*"I didn't expect routine to be as hard to set as it has been...I thought I'd be surrounded by more people."
(Retirement, Female, Aberystwyth, 55-74)*

Some participants noted that in times of stress, even small gestures from friends, family, colleagues, and peers were important in preventing loneliness from taking hold. In hindsight, participants thought it would have helped if their social connections had found time to ask how they were and take the initiative to get together.

An example of preventative service best practice is The Shaftesbury Partnership¹⁷.

Focus on...The Shaftesbury Partnership (Wigan, Coventry, Southampton)

Aim: The Retirement Transition Initiative supports employees to prepare for retirement by thinking holistically about their needs and aspirations.

Summary: A course package offered to those coming up to retirement; it covers topics such as health, finances, social connections, aspirations for spending time, and therapeutic-based ways of engaging with people.

*"[It is]...preparing people to think holistically about their needs and aspirations for retirement...The transition strand started because so many people had poor outcomes later in life that were triggered by retirement so [we] looked to how you can intervene earlier and build resilience and well-being."
(Expert, Retired/empty nesters)*

Responsive support

Responsive, tailored support was seen by participants and experts as necessary to deal with disruption during critical moments of transition. Depending on the stage of a support user's needs, different types of responsive support were needed.

Responsive support should involve positively framed and user-centred activities, to give a clear purpose for people experiencing loneliness, to help them forge new relationships, to develop new interests, or to rediscover old skills. Meeting others going through similar experiences comforted some participants.

"I think it would be great if people had somewhere they could drop-in. People can talk freely and openly, about whatever they want to talk about with the support of other people, so that they know they are not alone...so that you know there is a light at the end of the tunnel with somebody to help you and then you'll see positive changes in your life rather than feeling

*that people are going to judge you in living the way that you are living."
(Divorced/separated, Female, Glasgow, 34-55)*

Importantly, participants also noted that they would need 'permission' on signposting to available support if they didn't perceive their issue as 'serious', and the availability of support for 'low level needs' to tackle smaller problems before they became deep seated issues was valuable. Existing support was viewed as only available to those with 'real, critical' needs, and many participants felt they did not meet the high threshold criteria to access services.

*"I know of organisations like the Samaritans and MIND but that's the last step, that's for the real serious cases."
(Retired/Empty nesters, Male, Oldham, 55+)*

Assistance in transitioning through difficult life events and from statutory to community support with responsive services, including sharing tips and approaches to adjusting to new circumstances, was also valued by participants and experts.

¹⁷ <http://www.shaftesburypartnership.org/>

An example of responsive service best practice is an Employee Assistance Programme delivered by an employer in Belfast.

Focus on...Employee Assistance Programme

Aim: Employers reaching out to employees in looking out for their mental and physical health.

Summary: Providing eight free counselling services as part of their overall benefits package, which can be accessed by any employee at any time and operating a 24 hour helpline 365 days a year.

"It was useful that it was there. I needed to talk about it with someone outside of my friends. I just wanted to talk. There were all these questions in my mind, feelings of guilt and whether I could have done anything differently. I needed to talk to someone."

(Bereaved, Male, Belfast, 18-34)

Restorative support

Once disconnected, individuals are often trying to reconnect again, but might need restorative support to achieve this.

Many participants noted that when they realised loneliness had 'set in', they needed support in the form of opportunities to build confidence and forge new connections. In particular, the idea of bonding over shared interests and taking up activities that offered new, positive identities, widely appealed.

Many best practice services and support allowed participants to rally around fun hobbies and informal connections (making things, eating, travelling) or volunteering. These approaches helped forge new connections whilst also building positive identities. Both participants and experts also stressed the need for tailoring of support, and considering the relevance of activities to the individual the services are looking to support.

"I think doing an activity that people will enjoy will help them to open up with each other and help people to bond and make new connections."

(Young new mum, Female, Belfast, 18-24)

Other participants, particularly those experiencing chronic loneliness thought they would need more intensive support initially to 'break the bubble'.

Once loneliness becomes a barrier itself, people need help to rebuild confidence and then forge new connections. For individuals with more severe need, this kind of support might involve intensive, personalised support – for example, home visits with professional support staff, or volunteers with training in handling difficult and emotive conversations. Support in taking small, 'first steps' towards addressing their circumstances was seen as well-placed for people at this stage.

"The fact that they would visit your home would remove the hurdles of going out and facing the world for those who aren't feeling up for it."

(Bereaved, Male, Belfast, 18-34)

Once initial confidence and trust had been established, both public participants and experts agreed that the aim of these kinds of services and support should be to begin to foster independent connections and self-reliance. For example, more one-on-one support could eventually turn to identifying local activities or clubs that the individual might enjoy, supporting initial 'entry' into the community and problem-solving together, and, over time, be replaced by these established social supports.

The following best practice example of restorative support – Men’s Sheds¹⁸ – demonstrates the strength of shared interest groups as a positive point of community and support for people experiencing loneliness, but not needing more intensive one-on-one support to reconnect.

Focus on...Men’s Sheds (UK-wide)

Aim: To tackle loneliness among middle-aged to older men.

Summary: Work with men in a specific geographical area to develop social club around their common interests e.g. woodwork.

“The underlying concept of the Men's Shed project seems one that could be replicated for a range of activities and groups. One of the great aspects of the concept is that it is community-led with great support provided for setting up a group. It seems to be a great way to empower areas/communities to provide their own solutions to meet the specific needs of their area.”
(Expert, Retired/empty nesters)

What does good loneliness support look like?

Across the research process, it became apparent that there was no one ‘format’ or ‘offering’ that was universally appealing for participants. Whereas one person might love the idea of a community gardening initiative as an informal way to connect with others in their local community, another might reject this as ‘too formal’ or unappealing. Whilst some participants wanted services and support to be peer-led, others felt that having more formal ‘hosting’ might be beneficial. However, two key findings emerged from across the research: 1) some principles of ‘best practice’ in providing services and 2) an interest in face-to-face services and support.

Overarching principles of effective loneliness support

Drawing together insight from across the research, there are eight key principles that underpin participant and expert responses as to what good support looks like. Support that embodies multiple principles is seen as more effective in responding to the needs of its users. The principles of best practice support are:

- ❑ **Support that gives a sense of purpose** – Support or services that instil a sense of purpose, a tangible output, are ideal. For example, volunteering one’s time, taking part in a course or personal development activity.
- ❑ **Peer-led or co-designed support that includes people in similar circumstances** – It is essential that support is tailored with target groups in mind, and reviewed and revised with their input. The best way of achieving this is seen as co-designed approaches to service development, drawing on the lived experiences of the very people the service or support hopes to engage with.
- ❑ **Local to individuals and easy to access** – Accessibility is seen as key for engaging with support users and encouraging people to use support on a regular rather than ad hoc basis. Centrally located or easily accessible venues are preferred.
- ❑ **Free or affordable support** – Where possible, providing free or subsidised support is key for maximising engagement and encouraging individuals to approach support and continue to utilise it.
- ❑ **Support that instils a sense of identity for participants** – This type of support looks to positively frame an individual’s identity and empower them.

¹⁸ <http://menssheds.org.uk/>

- ❑ **Support which provides clear goals and exit pathways** – Support that provides longer-term programmes if desired, which set out well-defined plans and build exit strategies which give people the option to return and re-engage.
- ❑ **Support that benefits others** – Support that benefits other individuals, such as volunteering, is particularly effective in supporting positive sense of identity and purpose for individuals. In this sense utilising a service provided by volunteers is as beneficial to those experiencing loneliness as is taking part in volunteering themselves.
- ❑ **Shared interest support** – Support that identifies and leverages the unique interests of a particular target group and uses that to bring together individuals is cited as best practice. This can range from small, ad hoc activities such as coffee mornings to more established support such as further education courses, walking clubs, and cookery classes.

The importance of face-to-face support

Regardless of the category of support and in addition to support that incorporated principles of best practice, face-to-face support is vastly preferred. People want to connect in person in order to overcome their disconnection, and are wary of the ability for digital-only support to fully meet their need for human engagement. However, platforms such as Skype, and WhatsApp did for some ‘fill the gap’ when they were unable, due to transport, illness or mobility issues, to have interactions in person with friends and family.

“Online support is only good if it leads to meetings in person...I find typing things up to be very like discussing my thoughts but in a rather cold manner. The process of me thinking about what I am going to say is very detached to how I would react to a person one on one.”

(Bereaved, Male, Belfast, 18-34)

The preference for face-to-face contact is shared by the public in the general public survey; when presented with a range of potential support options and asked which they felt they would do to overcome feelings of loneliness, just under half of all adults (48%) indicated they would speak to friends and family, 37% would join a shared interest group and 33% would become a volunteer (See Figure 12, overleaf).

Figure 12. Ranking of preferred support options

	General population (2523)	Always/often lonely (458)	Target groups & always/often lonely (329)
Speak to family/friends	48	37	42
Re-establish/more contact with family or friends	39	26	28
Join a group based on a shared interest	37	26	26
Become a volunteer	33	22	23
Speak to someone who has same experience	26	25	29
Attend a course or class	25	20	21
Visit GP/health professional	25	27	31
Use website/social media to engage with people	24	26	28
Talk to people you meet in community	24	19	20
Visit a website for support	20	26	25
Get support from a charity	16	14	15
Attend a regular food based event	16	12	12
Call a telephone helpline	12	11	11
Use a befriending service	9	9	8
Get support from your employer	7	10	10

Source Q5: If you were experiencing loneliness which, if any, of the following do you think you personally would do to help you overcome feelings of loneliness?

Base: All UK adults aged 16+ (2,523) / in each group

Although these support options were also popular among those in the research groups who are currently always/often lonely, three specific options were more likely to be mentioned:

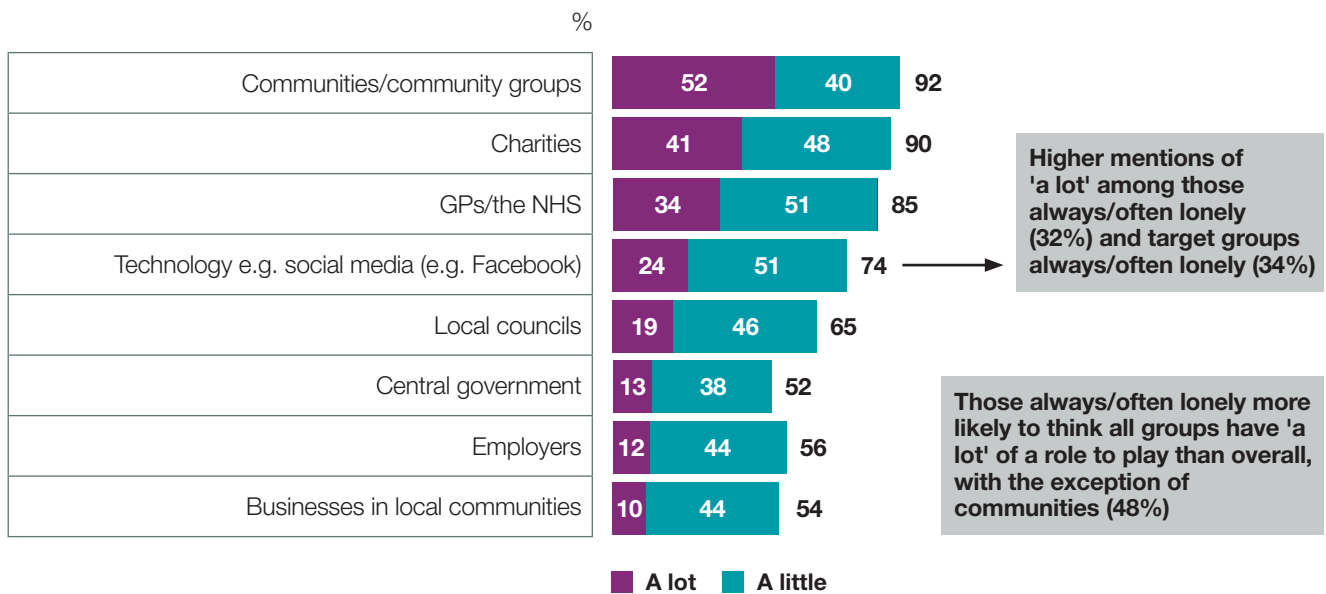
- ❑ speaking to someone with the same experience (29% among research groups and always/often lonely vs. 26% overall)
- ❑ visiting a GP/health professional (31% vs. 25% overall) though this is very much driven by those whose loneliness results from health issues and is not applicable for all groups
- ❑ using websites and social media to engage with people (28% vs. 24% overall) and visiting websites for support (25% vs. 20% overall), but again this is something which is seen as more beneficial by those with health or mobility issues.

Who are the key players in tackling loneliness?

Understanding what effective support looks like and participants' views of how they want support delivered are useful for informing future support and service design. When asked who should deliver this range of support, participants were less concerned about who exactly delivered it; they wanted help where help was given.

The general public in the national survey reported they view communities and charities as having the greatest role to play in reducing loneliness, with 52% and 41% of respondents identifying these categories, respectively (See Figure 13, overleaf). However, the qualitative research results would suggest that there is no rejection of other organisations and informal bodies playing a role – merely that community and charity groups are more strongly associated with public support provision.

Figure 13. Role of different groups and organisations in tackling loneliness



Source Q6: How much of a role do you think each of the following have to play in helping to reduce loneliness in the UK?

Base: All UK adults aged 16+ (2,523)

With prompting, participants and experts shared their views on who they see as the key players in tackling loneliness in addition to delivering support: charities and voluntary sector organisations; community members; 'trusted advisors' such as GPs and housing associations; businesses; and employers. Views of the role of each of these key players are discussed next, alongside more detail on participants' thoughts on each group in tackling loneliness.

Role of charity and voluntary sector organisations

Seen as the most historically linked with providing services and support in tackling loneliness, there was recognition from participants around prospects for growth by using best practice identified as building blocks for future success. When presented with a list of organisations and asked how much of a role they had to play in tackling loneliness in the UK, communities/community groups and charities were top of mind among the general public (52% and 41% saying the respective organisations had a lot of a role to play).

Experts stressed that the future of designing successful services and support for these organisations lay in their capability to adapt and expand on existing services and support which are deemed to be working well, and build on past successes. Using brand and credibility from working at grass roots level to build support for campaigning should enable community organisations to grow public support and provide momentum around a 'call to action'. For successful services and support to build on solid foundations, it was recommended by experts that forging collaborative partnerships to fill gaps in local provision with other service providers was vital.

Role of community

The importance of building resilience in communities to tackle loneliness hinges on the successful integration of community members into future service design. Participants highlighted the need for support to be peer-led so that they were able to connect with others who had been through the same difficult challenges but had overcome them.

“As the weeks progress maybe some of the community could join in the activities alongside the volunteers and end up becoming volunteers themselves, gaining even more confidence as they develop new skills of communication.”

(Mobility, Female, Wales, 24-35)

Community members were viewed as possessing the ability to educate themselves at a grass-roots level. They therefore had a better understanding of the root causes of loneliness within their community and were able to feed this knowledge into collaborative working. Community groups were also viewed an important player in providing much sought-after informal support where like-minded individuals could meet together and pursue common interests.

Experts recommended that the capacity for community members to empathise with others in a similar community setting was a potential route to helping to address the need for informal support which participants had highlighted was absent from the current support landscape. Another suggestion for ways in which community members could tackle loneliness at a community level, was their ability to initiate and mobilise the community around shared interests and common grounds (i.e. shared meals, neighbourhood gardening programmes, etc.).

“I think doing an activity that people will enjoy with people like them will help them to open up with each other and help people to bond and make new connections.”

(Young new mum, Female, Belfast, 18-24)

Role of ‘trusted advisors’

Participants and experts noted the importance of ‘trusted advisors’, such GPs, local authorities and housing associations, in identifying those experiencing loneliness and connecting them to support. These advisors have existing relationships with individuals and as part of their advisory function, could signpost to social support and activities.

“As well as employers and businesses supporting in the workplace, why not the

housing associations/councils too? They could circulate newsletters to tenants/owners inviting people to take part in an open day in their close area.”

(Mobility, Female, Wales, 24-35)

One third (34%) of respondents to the general public survey indicated that GPs and the NHS had a lot of a role to play, suggesting that the public does make a link between the seriousness of loneliness and the impact it can have on health.

Role of businesses

Neither participants nor experts saw businesses as traditionally providing community services and support to tackle loneliness.

“I can't speak for businesses /workplaces, how would they know they are lonely/isolated unless it was brought to their attention?”

(Empty Nester, Female, London, 55-74)

The general public survey indicates that the general public agrees: 10% state they see business in local communities as least likely to play a role in loneliness prevention. However, participants and experts did think that business could have a role. For example, local businesses are well-placed to host and deliver activities in the community, creating opportunities for members in their community to connect with others. Funding cuts to local services led experts to see businesses as having a role to play in funding initiatives in partnership with local service providers.

As participants stressed that accessing services and support located near home or where they run errands would increase the likelihood of them taking up support, local businesses were seen as important community hubs and as having locations in communities with high traffic from individuals and thus could advertise and signpost their customers to available local services and support.

The potential impact business owners and workers have on those experiencing loneliness also cannot be dismissed; chronically lonely

participants explained that friendly exchanges with cashiers and shop owners were often their only connection in a given week, and this contact brought them great comfort.

"[Businesses delivering local activities] would be good as it is local people helping others instead of just one big corporation. Also means the activities would be on your doorstep."

(Young new mum, Female, London, 18-24)

Role of employers

Like businesses, employers were not viewed by participants as long-established players in providing support (only 12% of survey respondents believed they played a large role) on the issue of loneliness. Yet many highlighted the need for employer-led services and support and the ability of employers to provide accessible pathways into loneliness support.

Employers were viewed as having the capacity to mobilise and connect social networks specifically when groups have moved into retirement stages to facilitate peer-led support and 'role-modelling' for those experiencing loneliness. Their ability to provide direct and timely interventions, to offer preventative signposting and to identify individuals on the 'cusp' of a major life event was seen as key for connecting people with necessary support. Delivering targeted programmes for employees such as counselling and mentoring were also suggested pathways for employers to strengthen their employees' resilience to loneliness.

"[I] would have benefitted from an impartial ear such as a counsellor...my employer was not useful; I had hoped they would direct me, you know, signpost me to support. I relied on my GP and family."

(Mobility, Female, London, 35-44)

Delivering formal support to employees was not the only opportunity for employers to help in tackling loneliness amongst staff: small gestures of support and encouragement by managers and colleagues were also a powerful driver of connection.

"The manager goes to me, you've done really well and gave me a pat on the back and I actually felt connected then. It made me feel good; it didn't make me feel lonely at that point."

(Mobility, Female, London, 35-44)

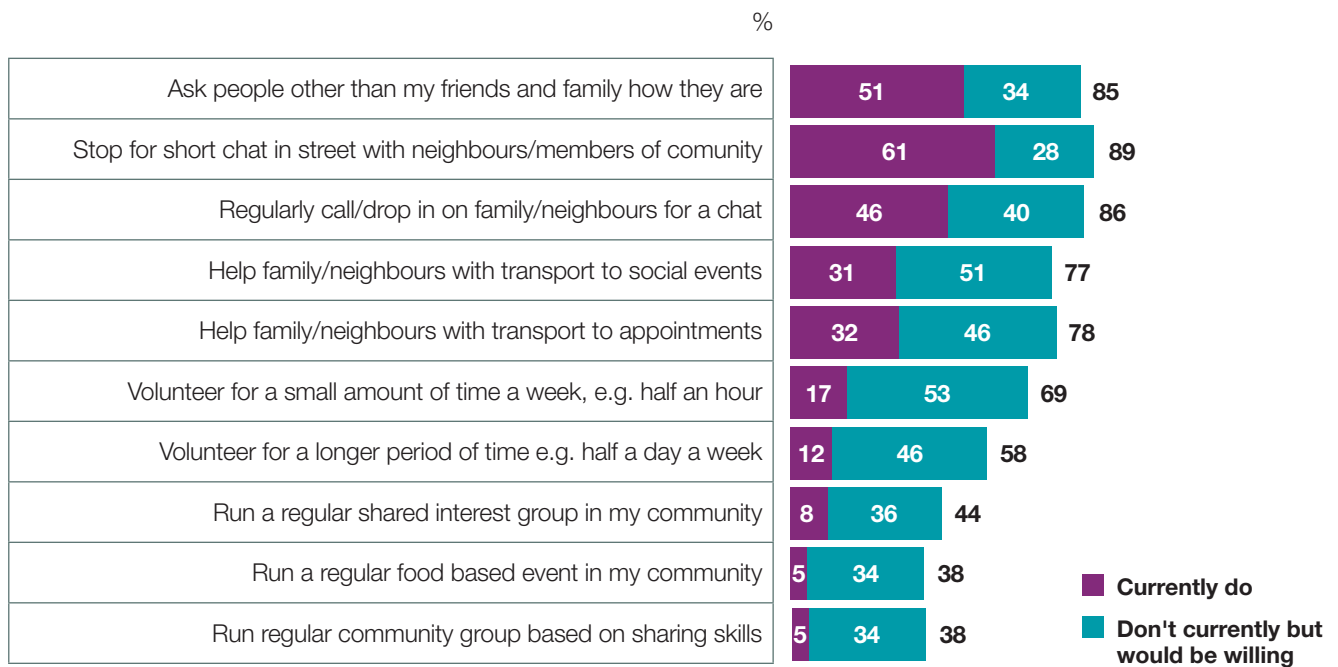
What is the public appetite for change to loneliness support?

There appears to be a great deal of willingness to help among the general public, which can potentially be harnessed for those seeking to combat loneliness. 81% agreed that: "There are lots of actions that everyone can take in their daily lives to help those feeling lonely" and 69% agreed that: "Everybody has a duty to help people in their local communities who might be experiencing loneliness" (see Figure 14, overleaf).

Specifically, women were more likely to hold such views and young people – 16-24s in particular – were significantly more likely to agree strongly that there are actions that everyone can take. For both statements those who believe loneliness is a serious problem were more likely to agree. This suggests that a campaign which helps increase perceptions of the seriousness of the issue will generate a greater feeling among the general public of the need to play a role in helping to address it.

To better understand the extent to which individuals could get involved, respondents were presented with a list of actions and asked which they currently do, and which they would be willing to do (or do more of) in the future.

Figure 14. Levels of participation and willingness in actions which could help tackle loneliness



Source Q7: For each of the following, please say whether it is something you currently do, whether you would be willing to do it in the future, or if it is something you would not be willing to do.

Base: All UK adults aged 16+ (2,523)

Most people either already do, or would be willing to do the relatively easy actions – ask people how they are (51% currently, 34% willing), stop for a short chat in the street with neighbours/community members (61% currently, 28% willing), and regularly call in on family/neighbours for a chat (46% currently, 40% willing). Three in ten currently help family/neighbours with transport to social events/appointments, and a further 45% would be willing to do so.

As the commitment asked of an individual becomes more challenging, however, the proportion currently undertaking the tasks declines, though there is still a degree of willingness. The greatest current participation is for regular volunteering for a small amount of time a week, e.g. half an hour (17%), and it is this which records the highest degree of willingness out of all tasks with which respondents were presented – 53% would be willing to do so. Involving the public in support to which they only need to commit a small amount of time may generate greater involvement, which could be built on in time if participation is seen as beneficial to all parties.



I don't think anything can make me feel more connected [to my neighbourhood], as I don't like the sort of people who live here... this is a rough area.

**(Young new mum,
London, 18-24)**



7. Conclusions

This research has demonstrated the seriousness of loneliness, not only to individuals experiencing the issue but also its potential impact on communities, our economy, and wider society. We are now at a critical juncture where supporting those who are at risk of experiencing loneliness to become reconnected with society can help those individuals as well as strengthen their communities.

The following conclusions provide useful insights into what support and services are needed to help people before loneliness becomes embedded, and importantly engage those who are already feeling disconnected:

- ❑ Loneliness is viewed as a serious and urgent public issue, which is a common experience in the UK. Yet the public perception of those who experience loneliness was out of sync with the reality and there are existing challenges to framing this outside of an 'older life' problem. More attention could be given to promote the idea that loneliness can happen across life stages, genders, and backgrounds and is not solely connected with later life.
- ❑ Although age is well-documented in current literature as a risk factor to experiencing loneliness, this research confirmed that people experiencing life events which can disrupt existing connections are also at risk. This 'break of routine' or disruption to identity which sees a new identity take hold is sometimes caused by a sudden or expected life transition and therefore identifiable or preventable. Recognising this risk should enable preventative and early reactive support to be developed with people undergoing significant life changes.
- ❑ Those experiencing loneliness can view connection with others as a daunting experience, and this can result in questions around self-worth. Chronic loneliness can therefore develop within the context of a newly emerging identity which can in turn lead to difficulties re-connecting and the potential for reduced self-worth. At worst, people experiencing loneliness felt they had little to offer society and described suicidal thoughts.
- ❑ Loneliness can have serious consequences and negative impacts at both a personal and community level. Loneliness can cause and, at times, worsen existing personal problems (psychological, social, and behavioural) and community level issues (fewer social connections, lack of confidence to leave the home). Loneliness also has serious consequences for isolated individuals including increased morbidity, lower life satisfaction, and a predisposition towards low mental and physical health. It can affect all aspects of their life, including an impact on other social relationships and behaviours.
- ❑ There is low awareness of the support available to help people reconnect and the current landscape is viewed as not fit for purpose outside of supporting older people. Services were viewed as piecemeal and fragmented. The key reason for participants not accessing support was the lack of awareness of the availability of services and support relevant to them. One off/short term interventions were also viewed as problematic. When services or support were accessed it was often too formal, did not provide tailored support or was difficult to attend habitually due to location and transport issues. Services and support were signposted as needing to be tailored, sustainable, accessible, and targeted to distinct stages of need.
- ❑ People who already find maintaining social relationships challenging due to other factors (such as health issues or physical isolation) are more likely to be at risk of experiencing loneliness. People who face barriers in terms of other life stresses such as mental health or physical isolation are more at risk of transitioning to chronic loneliness than others.
- ❑ The causes of loneliness are often multi-layered and reinforcing. As loneliness is a complex issue which is often caused by a combination of personal, community and broader society issues, people experiencing loneliness need different types of support depending on their individual circumstances (preventative, responsive, restorative). To

prevent and tackle loneliness, different stages of loneliness require a combination of formats and programmes (both formal and informal) as individuals move along the spectrum from temporary to chronic circumstances.

- ❑ Face-to-face services and support are preferred with those experiencing loneliness, including a mix of more intense 'one-on-one services' and 'interest-led, peer-to-peer interaction'. While digital services and support are important for certain groups who may be restricted by mobility or health, they are seen more as supplementing or as a facilitator of face-to-face connection rather than a substitute. Overwhelmingly, people in this research have shown that face-to-face interaction is preferred.
- ❑ The general public who took part in our survey are interested in small, personal steps to combat a serious social problem – easy 'calls to action' such as making the time to speak to others in their community will help action feel more achievable. This was also echoed by our experts and the people we spoke to experiencing loneliness. The public

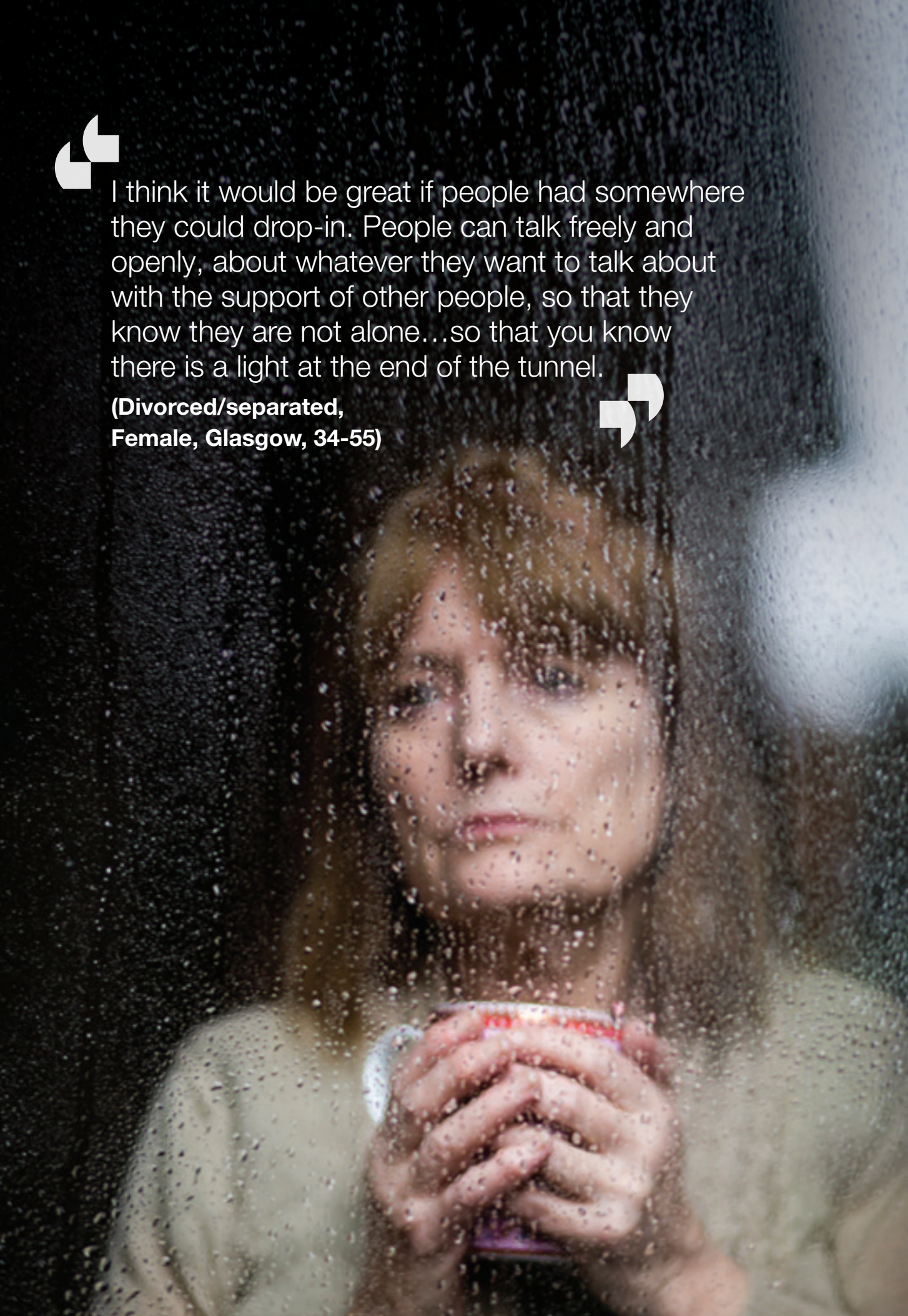
believe that sometimes it is 'small gestures' which can make the most difference such as saying hello to neighbours or asking family and friends how they are doing. There is a need to seize the momentum expressed by the general public currently towards small acts which can be undertaken on an individual level within local communities to improve social cohesion and build community unity.

- ❑ Experts, the public and individuals are accepting of the multiple roles taken on by multiple players in tackling loneliness through both formal and informal support. Consolidating and building on experience across businesses, employers, Government and other health service providers should achieve more with less resource in providing sustainable, tailored services and support to those experiencing loneliness. Partnership working with clearly defined roles is therefore critical to future service design. Loneliness therefore requires a society-wide response where the strengths of multiple partners are utilised.



I think it would be great if people had somewhere they could drop-in. People can talk freely and openly, about whatever they want to talk about with the support of other people, so that they know they are not alone...so that you know there is a light at the end of the tunnel.

**(Divorced/separated,
Female, Glasgow, 34-55)**



redcross.org.uk/lonely
coop.co.uk/loneliness