

## Improving outcomes from loneliness and isolation

### 1. What we want to see happen.

We want people across the borough to have the type, level, and quality of relationships and social connections that fulfil their needs and prevent feelings of loneliness. We want to reduce the number of people who have experiences of persistent loneliness, and increase the number of people who have appropriate social connections, as defined by each person. We also want people to think more positively about their social situations.

In the short term, this means more people with improved social connections and less people self-reporting regular loneliness. It also means an improved understanding amongst the population, and relevant professionals, of loneliness risk factors, and that we are using data and staff to better identify those feeling lonely and support them to do things that can help.

In the medium term, we want to reduce the risk of loneliness across all groups in society and at specific trigger points. We want people to see broad improvements in mental health, and for at risk groups to be able to better cope with feelings of loneliness. In the long term, we want a physical and digital environment that prevents loneliness and facilitates social connections.

### 2. Understanding the issue.

Loneliness is the pain we feel when our social connections do not meet our needs and social isolation is the state of having a smaller number of social contacts, which may contribute to loneliness.<sup>1</sup> They are distinct and can't be used interchangeably, though they are related. You can have many social connections and feel lonely and you can have no social connections and not feel lonely.<sup>2</sup> Loneliness is personal and felt in different ways and how it's addressed needs to be based on individual needs.

It is normal to sometimes feel lonely, and it acts as a cue to improve our social connections. When someone feels lonely they experience feelings of stress that act as a prompt to do things, like meet with friends, which then improves our sense of social inclusion.<sup>3</sup>

The problems arise when people are unable to reduce or remove their feelings of loneliness and therefore feel lonely regularly or constantly. This causes unhealthy types and levels of stress, and some address this through negative actions like substance abuse, eating an unhealthy diet, or smoking. This can create a vicious circle, reinforcing the sense of loneliness and further contributing to poor health outcomes. The high levels of stress that result from loneliness also trigger negative things in our body that lead to poor health outcomes, both physical and mental.<sup>4</sup>

For example, there is a strong link between loneliness and cardiovascular disease as well as between loneliness and depression. Evidence shows that loneliness is linked to dying

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<sup>1</sup> [Social Isolation and Loneliness \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/loneliness)

<sup>2</sup> [ACTA-89-302.pdf \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/26411111/)

<sup>3</sup> [The Effect of Loneliness on Distinct Health Outcomes: A Scoping Review and Meta-Analysis \(researchgate.net\)](https://www.researchgate.net/publication/328111111)

<sup>4</sup> [The Effect of Loneliness on Distinct Health Outcomes: A Scoping Review and Meta-Analysis \(researchgate.net\)](https://www.researchgate.net/publication/328111111)

earlier<sup>5</sup>, with it being as bad for health as smoking 15 cigarettes a day<sup>6</sup> and increasing your risk of death by 26%.<sup>7</sup> Due to the complex and subjective nature of loneliness, it is likely that health outcomes and loneliness mutually impact each other. For instance, suffering with anxiety may lead to an increased sense of loneliness and an increased sense of loneliness may then worsen feelings of anxiety.<sup>8</sup> Regular loneliness and its wider impacts are expensive for society as well as for individuals.

There is no common cause of loneliness and there are many complex reasons that someone may feel lonely or become isolated. They can be broadly categorised as: underlying factors, events or triggers, or personal thoughts and feelings.<sup>9</sup>

An underlying factor may be poor health or low mobility stopping people from leaving the house and engaging in social activities. Likewise, a lack of affordable or suitable public transport options, or an inaccessible or unsafe environment, may also lead to isolation and then loneliness if this prevents people from being able to leave the house and socially interact. It could also be that there are no suitable groups or places to go that could help people address their loneliness.

Certain life events can also cause loneliness, such as bereavement, moving to a new location, retirement, or the break-up of a relationship. Some life events, such as physical and sexual abuse, can also make it harder for some people to form relationships with others and therefore lead to loneliness.

There are strong links between belonging to certain groups and being lonely. This includes things like unemployment, poor health, and being a widow.<sup>10</sup> While there are things we can do to target support at these groups, we are constrained by external factors, such as the cost-of-living crisis and an ageing population, in being able to prevent people falling into these higher risk groups.

Loneliness can also be a result of thoughts and feelings within ourselves. For instance it might be that someone does not think their existing relationships meet their requirements. A lack of self-confidence, or other mental health problems, can also make it difficult to do things that reduce loneliness, like meet new people.

Several things have been proven to successfully reduce loneliness and social isolation. People can be supported to strengthen and maintain their existing relationships, for example, by improving certain target populations' digital skills and access.<sup>11</sup>

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<sup>5</sup> [Association of loneliness with all-cause mortality: A meta-analysis - PMC \(nih.gov\)](#)

<sup>6</sup> [main.pdf \(nih.gov\)](#)

<sup>7</sup> [Loneliness and social isolation as risk factors for mortality: a meta-analytic review - PubMed \(nih.gov\)](#)

<sup>8</sup> [The Effect of Loneliness on Distinct Health Outcomes: A Scoping Review and Meta-Analysis \(researchgate.net\)](#)

<sup>9</sup> [DDCMS Loneliness Strategy \(publishing.service.gov.uk\)](#)

<sup>10</sup> [Loneliness - What characteristics and circumstances are associated with feeling lonely? - Office for National Statistics \(ons.gov.uk\)](#)

<sup>11</sup> [Promising Approaches \(Revisited\) | Campaign to End Loneliness](#)

Similarly, services that allow people to foster and grow their social connections, such as group activities or one-on-one befriending schemes, can allow people to make new social connections and bond over shared interests. Targeting these interventions at certain groups, such as those who have recently had a stroke or a bereavement, are more likely to be sustainable if linked to clinical pathways. We can also therefore improve the identification of loneliness by clinicians and social prescribers to improve referrals into community support.<sup>12</sup>

People can also be supported to think differently, through mental health services like cognitive behavioural therapy, and process thoughts related to loneliness in a healthier way.<sup>13</sup> Societal increases in serious mental health problems is putting pressure on already-stretched mental health services, meaning it may be difficult in some instances for people to get support to address any psychological causes of loneliness.

Improving public transport, community safety, and accessibility can also create an environment more conducive to social connectivity. Expected central government cuts over the next two years, however, may limit our ability to positively change these things.

### **3. The situation in Rochdale.**

From October 2020 to February 2021, 9.63% of people in Rochdale reported feeling lonely often or all of the time. This is higher than the average for the North West, at 7.84%, and higher than the average for England at 7.26%.<sup>14</sup> Another common measure of loneliness is the proportion of adult social care service users that report they do not have as much social contact as they would like. In Rochdale, for 2021-2022, this figure was 48.2% for those aged 18-64, and 59% for those aged 65 and over. These figures are lower than the average for England, which is 54.9% for those aged 18-64, and 62.7% for those aged 65 and over. Likewise, it is lower than the average for the North West, which is 56.5% for those aged 18-64, and 61.4% for those aged 65 and over. While better than the average for England and North West, the figures are high and indicate that loneliness and social isolation are serious issues to be addressed in Rochdale.<sup>15</sup>

Several factors predict the likelihood that someone is isolated and suffers from loneliness. For example, being aged 16 to 24, being unemployed, being widowed, having poor health, having a long-term illness or disability, having caring responsibilities and being unemployed make it more likely that someone will suffer from loneliness.<sup>16</sup> In Rochdale 21% of people have a long-term illness or disability, compared with 17.6% for England. 34.3% of people are also unemployed, higher than the national average of 26.9% and there is also a higher than average rate of young adults, unemployed people, unpaid carers, and people reporting poor health, than the England and North West average. It's important to note that, although the focus is often on older people in discussions on loneliness, it is experienced at all ages.<sup>17</sup>

As loneliness is so strongly associated with early mortality and poor health outcomes, like cardiovascular disease, depression, and dementia, it is an important area to address in order to reduce health inequalities and improve the health of residents. Lonely people tend to use

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<sup>12</sup> [Promising Approaches \(Revisited\) | Campaign to End Loneliness](#)

<sup>13</sup> [Promising Approaches \(Revisited\) | Campaign to End Loneliness](#)

<sup>14</sup> [Public health profiles - OHID \(phe.org.uk\)](#)

<sup>15</sup> [Measures from the Adult Social Care Outcomes Framework - NHS Digital](#)

<sup>16</sup> [DDCMS Loneliness Strategy \(publishing.service.gov.uk\)](#)

<sup>17</sup> [We need a public health approach to loneliness | The BMJ](#)

health and social care services more often, and are more likely to need residential or nursing care earlier in life. Tackling loneliness is, therefore, relevant to a number of important agendas for local authorities.<sup>18</sup> It is estimated that the collective health, wellbeing, and work productivity cost associated with severe loneliness is £9,900 per person per year.<sup>19</sup>

If no action is taken we will continue to see people getting preventable illnesses and conditions, and dying sooner than they should. This comes at a great cost to individuals and communities.

#### 4. **What can be done locally?**

Three key foundational activities can be done to reduce the number of people suffering with loneliness. Based on loneliness risk factors we can use data and human resources to identify and target lonely people. This may be more effective than a universal approach, as those who most need support are those less likely to seek it out. We can then take efforts to learn more about what identified lonely people need, before supporting them to engage in appropriate services.<sup>20</sup>

Loneliness is personal. What works for one person won't always work for another and so a person-centred approach to the issue is needed. Once there is an understanding of personal needs, lonely people can be supported to engage in support and services that can address their unique circumstances and reduce loneliness. In some instances this can be signposting however loneliness can negatively affect confidence and motivation and so approaches that provide more tailored support to people as they reconnect with their communities is also needed. This could be, for example, befriending schemes that gradually work with people to improve their confidence over time to engage in groups that can provide new social connections.<sup>21</sup>

A better awareness of loneliness and how to support and signpost lonely people to appropriate services amongst public-facing staff will also help reduce loneliness.<sup>22</sup>

Underpinning this, there needs to be an array of support available through the community that allows people to strengthen or re-establish relationships, create new relationships, and help people to change how they think about their social connections.

Improving access to transport, technology, and safe spaces are key to strengthening existing relationships. To foster new relationships there need to be group-based services to attend, with those targeted at a specific group, or focused on education or a shared interest, being most effective. There also need to be one-to-one approaches available, such as befriending services, particularly for those that are unable to leave their homes, as well as opportunities for volunteering. Mindfulness exercises, and cognitive behavioural therapy, also show promise in helping people to think more positively about their social connections and help to reduce loneliness.<sup>23</sup>

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<sup>18</sup> [Combating loneliness: a guide for local authorities](#)

<sup>19</sup> [loneLINESS MONETISATION REPORT \(publishing.service.gov.uk\)](#)

<sup>20</sup> [rb\\_2016\\_testing\\_promising\\_approaches\\_to\\_reducing\\_loneliness\\_report.pdf \(ageuk.org.uk\)](#)

<sup>21</sup> [rb\\_2016\\_testing\\_promising\\_approaches\\_to\\_reducing\\_loneliness\\_report.pdf \(ageuk.org.uk\)](#)

<sup>22</sup> [Combating loneliness: a guide for local authorities](#)

<sup>23</sup> [LR Age UK ID202422 Policy Review Update.pdf \(campaigntoendloneliness.org\)](#)

The way in which services are delivered, and access to them are facilitated, is also important. For instance, people need to be able to find information about local services at a time and in a place and format that is appropriate for them. A joined up and open service information infrastructure, supported by a data standard like Open Referral UK, would be an important step to do this.<sup>24</sup> Working at the neighbourhood level, and using an asset based approach, is also more likely to deliver positive results.

To tackle loneliness effectively in Rochdale a multi-agency partnership approach needs to be taken. Neighbourhood-level responses are also important, and neighbourhood boards should incorporate loneliness as a strategic theme to address.

We can also train health and care providers, including social prescribers, to better perceive, detect, and respond to loneliness. We can also improve wider take up of training approaches, like Making Every Contact Count, to those with public facing roles. This will ensure staff and volunteers are using person-centred approaches to link people to access the wide array of services that are already available. We can also use health interventions designed to address other key health challenges, such as falls prevention, reablement and health checks, to reduce loneliness.

At the population level we can use data to better identify and then engage with at-risk groups, and lonely people, to better understand their needs and co-produce appropriate solutions. We can also conduct public awareness campaigns, focussed at both the workforce and public, to remove stigma and address stereotypes around loneliness.<sup>25</sup>

We can continue to provide support to the voluntary and community sector, as well as relevant commissioned services, to ensure there is a vibrant array of group and befriending services available. We can also target digital access and inclusion services, such as the digitech library, to at-risk groups. We can make it easier to access information about local community groups, activities and support services so more people will be able to access the support that can help to reduce loneliness. This could include launching data pilots to explore and identify potential solutions.

We can also ensure communities and those at risk of, or suffering from, loneliness are central to neighbourhood planning, housing design, and transport plans. This can be done by embedding loneliness considerations into planning and design frameworks and by implementing best practice on how community-led housing can reduce loneliness. We can also make sure we're fully utilising the potential of community spaces, for instance by encouraging schools to open up in evenings and weekends for community groups.

There are limited resources for new work to reduce loneliness. However, by working collaboratively with partners we can ensure existing resources are better targeted at those who most need them.

Over the next year, we will use data led approaches to identify and reach those experiencing loneliness across the borough. We will then conduct engagement exercises targeting at

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<sup>24</sup> [Record and share information about public services in local authorities - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>25</sup> [DDCMS Loneliness Strategy \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

these groups to better understand needs and possible solutions. Findings will be reported back to key service providers to reflect and adapt their services to ensure loneliness needs are being met effectively.

We will roll out a loneliness awareness and prevention training programme to those in the workforce with public facing roles. This will allow staff to better identify and understand loneliness before supporting them to engage in existing services. Alongside this, we will roll out a communication campaign, seeking to dispel myths and stigma related to loneliness to encourage those who need it to reach out for support.

We will also seek to improve awareness about existing befriending services, and encourage services to offer in-home support for those both isolated and lonely. We will also find out whether local mental health services can support those with loneliness, and encourage them to expand their eligibility if not.

We will also improve our information offer, incorporating loneliness as a priority theme within existing programmes of work related to providing better access to better information.

## **5. Measuring Change.**

The key measure of success will be a reduction in the proportion of:

- people feeling lonely most or all of the time
- people feeling lonely some of the time
- adult social care service users reporting that they do not have as much social contact as they would like

These measures are recorded nationally, and not locally, and so will focus instead on measuring the following over the next two years:

1. A mapping and understanding of who and where in the borough our residents are more likely to be at risk of loneliness and isolation.
2. The number of events and activities held to better understand the needs of at risk groups in the borough
3. The number of events, activities and local campaigns with residents and target groups to increase knowledge about loneliness and isolation, and possible solutions
4. The number of events, activities and local campaigns with professionals and organisations to increase knowledge about loneliness and isolation and awareness of available support and services
5. An increase in the number of people accessing social prescribing services
6. An increase in number of services offering an in-person, in-home, befriending service