AGLP

Action Group on
Loneliness Policy
in Northern Ireland

Campaign to
EndLoneliness
CONNECTIONS IN OLDER AGE

Loneliness in Northern Ireland

A call to action

About the Campaign to End Loneliness

The Campaign to End Loneliness believe that people of all ages need connections that matter. Having the friendship and support we need is a fundamental part of our wellbeing and when loneliness becomes entrenched in later life it can be hardest to overcome.

We do that by evidence-based campaigning, facilitating learning on the frontline and connecting different parts of the loneliness community such as academics, frontline practitioners, decision-makers and businesses.

Report written by the Campaign to End Loneliness in collaboration with the Action Group on Loneliness Policy

Published December 2020

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Acknowledgements

The Campaign to End Loneliness would like to express our gratitude to several individuals and organisations for their contribution to the work in this report.

In particular we would like to acknowledge the part played by members of the Action Group on Loneliness Policy throughout every stage of the process, from conception through to write up of report. Thank you for giving so generously of your time, knowledge and expertise. Your support has been invaluable. The Action Group on Loneliness Policy members (in addition to the Campaign to End Loneliness) are:

- Age NI
- Barnardo's NI
- British Red Cross
- Carers NI
- Marie Curie
- Mencap
- Parenting NI
- Volunteer Now
- Royal College of General Practitioners Northern Ireland

We would like to say a huge thank you to all those who participated in the one-to-one interviews and focus groups. Thanks for sharing your stories and experiences, your contributions make a hugely powerful contribution to the report.

Thanks also to the organisations and individuals within them who helped to convene and facilitate engagement:

- Age NI
- Colin Neighbourhood Partnership Men's Shed Programme
- Colin Neighbourhood Partnership Good Morning Colin Service
- Gilford Youth Group
- Greater Shankill Seniors Forum
- HEReNI
- Mencap
- Sawa Women's Space
- tide (together in dementia everyday)
- Volunteer Now
- West Belfast Seniors Forum
- Women's Tec

Thanks also to David, from Age NI's Consultative Forum, for allowing us to include his poem "Loneliness" in the report.

We would also like to thank the wide range of people that we spoke to through the course of preparing this report.

- Lorraine Conlon
  Department of Health
- Dr. Paula Devine
  Queens University Belfast
- Elma Greer
  Age Friendly Belfast
- Daniel Jack
  Connected Community Care
- Geoff Nuttall
  NICVA
- Professor Roger O'Sullivan
  Institute of Public Health Ireland
- Joanna Smylie
  Northern Ireland Ambulance Service
- Siobhan Sweeney
  Public Health Agency

Methodology

The Campaign to End Loneliness undertook a desk-based scoping exercise, examining academic literature, government publications and reports from the third sector.

We sought the views and experiences of people from representative groups, as we were keen to ensure that a diverse range of voices from people experiencing loneliness in Northern Ireland were included in the report.

We have gathered direct experiences from individuals and groups from across the nine section 75 categories.

We have also used, with kind permission, secondary data in a number of places, from reports which have been produced by colleagues in the Action Group on Loneliness Policy.

The report has been produced in five months during the COVID-19 pandemic, including periods of lockdown and restrictions, which impacted on our participation approaches. We are grateful to the individuals and organisations who supported us in these endeavours for their flexibility.

Foreword

Our understanding of the impact of loneliness is growing. We know that it can affect people of all ages and backgrounds. Many people will experience loneliness at some point in their lives and for most the feeling passes, while for others loneliness persists.

This is something I see in my constituency in South Down, where even before the pandemic, many constituents go days and weeks at a time without any social interaction. I've been struck by the seriousness of loneliness and the impact it can have on people's lives, affecting our health, wellbeing, productivity, self-esteem and quality of life.

When we emerge from the pandemic we do not want to go back to life as normal. It has taught us that our connections are at the absolute core of what we value…

There is a growing clamour for a new focus on loneliness from the public, civil society organisations and politicians from all the main parties who have joined the All Party Group on Preventing Loneliness.

We need a society where loneliness is freely discussed and the alarming health implications of loneliness are understood. We need to step up action and research on loneliness.

This report is an important step towards the action we need. It is the most in-depth look at the reality of loneliness in Northern Ireland with new research on how loneliness feels to people in the region.

The Government cannot stop loneliness. But it can work to alleviate it. Now is the time for decisive action and that is why I believe it is critically important that we work to develop a strategy to tackle loneliness for everyone across society.

S. Bradley

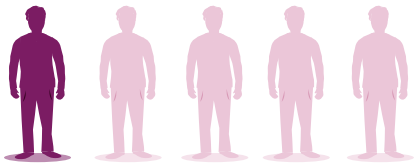
Sinéad Bradley MLA

Chairperson
Northern Ireland Assembly,
All Party Group on Preventing Loneliness

Executive summary

About loneliness

Lockdown, shielding, self-isolation and social distancing mean we have all been through some kind of separation from family, friends, neighbours and colleagues. It's reminded us how much we value our relationships – and given us some insight into the one in five people who are lonely in Northern Ireland.



Loneliness is a normal human emotion. But chronic loneliness – when people always or often feel this way – can be very damaging, and it affects one in 20 people in Northern Ireland.

Loneliness is often linked to social isolation, but it is not the same thing. Social isolation is objective. It describes the quantity of social connections and relationships that someone has – such as whether someone has met a friend in the last week. Loneliness on the other hand is deeply personal.

Loneliness cannot be captured in statistics alone. New research for this report with people from groups at higher risk of loneliness in Northern Ireland gives us insight into how loneliness feels. One man told us:

> **"It's my 45th wedding year anniversary today, my wife died earlier this year and you're the first person I have spoken to today."**

People of all ages and backgrounds can be affected. A new mother told our researchers:

> **"It's just so nice to sit and be able to enjoy a cup of tea in peace and have a conversation with another adult. I've lost touch with my friends since I became a mum."**

Powerful emotions accompany loneliness and academic research has found that people describe their loneliness with words like 'fear', 'anxiety', 'distress', 'lostness', 'wrong and ugly', 'helplessness', 'emptiness', 'abandoned'.' These very strong emotions can affect how people think about their social relationships, causing them to lose confidence or dwell on the negatives in their social life.

This explains why people can get into a downward spiral to chronic loneliness. It can make it hard to reach out to old friends or make new connections. This is why we cannot presume that people will always find their own way out of loneliness.

Impacts

When loneliness becomes chronic the effects can be severe. It increases the risk of death by 26 per cent – an impact on physical health that is comparable to smoking, obesity, physical inactivity or air pollution. Loneliness increases the chances of a range of cardiovascular problems such as blood pressure and coronary heart disease.

Loneliness affects our mental wellbeing too – it is a risk factor for depression in later life and affects children's emotional health and wellbeing. Loneliness also speeds up cognitive decline.

Given the seriousness of these effects on our wellbeing it is not a surprise that loneliness leads to people using health services more. Three in four GPs say that they see between 1 and 5 lonely people every day. Someone over the age of 65 who is lonely will have higher healthcare costs across 10 years of around £6,000. Nevertheless, the key reason for tackling loneliness is its severe impact on our wellbeing.

Causes

The causes of loneliness are complex and individual. Statistics from Northern Ireland show we can be lonely at any age. But there are transitions at particular stages of life that which leave people more at risk of chronic loneliness: moving away from home to school or university, becoming a new parent, entering retirement, or having a long term condition. Being a carer or being bereaved are particularly severe risk factors – six in ten people who are widowed say they are 'more often lonely'. Meanwhile, one older carer said:

> **"I'm used to being married... now I'm completely on my own. This person I'm living with is not the person I married. There is no affection. It's like having a stranger in the house. How do you cope with that?"**

There are also broader factors. Living in communities where we feel safe and accepted is important. More tangibly, people need transport and places to meet. An older person summed it up:

> **"I live in a housing estate and there are very few if any connections. Most of the people come out, get in the car and disappear. I have very little contact with them. I only know the names of my neighbour on one side. I don't know any of the others in the street."**

Structural inequalities also play a part in exacerbating loneliness across society. People are more likely to be lonely if they are have low incomes, live in rented accommodation or lack internet access. Meanwhile, those who are living with a disability, come from an ethnic minority background or the LGBTQ+ community can face particular challenges in developing the relationships they need.

Why a loneliness strategy is needed

There is already valuable work happening in Northern Ireland to help people who are lonely and work is being done in both the public and voluntary and community sectors. There is also internationally important research being undertaken in the region.

Nevertheless, a step change in efforts to tackle loneliness is required and that can best be driven forward by a fully resourced, cross government strategy.

This report brings together a detailed analysis of loneliness strategies and approaches across these islands and shows how much consensus there is about what can be taken forward by government. A strategy would help to show the gaps and create the connections and co-ordination between different streams of work. It would show leadership and build on the massive public interest in loneliness to create action across society.

Our top three recommendations

1 Loneliness strategy

A cross-departmental Northern Ireland strategy for loneliness across all ages, embedded in the programme for government with committed resources and a clear timeframe for development and delivery.

2 Committee inquiry

An ad hoc committee, comprising members from each of the standing committees should be established with comprehensive terms of reference to gather evidence and make recommendations to the NI Executive.

3 Deliver COVID-19 response to loneliness

- Address digital exclusion, access to technology, access to broadband, data poverty, and digital skills and confidence.
- Continue to invest in the social infrastructure that community responses to loneliness depend on, including the community and voluntary sector.
- Emotional support, including psychological interventions to proactively reach those who have been and remain particularly isolated, such as people who are clinically vulnerable, living alone, in a caring role or bereaved.

What a loneliness strategy should commit to

There are practical and effective policies that a strategy should include:

Sustainable funding

- Establish a Loneliness and Social Isolation Fund to stimulate innovation, and scale up promising approaches to tackling loneliness
- Embed a loneliness criterion to existing sources of funding at local, council and regional levels and ensure proactive commissioning of effective interventions, aligned across interagency, cross-sectoral partnership approaches.

Lead a public awareness campaign on loneliness

Raise awareness about loneliness across Northern Ireland and reduce stigma.

Develop specific loneliness measures responsive to children and young people

As a first step, loneliness measures should be developed through the curriculum in schools and youth service provision and include a range of measures to support children and young people at particular risk of loneliness.

Support and develop infrastructure to tackle loneliness and increase social connections

Tackling loneliness should also be prioritised within transport, housing, community planning, community safety, built environment, planning and community spaces. The strategy should enable connections through arts, culture and heritage, sport and physical activity and volunteering.

Promote and support opportunities for people to connect

Undertake a comprehensive regional mapping exercise of existing loneliness responses which identifies evidence of best practice, areas for improvement, gaps and duplication in provision. A co-ordinated rollout of active connector services which reach, understand and support people experiencing loneliness should be informed by the mapping.

How to make a successful loneliness strategy for Northern Ireland

Learning from experience in Northern Ireland and loneliness strategies elsewhere it is clear that there are important principles in a strategy that will make it a success.

Leadership and accountability

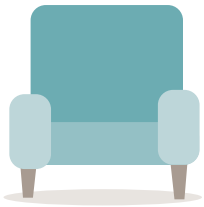
- NI Executive minister and senior responsible owner with lead responsibility for loneliness
- Tackling loneliness is everybody's business - NI Executive should act as a catalyst to support a whole society response
- Co-design and active partnership – Involve experts by experience alongside cross-sectoral stakeholders at all stages
- Scale approaches, prevention and supporting most lonely – Amplify evidence-based good practice and support services and approaches which are targeted to tackle chronic loneliness and prevention
- Embed strategy within rights and equality framework

Structural mechanisms in a loneliness strategy

- A cross-departmental **loneliness indicator** in the next Programme for Government
- Establish **loneliness champions** across departments and non-departmental public bodies. Consider a regional interim Loneliness Champion
- A cross-sector **Loneliness Implementation Group** should be established
- Deliver through **co-ordinated action** across government, statutory bodies, voluntary and community sector and business
- Produce an **annual report**
- Develop a loneliness **impact assessment process**
- **Invest in research to address evidence gaps**

The potential for a high quality loneliness strategy to impact on one of the major social issues facing Northern Ireland is an opportunity not to be wasted.

Loneliness has never been more relevant. The time to start ending it is now.



Loneliness

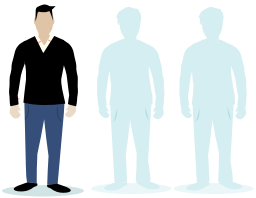
i returned home once again
to the empty chair
the empty house
and the cloak of quietness
surrounding me with only
the ticking clock for company
where have they gone
those for whom i cared so deeply
i thought that being alone
might allow me to live as i wished
yet the absence of ones to care for
has become intolerable
the empty spaces on the wall
staring back
where photographs have been removed
long sleepless nights
the crowded empty streets
no familiar face
will the phone ever ring again

by David, Age NI
Consultative Forum Member

About loneliness

Most of us will experience loneliness at some point in our lives. It is 'a subjective and unwelcome feeling which results from a mismatch in the quality and quantity of social relationships we have and those we desire."[1]

1 in 3



people in Northern Ireland are 'more often lonely'[2]

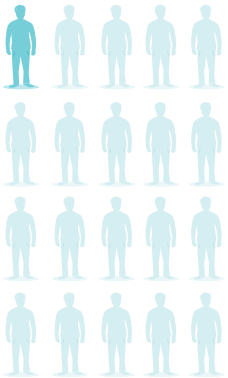
Based on latest population estimates, this roughly equates to more than

500,000 people[3]

Loneliness is a normal human emotion. But chronic loneliness – when people always or often feel this way – can be damaging.

Chronic loneliness affects

1 in 20

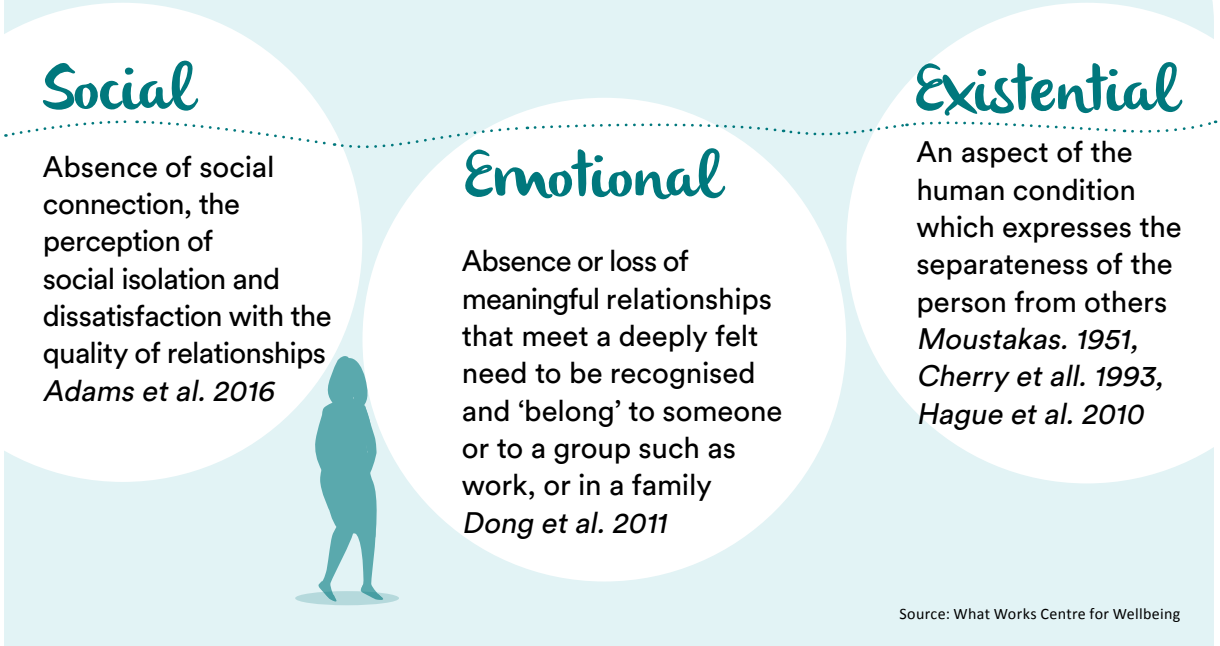


people in Northern Ireland,[4] or approximately

80,000 people[5]

Loneliness is often linked to social isolation, but it is not the same thing. Social isolation is objective. It describes the quantity of social connections and relationships that a person has at individual, group, community or societal level.[6] Loneliness on the other hand is deeply personal. Its causes, consequences and existence are impossible to determine without reference to the individual and their own values, needs, wishes and feelings.[7]

Figure 1 **Three types of loneliness**



Loneliness can be categorised in three broad ways: **social, emotional and existential**. (Figure 1) It can be experienced by anyone, anywhere and at any age. Indeed chronic loneliness can often begin in childhood.[8]

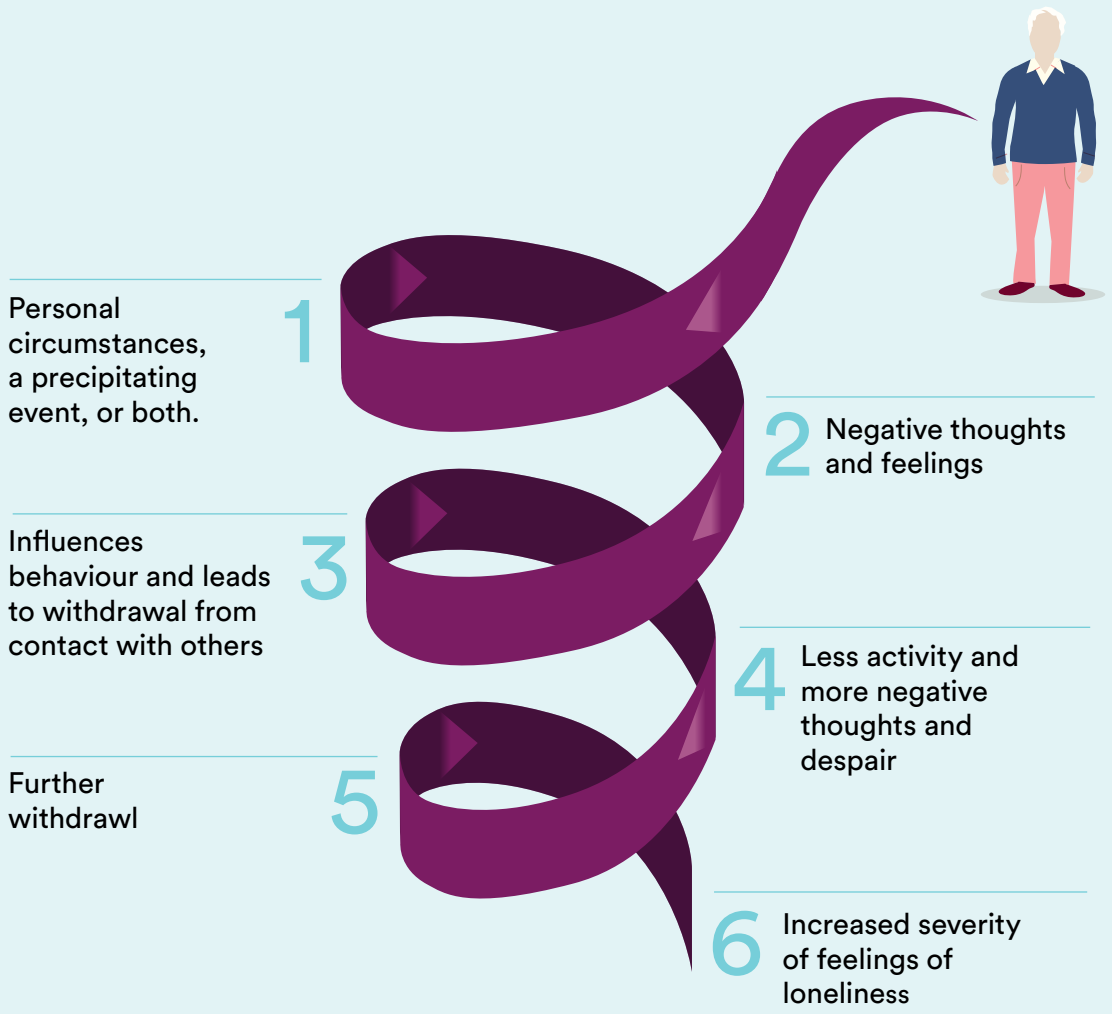
However, particular groups are more vulnerable to loneliness and life events or circumstances can trigger feelings of loneliness at any stage in life.

Recent research into the Psychology of Loneliness[9] reveals how internal and external factors interact to lead to experiences of loneliness. Loneliness is an issue which is often hidden and the subject of shame and stigma.

A range of emotions accompany it, including: 'fear, anxiety, distress, lostness, wrong and ugly, helplessness, emptiness, abandoned.'[10]

The *Psychology of Loneliness* describes a downward spiral to chronic loneliness and identifies a model which supports changing the trajectory out of loneliness.(Figure 2)

Figure 2 **Downward spiral of loneliness**



Source: Campaign to End Loneliness (ThePsychology of Loneliness)

Impacts

Health and social care

Loneliness is a public health issue. There is now substantial evidence that chronic loneliness and a lack of social connections have an impact on health.[11] The risk to health is comparable or greater than smoking, obesity, physical inactivity and air pollution.[12] It is not a question of diminishing the importance of these issues, it is instead recognising that loneliness requires similar attention and resources to tackle it.

65%

of people in Northern Ireland who describe their general health as 'bad' or 'very bad' feel 'more often lonely'[13]

Loneliness increases the likelihood of mortality by

26%[14,15]

Loneliness and physical health

Loneliness increases the risk of developing coronary heart disease and stroke,[16] and is a risk factor for the progression of frailty.[17] There are clear correlations between loneliness and poor mental health, physical wellbeing, educational attainment and diminished long-term outcomes for children and young people.[18]

Loneliness and mental health

While loneliness is not a mental health issue in itself, the two are strongly linked. It can lead to poor mental health – it is a risk factor for depression in later life[19] – or can be caused by mental ill-health. Loneliness with severe depression is associated with early mortality[20] and puts individuals at greater risk of cognitive decline and dementia.[21,22] Loneliness and low social interaction are predictive of suicide in older age.[23] The stigma associated with mental health problems can cause people to withdraw, increasing social isolation and loneliness.[24] Anxiety, particularly social anxiety, can inhibit the ability to engage in everyday activities, leading to a lack of meaningful social contact and feelings of loneliness.[25]

Loneliness also affects children's emotional health and wellbeing, impacting the way they understand and respond to others, and how well they cope with events which are beyond their control.[26]

How loneliness affects our health

The pathways to explain how loneliness affects health are not fully understood. Three main pathways have been suggested: behavioural (lifestyle), psychological and physiological.[27] For example, loneliness and isolation are associated with health-risk behaviours including physical inactivity and smoking.[28,29] Older people who are lonely are at increased risk of malnutrition.[30] Isolation and loneliness adversely influence a person's ability to perform daily activities – like washing and dressing – to meet basic needs, fulfil usual roles, and maintain health and well-being.[31]

Loneliness is also associated with poorer quality of sleep,[32] a range of psychological risk factors[33] and limited use of active coping mechanisms.[34] Loneliness and isolation can have a direct influence on health-related physiology such as blood pressure and reduced immune functioning.[35]

Loneliness and health and social care use

Given the adverse impact that loneliness has on a person's health and wellbeing, it is perhaps unsurprising that older people who are lonely are more likely to rely on health and social care services. Reducing loneliness should reduce the demand for institutional care.[36]

There is:

50% greater use of emergency care in those living alone[37]

40% more likely to have more than 12 GP appointments per year if living alone[38]

20% increased risk of admission to residential or nursing care[39]

Across the general population, the Royal College of General Practitioners has found that often GPs are the only human contact which chronically lonely patients have.

3in4 GPs across the UK say they see between 1 and 5 lonely people a day[40]

Economic costs of loneliness

In addition to the consequences of loneliness on people's health and wellbeing, there are significant implications and costs to communities, wider society, public health and the economy. A recent report released by the UK Government[41] put a monetary value on the impact of loneliness on wellbeing, health and work productivity and found that there are significant costs associated with loneliness, especially moderate to severe loneliness.

The biggest single cost is not a direct financial cost to the public sector but to the wellbeing of individuals. To calculate the costs and benefits of particular policies, the Treasury's 'green book' asks people to put a monetary value on different aspects of wellbeing. In line with guidance from the Organisation for Economic Co-operation and Development (OECD) it found that the costs of costs of severe loneliness in terms of wellbeing, per person per year, comes to £9,537. It compares to other impacts on wellbeing such as being a carer (£4,725), not having any close friends (£4,888), or being unemployed (£4,973). Having a long-term debilitating illness comes higher at £12,943 per person per year.

The costs of severe loneliness in terms of wellbeing, per person per year, is

£9,537[43]

To be clear, this is not a saving that could be made by the public sector but an illustration of the extent to which loneliness impacts on us. If we think about our own day-to-day lives, this makes sense as a good deal of our spending in one way or another is about our relationships. This reflects the immense value we place on them.

Two other drivers of costs in loneliness were found. The first is that someone over the age of 65 who is lonely will have higher healthcare costs across 10 years of £6,000. We do not have data on healthcare costs for younger age groups. The second is the effects of loneliness at work in terms of people being more likely to be ill and therefore not at work, as well as being less productive when they are at work.

Taking account of the fact that the majority of lonely people are not in work, for example due to age or disability, these costs come to £330 per lonely person per year.

The report authors estimate the monetised impact of one severely lonely person, including their wellbeing, healthcare costs, absenteeism and productivity to be £9,976 per year.

Based on the methodology above, a separate report estimates that the cost to the health and social care system in Northern Ireland is £30 million per year, or as much as £12,000 per person.[42]

Causes

The causes of loneliness are complex, multifaceted and inter-related. The broad nature of loneliness and the deeply personal and individual way people experience it can make it challenging to address. To develop appropriate, personal responses we have to understand the causes and pathways to loneliness. There are different risk factors for loneliness associated with different life stages. Individual and community factors also influence the ways in which people experience loneliness, as do structural inequalities.

Loneliness through life

Although loneliness is often perceived as an issue which mostly touches the lives of older people,[44] it can affect people of all ages. There is no clear cut picture about whether loneliness is more prevalent among younger, older or middle aged people, with a number of International studies revealing a range of different rates of prevalence across the lifecourse.[45]
In Northern Ireland, 37% of 16-24 year olds and 41% of people aged over 75 feel 'more often lonely'.[46]

55-64 year old people have highest levels of chronic loneliness – 7.6%[47]

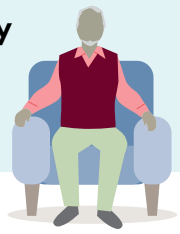
Loneliness appears to fluctuate across life with different causes and needs at different ages. The effects of previous experiences of loneliness can build up over time, and these cumulative impacts can be exacerbated by trigger events, which can lead to chronic loneliness. Life transitions such as becoming a parent, moving house,[48] divorce or bereavement,[49] can occur at any stage throughout life. They can cause huge upheaval and increase the risks of loneliness.

Factors leading to loneliness in older age

While loneliness can be felt by people at any stage in life, during later life the risk factors which might lead to loneliness begin to increase and converge, placing older people at greater risk of chronic loneliness. One in three older people 'sometimes or always' feel lonely[50] which may explain why 100,000 people say TV is their main form of company.[51] We also know that 80,000 older people live alone in Northern Ireland, leaving them at increased risk of loneliness.[52]

Risk factors for older people

- **Poor health or disability**
- **Bereavement and the impact of cumulative losses**
- **Loss of hearing or vision**
- **Change in financial circumstances e.g. retirement, living on a fixed income**[53]
- **Living alone**
- **Moving house**
- **Lack of local services or transport**
- **Poor physical environment**[54]
- **Move to live in residential care away from family, friends and neighbours**



> **"I am 84 and most of my friends have passed away."**
> Older male [2]

As our population ages,[55] although the levels of loneliness have remained consistent over recent decades,[56] the absolute number of individuals experiencing chronic loneliness has increased.[57] The ageing population, coupled with changing lifestyles, means that we can expect the prevalence of loneliness among older people to continue to increase in coming years.

61% of widowed people most feel 'more often lonely' 13.8% with chronic loneliness[58]

Factors leading to loneliness in working-age people

Working age people in Northern Ireland aged 55-64 have highest levels of chronic loneliness (8%).[59] The lack of time and opportunities to socialise due to caring responsibilities and financial constraints are factors in loneliness among working-age people, who may be providing care for older parents or grandparents while also caring for children or grandchildren.[60] One study found that middle-aged people were least likely to socialise, with nearly half reporting meeting socially with family, friends or colleagues less than once a week, compared to over 80% for those aged 18-24 and 75% of those aged 75 and over.

Relationship status of[61] working-age adults has also been found to be a factor with people who are single having increased levels of loneliness. One reason suggested is that this time of life is typically associated with expectations of settling down and starting a family.[62] Income levels and being unemployed also increases the risks of loneliness.[63] More research is required to understand the dynamics of loneliness across all ages, including middle-aged groups.

Becoming a parent is a big change and is also a time when people are more vulnerable to loneliness.[64,65] Four out of five parents feel they don't get enough support[66] while more than half experience a problem with loneliness.

Risk factors for parents

- **New young mums**
- **Living in commuter communities or with inadequate social networks**
- **Victims and survivors of domestic abuse**
- **Living with depression**
- **Caring for disabled children or relatives[67]**
- **Separated parents**

> **"It's still looked down upon, young mums. Most of the time I feel judged and made to feel like less of a mum just because of my age and I am 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 mum [4]

> **"It's just so nice to sit and be able to enjoy a cup of tea in peace and have a conversation with another adult. I've lost touch with my friends since I became a mum – they don't have kids. I don't have anybody to mind my kids, so I can't go out to meet them and I can't go to their houses as my kids are running about, and I get embarrassed and we can't get chatting anyway, so I just don't bother and I've ended up losing contact with them."**
> Young mum [15]

> **"The days are really lonely when the kids are at school – I am left in the house with nothing to do. When I'm alone I think about my home and why I left the war zone, and I feel desperate."**
> Woman seeking asylum [12]

Factors leading to loneliness in children and young people

There are significant rates of loneliness among children and young people in Northern Ireland, with four in ten young people aged 11-16 feeling lonely 'most of the time' and 6% experiencing chronic loneliness.[68]

The number is higher for girls, with over half feeling lonely 'most of the time' compared to 34% among boys. The level of chronic loneliness among girls (8%) is more than double that reported by boys (4%).[69]

Rates also increase with age, with one in two 16 year olds reporting feelings of loneliness 'most of the time' (53%) compared to one in three 11 year olds (33%). Chronic loneliness among 16 year olds (8.5%) is more than double that of 11 year olds (3.5%). More than one in three of those aged 16–24 said they feel lonely at least some of the time.[70]

If loneliness in children and young people is not addressed it can become chronic and lead to longer-term mental and physical health problems through their life.[71]

Risk factors for children and young people

- **Being a carer**[72]
- **Victim of child abuse or neglect**
- **Care experienced or leaving care**
- **Living with disabilities, complex needs or both**
- **Refugee, asylum-seekers, unaccompanied or separated**[73]
- **Experiencing homelessness**
- **New young parents**
- **Students**
- **Not in employment, education or training**[74,75]

> **"I used to feel lonely – I got depressed but then I met more people through the youth club and it's better now"**
> Young male [9]

Loneliness: individual, community and structural factors

Loneliness can be caused by a combination of individual, community and structural factors.[76]

Individual factors

Factors that can influence loneliness for individuals include health, mobility, financial security, quality and quantity of contact with family and friends, emotional well-being and confidence. Two particularly important factors are being a carer and bereavement. Individual psychological characteristics and responses are also relevant to our loneliness levels.

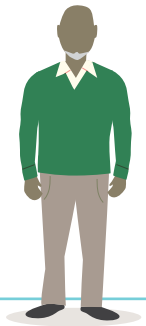
Carers

Loneliness among carers can be chronic and severe, with one in three carers reporting they are 'always or often' lonely, a rate six times higher than the general population.[77] Almost three quarters of carers in Northern Ireland feel isolated or lonely because of their caring role.[78] That's almost a quarter of a million people in Northern Ireland.[79]

More than

7 in 10

carers experience loneliness as a result of caring[80]



While practical issues often limit people's ability to connect – including being unable to access respite care – carers can also feel distanced from the wider community due to becoming isolated from their friends and colleagues because of a lack of time and money.

Among older carers, social networks may be smaller than in earlier periods of their lives as friends die or face health or mobility issues.[81] They are more at risk of having to give up their work to provide care for a relative, increasing the likelihood of isolation and loneliness.[82] This may help explain why carers aged 65 or older are nine times more likely than the general population of older people to say they 'often or always' feel lonely.[83]

Carers can experience changes to the relationship dynamic going from husband and wife to cared for and carer. The loss of shared memories, proper communication and couplehood can make a carer feel lonely even if their loved one is sitting right next to them.

> **"I'm used to being married... now I'm completely on my own. This person I'm living with is not the person I married. There is no affection. It's like having a stranger in the house. How do you cope with that?"**
> Older carer [5]

> **"When my wife moved into the nursing home it was like experiencing a death – I felt so empty and lonely on the inside. I never thought I would experience this emptiness since my wife left, I never bothered much with friends as my wife was the social butterfly and she arranged everything."**
> Older carer [13]

Young carers face unique circumstances as they help look after a relative with a disability, illness, mental health condition or drug or alcohol related problem.[84] They may have restricted opportunities for social connection and friendship, and feel lonely and isolated.

Young carers may face challenges at school, as they struggle to balance the competing demands on them, and have feelings of having missed out on childhood.

> **"My biggest challenge is finding time to do anything for myself. I just can't get time away from my caring role. I feel alone most of the time."**
> Adult carer [5]

> **"I feel cut off from my family and friends as I've far too much going on at home with myself and my immediate family. I feel very isolated and this increases my anxiety and stress and that has affected my mental health. I don't have much support from everyone and it impacts within the household. It's like a vicious circle at times and it's extremely lonely. You've hardly anyone to talk to about what's going on. It feels like groundhog day."**
> Young carer [6]

Bereavement

Loneliness and isolation following a bereavement can last for a long time and will often interact with or be compounded by other feelings of grief. Loneliness during bereavement may be especially acute for older people due to a number of factors. Their social network may already be dwindling while their adult children may no longer live near them. Their own health may be compromised, and their personal feelings of loss may seem overwhelming.[85]

> **"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."**
> Young male [4]

> **"My wife and sister passed away and the other family I have contact with is my brother-in-law. I am feeling very isolated at present.**
> Older male [7]

> **"I recently lost my older brother. I can't go home, and most times I can't reach my parents on the phone – and when I think about this I lock myself up and just cry and cry. I wish I didn't have the situation that drove me away from my country and into this kind of lonely life. Sometimes I think, 'how did I end up here?' I miss being away from home. Where we come from paying respect to the dead, especially close family, is a big, big aspect of life. And when I can't go home and pay my last respects, it feels like you can't let go, never be settled, it is devastating."**
> Woman seeking asylum [12]

Psychology

Psychological characteristics and responses are related to our loneliness levels. How we understand, make sense of, and respond to social situations can help us be more or less lonely. If people think about their loneliness as something that is not going to change or a part of who they are, they are more likely to stay lonely. On the other hand, people who think their loneliness is temporary and not due to their fundamental personality will find it easier to move on from loneliness.[86]

Community factors

At community and neighbourhood level, living with poverty and social exclusion increases the likelihood of people experiencing loneliness. Risks are greater for people living in disadvantaged areas, with poor infrastructure, amenities and transport. High crime rates and community safety issues also correlate to higher rates of loneliness.

Aspects of modern living can contribute to loneliness. Perceived social and cultural norms, like not talking to strangers and the stigma around loneliness, leave many feeling marooned and unable to make connections.

Changes to work, family household and community structures have also contributed to loneliness.[87]

Built environment

The places we live, work, meet, shop, socialise, travel, access green spaces, engage in hobbies, and rest, play an important role in our experience of loneliness.[88] People need places and spaces in which to connect in their communities and the quality of the design and the accessibility of the built environment can either enable or disable people in connecting with one another.

Giving people and communities the right to have a voice and participate in co-designing these spaces helps make sure the lived environment promotes human connection.

A lack of good lighting, well-kept pavements, benches and public toilets in public spaces, inhibits people's confidence to leave the house. In housing developments, a lack of safe communal areas inhibits people connecting with their neighbours. Accessible and affordable community spaces, like community centres, church halls, libraries, cafes and pubs, in which community groups can meet are important. Too often care homes and supported housing schemes are cut off from wider communities.[89]

> **"I live in a housing estate and there are very few if any connections. Most of the people come out, get in the car and disappear. I have very little contact with them. I only know the names of my neighbour on one side. I don't know any of the others in the street."**
> Older person [1]

Care homes

There is a growing understanding of the prevalence of severe loneliness among older people living in care homes, and a realisation that communal living is not an effective antidote to loneliness. Nursing home residents who report feeling emotionally lonely die sooner than those who do not.[90] This is a significant concern for more than 4,000 people living in care homes in Northern Ireland, their families, friends, care providers, the public sector and wider community.[91]

Transport

Transport can help people to stay connected by making sure people can access places of work, education, health services, social activities, family and friends. People without access to a car are more at risk of feeling lonely.

55% of people without access to a car feel 'more often lonely' compared to 32% who have access to a car[92]

Where transport is appropriate, accessible and affordable it can help people keep up their existing connections and help them to foster new ones. Where it is not, it is not just a barrier to maintaining existing social connections, it hinders the operation of services designed to reduce loneliness and isolation. 30,000+ older people in Northern Ireland feel trapped in their own homes and transport is a factor.[93]

Community and specialist transport is important in supporting people to maintain connections. For example, the importance of the Disability Action Transport Scheme (DATS), which provides transport for people with a disability, is recognised by its users. One user said, *'I think there needs to be more transport services like that'*[94] as this would help adults with a learning disability who do not want to take public transport. If people cannot access groups and activities the services cannot do their job in keeping people connected.

> **"I'm a very lonely person. I love people, yet lack in confidence and at times my health leaves me unable to socially integrate with others. As I don't drive that also is a barrier in getting to some Age NI or other senior citizens advertised events."**
> Older person [2]

> **“There shouldn’t be any question of taking away the older people’s travel pass because for making social connections it is vastly important. The results in terms of mental health and physical health would be considerable if they took that card away. Just having the card is an encouragement to go out and see places.”**
> Older person [1]

> **“The bus timetables stop me from going to things in the evening like the cinema or a youth activity – buses stop running at 6 o’clock and so I can’t get home.”**
> Young male [9]

Rural and urban

Loneliness and isolation occur in both rural and urban communities and it is unclear whether higher prevalence or risks exist in either. Some studies indicate that living in a rural area correlates with loneliness, while others suggest the opposite.[95] Northern Ireland figures show higher levels of loneliness among people living in urban areas (38%) than in rural communities (31%).[96]

One study in rural areas shows that levels of loneliness decrease as population density increases. We know that people living in rural areas can face particular challenges to social connection in terms of transport and services, including limited internet and mobile phone access. At the same time, rural areas often have a strong community culture and people living in the countryside are no more likely to report feeling lonely than those in our cities. Research shows that lonely people are more likely to be lonely if they live in a deprived urban area or an area in which crime is an issue. The risk of loneliness is higher for people in urban areas who are widowed and in poor health.[97]

> **"You need to have more things to do in small places, towns have lots, we have nothing."**
> Young male [9]

> **"The travel card is even more important for people who live in rural areas. I use mine quite a lot to go to Belfast with Dublin or places like that, which I don't think I'd be able to afford to do if I had to pay for them."**
> Older person [1]

> **"Families can't afford to get to places like sports activities or events, cafes or cinema in the towns or in Belfast. There's nothing to do here, and even if there was, we can't afford to do it anyway."**
> Young male [9]

> **"I think technology has made such a difference...It's really helped people like me in rural areas. It is too far for us to drive 120 mile round trip to come to Belfast for a Coffee Hour, so the technology has allowed us to join in and stay connected."**
> LGBTQ+ woman [10]

Structural inequalities

Inequality and discrimination cut across all of these circumstances and issues, compounding people's experience of loneliness and isolation. It is a significant issue for people facing serious and multiple disadvantages, including those in the criminal justice system and people with alcohol and substance misuse issues.[98] While there is already action across society to tackle these inequalities, knowledge of how they relate to loneliness can help us better target services.

People from minority ethnic groups

The experience of loneliness for people from minority ethnic groups is exacerbated by racism, discrimination, higher rates of poverty and unemployment.[99,100] People from minority ethnic groups often face greater barriers to accessing help to join community activities, make social connections and create a sense of belonging.

These challenges can be particularly acute for refugees and people seeking asylum.[101] Low-level English language skills can make access to public services difficult for refugee and people seeking asylum, who may also experience services as not responsive, lacking cultural awareness and only available in crises.[102] Age, health and education are factors influencing integration.[103]

Cultural or gender norms which limit exposure to neighbours and lack of funds to be able to socialise or orientate into new communities also inhibit chances for social connections. The experience of hate crime or restrictions on the right to work are also significant barriers to belonging for refugee and people seeking asylum.

> **"I've no family, no childcare, no money – the loneliness is killing me."**
> Woman seeking asylum [12]

> **"There is no-one to talk to – I have a teenage son, I do talk to him but there are things I don't want to speak to him about or worry him about. Other things I'd be embarrassed to talk to him about and I'd need to speak to a friend or family – it just makes me feel even more lonely and on my own."**
> Woman seeking asylum[12]

> **Having to move here with two children, not seeing my twin sister or my family, it really is a lonely life for me. In Nigeria, we have big families and we are together in each other's houses, the support is there. Even when I had my first child here, I was alone. It was so hard, I cried most of the time. When we're at home, a lot of people are there for you when you have a baby and the family do so much to help – but I had nothing like that here. It was such a difficult, lonely time."**
> Woman seeking asylum [12]

> **I wouldn't miss the Thursday walk with the Sawa group, it is the only time I get out and have some company when the kids are at school – it helps me with the trauma of loneliness."**
> Woman seeking asylum [12]

> **My son wanted to go out with his friends and it cost £10 – it was impossible, £10 is big amount of money for us as a family and I can't afford to spend it on social things. His friend gets £20 a week from his parents to spend, it's just a different world."**
> Woman seeking asylum [12]

> **I think it is hard because of the language barrier to make friends"**
> Young female refugee [3]

> **At this time it (voluntary work) will be good for me to learn the language more, to understand everything that's being said, and to be able to respond... it will get me out of the house, to make friendships and will make finding work easier."**
> Adult male refugee [3]

Disability

People living with a disability are significantly more at risk of chronic loneliness with one Office of National Statistics study finding them nearly four times as likely to feel as always or often lonely, compared to non-disabled people.[104] The greatest disparity is among young adults, aged 16 to 24 years old.

And while people living with a disability are a diverse group, loneliness is an experience that many will have in common. For a quarter of people it is unrelenting with one in four reporting feeling lonely every day.[105]

People living with a limiting long-standing illness are nearly seven times more likely to describe themselves as always or often lonely[106]

The causes of loneliness among people living with a disability are complex. Many of the barriers to making friends and meeting people are practical, such as the lack of accessible transport and buildings, financial support and appropriate social care.

Public attitudes, including lack of understanding and awareness of disability, can have a profound impact on someone's ability to make connections and find common interests.[107]

Loneliness is a prominent feature in the lives of many people with a learning disability with almost a quarter (24%) feeling lonely a lot.[108] Barriers include lack of social opportunities and accessible activities,[109] and challenges in maintaining friendships.

This may, at least in part, be due to structural issues. Children and young people may travel to schools many miles outside their community, may not see their friends over long holiday periods, and may not be connected or included in their community after they leave school.

There are also significant levels of bullying and hate crime,[110,111] with more than one in three worried about being bullied each time they go out.[112] In addition, there are low levels of paid employment among people with a learning disability, further reducing opportunities to make social connections.[113]

> **"I think if you had a club for adults with a learning disability only, that would be okay but if they were to mix in with other people who don't have a learning disability then would you not have the problem of bullying and people making fun of you?"**
> Young adult living with a disability [11]

Gender

39% of women in Northern Ireland are more likely to be "more often" lonely, compared to 31% of men and to have higher rates of chronic loneliness – 6.5% of women compared to 5% of men.[114]

The NICOLA Study of people aged 50+ has found that women aged 50-64 in Northern Ireland report highest levels of chronic loneliness (6%).[115]

50% of girls aged 11-16 feel lonely 'most of the time' compared to 34% among boys. The level of chronic loneliness among girls (8%) is more than double that reported by boys (4%)[116]

Women in Northern Ireland are more likely to feel 'more often lonely' (39%) than men (31%),[117] which is different to the international experience that any differences are quite small. In any case, it is clear that women and men are both at risk of loneliness and that services to support people might need to take gender into account.

There is evidence to suggest that loneliness may affect men and women differently, with men more likely to experience emotional loneliness and women experience social loneliness. Women are socialised to develop a larger and more active social network, a fact which potentially protects them from loneliness.[118] They may also experience a greater sense of loss when these breakdown. It's possible that women are more socially lonely than men, especially in older age.[119]

Evidence suggests that male dependency on one key relationship is a significant factor, with loss of this relationship through bereavement or separation, causing deep emotional loneliness.[120]

Men are also more likely to report higher levels of social isolation with concerns particularly for older men.[121,122] They may be more reluctant than women to admit to feeling lonely,[123] and more likely than women to be stigmatised when they do express feelings of loneliness.[124] Survivors of domestic and sexual violence and abuse can also be at increased risk of chronic loneliness and isolation.[125,126]

> **"I have to take my children everywhere – as there's no childcare, I can't do anything, there are lots of things I'd like to do – but can't."**
> Woman seeking asylum [12]

> **"You talk to people, we have great connections with church and family, but you'd only tell them so much… they weren't living through what I was, they didn't understand. I felt if I had to ask for support that I would be a bit of a failure. I didn't have the connections I wanted, and I didn't want to appear weak and admit that I was feeling lonely."**
> Older male carer [13]

> **"Since I started my new life, and moved on from the abusive situation I was in, my only lifeline is the women's group I'm in – I've made a lot of friendships, youse are the only friends I've got."**
> Young woman [15]

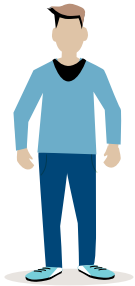
LGBTQ+

Older lesbian, gay, bisexual, trans and queer + people (LGBTQ+) are particularly vulnerable to loneliness and social isolation because they are more likely to be single, live alone, and have lower levels of contact with relatives.[127] In Northern Ireland one in five people often feels isolated as a result of their sexual orientation or gender identity.[128]

LGBTQ+ people experience problems in accessing mainstream provision, and lack confidence that these services will meet their needs.[129] As a result of prevailing negative social attitudes and experiences of homophobia, LGBTQ+ people often do not come out to service providers and are less likely to access services because they feel social workers, carers, GPs, hospital and medical staff display a lack of understanding about the complexity of their lives.[130]

Challenges persist across different ages, with almost:

1 in 4 children and young people in Northern Ireland who identify as lesbian, gay or bisexual feeling isolated in school because of their sexuality[131]



Similarly, the research has revealed that 17% of young people who identify as trans also feel isolated at school because of their gender identity.[132]

Older LGBTQ+ people are significantly more likely to live alone than their heterosexual peers, and four and a half times less likely to have children to call upon in times of need.

Some older LGBTQ+ people fear a return to life in the closet if they need[133] to be cared for in a residential home towards the later years of their lives, due to homophobia and prevailing heterosexist norms.[134,135,136]

> **"Social groups are important for regional LGBTQ+ people who live outside of cities. The Causeway group has only been going for the last three years and to be quite honest actually if that hadn't appeared, I probably still wouldn't have come out yet, and I'm in my forties so it's been a bit of a lifeline for me definitely."**
> LGBTQ+ woman [10]

> **"LGBTQ+ friends in care homes just don't come out – they go back into the closet – that can be a sad and lonely place to be. There is the assumption that they were in a heterosexual relationship so there is no provision for them to stay in the same rooms and stuff like that."**
> LGBTQ+ woman [10]

> **"I found that when I became a mother, I had to start coming out all over again and pick my battles. Because everyone assumed, I had a husband at home - my son's got two mommies, having to come out again and again can leave you feeling really disconnected from your wider community. We have to judge very quickly: "Is it safe? Is it appropriate for me to come out in this circumstance?"**
> LGBTQ+ woman [10]

> **"For some people churches are a massive part of their life every single day, but when you come out it could be a massive part of your life that's completely cut off. So, you can feel isolated from different areas: geographical, your family, your workplace, your church, from so many different things – that can be a lonely place."**
> LGBTQ+ woman [10]

Ageism and age discrimination

Judging and discriminating against people on the basis of their age can happen at any time during life.[137] We know that the way ageism affects older people can impact on their levels of loneliness. Ageism includes both internalised and societal attitudes to ageing and ageism against older people is the most commonly experienced form of prejudice in Europe.[138] It affects what older people expect of themselves and their place in society, and how society perceives older people and their value to society.[139] This can lead to loneliness because there is evidence that expectations of loneliness in later life predict actual loneliness.

Internalised ageism appears to generate a self-fulfilling prophecy whereby those who in their younger years believe that loneliness is an inevitable part of getting older have been found to experience much higher levels of loneliness in later life.[140,141] Further research is needed to explore the impacts of ageism and age discrimination on loneliness across the lifecourse.

Poverty

There is a correlation between loneliness,[142,143] social isolation and exclusion and poverty with higher levels of loneliness linked to lower incomes, economic and social opportunities and poor quality of life. Poverty is pervasive and exacerbates many of the other risk factors for loneliness. People may lack resources to access transport, social venues, sporting or cultural events.

42% of people living in the most deprived areas are 'more often lonely', compared to 28% in the least deprived areas[144]

Digital poverty also impacts on loneliness, both in terms of accessibility and affordability.[145] There is a link between fuel poverty and loneliness, as people who are fuel poor are often embarrassed about their house being cold and may be reluctant to invite loved ones to visit as a result.[146.147]

Loneliness is less likely to occur among those on higher incomes with access to transport.[148] The impacts of austerity on local and support services have been found to increase people's risk of experiencing loneliness. Loneliness and isolation have been found to compound the rising issue of food poverty, as people are unable to seek informal help from friends, family or neighbours.[149]

Groups at higher risk of food insecurity during COVID-19 include lone parents, those with disabilities or health problems, those who self-isolated, free school meal recipients, people from minority ethnic backgrounds and unemployed people.

> **"If there was more money around the community and things to do, it would be easier to get out and keep in touch with friends or just do things together – we can't decide to go somewhere ourselves because we don't money or a car."**
> Young male [9]

> **"I have £5 a day and often it is not enough to get what we need at the shops – I can't afford anything else like social things."**
> Woman seeking asylum [12]

> **"My eldest son is 13 and most times he asks for things that I can't afford to give him, and inside I feel so bad, like I am going to cry."**
> Woman seeking asylum [12]

> **"Grandparents need better pensions, cos they are struggling too, they don't get out much either."**
> Young male [9]

> **"The young people want to go out with their friends – they want to go to cafes and other places with their friends, to join in and be part of the group – but on £5 a day, we can't afford to give them the money. My son gets really upset at times – he doesn't understand and asks me 'why did you bring me here?' I feel so bad. I want to be a good parent and help him settle in here but I don't have any money."**
> Woman seeking asylum [12]

> **"Taxis cost money, if we need to get anywhere my parents have to pay and they don't have the money. They're on benefits and can't afford extra things like taxis – so I can't get into the town to see my mates or go to an activity."**
> Young male [9]

Unemployment

In Northern Ireland, people not in paid employment (9%) are more than three times more likely to experience chronic loneliness than those in a job (2.5%).[150] While Northern Ireland currently has the lowest unemployment rates in the UK (3.6%), it has higher rates of long-term unemployment (35.5%) and consistently has had the highest rates of economic inactivity (26.8%) for the past 30 years.[151]

People not in paid employment (9%) are more than three times more likely to experience chronic loneliness than those in a job (2.5%)[152]

Employment can be a vital lifeline for social connections, and there is some evidence that periods of unemployment can increase isolation and loneliness. Unemployment among younger people,[153] those aged 50 and over, people with a disability, and carers are among those who may be susceptible. Only 6% of adults with a learning disability are in paid employment, severely limiting their opportunities to leave the house and meaningfully interact with other people.[154]

The dramatic increase in unemployment caused by COVID19 comes with an increased risk of loneliness.[155] Given the current economic context, it is very likely that this will be an important area to monitor and provide support.

> **"The bus doesn't get into town until 8am, so you can't take a job or shift-work that starts earlier"**
> Young male [9]

> **"I really enjoy the courses and the chance to get qualifications, hopefully they will help me get a job when the kids are up a bit. It's great there is free childcare and I get a bit of time to myself and a chance to laugh and recharge the batteries. It's just great to meet people in the same position as me, and I've made some new friends."**
> Young mum [15]

Housing and homelessness

The right accommodation can play a part in reducing the risk of loneliness. Appropriate, accessible and affordable housing are important as is security of tenure.[156] We know that people living in rented accommodation are at greater risk of loneliness than those people who own their own home. In Northern Ireland, people living in rented accommodation are "more often" lonely loneliness (52%) than homeowners (32%).[157] Poor quality and inaccessible housing can lead to ill health and feelings of anxiety about going out, and feelings of embarrassment about inviting people in, both of which may heighten feelings of loneliness and social isolation at all ages. People who are homeless are also at significant risk of loneliness.[158]

52% of people living in rented accommodation in Northern Ireland have higher rates of loneliness than homeowners (32%)[159]

Technology

There is an ongoing debate about the role of technology in tackling loneliness, with some seeing it as a solution and others viewing it as having potential to exacerbate the situation. Digital solutions have a role to play in helping people stay connected, but not at the expense of face-to-face contact. They also can support the effective delivery of other interventions which address loneliness.[160,161]

48% of people in Northern Ireland without home internet access are more at risk of loneliness than 34% of people with access[162]

Digital inequality is a significant issue impacting loneliness in terms of accessibility and affordability. Almost half of people without internet access are more likely to be 'more often lonely' than those who live in houses with internet access.[163]

The pandemic has necessarily seen a huge increase in provision of connector services[164] online, many of which have worked very well.[165] It has also revealed the scale of the digital divide. Inequalities persist between those who can and cannot access broadband, afford basic equipment, WiFI or data costs, those lacking digital skills or the confidence to access services and support online.[166]

> **"The only thing is even when they have the tablet, if they don't get broadband and Wi-Fi. That's going to be a challenge for people, so even if they have the tablet some people may not be able to get connected."**
> Older person [14]

> **"I am feeling very isolated at present. I am open to trying online workshops or group meetings and have been considering purchasing a laptop but I have never used one before and would need assistance and practical training in how to use these methods."**
> Older male [7]

> **"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."**
> Young male [4]

> **"I can't join all the online things, like Zoom classes, cos I only have a basic phone – I really look forward to the phone calls and texts – we chat about all sorts of things and it helps me when I'm feeling a bit down."**
> Young woman [15]

Digital technology comes with safeguarding risks for children and young people spending time online, and we know that young people who feel lonely are at greater risk of online sexual exploitation.[167]

Digital inequalities in an increasingly digital age present real challenges. Some evidence shows that people increasingly feel that digital connectivity has overtaken face-to-face contact, and technology can actually become a factor in increasing isolation.[168,169]

Unique circumstances of Northern Ireland

The case for addressing loneliness in Northern Ireland must be set in the wider transitional post-conflict context, the consequences of which we are still dealing with today. Northern Ireland has many unique circumstances including the highest rate of mental ill health in the UK, a rate that is at least 25% higher than in England.[170] There are unacceptably high suicide rates in Northern Ireland.[171]

The Commission for Victims and Survivors estimated in 2013 that 30% of Northern Ireland's population could be defined as 'victims' or 'survivors' of the conflict (i.e. directly affected by bereavement, physical injury, or trauma); 10% of the population had been bereaved; 39% had experienced a conflict-related incident; and levels of Post-Traumatic Stress Disorder were very high.[172]

The legacy of violence and socio-economic factors in Northern Ireland are cited as major contributors to the high levels of mental illness, with deprivation being a major predictor of area level mental well-being. A significant body of evidence demonstrates that the highest levels of deprivation and incidence of mental and physical illness occur in areas most impacted by the violence.

Loneliness also sits within Northern Ireland's human rights and equality framework – itself rooted in the transitional post-conflict context. Human rights based approaches offer a framework for addressing the broad range of social determinants of health and health inequalities,[173] including loneliness.[174]

Current responses to loneliness in Northern Ireland

In recent years a good deal of positive work to tackle loneliness has been developed in Northern Ireland, making a real difference to the lives of people across the region.

A range of services across the public, voluntary and community sectors, faith-based organisations, sporting bodies and private sector, are working to tackle loneliness in Northern Ireland. The gamut of responses include integrated cross-sectoral partnerships and public sector commissioning of direct services like social prescribing, multidisciplinary teams, volunteer-led befriending, day care centres and local community services.

> **"Having the youth club one night a week is good, but people would go every night if we had it."**
> Young male [9]

> **"I lost my wife recently after caring for her for several years as she had dementia. We just did everything together and when she died I felt lost. When I started going to the men's shed it's made a big difference and I feel really connected now. It's like a big family, I am the eldest in the group and the younger men include me within workshops and different things. And anytime I go for a trip they are brilliant; we get invited as special guests and I get to see other men in the group. If the Men's Shed wasn't there I don't know what I would do – I would just perhaps draw into myself and become a loner."**
> Older male [7]

These responses[x] do not always explicitly describe their work as reducing loneliness. Often they are framed as services which support health and wellbeing, active ageing, building resilience or independence. These may be age sector network events or activities, keep active clubs, walking groups, knit and natter, story telling groups, luncheon groups, befriending[x] and day services.

For younger people, services which address loneliness may be delivered in a wider context of capacity building programmes providing life skills, social skills, and employability training and support. Some services also have an intergenerational component.

Volunteering plays an important role, both for the people who give their time and those who use services. Currently more than:

1 in 4

people in Northern Ireland volunteer each year[175]

New social relationships and a sense of connection with others, developed through volunteering, helps drive positive change in feelings of belonging, reduced feelings of isolation and enhanced wellbeing.[176]

While these connector services are effective ways of addressing loneliness, they generally support wider outcomes too. However, evidence shows that the most effective loneliness interventions are 'explicitly designed with tackling loneliness in mind.'[177]

A range of models have been developed in Northern Ireland to specifically address loneliness, for example, social prescribing and link workers/community connectors/ community navigators, as part of multi disciplinary teams in primary care.

Alongside these services, an informal network of family and good neighbours provide a lifeline of support. COVID-19[178] has seen a significant rise in informal volunteers and emergence of new mutual aid organisations at neighbourhood level.

While it is not the focus of this report to detail an exhaustive list of current responses to tackle loneliness in Northern Ireland one centralised resource should be available online to everyone, accessible, comprehensive reliable and up-to-date.

Research gaps in understanding loneliness in Northern Ireland

The focus of much of the research to date has been on older people.[179] A number of networks and organisations positively contribute to developing and synthesising the evidence base. These include the International Loneliness and Social Isolation Net-work, (ILINK),[180] and the Northern Ireland Cohort on Longitudinal Ageing (NICOLA)[181] project. However, support for further research is required in order to get a fuller picture and develop a better understanding about loneliness in Northern Ireland.

As evidence grows on the triggers and experiences of loneliness across all ages and life stages, gaps in research, policy and practice need to be understood and addressed. A notable gap is in levels of support and understanding of loneliness among children and young people. We also know that major life transitions, like parenthood, retirement, onset of ill-health or bereavement, can trigger loneliness, which can become chronic over time. It is also clear that a one-size-fits-all approach does not work and that responses should person-centred. It is important too that risks associated with loneliness for people experiencing multiple identities and disadvantages need to be specifically addressed in the Northern Ireland context.

Strategic responses to loneliness in Northern Ireland

There has been a growing body of work in both policy and practice in recent years to tackle loneliness in Northern Ireland. As the devastating impacts of chronic loneliness begin to be understood, government and cross-sectoral partners have responded to support key demographics, particularly older people through a range of initiatives including age friendly approaches.

An overarching strategy for tackling loneliness in Northern Ireland is required, rather than individual policy interventions, to make sure people get the support and information they need throughout their lives. In addition, a specific loneliness indicator in the current draft Programme for Government (2016-2021),[182] and its most recent Outcomes Delivery Plan (2018-2019),[183] is needed.

A strategic approach could take stock and undertake a wide-ranging, cross-sectoral and cross-departmental mapping exercise. This mapping exercise could examine current levels of need, provision, research and evidence of best practice in tackling loneliness in Northern Ireland. It could build on existing work in this area, for example within the Department of Health, which is conducting an important internal scoping exercise of current service provision across the department, health and social care trusts and arms-length bodies.[184] The results of a comprehensive mapping exercise could help ensure that responses are informed by the best available evidence of what works, and directed within a clearly understood wider context of loneliness in Northern Ireland. It could identify whether resources are adequate and being targeted most effectively and where gaps in information and provision exist.

Several government departments and a number of other public sector agencies in Northern Ireland do have strategic approaches and funding programmes in place. These can and do directly or indirectly address loneliness and social isolation but the ongoing absence of a coherent policy framework means that responses are uncoordinated and risk leaving behind less thought of groups and communities at high risk of loneliness.

Strategic responses in UK and Ireland

Strategies across the UK

Public policy to tackle loneliness has rapidly developed in the last few years across the UK, with nations publishing cross-government loneliness strategies.

Most notable are:

- **England:** *A connected society. A strategy for tackling loneliness: laying the foundations for change*[185]
- **Scotland:** *A Connected Scotland: Our strategy for tackling social isolation and loneliness and building stronger social connections*[186]
- **Wales:** *Connected Communities: A strategy for tackling loneliness and social isolation and building stronger social connections*[187]

Loneliness responses in Ireland

To date the Irish Government has not produced a loneliness strategy. It's 2020 Programme for Government[188] contains a commitment to develop an implementation plan aimed at tackling loneliness and isolation in its Roadmap for Social Inclusion.[189]

In 2018, an All-Island Taskforce on Loneliness, produced a report, *A Connected Island: An Ireland free from loneliness*,[190] which contained a set of recommendations. The Taskforce included politicians and representatives from the education, community and voluntary sector, sporting, nursing, psychology, business and academic sectors.

Thematic areas

While the strategic approaches to loneliness vary - they have a lot in common. The strategies recognise the breadth of issues that cause and impact upon loneliness, and make commitments across a range of government departments. The following table sets out the synergies which exist across the strategies in Scotland, England and Wales.

In Appendix 1 we have laid out in detail exactly what each nation has done and provide an analysis of emerging themes across the loneliness strategies and the current approach taken by the Irish government. This may be helpful in informing the practicalities of developing a loneliness strategy for Northern Ireland.

Theme	England	Scotland	Wales
Inquiry	✓	✓	✓
Strategy first step	✓	✓	✓
All ages	✓	✓	✓
Programme for Government outcomes framework	✗	✓	✓
Loneliness indicator	✗	✓	✓
Cross-departmental	✓	✓	✓
Cross-sectoral implementation	✓	✓	✓
Lead minister	✓	✓	✓
Ministerial steering group	✓	✓	✓
Reporting mechanisms	✓	✓	✓
Impact assessment	✓	?	?
Building evidence base	✓	✓	✓
Human rights framework	✗	✓	✗
Public awareness-raising campaign	✓	✓	✓
Curriculum	✓	✓	✓
Infrastructure supporting social connections	✓	✓	✓
Business, workforce and employers	✓	✓	✓
Supporting effective responses	✓	✓	✓
Funding	✓	✓	✓
Community connector services, e.g. social prescribing	✓	✓	✓
Importance of role of local government and health bodies	✓	✓	✓

A framework to tackle loneliness

The Promising Approaches framework,[191] developed by the Campaign to End Loneliness, is a good way of thinking about practical action on loneliness. It is focussed on older age but has a wider relevance.

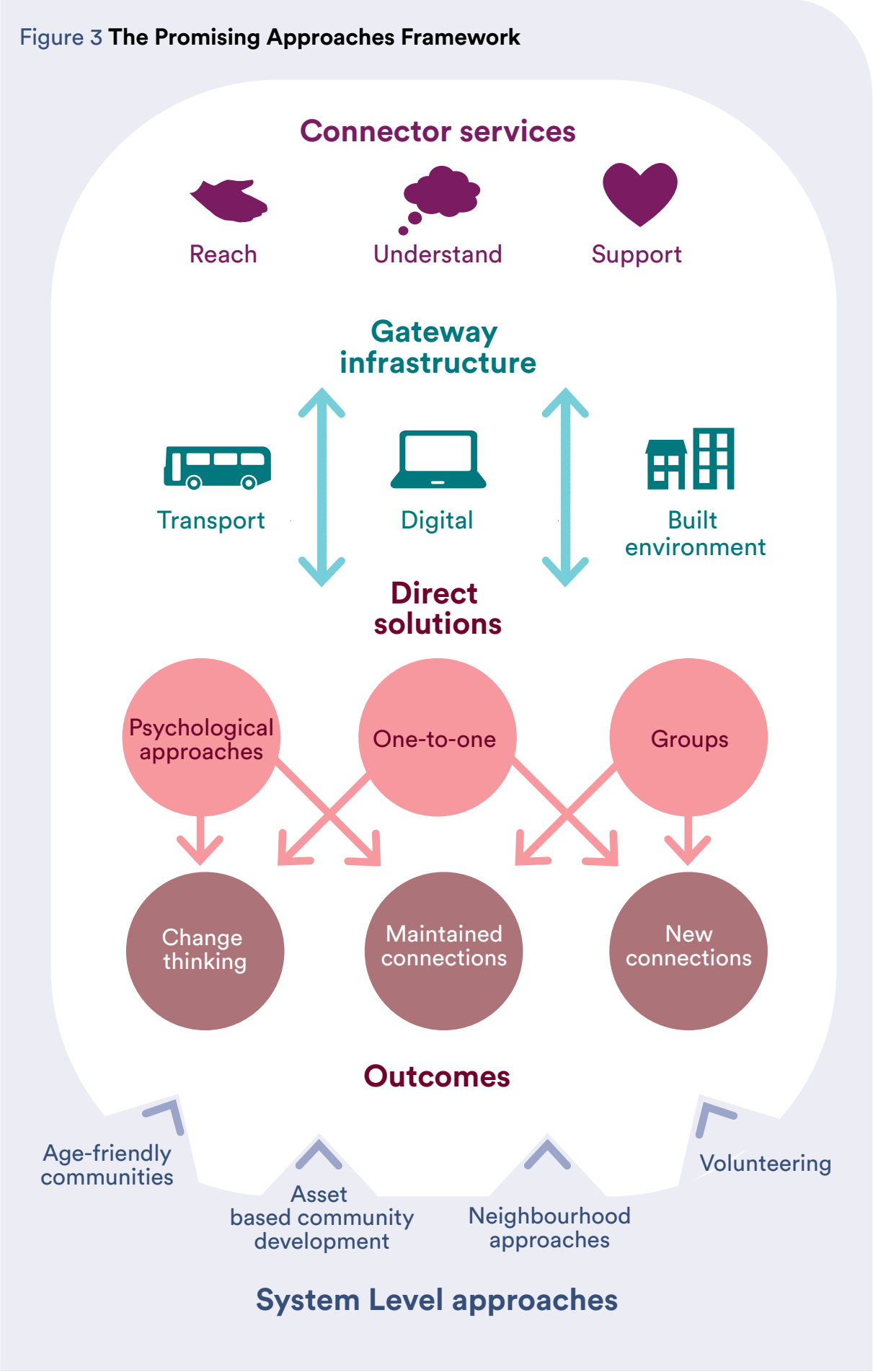
It shows that different types of support need to be in place to tackle loneliness. We need to find people and listen to their needs with **Connector Services**. They need to have the **Gateway Infrastructure** to engage in social life, whether that's about digital, transport or a built environment that supports social life. Finally, there are **Direct Solutions** for loneliness whether that is one-to-one or in groups, or psychological support.

There are also **System-level Approaches**, such as volunteering and asset-based community development that are important ways for us to be successful when we go about working on loneliness.

All of this work can lead to outcomes of people having new connections, maintaining existing ones or thinking differently about their relationships and situation so that they are less lonely.

The framework avoids comparing apples with oranges. Befriending and social prescribing cannot be directly compared – but do go together. Similarly, buses are not better or worse than social groups – we need both. It shows how services fit together and the breadth of what needs to be done.

Figure 3 **The Promising Approaches Framework**



A call to action

As we have seen there are already a series of different policy areas which, directly or indirectly, will begin to reduce loneliness across Northern Ireland. But real change – **requires a loneliness strategy for Northern Ireland.**

This would align these different strands to make them work better together. This is particularly important for learning and evaluation so we can better understand what works. Tackling loneliness deliberately across government means that a whole range of policies can be seen through a 'loneliness lens' that can unleash the power of supporting relationships in ever more areas.

Drawing on available research, good practice and existing strategies and approaches across these islands, we have set out a template of what must happen next in Northern Ireland to tackle loneliness, from planning all the way through to spending and service delivery.

Principles for a Northern Ireland loneliness strategy

Leadership and accountability

A Northern Ireland strategy should make sure there is both political leadership and accountability in addressing social isolation and loneliness. A Northern Ireland Executive minister and senior responsible owner with lead responsibility for loneliness should be assigned to take ownership for delivery of the strategy, and lead a cross-departmental plan. Responsibility should extend to monitoring the work of all government departments as to their actions and targets which reduce and tackle loneliness.

Cross-departmental

The strategy should be cross-cutting, bringing together all areas of government, alongside local councils, wider public services, the voluntary and community sector, and private sector business. This should be underpinned by a cross-departmental indicator in the Programme for Government. This cross-departmental element is key, as every Executive Minister has a role to play in addressing loneliness through their respective policy portfolios.

Cross and inter-departmental co-operation, information-sharing and planning on loneliness should underpin these approaches. This will help maximise the contribution of all policy areas in developing holistic solutions to the problems created by loneliness.

Cross departmental and interagency approaches can help develop shared understanding and joint ownership of the challenges which loneliness presents and identify shared solutions. They can also help avoid duplication and encourage complementary and collaborative responses which are more efficient and effective.

Tackling loneliness is everybody's business

There should be a clear recognition that tackling isolation and loneliness is everyone's business and Government has an essential role to play in creating conditions which foster connectivity. Through this strategy, it should support local authorities and wider public services as well as the voluntary sector and businesses to address the issue.

Stronger connections are needed across diverse approaches that build individual resilience, increase community capacity, strengthen community cohesion and harness contributions across generations, different socio-economic groups and communities, industries and sectors.

The crucial role of communities and individuals in taking action to address loneliness must be supported through this strategy. Clear messaging must be widely available to the public on how to prevent and address loneliness.

Communities must be enabled to provide responses which build connections and resilience, through opportunities for participation, including volunteering.

The voluntary and community sector should be supported and resourced so infrastructure exists at local level and they can deliver necessary actions across their communities.

The public sector workforce – including police, fire and ambulance services, as well as health and social care – should be provided loneliness and social isolation awareness training. The strategy should include key actions for the Northern Ireland Executive to take to support the private sector to play its part in tackling loneliness.

The strategy should incorporate a detailed plan to better engage with businesses, especially those in retail and utilities, as their businesses have face-to-face engagement with a wide range of customers, particularly sometimes harder-to-reach groups. It should develop loneliness training and awareness initiatives, particularly for those in retail and utilities – similar to Dementia Awareness training.[192] It should include a commitment to tackle loneliness through an employer or business pledge,[193] taking forward social and corporate responsibility programmes, employee-assisted volunteer programmes, encouraging flexible working, and supporting volunteering.

Co-design and active participation

It can work across society, including businesses, trade unions, civil society, the public sector, and crucially, experts by experience. Representatives from all of these groups should co-design and participate in every part of the strategy.

Scale approaches

The strategy should raise awareness of the importance of tackling loneliness and amplify good practice that already exist across Northern Ireland. It should do this in the context of drawing a clear distinction between temporary and chronic loneliness, and responses which are preventative and restorative, recognising that people who have been lonely for a long time usually require extensive, person-centred support to develop the meaningful connections they desire.

Preventative approaches

The strategy should support services and approaches which prevent people becoming always or often lonely. It should promote clear, easy to understand public health messages about ways to prevent loneliness. This could include information about times of transition in life when people are more vulnerable to loneliness, and information about what helps to stay connected and where and how to reach out for help.

Supporting the most lonely

A loneliness strategy should tackle loneliness and promote positive connections across all life stages and ages, with target support tailored to people and groups most impacted by chronic loneliness. It should be holistic and responsive to the unique circumstances of Northern Ireland.
It should support innovation, recognising the complexities involved in tackling loneliness and that one-size-fits-all approaches do not work.

Rights and equality

The strategy should be underpinned by rights and equality framework, embedded in values of dignity, fairness, kindness and respect for all. The Northern Ireland government should lead and drive change.

Recommendations for next steps

An Assembly Committee Inquiry

A focused and time-bound Assembly Committee Inquiry, along similar lines to those which took place in Scotland and Wales, would be a positive step towards building the evidence base of the Northern Ireland experience of loneliness.

The inquiry would have clear and comprehensive terms of reference, and make recommendations to the Northern Ireland Executive on the lead department and priorities, including the resourcing required to implement recommendations. It would enable elected representatives to gather evidence from a range of key stakeholders. In order to capture the board scope of loneliness, the ad hoc committee should comprise members from across each of the standing committees.[194]

Structural mechanisms in Northern Ireland loneliness strategy

The Northern Ireland Executive must commit to delivering and implementing a **cross-departmental Northern Ireland strategy for loneliness across all ages with committed resources and a clear timeframe for development and delivery.**

It should develop a loneliness indicator in the next Programme for Government for all ages to enable effective monitoring of progress. Data to inform a loneliness indicator is currently being collected by Northern Ireland Statistics and Research Agency,[195] Department of Health Survey,[196] Northern Ireland Continuous House Survey,[197] Department of Health Young Persons Behaviour and Attitudes Survey,[198] and Northern Ireland Cohort on Longitudinal Ageing (NICOLA).[199]

A **loneliness portfolio** should be added to the brief of one of the Northern Ireland Executive Ministers. This minister should drive action on loneliness across all departments, and lead development and implementation of the loneliness strategy.

In addition a **senior responsible owner** should be identified to ensure delivery and accountability through the Programme for Government processes.

An early action should be to establish **loneliness champions** across each department and non-departmental public body. Consideration should also be given to appointing a regional interim Loneliness Champion, similar to the interim Mental Health Champion.200

A cross-sector **Loneliness Implementation Group** should be established comprising key organisations, representatives from the public and third sector and experts by experience.

The strategy should be delivered by **co-ordinated action** across government, statutory bodies, voluntary and community sector and business. The government should adopt a **co-design** approach to implementation, recognising that we all have a part to play in addressing loneliness.

The lead minister for loneliness should produce an annual report and develop an **impact assessment process** for loneliness, measuring impact on connections at individual, family and community level. This will aid policy makers in understanding the consequences of their policies in relation to loneliness.

The government should **invest in research to address evidence gaps**. The focus of much of the research to date has been on older people.[201,202] A number of networks and organisations positively contribute to developing and synthesising the evidence base in Northern Ireland. These include the International Loneliness and Social Isolation Network, (ILINK),[203] and the Northern Ireland Cohort on Longitudinal Ageing (NICOLA)[204] project.

Support for further research is required in order to get a fuller picture and develop a better understanding of loneliness in Northern Ireland. There is a lack of data on the scale of loneliness in people under 50.[205] Although studies are available, a much deeper understanding is required of the impacts of loneliness on children, young people and families,[206] together with how early experiences of loneliness impact people later in their life.[207]

Further research is required into experiences across different groups like migrants, people living with a disability, those from LGBTQ+ backgrounds and other minority groups. Limitations also exist in the evidence base, in relation to impacts, risk factors, assessments and especially interventions,[208] and this is something that needs to be addressed. Research strategies to compliment and inform policy and practice interventions on loneliness are required.

Allocate sustainable funding

The strategy should be fully resourced, and embedded within the remit of all commissioners. Working together with grant-making trusts, foundations and other funders like business, government should create a loneliness and isolation innovation fund. Any new funding assigned to tackling loneliness could be ring-fenced and attributed to the establishment of the 'Northern Ireland Loneliness and Social Isolation' fund.

This should stimulate innovation in finding solutions to tackling loneliness, provide seed funding for communities to develop activities to enhance connections, and scale up promising approaches to reaching out and connecting individuals. Further work across government could be undertaken to embed a loneliness criterion to existing sources of project funding.

In addition, loneliness criteria should be embedded into existing funding at local and organisational levels, to ensure the strategy's commitments are delivered for people of all ages and reach the most lonely.

Proactive commissioning of effective interventions, aligned across local, council and regional levels, with interagency, cross-sectoral joined up approaches, is required. For example, funding of neighbourhood actions, community initiatives, age friendly services, support for young people, and health and social care responses could be focused on tackling loneliness.

Deliver COVID-19 responses to loneliness

In addition, the Northern Ireland Executive will need to lead action to address some of the critical needs that have emerged from the COVID-19 crisis.

Urgent action is needed to:

- Address digital exclusion, access to technology, access to broadband, data poverty, and digital skills and confidence.
- Emotional support, including psychological interventions, to proactively reach those who have been, and who may remain, particularly isolated including those who are clinically vulnerable, or experienced bereavement during the pandemic.
- Continue to invest in and adjust the social infrastructure upon which community responses to loneliness depend, including the voluntary, community and social enterprise sectors, as well as community assets such as libraries and community venues, to make sure that people have access to safe community spaces to meet and connect.

Key commitments for a Northern Ireland loneliness strategy

Following a period of evidence gathering and consultation with a wide stakeholder group, Northern Ireland's loneliness strategy should include clear co-ordinated commitments on a range of issues. While not a definitive list the following should be delivered:

Lead a public awareness campaign on loneliness

The strategy should include plans to raise awareness about loneliness across Northern Ireland and reduce stigma. It should include a public campaign to build understanding of the importance of social connections across all ages, with clear and easy to understand messages on making connections, avoiding loneliness and seeking support. It should connect to public health and education frameworks.

It should be accompanied by development of one centralised information resource, available online to everyone, accessible, comprehensive, reliable and up-to-date.

Develop specific loneliness measures responsive to children and young people

The strategy should commit to introducing loneliness into the curriculum in Northern Ireland schools and youth service provision as part of supporting emotional health and wellbeing of children and young people, taking a trauma informed approach to support those who are most vulnerable. It should address loneliness issues for young people attending university or further education, and include a range of measures to support children and young people at particular risk of loneliness.

It is vital that the impact of loneliness is recognised and adequate provisions provided to support children and young people with their overall mental and emotional health and wellbeing.

Support and develop infrastructure to tackle loneliness and increase social connections

The strategy must include actions that support good community infrastructure which is vital to preventing and tackling loneliness and isolation. Good quality accessible and affordable transport must continue to be developed as a key enabler for social connections. This includes public transport, community transport, improving walkability within areas and extending cycle path availability. Loneliness must be an express factor in planning and delivery of appropriate, affordable and accessible housing. Tackling loneliness should also be prioritised within community planning, community safety, built environment, planning and community spaces.

Promote and support opportunities for people to connect

Support should be directed at services which play a role in addressing chronic loneliness, as well as preventative approaches which foster strong and meaningful connections, which we know can improve health and wellbeing.

There should be a mapping exercise of existing loneliness responses across Northern Ireland, which identifies evidence of best practice, areas for improvement, gaps and duplication in provision. Following this, there should be a co-ordinated rollout of active connector services which reach, understand and support people experiencing loneliness.[209] This should be outcomes-focused and evidence-based,[210] targeting those most in need alongside supporting preventative responses.

A range of models exist, for example, social prescribing and community navigators, connectors and link workers, as part of multi-disciplinary teams in primary care. These models increasingly recognise that sources of support in local communities have a vital role to play in improving people's health and wellbeing, alongside and often as an alternative to clinical care.[211] While COVID-19 has seen the need for the voluntary and community sector increase, it has been accompanied by unprecedented financial upheaval, with almost one in five organisations having lost 75% or more of their normal income.[212] Policy support for connector services such as social prescribing must be accompanied by **adequate funding** for those organisations, primarily local charities, that receive referrals if it is to be sustainable in the long term.

The strategy should enable connections through **arts, culture and heritage**, where people can connect through shared interests.

Supporting people to get involved in **sport and physical activity** should also be a priority, as this has been shown to improve quality of life, promote social inclusion and connections, raise self-esteem and confidence, as well as improving health.

The strategy should promote and support **volunteering** in all its forms, recognising the wide ranging benefits to the people involved and the positive impacts on communities.

Digital inclusion and tackling digital inequality should be a priority of the strategy, not as an alternative to human interaction, but as an additional, complementary solution to loneliness, by connecting people to their communities.

Appendix 1: Summary of Loneliness approaches in England, Scotland, Wales and Ireland

In England

Following on from recommendations from the Jo Cox Commission report on loneliness, in October 2018, the UK government published England's strategy: *A connected society. A strategy for tackling loneliness: laying the foundations for change.*[213]

The strategy laid out 60 commitments for the government across nine government departments, with three overarching goals to:

- improve evidence base into causes of loneliness
- embed loneliness across government policy
- build a national conversation on loneliness, raise awareness of impacts and help tackle stigma.

In Scotland

Scotland's strategy, *A Connected Scotland: Our strategy for tackling social isolation and loneliness and building stronger social connections*, runs from 2018 – 2026, produced in line with the Scottish government's Programme for Government commitment.[214]

A Connected Scotland is underpinned by core values of kindness, dignity and compassion.

Its four overarching priorities are to:

- empower communities and build shared ownership
- promote positive attitudes and tackle stigma
- create opportunities for people to connect
- support an infrastructure that fosters connections.

In Wales

The Welsh Government's Programme for Government,[215] included a commitment to develop a cross-government strategy on loneliness and social isolation. The National Assembly for Wales' Health, Social Care and Sports Committee conducted an inquiry into loneliness in 2017[216] recommending a cross-cutting strategy on loneliness be developed.

Wales published its strategy in February 2020 – *Connected Communities: A strategy for tackling loneliness and social isolation and building stronger social connections.* The strategy contains 37 key commitments with its four overarching priorities:

- increasing opportunities for people to connect
- improving community infrastructure that supports connected communities
- cohesive and supportive communities
- building awareness and promoting positive attitudes.

In Ireland

In Ireland, an all-island Taskforce on Loneliness was established in 2018, to increase awareness of loneliness and 'produce a set of recommendations for government, state agencies and all policy makers.' The taskforce included representatives from the education, third sector, sporting, nursing, psychology, business and academic sectors, as well as one MLA from the Northern Ireland Assembly and a member of the Irish Senate. The taskforce took evidence from a range of groups and received 310 submissions. It produced a report: *A Connected Island: An Ireland free from loneliness*.[217]

Its five key recommendations are:

- annual funding of €3 million towards combatting loneliness
- allocation of responsibility to combat loneliness to a specific minister and government department
- a public awareness campaign
- support for initiatives and organisations which alleviate loneliness as their primary function and an action plan for volunteering
- Ireland specific research on loneliness.

The Irish government's 2020 Programme for Government[218] contains a commitment to develop an implementation plan aimed at tackling loneliness and isolation in its Roadmap for Social Inclusion.[219] However, to date the Irish government has not produced a loneliness strategy.

Emerging themes

Process:

Inquiry

Each strategy was preceded by an inquiry or commission report[220,221,222] which set out the case for a loneliness strategy in a series of recommendations.

Strategy as a first step

All three governments acknowledge that their strategy is an important first step in tackling loneliness and that in order to bring about long-lasting and fundamental change, long-term action is required.

All ages

All are committed to tackling loneliness across all ages.

Programme for government, outcomes and indicators

Scotland and Wales' strategies are linked to the Programme for Government[223] and embedded in the national outcomes frameworks and indicators.

Cross-departmental

All are cross-departmental, including health, communities, transport, housing, infrastructure, business, education, social care, digital, arts, sports, culture and leisure portfolios.

Implementation

The strategies establish cross-sectoral groups and mechanisms to drive inclusion, planning, implementation and delivery of plans. In Scotland, the National Implementation Group, includes members from fourteen key organisations and experts in the public and third sector.[224] In Wales, the strategy includes a government commitment to set up the Loneliness and Social Isolation Advisory Group.

In England the strategy contains a commitment to work with business, employers, local authorities, health and the voluntary sector, and the Loneliness Action Group which has been mandated to share learning and ensure effective implementation.[225]

Lead minister

Each strategy has an identified lead minister with responsibility to take forward a cross-government approach to tackle loneliness. In England, the ministerial lead for loneliness is held by the Parliamentary Under Secretary for Sport and Civil Society within the Department for Digital, Culture, Media and Sports.[226] In addition, the strategy expressly extends to several other ministerial portfolios. Minsters at the Department for Transport, Department for Business, Energy and Industrial Strategy; Ministry of Housing, Community and Local Government. This builds on the Department for Health and Social Care portfolio, which already includes loneliness. In Scotland, the lead role is undertaken by the Minister for Older People and Equalities.[227] In Wales, the Deputy Minister for Health and Social Services[228] holds the position. The all-island Taskforce on Loneliness recommends allocation of responsibility to combat loneliness to a specific minister and government department.

Ministerial steering group

Each nation has a ministerial steering group chaired by its country's lead minister to oversee progress.

Reporting mechanisms

All the strategies include provision for reporting mechanisms with England and Wales reporting annually and Scotland bi-annually. The English government produced its first Loneliness Annual Report in January 2020.[229] The Loneliness Action Group also produced a publication to inform this reporting process, setting out recommendations to drive delivery of commitments.[230]

Impact assessment

There are commitments in the English strategy to include loneliness in the guidance for the Family Test, a measure of assessing the effect of government policies on stable families. It also promises to explore further ways to consider action on loneliness in wider policy-making. The Welsh government includes a commitment to include loneliness and social isolation as a consideration in its integrated impact assessment processes. In Scotland the government pledges to work with third sector partners to scope out the development of a resource which supports greater embedding of considerations around social isolation, loneliness and social connectivity within policy and decision-making.

Building evidence base

All support developing a knowledge and evidence base. One of the three overarching goals of the English strategy is to improve the evidence base into causes of loneliness, including impact and causes, and the first chapter of the strategy is dedicated to 'Evidence and Insights'.[231] Scotland's strategy includes a strategic outcome to understand increases around social isolation and loneliness and its causes and impacts, along with an understanding of what works to reduce it.[232] The Welsh strategy commits the government to build a stronger evidence base about the causes of social isolation and loneliness and how they can be best tackled in the future.[233] The All-island Taskforce on Loneliness recommends that Ireland specific research on loneliness be supported.

Human rights framework: The Equality Act (2010)[234] and Human Rights Act (1998)[235] apply across all three strategies. In addition, the Scottish strategy embeds loneliness within a human rights

framework, through the National Outcomes Strategic Framework and makes specific reference to the rights of carers, children and young people, socio-economic rights and the human rights based approach taken within health and social care standards.

Key deliverables in loneliness strategies

Public campaign to raise awareness and address stigma

There is a commitment across each strategy and the all-island Loneliness Taskforce, to take action to raise awareness and address stigma. A number of public-facing campaigns have worked to destigmatise loneliness, including the Jo Cox Commission's 'Happy to Chat campaign, the Campaign to End Loneliness' 'Be More Us campaign,[236] Age NI and Age UK's campaigns 'No one should have no one',[237] and the UK government's 'Let's Talk Loneliness' campaign.[238]

Curriculum

All three strategies include reference to the key role which education plays in addressing loneliness, through supporting the development of emotional and psychological resilience among children and young people and strong and positive relationships at an early age.

England's strategy commits to embedding loneliness in the curriculum through relationships education in school. The Welsh strategy contains a section 'supporting children and young people to establish and maintain meaningful social connections'. Currently under development, it will include loneliness within a schools' framework addressing emotional and mental well-being. Scotland's strategy situates the issue of loneliness within the Personal and Social Education (PSE) framework.

Infrastructure supporting social connections

Commitments to tackle loneliness are also directed in each of the strategies towards supporting community infrastructure that supports social connections. These include action around infrastructure, housing, planning and community spaces. Transport and digital inclusion are set out in priority actions across each of the three loneliness strategies.

The Scottish government announced significant investment in digital inclusion of £43 million over three phases from April 2020 to end 2021, aiming to uplift 50,000 households.[239] The Welsh government has a £2 million per annum dedicated digital inclusion programme, "Digital Communities Wales: Digital Confidence, Health and Well-being."[240] In England, government committed £10 million to support rural digital inclusion as part of Digital Inclusion Strategy.[241] The Department for Digital, Culture, Media and Sport's Digital Inclusion Innovation Fund has awarded £400,000 to three projects aiming to use digital inclusion to help tackle loneliness amongst older and disabled people.[242]

There are also actions in relation to business, workforce and employers in all three strategies. England's strategy sets out the government's commitment to build a network of employers to tackle action on loneliness, through an Employer's Pledge promise from business and other organisations to provide help and support to lonely employees. In Wales the government commits to producing a guide for businesses on how to tackle employee loneliness. In Scotland, the strategy sets out a commitment to build links between the loneliness strategy and the Fair Work Framework.

Resourcing holistic responses to tackling loneliness

A number of different approaches to tackling loneliness have been supported through the strategies.

England's strategy has committed to support local health and care systems, to implement social prescribing connector schemes across the country by 2023, encouraging health and social care professionals to refer patients to nearby support programmes that inspire friendships and reduce feelings of loneliness.[243] NHS England through the NHS Long Term Plan and Comprehensive Model for Personalised Care,[244] pledges that 'there will be 1,000 new social prescribing link workers in place by 2020/21, with significantly more after that, so that at least 900,000 people will be referred to social prescribing by 2023/24.[245]

Scotland's strategy supports the rollout of community link workers, who work with people to access local sources of support. It has funded a pilot community links worker programme and has committed to introducing 250 link workers across Primary Care by May 2021.[246] Implementation is focused on prioritising areas of greatest deprivation, with potential to extend the model to those vulnerable groups who may be most at risk of social isolation. There are also a number of community connector models based in the voluntary sector.

Scotland's strategy also references the increased focus on social prescribing in the context of the person-centred health and social care responses, including community-based care in reducing social isolation and loneliness.[247]

In Wales, there is a comprehensive network of community connector schemes led by local authorities. The Welsh strategy commits to identify the number and functions of social prescribing roles across Wales, develop a national skills and competency framework for the social prescribing workforce; develop an online portal; and continue to develop the evidence base (through a pledged investment of £220,000 for three years from April 2020), and an outcomes framework for social prescribing.[248]

Funding

Each strategy has allocated funding to support small pilot programmes, to support innovation, build knowledge and development of best practice. However, it is notable that there has not been investment in long-term programmes or infrastructure to date. NHS England has now committed to rolling out social prescribing to all parts of England with link workers in every primary care network.

Some of the wider structural issues underpinning loneliness – like inadequate social care to enable people to get out and about, lack of transport, poverty, and digital inequality – are not addressed.

England:

- An £11.5 million Building Connections Fund,[249] a partnership between government, the Big Lottery Fund and the Co-op Foundation, was set up to support projects in England that prevent or reduce loneliness in response to the Jo Cox Commission on Loneliness.[250]
- £20 million will go towards helping charities and community groups expand their programmes which bring people together to benefit communities.[251]
- £1.8 million of funding was made available to increase the number of community spaces available — the funding is being used to transform under used areas to create new community cafes, art spaces or gardens.[252]
- £5 million emergency COVID-19 fund.[253]

Scotland:

- £1 million was pledged over two years to build capacity and support innovation.[254]

Wales:

A commitment of £1.4 million available over three years through a Loneliness and Social Isolation Fund to develop the evidence base and build understanding of what works, and support community organisations to deliver and test out, or scale up, innovative approaches.[255]

Republic of Ireland:

€3 million mental health fund to assist community organisations combat loneliness announced in May 2019, by the Minister of State for Mental Health.[256]

Delivery partners

The strategies recognise that all sections of society have a part to play in tackling loneliness, and that government, whilst having a crucial role cannot do it alone.

Connecting communities

All three strategies emphasise the need to encourage more connected communities as a means of preventing loneliness and recognise that addressing loneliness takes action across sectors, and at the level of individuals, families and communities as well as institutions. The all-island Loneliness Taskforce recommended support for initiatives and organisations which alleviate loneliness as their primary function and an action plan for volunteering.[257]

Role of local government and health bodies

Within each of the strategies, which set the agenda and high level outcomes, there is recognition of the key role that local government and health bodies play in driving action on loneliness at local level.

For example, England's 152 Health and Wellbeing Boards have a critical leadership role to play in loneliness, as do national leadership bodies such as the Local Government Association, the National Association of Local Councils and the Association of Directors of Public Health which have produced a range of guidance for local leaders to support them in taking action on loneliness.

In Scotland, the 31 Health and Social Care Partnerships which bring together local authorities, health boards and third sector partners, play an important role in setting strategic priorities and driving local action while a number of Scottish authorities have decided to focus on loneliness.

In Wales, seven Regional Partnership Boards have overall responsibility for health and care services, and for population wellbeing, bringing together health boards and local authorities, along with housing, education and the third sector. At local authority level, Public Services Boards, which were created under the Wellbeing of Future Generations (Wales) Act 2015 also have responsibility for producing wellbeing plans, bringing together a range of statutory and other local actors with a focus on long-term planning across issues including community cohesion and wellbeing.[258]

Appendix 2: Qualitative material sources

1 **Age NI Consultative Forum**
Primary source – October 2020

2 **Age NI Loneliness Survey 2019**[i]
Secondary source

3 **Barnardo's NI**[ii]
Secondary source

4 **British Red Cross**[iii]
Secondary source

5 **Carers NI and Marie Curie**[iv]
Secondary source

6 **Carers NI**[5]
Secondary source

7 **Colin Neighbourhood Partnership Men's Shed Programme**
Primary source – November 2020

8 **Colin Neighbourhood Partnership Good Morning Colin Service**
Primary source – November 2020

9 **Gilford Youth Group**
Primary source – November 2020

10 **HEReNI**
Primary source – November 2020

11 **Mencap**
Primary source – October 2020

12 **Sawa Women's Space**
Primary source – November 2020

13 **tide (together in dementia everyday)**
Primary source – November 2020

14 **Volunteer Now**
Primary source – October 2020

15 **Women's Tec**
Primary source – November 2020

i Age NI promoted a short survey on loneliness, social interaction and contact with others from June – December 2019. Over 500 people, most of them older people, participated in the survey which was based on previous Age NI research. Due to the COVID-19 pandemic, the results of the survey have not yet been published, however, Age NI has shared some of the comments shared by those who took part.

ii 'A New Life for Me': Integration experiences of Syrian refugee children and their families (2020) https://www.barnardos.org.uk/sites/default/files/uploads/Barnardos_ANewLifeForMe_web.pdf

iii Kantar Public supporting Co Op and British Red Cross (2016) [https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/co-op-trapped-in-a-bubble-report.pdf]

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v Carers NI Survey Sept 2020 https://www.ageuk.org.uk/globalassets/age-ni/documents/policy/coalition-carers-week-statement-2020.docx

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Campaign to End Loneliness
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The Campaign to End Loneliness is hosted by Independent Age, 18 Avonmore Road, London, W14 8RR who are responsible for the Campaign's governance, management, employ its staff, and guarantee its funding. Independent Age is the operating name of the Royal United Kingdom Beneficent Association, registered charity number 210729 (England and Wales) SC047184 (Scotland)

The work was majority funded by the Building Connections Fund, a partnership between Government, The National Lottery Community Fund and the Co-op Foundation.

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