You are not alone in feeling lonely:

Loneliness in later life

December 2024

Let's change how we age

Introduction

Addressing loneliness among older people is an essential element of Age UK's work.

We have published a range of work on this topic, looking at *Promising Approaches to Reducing Loneliness and Social Isolation*, drawing on conversations with experts and highlighting existing projects to create a new framework for tackling loneliness.

In 2018, Age UK published "*All the lonely people: Loneliness in later life*" aimed at developing a shared understanding of the circumstances associated with feeling lonely and explaining what we know works in supporting people to tackle feelings of persistent loneliness. In 2020, the Campaign to End Loneliness revisited and updated this framework with new learning and insight.

Leading up to the COVID-19 pandemic we saw some encouraging signals that loneliness was gaining greater traction as a public health issue both within the UK and internationally. And of course, the pandemic itself placed a spotlight both on existing loneliness among older people, including that brought about by extended periods of social distancing. The problem of loneliness among older people has been further exacerbated by the cost-of-living crisis; as bills have risen and disposable income has shrunk, some groups of older people are becoming more isolated from their communities and friends.

In this report we present new evidence about the scale of the loneliness challenge among people aged 65 and over, recap on our learning to date about 'what works' and share a range of case studies that highlight the breadth of ways local services have sought to respond.

The World Health Organization has recently declared loneliness to be a 'Global Health concern' and has launched an international commission on the problem. Despite this, we have unfortunately seen a slowing in the momentum behind tackling this complex issue in the UK. Shifts in political priorities, and defunding of local services, have led to a fragmentation of the loneliness agenda across the UK.

The good news is that there is much that can be done. We know what works to tackle loneliness, and the examples in this report are a real cause for optimism showing that, with sustained investment in the right approaches, we can make a positive difference to older people's lives.

The future is not foretold; we should not accept loneliness as an inevitable consequence of ageing.

Caroline Abrahams

Caroline Abrahams
Charity Director
December 2024

Scale of the challenge

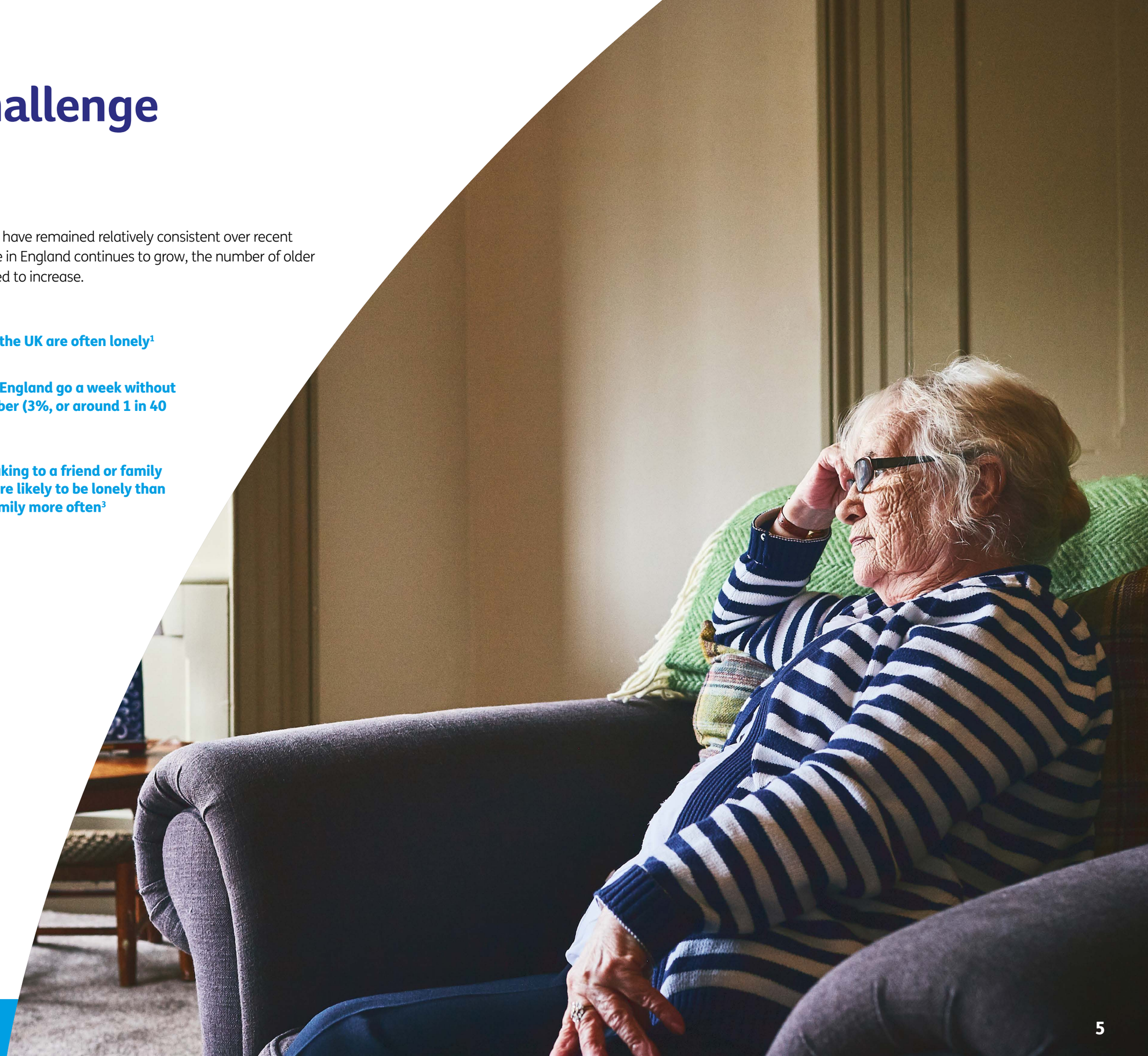
Loneliness and older people

Among older adults in the UK, levels of loneliness have remained relatively consistent over recent decades. However, as the number of older people in England continues to grow, the number of older people who are persistently lonely is also projected to increase.

940,000 older people [aged 65+] in the UK are often lonely[1]

270,000 older people (aged 65+) in England go a week without speaking to a friend or family member (3%, or around 1 in 40 people aged 65+)[2]

People who go a week without speaking to a friend or family member are almost three times more likely to be lonely than people who speak to friends and family more often[3]



What is loneliness?

"It feels like a dark grey fog that's enveloping my mind and my spirit and reducing my enjoyment of life."

Loneliness is a common human emotion. Yet definitions of loneliness vary, reflecting the mutability of the concept according to personal circumstances and the wider social, economic, political and cultural context.

Age UK describe loneliness as a negative feeling people experience when the relationships they have do not match up to those they would like to have. When this feeling persists, it can have a negative impact on wellbeing and quality of life.[4]

Loneliness can be characterised by its intensity, or how strongly it is felt, as well as its duration and frequency. Circumstances or events can lead to moments or periods of loneliness for anyone during their lifespan i.e. it may be a transitory feeling or experience or it may be more enduring.

The Age UK approach to loneliness recognises both transitory and persistent loneliness when designing support and services.

Chronic loneliness

"There's an emptiness that was once filled. It's a battle to justify your existence and enjoy your life – to make something of it."

A key feature of loneliness is that it is distressing and unwelcome. For the majority of people, the feeling of loneliness passes. However, for some it can persist, impacting negatively on their health, wellbeing and quality of life.

Unfortunately, once a person becomes persistently lonely, loneliness can cause a 'downward spiral', reducing a person's ability to look after themselves and acting as a deterrent to accessing help, so accelerating incapacity.

This is termed chronic loneliness – when the feeling of loneliness persists. Older people who are chronically lonely will often require enhanced support.

Loneliness is a public health issue

Loneliness is increasingly being recognised as a priority public health and policy issue across all age groups, as reflected in the UN Decade of Healthy Ageing (2021-2030).

Loneliness is considered to be harmful for our health and is associated with increased risk of developing both mental and physical illness. For example, lonely older people are about 25% more likely to develop dementia and the causes of this are likely multifactorial and interconnected.[5]

Evidence suggests that key risk factors for loneliness include both intrinsic characteristics and extrinsic factors within the environment. They include our personal circumstances and characteristics, life transitions and change, our health and disability status, and where and how we live.

This shows us that the drivers of loneliness can be biological, psychological and social – and that these factors are intrinsically linked.

So, while personal circumstances play an important role, loneliness is also driven by extrinsic factors. This means that pathways to

and from loneliness and social isolation are made by communities and social structures as well as individuals.

Distinction between loneliness and social isolation

"I've experienced feeling lonely in a group; wanting to get home and be alone to feel less lonely."

Loneliness is often conflated with social isolation, but there is a difference between the two concepts. Social isolation is about the quantity or frequency of contact with others rather than the quality of relationships, whereas someone can still feel lonely despite being surrounded by other people, including friends and family.

Unlike isolation, loneliness is a subjective state. Intimate loneliness is the perceived absence of satisfying, meaningful relationships with a significant other. Depending on a person's individual needs and preferences for social connection, and how the quality of their relationships is perceived, a person may feel lonely in a relationship, in a group or on their own.

"Pull yourself together and go join Knit and Natter. That's the worst thing you can say."

Bringing people together to increase the number of social contacts is not an end in itself. People need those connections to be meaningful to them personally, and to have choice and autonomy over the types of connections formed. Social activities are part of the solution but insufficient on their own.

Tackling loneliness therefore requires more than social activities – to combat loneliness, the quality of relationships needs to be addressed.

Loneliness is not a fixed state

While recognising that the particular qualities of loneliness are felt differently by each person, importantly, there are several aspects of this challenge that are amenable to change.

Loneliness is not a fixed state and there are many ways we can better organise society to help mitigate against persistent loneliness or to prevent people from becoming persistently lonely in the first place.

Key drivers for loneliness

Loneliness and life transitions

"Work was my salvation. But I remember going home, I opened the door and there was no noise, no radio, nothing... and that's when you realised you're alone."

The circumstances which trigger loneliness can vary by age.

Older people can be at particular risk because of a range of factors that become more likely as we age, and which can act to reduce the opportunity and ability to engage in meaningful conversations and interactions.

More recently there has been a greater emphasis on understanding the risk factors for loneliness through the prism of life transitions. This helps us to understand that the risk of loneliness is a life-course issue that can be triggered by external changes in circumstance. Sometimes these transitions are the result of recognisably negative life events (e.g. illness, bereavement) but even desired changes of circumstances can carry unintended consequences (e.g. retirement, moving home).

Spotlight on carers

Age UK polling shows that[34]

- **19% of carers aged 65+ felt lonely** because of the care or support they provide, equivalent to 287,000 people
- **14% of carers aged 65+ had not been able to access the support** they needed, equivalent to 207,000 people.

As we get older, risk factors that might precipitate loneliness can begin to increase and converge. Key risk factors associated with older age include (but are not limited to):

- facing bereavement
- relationship breakdown
- living alone
- losing contact with friends or family
- living with disabilities or illnesses
- reduced mobility
- caring for a partner or loved one
- physical and mental health difficulties
- living on a low fixed income, such as a pension.

For example, previous Age UK research indicated that people aged 50 and over living in England are[6]:

- **5.5 times more likely** to be lonely if they don't have someone to confide in to when they need to
- **5.2 times more likely** to be often lonely if they are widowed
- **3.7 times more likely** to be often lonely if they are in poor health.

The psychology of loneliness

"It's this feeling that I don't matter, I'm not functional."

More recent research points to the important link between loneliness and our thought processes. Most traditional views of loneliness focus on a lack of relationships, and any intervening cognitive processes are almost entirely ignored. However, how we experience our situation subjectively is also important. Loneliness is more than a product of external factors – it is also influenced by how we think. Our loneliness levels are linked to how we understand, make sense of, and respond to social situations, and to our own attitudes towards ourselves and to ageing.

There is growing interest among experts about the need for psychological approaches to help people change their ways of thinking about their social connections.[7]

For example, The Mental Health Foundation suggests people blame themselves for their loneliness, making it hard for them to raise the topic. Despite concerted efforts to reduce it, the stigma (including self-stigma) surrounding loneliness can shape the experience of loneliness and make it difficult for anyone to admit they're feeling lonely. People experiencing loneliness often do not recognise it themselves, and when they do this stigma, often accompanied by a loss of confidence, can prevent them from accessing available services.

Psychological approaches offer a way for services to help to tackle these challenges.

Loneliness and social mistrust

Further, we are learning from psychological studies that loneliness can lead to negative cognitive biases. This means that people who are lonely are more likely to anticipate negative social interactions, recall negative memories of social encounters and make negative self-evaluations of themselves in social situations.

Sadly, this means that in some cases loneliness can lead to people feeling unsafe or losing confidence in social settings, resulting in hypervigilance to social threats and interactions with other people. Once people in a lonely person's social circle form a negative impression of this behaviour (e.g. of pushing friends or family away), their behaviours in turn are likely to reinforce the lonely person's negative expectations.

By focusing on how our thoughts, beliefs and attitudes affect our feelings and behaviour, in conjunction with other support, we can learn how to challenge unhelpful beliefs and better cope with the social setbacks that can prevent us from forming new connections.

Bereavement and loss

"Someone asked me to join a club for 'lonely old men'. I said, 'No thanks, I don't consider myself in that category.' That branding didn't help."

For some people, loss of a partner, spouse or close friend can be the hardest life event to cope with. Some older people who are grieving express that the bonds they have built with loved ones and friends over many years are simply not replaceable. Many older people will have experience of multiple bereavements and complex grief, if they outlive many of their friends and family members.

However well-intentioned services offering social activities may be, for some older people (perhaps especially those in deep grief) it is not a simple matter of finding new relationships. Older people may need time to adjust to being alone, and dedicated bereavement support to come to terms with what has happened, before considering the

idea of companionship or connection in other forms. Effective services are sensitive to the many barriers lonely individuals identify, offer a warm welcome, and work with and alongside them to develop tailored support.

There is an urgent need to explore compassionate mechanisms of support (what some researchers have called 'loneliness literacy') for what may be an inevitable part of the ageing process for most people.

The relationship between loneliness and mental health

"You just ruminate and ruminate so nothing else positive can get through. You can get lower and lower and then get depression, spiralling out of control. Eventually you'd rather just stay on your own."

A clear two-way relationship has been established between mental wellbeing and loneliness.[8]

As we have explored, the psychological component of loneliness in important. Virtually by definition, loneliness is an unpleasant experience contributing to psychological distress, loss of wellbeing and decreased confidence.

There is substantial overlap between loneliness and depression, although there is also evidence that they are distinct. Nine in 10 older people who say they're often lonely also say that they're unhappy or depressed, compared to four in 10 of those who are hardly ever lonely.[9]

In addition to depression, loneliness is also associated with an increased risk of other mental health problems including anxiety, low self-esteem, and stress, as well as sleep problems.

So, while loneliness isn't a mental health diagnosis itself, feeling lonely can have a negative impact on our mental health, especially if we've felt lonely for a long time. The same is also true in reverse; for older people living with mental ill-health, negative states like anxiety and depression can lead to people experiencing new or deepening feelings of loneliness and exacerbate or reinforce a negative cycle.

Loneliness can mask mental ill-health in older populations

Older people are just as likely to experience common mental health problems in later life and have every right to expect health and social care professionals and services to respond to symptoms and signs of depression, low mood, anxiety and worry.[10]

Unfortunately, age discrimination in mental health services has been long acknowledged.[11] The under-diagnosis and under-treatment of mental health needs in older populations has been recognised in major equality reviews for the Department of Health, research by the Royal College of Psychiatrists and the independent Mental Health Taskforce. [12] [13] False perceptions around mental health and ageing increase the risk that older people's mental health is more easily dismissed ('just loneliness'), when clinical support is needed.

For example, the Improving Access to Psychological Therapy (IAPT) Positive Practice Guide for Older People (2021) highlights that psychological therapies are effective in treating late life depression and late life anxiety disorders; in fact, interventions including Cognitive Behavioural Therapy (CBT), Problem Solving Therapy (PST) and life review are recognised as especially effective in older people and remain effective in people living with long term conditions.[14]

It is also important to remember that mental ill-health in older adults may present in markedly different ways to that in younger adults. For

example, older people with generalised anxiety disorder are more likely to present to primary care with somatic symptoms (e.g. aches and pains) rather than cognitive or emotional symptoms (e.g. worry or anxiety).[15]

We know that loneliness is a modifiable risk factor for mental ill health and can precipitate or accelerate mental health decline. Therefore, better identification of modifiable risk factors for depression – like loneliness – are increasingly important for effective mental health prevention strategies.[16]

The relationship between loneliness and our physical and mental health

"I can't afford dance classes and some of them have age limits anyway. I'm not able to do these things because my time's taken up with caring. It's really hard."

As this report describes, our physical and mental health are closely connected.

Just as loneliness can impact on biological and behavioural mechanisms that affect our mental health, it can also negatively impact our physical health. For example, when we feel lonely, it can impact our motivation to take care of ourselves and our behaviours might change. We might lose our appetite, or interest in preparing meals or eating healthily. Critical thoughts might make it difficult to sleep or reduce our motivation to be physically active. This might then lead us to neglect our appearance or personal hygiene, or to feel anxious or low in mood, setting up a negative cycle of thoughts, emotions and behaviours that contribute to us feeling even worse.

Lonely people may also find it harder to engage with (and enjoy) social activities. Social withdrawal can mean that people have less and less opportunity to confide in others and receive the kinds of support which help us better cope with life's ups and downs ('a problem shared is a problem halved'). Social connections protect our health in other ways too; for example, people in our social network who know us well may be able to pick up on more subtle cues in our mood or behaviour that suggest we need support. Lonely people are less likely to have close support networks, which means that they have less access to day-to-day social support or the ability to call for help from others in an emergency.

In much the same way that acute and chronic stress impacts our mental health, prolonged stress impacts our bodies too. Our immune system, blood pressure, and levels of the hormone cortisol can be impacted, which may explain why loneliness is linked with acceleration of frailty and increased risk of several diseases, including a 29% increase in risk of incident coronary heart disease, and a 32% increase in risk of stroke[17].

The arrow travels in the other direction also. Long-term health conditions or disability can make it harder to engage in social activities and the things we enjoy in life. Chronic health conditions often cause pain, fatigue and a host of other symptoms that negatively impact our wellbeing. Added to which, the burden of treatment (e.g. attending lots of medical appointments, taking multiple medications) can be stressful and time-consuming, crowding out opportunities for meaningful social connection. As well as the direct impact on the person who becomes unwell, the same challenges can impact family or friends who may take on additional caring responsibilities.

All of these factors are interlinked and can negatively interact to increase our risk of becoming persistently lonely.

The winter effect

Loneliness and social isolation are year-round problems, but winter can be particularly tough for older people as weather conditions, shorter days, and changes in people's health and wellbeing often make it harder to sustain social connections. This all means that older people are more likely to spend additional time at home over winter, which has implications for heating costs and finding the finances to stay warm.

These challenges also increase the risk of an older person experiencing an adverse health event, which all too often ends in a hospital admission, further increasing the risk of loneliness.

Loneliness and health equity

"I live alone and have retired. My social circle has seriously reduced as almost everyone I know is still working. This, combined with the pandemic and the depressing state of the world, has affected me more than I thought it would."

Severe and enduring loneliness in older age is not random – it's weighted heavily towards groups of people who already experience disadvantage, discrimination or for whom life is in other ways particularly difficult. Examples include:

- **Age:** The likelihood of expressing self-perceived loneliness increases with age.[18]
- **Gender:** Recent statistics from the ONS show that 7.7% of women, and 6.3% of men, experience chronic loneliness.[19]
- **Ethnicity:** There is evidence that older people from minoritised ethnic groups may be among the most lonely.[20] Racism, discrimination, and xenophobia seem to be related to loneliness.[21]
- **Living arrangements and marital status:** People who live on their own are more likely to say they are 'often' lonely.[22]
- **Housing:** Older people living in residential care report feeling lonelier than those in the community.[23]
- **Geography:** Some studies indicate that living in a rural area correlates with loneliness; however, this is a complex issue, as various other studies suggest the opposite. 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.[24]
- **Physical and mental health:** Poor physical health, mental ill-health, reduced mobility, cognitive impairment, and sensory impairment increase older people's chances of being lonely.[25]
- **Income:** A direct correlation exists between low income and loneliness and isolation among older people.[26]
- **Sexual orientation:** Older LGBTQ+ people are particularly vulnerable to loneliness, and are more likely to be single, living alone, and have less contact with relatives.[27]

The reasons for this increased risk of loneliness are likely multifactorial and some older people may experience higher social, cultural, practical, economic and other barriers to accessing the right support. For example, older people living in underserved localities often lack adequate public services that create the conditions for social connection, accessible and affordable public transport being of particular importance. Older people living in care homes might find the loss of independence or previous freedoms make them lonely and need mitigating strategies. And cultural differences mean that support aimed at the general population will not always reach or engage some older people, for example, people from minoritised ethnic communities, immigrant communities or older LGBTQ+ people. Sadly stigma, social exclusion and discrimination also plays a role.

To close these unjust 'loneliness gaps', extra efforts need to be made to resource interventions proportionate to local need, to ensure inclusion for all older people, including those from marginalised or minoritised groups. Local support services should make efforts to attune service offers to the diverse needs of different groups of older people so that they have the same opportunities to overcome feelings of loneliness

and disconnection as everyone else. Tackling this complex challenge requires multi-layered action at individual, community, institutional and societal level.

Every older person should have equitable access to the public amenities and social resources that protect against loneliness.

Environmental drivers of loneliness

"When you feel lonely...you look at the world in an entirely different way."

Loneliness is a public health issue that calls for policy as well as personal solutions. In the lead up to the recent general election over 100 sector organisations, including Age UK, came together to call for the incoming government to tackle loneliness and build community.

As explored elsewhere in this report, there are many wider circumstances which can reduce older people's ability to participate in the community and can inhibit their ability to maintain or establish new meaningful relationships, and which hit those with least advantage hardest:

- **Money worries –** living on a low income makes it hard to afford to socialise as much as you might like.
- **Neighbourhoods which are not age-friendly –** with poor provision of public toilets and seating, uneven pavements and poor transport accessibility can make it difficult to feel confident getting out and about.
- **Fear of unfriendly or untrustworthy people in the neighbourhood** and high levels of crime.
- **Digital exclusion –** older people are at higher risk of barriers to digital access, and so may miss out on virtual connection points and practical support.

In the past few years, older people have experienced unprecedented challenges. The impact of the COVID-19 continues to cast a long shadow, with many older people finding they have not recovered their previous levels of social engagement, confidence or general health. The cost-of-living crisis has made it even harder for the many older people living on a low fixed income to reengage in society, no matter how motivated they might be to reconnect.

Population level strategies can address social exclusionary policies by taking more integrated approaches. This might include creating neighbourhoods that are age-friendly, welcoming, feel safe and are accessible to all. By encouraging 'bumping spaces'[28] it is possible to facilitate 'thin ties' (acquaintanceships) as well as 'thick ties' (friendships) between community members[29] that can help to minimise loneliness. Other policy actions might include access to affordable public transportation, a range of social activities for older audiences, accessible parks, libraries and cultural sites. 'Bridging' projects can encourage intergenerational friendships and help diversify older people's access to different groups of people, strengthening the sense of community and local solidarity.

Successful approaches to tackling loneliness consider how and why an individual may have become lonely, seek to better understand the particular nature of an individual's loneliness and develop a personalised response. And at the community level, they work to 'design out' loneliness through conscious choices related to the social infrastructure and distribution of community assets.

By taking a community approach to loneliness, building points of connection and belonging into the fabric of local spaces, it is possible to foster intergenerational solidarity and to ensure every member of society – at every age – feels valued.

What works to address loneliness?

Foundation services[30]

From Age UK's previous evaluation of promising approaches[31], the services in which most experts saw promise were not the lunch clubs, social groups, and befriending schemes most commonly evaluated. Instead, **approaches were focused on reaching the individual**, and were the first steps taken as part of the work to reduce an individual's loneliness, coming before and providing a way into, more commonly recognised loneliness interventions.

Direct services

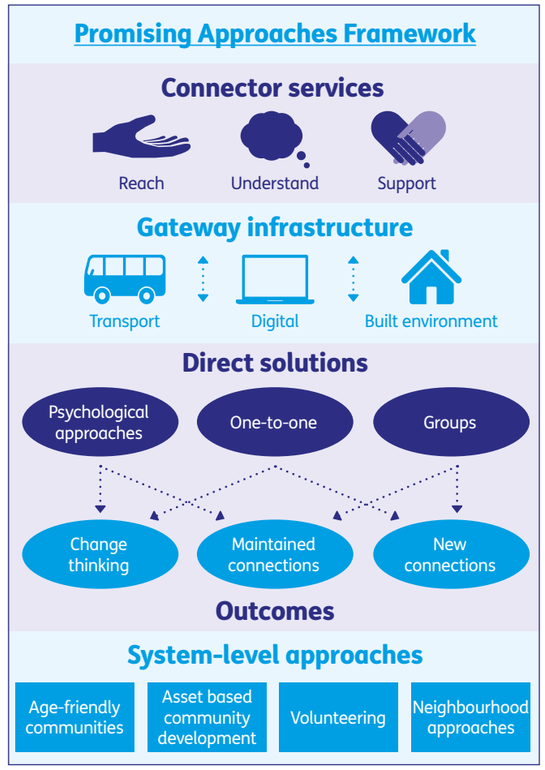
Services to support and maintain **existing relationships,** foster and enable **new connections and** help people to **change their thinking** about their social connections. These services play a critical role in directly enabling existing relationships and play a vital supporting role in those interventions designed to support new social connection.

Gateway services

Improving access to transport, digital technology and ensuring that the built environment supports connection are vital contributions to supporting people to maintain existing relationships. For example, a loss of access to affordable, reliable, and suitable modes of transport can make it more difficult to maintain or establish meaningful relationships and connections. Where this infrastructure is lacking, it can create powerful barriers to connection and sense of belonging.

Structural enablers

In his 2023 report, the US Surgeon General advises taking a 'Connection-in-All-Policies' approach.[32]These are approaches less centred on the individual and more about the way in which a community responds to the challenge of loneliness. Approaches start from a positive understanding of ageing and later life as a time of opportunity – including age-friendly cities and dementia-friendly communities. Many experts talk about the need for communities to offer a **menu** of such approaches.



This graphic is reproduced with kind permission from the Campaign to End Loneliness, taken from the report 'Promising Approaches Revisited: Effective action on loneliness in later life' (2020).

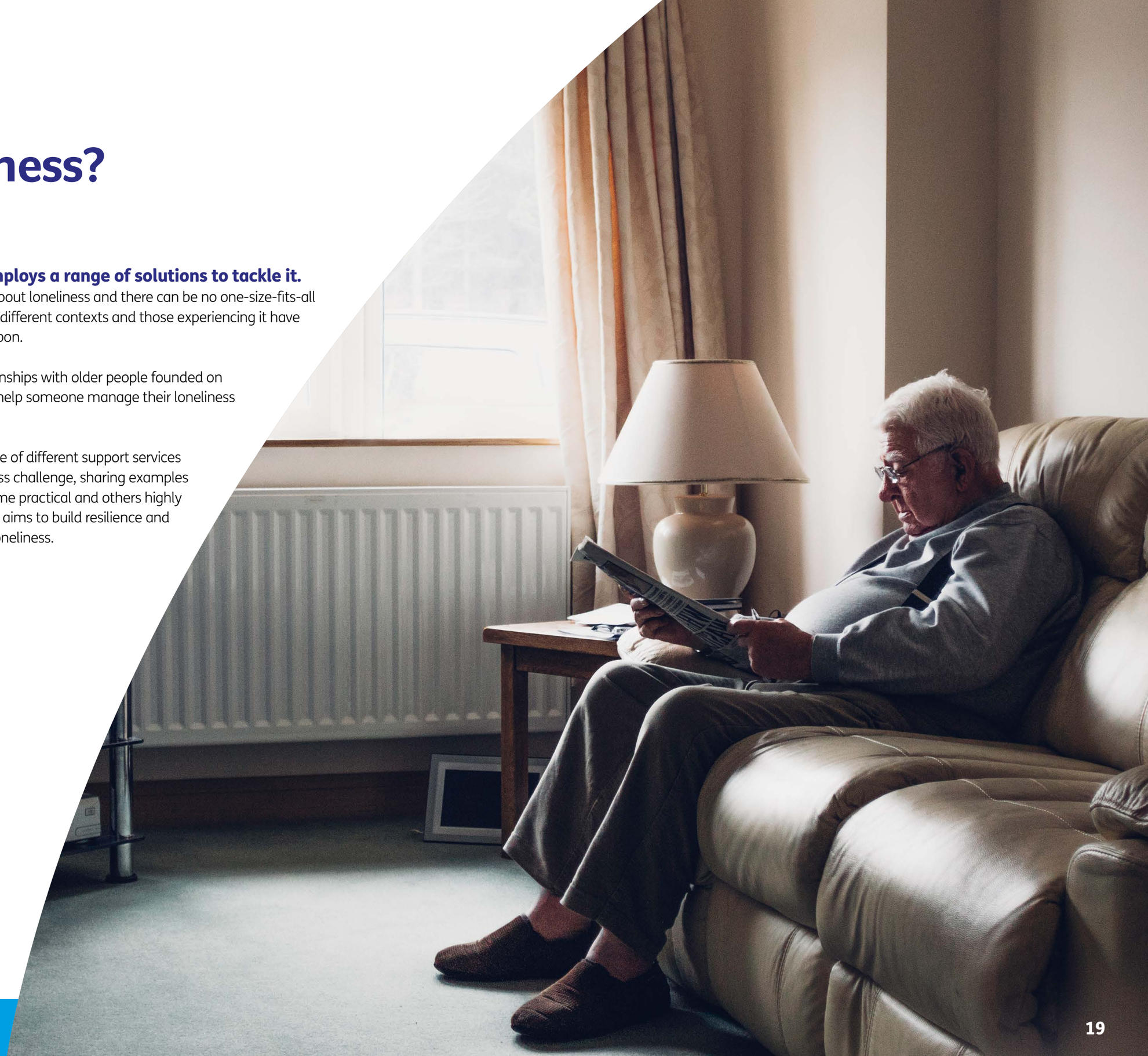
What helps to address loneliness?

Age UK case studies

Loneliness has many faces. Age UK employs a range of solutions to tackle it.
There is no single way of having a conversation about loneliness and there can be no one-size-fits-all approach to tackling it. Loneliness exists in many different contexts and those experiencing it have different internal and external resources to call upon.

The Age UK loneliness approach is built on relationships with older people founded on empathy, respect, and collaboration that aim to help someone manage their loneliness risk, feelings, or experiences.

In the case studies that follow, we explore a range of different support services that can help with different facets of the loneliness challenge, sharing examples that weave together a menu of interventions, some practical and others highly sensitive, creative and imaginative. Our approach aims to build resilience and help people develop their own pathways out of loneliness.



1. Social prescribing for loneliness

People experiencing loneliness often do not recognise it themselves, and when they do, stigma and a lack of confidence and information can prevent them from accessing available services. New methods are therefore needed to identify lonely people and support them, without attracting the stigma associated with loneliness interventions, like this example of a befriending service from Age UK Wakefield.

Alfred and Olive from Age UK Wakefield's Befriending Service

Alfred, 90, from Wakefield has lived alone since his wife died eight years ago. He experiences bouts of dizziness that have led to falls, and he no longer leaves the house for anything but medical appointments. With no children, and only one surviving sibling, he had little contact with the outside world until he was recommended Age UK Wakefield's befriending service by his GP practice.

"Loneliness is a killer in a sense," he says. *"I didn't see anybody for days, weeks and months. Everybody's working, or seems to, and there are no such thing as good neighbours. It was just the loneliness."*

Now, Alfred's Age UK befriender Lauren visits him once a week for tea, a chat and to talk through anything he may need help with. *"Lauren's broken that loneliness for an hour and a half a week and I'm very grateful for it."*

He continues: *"She comes over, she's very friendly and sociable. She puts the kettle on, we have a cup of tea, a few laughs about my olden days and she's astounded at how life used to be."*

Married for 60 years, the retired factory worker says Lauren helps him stay connected to a world he would be otherwise isolated from. *"I haven't been out of this house apart from going to the dustbin for about six months. Lauren's visits are something to look forward to once a week."*

They have also refuelled his determination to improve his mobility. *"I'm hoping it'll improve a bit and I'm going to gradually sit outside for a bit longer. I'm hoping this will be a better year."*

Olive has polymyositis, a connective tissue disease that causes chronic muscle inflammation and weakness, and has had one hip replacement. She had five children, though sadly her son died of meningitis as an adult. She describes herself as a *"proud black woman"* and is fiercely independent, with strong church connections and a network of friends.

Olive says: *"At first, I didn't know what befriending would be like. I thought it would be talking to somebody on the phone, and somebody coming into the house to help keep us going in the community. I thought a befriender could help me find out what's going on in the community because Ican't go out. And if I see things happening that concern me on the television, I can talk to my befriender about them. Maybe they can help. When it comes to issues with my health, or finances or my home, a befriender can make connections with the people who can help me."*

That regular contact helps break down some of the barriers older people face when asking for help. *"I've always been independent, so I'd think, 'Why do I have to ask people to do stuff for me? Why can't I do it myself?' But I can't because the polymyositis affects my joints, my muscles and everything and I'm shaky. I'm not walking, and I do fall. I can't get out of the house. The only time I do is to go to hospital, which is a day out for me because at least I get to see the outside. I try to be brave and fight it."*


*Models have been used to protect identity

Company is all the more important for Olive, who has lived alone since her dog was given up for adoption when she was in hospital recently. *"I miss him, we used to talk. He was very important to me,"* she says of her canine companion. *"I wasn't lonely because I had him."*

The former nurse has swapped a busy life on the wards for a very quiet retirement due to her health concerns. She admits to often feeling trapped inside the house. *"Isolation is when you can't go out and you would really like to. I never want to stay in but I have no choice. It is a sort of loneliness that makes you depressed. I try not to let things get me down."*

"[Age UK Wakefield befriender] Debra's visits are very, very important to me. She's there for me. We talk, and she sometimes helps me if I'm having difficulties with something. She sees me every week, so she can tell how I am from one week to the next, and if anything's wrong she knows. We have really good communication. We talk to each other about most things. She's my pal, she's lovely. She's very interested in me, and she's very caring. She helps quite a lot and if she wasn't there it would be like losing one of my children. She's part of my family.

"I see my children when they can, but not a lot."

She is a firm believer in health and social care workers referring patients experiencing loneliness or isolation to local Age UK befriending services. *"You have to listen to your patients and try whatever is going to work for them because everybody is different."*

"The befriending services provides very good listeners and communicators, who can give you help, and tell you where you're going wrong. It takes a lot of stress away from the children. If I didn't have a befriender, my children would be a lot more worried about me and would be taking on too much."

She emphasises Debra's life-changing impact on her life. *"I wouldn't be where I am today without Debra and the befriending service. Debra brings me out of myself, she is very supportive and understands what I am talking about, and she is a wonderful listener. We laugh a lot; her visits are the highlight of my week."*

2. Cultural belonging and loneliness

Cultural differences mean that support aimed at the general population will not always reach or engage some older people. This can lead to 'cultural homelessness' where a person may find that they are the only one who is of a certain culture and the people around don't have the same upbringing or background. This can lead people to feel or be misunderstood or hesitant to share those unique parts of themselves with others, highlighting the importance of groups that reflect our values and culture, and recognise and celebrate diversity.

Sunita, 63, member of Age UK Leeds Get Creative! group

Sunita, 63, moved from Kenya to Leeds aged 21 to marry. She has lived there ever since but since her three children left home she's been caring for her widowed 92-year-old father in law and her brother-in-law who has learning difficulties. Together with work as a childminder, this left little time for herself until a friend encouraged her to join an Age UK Leeds group. *"If I don't go out, then I will be depressed in this house,"* she says.

In the Get Creative! group she found a 'family' of like-minded women from the Indian community. She attends this arts-based group every Thursday, and also a mindfulness group that encourages reflections on faith and life. *"I don't worry about being lonely now I do religious activities every week as well as art and craft," she says. Through her involvement with Age UK Leeds, she has even performed in a Diwali dance for the local mayor – "It was a big hit!"*

Sunita challenges stereotypes that loneliness does not exist in Asian communities, explaining you don't have to be alone to be lonely. She says that the very different 'thinking power' of second-generation children can leave their parents feeling isolated. *"You feel left out and you feel lonely even though there are people around you. But you're not 'with' them,"* she explains. Adding that she has seen members of her groups feel less lonely after joining the groups, she comments, *"Some people, they don't drive and they're locked in the house and they feel that 'what is this life?'"*

She reflects on the huge difference that having Age UK Leeds groups has made: *"It's a brilliant thing that Age UK is supporting people like myself as well as so many elderly people. When I met Age UK for the first time I found it so interesting how they approach and help people. They have been helping by talking to people. It's OK to speak up of personal things with them, it's not going to go anywhere. When we talk to them, we feel relieved that whatever was bugging us has come out. And we feel free. And a bit lighter than when we were taking on all the worries on our own. It's a lovely group."*

Norman, 74, member of Age UK Manchester's Out In The City group for LGBT+ people

Norman, 72, came out as bisexual in 2019, after his wife of 43 years, Marilyn, passed away.

After speaking to his family about his sexuality aged 17, he was referred to a psychiatric unit and 'treated' with electroconvulsive and aversion therapy. *"I realised no one was going to let me be who I am, so I had to get on with it,"* he said. At 22, he met Marilyn and fell in love. *"She was the loveliest of people. I was happy, so I thought I must be straight,"* Norman says.

After 10 years of marriage, Norman suffered a breakdown and admitted to himself that he might be bisexual. It took him another 10 years to tell Marilyn, who already knew and accepted him.

They went on with their happy marriage, but when Marilyn passed away, Norman realised he needed to be open about his identity with other people. Living on his own, and with no children to support him, he felt increasingly isolated. *"There was a mountain inside me, ready to erupt,"* he explains. *"I was actually dying to come out, I just didn't know how."*

A friend steered him to Age UK Manchester's LGBT+ group Out In the City, which meets once a month for chats over coffee, and organises regular trips out.

"Out In The City has been a lifeline. I've made so many new friends. We all get along with each other, we all support each other. And it's wonderful - it gives you something to look forward to. It has helped me relax and be myself. In March, I was in hospital for 12 days. And three separate people from the group came to visit me.

"Slowly but surely, my life seemed to change because the loneliness has passed away. It gives you an aim in life to live for. Because I don't think there's anything worse than being lonely, if there has been a break-up, or maybe they've never have a partner and they're living on their own. And it's like they're hiding your sexuality, and you shouldn't have to. These groups are lifeline."

Norman advises others in his position to follow in his footsteps. *"You will have no difficulty finding help,"* he says. *"Do not bottle it up, like I did. Tell a trusted friend. Once you've spoken to one person, you'll feel the pressure easing.*

"Groups like Out In The City are needed because there are so many older, isolated people about. We make them welcome, we support them and most of all we have a laugh.

"The first time you go, you are apprehensive. But then you realise you're not the only one and you get chatting to people... and you become one of the family. They are your family

*Models have been used to protect identity


*Models have been used to protect identity

3. Support for carers

Caring responsibilities can be isolating and make it hard for some older people to get any time for themselves. This in turn can lead to people experiencing new or deepening feelings of loneliness. This case study from Age UK Berkshire explores how a local programme for people living with mild to moderate dementia offers benefits to both older people living with dementia as well as those caring for them.

Marion and Susan, carers to husbands with dementia and attendees of Age UK Berkshire's Maintenance Cognitive Stimulation Therapy programme

Maintenance Cognitive Stimulation Therapy (MCST) is a weekly one- to two-hour-long programme for people living with mild to moderate dementia. Group members take part in meaningful and stimulating activities, proven to help maintain memory and mental functioning. The groups provide a fun, supportive environment where people can build new friendships. Carers also attend and enjoy refreshments, respite and fellowship together.

Marion says: *"Whatever's going on, I know that on that particular Tuesday, I will be able to get support if I need it, talk to other people and have at least an hour, usually an hour and a half, of letting Alan be elsewhere. And knowing that he's safe, and knowing that he's enjoying himself. That's the main thing.*

Susan adds: *"This is the only place I can go to and talk to people who are in a similar situation so we can compare notes and we can all help and support each other. And it's always quite nice when you're having a problem and two or three other people have got the same problem.*

4. Loneliness and digital inclusion

Though it may not be of interest to all older people, improving digital inclusion may provide one way to support those who are, or may be at risk of being, lonely. Digital inclusion can help people to maintain or build new social connections, which in turn can help someone to maintain their independence and improve their wellbeing as shown in this case study from Age UK Solihull.

Cheryl, 73, a participant in Age UK Solihull's Digital Champions programme.

After her husband died, Cheryl remained isolated for eight years. After coming to Age UK for help with her digital skills, Cheryl has found a new lease on life and has started to socialise and make new friends again.

She attended the Digital Champions programme run by Age UK Solihull. Older people bring tablets, smartphones or laptop computers to drop-in sessions for support with a specific issue.

A Digital Champion volunteer gives older people who can't leave home an hour's tuition every week for three months.

Cheryl says: *"I was very isolated for eight years, I was so sad and upset when Mike passed away, I don't think I realised. We did everything together, so I didn't notice that I wasn't really seeing anyone. I was just so busy sorting everything out with the house. The digital classes are amazing, they were the first step, but the world has opened up for me now. If you don't know what you're doing, if you don't understand the digital stuff, you always feel on the back foot."*

She added: *"Age UK have been absolutely amazing. They've made such a difference. The digital help has been a life-changer. They've honestly changed my life."*

She had never used WhatsApp but now uses it every day to keep in touch with friends and family. Cheryl now says she's comfortable looking up train times and booking tickets, researching holidays, and checking her insurance and tax.

Improving her digital skills has given Cheryl the confidence to get out, socialise, and improve her quality of life. Through Age UK Solihull, she has also joined a Knit & Natter group, which has given her the opportunity to make lots of new friends.

5. Psychological support to combat loneliness

There is a group of people with chronic loneliness who may be best helped using psychological techniques like talking therapies, bereavement counselling and cognitive behavioural therapy (CBT), to help build a way of seeing the world that enables them to cope with setbacks. New research from the BASIL+ study shows how telephone-based psychological care is an effective way to combat loneliness and depression.

BASIL+ study: new research shows psychological care delivered over the phone is an effective way to combat loneliness and depression

"Loneliness sucks the joy out of life for too many old people. One of the reasons this study matters is that it's easy to be fatalistic about loneliness in later life and think that nothing can be done to resolve it, but these findings show this is far from the case. That's cause for optimism and at Age UK we are pleased to support this work." - Caroline Abrahams, Charity Director of Age UK

About

Depression and loneliness can be prevented using structured telephone-based psychological care, delivered over eight weeks, according to new research.

The results of the study, a major clinical trial carried out during the COVID-19 pandemic, showed rapid and enduring improvements in mental health and quality of life when older people received weekly phone calls over eight weeks from a specially trained coach who encouraged them to maintain their social connections and to remain active.

The study, led by a team based at the University of York and Hull York Medical School and at Tees, Esk and Wear Valleys NHS Foundation Trust, found levels of depression reduced significantly and the benefits were greater than those seen for antidepressants.

The Behavioural Activation in Social Isolation trial (BASIL+ - trial) started within months of the 2020 pandemic and was the largest trial ever undertaken to target and measure loneliness in this way. The study, published in the journal The Lancet [Healthy Longevity], represents a rapid advance in evidence to understand what works in preventing loneliness.

The BASIL+ trial was supported by a £2.6M award from the National Institute for Health and Care Research (NIHR) and was the only mental health trial prioritised by the NHS as part of its Urgent Public Health programme - a cornerstone of its fight against COVID-19. Hundreds of older people were recruited to the BASIL+ trial from 26 sites across the UK during the COVID-19 pandemic of 2020-21.

Findings

People invited to take part in the BASIL+ study were aged over 65 with multiple long-term conditions. They had been asked to shield during the pandemic and were at a high risk of loneliness and depression.

Older people received calls from a specially-trained coach who encouraged them to maintain their social connections and to remain active.

Participants in the study reported their levels of emotional loneliness fell by 21% over a three-month period and the benefits remained after the phone calls had ceased, suggesting an enduring impact. .

The esearch was jointly led by Professor Simon Gilbody from the University of York and Hull York Medical School and Professor David Ekers from Tees, Esk and Wear Valleys NHS Foundation Trust. Professor Ekers, Honorary Professor at the Mental Health and Addictions Research Group at the University of York and Professor Dean McMillan, Professor of Clinical Psychology at Hull York Medical School and University of York designed and led the telephone support programme.

Professor McMillan said *"an ounce of prevention is worth a pound of cure, and this trial shows how we can prevent both depression and loneliness".* Professor Ekers said: *""Based on our previous research, we had a good idea what might work", adding; "With the support of the NHS and the NIHR we were able to test this in a large rigorous trial. The results are now available and this is very exciting...in mental health we have advanced the science of 'what works' in the area of loneliness, and we have learned much from the dark days of the pandemic.'*

The BASIL+ partnership included leading researchers from the Universities of Leeds, Keele, and Manchester and also the charity Age UK.

Read more about this work here

6. Practical support for loneliness

There are lots of ways our local area can impact on loneliness, for better or worse. Neighbourhoods that are welcoming, affordable, attractive, feel safe and have amenities for all residents can help prevent people from becoming lonely. In this case study, a walking football programme provides a way for older people to build social connections as well as improve strength and mobility.

Steve, 61, joined Age UK Buckinghamshire's Walking Football programme

Age UK, in partnership with Sport England and The Football Association, kickstarted a walking football programme across England. More than 30 local Age UKs started walking football groups, enabling more than 1,000 older people to take up physical activity and find an environment to socially connect. This has grown to more than 50 groups today.

Steve is Chairman of High Wycome Gateway Club and was introduced to the Age UK Walking Football programme by Simon Wears, who was involved in the Wycombe Wanderers Foundation Community Sports project.

Steve, 61, joined Age UK Buckinghamshire's Walking Football programme.in the summer of 2023. He had been searching for a social group to join after a redundancy in 2017. After 35 years of working alongside 200+ IT staff at British Airways, Steve struggled to connect with people of his age group. *"I left the office environment of banter and fellowship and colleagues and started working on my own, which was fairly isolating,"* he explains.

Post-redundancy, Steve became self-employed working on property renovation projects. *"Crowds started to feel abnormal to me, where the stress of redundancy was a contributing factor. I started to experience social anxiety with my peers, [I was] almost embarrassed to say I 'no longer had a proper job'."* Being in large groups became quite daunting for Steve. *"I struggled to share my fears with those closest to me due to the stigma of losing my job. Social connection was missing in my life."*

Steve feels it is hard for men to admit they feel isolated or lonely. *"It's a bit like you're putting your hand up and saying, 'I've got no friends'. And that's really tough."* Steve credits joining Age UK's Walking Football programme with giving him the confidence to socialise again. *"When I went along, I was relieved that the guys were so friendly and welcoming, and I came away having enjoyed the jokes and banter and felt I was already part of the group.*

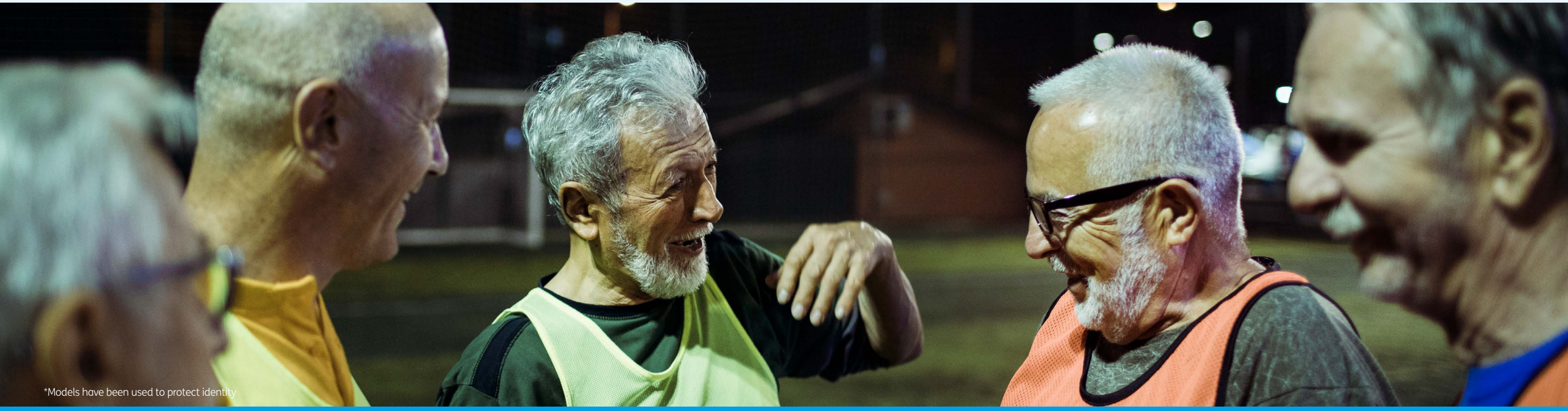
"Once I started playing, it all just flowed and then when I heard 'Well done, Steve!' from the others, I relaxed and became more confident. Now I find when I arrive, I can approach them and go straight into a conversation. There's really good camaraderie. I try to get along to the football sessions whenever I can alongside my work."

Steve was diagnosed with atrial fibrillation and found the pace of walking football perfect for his rehabilitation. *"My mental health suffered when I had my heart diagnosis. The walking football really helped me to overcome the feeling that I was disabled."*

Making connections was a huge bonus for me. "Walking football has brought a new circle of friends and I look forward to the 'man chat' and banter. It makes me feel like I belong and am part of a group again.

"Connecting with other like-minded people in my age group has helped. The exercise releases some happy endorphins for me...especially if I score! It's like being a kid again.

"I know everybody is different, but getting out with other people of the same age group has benefitted me. I want people to know that it needn't be the end of anybody's involvement in sport, just because you have a heart condition."



*Models have been used to protect identity

7. Bereavement support

Older people may need practical, emotional and moral support to cope with loss and bereavement. Through peer support services it can be reassuring to talk to people who have had similar experiences and can empathise. In this case study we see how Age UK Oxfordshire's bereavement support group helps people to connect, share and process their experiences of grief and loss, and make new friends.

Shelagh, 67, joined Age UK Oxfordshire's Bereavement Support Group

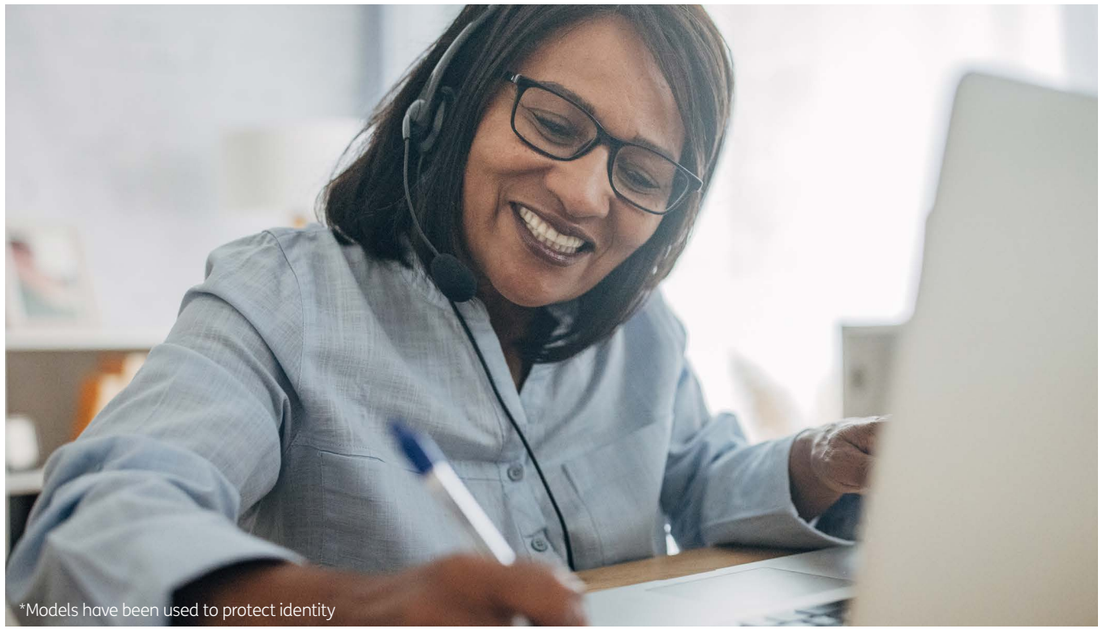
Shelagh, 67, lost her husband in November 2022 after nearly 50 years of marriage. Even though she has regular contact with her children and grandchildren, she struggles significantly with being on her own. After talking to her GP, Shelagh was referred to Age UK Oxfordshire's Bereavement Support Group, where she has been attending the monthly meetings since January 2023. As well as meeting weekly in the local café, the group holds regular walks, pub lunches and other social activities. It provides a space for those experiencing bereavement to be themselves and feel supported as they explore what life without their loved one will mean for them.

Since joining the group, Shelagh has made several new friends and has begun to rebuild her life, but she continues to find each day a challenge. The retired phlebotomist is now joining Age UK Oxfordshire's focused bereavement group which will launch during Dying Matters week, in order to go beyond social connections and work through her grief with the support of those in the same situation.

She says: *"My GP arranged for me to go to the Bereavement Support Group because I wasn't in a good place. Because I'd looked after my husband, I'd lost contact with most people. I'd been in the house for a good two or three months without going out. being left alone suddenly was very traumatic for me, because I used to go everywhere with my husband. He was my support, my rock.*

"I didn't want to go because I was just steeped in this grief. And I felt I couldn't. But I pushed myself. It got me out of the house and then one thing led to another. It brought me back into the social world. I made friends who I see on quite a regular basis for coffee or lunch. I started to do things with my life.

"Without the group, I think I would have still been sat here because I didn't know how to find a way out."



*Models have been used to protect identity

8. The benefits of volunteering

One way to create new, meaningful relationships can be going into your immediate community to volunteer and help others. Befriending services, such as Age UK's Telephone Friendship Service and face-to-face befriending at local Age UKs, offer a place to start. With volunteers at the heart of services, wherever possible Age UK aim to create a 'virtuous circle of volunteering' whereby service users become volunteers.

Helen, 49, Age UK Silver Line Helpline volunteer

Helen, 49, is currently a carer for her brother, Brian, as well as a volunteer on Age UK's Silver Line Helpline. After her father's death 13 years ago, she was also a carer to her mother until she died in 2015. Helen has also lost her brother, Richard. "Despite these losses, I have memories of the lovely times we had as a family and helping on The Silver Line Helpline makes me grateful for the life I have," says Helen.

Describing The Silver Line as her personal 'silver lining', Helen reflects on how the helpline has impacted her own life: "I would say that The Silver Line for me has been my silver lining because it's made me feel more present in the everyday and makes me realize how lucky I am with what I've got now."

"Sometimes it helps me as much as the person calling the Helpline, though I don't let on, but it resonates, a lot of the issues that they discussed with me, because I've gone through it or I'm going through it right now, or I may go through it in the future."

Summary and recommendations

Age UK calls for joined-up action across health, social care, public health, local government and business to better grip the loneliness challenge.

As the examples in the report show, while loneliness is not a simple challenge to solve, it's also not impossible.

We have good evidence of what works to tackle loneliness and know that, with the right support, it is possible to vastly reduce the frequency and intensity of loneliness older people experience.

As well as supporting people who are already lonely to cope with or overcome their feelings, it is important to help prevent people from becoming persistently lonely in the first place by making sure that community infrastructure provides a complementary approach. This includes thoughtful rural and urban design to help foster communal connection, equitable planning of public amenities like transportation and access to green space, thriving community hubs, investment in safe and secure housing and much more.

If we don't tackle loneliness, by 2034 there will be 1.2 million people over 65 in England who will often feel lonely,[33][1] with far reaching consequences.

We know what works to tackle loneliness, and the examples in this report are a real cause for optimism – showing that, with sustained investment in the right approaches, we can make a positive difference to older people's lives.

We now need to reinvigorate our efforts to tackle loneliness or see the successes over recent years reversed.

It is possible to take effective action on loneliness in later life.

RECOMMENDATIONS

A 'whole system' response to loneliness is required.

Age UK recommends cross-government, cross-societal efforts involving local, regional and national government, funders, charities and communities working together to target loneliness:

1. **Approaches that seek out and learn from older people's personal experiences.** This means incorporating the voices of those in the communities who will be affected by any policies enacted and partnering with communities to assess and develop policies ("do nothing about us without us").

2. **Approaches that invest in foundational services that provide a social safety net to older people.** This includes investment in a range of public services including safe and affordable housing, public transportation, welcoming public spaces, secure pensions, access to high quality health and social care and opportunities for life-long learning, all of which strengthen community health and prosperity.

3. **Approaches that bolster the social infrastructure and rebuild community resilience**. This includes resourcing the voluntary, community and social enterprise (VCSE) sector which provides many of the community assets upon which community responses to loneliness depend. Social prescribing can very often be a great solution to help manage or lessen feelings of loneliness but will only work when there are sufficient and appropriate services for people to be referred into.

4. **Approaches that prioritise digital inclusion**. There is a need for far greater resources to be available so that Age UK and other organisations can reach and engage with many more people, and provide the ongoing and in-depth support they need to get online and improve their digital skills. That means both affordable access to hardware, devices, broadband access and infrastructure, as well as training and support to get online. It is also vital to ensure better non-digital access to essential goods and services because there will always be some people who are not able or do not want to go online.

5. **Approaches that grow and nurture volunteer capacity and peer support**. When people need support and encouragement to act on the advice they have been given, or to make local connections that can reduce loneliness and isolation, volunteers can bridge this gap. National and local government should continue to support VCSE organisations to help them grow and develop their volunteer management capacity.

6. **Approaches that mobilise health and care systems, including public health and the VCSE sector, to address loneliness as core business.** This includes investment in health and care workforce professional education and training on the physical and mental health benefits of meaningful social connection, as well as the risks associated with social disconnection and loneliness.

7. **Approaches that champion equitable access to mental health services and tackle age discrimination in mental health services.** This includes establishing systems and strategies to ensure that members of staff have the appropriate skills and resources to recognise, monitor and respond to mental health challenges in older people, as well as better support for older people, their families and friends to recognise mental health need and seek help.

8. **Approaches that are inclusive and representative of all older people.** There are groups of older people who don't tend to see themselves reflected in mainstream service offers and may be marginalised or excluded based on their identity. A focus on representation and inclusivity should drive diversity of services better attuned to religious, cultural and sexual identity and other personal and demographic needs.

9. **Approaches that aim to reduce loneliness stigma and challenge fatalistic attitudes.** This includes promoting positive ageing and creating environments where older adults can thrive and enjoy a fulfilling and meaningful later life.

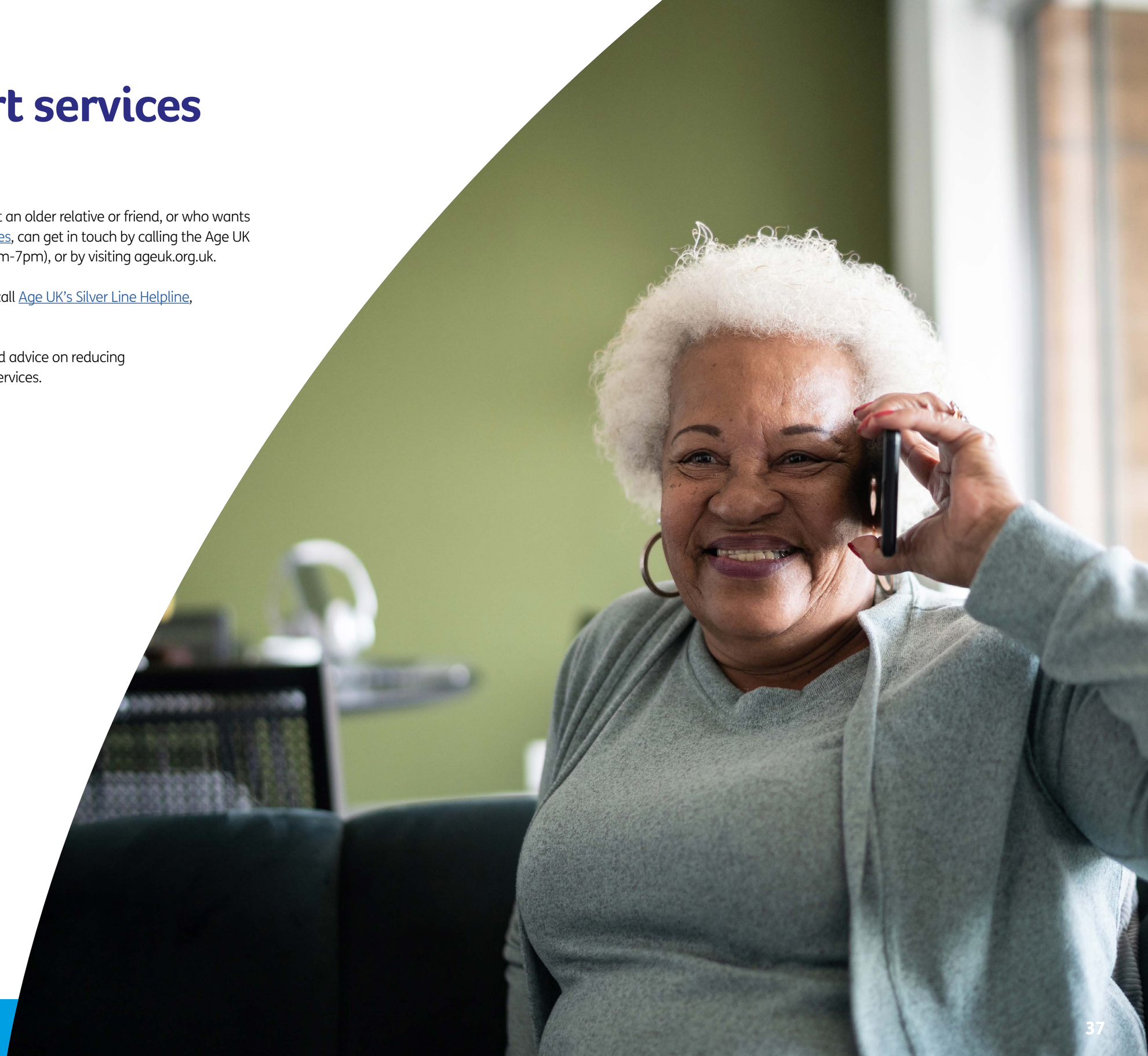
10. **Approaches that can be built on and developed.** This includes continuing to evaluate what works and build the evidence base of promising strategies, services and wider interventions to tackle loneliness.

Age UK support services

Anyone who needs support, who is worried about an older relative or friend, or who wants to find out more about Age UK's friendship services, can get in touch by calling the Age UK Advice Line free of charge on 0800 169 6565 (8am-7pm), or by visiting ageuk.org.uk.

Any older person looking for a cheerful chat can call Age UK's Silver Line Helpline, day or night, on 0800 4 70 80 90.

Visit the Age UK website for more information and advice on reducing loneliness, volunteering opportunities and local services.



Endnotes

1 Age UK analysis of data drawn from wave 14 of the UK Household Longitudinal Study (Understanding Society), collected in 2022-24. Estimates for the age 65+ population of the UK who are often lonely are scaled up using Office for National Statistics mid-year population estimates for 2023 to give an estimate of the number of older people who are often lonely.

2 Age UK analysis of wave 10 of the English Longitudinal Study of Ageing, scaled up to the England age 65+ population using ONS mid-year population estimates for 2022

3 Age UK analysis of wave 10 of the English Longitudinal Study of Ageing, scaled up to the England age 65+ population using ONS mid-year population estimates for 2022

4 All the lonely people, 2018, Age UK

5 Does loneliness contribute to mild cognitive impairment and dementia? A systematic review and meta-analysis of longitudinal studies - ScienceDirect)

6 Age UK, All the Lonely People: Loneliness in later Life (2018)

7 Campaign to End Loneliness (2020) The psychology of loneliness https://www.campaigntoendloneliness.org/wpcontent/uploads/Psychology_of_Loneliness_FINAL_REPORT.pdf

8 https://www.gov.uk/government/publications/factors-associated-with-loneliness-in-adults-in-england/investigating-factors-d-with-loneliness-in-adults-in-england#what-types-of-people-are-particularly-vulnerable-to-experiencing-loneliness

9 Age UK analysis of data drawn from wave 13 of the UK Household Longitudinal Study (Understanding Society)

10 BJMP 2017; 10(1):a1007 Depression in older adults, Claire Pocklington Depression in older adults | British Journal of Medical Practitioners (bjmp.org)

11 PS02_2009x.pdf (rcpsych.ac.uk)

12 BJMP 2017; 10(1):a1007 Depression in older adults, Claire Pocklington Depression in older adults | British Journal of Medical Practitioners (bjmp.org)

13 Hidden in plain sight: the unmet mental health needs of older people, Age UK, 2016

14 Improving Access to Psychological Therapy (IAPT) Positive Practice Guide Older People (2021)

15 Improving Access to Psychological Therapy (IAPT) Positive Practice Guide Older People (2021)

16 https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(20)30383-7.pdf

17 Valtorta et al., 'Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies', Heart 102 (2016) (pp. 1009-1016)

18 Bolton, M. (2012) Loneliness: the state we're in: a report of evidence compiled for the Campaign to End Loneliness. Abingdon: Age UK Oxfordshire.

19 https://www.campaigntoendloneliness.org/risk-factors-for-loneliness/

20 Victor, C., Burholt, V., and Martin, W. (2012) 'Loneliness and Ethnic Minority Elders in Great Britain: An exploratory study', J Cross Cult Gerontol, 27, pp. 65–78

21 https://www.campaigntoendloneliness.org/risk-factors-for-loneliness/

22 Bolton, M. (2012) Loneliness: the state we're in: a report of evidence compiled for the Campaign to End Loneliness. Abingdon: Age UK Oxfordshire

23 Bolton, M. (2012) Loneliness: the state we're in: a report of evidence compiled for the Campaign to End Loneliness. Abingdon: Age UK Oxfordshire.

24 Bolton, M. (2012) Loneliness: the state we're in: a report of evidence compiled for the Campaign to End Loneliness. Abingdon: Age UK Oxfordshire.

25 Sense, 'Fear of mental health crisis as loneliness rises dramatically amongst disabled people'.

26 https://www.gov.uk/government/publications/factors-associated-with-loneliness-in-adults-in-england/investigating-factors-associated-with-loneliness-in-adults-in-england

27 Hsieh and Liu, 'Social Relationships and Loneliness in Late Adulthood: Disparities by Sexual Orientation', Journal of Marriage and Family 83.1 (2020) (pp.57-74).

28 Robin Hewings, Programme Director for the Campaign to End Loneliness

29 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6183436/

30 This framework was refreshed in Promising Approaches Revisited, describing these as 'connector services' 'https://www.campaigntoendloneliness.org/wp-content/uploads/Promising_Approaches_Revisited_FULL_REPORT.pdf

31 Evaluating promising approaches (first report)

32 Our Epidemic of Loneliness and Isolation The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community, 2023

33 [1 UK analysis of data drawn from wave 13 of the UK Household Longitudinal Study (Understanding Society) scaled up to the ONS projected age 65+ UK population for 2034

34 Age UK Representative Polling: Kantar Research Express conducted an online self-completion survey between 7th and 21st September, 2023 among 2,621 adults in the UK aged 50+