Loneliness is not, and should not be, an inevitable part of getting older. However, many older people do experience loneliness and social isolation, which are linked to a range of health problems.

**Definitions**
- Loneliness and social isolation are linked but distinct concepts.
- Loneliness is a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.¹
- Social isolation is a more objective measure of the number of contacts and social interactions a person has.

**Loneliness and Social Isolation now and in the future**
- In 2018, 3.9 million people aged 65+ were living alone in the UK, an increase of half a million people since 2008.⁵
- As our population ages, the absolute number of lonely older people is likely to increase!

**Life Circumstances**
- A fairly constant proportion (6–13%) of people aged 65+ report feeling lonely often or always.²
- Nearly one in three who have experienced partner bereavement report being very lonely.³
- In later life, loneliness is most common amongst the oldest in our society.⁴

**Impacts**
- Loneliness: key risk factor for depression in older age.⁶
- Social isolation: strongly linked to cardiovascular disease.⁸
- Loneliness, social isolation, and living alone are all associated with an increased risk of early death.⁹

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¹: Loneliness is not driven by age, but by people’s circumstances.

²: Old people might experience a number of circumstances that can increase the risk of loneliness and social isolation.

³: Loneliness can occur at any point in life, and its intensity can vary across the life course.

⁴: Risk of loneliness is not driven by age, but by people’s circumstances.

⁵: Social isolation is a more objective measure of the number of contacts and social interactions a person has.
Some older people are reluctant to join groups explicitly targeting loneliness, groups that are dominated by one gender and groups that target older people only. Older LGBT people may be at risk of loneliness as they are more likely to be single, live alone and have lower levels of contact with relatives. Older people from ethnic minority groups may experience ‘overlooked’ loneliness due to language barriers, poverty, and assumptions that they live in ‘traditional’ family structures that prevent loneliness.

Some promising approaches to reducing loneliness and social isolation include:

- Supporting people to remain engaged with activities and interests they enjoy, and that are meaningful to them.
- Designing mixed-generational groups that mirror social interactions in everyday life.
- Offering befriending services for those who would prefer them to group activities.
- Promoting an active role for older people in the development and running of activities, and opportunities to volunteer.
- Addressing underlying psychological factors related to socialising such as expectations around social contact, social confidence and resilience.

The Government must fully resource NHS England to support the commitments to social prescribing outlined in the NHS long term plan.

The Government should take a whole-system approach to promote ways for people to maintain social connections and relationships across the life course, e.g. ensuring older people can access public transport, ensuring town centres are age-friendly.

The Government should work with the Office for National Statistics to develop an appropriate tool to measure social isolation at different stages across the life course, similar to the work on a loneliness measure.

The Government and employers should pilot interventions to support people at risk of becoming lonely in older age.

For more information please contact Meg Stapleton: meg.stapleton@independentage.org 020 7605 4262

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1 Peplau & Perlman, 1982.
2 Victor, 2011. Loneliness in old age: the UK Perspective
3 Independent Age, 2018. Good grief: older people’s experience of partner bereavement
4 Demos, 2016. Building companionship
5 ONS, 2019. Families and households: 2018
7 Sutin et al, 2018. Loneliness and Risk of Dementia
12 Runnymede Trust, 2017. Loneliness and older people from BME groups