



Spotlight report: loneliness and social isolation



There is an extensive evidence base about the impact of loneliness and social isolation on people's [lives](#) and their [wellbeing](#). Loneliness is seen by many health professionals and policy makers as one of the largest health concerns we face. Research presented via the [Campaign to End Loneliness](#) suggests that:

- Loneliness, living alone and poor social connections are as bad for your health as smoking 15 cigarettes a day.
- Loneliness is worse for you than obesity.
- Loneliness increases the risk of high blood pressure.
- Loneliness and social isolation are associated with an increased risk of developing coronary heart disease and stroke.
- Loneliness with severe depression is associated with early mortality and loneliness is a risk factor for depression in later life.
- Loneliness and social isolation put individuals at greater risk of cognitive decline and dementia.

Loneliness and social isolation are not restricted to any one group. Feelings and the impacts of loneliness and social isolation are seen across the life course from children to young people to adults to older people. Based on the latest adults [Active Lives Survey](#) (2019/20) 22.3% of people across England feel lonely often/always or some of the time. This percentage increases in North Somerset to 26.7%. More recent data from the national [Community Life Survey 2020/21](#) showed that nationally young people aged 16-24 more likely to say they feel lonely often/always (11%) than every other age group (3-7%). People with a limiting long-term illness or disability were more likely to say they felt lonely often/always than those without (15% compared with 4%) and people living in the most deprived areas were more likely to feel lonely often/always than those living in the least deprived areas (10% compared with 4%).

Covid-19

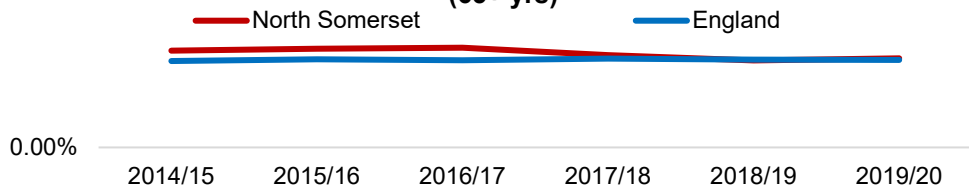
[Recent research](#) during the pandemic from What Works Wellbeing and UCL had three main findings:

- People who felt most lonely prior to Covid in the UK now have even higher levels of loneliness. This increase began as physical distancing, shielding and lockdown measures were introduced.
- Adults most at risk of being lonely, and increasingly so over this period, have one or more of the following characteristics: they are young, living alone, on low incomes, out of work and, or with a mental health condition.
- The impact on wellbeing from people at risk of loneliness is likely to be compounded by other economic and social impacts experienced by the same people, such as those experiencing job losses and health anxieties.

Social contact – older people and carers

Measures from the [Adult Social Care Outcomes Framework](#) (ASCOF) show that more than 50% of adult social care users in North Somerset do not have as much social contact as they would like and over 60% of carers do not have as much social contact as they would like. Furthermore, Census 2011 data suggests that almost 30% of people aged over 65 live alone in North Somerset and this, combined with [research from Age UK](#) suggests that a significant proportion of older people in the area may go for long periods of time without seeing or speaking to anyone.

Social Isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs)



Social Isolation: percentage of adult carers who have as much social contact as they would like (65+ yrs)

