

London Borough of Enfield

Report of the Loneliness and Social Isolation Scrutiny Workstream Review



Edward Hopper

“All the lonely people, where do they all come from?”

(Eleanor Rigby – The Beatles)

Chair's Foreword

When the notion of this workstream was very first conceived, there was no public knowledge of the Jo Cox Commission on Loneliness. Still further, Jo Cox herself was not even a major newspaper headline figure, although she was very well known in her local constituency area in West Yorkshire, was not always quietly but always diligently making her way in Westminster circles, and cut a striking family figure in and around the streets and riverbanks of north-east London. There certainly wasn't a role in national government Minister for Loneliness, and the wide-ranging issues of loneliness and social isolation – though deeply and variously embedded in the modern world – were rarely if ever to be found in the press, featured on TV news and magazine shows, or filling a six-minute slot on the hundreds of radio stations cluttering the UK airwaves.

How things have changed, in so many significant ways. Now, it is barely possible to read, watch or listen anywhere on most days of a week without some element of what has become known as the silent epidemic of our time; bringing to the fore fascinating new areas of research, the social, physical, and emotional impacts of social isolation expressed so in the most moving and graphic ways. And this made the work of the study group both challenging and stimulating in equal measure. It was almost impossible to keep up with all the material that came before us, and coordinating that with the more local evidence collected through in depth interviews with Officers from right across the Council, and other volunteers and organisations working in our area. The bibliography at the end of this report is extensive, but is far from comprehensive of the extent of articles, reports, seminar presentations, clinical and other research which has informed the sequential analysis and thought processes and led to an unusually long set of recommendations contained within it.

Such is the complexity of Loneliness and Social Isolation (LSI) which has become known and is being all too slowly accepted as the silent epidemic of our time affecting, at a modest estimate, at least nine million people – and one which, without better understanding, institutional acknowledgement, lateral thinking, and appropriate intervention sadly has the potential to get even more expansive than it now already is. There are natural demographic changes, chiefly associated with an ageing population, but no less importantly the rising and fastest growing wave of loneliness amongst young people – experienced by some as early as six years old; the diversity of communities and issues of acceptance and integration which are being encountered, linked to the binary take of modern day national and international political and social issues which has become the new orthodoxy. Likewise, for some, there are issues of gender identity that are presenting themselves in new and different ways.

Loneliness and Social isolation is no respecter of statistical category. It does not discriminate or manifest itself in any one group of people. It transcends, age, class, gender, race, health, wealth. It comes at huge personal cost to those impacted by it. It also comes at huge societal cost, threatening community cohesion. And there are huge economic costs associated with it. The stakes are high. The risks are high. The barriers are great.

But while the diagnosis is seemingly fraught with pessimism, the prognosis is not.

Loneliness and Social Isolation is something of an inconvenient truth, easier to ignore, or deflect, rather than to confront and address. It also turns out, rather unexpectedly, be a largely British phenomenon – even more so a city phenomenon, and more intensively in capital city the size of London, where it can get so lost in the hubbub as well as the main political priorities of housing, employment, education, crime and transport. Which is perhaps the reason why the silent epidemic has taken quite so long to “come out”, and which is why the impact upon the national consciousness has been quite so hard hitting and so profound in only the most recent of years.

It is why the media has taken it so much to its heart. And it is why now, and when the wider political, Academic, and journalistic worlds are beginning to take note, we in Enfield have a once in a lifetime opportunity to do something about it.

The genesis of this workstream is intensely personal. I was able to identify with so much of what I have read and heard, and it has generated a strong resonance within me. The journey has not been easy. I knew - I REALLY knew - when divining then devising the scope for this study that the traditional images of social isolation, the pervasive feelings of discomfort, and the often-paralysing effects on normal daily functions and the most basic of social existence this can have are expressed through deep feelings of loneliness, are not readily understood. Or they are presented in cliché form, articulated too simplistically, and framed by one-dimensional thinking. It is much easier that way. That is not much better than ignoring the situation altogether.

I also knew, rather I thought I knew, that there was a significant role for this Council to seize the initiative and go back to first principles in terms of the role of Councillors, Officers, and their relationship with individuals in the communities which together we are here to serve. I REALLY knew this. But I also knew that my colleagues and I had to unearth the evidence to justify this instinctive but deep-rooted knowledge borne of personal experience.

So, reverting to the myths and perceptions that frames people's thinking. Loneliness only happens after a bereavement. Loneliness is only about old people, isn't it? Picture it now – a shrinking, hunched little old lady sitting in an armchair in front of a two bar electric fire sitting below a mantelpiece housing a once roaring open fireplace.

Of course, things even now, for older people, are far more sophisticated than that. And the role of the Over 50's Forum here in Enfield pays testimony to that. But nevertheless, that image is still how we have come to imagine the notion; hence the umbrella promotional initiative known as "No More Wrinkly Hands".

That, as with the Jo Cox Commission, and indeed the thrust of this report, is intended fully and unapologetically to expand the mind and open the world up to the reality that one can both feel and be isolated, and experience genuine feelings of loneliness at ANY point of the life cycle – usually as a response to a major change of circumstances, and yet it can happen when you least expect it; taking people outside of their comfort zones and the rhythms and patterns of their lives; rendering them helpless to function or respond even when they have the intellectual capacity to do so. Normality goes out of the window.

Some describe it like flicking off a light switch – then being incapable of flicking it back on again even though they know how and it is effortless – except that it takes much effort and drains energy in so doing. Others more liken it to the pause button of life being pressed, but not quite knowing when or even if they can press play. And fast forward does not ever get factored into the equation. There are also many people, as several PhD papers have recorded, who have a lifelong predisposition to isolation, expressed episodically rather than dramatically like a bolt from the blue. This too is something that local authorities need to account for in responding to the cyclical changes in cause of and effect – the relationship, for example, between or education or social validation and crime. Or the unintended consequences of the digital revolution.

Losing a job after twenty years; divorce; becoming homeless; transferring from primary to secondary school; victim of a road traffic accident; becoming a stay at home parent; husband (or wife) working away from home at regular intervals; coming into a new community, and not being accepted; financial pressures; the ending of a close relationship. Any of these can engender feelings no different from or no less intense than a conventional bereavement. And yet, all too often, at the very point when one would wish for people to rally round, or simply know there is a voice to be heard, the effect is compounded because other family and friends withdraw into their own normality, closing their eyes and their ears, turning their backs, believing that to be up front and out there would be intrusive. Or, in a perverse way, they themselves cannot cope or don't know how to cope with the dysfunction visited upon others, thereby exacerbating those very feelings of isolation.

How very British! How unthinkingly thoughtless! And how naïve!

"Pull yourself together ... get out there and do something about it ask me over; cook me a meal there's so many things out there you can do ... we must arrange to meet some time". So easy for others to say, but when internalised, a vicious circle which is so hard to break. Most people who find themselves in this situation for whatever reason do actually know all this, and what they have to do to resolve the social conundrum. But it also and often requires the simplest of interventions from others: a phone call – not a text. A knock on the door – not an email. Real voices, not a thumb swipe of a smartphone keyboard. Just a quick cup of teas, or talking to someone beside you on the bus. These things matter.

Some initiative, some awareness, some rebalancing of how social interaction plays out. Removing the burden of making contact only coming from the isolated. Lending a helping hand. Pro-action; NOT reaction. That is the message. Prevention is always better than cure.

And this is precisely where the role of local Councils, partner authorities, and associated community and voluntary organisations comes into the equation. Just like when undertaking their responsibilities where Councillors are all corporate parents, so the local authority has the capacity, despite all the known constraints of funding pressures in straitened times, to recognise that it can still play a part in

making a difference. As I've had cause to champion on a previous occasion – "It ain't what you do, it's the way that you do it THAT'S what gets results.

By getting to grips with the subject now, there are genuine opportunities out there to do something about it – for us in Enfield – and mitigate these risks, by embarking upon a series of actions to address the present scenario, and recognise that by applying strategic thinking to fully acknowledge those the causes of isolation over which the Council has a degree of control, influence and associated involvement, it can demonstrate the foresight to design out problems for the future and dilute the financial costs several years down the line of managing some of the effects of isolation, and in terms of the physical and mental health of our communities, and reduce the burden of costs also being borne by our various partner organisations.

It requires a new approach; it requires a different approach; it requires boldness; and perhaps most important of all, it requires a change in mindset away from that which has been characteristic of local authorities and the public sector as a whole.

Our work programme began by looking at LSI from the perspective of being one of the major public health issues of our time. And we wondered whether or not it should be led departmentally from there. That bore the inference of a top down, impositional, interventionist approach. It didn't seem right. It didn't feel right. Make no mistake, it is a public health issue, and one of great proportion. But this approach seemed too narrow a route map for transformational change yielding positive outcomes on the scale we believe needs to happen. It is only part of the solution.

However, as the evidence mounted, and as our understanding became more fully informed, it became increasingly clear that there needed to be recognition by and involvement from all of the education service as a whole, community safety, customer service, housing, social care, and more besides service areas within the Council. Just as LSI is indiscriminate and transcends all demographic categories, so it stands out as perfect exemplar of a cross-cutting theme where there is a role for all operational staff in the Council; and that appropriate actions – sometime pastoral and peripatetic; maybe more as facilitators – can be implemented by them all, and a culture of understanding embedded within the way in which they – for which read we – work as well as how they deliver their services.

So it was appropriate that our study ended with a presentation from the Community and Resident Engagement, presaged and significantly informed by contributions by the Customer Experience, because the very notion of isolation is a personal to the individual, and speaks to the need to build and rebuild, confidence, self-esteem, and indeed the lives of those individuals in their own right but mainly as part of their community, however that may be defined. But it means not being alone; and it means not feeling permanently wretched. It is incremental; it is one step at a time, and has a kind of reverse domino effect. It is about inclusion and about cohesion, taking a bottom-up but inclusive strategic approach, where Community Engagement and Community Facilitation of activities and services catering for all ages is the glue that binds the rest of the Council's service areas together.

This report takes you through that journey in which we alternately laughed, cried, raised eyebrows, gasped sometimes in amazement, but always knew – we ALL knew – that this work could be the catalyst for major changes in the way the Council delivers some of its services to arrest the growth in isolation from all its causes, turn the corner, and future proof some of our services in order to dilute and reduce the costs that will inevitably accrue in the future if nothing is done.

In other words, dealing with social isolation cannot be managed by any single department in isolation. To coin a phrase, we are all in this together; and working together, we – probably far more effectively on the ground than any Government Minister for Loneliness can do beyond flag-flying and promoting the awareness agenda - can really make a difference to so many lives. Which is after all, when stripped bare, what local representatives and local Councils are put on this earth to do.

Our work will have been in vain if it goes no further than receiving dutiful acknowledgment, ticking a few boxes to satisfy process requirements, before a new task and finish group is scoped and begun. These have been my words. What follows are our words. But as we all know, actions speak far louder than any words. This report is produced and looked upon by its contributors as a new beginning and as a milestone for changes in organisational culture, written entirely for the benefit of those whose lives will be changed by the actions it has set out to stimulate.

Councillor Derek Levy
Chair: Overview & Scrutiny Committee – July 2018

Loneliness and Social Isolation Scrutiny Workstream Report

Workstream Members: Councillor Derek Levy (Chair), Councillor Dinah Barry, Councillor Alessandro Georgiou, Councillor Terry Neville and Councillor Claire Stewart

Supported by Penelope Williams (Governance and Scrutiny Officer)

The following Council officers presented information to the workstream:

Nancie Alleyne (Service Development Officer - Adult Social Care), Catherine Charlton (Head of Housing Operations), Paul Everitt (Head of Arts and Culture), Michael Lerpiniere (Neighbourhood Housing Team Manager), (Interim Director of Public Health), Niki Nicolaou (Voluntary Sector Manager), Shaun Rogan (Head of Strategy, Partnerships, Engagement and Consultation) Lee Shelsher (Head of Customer Experience and Libraries) and Mark Tickner (Senior Public Health Strategist)

Evidence was also gathered from Camilla Waldberg (Senior Systemic Family Psychotherapist) and Tim Harrison (Facilities Development Manager), Vince McCabe (Enfield Clinical Commissioning Group) and from the articles listed in the bibliography.

Tony Watts from the Over 50's Forum also attended a workstream meeting.

With thanks to Rohini Simbodyal who helped us set up the working group using knowledge and information gathered during her work with the Campaign to End Loneliness.

1. Recommendations

Members of the workstream recommend that the Council:

- 1.1 Assesses the impact that all Council policies can have in increasing or alleviating loneliness and social isolation. All Council reports should include a paragraph assessing the social impact of decisions. This could be included in the section for public health implications in the Council's report template. (Jeremy Chambers, Director of Law and Governance)
- 1.2 Works with schools to provide more relationship education (educating young people about the dangers of social media) within the PSHE (Personal, Social and Health Education) curriculum and to encourage young people in secondary schools to take part in activities outside of school including volunteering. (Tony Theodoulou, Interim Executive Director of People)
- 1.3 Develops a focus for activities in each ward equivalent to a village hall or an "indoor town square". This could be by encouraging the development of libraries, arts centres, heritage assets and other council buildings as community hubs across the borough with community notice boards to make full use of their community rooms and public spaces as a facility for encouraging community engagement. This could be started by setting up a pilot project in one ward to build a centre of community focus, possibly in a library, organising activities and providing information about all the activities taking place within the ward. (Shaun Rogan, Head of Strategy, Partnerships, Engagement and Consultation and Lee Shelsher, Head of Libraries and Customer Experience)

- 1.4 Creates an environment that encourages more local people come out in the evening to sit in cafes, have a drink and meet friends and family in the borough's town centres. This could be done by encouraging alternative, community based, uses for the empty town centre shops, making better use of the market square and allowing restaurants to have more tables out on the pavements as in Central London and other European cities. (Sarah Cary, Executive Director Place)
- 1.5a Continues to ensure that all Council buildings are people friendly, open, accessible, and welcoming. (Lee Shelsher, Head of Customer Experience and Libraries)
- 1.5b Ensures that staff are trained to be active listeners and responders; as well as finding solutions that encourage the widest community participation. (Lee Shelsher, Head of Customer Experience and Libraries)
- 1.6 Creates a Council database of all clubs and activities taking place in Enfield and to make this readily available in all council buildings, libraries and on the Council website, to all staff who have contact with the public and including partners such as the health authorities, the police and the voluntary sector so that they can use it as a tool to encourage people to take part in activities that they could be interested in and which would encourage social interaction. (Lee Shelsher, Head of Customer Experience and Libraries)
- 1.7 Runs a publicity campaign to encourage people to make Enfield a friendlier place to make people aware of the importance of being more open, friendly and of looking out for their neighbours and the people they meet day to day in the neighbourhood. Even the smallest amount of human interaction – saying hello to someone in the street - has been proven to prevent people suffering from loneliness. (Stuart Lines, Director of Public Health and David Greely, Head of Communications)
- 1.8 Runs an online publicity campaign advertising the many clubs and activities taking place in the borough including organising an open day for local clubs. (Shaun Rogan, Head of Strategy, Partnerships, Engagement and Consultation and David Greely, Head of Communications)
- 1.9 Develops a volunteering scheme allowing all council staff to spend two days a year volunteering in the community. The London boroughs of Lambeth, Brent, Barking and Dagenham offer their staff three days and Barnet 2 days. Private sector organisations such as John Lewis and NatWest also run schemes. (Shaun Rogan, Head of Strategy, Partnerships, Engagement and Consultation and Julie Mimmagh Head of Human Resources Operations)
- 1.10 Works to find sources of seed funding for initiatives such as men's sheds, makerspaces and other projects to promote social interaction and improve community cohesion: investing start-up funds in projects with community health benefits such as Good Gym, Big Lunch, community litter clearances, and Soup. (Lee Shelsher (Head of Customer Experience and Libraries and Stuart Lines, Director of Public Health)
- 1.11 To monitor the implementation of these recommendations through regular feedback to the Overview and Scrutiny Committee.

2. Background

2.1 What does loneliness feel like?

“Loneliness is worthlessness. You feel like you don’t fit in, that people don’t understand you. You feel terrible about yourself, you feel rejected.”

“Loneliness does not discriminate.”

“It was loneliness in the sense of real deprivation, complete lack of human contact.”

“Loneliness is like being at a silent disco.” Kate Leaver “The Friendship Cure”

“It feels like a bereavement – like an enormous loss of something. And it also feels suffocating – tight and strangling and suffocating, even though it’s an absence.”

“Loneliness is often connected with poor parenting and dysfunctional early relationships”. “People who are lonely as adults were lonely as children.”

“Our lives are now so busy. We’re constantly dashing around, we spend the vast majority of our time on our phones on our laptops. We need to press pause on that and actually sit down and speak to human beings.” Kim Leadbetter (Jo Cox’s sister)

“The country should be investing in local community resources to support sustainable long- term action to help lonely older people; councillors should work to build awareness of loneliness and potential solutions into council’s strategic functions, especially public health, housing and community development.” Caroline Abrahams, Charity Director Age UK

2.2 Following the high profile work of the Jo Cox Commission on Loneliness, the growing awareness of the damage loneliness can cause, together with the personal experience of councillors, the Overview and Scrutiny Committee agreed to set up a workstream looking at how the Council addresses the issue on loneliness and social isolation and finding out what more the Council could do to alleviate its impact.

2.3 Social loneliness can be defined as an absence of an acceptable social network, absence of a wide circle of friends that can provide a sense of belonging, of companionship and being a member of a community; the state of being deprived of social relationships that provide positive feedback. Loneliness is an emotional perception, a feeling that can be experienced by individuals regardless of the breadth of their social networks. It is not necessarily so that people who are alone are lonely. It is only if they feel so.

2.4 There is a large body of evidence that indicates that loneliness has a huge impact on health, physical as well as mental. It is now a risk factor for early death equivalent to smoking 15 cigarettes a day and worse for us than obesity and lack of physical activity.

2.5 As such loneliness increases the pressure on a wide range of local authority and health services. A recent Social Finance study assessed the average cost of being chronically lonely to the public sector of £12,000 per person over 15

years. In a poll commissioned by the Campaign to End Loneliness of over 1000 GP's, between one or up to five visits to a GP per day was due to loneliness.

- 2.6 More and more research has revealed that loneliness is something that can affect anyone at any time, not only young and old, but also rich and poor. There are specific times in a person's life when they can be more vulnerable including: child birth, moving home, relationship breakdown, unemployment, retirement, illness and bereavement.
- 2.7 The Jo Cox Commission on Loneliness has assembled survey evidence suggesting that 200,000 older people had not had a conversation with a friend or relative in more than a month and up to 85% of young adults with disabilities say that they feel lonely most days.
- 2.8 Professor Paul Burstow, Chair of the Social Care Institute for Excellence, sited some alarming statistics highlighting the growing challenge of increasing social isolation and loneliness, at a recent mini conference organised by Age UK "Tackling Loneliness – Older Londoners".
- In future 10m people will live to be over 100.
 - 1 in 5 people over 65 don't have children
 - 90,000 over 65s have no immediate family network
 - 2.3m Londoners over 50 have no children.
- 2.9 A meta-analysis of 148 studies into the effects of social isolation on mortality conducted by academics at Brigham Young University and the University of California looking at the lives of 309,000 people for an average of seven and a half years showed that those with stronger social relationships had a 50% increased likelihood of survival than those who lived more solitary lives.
- 2.10 Loneliness is expensive. Researchers have put a financial price on an "epidemic of loneliness" estimating that it costs £6,000 per person in health costs and pressure on local services for each decade of an older person's life. A London School of Economics Study of older people, published alongside the Campaign to End Loneliness, says that for every £1 spent in preventing loneliness there are £3 of savings. A recent Co-op report revealed that "Loneliness at work costs employers £2.5bn a year.

3. Main Findings

Loneliness and social isolation is a theme that cuts across the whole Council and it is felt that an awareness of it should be embedded horizontally across all Council departments. The workstream members felt that the Council should try and make sure loneliness and social isolation were captured within work that was already being done.

Discussions during the meetings with officers from public health, housing, adult social care, children's services, arts and culture revealed that up until now loneliness has not been a major consideration in designing council policies.

3.1 Public Health

“Loneliness ravages our immune system, leaves us more vulnerable to cancer, affects our heart health, lowers our pain threshold, raises our blood pressure, tightens our arteries and puts us at greater risk of dementia.” Kate Leaver - Journalist

Loneliness can increase the risk of death by at least 30%. It is as dangerous as smoking 15 cigarettes a day and more tightly linked to our mortality than better known lifestyle risks like obesity and lack of exercise.” Brigham Young University Utah

“Loneliness is a deeply private affliction, you see, but it’s also a public health crisis. To eradicate loneliness altogether we must launch an aggressive campaign of kindness towards other people.” Kate Leaver

At the first meeting the Interim Director of Public Health, gave the group a brief overview of loneliness issues from a public health perspective.

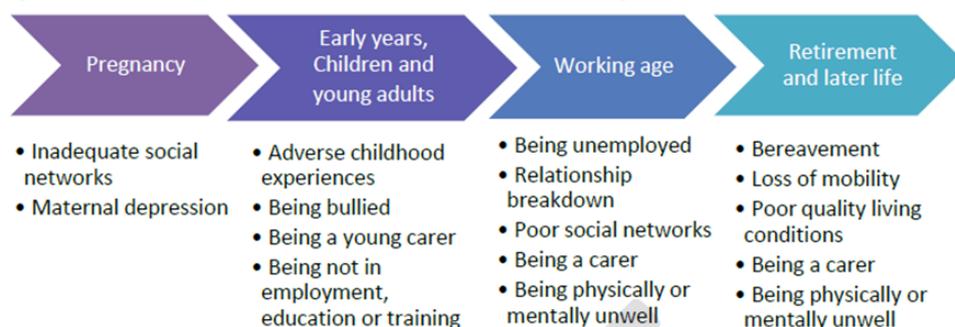
She highlighted some information from the report: Local action on health inequalities: Reducing social isolation across the lifecourse, PHE and UCL 2015.

3.1.1 Loneliness is important because evidence shows that social relationships and in particular adequate social networks (in terms of quality and quantity) can promote health through four possible pathways:

- Providing individuals with a sense of belonging and identity
- Providing material support of increasing knowledge about how to access material needs and services
- Influencing the behaviours of individuals, for example through support or influence from family or friends to quit smoking, reduce alcohol intake, or to access health care when needed
- Providing social support that enables individuals to cope with stressors such as pressures at school or work, redundancy, retirement or the death of a close relative.

3.1.2 Anyone can experience social isolation and loneliness at any stage in the life course and this can be cumulative. Some life events are recognised as potential trigger points.

Figure 1: Risk factors for social isolation and loneliness along the lifecourse



Source: PHE & UCL, September 2015

Social isolation is a health inequalities issue because many of the associated risk factors are more prevalent among socially disadvantaged groups.

3.1.3 The Interim Director of Public Health provided an Enfield context with the following statistics:

- One in ten households (10.8%) in Enfield are single occupied households (33,359 households).
- 3.9% of Enfield households are persons aged 65 years and older living alone (12,108 households)
- 6.1% of Enfield's working population are unemployed (10,000 people).
- Around 1,000 people (4.7% of working age population) in Enfield are unemployed for more than 12 months.
- There were 360 children and young people (0-17 year olds) looked after in Enfield in 2015/16.
- Over 6,000 people in Enfield reported that they provide substantial (50+ hours in a week) unpaid care (1.98% of total population).
- About 48,000 people (15.7% of total population) reported that they have a long-term health problem or disability that limits their day-to-day activities.
- In Enfield, of the 4354 women who gave birth during 2015/16, between 440 and 655 are estimated to have suffered mild-moderate depressive illness and anxiety

3.1.4 It is recognised that loneliness can lead to greater demand on public services, as residents seek from professionals the support they might otherwise gain from family, friends and neighbours. In 2013 the Campaign to End Loneliness conducted a poll in communication with over one thousand GP practices:

- 89% of the GPs saw one or more patients every day whose main reason for the appointment was loneliness.
- Over three quarters said they were seeing up to five lonely people a day.
- One in ten doctors reported seeing between six and ten lonely patients a day.
- A small minority (4 per cent) said they saw more than 10 lonely people a day.

Source: www.campaigntoendloneliness.org/blog/lonely-visits-to-the-gp

3.1.5 Social relationships affect physiological and psychological functioning and health behaviours, which can have a negative impact on morbidity and mortality. Evidence suggests a 50% increased risk of coronary heart disease among those who are socially isolated and/or lonely. (Local action on health inequalities: Reducing social isolation across the lifecourse, PHE and UCL 2015, p.9)

3.2 Impact on Older People

“The corroding effects of loneliness become more apparent as we grow older.”

“As old age hovers on the horizon, the loneliness strengthens”

3.2.1 It is a growing problem amongst both older and younger people. In Enfield 31% of residents over the age of 65 are living alone. Numerically in the 2011 census, Enfield had the 5th largest number of households occupied by a lone older person in London (12,108 households). Recent research published in the Evening Standard indicates that Enfield is in the bottom half of London boroughs for friendliness (21 out of 32).

3.2.2 In general it is estimated by the Campaign to End Loneliness that about 20% of the older population is mildly lonely and another 8-10% is intensely lonely. 12% of older people feel trapped within their own homes, with 6% reporting leaving

their house once a week or less. In Enfield this could equate to 7,812 people over the age of 65 who are mildly lonely, between 3,125 and 3,906 who are intensely lonely and 4,687 feeling trapped in their homes. Given the projected rise in the number of older people, with Enfield's over 65 population projected to increase by 38% to 53,998 by 2030, the number of older people that could be expected to be affected by loneliness and isolation is set to rise significantly. In Enfield 33,359 people are identified as single occupiers.

3.2.3 The Enfield Over 50's Forum had recently carried out a pilot project "Identifying and engaging lonely and isolated older people living in Enfield" with support from the Council's Enfield Residents Priority Fund. They carried out a pilot project in Chase, Enfield Lock and Turkey Street wards, identifying those older people likely to be lonely, then targeting them and offering them a year's free Over 50's Forum membership and invitations to specially arranged events. Eighty three older people took up the offer of free membership and events were well attended.

3.2.4 The conclusions from the pilot project were that the systematic approach adopted by the Forum and using information derived from existing data sets could be successfully applied to identify the target group. These sets included: the electoral role; maps of concentrations of sectors of the community in order to detect streets with a high concentration over 65s living alone; and the commercially available 192 service. Although they had only selected a proportion of the streets in the wards they considered that the results were sufficiently encouraging to undertake further trials specifically in Edmonton where it was recognised that there were high concentrations of older people living alone. The AgeUK heat map for Enfield endorsed this. Having become aware that the national AgeUK mapping system specifically could identify high risk areas of loneliness, they suggested that this should be further evaluated. They felt that this tool could be even more valuable if it was further developed to list and separate street names for different risk levels making it easier to identify lonely individuals and encourage them to engage with community groups.

Information taken from Identifying and engaging lonely and isolated older people living in Enfield by Jan Oliver & Tony Watts (Enfield Borough Over 50s Forum)

4.2.5 A service development manager from Adult Social Care spoke about the work being done in her section. She reported that Enfield were looking to recommission a floating support service for all client groups including older people. They had been promoting the five tips for mental wellbeing:

- Connect – connect with the people around you
- Be Active – find an activity that you enjoy and make it part of your life
- Keep Learning – learning new skills can give you a sense of achievement and a new confidence
- Give to others – whether a smile or kind word or something bigger like volunteering
- Be mindful – be more aware of the present moment, including your thoughts and feelings, your body and the world around you.

The service was also recommissioning 6 contracts with the voluntary and community sector all of which touched on social isolation. The creation of a care village to support older people living in a community together was being investigated.

3.2.6 A Friendship Matters/Independence Day event at the Dugdale Centre was planned for 22 June 2018 to help older people in the borough be better informed about how to support themselves or to help the people that they care for maintain independence. The event would be aimed at older people who do not use services. They aimed to ensure that the views of older people were taken into consideration and that older people could continue to be engaged in their local community.

3.2.7 Rachel Reeves as chair of the Jo Cox Commission on Loneliness said “I know how valuable a simple chat can be. We all have a role to play in overcoming this affliction.”

3.3 Impact on Younger People

"I see all my friends having a good time on social media and it gets me down, I feel like no one cares enough to invite me." A teenage boy to Childline

"My mood is getting worse and now I'm just upset all the time and can't stop crying."

"Loneliness needs to be taken seriously because it is potentially damaging to children's physical and mental health." Dame Esther Rantzen Childline founder

3.3.1 Traditionally loneliness has been recognised as a problem associated with older people but there is more and more evidence to show that it is also a growing problem for younger people. In the latest Office for National Statistics Survey “What characteristics and circumstances are associated with feeling lonely” (published April 2018) loneliness was found to be a greater problem for younger people in the 16 to 24 age group than for any other age group. Young adults between 16 and 24 were most often or always likely to feel lonely: a major change from 25 years ago.

3.3.2 Childline has seen a 14% rise in the number of children contacting the charity about loneliness. In 2017/18, the charity delivered 4,636 counselling sessions on loneliness, compared to 4,063 the year before. The youngest person to call with the problem was just 10 years old.

3.3.3 The workstream received compelling evidence from a senior systemic family psychotherapist and a public health consultant about the impact that loneliness is having on younger people. The Office for National Statistics report on loneliness had highlighted that young adults between the ages of 16 and 24 were most often or always likely to feel lonely. The Senior Systemic Family Psychotherapist said that referrals for general mental health issues had exponentially increased. Some feel that the consequences of IT have yet to be fully felt. The younger generation have been encouraged to use IT but this can stop them developing normal social intercourse, and can make it difficult for them to communicate leading to increasing loneliness and social isolation. She felt that all young people were suffering from stress and the pressure that they

are under is increasing and that there was a need for all young people to be taught about how to develop relationships and what made up a good friendship.

- 3.3.4 The increase in the numbers experiencing loneliness can be associated with the expansion of social media, the need for validation as well as the connected issue of the quality of relationships. On line friends are not the same as real friends. It is a sad fact that if you are lonely as a young person you are more likely to have bouts of loneliness throughout your life and also that lonely people die young.
- 3.3.5 There is growing evidence that the expansion of social media had been very detrimental to the health of young people, partly because it leads them to believe that everyone else is having a better life than they are and also because of its generation of the need for validation. Childline recorded in their latest report that nearly 80% of sessions went to girls. Some of whom said that watching their friends socialise without them on social media made them feel increasingly isolated. Although social media does provide a level of social connection, it also accentuates isolation and destroys people's sense of wellbeing. The Royal College of Psychologists recently announced that social media companies must be regulated to stop them damaging young people's health. Gaming can be equally isolating. The World Health Organisation has just classified gaming addiction as a mental health disorder.
- 3.3.6 Parents were often not aware of the damage that is being done. Young people can spend 8 hours a day on their phones, destroying their sense of self. The Senior Systemic Family Psychotherapist felt that this was a public health issue which needed to be addressed urgently: parents should be warned that screen time should be limited. She also thought that young people were not given enough opportunity to get involved in after school activities.
- 3.3.7 A shocking statistic was that young people as well as older people were committing suicide. Although the numbers in Enfield were low for England, a total of 6.1 per 100,000 people in 2014 -16 (Office for National Statistics), they were increasing in the country as a whole, among young men, suicide is now the leading cause of death. Jodie Withers, Health Analysis and Life Events, at the Office for National Statistics is quoted in their 2015 report "While the increase in the suicide rate this year is a result of an increase in female suicides, males still account for three quarters of all suicides. There has also been a continued increase in suicides for males under the age of 30, however, these remain lower than the peak seen in the late 1990's and remains significantly lower than the suicide rate for middle-aged males despite falls in recent years." The suicide rate for males in Enfield between the ages of 35 and 64 is 13.5 per 100,000. This is still below the national average of 20.8 per 100,000, but clearly shows the severity of this issue for that age-group and gender.
- 3.3.8 Research published in the journal Psychological Medicine based on a large scale study known as the Environmental Risk Longitudinal Twin Study aimed to give a snapshot of the lives of young people in the UK who were suffering from loneliness. The researchers suggested that increasing contact between individuals might not be enough to tackle loneliness and that approaches should include addressing bullying, isolation and mental health in children, since these were found to be linked to greater loneliness at 18.

3.4 Shared Activities

“Tackling loneliness means looking at measures to bring people together. A sense of community and opportunities to regularly meet with others.” Ruth Sutherland, Samaritans CEO

“At St John’s Church in North Harrow, we started a knitting group for ladies at home to get together over a cup of tea and knit for charities. We laugh and chat all afternoon”

“Join the University of the Third Age. It is a collection of older people who want to follow new interests or carry on with existing ones.”

“A few months ago, I came across a phone app called Meetup. Its changed my life already. I’ve been on a few meetups and met some lovely normal people. I’ve been on walks, quiz nights, a comedy show, booked a weekend in Cornwall and even started Kung-fu.”

Social institutions are becoming less and less a common aspect of people’s daily lives – church, local pub, workplace, social club. Deborah Orr Guardian Columnist.

- 4.3.1 One of the most effective ways of bringing people together and increasing social interaction is through shared activities, community/cultural events, and volunteering including intergenerational activities. The Council could do more to facilitate ways of bringing people together. It is ideally placed to help people help themselves by drawing information together in one place.
- 4.3.2 Enfield has a very large number of clubs and societies for many kinds of different activities including sports clubs (everything from football, cricket, golf to table tennis), music societies (choirs, community singing, orchestras, chamber groups), hobbies such as chess, wood carving, gardening and allotment groups, conservation and heritage organisations, amateur theatre and dance groups, art societies, friends of parks, the University of the Third Age. Information about these organisations was not readily accessible. Information which in the past had been included in the one stop shop library leaflets was out of date and no longer on the Council website.
- 4.3.3 Many of these activity and other voluntary groups are looking for more members. Participation could increase people’s sense of wellbeing. Volunteering is a good way to build confidence and improve social connectedness. Many organisations depend on older people and would very much like to attract younger volunteers. The current process for finding volunteering opportunities can be bureaucratic and off putting.
- 4.3.4 Other organisations that could provide helpful support for people suffering from loneliness which are not currently supported in Enfield include:
 - The Men’s Sheds Association. described of their website as “community spaces for men to connect, converse and create. The activities are often similar to those of garden sheds, but for groups of men to enjoy together. They help reduce loneliness and isolation, but most importantly, they’re fun.”

- Good Gym “a community of runners that combine getting fit with doing good. We stop off on our runs to do physical tasks for community organisations and to support isolated older people with social visits and one-off tasks they can't do on their own. It's a great way to get fit, meet new people and do some good.” Many local authorities provide the £25,000 seed funding to get this project off the ground. It then becomes self-supporting.
- Silver Line – “a free confidential helpline, supported by Esther Rantzen, providing information, friendship and advice to older people, open 24 hours a day, every day of the year”.
- Big Lunch – the aim of which is to “get as many people as possible across the whole of the UK to have lunch with their neighbours annually in June in a simple act of community, friendship and fun”.

There are many more.

4.3.5 The mental wellbeing of the Council's own staff is an area of concern. Volunteering could help. Many companies have a scheme where staff members are given the opportunity of volunteering for two days a year. This helps make staff feel that they are part of the community, and would provide support to local voluntary organisations.

4.3.6 Social prescribing is a developing area in Enfield. Some work had been done in Islington for the North Central Clinical Commissioning Group. A recent government proposal was to employ someone in every GP surgery to provide information which could save the NHS money and improve people's wellbeing, but these people would need information about what was available in the community.

4.3.7 The Senior Systemic Family Psychotherapist in her evidence had said that people in her service were not aware of the many activities for children taking place in Enfield. She felt that, in the secondary schools she and her colleagues were allocated to support, very few children took part in after school activities.

4.4 Arts and Culture

4.4.1 Engaging in social activity connected with arts and culture was an effective way of tackling loneliness and isolation. The Head of Arts and Culture informed the workstream members that he was aware that there was clear evidence that engaging in social activity connected with arts and culture was a good way of tackling the issue. He gave an example of an elderly woman who played the piano on a Monday afternoon at the Dugdale Centre every week. This had helped the woman regain her lost self-confidence and also created a social event with a welcoming inclusive atmosphere at the Dugdale, attracting an audience of 50-60 people a week.

4.4.2 His aim was to create vibrant public spaces in the borough's arts buildings with a buzz, attracting people in to use the space, making it very welcoming – a similar feel to the Hoxton Hotel in Shoreditch.

4.4.3 The parks are also places where people can come together to take part in many different activities. Engaging in sporting activities such as the weekly park runs is an example of a free community led activity, open to all, that brings people together. Enfield does organise occasional free activities in the parks,

but in other countries the local council organises weekly and sometimes daily park activities such as dancing in Moscow and Lima, or tai chi sessions in Japan, open to everyone.

- 4.4.4** Members of the workstream were concerned about the impact of the Council's internal charging policies, such as the current departmental policy of charging departments for events taking place in parks, including the Mayor's Fun Run, as well as the policy for charging tenants hiring community halls on their own estates. Charging for these sort of events can jeopardise the viability of an event and lead to it not taking place at all. The members also felt that the savings that could be made long term on future health costs should be a consideration.

4.5 Libraries and Customer Interface

- 4.5.1 Members of the workstream felt that the Council policy of pushing people to access council services online is increasing people's sense of isolation and disconnection from the borough. Some people were happy using online portals but others preferred to do things face to face. Coming into a council building was an opportunity for people to interact to feel that they were part of the community. Sometimes this was their only contact with other people. It was therefore important to keep real council staff in customer facing roles. Members thought that the Council ought to carry out a review of the policy to rebuild trust within the community.
- 4.5.2 It was felt that it was the Council's remit to provide a face to face interface and that there was a need to recognise this as important role in the community. Libraries and other Council buildings should be open and welcoming to all people. All customer-facing staff should recognise this as a fundamental part of their role.
- 4.5.3 The Council's libraries were a superb resource across the borough and were well situated to provide a community focus in each area. The Head of Libraries and Customer Experience saw libraries as a resource that supports loneliness reduction and social isolation daily both formally and informally. Libraries act as the front door to the Council and are highly trusted within the community. Many libraries had community rooms and other spaces which could be used more for community activities. Not only activities designed by the Council, but also for activities suggested by local residents themselves. They could operate as a community focus in a similar way to a village hall in a small village community.
- 4.5.4 The Head of Libraries and Customer Experience described a crowd funding initiative called Soup which had first been developed in Detroit and which the library service in Essex had used. This had a simple goal: to give someone an envelope full of money, so they can go something that they always wanted to do, to make their neighbourhood a better place. Soup brings people together who share a desire for a better community. They get to meet people and share their ideas and their resources. Connections are made, people feel empowered, and this can instil local pride. The concept was simple: we host a regular social event, which has a modest entry fee. The purpose of the evening is to let people pitch an idea to improve their local community to members of that same community.

4.6 Housing and Social Housing

“Since moving into the bungalow in June, Louise has only been outside five times: each to visit a doctor, physically carried out by ambulance staff.” Frances Ryan, the Guardian

“Its like being a trapped animal”

4.6.1 The Head of Housing Operations informed the workstream about the work being done to re-organise the way the housing operations team is working. Loneliness can often be an underlying issue with problem tenants, but currently the team were not geared up to deal with it. Interventions were generally only made at times of crisis, but this was changing. More work was being done to enable the neighbourhood housing officers to work more effectively in partnership with other council services, knowing when and where to make referrals to other services to support the tenants. Housing officers felt that they could take on a more active role, not as social workers, but perhaps as social caretakers, working to help to sustain people in their tenancies. They could help prevent problems arising by creating a greater sense of community and do more to re-establish community cohesion within the estates.

4.6.2 One way to do this could be to make better use of the community facilities on the estate such as the communal outdoor spaces, play areas and the community halls and to encourage the residents to work together. Currently residents have to pay to hire community halls on their estate. Members discussed whether there should be some scope to reconsider this policy to enable tenants to make more use of the halls, and take the lead on developing their own community activities.

4.6.3 Many disabled people are trapped in their own homes. New research from the disability charity Scope has found that almost half of all working age disabled people are chronically lonely. On a typical day, one in eight disabled people have less than half an hour's interaction with other people.

4.7 Community

“I suddenly found myself on my own in a different city 200 miles from my friends and family. I did the dreaded “lingering in the car park after work, knowing I wouldn't speak to anyone again until Monday”

“It was volunteering that helped when she started a tea party for the charity Contact the Elderly. Through volunteering and meeting other volunteers I built my confidence.”

“To encourage togetherness, we need strong communities. Proper access to decent housing, transport, community facilities, health and wellbeing services are important in providing the social glue and bringing people together who might be isolated by poverty and lack of opportunity. At a more basic level we need to highlight the importance of talking to each other so we can connect” Ruth Sutherland Samaritans CEO

“Frome has a buzz of sociability, a sense of common purpose and a creative, exciting atmosphere that make it feel quite different” The Guardian

4.7.1 One of the findings from the Office for National Statistics Survey is that loneliness is impacted by people's sense of belonging to a place or community.

Even a small amount of contact with other people can improve people's mental wellbeing such as people being willing to say hello to people they do not know in the street. People with good social relationships are even more likely to recover more quickly from illness. It is also interesting is that one of the reasons that young people join gangs is because they engender a sense of belonging.

- 4.7.2 The Head of Strategy, Performance, Consultation and Engagement spoke about the problems of increasing budgetary pressures restricting the Council's ability to support voluntary activity in traditional ways which in the past had been done through grant funding and the way that the wider continued austerity had created an atmosphere in society which added to the problems. They however felt that Enfield did retain a significant community infrastructure and good will.
- 4.7.3 Through their service they were seeking to develop their work increasing cross council awareness and encouraging a whole authority response to the challenge of the issues. They were developing a new volunteering policy for the local authority to encourage staff to participate in volunteering activities as well as working with Enfield Voluntary Action and the voluntary and community sector to develop a wider community response and better more sustainable support networks.
- 4.7.4 Options for encouraging greater community involvement include encouraging local coffee shops and pubs to hold more open community events such as the Loneliness Social Tea and Cake Event run at the Winchmore Pub every other Saturday morning.
- 4.7.5 More could be done to encourage local cafes and pubs to offer free public space for meetings or putting in place schemes to encourage people to sit together on tables and talk to each other. As well as using the cafes in parks as a base for community gatherings and events.
- 4.7.6 The Senior Systemic Family Psychotherapist, had tried to help the young people, who were part of a youth participation group for people using the CAMHS service, with the aim of challenging the stigma of mental ill health, organise an event for young people at Costa Coffee in Enfield Town. A café was felt to be a venue which was likely to be more attractive to young people. The event had been difficult to organise, as the coffee shops they had approached had not been keen to get involved. Due to capacity issues at CAMHS and because some of the young people's mental health had deteriorated so that they could not participate, they were eventually unable to run the event. Although the event had not taken place, organising this or similar events would have been something that could be very beneficial in providing a social meeting place for all young people. It could also be of benefit to local cafés in the increased business generated.
- 4.7.7 In Frome, a post industrial market town in Somerset, since 2013 a community project has been operating in which healthcare workers and volunteers have given social support to locals suffering from long-term health conditions. The social support includes helping patients shop, walk the dog, or join groups like choirs. According to research featured in Resurgence & Ecologist magazine

this support appears to have resulted in a significant drop in the number of emergency hospital admissions.

4.7.8 Open up libraries, theatres and heritage assets to community events based on ideas put forward by the community - working with local groups including conservation groups similar to The Lamb Festival at All Saint's Church, Edmonton.

4.7.9 Waltham Forest, who recently won the Mayor of London's Culture bid has a greater focus on local events on their website. They also run a Love Your Borough yearly award creating a greater sense of community identity. Enfield's website could be more outwardly community focussed.

5 Conclusions

5.1 Loneliness is a key issue that can affect people at any time of their lives. It is important consideration, not only in improving quality of life and general mental wellbeing, but also in saving resources and money in the long term.

5.2 Loneliness is a growing problem, people are living more isolated lives and there is an increasingly negative impact of social media particularly on younger people.

5.3 The members also recognised the importance of place, community and a sense of belonging to people's mental health and the value in promoting activities to make people feel that they belong to Enfield, that it is a good place to live.

5.4 There is a lot that the Council can do in these areas to try and prevent people becoming lonely. We have focussed on existing council facilities and work that could be done, to promote a sense of wellbeing, through a feeling of belonging.

5.5 In Enfield, the departments are already doing some things that can help to combat loneliness, but much more could be done.

5.6 This review has only been able to touch the surface of the issue. There is much more detailed work that could be carried out to look at individual council policies and to develop new initiatives. We have made a few suggestions in the recommendations set out in paragraphs 1.1 to 1.11.

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