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Ymchwiliad i unigrwydd ac unigedd

Inquiry into loneliness and isolation

Ymateb gan: Relate Cymru

Response from: Relate Cymru



Inquiry into loneliness and isolation

Relate Cymru evidence submission to the Health, Social Care and Sport Committee inquiry into loneliness and isolation

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About Relate Cymru

1. Relate is the UK's leading relationship support charity, and we work to build stronger relationships for individuals, couples, families, workplaces and communities in Wales. We deliver services across Wales from delivery centres in Cardiff, Swansea, Aberystwyth, Brecon, Carmarthen, Llandrindod Wells, Corris, Crickhowell, Bridgend, Haverfordwest, Bangor, Wrexham, Llandudno, and Rhyl, and our services include relationship counselling (including specialist relationship counselling for people living with cancer and their families), family counselling, children and young people's counselling, help for domestic violence, sex therapy, child contact services, and other support. Based in this experience of delivering counselling and other services to families and children and young people, as well as our research, we are submitting evidence to this inquiry from our recent research into the quality of social relationships across the country.

Impacts of loneliness

2. The evidence showing the impact of loneliness and isolation on individuals and communities is considerable – and continues to grow. Research shows that experiencing loneliness and isolation can affect us in multiple ways.

3. **Physical wellbeing**

The physiological impact of loneliness is stark, and is linked to:

- defective immune functioning;¹
- higher blood pressure;²
- increased risk of developing coronary heart disease and stroke;³
- increased risk of obesity.⁴

Research also shows us that experiencing feelings of loneliness can be a sad vicious cycle - not only is it linked to higher likelihood of certain illnesses, research also shows that feeling lonely also makes us more likely to develop additional behaviours bad for our health, such as smoking and being less active.⁵

4. Psychological wellbeing

Loneliness and social isolation are also associated with psychological factors too, which in turn impact on physical health:

- Loneliness is linked to lower self-esteem and limited use of coping methods,⁶ and social isolation is linked to reduced self-efficacy.⁷
- Studies also indicate that poor social relationships may double the risk of depression: researchers found that 14% of adults who have very poor quality social relationships will come to experience depression later in life, compared to seven per cent of adults with high quality relationships.
- Previous research by Relate with New Philanthropy Capital found that an increased number of social relationships is associated with higher reported personal wellbeing.⁸
- A recent study from Oxford University even goes so far as to suggest that our friendships may be a more effective painkiller than morphine. People with higher numbers of friends and more social interactions experienced higher release of endorphins, and were therefore found to have a higher pain tolerance.⁹

5. Community wellbeing

The quality of relationships with neighbours also plays an important role in wellbeing:

- Research has found that subjective wellbeing is affected by relationships with neighbours.¹⁰
- The National Survey for Wales found a clear correlation between individuals' life satisfaction and the extent to which neighbours reported helping each other out: 42% of people who strongly agreed their neighbours helped each other out also reported high life satisfaction (9/10 out of 10) compared to just 27% of people who strongly disagreed.¹¹
- Research suggests that relationships with neighbours may be particularly important for older people: studies find that that social cohesion, people's sense of belonging to their community, and any changes in these factors are predictive of wellbeing, and strengthening relationships among neighbours particularly improves older adults' wellbeing.¹²

Relate research on social relationships in Wales

6. Our latest research report – launched on 1st March 2017 - *You're not alone: The quality of the UK's social relationships*, examined our social relationships and presented findings from our *The Way We Are Now* survey of over 5,000 people from across the UK. Evidence of the scale of loneliness was sadly striking. In Wales, and on average across the UK, more than one in eight (13%) people said they do not have a single close friend.

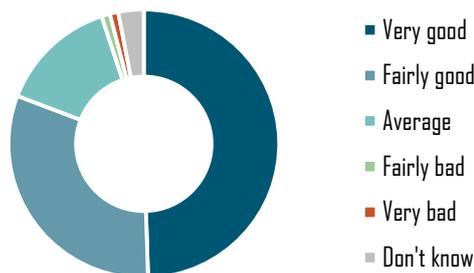
This UK average has increased since 2014/15, when one in ten people said they had no close friends.

Figure 1: People who have no close friends



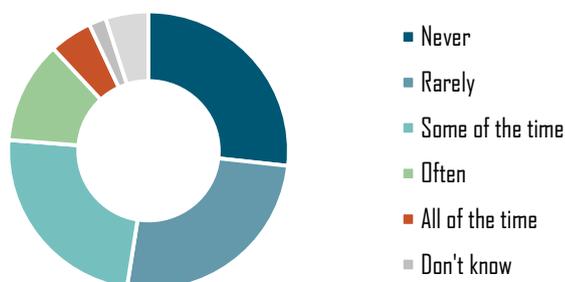
- Most people in Wales (80%) enjoy good relationships with their friends and for half (50%) these relationships are reported to be very good.

Figure 2: Quality of relationships with friends in Wales



- Over two-fifths of people in Wales (41%) said that they felt lonely at least some of the time in the two weeks prior to the survey, and almost a fifth (17%) said that they feel lonely often or all of the time.

Figure 3: Feelings of loneliness in Wales



- Wales was the most neighbourly region in the UK, with 58% of people saying they have good relationships with their neighbours.

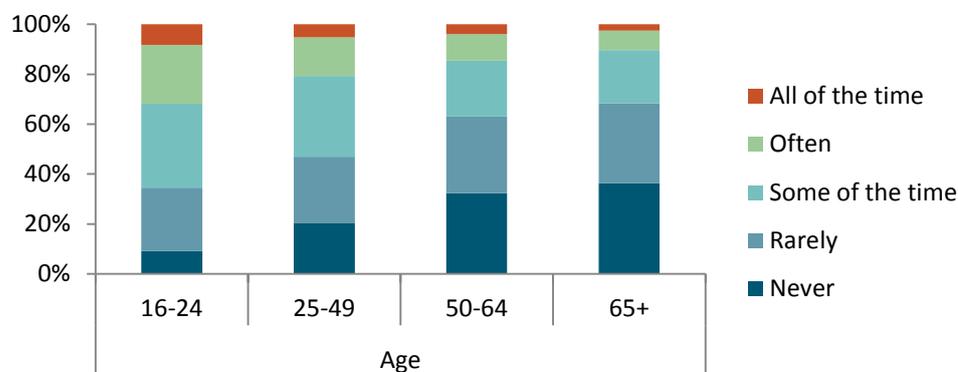
10. Across the UK, the impact of loneliness and isolation on personal wellbeing was evident:

- People with no close friends were two-and-a-half times as likely to say they feel down, depressed or hopeless either often or all the time (31 per cent) as those with four or more close friends (13 per cent);
- Two out of five of those with no friends were more likely to say they never or rarely feel good about themselves;
- People with very good friendships were almost twice as likely to never feel down, depressed or hopeless as those that reported having average quality of friendships; and
- People who had good relationships with their neighbours were more likely to feel good about themselves, and less likely to feel down, depressed or hopeless.

11. Our research also demonstrated that other factors intensify feelings of loneliness and isolation. We identified a clear difference in feelings of loneliness between people who are disabled or who live with a long-term health condition and those who are/do not. Among people who said their day-to-day activities are limited 'a lot' in this way, 55% said they feel lonely at least some of the time, whereas for people who were not limited by disability or a long-term condition this was 42%. And looking only at those who said they feel lonely either often or all of the time, people limited a lot by disability or a long-term condition are twice as likely as those not limited in this way to report feeling lonely often or all the time (30% compared to 15%).

12. Although public discourse and service provision tends to focus on loneliness experienced by older people, we found that it was the *youngest* respondents who were most likely to report feeling lonely. In our sample, among those aged 16-24, almost two-thirds (65%) said they feel lonely at least some of the time, and almost a third (32%) feel lonely often or all the time. Among people aged 65 or over, however, just 32% said they feel lonely at least sometimes, and just 11% feel lonely often or all the time.

Figure 4: Feelings of loneliness by age



13. We also observed a similar pattern with respect to age and relationship quality as we did with friends – older respondents reported better relationships with their neighbours. Among people aged 65+, 78% said their relationships with neighbours were good,

compared to 50% of people aged 25-49, and 35% of people aged 16-24. These patterns mirror the findings of the recent research by the British Red Cross at the end of 2016, which similarly found that among respondents aged 16-24, 32% said that they often or always feel lonely, and which found that public perceptions of loneliness (which centre on older people) do not match up with the reality.

Policy implications

14. Our data showed that social isolation and loneliness is a widespread issue that affects people of all demographics, and can have damaging impacts on health and wellbeing. Given the importance of social relationships, it is vital that policy makers take action to tackle the causes of loneliness, and work to ensure that support is made accessible to those most vulnerable. In particular, we would recommend:

- The Welsh Government issues guidance to commissioners and local health boards and local authorities to ensure that the quality and strength of people's social relationships becomes a core pillar of health and wellbeing strategies;
- Local policy makers and Directors of Public Health consider the best way to gather data on social connections to inform planning and commissioning of services which are responsive to local needs;
- Commissioners commit to building the evidence base and build evaluation into programmes to tackle loneliness, increasing understanding of what works for whom – loneliness affects people from all ages and all walks of life, and one size may not fit all;
- Public Health Wales investigates the causes and effects of loneliness (both for individuals and wider society) in younger people in particular, and how to overcome it; and
- Commissioners ensure that everyone has timely access to counselling and other therapeutic services to respond to loneliness and mitigate the impacts on health and wellbeing.

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² Grant, N., Hamer, M., & Steptoe, A. (2009) Social isolation and stress-related cardiovascular, lipid, and cortisol responses, *Annals of Behavioural Medicine*, 37(1), pp29-37; Hawkey, L.C., Thisted, C.M. and Cacioppo, J.T. (2010) 'Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults', *Psychology and Ageing*, 25(1), pp132-141

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