Reconceptualising Loneliness in London

London Plus & OHID, November 22

GREATER LONDON AUTHORITY

neighbourlylab

what works wellbeing

Campaign to EndLoneliness

The research study we carried out for the GLA

The Study's Objective:

A fresh understanding of loneliness in London

Who's most lonely in London, and why?

Where are the "hidden pockets" of loneliness? Eg amongst Marginalised Groups?

What can be done to prevent or alleviate loneliness in London?

Young Londoners, including care leavers
Low-income Londoners
LGBTQ+ Londoners
Different groups of Black, Asian and minority ethnic Londoners
Refugees, migrants and people seeking asylum
Parents, including single parent families
Deaf and disabled Londoners, including those who have been shielding

The study approach:

Data Analysis
+
Interviews and Desk-Research

The Survey of Londoners 2018-2019
6601 respondents (aged >16)

Included the question "How Often do you feel lonely?" with 1-5 response

We carried out best-fit regression analysis to see what else in people's lives is associated with severe loneliness

C.30 interviews with charities, funders, experts etc

Building on evidence-reviews and expertise from Campaign to End Loneliness and What Works Centre for Wellbeing

Building on ethnographic research on loneliness in London and other world-cities by Neighbourly Lab

The team working on this research-study

Neighbourly Lab: Data-driven research and innovation organisation. 100% focused on Social Connectedness, studying what works towards closer, connected communities.

Campaign to End Loneliness: Experts in the field of loneliness and connection, developing and sharing research, evidence and knowledge to tackle loneliness and bring communities across the UK together.

What Works Centre for Wellbeing: An independent collaborating-centre that develops and shares robust and accessible wellbeing research and evidence to improve decision making that is used by governments, businesses and civil society.
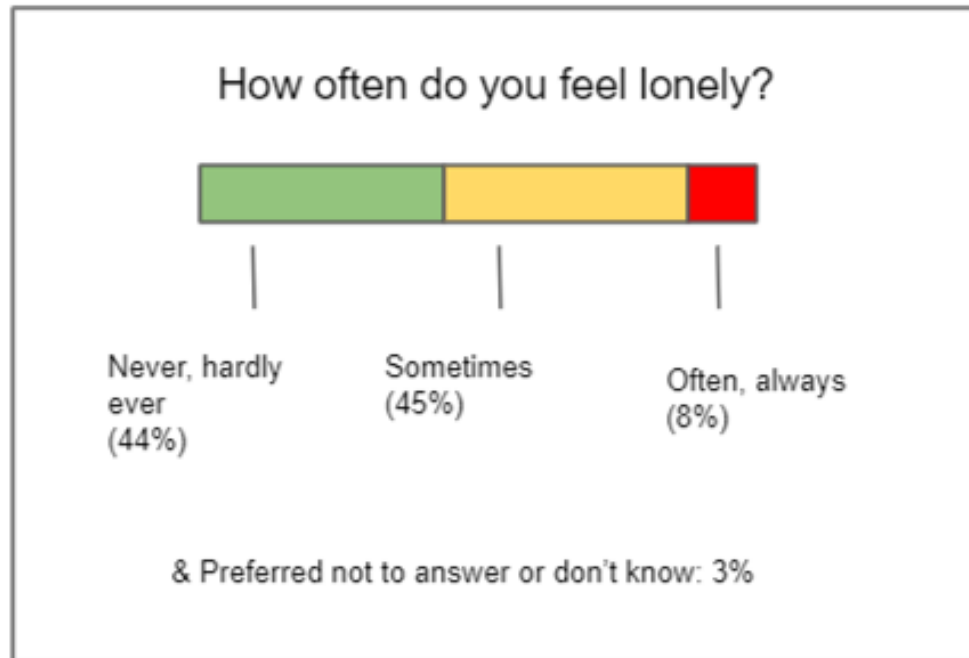
Today we'd like to highlight 4 things from this research:

1 Focus exclusively on Severe Loneliness. Not on mild loneliness

2 Data revealed "Big 5 Associative Factors" with severe loneliness

3 How we applied these Associative Factors to understand loneliness within Marginalised Groups

4 The 4 Top-line Recommendations

1 **Focus exclusively on <u>Severe</u> Loneliness.
Not on mild loneliness**

How often do you feel lonely?

Never, hardly ever (44%)

Sometimes (45%)

Often, always (8%)

& Preferred not to answer or don't know: 3%

NB: for over-65s, these figures are 50%, 40%, 6%

Survey of Londoners 2018-2019

Because:

☑ **Enables meaningful data-science breakthroughs (not possible with broader definition)**
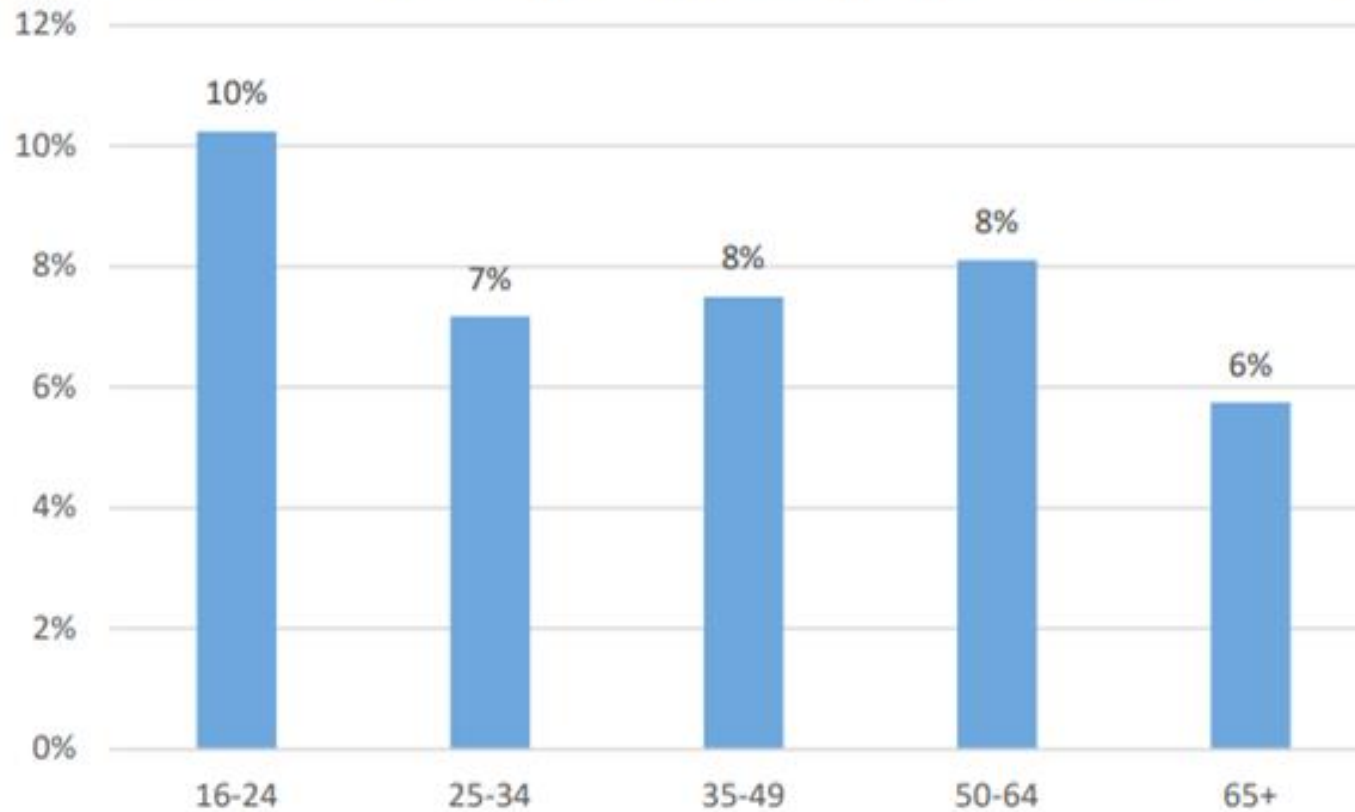
☑ **Sharpens planning on targeting effective interventions**

And: they are two very different things in terms of their effect (pain, debilitation)

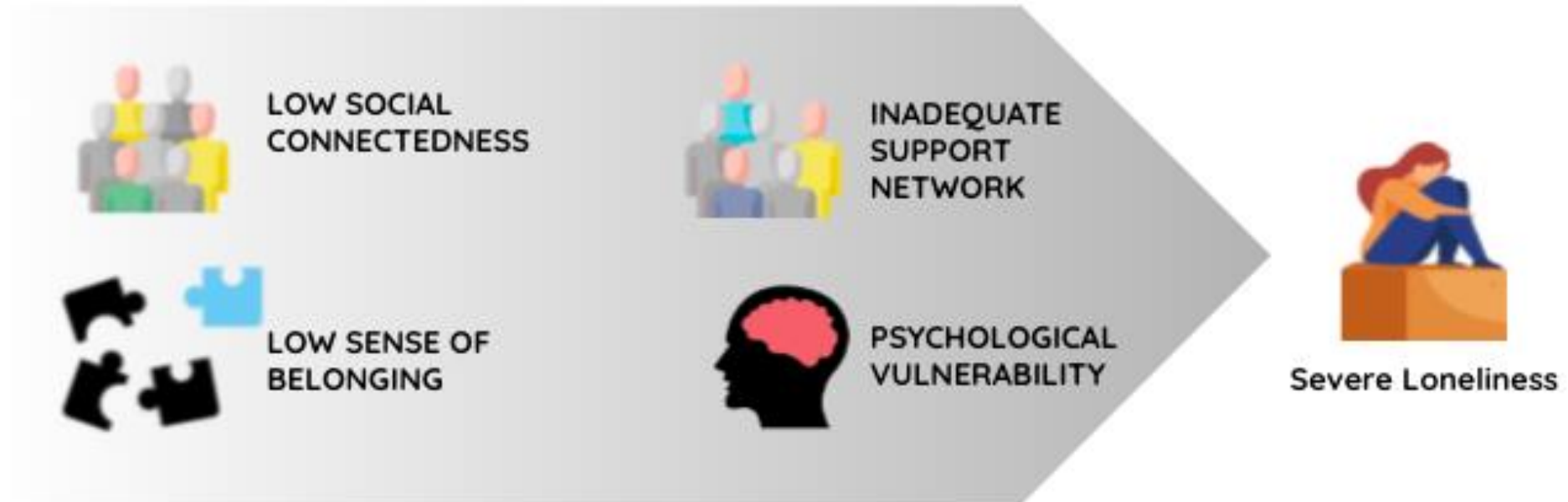**1** **This has stayed steady in the most recent GLA Data**

Figure 6.2 – Loneliness was highest amongst Londoners aged 16-24

Base: Londoners aged: 16-24 (627); 25-34 (1,631); 35-49 (2,323); 50-64 (1,935); 65 and over (1,820)

2 **& We developed a simple framework to show how severe loneliness typically comes about for the individual:**

LOW SOCIAL CONNECTEDNESS

INADEQUATE SUPPORT NETWORK

LOW SENSE OF BELONGING

PSYCHOLOGICAL VULNERABILITY

Severe Loneliness

We acknowledge this is simplified (and that every experience of loneliness is unique and subjective)

It's very useful to make sense of how the Associative Factors map into people's lives; and to easily see what effect interventions are aiming to exert

3 **What are the Associative Factors with Severe Loneliness?**

What can we say about these 700,000 Londoners who are severely lonely?
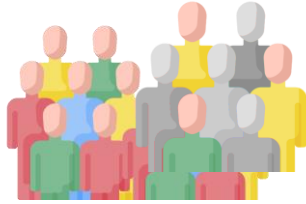
Apparently a pretty even mix of Londoners:

- **14%** of them are <u>over 65</u>
- **55%** of them are <u>women</u>
- **37%** of them are <u>BAME</u> people

Digging deeper into the data to find powerful associations:

- **50%** of them are acutely <u>poor</u>
- **61%** are <u>single</u> and live alone
- **41%** are long-term <u>disabled</u>
- **59%** have recently experienced <u>prejudice</u>

We identified these Big 5 Associative Factors for Severe Loneliness:

Going through life-changes or being new in London

Being acutely poor

Being Single; Living Alone

Experiencing Prejudice or "feeling different"

Being disabled or deaf

Going through life-changes or being new in London

Being acutely poor

Being Single; Living Alone

Experiencing Prejudice or "feeling differ

Being disabled or deaf

People in their first year in London 1.6x more likely to be severely lonely (after y1, no series correlation)

Transience proxy:
Renters: 12% are severe lonely,
Home-owners: 5% severely lonely

Going through life-changes or being new in London

Being acutely poor

Being Single; Living Alone

Experiencing Prejudice or "feeling differ

Being disabled or deaf

Food insecurity: 2.4x odds of severe loneliness

Debt Burden: 2.1x odds of severe loneliness

NB: no clear association with lower-income series

Going through life-changes or being new in London

Being acutely poor

Being Single; Living Alone

Experiencing Prejudice or "feeling differ..."

Being disabled or deaf

People who don't have "*a particular close person I can rely on*" 4.3x odds of severe loneliness

Amongst over 65s:
Single are 4x more likely to be severely lonely than couples

Going through life-changes or being new

Being acutely poor

Being Single; Living Alone

Experiencing Prejudice or "feeling different"

Being disabled or deaf

People who've been treated unfairly recently because of protected-characteristics or class are 1.9x more likely to be severely lonely

People who disagree that London is "fair and meritocratic" are 1.2x to 1.4x more likely to be severely lonely

Going through life-changes or bein

Being acutely poor

Being Single; Living Alone

Experiencing Prejudice or "feeli

Being disabled or deaf

People who have a long lasting limiting health condition (physical or mental) are 2.1x more likely to be severely lonely than those who don't

4   **Top-line Recommendations**

1. **Massively increase London's level of social-connectedness**
2. **Design kindness into all public-facing services**
3. **Rethink the targeting of loneliness-interventions in London**
4. **Treat the structural drivers of severe-loneliness as a health risk**

Recommendation 1:
Massively increase London's level of social-connectedness

Why:

- Long-term preventative
- Blanket-reach
- Scope to step it up
- Near term: boosts Covid social and economic recovery

How:

- Built-environment and planning
- Everyday micro-interactions and relationships (eg shops, transport)
- Strengthen hyper-local groups
- Libraries can do much more
- Individuals being more deliberate

Recommendation 2:
Design kindness into all public-facing services

Why:

- Treat people in full "emotional 3D", not as dehumanised "users"
- Housing, debt-advice, policing, also private-sector eg shops

How:

- Targeting and prioritising kindness (eg using the 5 associative factors)
- Extending the MECC model to other areas of need
- Eg: Wellbeing ambassadors working in Housing departments

Recommendation 3:
Rethink the targeting of loneliness-interventions in London

Why:

- Because there are gaps in provision
- Because the lens of sub-groups often leads to generalisation and waste

How:

- Focus on Severe Loneliness, rather than any loneliness
- Use the Associative Factors to target and to look for gaps in provision
- Check for social-narrowing effects (question presumption for care from "people like us")

Big 3 findings for effective interventions on **reach** to tackle loneliness (NB – from recent evaluation for AFCFT, about armed-forces communities

To explain what we mean by **reach,** this is a project's ability to target and be clear on the beneficiaries they wanted to support; having the ability to maximise their reach and to make services easy to access. We saw this happening via three key mechanisms

1

Communicate clearly who you are seeking to serve

2

Be creative in how you reach out to people

3

Become part of the community

What works in service design to reach isolated veterans with case studies from this grant

Communicate clearly who you are seeking to serve

- Ensures reach to target cohort.

- Service becomes inclusive and welcoming for target cohort.

- Beneficiaries develop stronger relationships with others who have similar needs/experiences.

- Services help bring people together over a shared interest rather than loneliness itself.

Be creative in how you reach out to people

- Expands reach to those that have never/struggled to access support.

- Maximises an organisations' reach across various spaces.

- Brings new/innovative methods of outreach.

Become part of the community

- Enables projects to reach more beneficiaries.

- Opportunity to share knowledge and expertise amongst others.

- Promotes collaboration and not competition.

- Allows beneficiaries to be better served through combined weight of organisations.

Recommendation 4:
Treat the structural drivers of severe-loneliness as a health risk

Why:

- The clear association of severe loneliness with depression and disability
- To mobilise political impetus to address the structural factors (acute poverty, transition, discrimination)

How:

- Maintain focus on severe loneliness, rather than all loneliness.

Thank you!!
Please do get in touch….

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